RIGHT START 2000:

Senate Democratic Strike Force for Kids

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BREAKING THE MOLD:
A LOOK AT INNOVATIVE PUBLIC/PRIVATE EARLY CHILDHOOD DEVELOPMENT PROGRAMS

WHEN: Friday, July 24, 1998, 10:00 am-12:00 noon

WHERE: Russell Caucus Room SR-325, Russell Senate Office Building

PURPOSE: This forum, open to the press and public, will be an opportunity to hear from leaders around the country who are involved in the development and implementation of innovative public/private partnerships that highlight early childhood development best practices. Through this exchange, the Strike Force hopes to enlighten legislators, early childhood educators, community leaders, and the private sector about the challenges and benefits of developing such partnerships that can help ensure the future success of our nation's children.

PANELISTS:

CARNEGIE CORPORATION
Dr. Judith Jones, Columbia University
Senior Advisor, Starting Points State and Community Partnerships for Young Children

FAMILIES AND WORK INSTITUTE
Ellen Galinsky, Executive Director

SMART START, North Carolina
Karen Ponder, Program Director
Ashley Thrift, Chair, Board of Directors, NC Partnership for Children

STEPS TO SUCCESS, Louisiana
Vickie Romero, Chair, Steps to Success
The Honorable Richard Stalder,
Secretary, Louisiana Department of Safety and Corrections

EARLY CHILDHOOD COLLABORATIVE, District of Columbia
Barbara Ferguson Kamara, Executive Director, Office of Early Childhood Development, DC Dept. Of Human Services

SCHOOL READINESS PROGRAM, Connecticut
State Representative Cameron Staples, House Chair of the Education Committee, Connecticut General Assembly
Carl Harris, V.P. & Head, Community Lending Dept., People's Bank

Chris Dodd, Chair

John Kerry, Leadership Liaison

Barbara Boxer	**Dick Durbin**	**Dianne Feinstein**	**Bob Graham**
Tom Harkin	**Tim Johnson**	**Edward Kennedy**	**Mary Landrieu**
Daniel Patrick Moynihan	**Patty Murray**	**Jack Reed**	**Harry Reid**

(202) 224-5630 **404 Hart Senate Office Building, Washington, D.C. 20510**

AGENDA

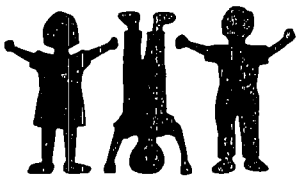
1. **Welcome and Introductions**:
   Senators Dodd and Landrieu

2. **Early Childhood -- The *Starting Points* Report**
   Dr. Judith Jones, Carnegie Corporation

3. **The Current State of Children**
   Ms. Ellen Galinsky, Families and Work Institute

4. **Innovative Early Childhood Development Public/Private Partnerships**
   Smart Start: Ms. Karen Ponder, Mr. Ashley Thrift
   Steps to Success: Ms. Vickie Romero, Secretary Richard Stalder
   School Readiness Program: Representative Cameron Staples, Mr. Carl Harris
   Early Childhood Collaborative: Ms. Barbara Kamara

5. **Open Discussion**



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Senate Democratic Task Force

In June, 1997, Senate Democratic Leader Tom Daschle formed a task force, chaired by Senator Dodd, on early childhood development that will be working to develop constructive ways for Senate Democrats to best address the educational, health and safety needs of America's children in their early years of development. The recent insights into early brain development reveal that much of children's growth and future well-being is determined, in large part, by early learning and care. Indeed, much is at stake. Children born this year will be the first students of the next millennium. With the formation of this task force, Senate Democrats are rededicating themselves to ensuring that all children have the right start for a bright tomorrow.

All Young Children Should be Safe, Healthy, and Ready to Learn

In order to provide families with the tools to build a bright future for their children, it will take the collective work of parents, community leaders, schools, religious institutions, state and local officials, and national policy makers. Senate Democrats applaud the work that has been done by states and communities to meet the early educational, safety and health needs of young children and seek to build on those efforts by providing adequate federal support and leadership. To this end, this task force will examine four main areas in early childhood development: improving the quality of early learning; making child care safe and more accessible; enabling parents and communities to best address the safety needs of their children; and providing families with health and nutritional services for infants and young children.

Outreach to Early Childhood Organizations and Experts

This task force will reach out to all interested parties for counsel and guidance as it explores key issues in early childhood development. Through public forums, visits to early childhood programs, and briefings from leading children's experts, the task force will seek to enhance existing services for families and young children and develop new ways of meeting family needs. As there are a variety of different viewpoints and committed interests in this field, the task force is committed to building relationships with a diverse coalition of business leaders, law enforcement officials, governors and other elected officials, religiously-affiliated groups, and civic and community-based organizations.

Chris Dodd, Chair

John Kerry, Leadership Liaison

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ABOUT THE SPEAKERS

CARNEGIE CORPORATION

Judith E. Jones is Clinical Professor at Columbia School of Public Health, and Director of the National Program Office of the Robert Wood Johnson Foundations' National Head Start Initiative to Prevent Substance Abuse. She also serves as Senior Advisor to Carnegie Corporation for the Starting Points State and Community Partnerships for Young Children grants program. Professor Jones is the founding director of the National Center for Children in Poverty at Columbia School of Public Health, established in 1989. She previously served as Deputy Director of the Center for Population and Family Health at Columbia School of Public Health.

Dr. Jones has served on numerous boards and committees including DHHS' Committee on Head Start Quality and Expansion, the Carnegie Corporation's Task Force on Meeting the Needs of Young Children, and the Kaiser Commission on the Future of Medicaid. She currently serves on the Boards of the Enterprise Foundation, the Alan Guttmacher Institute, the Sun Valley Forum, the Hasbro Children's Foundation, The National Campaign to Prevent Teen Pregnancy, and the Institutional Review Board of the New York Academy of Medicine. She also serves on numerous advisory bodies including the DHHS Advisory Panel for Family Preservation and Family Support, the Mathematica Technical Working Group for Early Head Start, Libraries of the Future, and the Forum for Fighting Poverty in America at Georgetown University Law Center.

FAMILIES AND WORK INSTITUTE

Ellen Galinsky is the President and Co-Founder of the Families and Work Institute, a non-profit organization that addresses the changing nature of work and family life. She is currently overseeing the following studies: *The National Study of the Changing Workforce*, a nationally representative study of the U.S. workforce; *The Early Childhood Public Engagement Campaign,* an unprecedented public awareness and engagement campaign to increase awareness about the brain development of young children and the importance of the first years of life; *The 1998 Business Work-Life Study* on the trends and prevalence of business initiatives that support the family and personal life of employees; and *What Business Is Doing for New and Expectant Parents*, a report on how business is supporting families from pregnancy through the first few years. In addition, she has directed studies in eight states that examine the impact of state, community and business efforts to improve the quality of child care on children, the quality of early care and education, and the child care marketplace.

Ms. Galinsky is a past President of the National Association for the Education of Young Children and has served as an advisor to the U.S. Department of Health and Human Services on child care and family-friendly workplaces, the U.S. Department of Education on business and family involvement in education, and the U.S. Department of Labor on the glass ceiling, family and medical leave, and the new American workplace. Ms. Galinsky is the author of over 20 books and reports (including *The Six Stages of Parenthood* and *The Preschool Years)* and has published more than 85 articles. Her upcoming book, *Ask the Children*, investigates how children feel about their working parents.

STEPS FOR SUCCESS

Vicki L. Romero is President and Founder of 2021 Healthcare. Prior to the development of the firm in 1998, Ms. Romero served as president of the Baton Rouge Market for Columbia/HCA Healthcare. She established the market vision and directed all operations and development activity for two general acute care hospitals and three surgery centers. Until 1996, Ms. Romero was President and CEO of Woman's Health Foundation in Baton Rouge, one of the largest freestanding women's specialty centers in the country. At that time, only ten percent of the major helathcare insititutions in the United States had women at the helm.

On the state level, Ms. Romero is the Chair of Steps for Success, has chaired Louisiana's Commission on Perinatal Care and the Prevention of Infant Mortality, is a member of the Development Board of Southeastern Louisiana University, the College of Business Advisory Board for Nicholls State University and is on the board of Council for a Better Louisiana. She currently serves on the board of several national healthcare organizations, including the National Perinatal Association and the National Perinatal Information Center. She has also served on the Regional Policy Board of the American Hospital Association Maternal/Child Governing Council and has held leadership positions with the Capital Area United Way and the Greater Baton Rouge Chamber of Commerce.

Richard L. Stalder was appointed Secretary of the Louisiana Department of Public Safety and Corrections in January, 1992 by former governor Edwin W. Edwards. He was re-appointed to the position in April, 1996 by Governor M.J. "Mike" Foster, Jr. Secretary Stalder began his career with the Department in 1971 as a Correctional Officer and has served as Superintendent and Warden of major juvenile and adult facilities, as well as other responsible management roles. He possesses Bachelor's and Master's degrees from Louisiana State University.

Secretary Stalder is an active member of many professional organizations, including the Association of State Correctional Administrators and the American Correctional Association (ACA). In 1994, he was elected to a six year term on the Commission on Accreditation for Corrections (CAC). In 1996, he was selected by the membership of ACA to serve as President-Elect and will take office as President in August, 1998, to serve a two year term. He participates additionally in ACA through active membership on the Executive Committee, Board of Governors, and Delegate Assembly, as a CAC Consultant Auditor, and on other ad-hoc committees and working groups.

SCHOOL READINESS PROGRAM

Cameron C. Staples is serving his third term in the House of Representatives of the Connecticut General Assembly, representing the 96th district in New Haven. During his first term, he served as Vice Chairman of the Education Committee and as a member of the Judiciary Committee and the Finance, Revenue and Bonding Committee. At the conclusion of his freshman term. Cam Staples was selected by his colleagues as th member of the legislature with the "Best Future Promise." Following his re-election in 1994, Cam was appointed the House Chair of the Education Committee, a position he was reappointed to in 1996. He also continues to serve as a member of the Judiciary Committee and the Finance, Revenue and Bonding Committee. In recognition of Representative Staples' efforts advancing the improvement of public education, he has received distinguished service awards from the Connecticut Association of Public School Superintendents and the Connecticut Association of Boards of Education. Rep. Staples is a member of the Board of Directors of the New England Board of Higher Education and Vice Chair of its Connecticut Delegation, and he is also a member of the Education Committee of the National Conference of State Legislatures.

Carl Harris is the first vice president and head of the Community Lending Department at People's Bank. He oversees all activities of this department.

Mr. Harris was previously first vice president of Commercial Mortgage and earlier, first vice president of the bank's Consumer Credit Department. He joined the bank in 1981 when the First Stamford Bank and Trust Company, of which Mr. Harris was senior vice president and comptroller, was acquired by People's Bank. Previously, he was a zone manager for the bank in the greater Stamford area. He was instrumental in creating the bank's Community lending Department in 1993. This department was formed to place specific and additional focus on the bank's commitment to the Connecticut economy and small and entrepreneurial businesses.

He is a member of the national Board of Governors of the Environmental Bankers Association and serves as Chairman of the Board of the Community Economic Development Fund. He is a member of the steering committee of the Entrepreneurial Center for Women in Bridgeport, and serves on the advisory board of the Family Business Program, School of Business Administration, University of Connecticut. He was recently elected to the Board of Directors of the United States Committee of UNIFEM, the United Nations Development Fund for Women.

EARLY CHILDHOOD COLLABORATIVE

Barbara Ferguson Kamara is the Executive Director of the Office of Early Childhood Development, District of Columbia Department of Human Services. The office was established to coordinate, expand, and improve child development activities throughout the District. The Executive Director is responsible for: 1) directing the operation of the Office; 2) defining a central child care policy for the Executive Branch Government; 3) facilitation the development of a comprehensive plan for child development service delivery; 4) coordinating the early childhood/child care policy development, programming and service delivery of all Executive Branch Agencies; 5) coordinating the child development efforts of all Administration within the Department of Human Service; 6) evaluating District child development laws, regulations and procedures; 7) facilitating an anlysis and forecast of child development needs; and 8) providing staff support to the Mayor's Advisory Committee on Early Childhood Development and the Child Development Coordinating Committee.

Ms. Kamara serves as co-chairperson of the Early Childhood Collaborative of the District of Columbia, Inc., whose mission is to create throughout the District a continuum of child development and child care services, integrated with family support services. She is chairperson of the Washington metropolitan Council of Governments Child Care Advisory Committee. Twice during 1997, she has been invited to the White House to provide advice on child care. Her interest in creative financing in child care led to her appointment to a 50 member Think Tank on raising $100 billion for child care in the United States. This group is convened by the National Association for the Education of Young Children (NAEYC) and the McCormick Foundation of Illinois.

During the Carter Administration, Ms. Kamara was associate commissioner in the Department of Health and Human Services, responsible for the Head Start Program, the Appalachian regional Commission child development programs and day care.

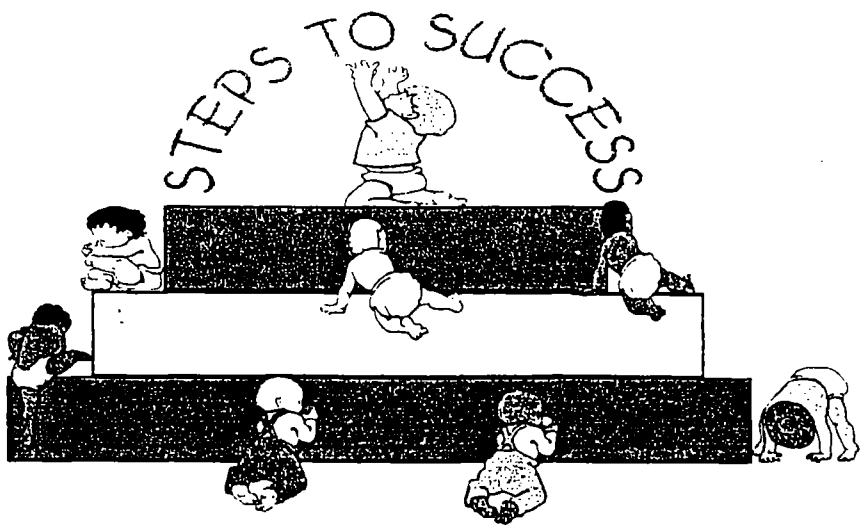
SMART START

Karen W. Ponder is the Program Director for the North Carolina Partnership for Children, a non-profit agency that administers Smart Start, North Carolina's early childhood initiative. Prior to joining the North Carolina Partnership for Children, Karen was Program Manager for Smart Start at the North Carolina Department of Human resources and helped to develop the initiative at the state and community level.

Karen has been involved in many aspects of child care and early childhood education -- as a teacher, program director, and board member. As a partner in Childhood Enrichment Associates, she was a consultant to child care programs and trained teachers throughout the southeast.

Ashley O. Thrift is the Chair of the Board of Directors for the North Carolina Partnership for Children. He is also a member of Womble, Carlyle, Sandridge & Rice, PLLC. In his law practice, Mr.Thrift concentrates on international business and trade; and, legislative, regulatory, and administrative law at both the state and federal levels. Prior to joining that firm, he served as Chief of Staff and Counsel for U.S. Senator Ernest F. Hollings.

Mr. Thrift is also a member of the Society of International Business Fellows, the vice-chairman for the Board of Trustees at the UNC Center for Public Television and the Board of Visitors for Winston-Salem State University.



A PLAN FOR THE FUTURE OF LOUISIANA'S CHILDREN

Presented To

Right Start 2000: Senate Democratic Strike Force For Kids

Washington, D.C.

July 24, 1998

Steps to Success... A Plan for the Future of Louisiana's Children

Steps to Success has been championed by U.S. Senator Mary Landrieu as a statewide initiative to coordinate the efforts of all private and public entities and individuals interested in early childhood development. This collaboration is designed to achieve measurable improvement in the school readiness of all children in Louisiana.

Senator Landrieu's interest in this initiative began in the early 1990s when she learned of the First Steps program offered by Prevent Child Abuse in Louisiana (formerly the Louisiana Council on Child Abuse). First Steps is a hospital-based program which uses trained volunteers to counsel new parents when their first child is born. She was instrumental in expanding this program throughout Louisiana.

Her interest was heightened by research that has revealed that a child's brain is 90% developed by age three. Recognizing that children who are not provided with the appropriate resources during these critical first three years of life may never achieve their full potential, she made this issue one of her top priorities as a U.S. Senator. By doing so, she has facilitated a dialogue among the leading children's advocates in Louisiana.

This dialogue has culminated in the establishment of *Steps to Success*, a not-for-profit corporation dedicated to creating a network of Louisiana's public and private entities serving the health and social service needs of developing children and their families. The initial focus is on children from birth to age three, with hopes to expand the focus to include prenatal education and early childhood development programs through age six.

Steps to Success will identify the best-demonstrated practices in Louisiana and throughout the United States with the intention of replicating these programs in areas of need throughout Louisiana. Through the First Steps program, hospitals will serve as the point of entry for children and their families. Once home from the hospital, families who choose to participate in the *Steps to Success* network will have access to all available resources to ensure their children have every opportunity to develop to their full potential in the first three years of life. *Steps to Success* will coordinate requested services through the use of volunteers, professionals and paraprofessionals.

Louisiana: A Perilous State ... for Our Children at Risk

The Crisis in Louisiana One third of Louisiana's children are in a state of grave peril. Our smallest, most vulnerable Louisiana citizens, especially those from birth to age three, are at *extreme* risk for a lifetime of poverty, illiteracy, incarceration or despair – even early death. These assertions are, sadly, easy to substantiate. For an abysmal five years running, *the well being of children in Louisiana has ranked 50th among the states – last –* according to **The 1998 Kids Count Data Book** published by the Annie E. Casey Foundation. Here's how Louisiana ranks in several of the key indicators:

> ***For an abysmal five years running, the well being of children in Louisiana has ranked 50th among the states...***

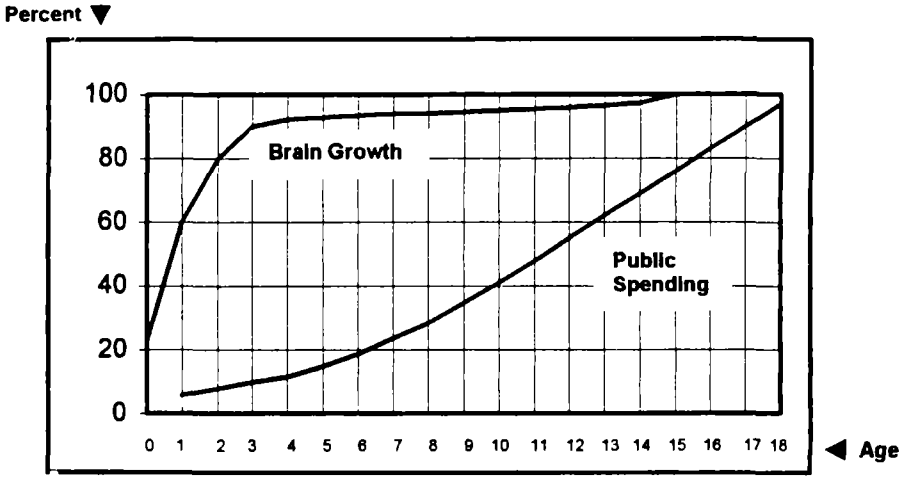
- ⇒ 50th for children in poverty — 35%, compared to 21% nationally; 18% of our children live in *extreme poverty*, with incomes below 50% of the Federal poverty level, double the national rate
- ⇒ 49th for the number of low birth-weight babies
- ⇒ 49th for the number of families with children headed by a *single parent*
- ⇒ 48th for infant mortality
- ⇒ 43rd for the death rate among children age 1 - 14
- ⇒ 43rd for its teen birth rate

The Ineffectiveness of the Existing Structure It isn't as though our state is without informed, intelligent, and dedicated people committed to providing resources for infants and children. To the contrary, myriad public and private groups and agencies have worked independently for years in many towns, cities, parishes and regions to provide lifelines and safety nets for children at risk. But their efforts have achieved only isolated measures of success. In the absence of a means to close service gaps, pool our resources and replicate the very *best* programs in Louisiana and elsewhere, our problems persist statewide to a shocking degree.

While it has surely been better to light these individual candles of effort than to curse the darkness, the current crisis in Louisiana demands that we unite these individual flickering lights into a massive beacon. It's time to set our state ablaze with the bright lights of awareness, collaboration, measurement and communication. We must focus on our goal of ensuring that no child is forgotten simply because a despairing mother or father has slipped into the darkness of ignorance and frustration. *Each* community must have access to the very best programs that *any* community has placed into practice and which address those factors that keep a child "at risk."

> ***It's time to set Louisiana ablaze with the bright lights of awareness, collaboration, measurement and communication. We must focus on our goal of ensuring that no child is forgotten simply because a despairing mother or father has slipped into the darkness of ignorance and frustration.***

Out of Balance: Brain Growth versus Public Expenditures By age three, a child's brain has grown to 90% of its adult potential, yet only 10% of public spending on children is focused on those in this age bracket. In contrast, during the school years when they're most visible to the community, children age 5-18 receive 90% of public spending on children, as illustrated below.



Source: The Rand Corporation

We respond to and deal effectively with what we can see. We have made great improvements in infant mortality over the past 5 to 10 years because we *see* a pregnant mother and recognize the value of delivering a healthy baby. We readily fund the necessary programs and invest in education of our children once they reach school age because we *see* the children on a daily basis and are able identify their needs. What happens to a healthy baby between the day of its birth until the time he or she enters the school system?

Are our youngest and most vulnerable citizens – infants and toddlers – overlooked simply because they are unheard and unseen?

Are our youngest and most vulnerable citizens – infants and toddlers – overlooked simply because they are unheard and unseen? Is it a case of "out of sight, out of mind?" The disproportionately small allocation of public resources from birth to age three, at *the most critical phase* of a child's brain development, may well be at the root of our country's youth crisis. The ground we lose by failing to invest appropriately at this critical phase cannot be regained: scientists have now linked the quality of early experience to brain organization. Brain scans graphically illustrate the huge voids in brain activity caused by abuse and neglect (see illustration in attachments).

The Cost of Child Neglect All children deserve to grow up in families with a nurturing environment. Unfortunately, an alarming percentage of Louisiana school children are not receiving the early childhood health care, emotional and developmental support necessary to successfully complete their education or acquire the skills required for employment. What is the societal cost of our failure to attend fully to the developmental needs of small children in Louisiana? The Children's Safety Network Economics & Insurance Resource Center estimates the annual cost of child neglect and abuse in Louisiana alone at over $880 see table below). The cost-benefit of investing in the prevention of child neglect and abuse is obvious. For every $3 spent on prevention, $6 is saved on intervention, from child welfare to prison facilities.

Annual Costs of Child Abuse and Neglect in Louisiana
(K = thousands of December 1993 dollars)

	Sexual Abuse	Physical Abuse	Mental Abuse	Neglect	Fatal Abuse	Total
Medical Care	$1,147K	$5,195K	$0K	$7[illegible]5K	$325K	$6,742K
Mental Health Care	13,363K	17,672K	2,738K	22,7[illegible]3K	93K	56,609K
Future Earnings	4,147K	19,280K	789K	5[illegible]5K	17,422K	42,173K
Public Programs	2,896K	14,587K	2,260K	22,300K	28K	42,071K
Subtotal (Monetary Cost)	21,553K	56,734K	5,787K	45,6[illegible]3K	17,868K	147,595K
Quality of Life	177,763K	323,286K	18,395K	169,125K	44,135K	732,704K
Total (Comprehensive Cost)	199,316K	380,020K	24,182K	214,77[illegible]3K	62,003K	880,299K
Number of Victims in 1992						
Total Estimated	2,500	7,100	1,100	27,000	21	37,721
State CPS Count	1,339	3,991	291	10,362	21	16,004

Source: Children's Safety Network Economics and Insurance Resource Center, at the National Public Services Institute, Landover, MD, 1994.

STEPS TO SUCCESS... Strategic Overview

Our Mission The mission of *STEPS TO SUCCESS* is to create a network of not-for-profit, private and governmental agencies in order to facilitate the delivery of *all* support services required by children from birth to age three (and their families) to ensure healthy bodies, educated minds and above all – self sufficiency.

Our Vision The State of Louisiana will be positioned as a national leader in realizing economic growth and social stability, based upon recognition of the child and family as the foundation of any great state.

Our Core Values In order to be true to our mission, we have identified core values that will guide our decisions and direction. *STEPS TO SUCCESS* values:

- **S**trengthening Louisiana's commitment to our children.
- **T**echnology used to *connect* the social and healthcare systems that serve families, thereby creating a *seamless delivery system* without duplication.
- **E**mpowering parents to become their children's *first and best* teachers.
- **P**artnerships, public and private, that leverage and maximize efficient use of funds.
- **S**pirit of volunteerism rekindled through communities that mentor and help a parent to "raise a child."

A Statewide, Coordinated System *STEPS TO SUCCESS* expects to remove barriers to successful child development by strengthening and unifying the commitment to the economic and social well being of Louisiana's children at all levels: local, regional and statewide. This will be accomplished through the creation of a statewide model based on selected regional pilots. These pilots will be designed to implement and coordinate local strategies which address the key factors or conditions which interfere with the full mental, physical, social and emotional development of children from birth to three years of age within their families.

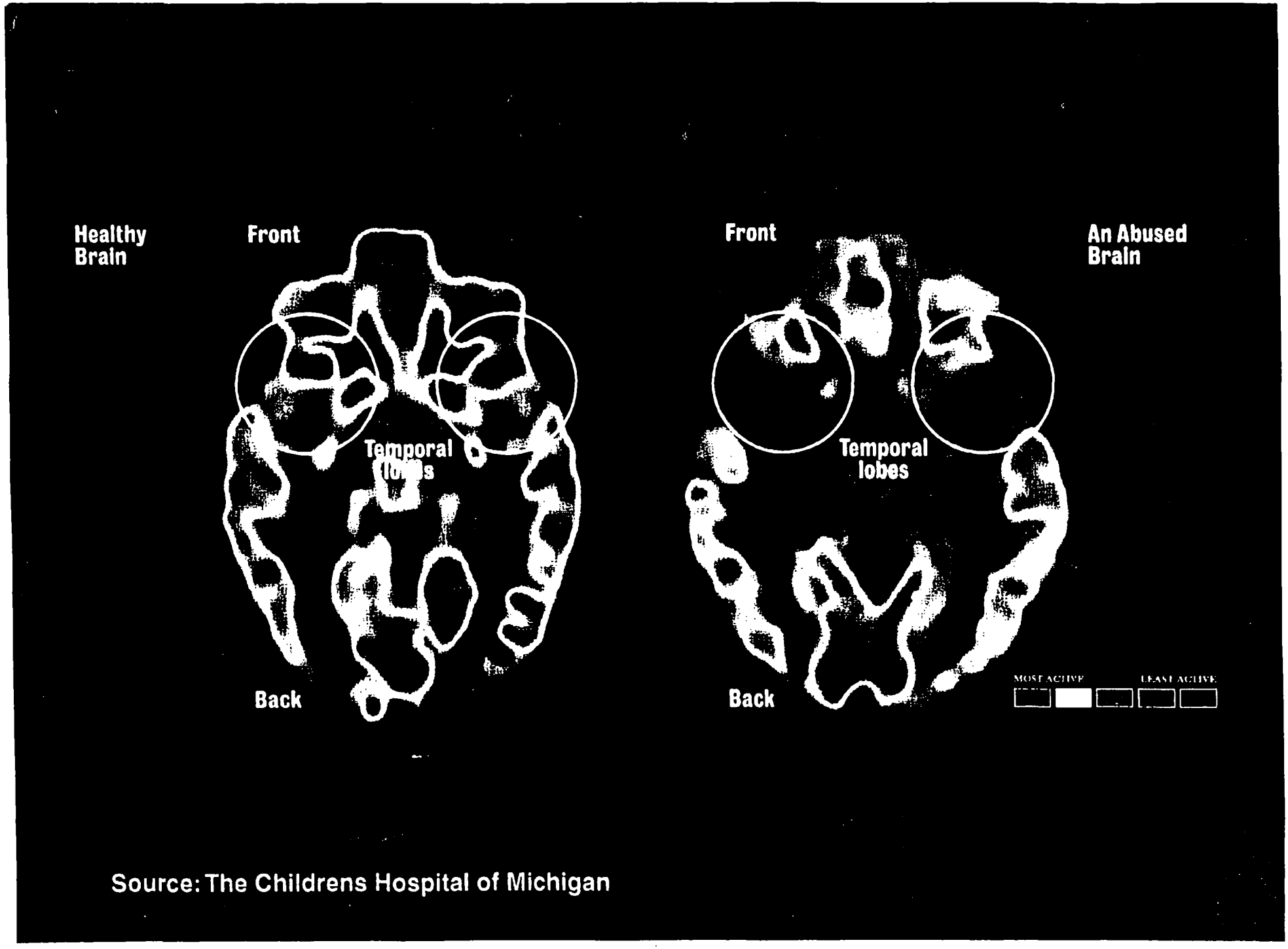
> ***...Through the creation of a statewide model based on selected regional pilots... STEPS TO SUCCESS will provide organizational support and technical assistance for collaborative action.***

Once effective action strategies have been identified, *STEPS TO SUCCESS* will provide organizational support and technical assistance for coordinated action. *All services will be coordinated through home visitation* giving mothers and fathers the ability to initiate the services they choose as they learn of the availability of resources.

Program Goals: 1998 - 2000 Our goals are based upon the realization that success will be contingent upon the collaboration of a network of public and private organizations throughout the state. All projections are based upon securing adequate funding.

- During the first year, obtain the participation and endorsement of at least 30 statewide or regional organizations.
- Partner with hospital-based programs in every hospital delivering babies in the targeted pilot regions.
- Obtain the commitment of the majority of faith-based organizations in the state to develop and implement the program among their congregations.
- Increase awareness by educating all Louisiana residents and businesses about the need for appropriate early childhood development.
- Establish successful *STEPS TO SUCCESS* program matches with more than half the projected annual births in Louisiana as follows:

    - Year 1: 15,000 births
    - Year 2: 30,000 births
    - Year 3: 45,000 births



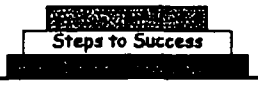
Source: The Childrens Hospital of Michigan

Steps to Success

A Plan for the Future of Louisiana's Children

Background

- Senator Mary Landrieu
  - First Steps
  - Brain research
  - Dialogue among children's advocates



Overview

- A statewide initiative to coordinate the efforts of all private and public entities interested in early childhood development

Our Mission

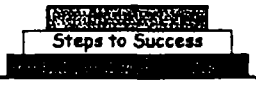
- To create a network of not-for-profit, private and governmental agencies in order to facilitate the delivery of *all* support services required by children from birth to age 3 (and their families) to ensure healthy bodies, educated minds, and above all — self sufficiency.

Our Vision

- The state of Louisiana will be positioned as a national leader in realizing economic growth and social stability, based upon recognition of the child and family as the foundation of any great state.

Our Core Values

- Strengthening Louisiana's commitment to our children
- Technology to connect the social and healthcare systems
- Empowering parents to be children's first & best teachers
- Public and private partnerships
- Spirit of volunteerism through mentoring communities



A Perilous State for Children at Risk

- **Key indicators for the well being of children in Louisiana**
  - **50th for children in poverty**
    - *18% live in extreme* poverty, compared to 9% nationally*

* Defined as income below 50% of the poverty level

Source: 1998 Kids Count Data Book. The Annie E. Casey Foundation

Steps to Success

A Perilous State for Children at Risk

- **Louisiana ranks**
  - **49th for low birth-weight babies**
  - **49th for families with children headed by a single parent**
  - **48th for infant mortality**

Source: 1998 Kids Count Data Book. The Annie E. Casey Foundation

Steps to Success

A Perilous State for Children at Risk

- Louisiana ranks
  - 43rd for the death rate among children 1 - 14
  - 43rd for its teen birth rate

Source: 1998 Kids Count Data Book, The Annie E Casey Foundation

Steps to Success

Demographics

1995	Number	Rate
Births – All Races	65,641	65.2* [1]
Births – White	37,519	NA
Births – Black	26,844	NA
Births to Teens 15-17	4,747	45.3* [2]
Births to Teens 18-19	7,461	106.8* [3]

[1] *Per 1,000 women ages 15-44*
[2] *Per 1,000 women ages 15-17*
[3] *Per 1,000 women ages 18-19*

Steps to Success

Source: Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health, March of Dimes 1998

Demographics

1996	Rate
Women ages 15-44 below Federal Poverty Level	23.2%
Children under age 18 below Federal Poverty Level	31.8%

Steps to Success

Source: Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health, March of Dimes 1998

In an average week in Louisiana...

- 1,262 babies are born
  - 235 babies are born to teen mothers
  - 50 babies are born to mothers who receive late or no prenatal care
  - 24 babies are born very low birthweight
  - 12 babies die before their first birthday

Source: Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health, March of Dimes 1998

Steps to Success

Health Indicators Overview

1995	Number	Rate
Preterm Births	9,146	14.0%
Low Birthweight Births	6,362	9.7%
Very Low Birthweight Births	1,256	1.9%
Multiple Births	1,715	26.1

Steps to Success

Source: Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health, March of Dimes 1998

Health Indicators Overview

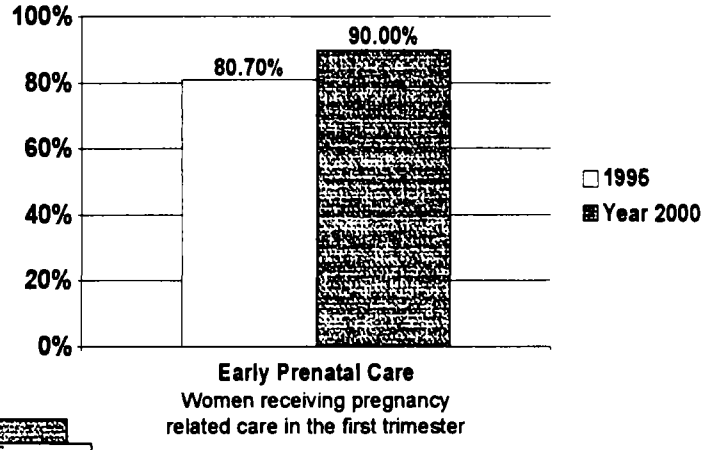
1995	Number	Rate
Infant Mortality	644	9.8*
Early Prenatal Care	52,755	80.7%
Females Who Smoke (1996)	–	20.8%
Males Who Smoke (1996)	–	31.6%

*Per 1,000 live births

Steps to Success

Source: Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health, March of Dimes 1998

La. 1995 and Year 2000 Health Indicator Objectives



Steps to Success

Source: Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health, March of Dimes 1996

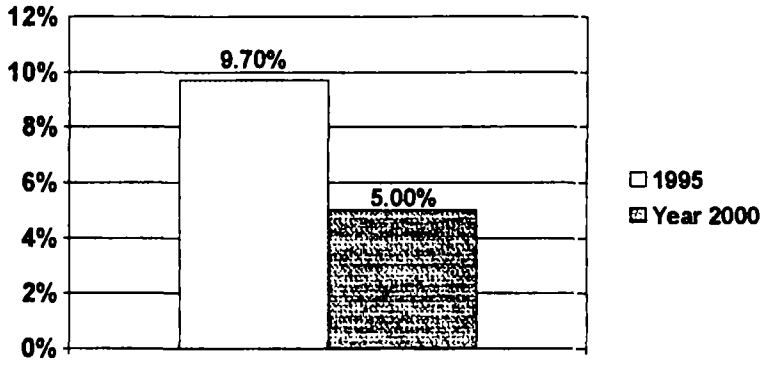
Prenatal Care by Race

- In 1995, 80.7% of mothers began prenatal care in the first trimester
- This was an 8% increase since 1990
- During this same period, black mothers were less likely to receive early prenatal care than white mothers

Steps to Success

Source: Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health, March of Dimes 1996

La. 1995 and Year 2000 Health Indicator Objectives



Steps to Success

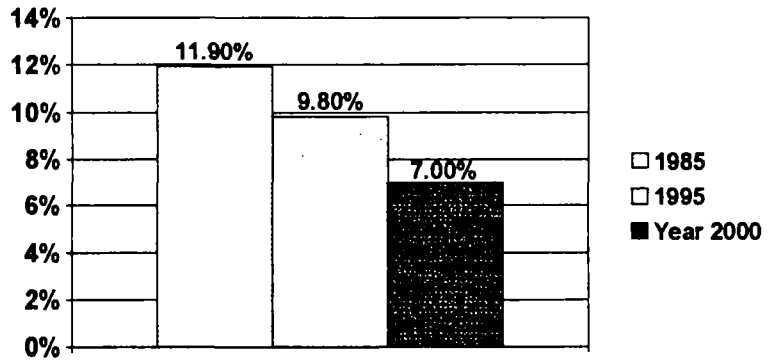
Source: Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health, March of Dimes 1998

Low Birthweight by Race

- In 1995, 9.7% of infants were born low birthweight (LBW) in Louisiana
- This was a 5% increase since 1990
- During this same period, black infants were more than twice as likely as white infants to be born LBW

Steps to Success

La. 1995 and Year 2000 Health Indicator Objectives

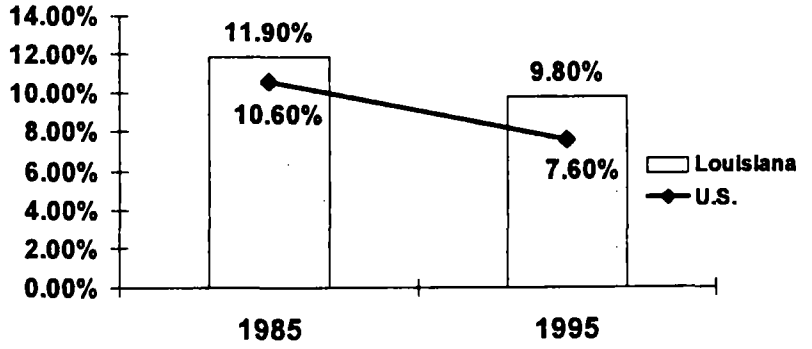


Infant Mortality
Deaths before one year of age

Steps to Success

Source: Perinatal Profiles: Statistics for Monitoring State Maternal and Infant Health, March of Dimes 1998

1985-1995: Infant Mortality Improvement



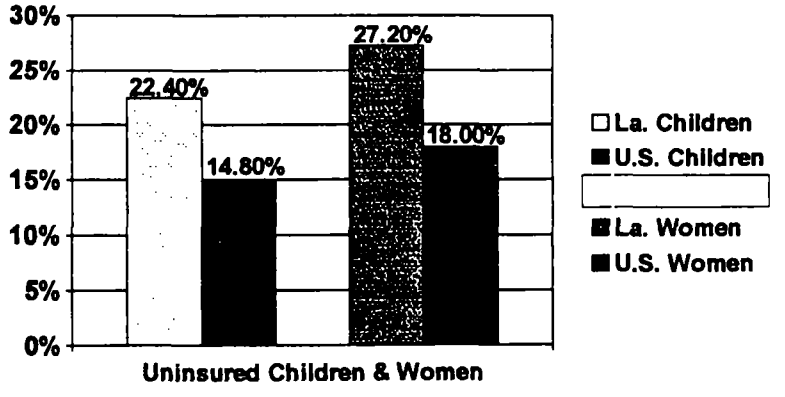
Steps to Success

Infant Mortality by Race

- In 1995, the infant mortality rate (IMR) was 9.8 per 1,000 live births in Louisiana
- This was a 12% decrease since 1990
- During this period, black infants were more than twice as likely as white infants to die before their first birthday

Steps to Success

Uninsured Children and Women



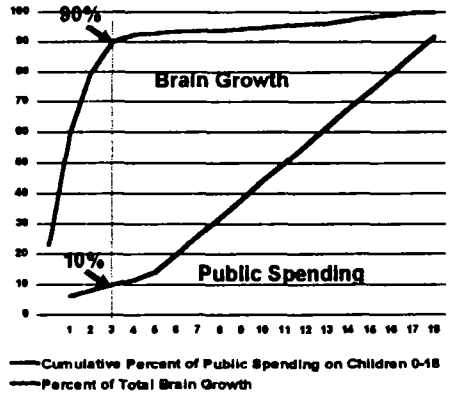
Steps to Success

The Cost of Child Neglect

- The annual cost of child neglect and abuse in Louisiana is estimated to be $880 million
  - For every $3 spent on prevention, $6 is saved on intervention, from child welfare to prison facilities
- Children deserve to grow up in a nurturing environment
- Parents need access to the resources necessary to provide that environment

Steps to Success

Out of Balance: Brain Growth v. Public Spending



- A child's brain is 90% developed by age 3
- Only 10% of public spending on children is spent on 0-3 year olds
- What happens to a healthy baby between birth and entry into school?

Source: The Rand Corporation

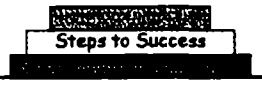
Steps to Success

The Need for "Steps to Success"

- Failure to achieve across the board improvements in health indicators
  - Isolated success, such as infant mortality
- Service gaps
  - Families "fall through the cracks"
  - A lack of collaboration on local, state and regional levels

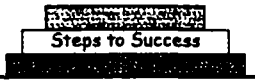
The Need for "Steps to Success"

- A need to identify the <u>best</u> demonstrated practices for use in <u>all</u> communities
  - Measurement
  - Replication
  - Accountability



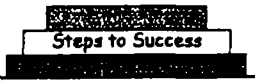
Regional Pilots

- A statewide model based on regional pilots
  - To implement and coordinate local strategies
  - To address key health indicators interfering with the full mental, physical, social and emotional development of children



Coordinated Action

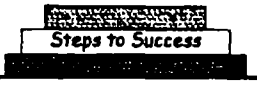
- Steps to Success will provide coordinated action through
  - Organizational support
  - Technical assistance



Point of Entry: Hospitals

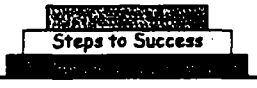
- Hospitals delivering babies will serve as the point of entry
  - First Steps* program
- Families who choose to participate will have access to services through Steps to Success

*Prevent Child Abuse in Louisiana



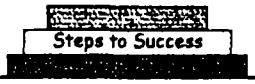
Access through Home Visitation

- All services provided to families will be <u>coordinated</u> through *home visitation*
  - Volunteers
  - Professionals
  - Paraprofessionals
- Services will be provided only by parent request



Our Goals: 1998-2000

- Obtain the participation and endorsement of at least 30 statewide or regional organizations
- Partner with hospital-based programs in every hospital delivering babies in the targeted regions



Our Goals: 1998-2000

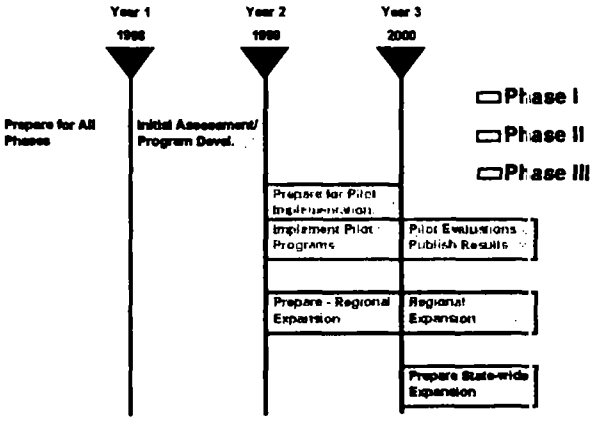
- Obtain the commitment of the majority of faith-based organizations in the state to develop and implement the program among their congregations
- Increase awareness among Louisiana residents about the need for appropriate early childhood development

Our Goals: 1998-2000

- Establish successful Steps to Success program matches with more than half the projected annual births in Louisiana as follows:
  - Year 1: 15,000 births
  - Year 2: 30,000 births
  - Year 3: 45,000 births

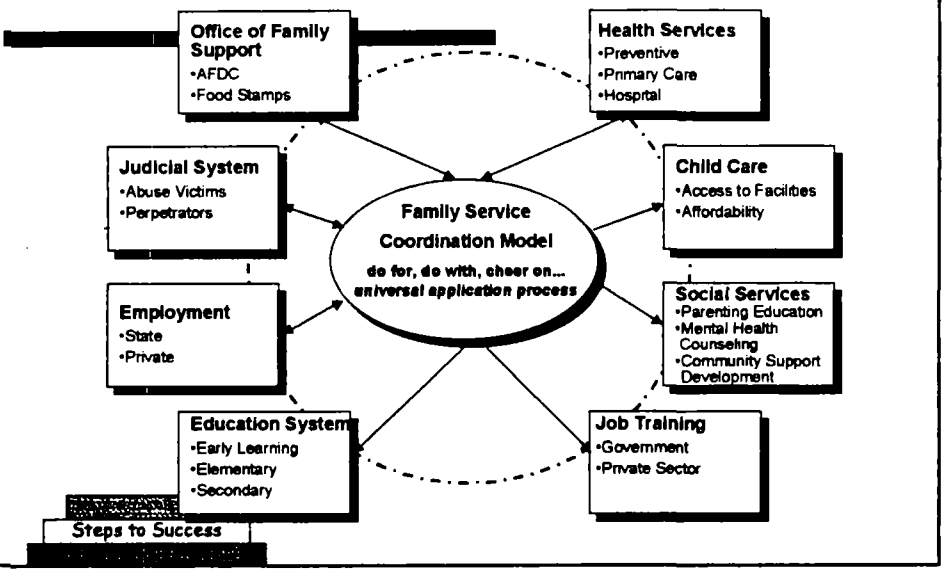
Steps to Success

Timeline

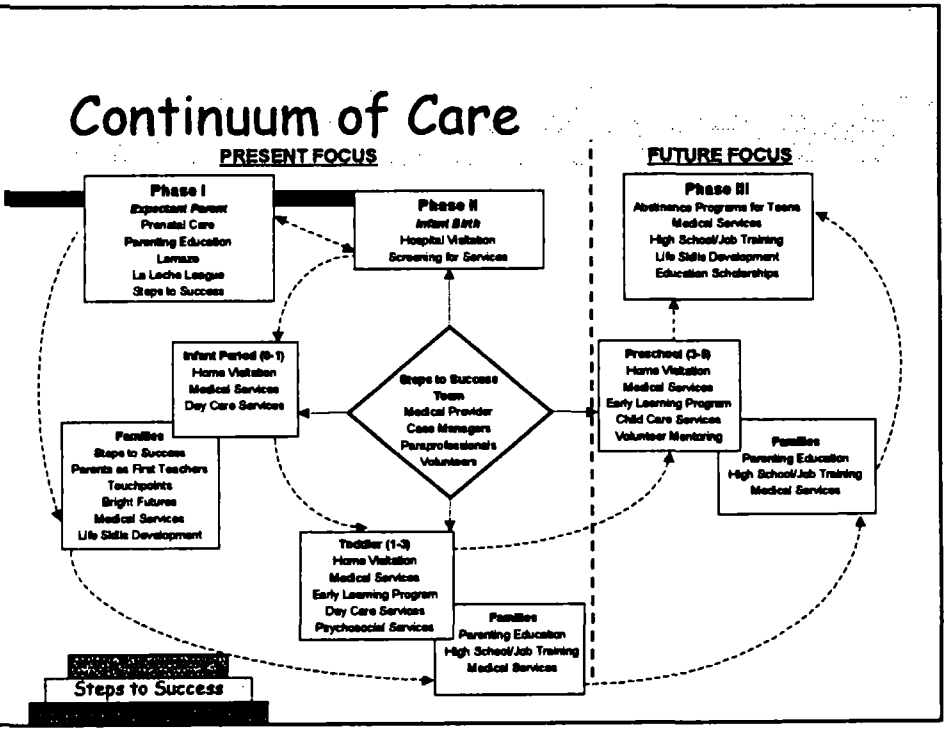


Steps to Success

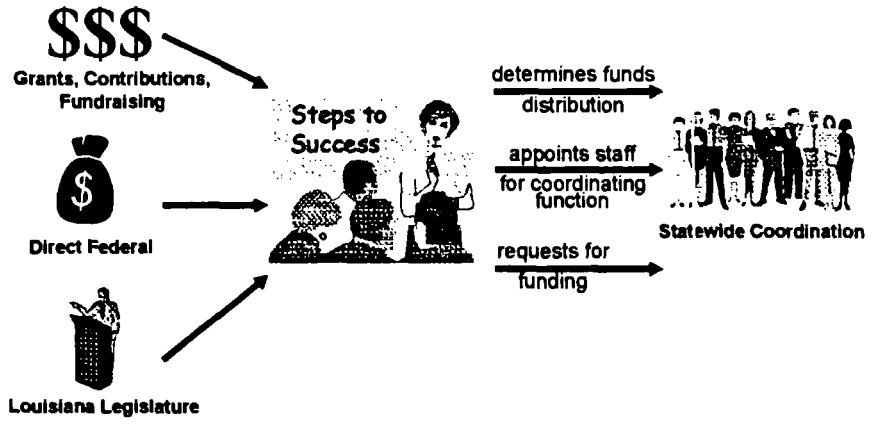
Integrated Children's Network



Continuum of Care

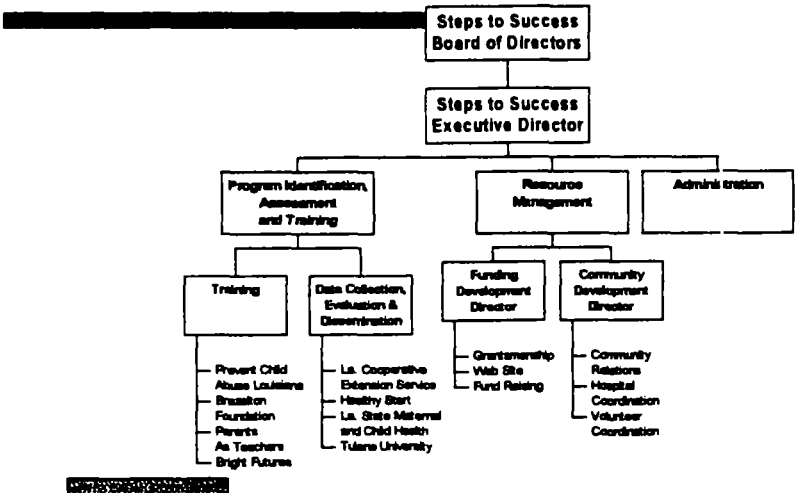


Proposed Funding Routes



Steps to Success

Organizational Structure



Steps to Success

John Moore, board member holds original enrollees of the Frederick Douglass Early Childhood Development and Family Support Center, The Collaborative's first site.

BOARD OF DIRECTORS

(In Formation)

Martin J. Blank
Senior Associate, Institute for Educational Leadership

Terence C. Golden
President/CEO, Host Marriott Corporation

Katharine Graham
Chair, Executive Committee of the Washington Post Co.

Barbara F. Kamara
Executive Director, Office of Early Childhood Development, DC Department of Human Services

John E. Moore
Development Zones Administrator, 1988-1995
District of Columbia Government

W. Victor Rouse
President, EDA Systems, Inc.

Maurice R. Sykes
Deputy Superintendent, Center for Systemic Educational Change, DC Public Schools

COLLABORATIVE LINKS

Greater Southeast Community Hospital
Children's National Medical Center
Boy Scouts of America, Inc.
Girl Scouts of America, Inc.
The Levine School of Music
Healthy Start (DC Commission on Public Health)
DC Head Start Programs
DCPS Parents As Teachers Program
Washington Very Special Arts
Foster Grandparents
Adopt-A-Family
The Capitol Children's Museum
School Age Alliance
Georgetown University Hospital
MACRO, International
University of the District of Columbia
Parklands Community Center and Market
East of the River Community Development Corp.
Federal City Council
Frederick Douglass Community Advisory Board
National Park Service
Turner Elementary School
Malcolm X Elementary School
D.C. Service Corps
Ourisman Mitsubishi
D.C. Public Schools
District of Columbia Government
Howard University
Washington Urban League

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Botwinick-Wolfensohn Foundation
Eugene and Agnes E. Meyer Foundation
Morris and Gwendolyn Cafritz Foundation
Mobil Foundation, Inc.
D.M. Knott Limited Partnership
The Pensky Family Foundation
Hallmark Foundation
Sallie Mae
Fannie Mae Foundation
Blum-Kovler Foundation
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Joan and David Maxwell Advised Fund
Freddie Mac Foundation
International Monetary Fund
BENECO Enterprises, Inc.

DONORS

Terence C. Golden
Katharine Graham
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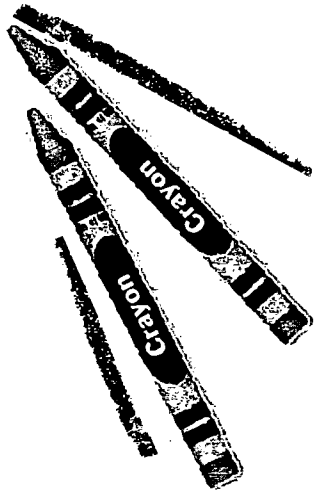
FOR MORE INFORMATION:
BRENDA ROUSE, Executive Director

1001 CONNECTICUT AVENUE NW
SUITE 310/WASHINGTON, DC 20036
202-686-7562 / FAX 202-244-7867

THE EARLY childhood COLLABORATIVE

OF THE DISTRICT OF COLUMBIA, INC.



THE EARLY childhood COLLABORATIVE OF THE DISTRICT OF COLUMBIA, INC.

VISION AND MISSION

The Early Childhood Collaborative of the District of Columbia, Inc. is a coalition of government agencies, schools, community organizations, human resource and social service organizations, and local business leaders dedicated to improving the well-being of young children and their families in our city. The Collaborative is committed to creating a continuum of child development and child care services, integrated with family support services. The Collaborative was founded in 1990 and incorporated in 1994.

GOALS

- **To create a quality system of services and supports which is accessible, flexible, involves the consumer in decision-making, is culturally sensitive and community compatible and maximizes the social assets and capital of the community.**
- **To provide every at-risk child in the District with high quality, developmentally appropriate pre-school, before- and after-school programs.**
- **To ensure that all children receive nutrition and health care services needed for optimal development and success in school.**
- **To strengthen public elementary school programs to sustain gains made in early years.**
- **To provide opportunities and resources to support parents in their parenting role.**
- **To promote economic empowerment and self-sufficiency.**

BROCHURE DESIGN BY CAROL PORTER, COVER PHOTO BY EDUARDO LOPEZ

ACCOMPLISHMENTS

The Collaborative brings together local public and private sectors. The business sector partner of the Collaborative raised $2 million to supplement public funds. This partnership has enabled the Collaborative to:

- **Establish the Frederick Douglass Early Childhood Development and Family Support Center.**

The Collaborative took an abandoned community center near two major public housing developments and established the Frederick Douglass Center. The Center provides residents with on-site infant care, early childhood development training programs, activities for school-age children (e.g. Girls and Boys Scouts), parent education, health services and education, and housing and employment referral. Since opening in 1993, the Center has served over 2,000 children and families.

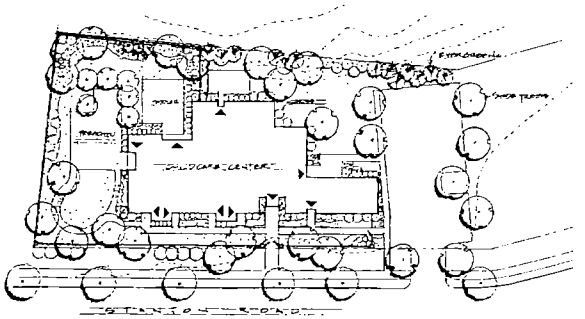
- **Create a School-Age Care Initiative.**

With funds from the DC Public Schools and Department of Human Services, the Collaborative helped create thirty-two additional child care programs for at-risk children ages 5 to 12.

- **Develop a Strategy for Maximizing Local and Federal Resources.**

The Collaborative is now assisting the DC Office of Early Childhood Development in implementing the recommendations of a Collaborative-funded study which identified ways to increase the money the city receives from various federal early childhood programs.

The Frederick Douglass Early Childhood Development and Family Support Center. Established February 1993.



Conceptual plan for The Collaborative's second Early Childhood Facility in southeast Washington.

ON THE HORIZON

The Collaborative is currently:

- **Constructing a Second State-Of-The-Art Early Childhood Facility.**

The Collaborative is constructing another early childhood facility near the Frederick Douglass Center. The new Center will provide full-day developmentally appropriate early education and care, adult education and recreational activities for 100 children and their families. The design also includes comprehensive pediatric and family medical services.

- **Improving Training Opportunities for Early Childhood Professionals.**

The Collaborative is working to improve the quality of training for early childhood professionals in the city. The Collaborative is working with the University of the District of Columbia and other professional training organizations to achieve this goal.

- **Expanding the Board.**

Since its incorporation, the Collaborative has been working to expand and diversify its leadership by creating a Board of Directors with representatives from business, philanthropy and human services.

- **Providing expanded health services.**

The Collaborative is working with DC Public Schools Head Start to open two mini-health clinics in public housing developments. The clinics will be funded by the Mattel Foundation.

Did you know?

Louisiana ranks 50th in the nation in the general well-being of children (1994)[1]

...49th in percentage of low birth-weight babies[2]

...46th in child death rate[2]

...42nd in juvenile violent crime arrest rate2

...43rd in teen violent death rate[2]

...50th in percentage of children living in poverty[2]

1Steps to Success
2Kids Count (1997)

For more information about how you can become involved, write:

CHILDREN'S INITIATIVES
Louisiana Department of Public Safety and Corrections
Post Office Box 94304
Baton Rouge, LA 70804

Jannitta H. Antoine, Deputy Secretary
(504) 342-6744

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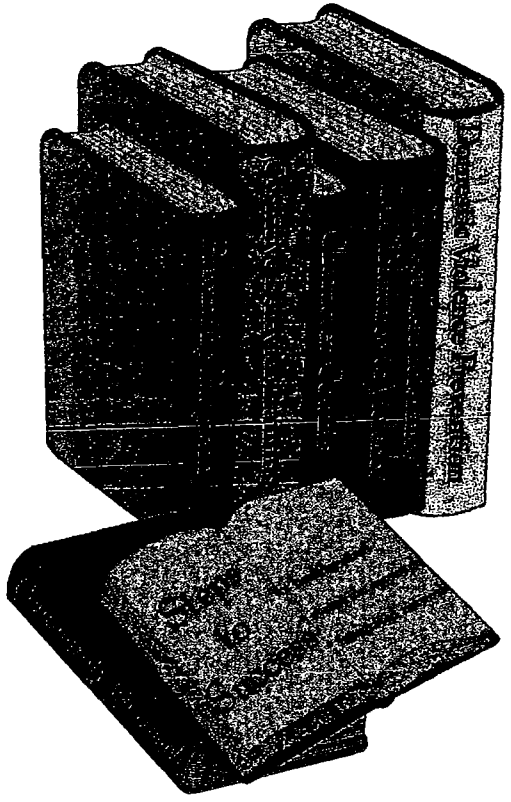
Louisiana Department of Public Safety & Corrections

Children's Initiatives



Strategies for Effective Crime Prevention

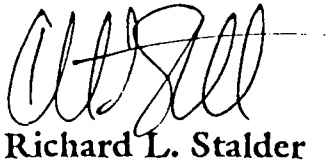
Children's Initiatives

In December 1997, the Department of Public Safety and Corrections launched a full scale effort to develop a primary crime prevention program that incorporates initiatives designed to positively impact children from birth to age ten.

While we are duty bound as a state correctional system first to protect the public safety and promote order and discipline, we can certainly expand our mission and our impact. Our new goal is to help foster a new generation of healthy, nourished and nurtured children who will be far less likely as they mature to be involved in violence, drop out of school, or use drugs - all high factors for subsequent criminality.

Children's Initiatives will provide community outreach initiatives that focus on parenting skills training, character building and well-child care (pre-natally, post-natally and in early childhood).

It is our hope that this effort will serve to educate and inform people around the state about the simple things that can be done to improve our quality of life. We believe we can make a difference and challenge others to join in similar efforts.



Richard L. Stalder
Secretary

Action Plan

1. Implement "***Character Counts***" in the secure juvenile facilities and non-secure programs, and test its applicability in adult prisons; promote ***Character Counts*** within our communities to give youth an opportunity to develop into caring and productive citizens;

2. Fully support Governor M. J. "Mike" Foster, Jr.'s efforts to re-establish values development as a core curriculum component in our schools;

3. Mobilize staff in support of U.S. Senator Mary Landrieu's ***Steps to Success*** program and encourage and advocate community involvement;

4. Enhance and expand Parenting Skills Training in state correctional facilities, providing virtually every inmate, both adult and juvenile, the opportunity to participate prior to release; and,

5. Develop the mechanism and resources for participation in Parenting Skills Training by all individuals receiving probation or being released on parole.

Why these strategies? . . . .

- "...the Syracuse Family Development Research program showed that delinquency was reduced by 91 percent when families were provided with parent-training, home visits, training on safety issues, and other human services beginning prenatally and continuing until children reached elementary age. 1"

- "... experiencing childhood abuse and neglect increases the likelihood of arrest as a juvenile by 53 percent, of arrest as an adult by 38 percent, and or committing a violent crime by 38 percent 2"

- "...the juvenile justice system cannot solve the complex problem of juvenile violence unilaterally; it cannot make up for the failures of families and other institutions.3"

- "...Family based programs are working. Family based prevention efforts include home based programs, organized pre-school programs such as Head Start, parent training, family therapy, and programs directed at domestic violence....A number of programs which deliver parent training to families of elementary school children resulted in better social control, less disruptive behaviors, and lower self-reported delinquency among participating children.4"

1 Mobilizing communities to Prevent Juvenile Crime, OJJDP Juvenile Justice Bulletin, July 1997
2Community Corrections Report, Nov/Dec 1997
3The Compiler, Illinois Criminal Justice Information Authority
4 Juvenile Justice Update, Oct/Nov 1997

Carnegie Corporation of New York

437 Madison Avenue, New York, N.Y. 10022 • (212) 371-3200 • Telex: 6506377182 • Fax: (212) 754-4073

Information: Michael Levine
Avery Russell

FOR IMMEDIATE RELEASE

January 26, 1996

CARNEGIE CORPORATION AWARDS STATES AND CITIES GRANTS TO MEET NEEDS OF FAMILIES AND YOUNG CHILDREN

NEW YORK — Carnegie Corporation of New York announced today the award of two-year grants totaling more than $3 million to fourteen states and cities participating in a new grant program called Starting Points: State and Community Partnerships for Young Children (list of awards follows). The awards program results from a nationwide competition initiated by the Corporation.

The grants will expand the Corporation's efforts to stimulate reforms in policies and programs and to mobilize community action based on the recommendations of *Starting Points: Meeting the Needs of Our Youngest Children*, a Carnegie task force report issued in April 1994. *Starting Points* highlighted the critical importance of the first three years of life for subsequent healthy development. It documented the "quiet crisis" that young children face today — including low prenatal care and immunization rates, the rising incidence of child abuse and neglect, and disturbing trends in family stability.

The report offered a comprehensive set of recommendations to reverse negative trends, including better preparation of prospective parents for responsible parenthood, improved prenatal and pediatric health care, high-quality child care, and stronger community supports for families.

In announcing the grants, the Corporation's president David A. Hamburg said, "The award of these grants comes at an important moment for the future direction of American social

policy and our national commitment to young children. Effective policies and programs that will benefit our youngest children are essential to safeguard our nation's long-term economic and social development."

He added, "We hope that these partnership grants will draw attention to state and local leaders who are designing cost-effective investment strategies that will help guide national discourse on the importance of healthy development in the first three years of life."

The Carnegie Corporation awards to nine states and five cities of up to $300,000 each have been matched or exceeded by state, city, and other private sector resources. Altogether, $3.15 million in Corporation funding has leveraged nearly $8 million in matching funds. The Corporation has allocated an additional $280,000 for technical assistance, consultation, evaluation, and national workshops for all state and city project teams during the next year.

In making its selections, the Corporation's board of trustees evaluated the comprehensiveness and quality of the partnership proposals, the commitment of key policymakers to the project, and the potential for state- and community-wide impact.

Michael Levine, the program officer responsible for the partnership initiative, said, "We will examine whether the recommendations in *Starting Points* can make a strong impact when implemented under different conditions throughout the United States."

Levine emphasized the Corporation's interest in a careful long-term analysis of a variety of approaches to meeting the needs of young children. "While states and communities vary considerably in their current efforts, the leaders we are supporting are on the cutting edge, providing innovative solutions to reverse the damaging conditions many young families now face. The state and city grants represent multiple approaches tailored to local interests and needs and draw on the commitments of policymakers, business and philanthropic leaders, community organizations, and parents."

Among the activities that will be supported in the grants program are:

- Universal screening, home visiting, and follow-up systems of health care for pregnant women, infants, and toddlers that will seek to reach all families, with special attention to the most disadvantaged.

- The combination of economic development incentives, such as improved employment

and training programs for young parents, with child care and social supports in communities that are being revitalized through the federal Empowerment Zones initiative.

- New comprehensive initiatives modeled after the Head Start program for children from birth to age three, such as "family resource networks" that will act as coordinating hubs for child care, child health, and parent supports.

- Community outreach programs designed to prevent teenage childbearing and to improve life options for disadvantaged youth.

- Innovative programs using museums, churches, and other community-based organizations as important resources for young families.

- New collaborative governance mechanisms that allow the financial and staff resources of public and private agencies to be used more efficiently (the attached table offers an overview of the major components of each proposed project).

Several of the states and cities have developed strategies to strengthen their ties with members of the news media and business leaders in order to build public support. These states and cities will launch public education campaigns using print and television materials that explain the importance of nurturing young children. Others have established public–private financial partnerships that may help sustain programs and services. Several will directly engage university faculty members and other independent experts in research and evaluation.

States and Cities Receiving Starting Points' Partnership Grants

State/City	Amount (Over Two Years)
Baltimore	$300,000
Boston	$225,000
Colorado	$300,000
Florida	$300,000
Georgia/Atlanta	$300,000
Hawaii	$300,000
North Carolina	$225,000
Ohio	$225,000
Pittsburgh	$300,000
Rhode Island	$150,000
San Francisco	$150,000
Vermont	$225,000
West Virginia	$225,000

For more information concerning Carnegie Corporation's *Starting Points*' State and Community Partnerships for Young Children program, contact Michael Levine, Carnegie Corporation of New York, 437 Madison Avenue, New York, New York, 10022.

Starting Points: Meeting the Needs of Our Youngest Children, the full report of the task force, is available for $10.00 for a single copy, including shipping and handling. Up to fifty complementary copies of an abridged version are also available. Either can be ordered by writing the Corporation's mailing house in Maryland. Its address is: Carnegie Corporation of New York, P.O. Box 753, Waldorf, MD 20604. All orders for the full report must be prepaid by check or money order made payable to Carnegie Corporation of New York.

All bulk orders for the full report and more than 50 copies of the abridged version should be sent to the Corporation's New York office.

Carnegie Corporation of New York is a philanthropic foundation which was created by Andrew Carnegie in 1911 to "promote the advancement and diffusion of knowledge and understanding among the people of the United States." Subsequently, its charter was amended to permit the use of funds for the same purposes in certain countries that are, or have been, members of the British Overseas Commonwealth. The Corporation's basic endowment was $135 million; the market value of its assets was approximately $1.2 billion as of December 31, 1995.

#

Executive Summary

Starting Points: Meeting the Needs of Our Youngest Children

Our nation's infants and toddlers and their families are in trouble. Compared with most other industrialized countries, the United States has a higher infant mortality rate, a higher proportion of low-birthweight babies, a smaller proportion of babies immunized against childhood diseases, and a much higher rate of babies born to adolescent mothers. Of the twelve million children under the age of three in the United States today, a staggering number are affected by one or more risk factors that undermine healthy development. One in four lives in poverty. One in four lives in a single-parent family. One in three victims of physical abuse is a baby under the age of one.

These numbers reflect a pattern of neglect that must be reversed. It has long been known that the first years of life are crucial for later development, and recent scientific findings provide a basis for these observations. We can now say, with greater confidence than ever before, that the quality of young children's environment and social experience has a decisive, long-lasting impact on their well-being and ability to learn.

The risks are clearer than ever before: an adverse environment can compromise a young child's brain function and overall development, placing him or her at greater risk of developing a variety of cognitive, behavioral, and physical difficulties. In some cases these effects may be irreversible. But the opportunities are equally dramatic: adequate pre- and postnatal care, dependable caregivers, and strong community support can prevent damage and provide a child with a decent start in life.

Researchers have thoroughly documented the importance of the pre- and postnatal months and the first three years, but a wide gap remains between scientific knowledge and social policy. Today, changes in the American economy and family, combined with the lack of affordable health and child care and the crumbling of other family supports, make it increasingly difficult for parents to provide the essential requirements for their young children's healthy development.

More than half of mothers of children under the age of three work outside the home. This is a matter of concern because minimal parental leave is available at the time of birth, and child care for infants and toddlers is often hard to find and of poor quality. Most parents feel overwhelmed by the dual demands of work and family, have less time to spend with their children, and worry about the unreliable and substandard child care in which many infants and toddlers spend long hours. These problems affect all families, but for families living in poverty, the lack of prenatal and child health care, human services, and social support in increasingly violent neighborhoods further stacks the deck against their children.

These facts add up to a crisis that jeopardizes our children's healthy development, undermines school readiness, and ultimately threatens our nation's economic strength. Once a world leader and innovator in education, the United States today is making insufficient investments in its future workforce—our youngest children. In contrast to all the other leading industrialized nations, the United States fails to give parents time to be with their newborns, fails to ensure pre- and postnatal health care for mothers and infants, and fails to provide adequate child care.

The crisis among our youngest children and their families is a quiet crisis. After all, babies seldom make the news. Their parents—often young people struggling to balance their home and work responsibilities—tend to have little economic clout and little say in community affairs. Moreover, children's early experience is associated with the home—a private realm into which many policymakers have been reluctant to intrude.

The problems facing our youngest children and their families cannot be solved through piecemeal efforts; nor can they be solved entirely through governmental programs and business initiatives. All Americans must take responsibility for reversing the quiet crisis. As the risks to our children intensify, so must our determination to enact family-centered programs and policies to ensure all of our youngest children the decent start that they deserve.

Recommendations for Action

The task force concluded that reversing the quiet crisis calls for action in four key areas that constitute vital starting points for our youngest children and their families.

Promote Responsible Parenthood

Our nation must foster both personal and social responsibility for having children. To enable women and men to plan and act responsibly, we need a national commitment to making comprehensive family planning, pre-conception, prenatal, and postpartum health services available, and to providing much more community-based education about the responsibilities of parenthood. To promote responsible parenthood, the task force recommends

- Planning for parenthood by all couples to avoid unnecessary risks and to promote a healthy environment for raising a child
- Providing comprehensive family planning, pre-conception, prenatal, and postpartum services as part of a minimum health care reform package.
- Delaying adolescent pregnancy through the provision of services, counseling, support, and age-appropriate life options
- Expanding education about parenthood in families, schools, and communities, beginning in the elementary school years but no later than early adolescence
- Directing state and local funds to initiate and expand community-based parent education and support programs for families with infants and toddlers

Guarantee Quality Child Care Choices

For healthy development, infants and toddlers need a continuing relationship with a few caring people, beginning with their parents and later including other child care providers. If this contact is substantial and consistent, young children can form the trusting attachments that are needed for healthy development throughout life. Infants and toddlers should develop these relationships in safe and predictable environments—in their homes or in child care settings. To guarantee quality child care choices the task force recommends

- Strengthening the Family and Medical Leave Act of 1993 by expanding coverage to include employers with fewer than fifty employees, extending the twelve-week leave to four to six months, and providing partial wage replacement
- Adopting family-friendly workplace policies such as flexible work schedules and assistance with child care
- Channeling substantial new federal funds into child care to ensure quality and affordability for families with children under three and making the Dependent Care Tax Credit refundable for low- and moderate-income families
- Providing greater incentives to states to adopt and monitor child care standards of quality
- Developing community-based networks linking all child care programs and offering parents a variety of child care settings
- Allocating federal and state funds to provide training opportunities so that all child care providers have a grounding in the care and development of children under three
- Improving salary and benefits for child care providers

Ensure Good Health and Protection

When young children are healthy, they are more likely to succeed in school and, in time, to form a more productive workforce and become better parents. Few social programs offer greater long-term benefits for American society than guaranteeing good health care for all infants and toddlers. Good health involves more than health care services. Being healthy means that young children are able to grow up in safe homes and neighborhoods. To ensure good health and protection, the task force recommends

- Making comprehensive primary and preventive care services, including immunizations, available to infants and toddlers as part of a minimum benefits package in health care reform
- Offering home-visiting services to all first-time mothers with a newborn and providing comprehensive home visiting services by trained professionals to all families who are at risk for poor maternal and child health outcomes
- Expanding the Women, Infants and Children (WIC) nutritional supplementation program to serve all eligible women and children
- Making the reduction of unintentional injuries to infants and toddlers a national priority

- Expanding proven parent education, support, and counseling programs to teach parents nonviolent conflict resolution in order to prevent child abuse and neglect, and implementing community-based programs to help families and children cope with the effects of living in unsafe and violent communities
- Enacting national, state, and local laws that stringently control the possession of firearms

Mobilize Communities to Support Young Children and Their Families

Broad-based community supports and services are necessary to ensure a decent start for our youngest children. Unfortunately, community services for families with children under three are few and fragmentary. To reverse the crisis facing families with young children, the old ways of providing services and supports must be reassessed, and broad, integrated approaches must be found to ensure that every family with a newborn is linked to a source of health care, child care, and parenting support. To mobilize communities to support young children and their families, the task force recommends

- Focusing the attention of every community in America on the needs of children under three and their families, by initiating a community-based strategic planning process
- Experimenting broadly with the creation of family-centered communities through two promising approaches: creating family and child centers to provide services and supports for all families; and expanding and adapting the Head Start model to meet the needs of low-income families with infants and toddlers
- Creating a high-level federal group, directed by the President to coordinate federal agency support on behalf of young children and to remove the obstacles faced by states and communities in their attempts to provide more effective services and supports to families with young children
- Funding family-centered programs through the Community Enterprise Board in order to strengthen families with infants and toddlers
- Establishing mechanisms, at the state level, to adopt comprehensive policy and program plans that focus on the period before birth through the first three years of a child's life

A Call to Action

The task force calls upon all sectors of American society to join together to ensure the healthy development of our nation's youngest children.

- We ask the *President* to direct a high-level federal group to review the findings of this report and to ensure the adequacy, coherence, and coordination of federal policies and programs for families with young children.
- We urge *federal agencies* to identify and remove the obstacles that states and communities encounter as they implement federally funded programs or test innovative solutions.

- We call upon *states* to review their legislative and regulatory frameworks, particularly with regard to child care, in order to raise the quality of services for children under the age of three.
- We call upon *community leaders* to assess the adequacy of existing services for families with young children (especially those with multiple risks), to recommend steps to improve and coordinate services, and to introduce mechanisms for monitoring results.
- We call upon the *private and philanthropic sectors*, including foundations, to pay more attention to families with children under three and to expand their support of initiatives that give our youngest children a decent start in life.
- We urge *educators*, to incorporate services to children under age three in their plans for the schools of the twenty-first century, to increase their efforts to educate young people about parenthood, and to provide more training and technical assistance to child care providers.
- We call upon *health care decision makers* to include, in any plan for national health care reform, comprehensive prenatal care for expectant mothers and universal primary and preventive care for young children and to consider establishing a specific standard of coverage and service for young children.
- We urge *service providers* in child care, health, and social services to work together by taking a family-centered approach to meeting the needs of young children and the adults who care for them. We ask them to offer staff, parents, and other caregivers opportunities to learn more about the needs of families with young children, about child development, and about promoting children's health and safety.
- We call upon *business leaders* to support policies that result in family-friendly workplaces in businesses of every size, for example strengthening the Family and Medical Leave Act of 1993 and introducing flexible work schedules.
- We call upon the *media* to deliver strong messages about responsible motherhood and fatherhood, to promote recognition of the importance of the first three years, and to give us all insight into the quiet crisis.
- We call upon *mothers and fathers* to secure the knowledge and resources they need to plan and raise children responsibly. When these resources are not available, we urge them to make their needs known to government representatives, community leaders, and service providers.

All Americans must work together, in their homes, workplaces, and communities, to ensure that children under the age of three—our most vulnerable citizens—are given the care and protection they need and deserve. Nothing less than the well-being of our society and the future of its vital institutions is at stake.

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UPDATE
School Readiness

The Connecticut Commission on Children Vol. 1 No. 1 October 1997 *Newsletter on School Readiness Legislation*

Overview of the School Readiness Legislation

By Elaine Zimmerman,
Executive Director, Connecticut Commission on Children

The School Readiness initiative passed this June was landmark legislation supported by the Governor, the Legislature, Commissioners of Education and Social Services and the public. With unanimous support, this legislation represents Connecticut's commitment to quality, equal access and growth in the interests of young children's health, safety and learning.

The legislation is touted nationally for its pooling of funds, upholding of quality standards, commitment to a career ladder and training for providers, as well as financing of growth through significant low interest funds.

Key components of the legislation include:

Children's Ages— Provide a preschool program for both three and four year olds Most states have expanded only to four year olds.

Full Access— Provide a program for families across incomes with a sliding scale mechanism to allow both state and personal payments.

Pooling of Funds and Resources— Provide school readiness dollars that can be wrapped around child care dollars to provide a full day opportunity for children.

Contemporary Time Frames— Stress priority for full day, year round programming to address both the child's learning needs and workforce trends.

Service Integration— Require linkages to health care, literacy, parent involvement, employment and job training, addressing the needs of the whole family in the interests of the child's learning

Parent Involvement— Encourage participation from parents as key decision makers for their children. Service providers are expected to work in partnership with parents

Transition to Elementary School— State that each school readiness plan must prepare for transition to ensure that the gains of preschool do not get lost upon entry to kindergarten or the early grades.

Quality— Stress that preschool programs must be accredited or in the process of accreditation with National Association for the Education of Young Children (NAEYC), Head Start standards or other like standards determined by the SDE. The Department of Social Services will give more dollars to programs reflecting excellence through these national standards.

Local Coordination and Planning— Establish school readiness councils to determine the assets, gaps and needs within community. They report to the mayor and superintendent of schools who submit the local plan to the state.

A Career Ladder and Accreditation Training— Support a career ladder to have work experience, training and diverse courses as part of a substantive career path. Programs will be assisted towards accreditation through five accreditation sites throughout Connecticut.

Health Care is part of Early Care and Education— Acknowledge that health needs and care giving are better coordinated through the care givers asking and reporting on Early, Periodic Screening and Diagnostic Treatment (EPSDT) screens of the preschoolers. We will soon know which children have had medical screens and which have not, speeding up health access and intervention.

Safety— Protect parents and children from undue anxiety through a series of worker criminal background checks to protect children from child abuse.

Upgrades and Expansion— Make low interest loans available for small, medium and large building and renovation goals to uphold excellence, increase openings and expand programming. The business sector has joined in a public-private partnership with the state to grow the early care and education industry.

RIGHT START 2000 ROUNDTABLE
PUBLIC PRIVATE PARTNERSHIPS ON INNOVATIVE EARLY CHILDHOOD DEVELOPMENT PROGRAMS

24 July 1998

Prepared by:
Ellen Galinsky
Jennifer E. Swanberg
James T. Bond
Families and Work Institute

Two new studies from the Families and Work Institute illuminate the types of assistance employers are providing to help employed mothers and fathers with young children care for these children while they work. We define child care assistance as policies that help employee families to care for their own children as well as programs that help find, pay for, and improve the quality of non-parental.

The 1998 Business Work-Life Study: A Study of Employers

The first study, the *1998 Business Work-Life Study*, is a nationally representative study of organizations with 100 or more employees.

Flexible Work Arrangements

Of the eight flexible work arrangements explored, companies with 100 or more employees most frequently allow workers to take time off work to attend school and child care functions (88 percent) and to return to work on a gradual basis following childbirth and adoption (81 percent). More than two-thirds of employers allow traditional flextime and more than half allow employees to move back and forth from full-time to part-time and to work at home occasionally. Less common are job sharing, regular work at home, and daily flextime. However, job sharing and regular work at home are the flexibility options most likely to be under consideration by companies not currently offering them.

Only 18 percent of companies offering one or more flexible work arrangement perceive the costs of their investments in these policies as outweighing the benefits, while 36 percent perceive these programs as cost-neutral and 46 percent perceive a positive return on their investments.

Table 1: Flexible Work Arrangements

Does your company allow employees ...	*Yes*	*No, But Considering*
To periodically change starting and quitting times?	68%	9%
To change starting and quitting times on a daily basis?	24	7
To return to work gradually after childbirth or adoption?	81	7
To move from full-time to part-time and back again while remaining in the same position or level?	57	5
To share jobs?	37.5	17
To work at home occasionally?	55	6
To work at home or off-site on a regular basis	33	14
To take time off for school/child care functions	88	Not Asked
To take time off to care for sick children without losing pay.	49	Not Asked

(n=1057)

Source: Galinsky, E. and Bond, J.T. (1998) The 1998 Business Work-Life Study, Families and Work Institute, NY.

Child Care Assistance

Not unexpectedly, companies are more likely to provide low- or no-cost child care options (such as Dependent Care Assistance Plans (DCAPs)) than those that are more costly (Table 2). However, the number of companies considering new more expensive options, such as resource and referral (12 percent) and on- or near-site child care centers (12 percent), suggests that there could be growth in employer-supported child care in the coming years.

Among companies offering any child care benefit, 24 percent perceive negative returns on their investments, seven to eight percentage points higher than the percentages reported for flexible work arrangements and family leave policies. Another 40 percent perceive child care assistance programs to be cost-neutral and 36 percent think the benefits of these programs outweigh their costs.

Table 2: Child Care Assistance

Does your company provide...	*Yes*	*No, But Considering*
Access to information to help locate child care in the community?	36%	12%
Child care at or near the worksite?	9	12
Payment for child care with vouchers or other subsidies that have direct costs to the company?	5	5
Dependent care assistance plans (DCAPs) that help employees pay for child care with pretax dollars?	50	Not asked
Reimbursements of child care costs when employees work late?	4	Not asked
Reimbursement of child care costs when employees travel for business?	6	Not asked
Child care for school-age children on vacation?	6	2.5
Back-up or emergency care for employees when their regular child care arrangements fall apart?	4	4.5
Sick care for the children of employees?	5	3
Financial support of local child care through a fund or corporate contributions beyond United Way?	9	Not asked
Public/Private partnership in child care	5	Not asked

(n=1057)

Source: Galinsky, E. and Bond, J.T. (1998) The 1998 Business Work-Life Study, Families and Work Institute, NY.

The National Study of the Changing Workforce: A Study of Employees

The second study recently conducted by the Families and Work Institute, the *1997 National Study of the Changing Workforce,* a national representative study of 3552 U.S workers, provides information about wage and salaried workers' (n=2877) access to flexibility and child care assistance. We focus here on the 536 employed mothers and fathers with children under six. Please note that the findings we just provided are for employers with 100 or more employees, whereas the results we are now going to present are for employees who work at companies of all sizes.

Flexible Work Arrangements

Less than half of employees with young children have access to traditional flextime (44 percent) and to time off to care for sick children (49 percent) (Table 3). And even fewer employed parents (26 percent) are able to change their starting and quitting times on a daily basis.

Table 3: Employed Parents with Children Under 6
Access to Flexible Work Arrangements

Does your company allow employees ...	*Yes*
To periodically change starting and quitting times?	44%
To change starting and quitting times on a daily basis?	26
To spend part of your regular workweek working at home.	29
To take time off for to care for sick children without loosing pay.	49
How hard is it...	*Very/Somewhat Hard*
To take time off during the day to care for family issues.	37%

(n=535)

Source: Bond, J.T., Galinsky, E. and Swanberg, J.E. (1998) The 1997 National Study of the Changing Workforce, Families and Work Institute, NY.

Child Care Assistance

The most common form of child care assistance is help in paying child care with pretax dollars through dependent care assistance plans (47 percent). Less than 20 percent of employed parents with young children have access to any of the other forms of child care assistance we examine.

Table 4: Employed Parents with Children Under 6
Child Care Assistance

Does your company provide...	*Yes*
Access to information to help locate child care in the community?	16%
Child care at or near the worksite?	12
Payment for child care with vouchers or other subsidies that have direct costs to the company?	12
Dependent care assistance plans (DCAPs) that help employees pay for child care with pretax dollars?	47

(n=535)

Source: Bond, J.T., Galinsky, E. and Swanberg, J.E. (1998) The 1997 National Study of the Changing Workforce, Families and Work Institute, NY.

We conducted a second set of analyses of the *1997 National Study of the Changing Workforce* to determine which employees with young children are most likely to have access to child care assistance. We found:

First, more advantaged workers have greater access to work-family assistance at work. While work-family assistance has grown dramatically over the past two decades, it mainly serves more advantaged workers. For example:

- Workers with higher hourly wages are more likely than their lower wage counterparts to have greater access to paid time off to care for sick children, traditional flextime, daily flextime, and Dependent Care Assistance Plans (DCAPs).

- Workers with higher family incomes are more likely than their lower family income counterparts to have greater access to paid time off for sick children, traditional flextime, daily flextime, child care resource and referral, and DCAPs. They also have less difficulty arranging time off to care for a sick child or family emergencies.

- Married workers or workers living with a partner are more likely than their single, divorced or separated counterparts to have greater access to paid time off to care for sick children, paternity leave, and DCAPs.

Second, despite the fact that employed mothers are known to have greater responsibility for managing work and family concerns, employed fathers have greater access to work-family assistance:

- Employed fathers with young children are more likely than employed mothers with young children to have access to traditional flextime, and daily flextime, job autonomy, and employment security.

Third, employed parents who work for larger employers have greater access to work-family programs and policies that require expenditures by employers, but not to time and leave flexibility. Small local workers offer greater supervisor support and a more supportive workplace culture at small local worksites than larger ones.

- Employed parents who work for large organizations nationwide are more likely than employed parents at smaller organizations to have access to child care resource and referral, on or near site child care, financial assistance for child care, and DCAPs.

- There are no differences by employer size in access to time and leave flexibility.

- Employed parents who work for smaller organizations locally have greater access to supportive supervisors and a supportive workplace culture.

Finally, we are left with a few startling statistics:

- 64% of employed parents with young children from low-income households and 63% of all single parents with young children do not have access to paid time off to care for sick children.

- 69% of employed parents with young children from low-income households and 63% of all employed mothers with young children do not have access to traditional flextime.

- 87% of employed parents with young children from low-income households and 80% of employed mothers with young children do not have access to daily flextime.

- 57% of employed parents with young children from low-income households find it difficult to take time off during the day to care for family issues.

- 87% of employed parents with young children from low-income households do not have access to DCAPs.

Conclusion:

Although there have been great strides in the provision of work-life assistance by employers, and in developing public-private partnerships, our findings clearly reveal that the employees most in need are the least likely to be served.

The 1998 Business Work-Life Study

A SOURCEBOOK

EXECUTIVE SUMMARY

Ellen Galinsky

James T. Bond

Families and Work Institute

Some other Families and Work Institute publications:

Ahead of the Curve: Why America's Leading Employers are Addressing the Needs of New and Expectant Parents

Rethinking the Brain: New Insights into Early Development

The 1997 National Study of the Changing Workforce

The Changing Workforce: Highlights of the National Study (1992)

Moving from Programs to Culture Change: The Next Stage for the Corporate Work-Family Agenda

The Changing Employer-Employee Contract: The Role of Work-Family Issues

An Examination of the Impact of Family-Friendly Policies on the Glass Ceiling

The Family-Friendly Employer: Examples from Europe

The Corporate Guide to National Dependent Care Resource and Referral Services

Community Mobilization: Strategies to Support Young Children and Their Families

Working Fathers: New Strategies for Balancing Work and Family

ISBN 1-888324-26-0

The 1998 Business Work-Life Study: A Sourcebook

Note: a more complete discussion of the research findings will appear in the final version of the Sourcebook.

Executive Summary

The Families and Work Institute's 1998 Business Work-Life Study (BWLS) is one of the first and most comprehensive studies of how U.S. companies are responding to the work-life needs of the nation's changing workforce. Funded by Allstate Insurance Company, The Chase Manhattan Bank, The Commonwealth Fund, Freddie Mac Foundation, Kaiser Permanente, and Travelers Foundation, the 1998 BWLS surveys a representative sample of 1,057 for-profit (84 percent of the sample) and not-for-profit companies (16 percent of the sample) with 100 or more employees. It was developed to complement the Families and Work Institute's 1997 National Study of the Changing Workforce (NSCW), which surveyed a representative sample of employees in the U.S. labor force. In the 1997 NSCW, we found that employees with more supportive workplaces as well as better quality jobs are more likely than other workers to have:

- higher levels of job satisfaction;
- more commitment to their companies' success;
- greater loyalty to their companies; and
- a stronger intention to remain with their companies.

The 1997 NSCW also found that employees with more demanding jobs and less supportive workplaces experience:

- more stress;
- poorer coping;
- worse moods; and
- less energy off the job—all of which jeopardize their personal and family well-being.

Additionally, we found that when employees' personal and family well-being is compromised by work, they experience more negative spillover from home to work, which diminishes their job performance.

"This study provides a benchmark for companies to assess how they stack up today in 1998."
—**Joy Bunson**
Senior Vice President, Organizational Development, The Chase Manhattan Bank

The 1998 BWLS enables us to assess the extent to which businesses are addressing some of the factors we have identified as predictive of workers' productivity and well-being. Specifically, we ask:

- To what extent do companies provide benefits, programs, and policies and create supportive workplace environments that address the work-life needs of their employees?
- What are the characteristics of companies most likely to provide this assistance and support?

Major findings related to each of these questions are summarized here and elaborated in the full report.

Question 1

To What Extent Do Companies Provide Work-Life Programs and Policies and Supportive Workplace Environments?

"This study demonstrates that business must adopt flexible programs if they are to be competitive."
—**Bernard Milano**
Executive Director, KPMG Foundation, KPMG Peat Marwick LLP

Flexible Work Arrangements

Of the eight flexible work arrangements considered, companies with 100 or more employees most frequently allow workers to take time off work to attend school and child care functions (88 percent) and to return to work on a gradual basis following childbirth and adoption (81 percent). More than two-thirds of employers allow traditional flextime and more than half allow employees to move back and forth from full-time to part-time and to work at home occasionally. Less common are job sharing, regular work at home, and daily flextime. However, job sharing and regular work at home are the flexibility options most likely to be under consideration by companies not currently offering them.

Only 18 percent of companies offering one or more flexible work arrangements perceive the costs of their investments in these policies as outweighing the benefits, while 36 percent perceive these programs as cost-neutral and 46 percent perceive a positive return on their investments.

Table A: Flexible Work Arrangements

Does your company allow employees ...	*Yes*	*No, But Considering*
To periodically change starting and quitting times?	68%	9%
To change starting and quitting times on a daily basis?	24	7
To return to work gradually after childbirth or adoption?	81	7
To move from full-time to part-time and back again while remaining in the same position or level?	57	5
To share jobs?	37.5	17
To work at home occasionally?	55	6
To work at home or off-site on a regular basis	33	14
To take time off for school/child care functions	88	Not Asked

(n=1057)

Leaves

Except for companies meeting the legal exemption of having fewer than 50 employees within a 75 mile radius of one of their worksites, companies interviewed for the 1998 BWLS are mandated to comply with the federal Family and Medical Leave Act (FMLA) of 1993. This law requires that 12 weeks of unpaid, job-guaranteed leave for childbirth, adoption, foster care placement, a serious personal medical condition, or care of a child or spouse with a serious medical condition be granted to employees who have worked at least 1,250 hours over the preceding year.

Between 7 and 10 percent of companies with 100 or more employees nationwide provide fewer than 12 weeks of leave of different types, while 15 percent through 33 percent provide 13 weeks or more (Table B). Among companies offering fewer than 12 weeks, we estimate that two percent or fewer are clearly out of compliance with the law, based on having only one site *and* 100 or more employees at that site. Although additional companies are likely to be out of compliance, survey data do not permit accurate estimates of this number. On the other hand, a large number of the 37 percent of companies in this sample with an average of fewer than 50 employees per site are undoubtedly complying with the law, even though they may not be required to. Again, we are unable to estimate the actual percentages.

"This study looks at those factors that predict employees' ability to commit to their companies and to deliver business results. Since the connections are so apparent and strong, it is hard to understand why there isn't an even higher prevalence of these practices among companies."
—**Francene Rodgers**
Founder and CEO, WFD

Table B: Summary of Leave Policies

Leave Policy	*Less than 12 Weeks*	*12 Weeks*	*13–26 Weeks*	*More than 26 Weeks*	*Median and Mean Number of Weeks*
Maternity Leave	9%	58%	25%	8%	Median: 12 wks Mean: 17 wks
Paternity Leave	10	74	13	3	Median: 12 wks Mean: 14 wks
Adoption, Foster Care Leave	10	74.5	13	3	Median: 12 wks Mean: 14 wks
Care of Seriously Ill Children Leave	7	78	11	4	Median: 12 wks Mean: 14 wks

(n=1057)

"For many years employees have brought work issues and problems home with them and have been told at work to keep their personal problems outside the office. Today, however, employers are realizing that those home issues must be dealt with to ensure the most productive workers."
—Charles Raymond
President,
Travelers Foundation

Although paid time off to care for mildly ill children is not required by law, 49 percent of companies with 100 or more employees allow employees to take some time for this purpose without having to use vacation days or losing pay.

Women on maternity leave are the most likely of all workers to receive some pay during leave (Table C). Most companies (81 percent) fund this pay by a general temporary disability insurance plan.

Only 17 percent of companies think the costs of leave programs exceed the benefits, while 42 percent think leave programs are cost-neutral and another 42 percent perceive a positive return on investments in these programs.

Table C: At Least Some Replacement Pay during Leave

Leave Policy	*At Least Some Replacement Pay*
Maternity Leave	53%
Paternity Leave	13
Adoption/Foster Care Leave	12.5

(n=1057)

Use of Flexible Time and Leave Policies Without Jeopardizing Advancement

Only 10 percent of company representatives responding to the 1998 BWLS survey feel that the use of flexible time and leave policies jeopardizes employees' opportunities for advancement. In contrast, the Institute's 1997 NSCW found that among employees of private-sector companies with 100 or more employees nationally, 40 percent agreed somewhat or strongly that using flexible schedules and taking time off for family reasons impedes job advancement. Although the questions are not identical in the two surveys, the difference between employers' and employees' views is large enough to suggest that there is significant disagreement between employers and employees on the extent to which use of flexible policies harms advancement.

"The discrepancy between the company's perception and the employee's perception of how flexible arrangements affect career advancement shows there is a need for more education internally."
—Katharine Hazzard
Manager, Work/Family Programs, John Hancock Financial Services

Child Care Assistance

Not unexpectedly, companies are more likely to provide low- or no-cost child care options (such as DCAPs) than those that are more costly (Table D). The number of

Table D: Child Care Assistance

Does your company provide...	*Yes*	*No, But Considering*
Access to information to help locate child care in the community?	36%	12%
Child care at or near the worksite?	9	12
Payment for child care with vouchers or other subsidies that have direct costs to the company?	5	5
Dependent care assistance plans (DCAPs) that help employees pay for child care with pretax dollars?	50	Not asked
Reimbursements of child care costs when employees work late?	4	Not asked
Reimbursement of child care costs when employees travel for business?	6	Not asked
Child care for school-age children on vacation?	6	2.5
Back-up or emergency care for employees when their regular child care arrangements fall apart?	4	4.5
Sick care for the children of employees?	5	3
Financial support of local child care through a fund or corporate contributions beyond United Way?	9	Not asked
Public/Private partnership in child care	5	Not asked

(n=1057)

companies considering new options, such as resource and referral (12 percent) and on- or near-site child care centers (12 percent), suggests that there could be growth in employer-supported child care in the coming years.

Among companies offering any child care benefit, 24 percent perceive negative returns on their investments, seven to eight percentage points higher than the percentages reported for flexible work arrangements and family leave policies. Another 40 percent perceive child care assistance programs to be cost-neutral and 36 percent think the benefits of these programs outweigh their costs.

Elder Care Assistance

While 23 percent of companies with 100 or more employees currently offer elder care resource and referral services, only 9 percent offer long-term care insurance for family members and only 5 percent make direct financial contributions to elder care programs in the communities where they operate. Another 5 percent are considering resource and referral services, while 2 percent are considering direct financial support for local programs. Most notably, 12 percent of companies are considering long-term care insurance for family members, a benefit of growing interest to the aging workforce and population at large (Table E).

Among companies offering any form of elder care assistance, 19 percent perceive the costs for these programs as outweighing benefits, somewhat lower than the 24 percent who perceive a negative return on investments in child care assistance and in line with the 17 and 18 percent who perceive a negative return on investments in flexible work arrangements and family leave policies. In addition, 60 percent view investments in elder care programs as cost-neutral, while 21 percent perceive positive returns on their investments.

Table E: Elder Care Assistance

Does your company provide....	*Yes*	*No, But Considering*
Elder care resource and referral services?	23%	5%
Long-term care insurance for family members?	9	12
Direct financial support for local elder care programs?	5	2

(n=1057)

Helping Employees Resolve Family Problems

More than one-half of companies (56 percent) provide Employee Assistance Programs (EAPs) that address work-life issues. In addition, one quarter (25 percent) provide work-life seminars or workshops at the workplace (Table F).

Table F: Resolving Family Problems

Does your company provide ...	*Yes*	*No*
An Employee Assistance Program designed to help employees deal with problems that may affect their work or personal life?	56%	44%
Workshops or seminars on parenting, child development, care of the elderly, or work-family problems?	25	75

(n=1057)

Programs for the Teenage Children of Employees

Twelve percent of companies with 100 or more employees offer some type of program for the teenage children of employees (Table G). Most frequently offered are EAPs (5 percent) and counseling (3 percent), suggesting that some companies have expanded the scope of their EAP/counseling programs to specifically address the problems and needs of teenagers and their families.

Table G: Programs for Teenagers

Employer Characteristic	*Provide*	*Do Not Provide*
Any Program	12%	88%
After-School Programs	0.5	99.5
Financial Support for Community Programs	1	99
Seminars/Workshops	2	98
Summer Programs	0.3	99.7
Employee Assistance Programs	5	95
Referral Information Services	1	99
Scholarship Programs/ Educational Assistance	1	99
Counseling	3	97
Other	1	99

(n=1057)

"Despite a great deal of progress in corporations' responding to employee work-life needs, the vast majority remain unresponsive to employee needs. In light of intense competition for attracting and retaining employees, barely a third offer even the most rudimentary services such as information and referral for child care (even less for elder care.) For issues such as employees having to deal with adolescents, or children home alone, they are virtually non-existent. So is the glass half empty or half full?"

—Brad Googins
Director,
Center for Corporate Community Relations,
Boston College

Supportiveness of Supervisors and the Workplace Culture

Company representatives were asked to assess the supportiveness of their workplaces (Table H). More than half responded "very true" to statements assessing whether men and women who must attend to family matters are equally supported by the organization (66 percent) and whether supervisors are encouraged to be supportive of employees with family problems (55 percent). Far fewer responded "very true" when asked about whether management takes employees' personal needs into account when making business decisions (31 percent) and whether the company makes a genuine effort to inform employees of the availability of work-life assistance (19 percent).

Table H: Supportiveness of Supervisors and the Culture

Statements about Supportiveness	*Very True*	*Somewhat True*	*Not Very True Not True at All*
Supervisors are encouraged to be supportive of employees with family problems and to find solutions that work for both employees and the organization	55%	41%	4%
Men and women who must attend to family matters are equally supported by supervisors and the organization	66	30	5
The organization makes a real and ongoing effort to inform employees of available assistance for managing work and family responsibilities	19	44	37
Management takes employees' personal needs into account when making business decisions	31	51	18

(n=1057)

Company Efforts to Develop Supportive Supervisors

Companies with 100 or more employees are most likely to train supervisors in managing diversity and least likely to have a career counseling or management/leadership program for women—62 percent versus 22 percent, a striking difference of 40 percentage points (Table I). Falling between these extremes are training for supervisors to respond to the work-family needs of employees and the consideration of how well supervisors manage work-family issues when making job-performance appraisals.

"Companies that actively create a supportive environment with work-life programs and practices are contributing positively to their employees' morale and dedication. Those that take employees' personal needs into account when making business decisions, even if not implementing formal policies, are also making a significant difference in the lives of their people. The two avenues should not be mutually exclusive."

—Beth McCarty
Vice President, Corporate Accounts, Ceridian Performance Partners

Table I: Programs for Supervisors and Career Development

Program	*Provide*	*Do Not Provide*
Train supervisors in responding to work-family needs of employees	43%	57%
Train supervisors in managing diversity	62	38
Consider how well supervisors manage the work-family issues of employees in making job performance appraisals	44	56
Career counseling program or a management/leadership program for women	22	78

(n=1057)

Health Care Benefits

Health insurance coverage for oneself and one's family is the single most valued benefit among U.S. workers, who rely almost exclusively on their employers for coverage. Ninety-seven percent of companies with 100 or more employees provide personal health insurance coverage for full-time workers, but only 33 percent offer full or prorated benefits to part-time workers (Table J). Ninety-five percent offer family coverage, with 87 percent paying at least part of the premium for family members. Fourteen percent of companies offer health insurance coverage for unmarried partners who are living together. Fifty-one percent of companies offer wellness programs for employees and their families, and 37 percent provide space and milk-storage facilities for mothers who are nursing infants.

"From a marketplace perspective, it is encouraging to see that more companies are moving toward more flexibility with their work/life benefits. There is, however, still work to be done. For example, more companies are offering flexible work arrangement options, but few are providing health care coverage for part-time workers."

—Nancy Berry
Director of Welfare and Work/Life, Allstate Insurance Company

Table J: Health Care Benefits

Does your company provide ...	*Yes*	*No*
Personal health insurance for full-time employees?	97%	3%
Health insurance for part-time employees on a full or pro-rated basis?	33	67
Health insurance that includes coverage for family members?	95	5
Full or part payment of premium for family members?	87	13
Health insurance coverage for unmarried partners who live together?	14	86
Wellness program for employees and their families?	50.5	49.5
Space and storage facilities at work that allow women who are nursing to continue to do so by expressing milk?	37	63

(n=1057)

Benefits to Enhance Economic Security

Of the benefits considered in this study, companies with 100 or more employees are most likely (90 percent) to offer 401(k) or 403(b) retirement plans, with for-profit companies using the former and nonprofits the latter (Table K). Moreover, 91 percent of companies operating individual retirement plans also make contributions to them. Next most popular are temporary disability insurance plans (70 percent of companies), for which 84 percent of companies pay all or part of the premium. Forty-eight percent of companies provide defined-benefit plans, and 24 percent offer scholarships or other educational assistance for the children of employees.

Table K: Benefits to Enhance Economic Security

Does your company provide ...	*Yes*	*No*
Temporary disability insurance (TDI)	70%	30%
Full or partial payment by company of TDI premiums	84	16
Defined/guaranteed benefit pension plan	48	52
401(k) or 403(b) individual retirement plan	90	10
Company contribution to individual retirement plan	91	9
Scholarships or other educational assistance for the children of employees	24	76

(n=1057)

Company Involvement in Community Life

Eleven percent of companies with 100 or more employees are engaged in some type of partnership with local or state government to assist employed people in the community to meet their family and personal responsibilities (Table L).

Seventy-three percent of companies with 100 or more employees allow their workers to volunteer in community activities—to an unknown extent—during work hours.

"There is real potential to broaden the impact of work-life programs through public-private partnerships."
—Peg Sprague
Group Manager, Community Development, WFD

Table L: Public-Private Partnerships

Type of Initiative	*Involved*	*Not Involved*
All types	11%	89%
Child Care Programs	5	95
Parent Education and Support Programs	7	93
Health Care Programs	6	94
Welfare to Work Programs	7	93
Education Programs	9	91

(n=1057)

"The labor market continues to tighten. Compelling research that correlates a supportive workplace to increased employee productivity and greater loyalty continues to be prevalent. Why then are there not a greater number of companies, both large and small, responding to the needs of contemporary family life? The service industry, dominated by hourly workers, is noticably behind. The ironic thing is that the quality of our product, the delivery of service, is driven by employee mood. Why are there not more service industry employers investing in a supportive workplace?"
—Donna Klein
Vice President, Workplace Effectiveness, Marriott International

Question 2

What Are the Characteristics of Companies Most Likely to Provide Work-Life Programs and Policies and Supportive Work Environments?

Industry

Industry is the most frequent predictor of work-life support, with the finance/insurance/real estate services standing out as the most generous of industries in most areas, while the wholesale and retail trades emerge as least generous time and again. The 1998 BWLS also reveals that professional and "other" services and, in some cases, manufacturers are more likely to provide certain types of work-life assistance.

Company Size

The next most frequent predictor of work-life assistance and a supportive work environment is company size. Overall, 25 percent of companies in the 1998 BWLS have

"We know from Catalyst research that employees today want and need supportive workplaces. This is especially true of dual-career couples, who are more likely to leave their company if they don't get the support they want. Women leaders are helping to create workplaces that are more in keeping with the needs of employees. At the same time, when the workplace environment provides the support they need, women are more able to move into top executive positions."
—Marcia Brumit Kropf
Vice President, Research and Advisory Services, Catalyst

1000 or more employees. Larger companies are more likely than their smaller counterparts to provide flexible work options and longer maternity leaves, paternity leaves, and leaves for adoptive parents, as well as wage replacement during maternity leave. However, smaller companies are more likely to provide wage replacement for paternity leave. Of the 11 child care options we examined, larger companies are more likely to provide seven. Likewise, larger companies are more likely to provide elder care programs, employee assistance programs, programs for the teenage children of employees, work-life seminars, health care and wellness programs, and work-life training for supervisors.

Proportion of Top Executive Positions Filled by Women

One of the most provocative findings of the 1998 BWLS is the broad extent to which having a larger proportion of top executive positions filled by women is associated with the provision of work-life assistance. It is the third most frequent predictor, and quite close to company size in importance. Interestingly, 30 percent of companies have no women in top executive positions (either the CEO or direct reports to the CEO), while 70 percent had one or more women in these leadership positions, and 20 percent of companies have women in half or more of their top positions. Some of the findings are quite dramatic:

- Eighty-two percent of companies with women in half or more of their top executive positions provide traditional flextime, compared with 56 percent of companies with no women in top positions.
- Six times as many companies (19 percent) with women in half or more of their top executive positions provide on- or near-site child care as those with no women in top management (3 percent).
- Sixty percent of companies with women in half or more of their top executive positions provide dependent-care assistance plans, compared with 37 percent with no women in these senior positions.
- Thirty-three percent of companies with women in half or more of their top executive positions offer elder care resource and referral programs, compared with 14 percent of companies with no women in key positions.

"The strong correlation between presence of women and people of color and companies providing more favorable benefits is truly astounding. I wonder which comes first—enlightened companies attracting/promoting women and people of color and also endorsing work-life assistance for the same reasons or if it is the women and people of color who advocate once there."
—Linda Hall Whitman
President, Ceridian Performance Partners

Proportion of Top Executive Positions Filled by Minorities

An equally provocative and similar pattern of findings emerges when we examine the relationship between the proportion of top executive positions filled by minorities and the prevalence of work-life supports. The proportions of top executive positions filled by minorities or women are equally important predictors. Since the majority of companies in the sample (63 percent) have no top positions filled by minorities, having even

one or more top positions filled by minority employees can have an impact. For example:

- More than 80 percent of companies with minorities in 25 percent or more of top executive positions offer traditional flextime versus 64 percent of companies with no minorities in key positions.
- About twice as many companies with at least one top executive position filled by a minority employee offer pay during leaves for adoption and foster care placement as companies with no top positions filled by minorities.
- Four times as many companies (26 percent) with minorities in 50 percent or more of top executive positions offer on- or near-site child care as companies with no minorities in key positions (6 percent).

"The issue of diversity has moved from the moral imperative to the strategic imperative."
—Ted Childs
VP, Global Workforce Diversity, IBM

Women as a Percentage of the Workforce

The percentage of women in a company's workforce is also predictive of work-life assistance in many areas we examined, albeit in a dual way. When women constitute a *larger* proportion of the workforce, companies are more likely to provide a number of options, some of which could be considered costly, some not—such as job sharing, part-time work, time off for parents to attend school and child care functions, longer maternity leaves, care for children during school vacations, direct subsidies for child care, and so forth. Conversely, we found that companies are more likely to invest in certain more costly options when women constitute a *smaller* percentage of the workforce—such as wage replacement during maternity leave, personal and family health insurance coverage, and paid family health insurance. Overall, in 31 percent of companies, women represent 60 percent or more of the workforce, while in 32 percent, they represent less than 40 percent.

Hourly Employees as a Percentage of Workforce

While it could be argued that hourly workers have greater needs for work-life assistance because they tend to be concentrated in lower-paid jobs, the 1998 BWLS reveals that companies with *larger* proportions of hourly workers are less likely than other companies to provide many forms of assistance. For example, they are less likely to provide replacement pay during maternity leave and during leave for adoption or foster care placement, leave for mildly ill children, employee assistance programs, work-life seminars, and personal and family health insurance coverage. On the other hand, companies with larger proportions of hourly employees are more likely to report that they take employees' personal needs into account when making business decisions.

"The presence of a more diverse workforce– women and minorities – is increasing the scope of benefits and number of companies that offer employees work-life programs, policies, and responsibilities. However, there appears to be somewhat of a two-tiered system. Companies with large numbers of low-wage employees and hourly-wage earners - who are frequently women and minorities – are less likely to offer these benefits while companies that want to attract and keep women and minorities in key executive positions are more likely to provide these benefits."
—Kathryn Taaffe McLearn
Assistant Vice President for Youth Programs, The Commonwealth Fund

"It is fascinating that there are different predictors of providing standardized benefits and of providing flexibility. Since both are important to employees, we need to think about how companies can respond to both needs."
—**Marcie Pitt-Catsouphes**
Director, Center for Work and Family at Boston College

Part-Time Employees as a Percentage of Workforce

Companies with larger proportions of part-time workers are more likely than companies with smaller proportions of part-timers to offer the following flexible work arrangements: gradual return to work after childbirth, movement from full- to part-time work and back again, and job sharing. On the other hand, they are less likely to offer health care benefits and benefits to ensure economic security. As is the case for companies with larger proportions of hourly workers, companies with larger proportions of part-time workers report that they are more likely to take employees' personal needs into account when making business decisions.

Union Members as a Percentage of Workforce

Seventy-eight percent of companies with 100 or more employees have no unionized workers, while 12 percent have 30 percent or more unionized workers. Companies with larger proportions of unionized workers are less likely to provide part-time options, a gradual return to work after childbirth, and flexibility in moving from full-time to part-time and back again. However, they are more likely to provide longer leaves for paternity and adoption, paid maternity leave, and leave for mildly ill children. They are also more likely to provide health benefits and benefits to ensure economic security. Some of the findings are very impressive. For example:

- Sixty-five percent of companies with 30 percent or more unionized workers provide time off to care for mildly ill children without lost pay, compared with 46 percent of companies with no unionized workers.
- Forty percent of companies with 30 percent or more unionized workers pay the entire premium for family health care insurance, compared with 8 percent of companies with no unionized workers.
- Eighty-seven percent of companies with 30 percent or more unionized workers provide temporary disability insurance versus 66 percent of companies with no unionized workers.
- Seventy-nine percent of companies with 30 percent or more unionized workers provide defined/guaranteed benefit pensions versus 40 percent of companies with no unionized workers.

On the other hand, the proportion of unionized workers is not predictive of any of the child care options examined in the 1998 BWLS.

Number of Sites

Having a larger number of company sites is associated with widely scattered types of work-life assistance. Companies with more locations are more likely to provide tradi-

tional flextime, flexibility in moving from full-time to part-time work and back again, occasional work at home, dependent-care assistance plans, long-term care insurance, training to manage diversity, temporary disability insurance, scholarships for children of employees, and partnerships with state and local government.

"Work-life programs should be most critical during adverse business conditions. They can play an important role in helping employees and companies during pressured times."
—**Dawn Walsh**
Manager of Public Affairs, Joseph E. Seagram & Sons, Inc.

Downsizing, Difficulty in Filling Skilled Positions, Difficulty in Filling Entry-Level or Hourly Positions, and Financial Performance

In the current business climate, we expected that downsizing, recruitment, and financial performance would be strongly related to the presence or absence of work-life assistance programs. However, business conditions did not emerge frequently as predictors in the 1998 BWLS.

Companies reporting difficulty in filling skilled positions (68 percent of the sample) are more likely than other companies to provide traditional flextime, career counseling or management/leadership training for women, personal health insurance for part-time workers, and individual retirement accounts. On the other hand, companies finding it easy to fill skilled positions are more likely to reimburse child care costs for employees who work late and to provide health insurance coverage for unmarried partners who live together.

Companies finding it difficult to fill entry level, hourly positions (40 percent of the sample) are more likely to allow flexibility in moving from full-time to part-time work and to allow time off to care for mildly ill children. On the other hand, companies that find it easier to fill entry-level, hourly positions are more likely to reimburse child care costs for working late and overnight business travel and to provide health insurance coverage for unmarried partners who live together.

Companies that have downsized in the past year (29 percent of the sample) are more likely to allow employees to work at home occasionally. They are also more likely to provide backup care and sick child care. Since companies that downsize often rely on fewer people to continue to do the same amount of work as before work-life options that minimize absenteeism make sense. Companies that have downsized are also more likely to offer EAPs, presumably for the survivors and the pink-slipped.

Finally, companies that report doing worse than their competitors are more likely to allow employees time off to attend school or child care functions. Companies that are outperforming their competitors are more likely to make direct contributions to elder care programs in the community, keep employees well-informed of the work-life assistance available to them, and offer career counseling and management/leadership programs for women. In addition, they are more likely to provide personal health insurance coverage, defined/guaranteed benefit pensions, individual retirement accounts, and scholarships or other educational assistance to the children of employees.

"This thorough review of workplace practice provides insight for significant actions that businesses can take to maximize the resiliency and effectiveness of the workforce."
—**Candice P. Lange**
Director, Workforce Partnering Initiatives Eli Lilly and Company

"For those companies not involved or just beginning to develop work-life initiatives, this report clearly makes the business case for moving forward. For those companies further along in development of work-life initiatives, this study is a wake-up call to continue in new directions and not become complacent."
—**Chris Kjeldsen**
Vice President, Community & Workplace Programs, Johnson & Johnson

Conclusion

The 1998 BWLS is the first in an ongoing series of surveys that the Families and Work Institute will use to track the development of company-provided work-life assistance over time. The mere fact that so many companies provide programmatic assistance and supportive work environments indicates that many company executives are aware that meeting the needs of employees not only helps these employees and their families, but also benefits the bottom line.

However, the findings of this study also suggest that many executives still do not share this belief, as evidenced by the small proportions of companies providing many of the benefits, programs, and policies we examined. To the extent that company leadership itself reflects the growing diversity of the workforce—particularly by promoting more women and minorities into top executive positions—one might expect to see an increase in work-life support, as our findings suggest. In addition, however, we believe that rigorous research must continue to provide the necessary independent perspectives that can challenge companies to reexamine the status quo and point them in the direction of potential solutions.

WASHINGTON, D.C. THE EARLY CHILDHOOD COLLABORATIVE: BUILDING THE FUTURE FOR OUR YOUNG CHILDREN

SUMMARY

In the late 80s, a small cadre of senior-level middle managers (from the D.C. Department of Human Services' Office of Early Childhood Development, the District of Columbia Public Schools, and the District's Ecqnomic Development Office's Development Zones Administration), and their colleagues, shared their concern for achieving better outcomes for young children and families. They believed that a more integrated child development and family support system was not only viable, but imperative. The District's unique governmental structure and demographics could work as an advantage in creating a structure by which shared funding and resources could result in increased quality programs for children most at risk for school failure, poor health, and welfare dependency.

By 1994, their collaboration with others was bearing fruit. Among other things, their efforts resulted in:

- the formation of the Early Childhood Collaborative of the District of Columbia (ECC), a public and private sector coalition with shared vision and principles to guide the integration of a comprehensive continuum of services for children and their families;
- the establishment of the Frederick Douglass Early Childhood and Family Support Center in a very needy and drastically under-served area in Southeast D.C. (The center offers infant and toddler care, mobile health services, after-school activities, parent support groups, a toy-lending library, adult education, and a host of resident training programs and community services);
- plans for the construction of a second early childhood/family support center which would: serve 100 primarily Head Start eligible children and their families; include a comprehensive primary and preventive health care clinic; and have training and community meeting space, and an indoor and outdoor recreation area for children and the community;
- an interagency agreement for the care of school-age children, using three funding sources to create a single staff and

integrate grants, training and technical assistance;

- planning for a professional development system for comprehensive, coordinated early care and education, based on a comprehensive study of current practices and funding sources; and
- a strategy to secure maximum funding under federal child care funding streams.

Lessons

- Middle-level managers with strong leadership skills and community contacts can initiate the organization of effective collaboratives.
- The implementation of a service delivery prototype can help establish the legitimacy of a collaborative endeavor, and enable it to establish a foundation for broader systems reform. At the same time, prototype development is a time consuming process that can deflect lay leaders from broader systems reform activities. Collaborative efforts must seek the right balance between service delivery and systems reform strategies.
- Business and civic leaders who bring influence and financial support have a significant role to play in the development of collaborative endeavors.
- Neighborhood participation in collaborative initiatives is critical. Leaders must respect the rights of neighborhood residents to participate in decisions affecting their community.
- Adequate staffing is crucial to the success of a collaborative endeavor. Busy leaders of the collaborative cannot be expected to handle the details of collaboration operations, particularly service delivery planning and implementation.
- Connections with elected officials and top-level agency leaders are essential if the vision of the collaborative is to be realized.
- Creating an effective financing strategy requires appropriate technical expertise to sort through multiple funding streams, determine what funds can be secured, and develop a plan for capturing those resources.
- Site visits to neighborhoods and service delivery sites where top-level community leaders interact with neighborhoods residents and families who are seeking services and support, can be a powerful tool for helping change attitudes and behavior on the part of these leaders.
- Flexibility is key to successful collaborative efforts.
- Collaboratives must be culturally and politically sensitive in order to succeed.
- The vision and mission of the collaborative must be frequently emphasized if those involved are to keep their focus.

Key Events and Milestones

1986	■ Development Zones established
1987	■ Office of Early Childhood Development (OECD) Formed
	■ Development Zones Administration forms the Early Childhood Development Task Force
1988	■ Public Policy Report focuses DZA efforts on Ward 6, 7, 8 in SE and far NE D.C.
1989	■ DZA in-depth assessment for Frederick Douglass/Stanton Dwellings in Ward 8
1990	■ OECD and DC Public Schools begin to collaborate
	■ First meeting of what would become the Early Childhood Collaborative
	■ Planning Committee formed
1991	■ New Mayor takes office and new Superintendent of Schools is hired
	■ Planning Committee targets Frederick Douglass/Stanton Dwellings/Turner Elementary School area
	■ Collaborative begins to seek private assistance
	■ Construction of Frederick Douglass Center put on hold while ECC looks for ways to fund the infant and toddler component

- Early Childhood Committee formed
- Mayor agrees to donate resources to the ECC
- Infant and Toddler Center funded

1992
- ECC Management Team formed
- Part-time ECC Staff Director hired
- Official signing ceremony for Phase I Memorandum of Understanding
- Construction of Frederick Douglass Center resumes
- Parents As Teachers Program initiated in Frederick Douglass and Stanton Dwellings
- Frederick Douglass Project Manager Hired

1993
- Frederick Douglass Center opens
- Center Advisory Board (CAB) formed
- Part-time ECC Staff Director leaves
- Focus groups for Phase II held
- Leadership training for Center staff, service providers, and community representatives conducted

1994
- Frederick Douglass Project Manager leaves
- New full-time ECC Staff Director hired
- Tension surrounding CAB role
- CAB role clarified
- Agreement to build Phase II signed
- Louise Stoney and Associates prepare a report for the ECC entitled, "Maximizing Funds for Early Childhood Care and Education Services in the District of Columbia."
- The Early Childhood Collaborative of the District of Columbia is incorporated

The District of Columbia Government: A Brief Background

The governmental structure District of Columbia is unique. As a city without a state, DC is overseen by Congress and government decisions are subject to Congressional vetoes.

The District of Columbia's City Council has 13 members. Each of the city's eight wards elects a representative to the Council. In addition, representatives and the council's chair are elected at-large.

Forming the Early Childhood Collaborative of the District of Columbia (ECC)

Key Public Figures

The Early Childhood Collaborative of the District of Columbia emerged from the work of three public sector employees: Barbara Ferguson Kamara, Executive Director, Office of Early Childhood Development (OECD); Maurice Sykes, then the director of the Early Learning Years Branch of the D.C. Public Schools (DCPS), now the Deputy Superintendent of the Center for Systemic Educational Change, DCPS; and John Moore, Director of the Development Zones Administration (DZA).

■ ■ ■

The Office of Early Childhood Development was created by law in 1987 to coordinate, improve, and expand the supply of child care city-wide. Experienced in early childhood development at the highest levels of government, Kamara was chosen as its Executive Director.

As part of the D.C. Department of Human Services, OECD was designed to serve as the liaison to all Head Start programs and to be legally responsible for policy formulation, advocacy, training, and technical assistance in the early childhood field. The Office was given office space and utilities, but no funding. According to Kamara, "We knew [the problem] wasn't that we didn't have resources, but it was how we were using them. We knew we had to allocate government resources differently."

■ ■ ■

Maurice Sykes, who had been directing the Early Learning Years Branch of the D.C. Public Schools (DCPS), was another key to the success of the collaborative effort. Aware that classroom instruction was only one part of a much larger reality that affected what

and how well children learned, Sykes consistently networked for comprehensive child-centered services. He explains, "In a hierarchy where you have to step 'outside your box' for information or resources, collaboration makes a lot of sense." Given his role and level of responsibility, Sykes stresses, "I knew I could not, and should not, do it alone."

■ ■ ■

John Moore also played a large role in the collaborative. As the Director of the Development Zone Administration, part of the Office of the Deputy Mayor for Economic Development, he was responsible for a program which targeted needy communities for economic revitalization. Moore saw child care and family support services as a cornerstone of economic development. He said, "Before we can attract economic development, we first need a playing field that is level. Why would I invest in a community where the kids are all hanging out, with nowhere to go for leisure pursuits? Why would I invest in a high-risk community?"

Moore's interest in child and family issues had helped form a DZA-sponsored task force on Early Childhood Development in 1987. Barbara Kamara had volunteered to be its chair. The task force chose to focus on an area they knew to be in particular need: Southeast DC. Several years later, when Kamara began working to create a collaborative effort for children and families in DC, her relationship with John Moore and their previous work in Southeast DC would heavily influence the kind of work the collaborative would undertake.

Education and Human Services Linkage

In 1990, Kamara and Sykes began to envision a working coalition to help create a family-focused, child-centered continuum of services for young children and their families. This meant concentrating on full child development, including health, nutrition, mental health, social services, and parent supports, not just education. They wanted programming for the younger children to be developmentally appropriate, continuous and comprehensive. Finally, because many children were particularly vulnerable to the negative influences in these communities and to enable family members to work to achieve self-sufficiency, they wanted before- and after-school programs.

To accomplish these goals, Sykes and Kamara believed collaboration was necessary. In their view, collaboration meant several agencies and programs operating as one from vision and mission to resources and staff. "It is a merger," says Sykes, "based on a consensus around vision and mission that brings resources together to achieve the goals. It's not agreeing that all children should have quality child care, but keeping our pots of child care money separate. If this is an agreed upon vision, then all our resources go into the pot to make it happen."

By working together, Sykes and Kamara were already taking a large and difficult step toward significant change in the way government agencies do business. As Sykes points out, "We are, by organizational presence, the two most likely not to want to collaborate, because Barbara represents the Department of Human Services and I represent the D.C. Public Schools. In the schools, we pride ourselves on being an independent agency. With a long history of no collaboration, sort of fighting and competing for resources, we would be the least likely to come together and say let's become partners. Given that backdrop, I would have thought that the major hurdle was over, because here are Barbara and Maurice agreeing."

"The role of parents as the child's first teacher and primary advocate was also central to our thinking as we brought our resources together," says Kamara. "Therefore, we knew that parent participation and education would be critical to our success. Given the history of parents frustration with the fragmentation of the human services system and the poor track record of low-income parent involvement in schools, Maurice and I knew that achieving successful collaboration between agencies and with parents would test all our skills."

Collaboration for Children and Families

In May of 1990, Sykes and Kamara were ready to add others to their effort. Sykes called together a public and private sector group of early childhood practitioners and advocates to explore the possibility of collaborating to better serve young children and their families. The school district played a pivotal role by convening the group. "There is probably no other agency that could have brought people together," Sykes explains, "because we were basically the 'enemy.' No one could convene them and have credibility other than the school district, and if we could humble ourselves to do that, in their estimation, then maybe it was worth having a dialogue."

Participants agreed that the needs of children and families were not being met. Many of them emphasized the obstacles, pointing out that city child care subsidies were below real costs and their belief that poor quality child care was in part, if not primarily a consequence of that. They expressed frustration that the D.C. Public Schools had become their competition by offering free preschool programs which had caused them to lose many of their customers. Similarly, private providers believed that the high turnover of their staff was in part attributable to the fact that Head Start staff were compensated at a higher rate than comparable private employees. Sykes responded to this concern by saying, "You know what? It's going to remain that way. So the thing for you to do with me is to work collaboratively to raise the wages of all teachers. Don't be angry with me because we are doing the right thing."

At this first meeting, the necessary mutual respect had not yet been established, and Sykes was becoming frustrated. After a remark that DCPS must have a hidden agenda, Sykes remembers the irony of banging on the table, saying, "Look, I am going to have collaboration even if I have to do it by myself." He adds, "People were sort of shocked, but it got their attention! And from there we moved."

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Sykes considered it a personal milestone when Helen Taylor, later to become the Associate Commissioner of Head Start nationally, and Brenda Coakley, who was new to the area, each contacted him to applaud his efforts and encourage him with their support. He says, "Sometimes when you're out there it seems like your idea was a good idea, but maybe not. Having them step forward gave me just the nudge I needed to go on."

Early Childhood Collaborative of the District of Columbia (ECC) Formed

In subsequent meetings, the group formed the Early Childhood Collaborative of the District of Columbia (ECC). Co-chaired by Kamara and Sykes, the ECC began to meet regularly. Sykes began to involve Martin Blank, Senior Associate at the Institute for Educational Leadership (IEL) in the effort. As the Coordinator of IEL's Education Policy Fellowship Program in Washington, DC, Sykes knew of the Institute's work in the collaborative arena. A skilled facilitator, Blank was experienced in collaborative efforts for comprehensive services integration through systems reform. He soon began facilitating a series of planning meetings to help the ECC understand what collaboration would require, define its focus, and decide on its composition.

Deciding on the composition of the collaborative proved a difficult task. The initial discussions focused on creating a collaborative including top-level policy makers in the city. The political situation at the time, however, made this a difficult undertaking. Kamara points out, "In our situation in 1990, there was a Mayoral election, the School District was searching for a new Superintendent, and many of the district government department heads were going to be changing. You need continuity. We wanted to continue our efforts, but we also wanted to be sensitive to the new political changes." Ultimately, she says, "we decided

that *we*, as the 'middles' would have to take the lead."

At its inception, the ECC included the participation of representatives from administrations and offices across all commissions of the D.C. Department of Human Services, the school system and school board, five other District government agencies, community leaders, parents and parent agencies, community-based service providers, advocates,. business, and voluntary organizations. Getting these groups to begin work together and to want to continue working together was difficult. Sykes says, "We got through the initial finger pointing and organizational and territorial jealousies, but we still needed to figure out a way to keep people purposefully engaged in the process. What we did *not* anticipate is how much work it would take to keep it going and how much of our time, energy, and resourcefulness it would require."

Collaborative Planning Committee

Lacking discretionary funds to support a staff director for the ECC, a Planning Committee of key decision-makers volunteered to look at options for the collaborative's activities. Blank became the neutral convener of the group which included Kamara, Sykes, Coakley, Moore and the directors of key private service providers and associations.

Planning Committee discussions initially revolved around launching a city-wide effort to integrate a comprehensive continuum of child development and family support services, but the committee concluded that would be too diffuse a starting point. Kamara explains, "At first we thought we could do this all over the city because D.C. is small, but we couldn't figure out how to make all these different things work since we were talking about several federal and local funding streams and different eligibility criteria. We decided that if we could work it out in one place, we would be 75% down the road for the rest of the city."

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The ECC Planning Committee proposed to work with leaders of public, private, civic, religious, and community organizations in selected neighborhoods to establish pilot sites. As they showed evidence of success, these sites could help generate support for expansion city-wide.

The pilot sites would:

- Link all early childhood and child care services in the neighborhood into a continuum of support for young children and their families;
- Connect all young children with comprehensive health, mental health, and social services necessary for their physical, social and psychological development;
- Link parents of young children in early childhood programs and their siblings with other services that will help them move toward self-sufficiency, including adult education, parenting education, job training and placement, housing assistance, and other essential support; and
- Enhance the effectiveness of public schools serving the neighborhood and the performance of the students in these schools.

Targeting the First Community

By the spring of 1991, the Planning Committee had chosen the Frederick Douglass and Stanton Dwellings public housing complexes, and the surrounding area served by Turner Elementary School, to develop a prototype center for early childhood development and integrated service delivery. The Collaborative chose this area for its first efforts for a number of reasons. For one, this part of Southeast DC was among the neediest and most underserved in the city. In addition, both John Moore and Barbara Kamara had been working to try to improve conditions in the area for several years, and saw their work with the Early Childhood Collaborative as a way to further aid the residents.

Neighborhoods in Need

The neighborhoods in Ward 8 in Southeast D.C. are among the neediest in the city. Approximately 25% of the District's population live in Wards 7 and 8 alone, 57% of which are children. It is an area with a population of over 71,000 people, and only one full-service grocery store, one public restaurant, and one bank. The last public facility had been built over 20 years before.

Approximately 10% of the residents of Ward 8 live in the Frederick Douglass and Stanton communities, which, like the rest of the area, suffered from a range of socioeconomic problems aggravated by a lack of services. The predominantly low-income families in Ward 8 are supported largely by public assistance. The Ward has the second highest percentage of Food Stamp recipients in the city, and 22% of the families receive Aid to Families with Dependent Children (AFDC). Ninety percent of the residents lived in increasingly run down public housing, with approximately 200 families in the Frederick Douglass complex, and 700 families in the Stanton Dwellings complex. Almost 50% of the households are headed by single mothers and 28% of the total population is under 15 years of age. Nearly two-thirds of the households have incomes of less than $12,000 per year, and 45% report incomes of less than $6,000 annually. Approximately 35% have completed high school.

Although these communities had the highest proportion of children in any part of the city, early childhood and other family services were particularly limited. For example, in the Frederick Douglass and Stanton neighborhoods, over 200 preschoolers remained on Head Start waiting lists. Although there were over 100 infants and toddlers in the area housing projects alone, no licensed, center-based child care was available in the catchment area. In fact, there were only 66 center-based infant and toddler slots for the several thousand children in the Ward who needed care.

Development Zones Initiative Involvement

As Executive Director of the Development Zones Administration (DZA), John Moore was aware of the level of need in Ward 8 and had been working toward economic revitalization in the area for several years. In 1988, a Public Policy Report focused the DZA's economic revitalization efforts toward Wards 6, 7, and 8 in Southeast D.C. By 1989, the DZA had been funded by the Department of Human Services to conduct an in-depth assessment of the Frederick Douglass housing project in Ward 8.

The DZA and the community action agency worked with residents to design a survey which would help the administration gain information about both the neighborhood and residents needs. Of the 200 households surveyed, ninety percent responded. The results indicated that residents placed a priority on getting on-site meeting space, more child care for infants and school age children, increased opportunities for adult education and employment and increased community safety.

Although resident's expectations had risen with these studies, they were not aware of any tangible results. They expressed a strong desire to become further involved in planning and developing the needed services.

Reassured that their input would translate into action, many were encouraged, ready to see results soon. Others, however, were less optimistic. They had heard promises for years, only to be disappointed in the end. They resented outsiders that seemed only to study them and act like they knew what was best. What these residents saw were assistance systems that continued to be cumbersome, time consuming, and frequently confusing, even to well-educated advocates attempting to negotiate on a consumer's behalf. Instead of feeling empowered by the support system, many felt disrespected and overwhelmed by it. As Coakley points out, "Poorly served communities have reason to distrust institutions and be skeptical of the promise of resources. 'If my situation still hasn't changed, why should I think this is any different and believe you now?'"

The Frederick Douglass Community Center

Fueled by the results of the survey indicating that residents needed a place to meet and access a range of services, the City began to address the community's needs. In the late 1980s, the City allocated funds to the DZA to rehabilitate a public building as the "Frederick Douglass Community Center."

Many years before, it had been a recreation center where many activities such as teen hops were held. In recent years, it had been used as a storage space.

Planning for the Center was completed in late 1988/early 1989. Originally, the Center was to be a two-story building which would include space for infant and toddler care as well as before- and after-school programs. The City initially invested more than $1 million to rehabilitate the facility. However, a lack of public funds caused the City to cut back on its scope. Using residents' input to help decide what to cut back, the City chose to eliminate space for the infant/toddler program.

By the fall of 1991, the Development Zone Administration had practically finished construction of the Frederick Douglass Center, without the infant/toddler care center. Construction was put on hold, however, as members of the ECC began to discuss ways to obtain additional funds to build that facility at the Center.

ECC Involvement with the Frederick Douglass Center

As was noted earlier, Barbara Kamara was also involved with the Development Zones Initiative's work in Southeast. She was the chair of the Initiative's Early Childhood Development task force, a group which worked to identify existing needs and resources and to determine how to bridge the gap between them. According to Kamara, "During these task force meetings, people squeezed into apartments and spilled out onto porches because there was nowhere else in the community to meet."

At the same time, Kamara developed a working group that consisted of child care providers in the area, including Head Start and the Department of Recreation and Parks, two major child care resources. When Brenda Coakley became the Chief of the Child Day Care Services Division of the Department of Human Services' (DHS) in 1988, she joined the working group.

With both Moore and Kamara involved in the area, it made sense that the Collaborative would choose to focus their first efforts in Ward 8. Says Kamara, "We wanted to help things become a reality for a community that had been promised, and promised, and promised."

A Shared Mission

After selecting Ward 8 as the neighborhood to begin their work, the members of the ECC took some time to define themselves and their goals more clearly by developing a shared mission. The mission was to create, in the District of Columbia, a comprehensive system of child development and child care services, integrated with family support services. The continuum of services included child care, before and after school care, parenting education, literacy training, health, mental health, job training and placement, housing assistance, safety, case management and recreation.

Public/Private Partnership: The D.C. Early Childhood Committee

In August of 1991, Kamara and Sykes sought private sector assistance for the ECC. In the past, Dr. W. Victor Rouse, President of EDA Systems, Inc., had provided management assistance to Sykes through the Committee on Public Education (COPE), a group of business, civic, and community leaders dedicated to education reform. COPE had performed an extensive study. One of the recommendations resulting from the report was that all children in the city receive high quality early childhood services. Since the ECC's efforts were a means to begin to achieve that goal, Sykes briefed Rouse on the ECC's work.

Rouse, in turn, briefed Terrence Golden, COPE's co-chair and a prominent business leader and strong link with other private sector leaders. Excited about the possibility of the ECC facilitating the implementation of COPE's recommendations, Golden shared the idea with Katharine Graham, Chair of the Executive Committee of the Washington Post, who was seeking a project for children

District of Columbia Early Childhood Collaborative

Mission

To create, throughout the District, a continuum of child development and child care services, integrated with family support services.

Goals

- Provide every at-risk child in the District, from birth to four years of age, with high quality, developmentally appropriate preschool programs.
- Provide every at-risk child with before- and after-school programs.
- Ensure that all children receive the nutrition and health care services they need for school success.
- Improve the quality, availability, and coordination of municipal services.
- Strengthen and upgrade programs in the elementary grades to ensure that gains derived from quality early childhood programs are sustained when children enter the public schools.
- Ensure that all parents have access to training and resources enabling them to fulfill their roles as their child's first teacher.

Key Features

Continuum of Services: Facilitate availability and access to early childhood and family support services to foster the development and strengthen the capacities of all children and families.

High Quality Education: Enhance schools' performance so that they respond effectively to the many and varying needs of children in the community.

Family Focused Services: Meet the inter-related needs of families rather than individuals. Serving children 0-8 and their families.

Cultural Compatibility: Demonstrate sensitivity to the cultural traditions and values of the users of services.

Collaborative Ownership: Ensure participation of all key public and private sector players, including those with authority over major existing funding streams and the users of services.

Community Empowerment: Increase the capacity of families and communities to make choices that affect their well-being by involving users of services in designing and implementing strategies for change in the social, economic, and physical condition of their neighborhoods.

that she could support. Golden and Graham were to become powerful allies to the Collaborative. With this private sector support for children, the ECC was able to achieve goals that it otherwise might not have.

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By November 1991, Graham and Golden had agreed to support the ECC's efforts in early childhood development, educational reform, and community development. They formed the D.C. Early Childhood Committee, and as co-chairs, invited other representatives of businesses and foundations to endorse the ECC's efforts.

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Rouse worked with Golden to arrange meetings with potential supporters at Turner Elementary School in Ward 8. Bringing people to "Southeast" had a tremendous influence on their understanding of what they were supporting. "It was the best decision we ever made," stresses Rouse, "because the very exposure and cultural interchange forced greater awareness." Kamara concurs, "A program like Frederick Douglass has attracted people who would never set foot past the river. A Terry Golden or Katharine Graham have a very different story to tell about 'Southeast' today, than they did even when Terry was co-chairing COPE. That awareness is the kind of thing that begins to make a difference in a community."

Golden says, "I realize I probably don't understand life in Southeast D.C. very well at all now that I'm into it a lot more. I was not really aware of the enormity of the need. Involvement in this process has really opened my eyes to the whole welfare system in this country, and how much is fundamentally lacking."

These private sector leaders reached out to the District government and the community in a joint venture to finalize the Center's renovations to include an infant and toddler component. In November of 1991, Golden,

Graham, and Moore met with Mayor Sharon Pratt Kelly to secure her support for the joint effort. The Mayor, the Deputy Mayor for Economic Development, the Superintendent of Schools, and the DHS Director agreed to support it by allocating new and/or re-directed resources to operate the center.

Kamara emphasizes the leveraging that top level support allows. "The agreement signed by the Mayor, representing every executive branch agency, the Superintendent of Schools, Mrs. Graham and Terry Golden has helped us to get doors open, to keep us from being stuck. That is what has made the difference."

District of Columbia Early Childhood Committee

Mission

To provide expertise and financial resources in support of the Early Childhood Collaborative.

Goals

- To serve as a catalyst to improve the delivery of services to at-risk children.
- To make a real impact on the lives of at-risk children in the District by supporting the work of the Collaborative.
- To leverage corporate and foundation resources to support the Collaborative.
- To provide seed capital.

In April 1992, an official signing ceremony gave visibility to the public/private partnership in which the Committee donated $200,000 to Phase I of the larger effort. The Frederick Douglass Community Center became the Early Childhood and Family Support Center by including infant and toddler care for 15 children.

The Frederick Douglass Early Childhood and Family Support Center

Implementation

Although the construction was completed on time, the ECC was unable to open the Center by their target date in fall of 1992. The delays were caused by a variety of logistical and programmatic problems including ordering furniture, obtaining a certificate of occupancy, interviewing and hiring staff, finding children for the center, and planning the opening event.

DCPS detailed staff to become the Center Project Manager and the Infant Care Program Director. The private sector committee paid for an administrative assistant and an experienced community organizer/outreach coordinator.

As late as January, 1993, however, there still was no internal agreement to provide staff to work with the infants and toddlers. For the first few months, an agreement was developed which enabled the Department of Recreation and Parks operate the infant/toddler program for the first year.

Despite the mammoth task confronting them, they were able to open the Frederick Douglass Early Childhood and Family Support Center in February 1993.

The ribbon-cutting celebration was attended by Mayor Kelly, District government agency heads, ECC representatives, the Early Childhood Committee, the City Council, DCPS, the D.C. School Board, foundation representatives, community and civic associations, and the residents. Some of the key agencies that had made the Center a reality included D.C. Public Schools, Office of Early Childhood Development, D.C. Department of Human Services, Development Zones Administration, Housing and Community Development, Recreation and Parks, Public Works, Public and Assisted Housing, and the D.C. Regulatory Administration. Each agency director received a symbolic key to the Center signifying their joint effort.

Frederick Douglass Early Childhood and Family Support Center Service

Core Services

- Infant and Toddler Care
- Parents as Teachers
- Adult Literacy and GED
- After-School Activities
- Parent Empowerment Meetings
- Information and Referral
- Crisis Counseling

Mobile Health Services

- Pediatric Health Care and Screenings
- Women, Infants and Children Clinic
- Healthy Start Prenatal Care

Community Activities

- Youth Service Programs
- Home Repair Training
- Community Clean-Up
- Health Fairs
- Employment Fairs
- Violence Prevention Training
- Police Sensitivity Training
- Parent Advocacy and Education
- Family Day Care Provider Training
- Resident Council Presidents Association Meetings
- Girl Scouts/Boy Scouts
- DC Service Corps.
- Music, Arts, and Crafts
- Training for infant and toddler care providers
- Levine School of Music classes

The Center began with an infant and toddler program, Healthy Start services designed to reduce infant mortality, and adult basic education and GED programs. Existing federally and locally funded programs became more accessible to the community. Volunteer and non-profit groups, such as the Girl Scouts and D.C. Service Corps, offered their services on-site, and mobile health clinics from Georgetown University came to the Center on a regular schedule to offer prenatal and pediatric services.

Resident training workshops were held on such topics as job readiness, self-improvement, and apartment repairs and improvements. Hundreds of residents participated in the hands-on repairs classes. The center also provided an array of training programs for existing family day care providers and residents interested in becoming licensed child care providers.

Within a year, the Center had hosted more than 75 community events. The Parent Leadership Institute sponsored by the Washington Parent Group Fund and the D.C. Congress of Parents and Teachers met at the Center. A Training for Increased Parent and Community Involvement (TIPCI) grant enabled the Center to bring together early childhood care givers and elementary school staff to learn with and about each other. In another case, the Center provided a place for eleven school teams to receive training and technical assistance in support of school restructuring. The Center was the site of the first off-campus course for infant and toddler care providers in the city.

A Site Service Coordination Team of early childhood care providers, neighborhood elementary school staff, providers of other services, and community members began meeting monthly at the Center to develop stronger, more collaborative linkages around problems of mutual concern. Through team efforts, for example, the Howard University Violence Prevention Project for students and parents was incorporated into an after-school program in the neighborhood.

Evolving Roles and Relationships

Project Management

Although the collaborative had been very active, there was still no day-to-day staff support for the ECC. In late 1991 Blank had been able to include Washington, D.C. as a demonstration site in a U.S. Department of Health and Human Services (DHHS) Community Based Services Integration (CBSI) project. This grant enabled Blank to continue to provide technical assistance, and eventually led to the hiring of a part-time ECC Staff Director. The Staff Director's job, however, was to address broader ECC issues. No staff was detailed to focus on implementing the first prototype center itself.

In the beginning, Sykes says, paying for full time staff for the ECC had seemed almost frivolous in view of the demands on their resources. In retrospect, he says, "We should have tried to identify some monies from both my pool and Barbara's to start out with a Staff Director for the Collaborative. We could have saved a lot of energy on the front end."

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Without the help of staff, the process of developing and planning the Center had begun to consume a great deal of the ECC leadership's time. By early 1992, creating a management team became a logistical necessity. Because of their level of involvement in the ECC's Planning Committee and the fact that each controlled resources that were central to the process, Kamara, Sykes, Moore, and Coakley became the management team. Blank and Rouse were also critical players on the team, with Blank providing technical assistance and Rouse serving as the liaison to the Early Childhood Committee and the Center being developed.

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There were many political, programming, and financial issues to address. Drawing on each other's expertise, Kamara, Moore, Sykes and the ECC Staff Director worked together to negotiate interagency agreements with such organizations as the Departments of Public and Assisted Housing, Housing and Community Development, Public Works, Police, Recreation and Parks, and the Office of the Deputy Mayor for Economic Development, Healthy Start and the Adopt-A-Family Program.

Role Clarification

From early 1992 through much of 1993, the broader agenda of the ECC took a back seat to getting the Phase I prototype up and running. After completing program planning and start-up at the Frederick Douglass site, they immediately focused on Phase II planning for a larger center to respond to the tremendous unmet child care needs in the community. Management team members also worked to identify and implement school reforms and coordinate the social services to be placed in the Center. The requirements of these activities challenged the management team and left it no time to address the broader ECC agenda.

"We were too project oriented," says Kamara. "The Center gave the Collaborative impetus," says Sykes, "but it is not the Collaborative." By early 1993, the management team knew it had not functioned as well as it should have, given the many pressures of getting up and running. Not enough attention had been paid to team structure in order to cast roles effectively and draw on each others strengths. Team members tended to be comfortable with somewhat amorphous roles because of the flexibility they allowed. "We knew we needed to be much more organized," says Blank. "We were all committed, but we kept lurching." Rouse concurs, "It could have been done much earlier, but we kept moving from one process to another. We started to reflect only when things had gotten out of whack."

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Through the DHHS grant, Blank was funded to spend 10% of his time supporting the collaborative effort. In the summer of 1993, the management team unanimously asked Blank to become its chair. According to Rouse, "Marty became much more effective with a cast role. Now Marty is providing the glue needed, effective management and orchestration of players—a 'general manager' kind of role." Rouse stresses, "You don't have to have the 'absolutely right' people, but you need to cast what you have well."

As the liaison between the ECC and the Early Childhood Committee, Rouse was conscious of their roles. He explains, "While it is easy to say that the Committee is a support to the Collaborative, it is very hard to execute. The way the world normally works, people with the money control the process." Because of this, there is a tendency for the private sector to take charge, he says. Rouse emphasizes that in order to achieve success, the private sector cannot be allowed to do this. "The Collaborative, with its understanding of learning, children, and the community, has to lead the effort."

Staffing Challenges

By July of 1993, the part-time ECC Staff Director had left. As critical as staffing was to maintaining the ECC and making progress, no one was hired until the following year, when Brenda Coakley took on the position full-time.

Other staffing problems arose from budget cutbacks by the District. In the fall of 1993, the Infant and Toddler Center Director was laid off as part of a major reduction in force. Although public resources were tight, the management team was hesitant to request that private funds pay for staff. Thus, other arrangements were made. Sykes moved the Parents As Teacher's (PAT) program from the Turner Elementary School to the Center. The PAT program is a free, voluntary, early-learning program for District parents who have children younger than three. The PAT Director became the Infant and Toddler Center Director as well, and each PAT staff person began to spend one day a week in the on-site program to further train the young women who were the Center staff. Fewer mothers came to the new Center at the top of a hill than had done so when PAT was located at the school several city blocks away. The walk was a hard one with infants and toddlers in tow. Outreach became even more critical to getting people to participate.

In addition, D.C. Public Schools agreed that Head Start would take over the operation of the Infant/Toddler Center. This gave the Center access to Head Start resources.

The Challenge of Community Involvement

Although the management team actively engaged the community during the planning stages of the Frederick Douglass Center, poor communication between the team and community members would lead to serious challenges during the first year of operation. Community representatives who became the Center's advisory body worked hard to support it, but felt ignored by the management team. By 1994, feeling disrespected and angry, they used the resources and leverage they had to draw attention to important issues.

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From the beginning, the management team had supported the formation of an advisory board. They valued community representation and wanted residents of the Frederick Douglass/Stanton area and users of the Center to become involved in the ECC's work. The Center's Community organizer/ outreach Coordinator was an experienced liaison with both parents and service providers. With the Project Manager's support, he began to create a working advisory board, scheduling an initial meeting in April of 1993.

Unfortunately, the management team was not aware of the advisory group meeting until invitations had gone out and the group was to convene. The Project Manager's had invited recipients of the Center's services, as well as the presidents of the tenant councils, school principals and students, the police, the Area Neighborhood Commission, and

other religious, business, and community representatives. Some of those invited were former elected officials who had previous negative experiences with the school board. Upon hearing who was invited to the meeting, Kamara and Sykes were concerned about the politically controversial nature of some of the group's members and were worried that some might be seen as apolitical liability. The lack of communication prior to convening the meeting created friction between the management team and the Center staff and resulted in an intense discussion between Kamara, Sykes and the Project Manager.

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Despite the friction, the group met as scheduled and began to identify the key officers and committees that would provide its structure. In April of 1993, the group suggested calling itself the Center Advisory Board (CAB) and recommended a joint meeting with the management team. By June, 1993 the CAB asked that representatives become part of the management team or liaisons to it. They also requested conducting a Community Leadership Meeting to allow community leaders to give input to the board. Because of a communication gap, the management team did not respond adequately to these suggestions. Over time, the CAB became angry about the lack of communication with the management team and the lack of a clearly defined role for the advisory group. This underlying anger would later cause serious problems for the ECC.

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These problems had not yet been resolved in February of 1994, when the Project Manager resigned to take another position. The management team negotiated with the advisory board to make the Community Organizer/Outreach Coordinator the Center's Acting Manager. The CAB's role in determining the future staff structure of the Center was unclear.

This hiring process was taking place at the same time as planning for Phase II. Just as the CAB's role in the hiring process was unclear, so was its role in Phase II planning. Therefore, the scheduling of an April meeting to sign a Phase II agreement, without involving the CAB, added to the already tense situation. The board was anxious to have its advisory role in decision-making fully respected, and felt its suggestions were not given the attention and dialogue they warranted.

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Kamara realized that she and Sykes as co-chairs had not been able to pay attention to important community issues. Neither the CAB nor the management team knew certain things they expected each other to know. For example, many members of the CAB were new to the ECC and were unaware of or misinformed about its mission and goals.

The tension underscored the need for an ECC Staff Director who could orient staff and community members, anticipate and address conflicts, and generally maintain ongoing communication and a shared vision. In March 1994, seven months after the part-time staff director had left, Brenda Coakley was hired to play that role on a full-time basis.

Coakley recognized that this was a critical time for the ECC. "We could have lost it all because of the community's displeasure with what they saw as us showing a lack or respect for them." Therefore, one of Coakley's top priorities was getting the community involved in decision-making.

Coakley's other priorities were the Phase I and Phase II Centers. While the Phase II public signing ceremony was scheduled for April, many issues had not been resolved. The site had not been finalized. Who should manage and fund it was yet to be resolved. And, perhaps most importantly, the role of the CAB had not been clarified.

Phase II Planning and the Center Advisory Board

By the time Coakley became the Staff Director, the Phase II planning process for the second early childhood center was in full swing. It had begun in mid-1993 with a series of small community-based focus groups conducted with neighborhood leaders, child/family services providers, and consumers, some of whom were members of the CAB. These sessions were held because the ECC felt that to be effective service providers, they had to learn to appreciate the established neighborhood culture.

The focus groups showed that residents wanted to build their own cooperative capacity, not depend on others. Community representatives recognized their own expertise about their community. They stressed the importance of being consulted about how they traditionally did things and of being fully involved in decisions that affected them.

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By the spring of 1994, Phase II planning had moved far along. The agreement to build was to be publicly signed in April. At that time, the Mayor would accept the Early Childhood Committee's $800,000 donation, which covered 75% of the costs of constructing the new center. The City had agreed to donate $400,000. A Phase II planning activity, called a 'charette' was scheduled for mid-March to allow all players, from residents to architects, to work in small groups to define the details of the second site.

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But the process was not going as smoothly as it appeared. The CAB's role had still not been clarified, and the board situation was intensifying. A few days before the charette, the chairperson of the CAB called Victor Rouse, the liaison between the management team, the Center, and the Early Childhood Committee, to reiterate the need for the CAB to have a more defined role. The CAB was also concerned that the ECC was going to move on to Phase II without properly addressing unresolved problems with Phase I. They were angry enough to reject Phase II entirely. In describing the scenario, Kamara explains, "They felt they had not been listened to, that the facility on the first site wasn't what it ought to be, the staff still didn't get benefits, all the core services weren't in place, and all the communication wasn't there that should have been. Their message was, 'If you don't fix this, then don't do anything else in our community. Go somewhere else.'"

The management team decided to postpone the meeting about Phase II until they could meet with the CAB. Rouse says, "If we had driven on with that time schedule without adequately involving them in the decision-making, I guarantee you that when the announcements were made, there would have been riotous behavior and people would have been yelling. We were out of whack and had to straighten the process out. If there is ever any confusion about leadership and it shifts to the money and power, it isn't very long before the process will lose its legitimacy and die."

A sign was posted at the site where the Phase II meeting was supposed to be held informing those planning to attend that the meeting had been postponed and that a community meeting was being held at the Frederick Douglass Center. Unfortunately, not everyone noticed the sign, and several people gathered to hold the Phase II charette. Although the meetings did begin separately, the situation was rectified, and the Phase II group agreed to move to the Center for an open meeting.

Once the Phase II group arrived, Rouse started the community meeting again, asking the community representatives to restate their concerns. There was tremendous tension and some yelling. Rouse had to take on a strong facilitative leadership role. "The meeting was brutal," he says. "Everybody was mad at me at some point, but we came out of it." Rouse continued to concentrate on reaching an understanding that let the group move forward, even if it meant negotiating a

compromise. Emphasizing that no one should control the process exclusively, the pivotal question he kept returning to was, "What does the community want for young children and their families?"

As the management team listened to what the community wanted, they agreed to pursue all the recommendations that were within reason, including delaying the public signing ceremony on April 20th for a month. Two working groups formed, one to deal with the Phase I Center concerns, and the other to address Phase II issues so that key parties could sign off on letters of agreement in April. Participants agreed that the CAB was only advisory to the Phase I Center and that a similar body would be formed for Phase II. Respecting the community's interests and creating a forum helped the group become a major supporter of the process, providing positive advice.

The Phase II charettes were rescheduled and conducted successfully, with all parties wanting to be absolutely certain the community was on board before they continued. The final site was approved. On May 24th, 1994, the agreement to build was publicly signed and the Mayor accepted the $800,000 donation from the D.C. National Business Partnership and the D.C. Early Childhood Committee toward its construction in a celebration at the new site.

Once constructed, the site is to be operated by the District of Columbia Public School's Head Start program and will serve 100 Head Start Children and their families. The facility will also include space for training and community meetings, a commercially equipped kitchen and indoor and outdoor recreation space for the community.

Programs in the new facility will be influenced by current research-based theories on learning styles and child development. It will also incorporate the principles of the Italian preschool program of Reggio Emilia. The Reggio program is a world acclaimed, child centered approach to learning.

Future Challenges

The Early Childhood Collaboratives faces many new and continuing challenges. With a new Mayor in office, the Collaborative will again have to secure the support of the top elected official in the city. This support will be needed against a back-drop of severe fiscal constraints which will limit the capacity of the city to support comprehensive early childhood programs. In addition, it is not yet clear whether the continued downsizing of city government and the fiscal situation will create an environment conducive to collaborative planning.

With the fiscal concerns in mind, detailed programmatic and facilities design planning for Phase II is continuing. The ECC is optimistic that the District of Columbia's financial situation will not alter its promised contribution and that construction will begin by the summer of 1995.

In addition, the Collaborative faces challenges stemming from a 1994 report which it and the D.C. Department of Human Services Commission on Social Services commissioned to recommend ways to maximize funding sources for early child care and education in the city. Louise Stoney and Associates completed that report in August 1994, and it is now being made available to the new administration. Implementing the report's recommendations will be a formidable challenge.

While the two facilities will be on line by the end of 1995, the challenge of building an integrated service delivery systems for young children and their families still remains. The Collaborative must work carefully with public sector leaders, neighborhood leaders, community collaboratives and other stakeholders to achieve its goals. The ECC continues to take steps in this direction. In January, 1995, an agreement was signed between the Frederick Douglass Community Advisory Board, the DCPS and Consolidated Head Start Programs and the D.C. Early Childhood Collaborative to work together to promote and encourage the successful construction and operation of Phases I and II. In addition, the Collaborative has held community discus-

sions in the Adams Morgan, Mount Pleasant and Columbia Heights neighborhoods. Meetings were held for business and economic leaders, parents and caretakers, D.C. government agencies and early child care providers to begin to create a shared vision for serving young children and families living in those communities.

The Early Childhood Collaborative of the District of Columbia has now been incorporated. This offers both challenges and opportunities. Both the Management Team and the Early Childhood Committee agree that it is important for the new corporation to return to the initial broader agenda of the collaborative. They envision the corporation continuing to support construction of quality early childhood facilities as well as working to develop a comprehensive early childhood system for children and families.

The act of incorporation has inspired the Collaborative to expand its Board so that a wider range of stakeholders are participating in its decisions. Identifying and involving people with the clout and commitment to help move the Collaborative's agenda will be an important milestone in its development.

The ever-present challenge is working together to promote individual and common agendas to create a better, more comprehensive system of services and supports for the District of Columbia's children and families.

Glossary

CAB: Center Advisory Board, community members organized to advise the ECC of the community's needs and desires

Early Childhood Committee: group of private sector funders of the ECC

ECC: Early Childhood Collaborative

DCPS: District of Columbia Public Schools

DZA: Development Zones Administration, part of the Office of Economic Development, designed to revitalize particularly needy areas

OECD: Office of Early Childhood Development, part of the D.C. Department of Human Service's Commission on Social Services designed to coordinate, improve and expand the supply of child care city-wide