



State Early Childhood Policy
Technical Assistance Network

Village Building and School Readiness: Closing Opportunity Gaps in a Diverse Society

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Acknowledgements

This resource brief is a work in progress. It is based upon a simple belief – that we will not succeed in ensuring that children start school healthy and prepared for success without, or in spite of, the involvement of their families and communities. Alternatively, if we can succeed in working with families and residents to achieve school readiness in the vulnerable neighborhoods that are the subject of this report, we also will make a significant and essential contribution to building a more egalitarian society that fully uses the talents of its diverse members.

As editor and author of many of the segments, I have been informed by my experiences as a welfare rights advocate, a researcher, a state legislator, a technical assistance provider on service integration and early learning systems building, and a supporter of community-building efforts in Des Moines' inner-city neighborhoods.

The latter work, in particular, has heartened me and strengthened my belief that, when one listens to parents and care providers of young children in vulnerable neighborhoods and provides avenues for them to develop and implement strategies to improve their children's health and growth, good things happen. Without additional support, too many barriers exist for them to do it to the degree they and their children would like, but there is remarkable power and co-production when avenues are provided and leadership activated. The Annie E. Casey Foundation's Making Connections Initiative contributed both thinking and resources to these efforts in Des Moines. While not referenced by name within the resource brief, many of the insights come directly from Making Connections experiences in that ten-community initiative.

Commentaries were solicited for this brief because there are many people who have insights that can and should enrich the discussion on these topics and further this work in progress. I thank those who commented and know they will continue to contribute to expanding the knowledge base and promoting policies and investments to further young children's health and development.

I particularly thank Laurie Olson, California Tomorrow, Hedy Chang, and the School Readiness, Culture, and Language Working Group of the Annie E. Casey Foundation for allowing me to excerpt from and adapt their excellent report, *Getting Ready for Quality: The Critical Importance of Developing and Supporting a Skilled, Ethnically and Linguistically Diverse Early Childhood Workforce*. The report deserves to be read in its entirety and its authors (Lynson Moore Beaulieu, Tracy Black, Monimalika Day, Kathy Hepburn, Antonia Lopez, Tammy Mann, and Laurie Olson as Work Group members; Hedy Chang as writer; and Jo Ellen Green Kaiser, Lynson Moore Beaulieu, and Laurie Olson as editors) consulted and involved more regularly and deeply in national discussions of early learning.

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Introduction

There is growing interest and policy attention to supporting young children’s growth and development in order to ensure they start school healthy and prepared for success. Brain research has shown the critical importance of the first years of life to lifelong growth and development. Program evaluations have provided evidence that quality services can improve child development and school success. Data on children’s health and development have shown the need to better serve young children and their families both to improve educational achievement overall and to close racial and income gaps in school readiness and success. States and communities across the country are working to build early learning systems, beginning at birth.

The School Readiness Indicators Initiative, a 17-state initiative supported by the Ford, Kauffman, and Packard Foundations, established a common sense equation for achieving the goal that all children start school ready for success that is part of its 2005 national *Getting Ready* report¹:



In 2005, the *Future of Children*² produced a special volume on “Kindergarten Readiness” that synthesized a great deal of research on the current disparities at kindergarten entry experienced by Hispanic and African American children. That volume confirmed that these gaps are not the result of innate characteristics of children but that family social and economic factors, health conditions and services, and early childhood education experiences all contributed to the disparities. The synthesis was clear that public policies and programs could significantly reduce, if not fully close, the gap at the time of kindergarten entry that also affects future development and school success.

Both the *Getting Ready* and the *Future of Children* reports acknowledged the role that communities play in child development, but neither delved into specific community impacts on child development nor on strategies that can strengthen community capacity to improve child development and school readiness.

This collection of articles begins to tackle that issue, focusing upon the special issues and opportunities for building early learning systems in what have variously been described as vulnerable neighborhoods, disinvested neighborhoods, or poor, immigrant, and minority communities.

Each of the four chapters in *Village Building and School Readiness* takes a different approach to the topic.

Drawing upon information in the 2000 census, Chapter One examines this country’s census tracts and characterizes them by their “child raising vulnerability,” based upon ten indicators that reflect the education, wealth, income, and social structure of its residents.

This analysis shows that:

- The most vulnerable census tracts, based upon the indicators, have the highest percentages of, or are “richest” in young children, but have a relatively smaller proportion of working-age adults to provide economic support to them;
- These census tracts are over eighty percent minority, in direct contrast to those without vulnerability factors, which are over eighty percent White, non-Hispanic;
- The most vulnerable census tracts are most prevalent in metropolitan areas, particularly in the northeast; and
- The African American young adult population in these tracts is heavily female, with only eight young men for every ten young women.

The demographic data point to the need to focus special attention on these neighborhoods in developing early learning systems, simply by reason of the size and poverty characteristics of their young child population. In addition, the data indicate the need to contend with other vulnerabilities in addressing child and family needs and the critical importance of developing effective strategies to close racial and ethnic disparities.

Chapter Two draws upon the demographic data from Chapter One but extends this discussion in several ways into a conceptual framework for developing school readiness strategies in vulnerable neighborhoods. Starting from a premise of what all young children need in supports from their neighborhood or “village,” it looks at common conditions within vulnerable communities and the need for additional physical spaces for young children and their families to congregate and play. It describes the adult caring community and the need for actions

that can strengthen the network of supports families need. It discusses the importance of reducing the distance between the culture of the community and the health and human service systems providing support. Finally, it argues for the importance of building an early learning system in large measure from the latent talent and passion within the neighborhoods and not from bringing services and service providers from outside. The message from Chapter Two is that early learning system building efforts in vulnerable neighborhoods must be grounded in community-building as well as in service provision. Place-blind and race-blind approaches will not work.

Chapter Three follows on the conceptual framework in Chapter Two by offering concrete examples of programs and services that combine high quality services with community-building, most successfully operating within vulnerable neighborhoods. The highlighted programs are organized according to the school readiness equation and are varied in their specific emphases and the systems they involve. At the same time, they share common elements that promote child development and build community. In particular, they all help to strengthen support networks within the community, provide participants the opportunity to reciprocate and take on leadership roles, and work to promote equity and cross-cultural understanding. They recognize, value, and build upon the passion people have for their own and their neighborhood’s children.

Chapter Four, adapted from a longer paper, *Getting Ready for Quality*, discusses the specific need to develop a diverse early care and education workforce within poor, immigrant, and minority communities. It extends the traditional discussion of what constitutes quality to incorporate race, language, and culture

issues into every aspect of quality and goes on to identify issues that must be addressed to develop a quality workforce. Developing a quality early care and education workforce from within poor, immigrant, and minority communities requires working with, rather than at or to, residents and providers in those communities. This requires establishing multiple approaches to credentialing and professional development and inclusion of representatives from poor, immigrant, and minority communities in planning and decision-making. Done well, such an approach can improve child development, strengthen community, and create new economic opportunity within these communities. It may even offer ways to address larger issues of race, class, and power that have divided American society.

Taken together, the chapters in *Village Building and School Readiness* call for a much broader approach to early learning systems building than the provision of health, early care and education, and family support services. They call for a new way of approaching how services are developed, and who develops them. They also go beyond services to community-building and providing parents and residents the time, space, and opportunity to help one another and to secure a voice for themselves in the larger communities in which they live. In the end, professional services cannot substitute for nurturing villages in ensuring the health and development of young children. *Village Building and School Readiness* offers a challenge to those in the early childhood field to re-examine their own work as it relates to this village building.

Endnotes

- ¹ Rhode Island Kids Count. (2005). *Getting ready: Findings from the national school readiness indicators initiative, a 17-state partnership*. Providence, RI.
- ² McClanahan, S. (ed.) (2005). School readiness: Closing racial and ethnic gaps. *The Future of Children* 15:1.

Chapter One

Census Tracts and Child-Raising: Place-based Implications for Child and Family Policy Investments and Reforms

by Charles Bruner and Syed Noor Tirmizi

Place matters, and neighborhood is particularly important to young children, whose lives often are largely defined by the few blocks around their homes. While parents remain the most important influence on and determinant of young children's healthy growth, neighborhoods also play a significant role.

This analysis, using 2000 census data, first categorized the country's 65,000 census tracts for their child-raising vulnerability. It then contrasted the most vulnerable census tracts with other census tracts on these vulnerability characteristics and on their child and young adult populations, and the consequent implications for public policy.

Census Tracts and Child-Raising Vulnerability

The census provides different data that represent indicators of a census tract's social, educational, economic, and wealth characteristics that influence child-raising. Research shows that a variety of factors are predictive of child growth and success, across these dimensions. The Child and Family Policy Center constructed ten indicators to use in developing an overall measure of a census tract's child-raising vulnerability. These included:

- three social indicators (percent single parenting, percent adult population of limited English proficiency, and percent disconnected 16- to 19-year-olds as measured by not being in school or employed);
- two educational indicators (percent 25 and over population without a high school diploma, and percent 25 and over population with at least a

college degree);

- three economic indicators (percent of households with wage income, percent of families with children in poverty, and percent of heads of household on public assistance); and
- two wealth indicators (percent of owner occupied housing, and percent of heads of household with interest, rent, or dividend income).

Tracts that were at least a standard deviation from the mean in a negative direction for any indicator were scored as vulnerable on that indicator. A vulnerability index with an overall score of 0-10 was created using the number of indicators upon which each tract was determined to be vulnerable. This vulnerability index was used to categorize all census tracts for their child-raising vulnerability.

Overall, the majority of the population of the United States (58.4%) lives in tracts with no vulnerability scores on any of the indicators. A small proportion (6.7%), representing 18.9 million Americans, lives in the most vulnerable child-raising tracts, scoring high on at least six of the ten vulnerability indicators.

Table One (next page) provides information on each of the ten indicators used to create the vulnerability index. On nine of the ten indicators, the differences between the most vulnerable tracts and less vulnerable tracts are profound, with rates for the most vulnerable tracts at least double and in some instances as much as nine times greater than for the majority of tracts with no indicators of vulnerability. Only on wage income are the differences smaller; 69.1% of households with

TABLE ONE

The Implications of Place: Census Tracts by Child-Raising Vulnerability Factors and Total Population

| | All Census Tracts | No Vulnerability Factors | 1-2 Vulnerability Factors | 3-5 Vulnerability Factors | 6-10 Vulnerability Factors |
|-------------------------------------|--------------------|--------------------------|---------------------------|---------------------------|----------------------------|
| Tracts | 65,321 | 35,753 | 16,185 | 8,126 | 5,257 |
| Total Population | 281,421,906 | 164,392,149 | 66,462,714 | 31,707,210 | 18,859,833 |
| Percent of Population | | 58.41 | 23.62 | 11.27 | 6.70 |
| VULNERABILITY INDICATORS | | | | | |
| Percent Single Parent | 27.13 | 20.46 | 30.62 | 41.52 | 53.10 |
| Percent Poor Families with Children | 13.57 | 7.18 | 15.00 | 62.54 | 41.43 |
| Percent 25+ no HS | 19.60 | 13.53 | 21.02 | 36.00 | 48.00 |
| Percent 25+ BA or Higher | 24.00 | 28.67 | 23.01 | 13.00 | 7.14 |
| Percent 16-19 no School/Work | 6.00 | 3.05 | 1.03 | 10.41 | 15.00 |
| Percent HoH on Public Assistance | 7.81 | 4.87 | 7.75 | 14.57 | 25.48 |
| Percent HoH with Wage Income | 77.72 | 80.60 | 74.008 | 75.12 | 69.10 |
| Percent HoH - Int/Div/Rent/Home | 35.87 | 42.31 | 33.73 | 18.86 | 11.05 |
| Percent 18+ Limited English | 4.62 | 1.87 | 4.82 | 11.67 | 17.52 |
| Percent Owner-occupied Housing | 60.24 | 71.00 | 51.50 | 42.57 | 29.62 |

Source: Geolytics Census 2000 Data from Urban Institute, Washington DC.

wage income in the most vulnerable child-raising tracts compared to 80.6% in tracts with no indicators showing vulnerability. Even in the most vulnerable census tracts, two-thirds of households have some attachment to the work force, although at lower wages and with significantly less stability in employment.

The clear message is that there are profound differences, across neighborhoods, on indicators related to a tract's support for raising children. Further, these social, educational, economic, and wealth indicators are interconnected, and compound the challenges in vulnerable tracts in addressing children's

needs for healthy growth and development.

Poor Neighborhoods – Rich in Children and Low in Earning Age Adults

In addition to the specific indicators selected to assess child-raising vulnerability, census tracts were examined for the size of their child and working age populations, their racial compositions, and the gender and race characteristics of their young adult (the primary age for parenting young children) populations.

TABLE TWO

Child Populations and Working Age/Dependent Age Ratios by Census Tract Vulnerability

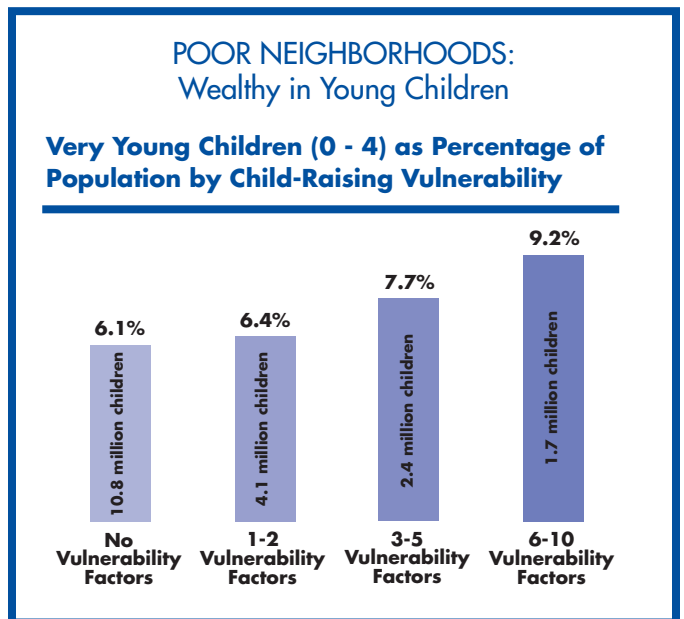
| | All Census Tracts | No Vulnerability Factors | 1-2 Vulnerability Factors | 3-5 Vulnerability Factors | 6-10 Vulnerability Factors |
|-------------------------------|-------------------|--------------------------|---------------------------|---------------------------|----------------------------|
| CHILDREN | | | | | |
| 0-4 Population Total | 19,046,754 | 10,773,946 | 4,085,150 | 2,444,248 | 1,743,410 |
| Percent of All 0-4 Children | | 56.47 | 21.45 | 12.83 | 9.15 |
| 0-4 as Percent of Tract pop. | 6.77 | 6.15 | 6.42 | 7.71 | 9.24 |
| 0-17 Population Total | 72,142,757 | 42,312,093 | 14,908,864 | 8,741,690 | 6,180,110 |
| Percent of All Children | | 58.65 | 20.67 | 12.12 | 8.57 |
| 0-17 as Percent of Tract pop. | 25.64 | 25.74 | 22.43 | 27.57 | 32.77 |
| WORKER DEPENDENT RATIO | | | | | |
| 18-64 pop./ (0-17+65+) | 1.63 | 1.64 | 1.68 | 1.61 | 1.40 |

Source: Geolytics Census 2000 Data from Urban Institute, Washington DC.

Table Two provides data on the child, and very young child, populations in census tracts by child-raising vulnerability. Table Two also provides a ratio of the working age population (18-64) to the dependent age population (0-17 or 65+). The most vulnerable tracts for raising children have a much larger share of the country's young, and youngest, children than other census tracts. Nearly one-third of all residents in the most vulnerable census tracts are children, and almost one in ten are very young (0-4). Proportionately, these tracts have a 27.3% greater proportion of children (0-17) than census tracts with no vulnerability indicators; and a 50.2% greater proportion of very young (0-4) children. In short, poor, disinvested neighborhoods are rich in children.

The policy implications are several.

Clearly, these census tracts have even greater needs for early care and education services, particularly if society



expects adults to be in the workforce to support their families. Caregiving currently is likely to be a more significant employment base in these census tracts, with surveys suggesting that this care is more likely to be in home-based and unregistered care than in other tracts. These caregivers are less likely to have early childhood credentials or more advanced educational backgrounds than those in other census tracts.

Early care and education policy needs to take these differences into account. Upgrading the skills and compensation of caregivers currently living in and providing (or capable of providing) early childhood services can have a dual benefit of improving the economy in these tracts while improving children's early childhood development. Alternatively, policies that do not recognize the needs and opportunities in these census tracts and simply seek to expand pre-school or improve the quality of early care and education through education or credentialing standards can have adverse consequences. If early care and education policies do not provide residents in these neighborhoods with pathways to gain skills and serve as child care providers, they run the risk of further depleting the economic resource base and opportunity within these tracts by bringing people from outside the neighborhood in as caregivers, taking employment opportunities away from those in the neighborhood.

Clearly as well, there is need for substantial outside support and resource transfers to these census tracts, simply given the relative absence of a working age base to support the population. The difference between 1.4 working age adults for every dependent and 1.64 is huge in terms of economic development capacity. This figure actually under-represents the overall challenge, as a greater share of the dependent population in high

child-raising vulnerability census tracts is children. Seniors, which are more likely to be represented as part of the dependent population in other census tracts, often have social security and retirement income that contributes to the economy. Even if working age residents in the high vulnerability census tracts worked and earned at a level commensurate with the population within other tracts (which they do not), there still would be a substantial economic gap, without some form of transfer payments or investments.

Finally, the role of the K-12 educational system is critical to the economic, as well as educational, development of these tracts. Again, to the extent possible, educational reforms and investments that provide community building and economic opportunity for residents both can serve educational and economic development roles.

Racial Segregation and Vulnerable Child-Raising Census Tracts

The United States is segregated by both social class and race/ethnicity. The extent of this segregation is shown with respect to vulnerable child-raising census tracts in two ways, the actual racial composition of the census tracts with different child-raising vulnerability indicators and the proportion of different races and ethnicities within different tracts. These are shown in Table Three (next page), with all Hispanic persons included in the percent Hispanic, and all racial categories including only non-Hispanics.

As Table Three shows, the most vulnerable child-raising census tracts are largely of color, with only 17.6% of the population White, non-Hispanic. Over three-quarters of the population is either Hispanic or

TABLE THREE

The Racial Composition of Census Tracts by Child-Raising Vulnerability Status

| | All Census Tracts | No Vulnerability Factors | 1-2 Vulnerability Factors | 3-5 Vulnerability Factors | 6-10 Vulnerability Factors |
|--|-------------------|--------------------------|---------------------------|---------------------------|----------------------------|
| RACIAL COMPOSITION | | | | | |
| Percent White Non-Hispanic | 69.78 | 83.16 | 66.95 | 37.41 | 17.60 |
| Percent Black | 12.53 | 6.25 | 13.37 | 28.21 | 38.03 |
| Percent Asian | 4.08 | 3.67 | 5.12 | 4.45 | 3.35 |
| Percent Hispanic | 12.52 | 6.13 | 13.27 | 28.11 | 39.38 |
| Percent Am. Indian/Native Alaskan | 0.75 | 0.52 | 0.88 | 1.40 | 1.24 |
| Percent Native Hawaiian & Other PI | 0.17 | 0.15 | 0.22 | 0.20 | 0.15 |
| Percent Other | 0.16 | 0.13 | 0.18 | 0.22 | 0.25 |
| Total | 100 | 100 | 100 | 100 | 100 |
| PROPORTION OF RACE IN TRACT | | | | | |
| Percent Total White Non-Hispanic | 100 | 69.61 | 22.66 | 6.04 | 1.69 |
| Percent Total Black | 100 | 29.12 | 25.20 | 25.35 | 20.33 |
| Percent Total Asian | 100 | 52.55 | 29.66 | 12.29 | 5.50 |
| Percent Total Hispanic | 100 | 28.59 | 25.03 | 25.03 | 25.30 |
| Percent Total Am. Indian/Native Alaskan | 100 | 40.29 | 27.59 | 21.03 | 11.09 |
| Percent Total Native Hawaiian & Other PI | 100 | 50.58 | 29.90 | 13.44 | 6.08 |
| Percent Total Other | 100 | 47.59 | 26.65 | 15.40 | 10.35 |

Source: Geolytics Census 2000 Data from Urban Institute, Washington DC.

Black, equally divided between the two groups. This is in sharp contrast to the census tracts with no vulnerability indicators, where 83.2% of the population is White, non-Hispanic. In the aggregate, both Blacks and Hispanics represent quite small minorities (less than one in fourteen residents each) in census tracts with no vulnerability indicators.

A tiny percentage of all White non-Hispanics (1.7%) live in high child-raising vulnerability census tracts, but 20.3% of Blacks and 25.3% of Hispanics do. Fewer than 30% of Blacks and Hispanics live in tracts with no vulnerability indicators, compared with nearly 70% of

White, non-Hispanics.

The neighborhood reference point for people of different color in the United States varies hugely. Policies that may work for the White, non-Hispanic populations in neighborhoods with no vulnerability indicators may not work at all for populations of color within these same neighborhoods, let alone within more vulnerable child-raising neighborhoods, where people of color in America are much more likely to reside. Policies that do not account for place run the risk of being color-blind and inappropriate in their response to needs to close achievement, employment,

and other gaps that exist by race and ethnicity in America.

Young Adults and Missing Males in Vulnerable Child-Raising Census Tracts

Overall declining real wages over the last several decades have been part of the reason behind the entry of more mothers into the workforce. For the majority of families with young children in particular, it requires two incomes to raise a family. Since 1980, there also has been a fourfold increase in the number of people incarcerated in state and federal prisons, largely young men. This has had an impact on families and child-raising abilities and expectations.

Table Four provides data on the ratio of young men to young women (16-34) by census tract type and by race. Overall, there is not a large difference in the

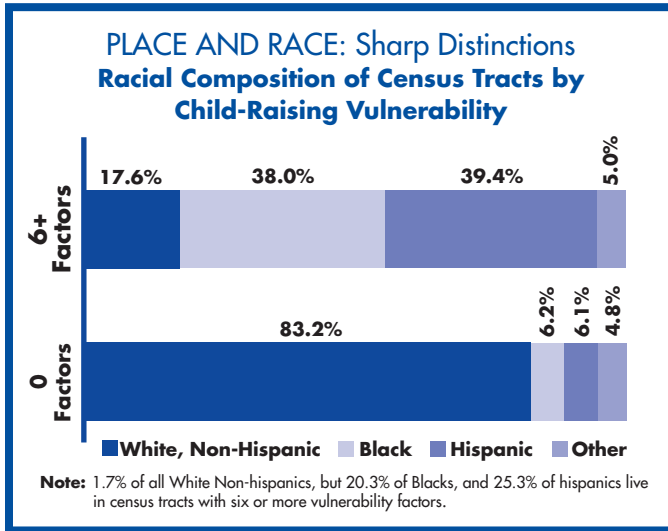


TABLE FOUR

Census Tract Young Adult Male/Female Ratios by Race and Child-Raising Vulnerability Status

| | All Census Tracts | No Vulnerability Factors | 1-2 Vulnerability Factors | 3-5 Vulnerability Factors | 6-10 Vulnerability Factors |
|--------------------------------------|-------------------|--------------------------|---------------------------|---------------------------|----------------------------|
| YOUNG ADULT RACE/GENDER RATIO | | | | | |
| 16-34 M/F Ratio All | 1.03 | 1.01 | 1.07 | 1.07 | 0.99 |
| 16-34 M/F Ratio White Non-Hispanic | 1.02 | 1.01 | 1.06 | 1.07 | 1.06 |
| 16-34 M/F Ratio Black | 0.94 | 0.97 | 1.02 | 0.93 | 0.81 |
| 16-34 M/F Ratio Asian | 0.97 | 0.92 | 1.00 | 1.04 | 1.04 |
| 16-34 M/F Ratio Hispanic | 1.16 | 1.09 | 1.21 | 1.21 | 1.14 |
| FOREIGN BORN POPULATION | | | | | |
| Percent Foreign Born | 11.05 | 7.08 | 12.96 | 20.27 | 23.46 |
| Percent FB US Citizens | 4.46 | 3.57 | 5.20 | 6.45 | 6.26 |
| Percent FB no US Citizens | 6.6 | 3.51 | 7.76 | 13.85 | 17.20 |

Source: Geolytics Census 2000 Data from Urban Institute, Washington DC.

ratios by number of vulnerability indicators, with the highest vulnerability census tracts having 99 young men for every 100 young women, compared with 101 young men for every 100 young women in tracts with no vulnerability indicators.

When broken down by race, however, there is a very different story. The ratio of young Black men to young Black women declines to 81 to 100 in the most vulnerable census tracts, a major deficit. Imprisonment undoubtedly plays a major role in these figures; nationally, 8.7% of the 20- to 34-year-old Black male population is in state or federal prisons. Selected research of different communities has indicated that incarceration rates are substantially higher in poor neighborhoods.

When felony records as well as actual incarceration are considered, the impact of the criminal justice system on Black fathers in these census tracts is huge, adding to the barriers that these young men have in seeking to support the raising of their children. Two major domestic policy changes – tougher criminal justice practices resulting in increased prison populations and welfare reform requiring parents (primarily young and female) to work – have changed the face of these census tracts and made them even more vulnerable from a child-raising perspective. Criminal justice policies have had a pronounced effect on these neighborhoods by depleting them of young Black men, who need to be part of the equation in providing children with necessary economic, as well as social and emotional, support.

Meanwhile, the young Hispanic male to female ratio of 114 young men for every 100 women speaks to the immigration of young men for employment, often to support families in their home country who have not

yet immigrated. This presents its own challenges and opportunities for these vulnerable child-raising census tracts. The overall foreign-born population, particularly those who are not U.S. citizens, is much higher in these neighborhoods, and shows the need for language sensitivity in developing place-based educational and economic development strategies.

Regional and Metropolitan Location of High Vulnerability Tracts

Census tracts with the highest child-raising vulnerability are not distributed evenly across the United States. They are concentrated in metropolitan areas with populations in excess of one million residents, and, with the exception of the South, are very unlikely to be in non-metropolitan census tracts. As Table Five shows, while the Northeast and the West have the highest overall percentages of high vulnerability tracts, the South has the highest percentages in non-metropolitan census tracts. In fact, if Arizona and New Mexico were added to the South states and subtracted from the West states, the percentages for non-metro census highest vulnerability census tracts would rise to 5.79% in the South and fall to 0.75% in the West. With the exception of the South states and Arizona and New Mexico, less than one percent of the non-metro population lives in highest vulnerability census tracts. Overall, while constituting 17.4% of the country's population, non-metro census tracts represent only 7.82% of the highest vulnerability tracts.

At the same time, it is the census tracts within metropolitan areas with populations over one million that the vast majority of the population living in the highest vulnerability tracts resides. These tracts represent 53.03% of the country's population, but

TABLE FIVE

High Child-Raising Vulnerability Census Tracts by Region and Metropolitan Characteristics

| | All Census Tracts | Tracts with 6+ Vulnerability Factors | % Highest Vulnerability Tracts |
|----------------------------|-------------------|--------------------------------------|--------------------------------|
| METRO AND NON-METRO | | | |
| Midwest | 64,391,776 | 2,717,257 | 4.22% |
| Northwest | 53,594,378 | 4,773,454 | 8.91% |
| South | 100,236,820 | 6,158,151 | 6.14% |
| West | 63,197,932 | 5,210,971 | 8.25% |
| U.S. Total | 281,420,906 | 18,859,833 | 6.70% |
| METRO | | | |
| Midwest | 48,858,727 | 2,622,604 | 5.37% |
| Northeast | 48,342,406 | 4,744,172 | 9.81% |
| South | 78,877,877 | 4,966,197 | 6.30% |
| West | 56,499,930 | 5,052,961 | 8.94% |
| U.S. Total | 232,578,940 | 17,385,934 | 7.48% |
| NON-METRO | | | |
| Midwest | 15,533,049 | 94,663 | 0.61% |
| Northeast | 5,251,972 | 29,282 | 0.56% |
| South | 21,358,943 | 1,191,954 | 5.58% |
| West | 6,698,002 | 158,010 | 2.36% |
| U.S. Total | 48,841,966 | 1,473,909 | 3.02% |

Ten States/D.C. with highest percentage of Metro tract population in highest child vulnerability category: D.C. (25.78%), New York (15.81%), Rhode Island (14.17%), California (12.64%), Texas (10.22%), Louisiana (9.25%), Arizona (8.36%), Connecticut (7.94%), Nevada (7.78%), Illinois (7.34%), and Michigan (7.29%).

Ten States with highest percent of Non-Metro tract population in highest child vulnerability category: Kentucky (13.06%), Arizona (12.28%), Mississippi (11.09%), Louisiana (10.0%), New Mexico (6.68%), Texas (6.50%), West Virginia (5.49%), Alabama (5.22%), Georgia (5.12%), and Arkansas (4.30%).

67.38% of the population in the highest vulnerability tracts. The remaining metropolitan census tracts account for 29.61% of the country's population and 24.80% of the population in the highest vulnerability tracts.

In short, these census tracts are predominantly found in large metropolitan areas, regardless of region of the country. If they exist in non-metro areas, they are most likely to be located in the South. At least by these measures of highest vulnerability, however, both the Northeast and the West have larger proportions of these census tracts to address than does the South.

Conclusion

Statistics alone, however stark, seldom induce calls for major policy reform. Perhaps only demographers are likely to become excited about the significance of the differences, based on geography, race, and ethnicity, that are described here. People generally are aware that there are differences by place and race, but the magnitude and importance of these differences may go unrecognized.

In demographic terms, however, these are so significant that they cannot afford to be ignored. They need to be considered in shaping policy – in such disparate but interrelated areas as early care and education, school reform, economic development, and justice reform. In particular, they need to be addressed if we are to take seriously a commitment to raise achievement and eliminate the opportunity gap for the country's children.



**Research Note:
Method of Selection of Ten Indicators from the U.S.
Census Used to Determine Census Tract
Child-Raising Vulnerability**

Research is clear that child health and well-being is related to a number of family, social, economic, health, and safety factors. Children are most likely to do well in stable and nurturing environments, in the home and in the community. Further, research indicates that, when children are exposed to multiple risk factors in their environments, they are at much greater risk than if they are exposed to only one of two.

The decennial census provides a wealth of data that, directly or indirectly, measures many of these known risk factors. Ten were identified and used to construct an index that would measure the relative child-raising vulnerability for census tracts.

The value of constructing an index rather than relying upon one or two indicators is three-fold:

1. An index avoids reliance upon a single indicator to accurately represent a complex set of conditions across all tracts;
2. An index provides a more complete representation of the confluence of risk factors that can contribute to child-raising vulnerability; and
3. An index suggests the relative concentration and co-occurrence of risk factors within specific geographic areas.

The ten factors selected for the index were based upon what data were available through the decennial census; what research showed on different factors independently influencing child well-being; and what represented a balance across different types of factors that would avoid over-weighting a particular condition. Of the ten factors selected, three were categorized as relating to social or family conditions; two to educational conditions; three to economic conditions; and two to wealth conditions (clearly some of the factors could be placed in more than one category). The following presents the rationale for the inclusion of each.

Social or family conditions

1. *Percent single parenting.* Clearly, single parents can do an excellent job of raising their children and their children can excel. At the same time, as a group children from single parent families fare

less well than their peers. Children generally do better when there are two (or more) consistent sources of economic and social support. In some neighborhoods single parenting has almost become the norm, with fewer models of successful partnerships in raising children available to children growing up.

2. *Percent adult population of limited English proficiency.* The United States is becoming more diverse, and children are leading the way. At the same time, responding to this diversity requires additional community acceptance of diversity and programs and services that can accommodate both children and their parents. High proportions of the adult population with limited English proficiency, absent a societal response, place children and their families at risk of not having access to the resources needed to support their children's growth and development.
3. *Percent disconnected 16- to 19- year-olds as measured by not being in school or employed.* Youth who are disconnected from education or employment are vulnerable to a variety of poor outcomes, as youth and later as adults and parents. The 2004 Kids Count Essay focused upon such disconnected youth and their specific vulnerabilities. From a census tract perspective, the more disconnected youth there are in a neighborhood, the greater the likelihood those youth will influence one another and together engage in risky behaviors.

Educational Conditions

4. *Percent 25 and over population without a high school diploma.* The strongest single correlate of a child's future educational and economic success is the educational level of the child's mother. The census provides tract-level data on the proportion of the adult population without a high school diploma, which is a good surrogate for maternal education and also the general educational environment in the tract.
5. *Percent 25 and over population with at least a college degree.* Research on neighborhood impacts on child well-being indicates that neighborhoods fare better with the presence of at least 5% of the adult population in professional positions, as role models. In fact, that has even been called a "tipping point" for a neighborhood's social cohesion. The percent of the adult population with a college degree is a surrogate measure available from the census to indicate the presence of that professional or middle-class base.

Economic Conditions

6. *Percent households with wage income.* Employment is a key contributor to child well-being both in meeting economic needs and in providing economic stability. The level of employment is suggestive of the degree to which the census tract is economically distressed, as well as providing information on the actual economic security of individual households.
7. *Percent of families with children in poverty.* Clearly, child or family poverty is a key factor of well-being. Research suggests that it is the lack of predictability of resources, rather than poverty status specifically, that places children at risk. While poverty most often has been used as a single indicator in characterizing the vulnerability of neighborhoods, it has limitations as a single measure. Rural communities in the Midwest, for instance, have higher rates of poverty than their urban counterparts, but their general economic security and self-sufficiency (and child outcomes) are generally better. While graduate students may meet poverty definitions, their prospects and access to resources are very different from unemployed young adults who have dropped out of high school.
8. *Percent of heads of households on public assistance.* Long-term reliance upon public assistance indicates a lack of economic opportunity or mobility. Census tracts with high percentages of households receiving public assistance indicate depressed economic conditions.

Wealth Conditions

9. *Percent of owner occupied housing.* Home ownership is a primary way that most families amass wealth and economic security. Home ownership is generally a stabilizing influence both for families and their children and for neighborhoods.
10. *Percent of households with interest, rent, or dividend income.* Research shows there are far greater disparities in wealth than in income. Families need savings to invest in themselves and their children, including their children's education and their own economic betterment. The best surrogate for some savings or wealth available through the census is available from the question on the presence of income from interest, rent, or dividends.

As described, the ten factors relate to different important conditions that affect child well-being. The index itself is constructed for each census tract based upon the number of factors that the census tract displays vulnerability (as measured by a standard

deviation away from the mean in a negative direction). While all the factors could also be normalized and normalized scores for the ten factors added together, the designation by numbers of child vulnerability factors present was used as an easier way to convey vulnerability to the public. It also is a way to avoid individual scores that could suggest some false precision in determining an individual tract's level of vulnerability.

As the analysis shows, there is a strong co-occurrence of these vulnerability factors.

Chapter Two

Building Early Learning Systems in Vulnerable Neighborhoods:

A Conceptual framework

by Charles Bruner

It takes a village to raise a child.

Introduction

This African proverb would not be as often quoted if it read, “It takes a multi-disciplinary team of a pediatric practitioner, child development specialist, counselor, and care coordinator to raise a child.” While young children and their families do need access to professional services and the expertise and help those services bring, young children rely in their daily lives on the nurturing, guidance, and supervision they receive from family, friends, relatives and neighbors – from villages. The research base is very clear that the support children receive from their families and communities is key to their growth and development. Community supports variously have been referred to as “microsystems,”¹ “social buffers,”² “primary services,”³ and, most recently, “social capital.”⁴ The research on “family support,”⁵ “risk and protective factors,”⁶ “assets,”⁷ and “resiliency”⁸ all provide compelling evidence of the critical importance of these community supports in furthering child growth and development, throughout childhood but particularly in the earliest learning years.

At the same time, much of the current work to build early learning systems and ensure that “all children are ready for school” has focused upon public, professional services and not upon family and community supports. It has not given significant attention to how these public and professional services must be developed to support networks or villages for children and therefore contribute to building social

capital.⁹ Finally, it has not examined these services through the lens of the vulnerable neighborhoods¹⁰ that have the most to gain from partnerships with the larger community in building early learning systems. This chapter provides a conceptual framework for developing early learning systems within vulnerable neighborhoods that addresses children’s needs in the context of their family, neighborhood, and community.

This chapter starts with a description of what all young children need to succeed – which is no different for children within vulnerable neighborhoods than in more affluent ones. All children are ready and eager to learn; but what families, neighborhoods, and society as a whole provide for them can differ dramatically. The chapter then examines the differences in the current physical, human, social, and economic capital within vulnerable neighborhoods to meet these needs.¹¹ These differences contribute to the widely recognized gaps in child health and development across children and neighborhoods that exist even by the time children enter kindergarten.¹² Finally, this chapter describes the types of strategies that need to be developed to build both community and early learning systems in vulnerable neighborhoods. Ultimately, this requires a serious re-examination of how current policy makers, advocates, researchers, and funders develop strategies to improve school readiness.

What All Young Children Need

Starting with parents, all children need consistent and caring adults to nurture them, talking with and overseeing them and exposing them to the richness of

language¹³ and life by guiding them in exploring the world. They need these caring adults within their immediate world, a world often tightly bound to the blocks around their home and the places that their parents go. All children need safe and secure neighborhoods, where they are supported in learning by those who surround them and can participate in the many “teachable moments” that occur throughout the day. To support this learning, young children need play areas, playgrounds, and parks that provide places for such stimulation. These play areas and playgrounds and parks need equipment that includes drawing materials and books and swing sets and jungle gyms.

Young children also need regular health check-ups as well as medical care to treat childhood illnesses and injuries, skilled eyes to identify possible special developmental issues and professional services to address these issues when they are identified. They need exercise and good nutrition. Their parents may need economic and workforce development supports to ensure they can provide for basic needs, as well affordable child care that can assist them in their roles as caregivers and breadwinners. In some instances, parents also require professional help to address their own issues of disability, depression, addiction, or victimization. These professional services – whether health care, early intervention, early care and education, workforce development, or mental health – also must be provided in a language that parents can recognize and understand and with understanding of and respect for the culture that parents value.¹⁴

Vulnerable Neighborhoods and Young Child Physical Space

As Chapter One showed, one “wealth” most vulnerable neighborhoods share is that of young children. In

those census tracts characterized by the most indicators of child vulnerability, the percentage of children 0-5 is one-quarter greater in these tracts than in other tracts.¹⁵

This means that these neighborhoods need one-quarter more play areas and playgrounds and parks, drawing materials and books and play sets and jungle gyms. They need one-quarter more places and opportunities for families with young children to get together in safe and family-friendly settings. They need larger numbers of accessible and affordable health providers who effectively screen to identify and address several needs.¹⁶

With regard to physical space, however, vulnerable neighborhoods often are cramped and limited in their child and family friendly environments. When new suburban housing is erected, such places and spaces and opportunities usually are incorporated into the building plans, much more so than in the past. New schools are built with larger and more varied playgrounds and recreational areas than exist for older schools – including larger library and media resource areas and larger community congregating spots. Vulnerable neighborhoods, however, generally are found in older geographic neighborhoods, often having become compressed over time. Single dwelling units may have been turned into multi-family complexes. Abandoned or condemned housing, rather than neighborhood parks, often represent neighborhood “open spaces.” School buildings are smaller and frequently congested and struggling to provide classroom space, let alone space for community activities or large schoolyards.

Similarly, the housing stock itself often is not conducive to providing child-friendly family day care

environments or center-based child care arrangements. Small living environments, apartment buildings or multi-plexes that do not meet minimum child care safety standards, and the absence of yards or enclosed outside areas where children can play make establishing good places for young children to be and to explore the world a significant challenge. In short, investments in the physical space in poor, immigrant, and minority neighborhoods – with an eye to the needs of young children and their families – need to be made.

Vulnerable Neighborhoods and Developmental Supports and Opportunities

The United States sometimes has been called the only industrialized nation in the world without a family policy. No state in the country has yet developed even that part of an early learning system that ensures all young children can receive the early care and education services known to help achieve school readiness.¹⁷ Still, most children in the United States receive sufficient developmental supports – through family and community resources – to meet their children’s needs and for their children to start school “ready to learn,” although often not without some personal sacrifice and stress.

In significant measure, that is because the social and economic marketplaces in most communities and for more affluent and resourced families provide sufficient places and spaces and people and opportunities for young children’s needs to be met. Parents may have to stretch to find some of these places and spaces and opportunities, but they generally can find them. While there are significant efforts, within government and among foundations and advocates, to build a more coherent and comprehensive early learning system

(particularly through making child care more developmentally appropriate and creating universal enriched pre-school opportunities for three and four year-olds), most young children in more affluent neighborhoods get most of what they need most of the time to be reasonably prepared to start school.

The same cannot be said for vulnerable neighborhoods, however. It is within these neighborhoods that young children have the greatest challenges to succeed, both on an individual child and on a collective neighborhood basis. The social and economic marketplaces produce far fewer places and spaces and opportunities for young children. The physical space aspects were addressed in the previous section. This section discusses the developmental opportunities for children, from the perspective of the caring adult community in these neighborhoods.

Clearly, the caring adult community in these neighborhoods is under greater stress than in more affluent neighborhoods. As Chapter One documents, there generally is much more single parenting, which puts the additional strain of performing both full-time breadwinning and caregiving roles within a single parent. Particularly within the African American population, there is a relative absence of young adult males to fulfill either economic or social parenting responsibilities, in relation to the number of women and children. Incarceration of young adult African American males has nearly decimated the pool of African American fathers within society, with almost one in ten 20-34 year-old African American men in prison or jail. The figures are even higher in poor, immigrant, and minority neighborhoods.¹⁸

Further, the adult population has less formal education and language and literacy skills than that in the more

affluent community. The number of people with professional backgrounds and degrees is much lower, meaning the neighborhood environment has fewer resources and role models that support educational achievement.¹⁹ The overall exposure of young children, in their daily lives, to rich language environments and diverse professional occupational roles, is limited.

What holds for the overall neighborhood also holds for the child care community in those neighborhoods. The local early care and education workforce often is educationally disadvantaged. Many of the caregivers within vulnerable neighborhoods have marginal literacy skills themselves, as well as a lack of early care and education training. Whether kith and kin, family day care, or child care center providers, they are likely to use a narrower, rather than enriched, language base in their interactions with young children.²⁰ Surveys have shown that low-income families, even with the federal Head Start program designed for this purpose, are less likely to enroll their children in pre-school.²¹ This may be because of availability, affordability, scheduling with other required child care arrangements, or belief in the value and cultural appropriateness of available pre-school environments. Based upon the census reports regarding young child participation in pre-school, the same holds for vulnerable neighborhoods, in general.²²

In short, the environments surrounding young children in vulnerable neighborhoods often do not have the array of developmental opportunities and stimulation that is most supportive of early learning and school readiness.

Vulnerable Neighborhoods and Public Services and Supports

Young children also need professional services, as well as community supports – to address basic health needs and to identify and provide early intervention to address special health care needs or learning delays or disabilities. Parents also may need professional services to address issues that can compromise parental capacity to care for their children – to treat depression and other mental conditions, to address substance use and abuse, to provide training and workforce development support, or to assist in re-entering society after incarceration. Many of these relate to community rebuilding generally, but they also have special implications to young children’s development and school readiness.

Young children and their families need health care coverage, but they also need medical care that includes primary and preventive services and ideally that serves as an early detection system for developmental issues. Most parents have a medical home for their children, a primary care physician who does routine check-ups and well-child visits, in addition to treating illness or injury. Such providers are more difficult to find for families in vulnerable neighborhoods, however. Some services, like dental care, can be very difficult to access for families who rely upon Medicaid for insurance.²³

Often, there are language or cultural differences that can affect the provision of these services, particularly as they go beyond medical treatment to anticipatory guidance (health advice to parents). Western medicine cultural practices can clash with immigrant beliefs about health care or fail to be translated in ways that parents can relate to and follow.²⁴

At the same time, primary care physicians have an opportunity, during well-child check-ups or other visits, to conduct preliminary developmental screens of young children, as well as to respond to parental questions regarding their children's growth and development.

The EPSDT (early, periodic, screening, diagnosis, and treatment) program under Medicaid represents an entitlement to a broad range of follow-up and other developmental services, if identified during the EPSDT screen. The Individuals with Disabilities Education Act (IDEA) provides an entitlement to early assessment and intervention for children with developmental delays or disabilities, including infants and toddlers under Part C. The primary care provider also has the opportunity to identify, and refer if not treat, parental health concerns, such as maternal depression.²⁵

While primary pediatric care generally has a long way to go in taking such a comprehensive and holistic approach in its general practice, it is both more needed and more likely to be absent in the primary and preventive health care services provided to young children living in vulnerable neighborhoods. IDEA Part C services likewise are generally not accessed in poor neighborhoods to nearly the degree they are in more affluent communities.

In short, the content of the health care that is provided in poor neighborhoods requires attention that goes well beyond simply securing health care coverage. Because of the conditions and characteristics of poor neighborhoods, it is even more important that the provision of this care be more culturally relevant, holistic, and address developmental as well as medical concerns.²⁶

The same holds for adult health and mental health services. Maternal depression, which is recognized as having a major impact on child development, is more prevalent yet less treated in poor neighborhoods. Substance abuse treatment may be very hard to access, particularly for those without health insurance that covers such treatment. The ways states configure their Medicaid and State Child Health Insurance Program (SCHIP) benefit and coverage packages and the manner in which they use the provisions of EPSDT are critically important to vulnerable neighborhoods – as a large share of children within those neighborhoods are potentially eligible for such health care coverage.²⁷ One of the identified actual neighborhood effects for young children living in vulnerable neighborhoods is increased prevalence of mental health problems in 5- to 11-year-olds.²⁸

As discussed earlier, fathers of young children are involved in the adult corrections system in disproportionate numbers in poor neighborhoods, and often are physically separated from their children as a result. For the most part, children do best when both parents are involved in their development, but there are few programs that work to connect or reconnect young men who have been incarcerated to their children. The corrections system has a very adult focus and generally gives minimal attention to family issues. Particularly in neighborhoods that are predominantly African American, this represents a part of the parenting population that simply cannot be ignored regarding its implications to the development and school readiness of young children.²⁹

In addition, the array of public and professional services that exist in vulnerable neighborhoods often seem more geared to social control than they do to assistance. This includes the law enforcement system,

but the child protection system and the juvenile justice system also intervene more extensively in poor neighborhoods. The child protection system, in particular, touches a very significant percentage of young children within poor neighborhoods.³⁰ While residents want their children safe and secure, child protection often is viewed by residents more as a system that “takes your children” than one that provides protection and support. Studies have shown that children from poor and minority neighborhoods go deeper into the child welfare and juvenile justice systems, with fewer services along the way, than their white counterparts in more affluent neighborhoods. At the same time, the child welfare system generally does identify struggling families and vulnerable children, many of whom with developmental issues and needs. There are opportunities to use both the health care and child welfare systems in identifying, screening, and helping to treat young children with developmental and behavioral (social and emotional) issues that jeopardize their school readiness.³¹

Workers who serve children and families in vulnerable neighborhoods, even when they come from a sympathetic and helping perspective, often still speak a different language and have a different background than those inside the neighborhood. When most of the services that are provided come from workers who live outside the neighborhood, this can transmit the message that the larger community does not believe that residents have the ability to solve their own problems. While this occurs with all services, and not simply those for young children, it can have a negative impact on the community, no matter how skilled and compassionate the workers are.³² Chapter Four provides a much fuller description of this issue with respect to formal child care, but it also applies to all the “helping professions.”

In many respects, addressing this issues requires redefining such services within these neighborhoods, with a particularly focus upon working with the residents and community workers to this end.³³ Developing neighborhood-based professional services within vulnerable neighborhoods – in health care, early intervention, early care and education, corrections, and child welfare, in particular – can both help achieve school readiness for the young children who live there and build community and economic opportunity for the parents and residents who are the primary supports for those children.³⁴

Building the Places, Developmental Environments, and Neighborhood Services to Ensure School Readiness in Vulnerable Neighborhoods

As the previous sections indicate, building an early learning system to ensure that all children start school “ready to learn” must start from a different base in vulnerable neighborhoods. It requires building an infrastructure of supports that may be taken for granted within the larger community. This includes:

- Creating places and spaces and opportunities for young children, including places and spaces and opportunities for parents and other adults to enrich their own language and literacy;
- Broadening the roles and responsibilities and capacities of caregivers and professional service systems to provide developmental support to young children as part of their work;
- Reducing the distance between the culture of professionals and service providers serving the neighborhood and the culture of the neighborhoods they serve;³⁵ and
- Giving parents and residents the opportunity to have a voice and a hand in designing that system in their neighborhoods and communities.

Fortunately, there is a base upon which to build. Virtually all parents love their children and want them to succeed, educationally and in life. This is as true in vulnerable neighborhoods as it is in the most affluent ones. In fact, in vulnerable neighborhoods there may be even greater banding together and sharing of resources, particularly to make ends meet and to help children survive. Parents in vulnerable neighborhoods often engage in heroic measures to help their young children learn and get ahead, despite the odds, securing resources and supports that affluent parents take for granted as freely available for their own children.³⁶

Fortunately, as well, building this infrastructure of supports does not require separate and distinct efforts to create spaces and opportunities, build community capacity to support child development, and create more developmentally appropriate neighborhood-based services. In fact, this infrastructure development works best if it is connected and integrated. When the Family Resource Coalition (now Family Support America) was created, its mission was to have “a family support center” on every corner. While family support defies neat categorization, “family support centers” generally are envisioned as warm and welcoming places where families with young children can congregate, receive support and information about parenting and child development, organize activities for themselves and others, get help in accessing needed services, and advocate for community needs. They are designed to be embedded within the neighborhoods they serve, usually with governing boards that include center parents and neighborhood residents. Often, they do significant hiring from within the community and provide staff development and career opportunities. Depending upon physical capacity, they may house child care or pre-school or Head Start programs. They

usually do significant community outreach, including home visiting to parents not yet able or ready to engage in center-based activities. They often serve as community places for WIC (Women, Infant, and Children) nutritional counseling sessions and for other public programs and professional services. While there is no “blueprint” for developing such centers, when well-resourced and led by passionate staff that embody their asset-based and community-engaging principles, they tend to take on, and be successful at, all three of the infrastructure-building activities described above.³⁷

Such centers do not always start as “family resource centers,” per se. They may be focused upon a particular program (child abuse prevention or family literacy) or population (teen parents, incarcerated fathers). Their success is more likely to be attributed to their ability to adhere to a set of attributes of effective practice³⁸ or family support principles³⁹ than to specific programmatic features. While offering specific programs (and fostering participants in developing their own self-help and mutual assistance networking activities and programs), their success is based upon forming lasting relationships⁴⁰ and fostering people to become new leaders.⁴¹

The most successful ones do start, however, with passionate leaders who can and do connect with the people and culture of the community. This may be a single parent starting a family day care program so she can ensure the development of her own children. This may be a youth recruited to do outreach to enroll residents in Medicaid or help them apply for the earned income tax credit (EITC). This may be a minister who enlists his congregation to serve as partners with prisoners and their families in maintaining ties during incarceration and achieving successful reintegration when they return home. This

may be an existing neighborhood-based nonprofit organization that negotiated the grant-seeking maze and establishes new programs when new funding opportunities arise, but uses these to incubate new program managers from within the neighborhood. This may be an elementary school principal who establishes a parent welcome room in the school, organizes a parent group to determine its direction and serve on the committee to hire the staff, and uses her own leadership to gain buy-in from teachers and school staff. This may be a special education specialist who works with parents of children with disabilities to design outreach strategies and volunteer training programs and credentials that can support home visitors of all types in reaching out and connecting with parents of young children. This may be a Head Start Board member who creates a time dollar program within the neighborhood. This may be a youth development program director who enlists other youth to provide computer training to parents within a youth center. This may be a formerly illiterate parent who has learned to read as her child learns to read, who develops a partnership with the community college to establish a family literacy program and support group. Chapter Three provides illustrations of a number of programs, starting from different points and with different purposes, that show the range of ways to construct, virtually or literally, such “family support centers” within vulnerable neighborhoods.

Ultimately, school readiness will be achieved within vulnerable neighborhoods not through a single, or even a set, of programmatic interventions or actions. Professional services are a part of the solution, but only if they are constructed in ways that build community. Child care affordability, availability, and quality needs to be improved. Young children need access to enriched pre-school experiences that fit into

their parents’ schedules. Basic health services need to be provided, and special health care and developmental issues need to be identified and treated early. These are not now present to the extent to which they are needed in vulnerable neighborhoods even to put them on a par with what is available in more affluent neighborhoods.

The “how” of developing them, however, requires attention to larger community infrastructure and capacity building issues and a much more explicit and concerted focus upon supporting and building social networks. This requires investing in people, and most particularly, people already within the neighborhoods, who can be the directors of that change and the providers of those services. This requires identifying those nascent “social capitalists” within the neighborhood and supporting them, both financially and in acquiring the organizational and management skills and early childhood development skills they will need to sustain their work.

Figuratively, achieving the first National Education Goal that “all children start school ready to learn,” particularly in the vulnerable neighborhoods where they are most at risk, requires a network of support for all families that supports young children’s overall development, and at least figuratively produces a “family support center on every corner.” This can take many forms, but it needs to start with identifying and nurturing those people already in the neighborhoods with the passion and potential to produce it.

Such “family support centers” in all their forms need to be visible throughout the community and recognized as foundations for both school readiness and community growth. They can provide the space, time, and opportunity for parents and residents to

gather and fashion strategies to nurture and support their children and the community. They can unleash the energy and potential of parents, neighborhood residents, and the larger community to visualize and actualize real change. They can be homes to many of the services families need – child care and Head Start and pre-school – as well as sources of referral and outreach to others. Most importantly, however, they can help residents establish their own base of expertise and power that can close the opportunity gaps for their children and leverage needed support from the larger community in this process.

While professional services play a role, no set of professional services, however well-constructed, can substitute for community. There is an opportunity, as America continues to build early learning systems, to do so in a fundamentally different way than other public systems have been built. Such a focus may be the best opportunity to address the opportunity gaps that currently divide America across racial, income, language, cultural, and geographic lines.

Endnotes

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- 5 Bruner, C. (2006). "Developing an outcome evaluation framework for use by family support programs," in Dolan, P., Canavan, J. & Pinkerton, J. *Family Support as Reflective Practice*. London, UK: Jessica Kingsely Publishers.
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- 7 Benson, P. (2000). *All kids are our kids: What communities must do to raise caring and responsible children and adolescents*. San Francisco, CA: Jossey-Bass, Inc.
 - 8 Henderson, N., Benard, B., & Sharp-Light, N., (1999).(eds.) *Resiliency in action: Practical ideas for overcoming risks and building strengths in youth, families, and communities*. San Diego, CA: Resiliency in Action.
 - 9 For a discussion of this topic, see: Trevino, Y. & Trevino, R. (2004) *Mutual assistance: Galvanizing the spirit of reciprocity in communities*. Sacramento, CA: Foundation Consortium for California's Children and Youth; and Bruner, C. et.al. (2003) *Wise counsel: Exploring the role of professionals, community workers, and families in the helping process*. Des Moines, IA: National Center for Service Integration. One of the questions that can be raised about human service interventions is whether they contribute to building social capital, neither build nor diminish social capital, or actually undermine social capital. Too often, human service interventions, by failing to recognize and work to strengthen social ties and connections, end up devaluing and diminishing social capital.
 - 10 The term "vulnerable neighborhoods" is used here to correspond to the census tract analysis in Chapter One of census tracts described related to their "child-raising vulnerability. Other terms which also could be used to reference such neighborhoods are "disinvested neighborhoods," "impoverished neighborhoods," or "poor, tough neighborhoods." The terms "vulnerable neighborhoods" is used in this Chapter and is designed to characterize geographic areas – most commonly located within large metropolitan areas – that generally have high rates of poverty, absence of wealth, significant social concerns, and an adult population with much lower education levels. Clearly, this categorization covers very diverse neighborhoods, particularly with respect to racial and ethnic composition and often with large immigrant populations. Chapter Four explicitly discusses "poor, immigrant, and minority communities"; much of the discussion in this chapter also applies to the discussion in Chapter Four regarding specific neighborhood issues that must be addressed in early childhood workforce development.
 - 11 For a description of these four types of capital and the public resources and activities that support them in mainstream society and the gaps that exist in vulnerable neighborhoods, see: Bruner, C., & Chavez, M. (1998). *Getting to the grassroots: Neighborhood organization and mobilization*. Des Moines, IA: Child and Family Policy Center, Center for the Study of Social Policy, and Family Resource Coalition of America. pp. 40-1.
 - 12 Rouse, C., Brooks-Gunn, J., & McLanahan, S. (2004). "Introducing the issue: School readiness: Closing racial and ethnic gaps." *The Future of Children* 15:1. pp. 5-14; Rothstein, R. (2005). *Class and schools*. Washington, DC: Economic Policy Institute.
 - 13 Language acquisition is one of the critical foundations for lifelong learning, and research is clear that children who are exposed to rich vocabularies and expressions throughout their early years are those who build the strongest bases for lifelong learning and educational success. (This does not necessarily mean English vocabulary, although children will need to become fluent in English to succeed in this country's educational system. In fact, there is a value in dual language learning in

the earliest years, and research shows benefits in dual language learning that extend beyond language to other dimensions of school readiness, including mental discipline and control.) The size of a child's vocabulary at the time of school entry is one of the strongest predictors for subsequent educational success and, in particular, reading by third grade. At the same time, and as will be discussed later, the size of the vocabularies and formality of linguistic expression are substantially different among the adult population in vulnerable neighborhoods than more affluent ones, providing less exposure to this language richness for young children. The current care-giving community of child care center workers and family day care providers and kith and kin caregivers, because of both compensation and professional expectation, also has relatively low literacy and language levels. Therefore, building this language-rich environment for young children represents a very important aspect of establishing a school readiness strategy in vulnerable neighborhoods.

¹⁴ This speaks to more than speaking in one's native tongue, for English language learners, or for recognizing and valuing different ethnic cultures. It speaks to understanding what Ruby Payne refers to as "the language of poverty" and understanding and valuing its social register and the values in which it embodies. It means recognizing and using Ebonics and native languages in early care and education and early elementary settings, as Theresa Perry's and Linda Espinosa's analyses suggest. It means expanding the definition of "cultural competence" to an organizational level, where cultural competence within an organization means that most services are provided by well-trained individuals who represent the ethnicity and culture of those they are serving. Payne, Ruby (2001). *A Framework for understanding poverty*. aha! Process, Inc. Highlands, TX. Perry, T. (2003) "Up from the parched earth: Toward a theory of African-American achievement," in Perry, T., Steele, C., & Hilliard III, A. *Young, gifted, and black: Promoting high achievement among African-American students*. Boston, MA: Beacon Press pp. 1-108. Espinosa, L., et. al., (1995), "The impact of bilingual education on the language development of Spanish-speaking children," *Early Childhood Research Quarterly* 10 p. 475-490. Espinosa, L. et. al. (in press), "When learning a second language does not mean losing the first: Bilingual language development in low-income, Spanish-speaking children attending bilingual preschool," *Child Development*.

¹⁵ See Chapter 1.

¹⁶ Johnson, K., & Knitzer, J. (2006). *Early childhood comprehensive systems that spend smarter: Maximizing resources to serve vulnerable children*. Project Thrive. Issue Brief No. 1. National Center for Children in Poverty. New York, New York: Columbia University.

¹⁷ Bruner, C. (2005). *Build at 2 1/2*. Des Moines, IA: Child and Family Policy Center and Build Initiative.

¹⁸ Bruner, C. (2004). *Where have all the young men gone?* Washington, DC: Urban Institute Ex-Offender Initiative. Chapter One shows that there are only 8 African American young men for every 10 African American young women within the highest vulnerability census tracts.

¹⁹ There is some evidence on the effect of neighborhood itself on child outcomes. Children experience poorer outcomes in poor neighborhoods because poor children experience poorer outcomes, but this does not

necessarily mean that residing in a poor neighborhood contributes to these poorer outcomes. Research, however, has shown some neighborhood effect with respect to the presence or absence of a middle or professional class within the neighborhood. The existence of that middle- or professional class has generally been shown to have a mediating effect on child outcomes, with children doing better where there is such a presence, regardless of overall poverty or other neighborhood conditions. Brooks-Gunn, J., Duncan, G. & Aber, L. (eds.) (1997). *Neighborhood poverty: Volume I*. New York: NY: Russell Sage Foundation. This is related to Robert Putnam's research on which communities in Italy rebounded after World War II and which did not, linking the ability to rebuild on the "social capital" that was present. Putnam, R. (1993). *Making democracy work: Civic traditions in modern Italy*. Princeton, NJ: Princeton University Press. Some have talked of a "tipping point" regarding the ability of poor neighborhoods to rebuild, based upon the percentage of the adult population with professional careers. In addition, neighborhood impacts have been identified related to child mental health. Not surprisingly, research has shown that, regardless of parenting capacity and other resiliency factors, children growing up in poor, high crime neighborhoods are more likely to suffer depression and other mental health problems (as are their parents).

²⁰ Most of the studies have been of the general population of child care workers and family day care providers. Steven Barnett, Director of the National Institute for Early Education Research, reports that as many as forty percent of child care givers have limited literacy skills (as measured by no more than an eighth grade reading level). His Institute has placed a special emphasis upon attracting college-educated individuals to preschools, arguing that the most effective preschool teachers have at least a four-year college degree and specialized training in early childhood. Currently, it is estimated that 87% of pre-school teachers in public schools have a B.A. degree, but only 26% of Head Start teachers and 31% to 47% of child care center teachers. Barnett, S. (2003) "Better teachers, better preschools: Student achievement linked to teacher qualifications," *NIEER Policy Brief*. 2.

²¹ Tout, K., Zaslow, M., Papillo, A. & Vandivere S. (2001). *Early care and education: Work support for families and developmental opportunity for children*. Occasional Paper Number 51 of Urban Institute Assessing the New Federalism Project. Washington, DC: Urban Institute.

²² U.S. Census question on participation of 3- to 5-year-olds in preschool.

²³ Dental care often is not thought of as a children's issues. Yet inadequate attention to dental care during the earliest years can lead to tooth and gum disease and deformation, producing considerable pain as well as medical complications, compromising speech development and good nutrition. Pain severely compromises children's ability to learn, and untreated dental issues, even in the earliest and pre-school years, can jeopardize school readiness. American Academy of Pediatric Dentistry website: www.aapd.org.

²⁴ An excellent, and poignant, description of this clash of cultures regarding medical practice is found in: Fadiman, A. (1997). *The spirit catches you and you fall down: A Hmong child, her American doctors, and the collision of two cultures*. New York: Farrar, Straus, and Giroux.

²⁵ In fact, a task force of the American Academy of Pediatrics recommended

a broadening of the definition of pediatric care to incorporate "family pediatrics," as the health of the child, and particularly the very young child, is very much linked to the health of the parents. American Academy of Pediatrics. (2003). *Family Pediatrics: Report of the Task Force on the Family*. Pediatrics (111:6. 1541-1571).

²⁶ For a further discussion of this issue, as well as a variety of examples of exemplary practices, some within very poor neighborhoods, see: State Early Childhood Policy Technical Assistance Network (2003). *Health care and school readiness: The health care community's role in supporting child development -- New approaches and model legislation*. Author, Des Moines, IA.

²⁷ Currently, Medicaid covers 1/3 of all children birth to five in the country, and the percentages probably are double that in vulnerable communities. Current federal restrictions on the use of Medicaid for undocumented children, however, and new policies requiring proof of citizenship or eligibility can create barriers to receiving coverage for children, because of procedural barriers.

²⁸ Xue, Y., Leventhal, T, Brooks-Gunn, J., & Earls, F. (2005). "Neighborhood residence and mental health problems of 5- to 11-year-olds." *Archives of General Psychiatry* 62:5. Pp. 554-563.

²⁹ See: Jeffries, J., Menghraj, S. & Hairston, C. (2001). *Serving incarcerated and ex-offender fathers and their families: A review of the field*. Paper prepared for the U.S. Department of Justice and the Charles Stewart Mott Foundation. Vera Institute, New York, NY.

³⁰ For Cuyahoga County, Ohio (Cleveland and environs), a statistical model projected from several years of child abuse data that 14% of all children in the county would have a confirmed or indicated child abuse report before they reached six years of age. The rates were more than three times greater in Cleveland than in the surrounding suburban jurisdictions and more than four times higher for African American than from White children. Sabol, W, Polousky, E. & Billing, A (2002). *Period life table estimates of the prevalence of age-specific hazard rates of child maltreatment in recent birth cohorts in Cuyahoga County*. Working Paper No. 2002-09-01. Cleveland, OH: Center of Urban Poverty and Social Change, Case Western Reserve University.

³¹ For a discussion of how the child welfare system could better address school readiness issues and for descriptions of a number of promising practices, see: McCart, L., & Bruner, C. with Schene, P. (2003). *Child welfare and school readiness: Making the link for vulnerable children*. Des Moines, IA: State Early Childhood Policy Technical Assistance Network.

³² Makungu Akinyela makes this point in the following way: "While some professional might state that it is not so significant what the ethnicity or culture of the staff is, as long as they are 'culturally competent,' many family support professionals of color believe that the continuation of having key staff positions, particularly administrative and professional staff, filled by whites is a subtle message about the power relationships of the community to the larger society. ... Jerry Tello states that when families of color must depend on authority figures who are not part of their community for so much of their survival, they receive a subtle message that the collective community is not capable of caring for itself and that they must in the end depend upon outside help. On the other

hand, when families see professionals who are from the community and who are caring about the community's issues, the message is that the community is coming together to care for its own." Akinyela, Makungu (1998). *Diversity, Cultural Democracy, and the Family Support Movement: An Abstract*. Family Resource Coalition of America (now Family Support America), Chicago, IL.

³³ See, in particular, the articles by Cahn, Kinney *et.al.*, and Trevino for such new formulations in Bruner, C. *et.al.* (1998). *Wise counsel: Exploring the role of professionals, community workers, and families in the helping process*. Des Moines, IA: National Center for Service Integration.

³⁴ Bruner, C. (2000). *Social services and poor neighborhoods: What we know and what we need to find out*. Des Moines, IA: National Center for Service Integration.

³⁵ This is a paraphrasing of James Comer's conclusion, in his seminal work, that the essential challenge to school reform in poor neighborhoods is "reducing the distance between the culture of the school and the culture of the community." Comer, J. (1980). *School Power*. New York, NY: Free Press.

³⁶ Theresa Perry notes, for instance, that the African American community historically has endured many hardships and sacrifices, including great personal risk, to educate its children. Perry, T. *op. cit.* Many immigrants to the United States have pooled their resources to enable their community's children to gain an education that will help the next generation move into the middle class. In fact, where social mobility has occurred and America has been the "land of opportunity" for immigrant and refugee populations, it largely has been through those immigrant communities banding together and parents working long-hours and saving and sacrificing so their children then can attain an education and credentialing that enables them to move up in the economic world. It is not been through benevolent actions of the larger society to provide those supports.

³⁷ For a further discussion of essential attributes of such centers based upon interviews with a dozen leaders in the field, see: Bruner, C. (2004). *Family support programs: What they produce and what makes them work -- Conversations with leaders in the field*. Des Moines, IA: Child and Family Policy Center and National Center for Service Integration.

³⁸ Schorr, L. with Schorr, D. (1988). *Within our reach: Breaking the cycle of disadvantage*. Random New York, NY: Random House.

³⁹ Best Practices Project (1996). *Guidelines for family support practice*. Chicago, IL: Family Resource Coalition.

⁴⁰ Program evaluations of many social programs, particularly those supporting holistic and ecological approaches, often have provided few definitive research findings, based upon traditional research techniques. Marc Freedman, a leading scholar in the resiliency field, suggests that one reason for this is that the focus of much evaluation is wrong. "They've [the substance abuse prevention field] spent lots of money on program evaluations -- and they never look at relationships, only program content." Benard, B. (April 2000). "Mentoring as the most promising prevention: An interview with Marc Freedman," in Henderson, N., Benard, B. & Sharpe-Light, N. (eds.) *Mentoring for resiliency: Setting up programs for moving youth from "stressed to success"*. San Diego, CA: Resiliency in Action, p. 12. Freedman's own

work can be found in: Freedman, M. (1993) *The kindness of strangers: Reflections on the mentoring movement*. San Francisco, CA: Jossey-Bass, Inc.

⁴¹ Often, human service reform movements have spoken about the need for a “paradigm shift” in helping work from treating the consumer as a “recipient of services” to treating the consumer as a “participant in the process of growth.” The best of programs take this shift a step further, to fostering the consumer as “a contributor to community growth and well-being.” For one program leader’s perspective on this approach, see: Trevino, Y. (1998), “Unleashing Human Capital,” in Bruner, *et.al. Wise counsel: Redefining the role of consumers, professionals, and community workers in the helping process*. Des Moines, IA: National Center for Service Integration. Pp. 75-85. Also in that volume is an article by Edgar Cahn on co-production, through use of time dollars, that has particular significance to resource poor neighborhoods. Cahn, E., “Rebuilding Community: The Co-Production Imperative,” p. 33-40.

Chapter Three

Developing Village Building and School Readiness Strategies: Exemplary Programs and Their Essential Elements

by Charles Bruner and Michelle Stover Wright

At both the state and community level, policy makers are developing school readiness strategies, sometimes with substantial investments of new funds. These efforts often concentrate on a specific program area:

- Strengthening parenting through home visiting and parenting education;
- Expanding pre-school programs (either universally or targeted to low-income children);
- Improving the quality, compensation, and/or qualifications for formal child care providers, particularly centers but also registered home care providers (often through a tiered rating system and professional developmental opportunities); and
- Expanding health insurance coverage for children.

All these investments can contribute to improving school readiness within vulnerable neighborhoods. As Chapter Two warns, however, they also can miss the mark by failing to truly make connections with parents and other residents most intimately involved in young children's lives.

Fortunately, there are a number of exemplary programs, working in vulnerable neighborhoods, that are making these connections and combining service strategies with community-building ones. While diverse in their entry points and service emphases, they share a number of common elements in the way they work with families and in neighborhoods.

This chapter describes seventeen such programs. It loosely categorizes them based upon the school readiness equation. Each is worth examination for replication or adaptation as an individual program, but

each also is worth studying for how they have incorporated community-building elements into their basic way of working with families and in vulnerable neighborhoods.



Prior to more detailed descriptions of each program, this chapter discusses them within the framework of the school readiness equation and describes some of their common elements that help ensure that they serve village building, as well as child developing and school readiness, roles.

Exemplary Programs and the School Readiness Equation

As Chapter Two indicated, all young children need stable, consistent, and nurturing parents; safe and

supportive communities; comprehensive health services; quality, affordable early care and education services; and strong schools that engage and teach them. Young children in vulnerable neighborhoods need these as much as young children in more affluent ones, but building and embedding these services and supports within vulnerable neighborhoods presents additional challenges and opportunities. The programs highlighted under each of the aspects of the ready child equation have been successful in this respect.

Ready Families. Almost universally, parents are passionate about their youngest children and want the very best for them. At the same time, many parents do not have a strong understanding of child development nor are their lives conducive to providing quality time with and developmental opportunities for their children. A large variety of parenting education and home visiting programs have been developed to work with parents to strengthen their parenting skills. The research on such home visiting, parenting education, and family support programs is diverse in its conclusions regarding program effectiveness, as the programs themselves are diverse in their curriculum and in the characteristics of their staff. The latter is particularly important, as the effectiveness of human service programs is known to be very relationship-based. While many such programs focus upon low-income or vulnerable families, most do not involve a specific neighborhood focus. Often, such programs treat families as recipients of service and generally they do not have avenues for families to take on leadership roles and contribute to community growth and well-being.

The programs described later are different in this respect. They build upon parental passion and the

assets parents (and grandparents) bring, with opportunities for parents to contribute their own talents and resources. The **Vaughn Family Center** is a family support center that provides the space, time, and opportunity for families to congregate and provides both services and referrals to services. Its essence, however, is that it draws upon the assets of parents and activates their leadership in contributing to the Center's work and community life. **Allegheny County Family Centers** are a network of centers that provide parenting education and support services but also create the space and opportunity for parent leadership. The Centers are governed by the residents they serve, and parents have become powerful leaders in promoting the Centers in throughout Allegheny County. A number of the Centers explicitly have built their staff from residents in the neighborhood, increasing economic opportunities in the community. The **Edgewood Kinship Support Network** offers support and mutual assistance to grandparents who are raising their grandchildren. A key ingredient to the success of the Network is the ties it established among grandparents and the assistance and support they can offer one another. Evaluations of the Network show impressive results in keeping these kinship families intact. Hawaii's **Play+Learn Groups** offer structured times for family, friend, and neighbor caregivers to meet with the children in their care and receive information and resources to support child learning. Play+Learn Groups draw upon participants for their talents in maintenance and expansion. Many families rely upon family, friend, and neighbor (or kith and kin) care for their young children, but most programs for children do not include this extended family in their planning. Strengthening families means supporting family members close to young children, including grandparents as well as parents, and drawing upon all the resources available to young children.

These four programs all move beyond a narrow definition of families and a focus upon families as simply in need of services. They work with families to help build community supports for children and families that extend much beyond the families they directly engage.

Ready Communities. There are many community organizations, networks, businesses, and institutions that touch the lives of young children and families. These include faith institutions, libraries, grocery stores, museums, and park and recreation programs – where people “play,” “pay,” and “pray.” They include police and health departments and city services. Since each of these touches the lives of young children and families, each has an opportunity to support and strengthen young children’s safety and development. This does not mean that the grocer becomes a child development specialist or that the park and recreation programs stops serving youth to concentrate on young children. Rather, it means that such businesses and programs make room for young children and take the opportunity to be additional sources of developmental support in what they already do. Often, community awareness and attention to an issue can have a declarative impact. Community leaders that make park restoration and clean-up a high profile objective can unleash volunteer activities and community spirit that produces results far beyond what the parks and recreation department could achieve alone. A community focus upon reducing teen pregnancy can produce results through public awareness that extend beyond any programs put in place for that purpose.

The **Free to Grow** National Initiative set a goal of developing community-based strategies to reduce young children’s vulnerability to child abuse, substance abuse, and other high risk behaviors.

Building upon Head Start programs, the Initiative created community collaboratives that involved both traditional and non-traditional partners, including law enforcement, housing, and business – to change the way staff and agencies supported and engaged families. The result in many communities included both gains to individual families and gains at the community level in terms of changed norms regarding alcohol and drug use and an increased array of new normative supports and activities for young children. The **Baltimore Leadership in Action (BLAP)** program constituted an intensive strategic planning process supported by community leaders and involving a diverse set of both neighborhood leaders and community organizations to improve kindergarten readiness. Maryland’s kindergarten assessment system showed large gaps in kindergarten readiness by community and neighborhood. The BLAP program not only developed implementable recommendations to strengthen formal early learning programs but also unleashed the creativity of neighborhood leaders and community institutions in using current resources in new ways to support young children and their families. The neighborhoods and communities now have a focus upon improving school readiness and tracking progress toward that end, with an improvement in Baltimore’s kindergarten assessment scores of 28% in the first year alone. **Middle Country Family Place Library** is the flagship library in a network of more than 200 libraries nationally that have established themselves as hubs for family programs and activities, with a particular emphasis upon the healthy development of young children. The library provides a nexus for families to become involved and for families and staff to continually create activities and events that promote early literacy and meet family needs. Each of these three diverse efforts share common themes of heightening overall community awareness of the early

learning years and creating the opportunity for people, programs, and institutions to become involved. This, in turn, has created new space, places, and activities within neighborhoods and communities that support young children and their families in healthy development, in a voluntary and inclusive way.

Ready Health Services. Before they enter school, the one place that virtually all children are seen at least on an annual basis is at a health practitioner's office. This may be for a well-child visit or to address a specific injury or illness, but it represents an opportunity to do at least an initial screening of the child and a connection to what the child and family may need to help in the child's development. The national Reach Out and Read Initiative (not described in detail here) has seen this position as an opportunity to promote early literacy by practitioners actually providing parents with age-appropriate books at such visits. Children's health needs and opportunities are different from those of adults. Simply put, while it is appropriate to speak of "health maintenance" among adults, health services for young children need to promote "healthy development." Medical care plays a small (but critical) role in this healthy development, but health practitioners can help parents by providing information on young children's health and development (anticipatory guidance) and can refer and connect parents to other community resources that support this development. This applies to social and emotional development as well as physical development. The Commonwealth Fund, in particular, has promoted pediatric practices that can strengthen practitioners in their early identification of possible child development concerns and, as importantly, go the next step to link parents and their young children with appropriate community resources to support them.

Connecticut's **Help Me Grow** program starts by training pediatric practitioners to ask parents of young children, "Do you have any questions about how your child is growing, developing, or behaving." This simple question often elicits unexpected responses from parents that create opportunities for both identifying and addressing child development concerns. The Help Me Grow program goes beyond identifying such needs to following up and linking families with appropriate neighborhood and community supports, through care coordinators and a community health liaison. Help Me Grow has identified and helped strengthen a wide variety of neighborhood resources. In many instances, Help Me Grow plays a critical role in linking families to parent-to-parent support groups, often organized around child health and development concerns. A large share of presenting parental concerns deal with issues of child behavior and discipline, often contributing to additional parental stress. Help Me Grow has been successful in finding supports that not only address immediate child developmental needs but strengthen the cohesion of the families as nurturers of their children. The **East End Community Partnership with Families** is a multi-organizational partnership committed to the healthy development of children and families in Richmond, Virginia, with the anchor partner the Vernon J. Harris Medical Center. The Medical Center, a community health center, has recognized the health of its patients is dependent upon the health of the community and has fostered partnerships and actions that extend far beyond medical care. Families who come to the Vernon J. Harris Medical Center are likely to be linked to a variety of other neighborhood resources and programs, many of them established through the volunteer leadership of community residents. In addition to providing high quality health services, the Medical

Center supports community building. The East End Community Partnership with Families provides a vehicle for continued engagement of residents and a voice for those residents in shaping a broad range of services in the community. Both Help Me Grow and the East End Community Partnership with Families take a whole child and whole family approach to health and use medical visits as an entry point to engaging and supporting young children and their families.

Ready Early Care & Education Services. By the time they enter school, most children have spent a portion of their time in some formal child care setting – a child care center, a Head Start or other pre-school program, or a family day care home. In many instances, parents need these early care and education services because they are working. While less formal family, friend, and neighbor care (see Ready Families section and the Play+Learn program) is most widely used and often most preferred, particularly when children are very young, early care and education services represent critical services for many families of young children. Families, in both vulnerable neighborhoods and more affluent ones, often struggle to find dependable and affordable care arrangements. National studies show that what parents can afford to pay for such care, even with subsidy programs, results in very low compensation for care providers and workers. Even on providing basic elements of care, a large portion of such care in the country is considered “mediocre” or “poor.” At the same time, by virtue of its low pay and low formal skill expectations, child care workers often live in vulnerable neighborhoods. Improving their skills and compensation can have a dual benefit of supporting child development and

community economic life. The issues and opportunities in strengthening the early care and education workforce are covered in much more detail in Chapter Four. This chapter highlights some exemplary programs – including those involving centers, home care providers, and worker development – that have worked effectively in vulnerable neighborhoods both the strengthen caregiving and support village building.

Children of the Rainbow and Fairfax-San Anselmo Children’s Center are two exemplary child care centers that have missions that extend well beyond providing child care. Their core approach, even as they started as individual centers, was to serve the families in their neighborhoods. Keeping with this mission, they were strategic in working with parents and neighborhood residents in building out their programs. Both have established high quality centers, with skilled staff and strong developmentally-appropriate curricula, within the neighborhoods they serve (which meet the vulnerability definitions described in Chapter One). They also have become hubs for a variety of other programs and activities, building upon the skills and passion of the people in their neighborhoods. Both are largely staffed from within the neighborhood, offering jobs and career development opportunities that contribute to community development. By doing so, they also match the culture and language of their community; and both have worked to include male staff as a critical, but often missing, component in both child care and in community attention to young child development. The **Florence Crittendon Services’ Peer Mentorship Program** and the **Rochester Family Child Care Satellite System** represent different but complementary approaches to supporting and strengthening home care providers through establishing support networks. The Florence

Crittendon Services' Peer Mentorship Program uses peer mentors to engage and support family home child care providers within the many different ethnic communities in San Francisco. These networks offer support systems as well as training, professional, and business development assistance. The Rochester Family Child Care Satellite System provides support to over 550 family child care homes and offers a range of services to them. Both enlist mentors and providers to set the overall direction for their networks and draw upon the assets of the members to support one another. The **Mississippi Blueprint for Quality** represents an avenue for child care staff, many with a high school diploma or less, to obtain a Director Credential for operating child care centers. The training programs that constitute the Blueprint for Quality are consistent with early learning standards and help improve child care quality while creating professional development opportunities for workers. As with the other exemplary early care and education programs, participation offers leadership development opportunities that have given greater voice to people working with and in vulnerable neighborhoods and communities.

Ready Schools. The first National Education Goal stressed that, as children must be ready for schools, schools also must be ready for children. Schools have the opportunity to be community centers within their neighborhoods and communities that engage and involve parents and young children even before children enter kindergarten. Increasingly, schools are seen as having an important role in the transition of children into kindergarten, including direct involvement with young children and their families in school-related activities and connections with child care and pre-school programs to help ensure alignment of learning standards and expectations. In addition, the

early elementary years (K-3) are viewed as critical to children's long-term educational success, with reading by the end of third grade a sentinel measure of future academic achievement.

The **Fruit Valley School Readiness Transition Plan** was developed in Vancouver, Washington as part of Fruit Valley's elementary school community learning center. Drawing upon parent volunteers, Fruit Valley school staff, and the Family Resource Center at the learning center, the Fruit Valley transition plan includes a series of year-round activities for young children and their families that facilitates their transition into kindergarten. By the time children enter school, they and their parents already are involved in school life, and the work not only ensures a successful transition into kindergarten but helps ensure parental involvement in the elementary grades. Recognizing that school absences often represent an "early warning" of school difficulties, the **Multnomah County School Attendance Initiative** in Oregon developed a non-punitive, strength-based and culturally appropriate approach to helping elementary students maintain regular attendance. At the first sign of absenteeism, the Initiative contacts families and staff are prepared to provide a diverse array of services to address any issues that are cause for that absenteeism. The Initiative has been successful both at reducing absenteeism and engaging both children and their families in school activities. Under the No Child Left Behind Act, students in "non-performing schools" have the opportunity to participate in additional educational services to improve their academic performance. While not a direct school initiative, **Youth Education for Tomorrow (YET) Centers** in Philadelphia have taken on this charge, operated through a group of community and faith-based organizations to provide after school programs that

provide literacy instruction and support families. YET programs work because they are embedded in the community, offer culturally-relevant yet high quality instruction, are seen as fun and exciting by the students, and give parents a choice. While each of the highlighted programs is different, each takes a community approach to education that involves parents in their children’s learning. Fruit Valley and Multnomah County, in particular, expand the role of schools beyond instruction to being a community resource for engagement and learning.

Elements of Effective Practice within Exemplary Programs

There is a broad range of emphases and objectives within the seventeen programs described above. Each, however, has proved successful in engaging young children and their families, operating in some of the most vulnerable neighborhoods in the country. As a foundation, each program has made a commitment to provide specific quality services within its domain of work and expertise – whether that is health care, early care and education, counseling and parent education, or elementary education instruction. As important, however, each program is guided by some common underlying principles that have embedded the program within the community its serves and helped ensure that the program builds community as well as provides specific services.

The following elements, in particular, help distinguish these programs as exemplary and contributing to village-building, as well as child development, success:

- **Creative and persistent outreach:** Programs stress grassroots outreach through a variety of strategies, including where people “play,” “pray,” and “pay.” They recognize that, for families who have been

disappointed by service systems in the past and have become socially isolated, there need to be multiple contacts made. Outreach itself requires trust-building with people who have too often been marginalized by mainstream service systems.

- **Affinity-based engagement:** Programs seek to engage people where their passions are and where they feel most comfortable and able to relate to others. This may be based upon participants’ existing connections with a faith institution or neighborhood-based organization or through a common connection or affinity or identity, such as that of grandparents raising children or family home care providers meeting the challenges of entrepreneurship.
- **Focus upon assets and reciprocity:** Being asset-based means that people’s assets not only are identified, but they are drawn upon and used. Programs have high expectations for their participants that involve immediate contributions of time and talent, based upon participant assets. There are multiple opportunities for participants to give back by doing what they do best.
- **Activation of new leadership:** While some programs have developed formal leadership training curricula and activities (largely at the request of participants), they all create spaces and opportunities for participants to take on leadership roles, generally with strong back-up support. They create opportunities within their own programs for participants to assume leadership roles, and they frequently advocate within the community for additional leadership positions for residents.
- **Commitment to equity:** Institutional as well as personal racism threatens healthy child development and community well-being. Programs take an inclusive focus in all their work and actions and do not tolerate racial stereotyping within their

| STAFF | PARTICIPANT | DESCRIPTION |
|-----------------------------------|-----------------------------|---|
| asset-based approach | reciprocity | Staff recognize and work to build upon family strengths. Participants reciprocate by using their assets to help others and the community. |
| facilitated networking | mutual assistance | Staff facilitate participant groups and support development of affinity-based networks. Networks and groups provide support to one another and community. |
| individual tailoring of services | personal responsibility | Staff work with participants and respond to individual needs in providing services. Participants take personal responsibility for addressing family needs. |
| passionate skilled staff | activated parent leadership | Staff are passionate and skilled in what they do, with expertise in program areas. Participants assume leadership roles and build skills, often leading to new roles and careers. |
| mutual accountability for success | | Both staff and participants hold themselves accountable for their roles in personal and community growth and success. |
| partnership | ownership | Staff partner with families, including planning activities and services. Participants take ownership and make commitment for sustaining the program. |
| cultural congruence | embrace diversity | Staff reflect the culture of the community they serve and value diversity and inclusion (race, gender, disability, sexual orientation, age). Participants advocate for inclusion and model that behavior with family and community. |
| commitment to equity | | Achieving equity and eliminating “isms” is embedded in the work. |
| family focus | whole family involvement | Staff maintain a family focus and an environment that is welcoming to all family members. Families strengthen their involvement with their (and others’) children and with other families. |
| community embeddedness | focus on building community | Staff are connected to the community as more than a place to work. Participants act to strengthen and build their community. |

programs. They seek to strengthen cross-cultural understanding while respecting the culture, language, and backgrounds of those they serve.

- **Emphasis upon natural supports:** While programs involve and engage the professional service community and recognize that participants may need professional services, they also recognize that “it takes a village to raise a child” does not mean “a multi-disciplinary team of professionals to raise a child.” They reach out to and encourage voluntary and civic involvement and seek to strengthen informal ties and contacts, again with a strong emphasis upon mutual assistance and peer support.
- **Inclusiveness of community:** Everyone is part of the solution. Programs find roles for a wide variety of institutions within the community, including faith institutions, business, and law enforcement. Again, a principle in engaging civic and institutional leaders is to seek from them what they do best.
- **Mutual accountability for success:** Programs not only are committed to relationship-building, they also are committed to improving the success of

young children and their families in their communities. This includes attention to the impacts of the actions they take, with a “can do” orientation that provides for continuous learning and adaptation to get results. Accountability for success is not managed through a top-down structure but is jointly shared with a spirit that, when things are getting the desired results, everyone pitches in to make adaptations or changes that will get those results.

At the heart of incorporating these elements into practice is creating strong bonds between program staff and the families and children they support. Visually, the underlying structure of these programs, or their DNA, can be represented as the bonds and ties between the two separate but interconnected strands of a DNA molecule: the worker and the participating family. The visual representation of this DNA molecule describes the specific roles that pertain to both staff and participant in this child development and village-building work.

Ready Families

Vaughn Family Center

The early morning aromas of coffee, herbal tea, and warm Mexican sweet bread beckon parents into the Vaughn Family Center, and each person is warmly greeted when he or she arrives – to drop off children at school, to volunteer and organize, or to stop for a moment of respite in their day.

Housed at the Vaughn Elementary School in Pacoima, California, the Vaughn Family Center is guided by the underlying belief that everyone in the community, especially parents, possesses inherent brilliance and

yearns to share that brilliance, particularly in supporting the health growth and development of their children.

“Above all, we are here to unleash the human spirit,” says Yoland Trevino, Executive Director of the Center from 1992 to 1997. “How can we be successful if we do not draw upon the talents of everyone who enters the Center, when our Center, our community, and our children have so many needs for help and support?” Yoland’s and her staff’s implicit role was to match the talents of community members with community needs, from small to large.

At the outset, Yoland saw reciprocity and mutual assistance as keys to child well-being and development in the poor, immigrant, and very racially diverse community. She also knew that residents had that innate talent – and she cultivated leaders within the community to take on community issues, large and small. (This extended to management and direction of Vaughn Family Center itself, where she mentored community resident leaders to take over her Director position.)

As a result, the Vaughn Family Center serves as a hub for a variety of community-building activities, most initiated and led by parents and supported by VFC staff and a large share focused upon young children and their safe and healthy development. These include parent and child support groups and classes, but they go much beyond traditional conceptions of imparting knowledge about child development and support.

The VFC Community Bridges program developed to strengthen cultural relations – through parents opening their own homes for meetings with parents from diverse backgrounds to share their respective cultures and traditions. These gatherings culminated with a cultural celebration and monthly multicultural activities at the school cafeteria.

Healthy Beginnings involves promotoras (lay health workers) offering information and support to pregnant women, through home visiting and invitations to participate in other VFC activities.

The Service Exchange Bank represents a tool for participants to be recognized for their volunteer work by receiving credit that they can exchange for services and volunteer activities provided by other participants. The Exchange Bank maintains an active list of service

opportunities that participants can undertake – from child care, to helping a senior member of the community with yard work, to tutoring, to organizing a community event. This “Time Dollar” mechanism has provided an important acknowledgement of the contributions that participants make to the Vaughn Family Center and their community, as well as meeting community needs and helping to ensure that all participants find ways to participate.

While VFC works with service professionals in the community, it is not primarily about services or about identification and referral, as many community-based programs serving families with young children have become. It takes a village to raise a child, and Vaughn Family Center provides a critical nexus – of space, time, opportunity, and encouragement – for members of that village to take on that critical role.

Allegheny County Family Centers

Allegheny County (Pittsburgh and its surrounding communities in Pennsylvania) has some of the richest and some of the poorest neighborhoods in the country. In the early 1990's, an unusual partnership developed between county government, the Office of Child Development of the University of Pittsburgh (providing technical assistance and research and evaluation support), and residents in some of the poorest Allegheny County neighborhoods. This partnership resulted in the development of over thirty Family Centers designed explicitly to support families in their roles as their children's “first and most important teacher.” In the goal of developing more preventive services that could avert the need for child protective service and foster care interventions, the County provided funding for these Centers to offer the critical services needed to help parents prepare their

children ages 0-5 for school, such as child development screenings and activities, parenting programs, referrals to other services, as well as being simply places where parents with young children could go to get support. Importantly, parents and other community members formed the governance of each of these Centers, to the point of determining what community-based organization would serve in the fiduciary role of managing the Center.

Several of the Centers explicitly determined that all staff within their Centers would be from the community. As the thirty Centers have developed, new leadership emerged – from the governance boards, from parent participants at the Centers, and from community-based staff. Parent leaders across the Centers have organized and themselves have become powerful advocates for continuation and expansion of Family Centers, as well as for monitoring and evaluation that leads to continuous improvement in Center operations. Most of the Centers provide parenting education and support classes and do outreach activities and home visiting. An overall tracking, technical assistance, and evaluation infrastructure has been developed to ensure that best practices are followed. While each Center retains its own individuality, the network of Centers helps ensure overall quality, as well as ensuring that “great ideas” are transferred across programs and that staff and participants can draw support in their own community and with peers and colleagues in other Allegheny County communities.

Edgewood Kinship Support Network and KinStart

Sandra, of East Palo Alto, has been raising her four grandsons since 1992. Until she was introduced to the Kinship Support Network, she didn't know that her

neighbor across the street and another woman she had known for decades also were raising their grandchildren. They now are part of her support network, providing respite and help for one another, planning and doing joint outings with their children, and simply meeting and sharing day-to-day experiences and ideas. “Just like I look forward to going to church on Sundays, I look forward to Kinship meetings on Fridays,” Sandra explains. It has become a new and important part of the village that supports her in raising her grandsons.

In San Francisco, one in every six children is being raised by a grandparent or relative, with as many as one in five of these arrangements fragile enough that, without support, they will dissolve and the children will be forced into foster care.

The Edgewood Center for Children and Families began to provide Kinship Support Network services in San Francisco County in 1991 and in San Mateo County in 1999, to provide support to grandparents and other elders raising their relatives' children, primarily through weekly support groups for caregivers and respite outings for their children.

The Kinship Support Network works with community and faith-based organizations in both the identification of kin families and the provision of services and supports to them. These services and supports include: Paraprofessional community workers who make contacts with and visit caregivers in their homes; Organized peer support groups, which enable kin families to provide mutual support and assistance; Education programs and guidance in navigating the education and other service systems, which include parenting education that is contoured to the often older population of grandparents raising a second

generation of children; Respite and recreation programs, which offer supervised activities for both older and younger children and free families to pursue their own agendas; and Tutoring, counseling and referral services, which involve professional staff providing tutoring and counseling to children and screening and referring children and families for medical, dental, and other needs.

The community workers are paid, professional staff. When the Network began the community workers were often kin caregivers themselves with similar life experiences as the clients they served. The most important trait of these workers was and is their ability to empathize with and support other kin parents, with energy and a positive attitude that “knows no strangers.” As the program expanded and the required documentation and services increased the requirements for the position changed and currently all are BA level employees although one current group facilitator staff is a relative caregiver. The Edgewood Center provides training and ongoing supervision and support for these community workers. Community workers are grounded in their work by a set of goals: providing for the tangible needs of the family, ensuring children are safe and protected, and preserving the family. Often, community worker activities first involve helping kin caregivers address tangible needs and navigate service systems, but they usually also extend to providing personal support and linking with others in the community. In particular, many of the kinship parents have significant health issues (including diabetes, hypertension, and physical restrictions of activity) that the Network has helped to better address and manage. A primary part of the community worker role is to help the family identify a larger support network of their own so that a dependence on the workers does not develop and to

help empower and educate caregivers about raising children.

The Stuart Foundation has supported the Kinship Support Network and its overall evaluation. In 2002-03, 674 families (with 1,121 children) were served by the Network and only 2% were moved into foster care. Prior to the program, only 78% of kinship families remained stable during a year and many children had to be placed into foster care. As promising as these statistics are to the role of the Kinship Support Network in family preservation and placement reduction, they only tell a small part of the story. The fuller impact is that the children and grandchildren are part of a broader network of support that is much more stable and able to respond to meet children’s developmental and educational needs.

While the Kinship Support Network program serves some families with young children, the Network’s KinStart program focuses exclusively on relative caregivers with children 0-5 years of age. The aim of KinStart is to increase the sense of community presence and support in some underserved neighborhoods as well as assist caregivers and foster parents with parenting children 0-5 while connecting them with services focused on the younger age group. These goals are addressed through a variety of programming and services including: Case Management for families adjusting to their new roles as caregivers.

Meet and Eats Program which take place in neighborhood based community centers. Caregivers learn about developmentally appropriate practices and parenting techniques while socializing and building a support system with other caregivers. A 40-minute play group is followed by a 40-minute parent

education/support group while the children share a meal separately to aid in socialization skills development. Nurses provide developmental assessments and referrals if milestones are missed. An advisory group is in place made up of parents who then are able to provide formal feedback regarding the program.

The KinStart program attempts, through the recruitment of bi-lingual group facilitators, to address the needs of a culturally and linguistically diverse population. There is also a focus on recruiting and serving children with special needs as they represent a significant proportion of children in foster care.

Play + Learn Groups

Children learn through everything they do, but especially in their play – with their parents, with other groups, and with other adults. Adult learning is also a hands-on affair, through sharing experiences and trying out new things.

Hawaii's Play + Learn Groups create the space and opportunity for children to engage in structured play and learning activities, for parents to share experiences and learn from one another, and for parents and children themselves to play together.

Typically, Play + Learn groups bring parents, grandparents and/or family children care providers and

their children together one or two mornings a week for two or three hours of informal play activities. Usually, this includes a brief circle time for children as well as a discussion time for adults. Supported by the Good Beginnings Alliance of Hawaii, Play + Learn groups now operate in multiple settings and within the multiple cultures of Hawaii.

While there is no single structure or curriculum for Play + Learn groups, the Good Beginnings Alliance has developed training manual that provides guidance on developing a Play + Learn group, along with a wealth of ideas for learning activities that can be incorporated into group activities.

Initially, developing Play + Learn groups requires creative and persistent outreach to families and an overall organizational leader and home for the efforts. An important feature of Play + Learn groups is the early identification of community leaders. Leaders are self-identified parents and caregivers from the groups who express an interest in taking a leadership role. They are invited to assume these roles on a gradual basis and eventually to participate in a Leaders-in-Training program. Adult leaders graduating from the program become a critical force in supporting and educating other parents and caregivers, sharing information, leading Play + Learn groups, and advocating for children. They become a powerful voice for children in the community.

Ready Communities

Free to Grow

- Family and community strengthening as key to assuring healthy child development

- Non-traditional partners (law enforcement, schools, housing authority, business) as contributors to community strengthening
- Reaching all families in the community as a

realizable and synergistic goal

- Building on existing organizational operations as a means to strengthen and support families
- Head Start and its parents as lead partners in mental health realization and substance abuse prevention.

These are the lessons learned from the national Free to Grow National Initiative supported by the Robert Wood Johnson and Doris Duke Foundations, the U.S. Department of Justice, National Head Start, and Columbia and Wake Forest Universities. Operating in 15 sites throughout the country and building upon Head Start programs, the Free to Grow Initiative represented a comprehensive approach to reduce young children's vulnerability to child abuse and neglect and to substance abuse and other high risk behaviors. Free to Grow focused upon changing the way staff and agencies support and engage families by bringing families and institutions together to leverage community-wide change.

Much of this was achieved through joint planning, drawing upon the research base on risk and protective factors. One key feature of Free to Grow was that it required the involvement of law enforcement and schools as well as supporting the involvement of a wide variety of community partners.

The results in communities included stronger collaborations across service systems and with schools and law enforcement in supporting young children and their families, with a new relationships established in most communities with a variety of voluntary support systems, including faith institutions, civic groups, and peer networks. The impacts that Free to Grow helped achieve were both at the individual family level (improved family management practices, reduced social isolation, increased entry into mental health and

substance abuse treatment programs where needed, improved linkages to schools, and greater parental leadership and advocacy in the community) and the community level (changes in norms regarding alcohol and drug use, greater community cohesion and support for families, and an increased array of activities and supports for young children at schools, in recreational settings, and in other community institutions).

One key to the success of Free to Grow was its emphasis upon building learning organizations, which involved organizations learning from the families they served and placing families in learning roles. Families successfully transitioned from leadership roles in Head Start to broader leadership roles within the community, which helped achieve the goal of touching the lives of all the young children and their families in the community. Head Start itself provided the critical base of initial support, and Free to Grow showed how, through partnering with schools and law enforcement and other community institutions, Head Start and its parent leaders could strengthen community protective factors and serve strong village-building roles.

Baltimore Leadership in Action Program (BLAP)

Maryland's kindergarten assessment system showed that a very significant share of children statewide starting kindergarten were behind on at least one dimension of school readiness. In Baltimore, however, the rates were significantly worse, with as few as one in three children starting kindergarten fully prepared. Moreover, assessments of children starting kindergarten in some inner-city schools were, in many instances, even lower.

Maryland's universal kindergarten assessment system

created information that showed, in measurable ways, the gap in school readiness faced at the neighborhood, city, and state level. It presented a challenge to the city that included but extended beyond the school system. The city took on that challenge.

Through a broad-based forty member committee involving residents, civic and governmental leaders, and providers, the Baltimore Leadership in Action Program (BLAP) took action. First, the committee digested the kindergarten assessment information and developed a results-based approach to identifying key factors leading to the assessment scores and evidenced-based strategies that could affect them. Rather than hide or dismiss the assessment information, BLAP used it publicly to create an awareness for and commitment to change – at the state, city, and neighborhood level.

Further, everyone was asked to contribute and take on leadership roles. Arts and culture groups and museums and galleries contributed by offering new opportunities for young children and their families to participate in existing art and culture activities. Resident leaders in inner-city neighborhoods providing information about kindergarten readiness within their neighborhoods and hosted block parties for parents, offering tips to help them get their children ready. Churches, synagogues, and mosques activated their congregations in support of school readiness, both spreading the word within their congregations and offering new programs for congregation members with young children. Businesses joined in to support BLAP, donating space in their facilities and joining in the public education and mobilization campaign.

While there were changes to formal services and child care and pre-school providers and advocates were involved in BLAP, the major thrust was upon activating

the broader community. “When leaders become aware of the need and are asked to be involved and help promote a solution,” Deitre Epps, one of the leaders of BLAP explained, “they come up with ideas. We took the tact that everyone can contribute to achieving school readiness for all children, but each person or organization may have a different role to play. We asked them to do what they do best, which resulted in a number of activities that we could not have anticipated when BLAP began or if we took a traditional, provider approach to the issue. BLAP created community spirit, at the neighborhood and city level, that enabled us to make great strides for our children.”

While results from BLAP are preliminary, they are impressive. Kindergarten assessment scores improved throughout Maryland (in part as a result of a statewide Maryland Leadership in Action Program), but they went up even more dramatically during the first year of BLAP implementation in Baltimore, by 28%. While there is still work to do, the ownership of the issue is now with the community as well as with the providers and the schools. “We have a growing team of grassroots and civic leaders we can call on for help,” Deitre Epps. “They are committed for the long haul.”

Middle Country Public Library’s Family Place Library

April 3, 2006 Activity Calendar

- Early Childhood Room Fun 9:30am & 11am
- Mothers’ Center Meeting 10 am
- Drop-in Mother Goose 11:30
- Stories Just for Me 1pm
- Craft Surprise 2pm
- Child Health Plus Sign-up 5pm -8:30 pm
- Flashing Fingers Sign Language Club 5:30-6:30 pm
- Pajama Story time 7 -8 pm

- Silly Magician 6-8pm
- Teen Craft Night 6-9 pm

This calendar of activities for the Middle Country Public Library is typical of its daily activities for families. Located in Centereach, NY, Middle Country Public Library is the originator and national model for Family Place Libraries™. A joint project of the Middle Country Public Library and the Americans for Libraries Council, Family Place builds on the knowledge that good health, early learning, parental involvement and supportive communities play a critical role in the growth and development of young children.

Comprised of a network of more than 200 libraries in 25 states nationwide, Family Place librarians believe that literacy begins at birth and that libraries can help build healthy communities by nourishing healthy families. Hallmarks of the Family Place model are:

- **The parent/child workshop**, a five-week program for kids ages 1-3 and their caregivers that features toys and books and art activities for kids, as well as professionals from community agencies who can answer caregivers' questions about their children;
- **Outreach** to families and caregivers;
- A multimedia early-childhood collection that includes age appropriate books, videos, toys and computers;
- A **multimedia parenting collection** for parents, caregivers and early childhood professionals;
- A **specially designed welcoming space** on the public floor for very young children and families; and
- A **Family Place coalition** of local leaders and related professionals who work in collaboration with the library to advocate for and help develop a comprehensive approach to family support within

the community.

As the national model, the Middle County Family Place Library has developed its set of activities and resources over more than a decade, established in large measure through shared best practices, partnerships and interdisciplinary trainings with local, state and national organizations serving young children and families. The library has constructed a specially designated area in the Children's Room that serves as the locus of information and resources for parents, caregivers and family serving professionals.

This includes a wide variety of resources and materials: (1) Parents Collection (comprehensive multimedia collection for parents, caregivers and professionals addressing all aspects of parenting and family life, child development, health and nutrition, education, recreation and travel, discipline, disabilities and special health conditions, and child care; (2) free Hospital Kits targeted to parents of children entering the hospital; (3) free Infant kits for all expectant and new parents; (4) free Early Intervention Family Resource Kits to help parents who are concerned about their young child's development or who know that their young child has some type of disability or developmental delay and; (5) circulating themed Project Link Story time Kits, available in large canvas bags or plastic tubs and designed to assist child care providers in centers and family child care homes, nursery schools, and preschools create play and learning plans and activities around over twenty different themes of interest to young children. In addition to resources, the Family Place Library conducts a large array of programs, including programs for parents and for parents/caregivers and children together. The Family Place library also maintains a one-stop information center for professionals serving children and families the

Suffolk Family Education Clearinghouse.

Key to Family Place's success is its ability to network with and enlist the support of a variety of parents, professionals, and community leaders, organized through the 1500 member Suffolk Coalition for Parents and Children. The Coalition conducts bi-monthly information sharing and networking meetings, but operates through a variety of ad hoc working groups to address emerging issues and opportunities. Much of the development of the extensive resources at Middle Country's Family Place has been developed through collaborations with Coalition member organizations. Examples of services offered at the library through collaborations include an immunization clinic providing free childhood immunizations at the library twice a month, bi-weekly registration for Child and Family Health Plus medical insurance, a Family Center, staffed by a part-time social worker to provide additional support to meet individual family needs, and a drop-in parent support group.

Accessible seven days and five evenings per week, the specially designed Family Place space provides a sense of community belonging for young families, promotes parent child bonding through interactive early learning activities beginning at birth and empowers parents to

be their child's first teacher. With the multitude of information about early brain development and the importance of the first three years, parents and caregivers may be anxious and confused about how to prepare their young children for eventual school success. Through their early childhood family programs, parent education and support programs, resource collections, welcoming spaces with learning environments, and specially trained staff, Family Place libraries serve as bridges between research and application; and librarians serve as middlemen bringing information from the scientific community to parents and caregivers.

The growth of Middle Country's Family Place Libraries initiative has been organic, with strong leadership from the library that continuously incorporates good ideas and the expertise and support of new partners from the community. Family Place not only serves a broad and diverse array of parents and care providers with its programs, but it believes it has a larger reach as well. Even if new parents have not yet come into the Family Place library, they almost certainly will be in contact with someone who has, and who shares resources and supports with them. The community culture toward learning and literacy has been strengthened and new partners have joined to spread information and support.

Ready Health Services

Help Me Grow

"Do you have questions about how your child is learning, behaving, or developing?"

Asked in the pediatric practitioner's office, that simple inquiry often elicits a flood of questions that parents

want to ask about caring for their young child. Further, pediatric visits for young children (0-5) often are the only place that parents may be asked this question by a professional who can follow-up with guidance and support.

The Connecticut Help Me Grow program has developed a structured program that increases the

likelihood both for pediatric practitioners to ask this question and for there to be effective follow-up and referral to community resources to match parents and their children with services that address their child's developmental needs.

Help Me Grow has three core components to produce this result:

1. *Training and support of child health providers in developmental surveillance.* One key to the success of Help Me Grow is that pediatric practitioners conduct "developmental surveillance" as a part of their practice. Asking the question, "Do you have questions about how your child is learning, behaving, or developing?" is one way to open discussions about a child's development. Getting practitioners to ask this question and follow-up on the responses parents give, however, requires both training and support. Help Me Grow has developed a short, but structured training session for practitioners that can be used in private practices, clinics, and health centers that offers a variety of tools for practitioners to use in detecting potential developmental issues in the young children they serve. With this training, Help Me Grow also provides practitioners with resources for use in the office, including posters and brochures describing the Help Me Grow program and how to contact it and a prescription pad for physicians to make referrals to Help Me Grow.
2. *Help Me Grow Care Coordinators.* The second core component of Help Me Grow is the care coordinator, who follows-up on practitioner referrals or direct family contacts (often made as a result of practitioner referrals). These care coordinators talk by phone with parents to further
3. *Child Development Community Liaisons.* The third core component of Help Me Grow is the child development community liaison, who works closely with the care coordinators in identifying and matching services. The liaisons work to continuously build the comprehensive community resources inventory that care coordinators use in their work and also serve as consultants to the care

determine parental concerns and needs and then draw upon a continuously developing database of community providers to match parents with services they may need. Clearly, the federal IDEA program, including Part C, represents one important referral and connection, but many children who may not be eligible for Part C because of age or identified concern still benefit from developmental health services. On average, care coordinators make up to a dozen calls following contact with the practitioner and family in finding a service match (the amount of time in locating appropriate services is one reason that pediatric practitioners themselves do not generally do this work). While referrals may be for additional medically-related services, many relate to parenting education and support services, including peer support and mutual assistance groups. Help Me Grow has found that, in most instances, there are services that parents can access that can provide real help, but finding them for an individual family takes initiative and time to discover. The care coordinators also play the critically important role of providing information back to the pediatric practitioner on the services that have been matched (so practitioners have that record for the next pediatric visit), and conducting follow-up calls with the families to ensure that they have followed-up on the referral.

coordinators on specific cases, in researching for resources that can address specific needs. In addition, the liaisons are on-the-ground resources and networkers across the service-providing community, hosting semi-monthly breakfasts for community providers to: (1) receive guidance and specific information on selected developmental issues, (2) broaden the Help Me Grow referral system, and (3) identify and fill gaps in services identified both by Help Me Grow and by the community providers.

The Help Me Grow program has a strong research and continuous learning component, one that also is fundamental to its success. While Help Me Grow has found that most families can receive help to support their child's development, their work with practitioners and parents also identifies specific gaps in the current system that need to be filled. Help Me Grow has developed a strong, computerized data system that enables it to categorize developmental concerns and resources, provide for timely reporting back to practitioners and parents, and maintain a "tickler system" to ensure that referrals actually occur.

Keys to the success of Help Me Grow are:

- Strong connections to the pediatric practitioner community, established by recognizing the constraints that practitioners face in their practice and the resources and information most helpful to them;
- Skilled care coordinators, recruited, selected, and trained to be able to perform their roles effectively;
- Skilled child development community liaisons, also recruited, selected, and trained to be able to perform their roles effectively; and
- Overall supervision and support from the Children's

Trust Fund of Connecticut that has established a learning community across all parts of the Help Me Grow system.

Help Me Grow has developed a large variety of tools and resources for adaptation by other sites, including:

- A training powerpoint for pediatric practitioners, resource materials for pediatric offices, and prescription pads for referrals to Help Me Grow
- Strategies, based on the taxonomy developed by the Info Line of Los Angeles, for categorizing and maintaining information about community service providers
- Information on the client tracking system, including a forthcoming coding manual and a list of codes, used by staff to collect data on callers (the database, known as DOCS – Database of Children – is an Access-based product)
- Job descriptions and work plans for both care coordinators and child developmental community liaisons
- Experience on developing a toll-free line that is integrated with 211 and other information services to create a seamless system for getting to the care coordinator for inquiries about developmental health concerns

Help Me Grow has found that many of the matches it makes for parents are with programs that exist in the community and do not charge fees (particularly those involving parent support groups) and with non-programmatic resources like faith institutions. While this description has emphasized the pediatric practitioner as the starting point for referrals, the Connecticut Help Me Grow program is accessible to parents, other community resources such as child care providers, and child welfare workers as well as

pediatric practitioners.

Vernon J. Harris Community Health Center and The East End Partnership with Families

East End Partnership Vision: A community of choice that is vibrant, economically sound, safe, contains good schools and great housing stock, and is a great place to live, work, recreate, and worship.

Although the vision for the East End Partnership does not specifically mention health or medical care, the Vernon J. Harris Community Health Center in Richmond, Virginia is the anchor partner in the partnership. The Vernon J. Harris Community Health Center provides quality medical services to Richmond children and families who otherwise could not afford care. At the same time, the Center takes a true “whole child and whole family” approach to supporting healthy development in children and maintaining good health in families, serving as a hub and connecting link for families in the community to a variety of services and supports. The Center recognizes that ensuring good health involves meeting a range of family needs--securing housing or rent assistance, supporting kinship caregivers and providing summer day camp opportunities for youth.

That is the reason the Center is the anchor partner in the comprehensive neighborhood system of care collaborative, the East End Partnership with Families. This involves a partnership across 10 agencies – one that meets families where they are and offers services and supports that they need. A full-time Care Coordinator also provides case management to the most vulnerable families, ensuring that they connect with the agencies they are referred to for services. In addition, Miss Annie Giles, the founder of the Parent Resource Network (one of the 10 community

partners), is tireless in promoting the program and

making sure people feel welcome coming to the Center and participating in activities available through all the partners. People who use program services are encouraged to become mentors for others.

Central to the East End Partnership with Families success is a comprehensive assessment and client tracking system that involves a common intake and web-based referral system starting at the Vernon J. Harris Community Health Center. This assessment not only identifies needs but helps ensure children and families know about and become involved in partner services, which include:

- Vernon Harris Health Center: medical care, dental services, community outreach and assessment
- Parent Resource Network: outreach and education, advocacy, kinship care support group, single parents support group, teen “girl talk”
- Memorial Child Guidance: community-based mental health, school-based mental health, preventive services
- Family Resource Center: computer training, job search, walker-talker outreach, food pantry, clothes closet
- Challenge Discovery: youth drug abuse counseling, violence prevention
- Teen Center: grief counseling, after-school programming, summer day camp
- Families First/Healthy Families Richmond: case management, parent support groups, prenatal and nutritional information, child development education, Raising a Reader program, male mentoring program
- East District Initiative: government services, employment counseling, child care training, community organization training, board development training.

- East Team Board
- Youth Matters

Thanks to the energy of its staff and the enlistment of participating families in identifying and taking on new challenges and opportunities, the East End Partnership with Families is very entrepreneurial, as well, always with an eye to developing new services. The most recent additions are a mental health peer counseling program for young women and a health and nutrition program to address the growing problem of obesity in

both families and children.

Each new addition, however, remains true to the holistic and whole child and family approach of the Partnership. The nutritionist who is building the health and nutrition program, for instance, doesn't stop with providing nutritional counseling and materials regarding nutrition. She conducts meetings at playgrounds and organizes trips to grocery stores to provide tools for parents to eat well on even a very tight budget, as most of the participating families are low-income.

Ready Health Services

Children of the Rainbow

Mission: to create social change by giving people of all ages the tools they need to transform their destiny and to encourage economic development as a way to build self-reliant communities.

That may seem like an uncharacteristic mission for a pair of child care centers, but Children of the Rainbow is an uncharacteristic organization. While it provides high quality child care for three hundred children in two centers, Children of the Rainbow is much more than a child care provider. Founded by Gale Walker, once a welfare mother, it is based upon supporting families in supporting their children and their communities.

A majority of staff are parents of participating children or are community residents. From the beginning, Children of the Rainbow has trained and hired neighbors, thereby helping to build financial resources and workforce skills in the community. As a result, staff have strong connections both to the centers and to other families who use the centers. Hiring local

residents helps ensure that staff speak the children's language, are part of their home culture, and build strong and trusting bonds with parents. Male staff often play an important role in enlisting fathers as well as mothers in activities. A staff development plan is created for each staff member that can lead to higher-level employment both inside and outside the center.

In addition to providing child care (from as early as 5:00 a.m. to as late as 1:00 a.m., to meet family work needs), Children of the Rainbow truly focuses upon supporting families, meeting their needs, and fostering parent leadership. It sponsors a wide variety of opportunities for families to come together – potlucks, workshops, jazz performances, and a weekly “Friday Night Live” activity session. In addition, Children of the Rainbow does individual family assessments, operates a Parents as Teachers program, and works with community service organizations to address other family needs. All these contribute to a sense of connectedness and spirit where children and their parents thrive.

As importantly, and also the result of Gale Walker's

leadership, Children of the Rainbow works collaboratively with the Bronze Triangle Community Development Corporation (CDC). The Bronze Triangle CDC is resident-led and promotes neighborhood business development, home ownership, and neighborhood beautification. “Families want good child care for their children,” Gale stresses, “but that is only a piece of what they want for their children and their community. We are here to help parents and children, by supporting them in working together to create that larger vision—a strong community.”

Fairfax-San Anselmo Children’s Center

“My son loves the Children’s Center,” said Shannell, a single mother of a four-year-old son [representational depiction and not actual participant]. “I love it too; he has two young men on the staff that relate to him as an energetic, African American boy. It helps him to better understand and explore his role.”

The Fairfax-San Anselmo Children’s Center in Marin County, California provides quality child care to 150 children from 3 months to 10 years of age in infant and toddler, pre-school, and after-school classrooms. But the Children’s Center goes beyond the provision of high quality, developmentally appropriate care to also reach out to and support the parents of the children, through regular activities, workshops, classes, and support groups. Most of these are based upon the requests heard from parents themselves, with a particular focus upon helping parents achieve economic self-sufficiency. A parent leadership committee meets monthly to plan activities for Center families, and the Center has become a community hub.

One of these activities is a monthly breakfast attended by all men who are involved in the lives of children

who participate. Fathers and children eat together; then the men do work around the center, have discussions, and plan such activities as the Center’s annual camping trip. The Center uses the “Becoming a Father” publication, written by the Center’s former director, Stan Seiderman. The Center has eight to nine male staff that both provide care for children and help fathers feel more comfortable at the center.

Including fathers and male nurturers has brought unexpected benefits. Not only does it provide additional role models for children and help fathers develop stronger attachments to their children, it also brings new resources to the Center. Fathers end up doing some of the ‘heavy lifting’ chores around the Center, and they also go out as spokespersons in the community supporting the Center and advocating for father involvement. They plan and supervise athletic events for both boys and girls that broadens the types of activities that are available for children. Program directors see the father engagement strategies as integral to their program, ensuring a truly holistic approach to children’s development.

Florence Crittendon Services’ Peer Mentorship Program

Milagros Acosta began as a volunteer at her daughter’s elementary school. After five years as a paraprofessional there, she felt that children weren’t being prepared for school and in 1993 opened Ebenezer family child care out of her home in the Mission District. In 1999 she became a leader of the Hispanic Childcare Providers Network. When Angela Siharath first arrived in San Francisco from a mountain home in Laos in 1976, she experienced culture shock and stayed inside her house for the first six months. After working in electronics for several years to

support her family, she started Angela's family childcare in 1989. Her experiences led her to establish the Citywide Asian Childcare Provider Network that same year, starting with three members, and now serving 120 providers. Before entering the childcare field, Renee Underwood was a registered nurse and mother of twins. Unable to find quality care for them, she opened a family childcare home and has operated Ideal Family Childcare since 1983. She is now one of the leaders of the African American Provider Network. Carmen Maldonado has provided family based childcare for twenty-seven years and is leader of the Hispanic Child Care Provider Network in the Excelsior District. Feeling strongly about the need for increased professional development classes and training, she successfully lobbied San Francisco City College to offer unit bearing courses in Spanish and recruited providers to fill them. Ruth Jackson began her career in early childhood as a paraprofessional in the San Francisco Unified School District. Seeing the need for safe, quality child care, she opened Polly's family childcare upon retiring from the district. Her program also serves as a family support center, bringing resources to low-income families that they need to survive. Recognizing the unmet need of support for the providers in her community, she founded the African American Provider Network in 2001.

While from diverse backgrounds, each of these five women share a common vision for young children. In addition, each is a natural leader and knows no strangers in her community, able to reach out to, work with, and appreciate and build upon the assets of a wide range of people.

The Peer Mentorship program did not create these special individuals nor their talents, and much of the work the women now do they would have done

without the Peer Mentorship program. What the Peer Mentorship Program has done, however, is to identify and enlist them in a more intentional, formal, and concerted mentoring effort to reach out to other home childcare providers.

Each of these five peer mentors receives a stipend for ten hours a month of time in mentoring and supporting other caregivers. Each is responsible for conducting a monthly two-hour group mentoring meeting for interested providers that enables childcare providers to get together, gain information from one another and a program, and feel part of a group. In addition, the peer mentors provide one-on-one assistance to family childcare providers on a variety of issues – some involving the entrepreneurial skills in running a business, some in responding to new requirements and opportunities from the regulated child care industry, some in providing training and guidance in developmental practices, and some in linking providers to supports and resources available to them.

The Peer Mentorship program has coordinated and built upon the work of these natural leaders, providing tools and systems of supports (emotional, informational, professional, and evaluative) to them. The five peer mentors themselves meet regularly with the project supervisor at Florence Crittenton Services to strategize on how best to support the growing network of licensed family care providers, who provide over one-quarter of the subsidized child care in San Francisco, and how to be most efficient and effective in their own mentoring.

As the California and San Francisco child care system has grown more complex – with a range of professional development opportunities and

requirements, pre-school for all and infant toddler programs, a number of different reimbursement systems, tiered rating with potential future tiered reimbursement systems – the Peer Mentorship program plays an essential role in helping childcare providers adapt and informing the development of these systems. For instance, the pre-school for all programming and funding is technically available for family childcare providers, but carries with it additional requirements that – without substantial information and help – most family childcare providers will not achieve. The Peer Mentorship program is facilitating family childcare providers in making these changes and taking advantage of the new funding opportunity, while at the same time informing preschool for all administrators about program development practices that are inclusive of family child care, both of which help ensure that families have choices in pre-school experiences.

As importantly, the Peer Mentorship program has supported the development and financial sustainability of quality family childcare programs that meet the diverse language and cultural needs of the community. The Peer Mentorship program is part networking, part professional development, and part community building. Its leaders contend that almost all communities have natural leaders who already are mentors of other providers, at least on an informal basis. The critical value added of the Peer Mentorship program is that it enables these natural leaders to be more concerted and organized in their work, to learn from one another, and to broaden their reach.

The key to the Peer Mentorship program is both a project leader to identify and support the peer mentors and do intentional planning and follow-up and the stipends and professional development support

available to the peer mentors that enable them to take the time to do the outreach, mentoring and continue building their leadership capacity.

Rochester Family Child Care Satellite System

Carmen cares for five neighborhood children as well as her own son, with ages ranging from two to five. She easily could be overwhelmed by the task, but she regards it as a joy, in large measure because she gets regular support in planning her weekly "curriculum" of developmental activities for her children, and, with the help of a parent or her sister, can take them on periodic, sponsored field trips with other children and family child care providers. These supports come through the Rochester Family Child Care Satellite System, which also provided her help in record-keeping and financial management of her child care business.

Over the last quarter century, a family child care satellite system has been developed in Rochester, New York, that now provides support services to over 550 family child care homes in low-income neighborhoods there. Three family child care satellite programs, each affiliated with a child care center, were established in the 1980s and operated independently for a number of years in helping to support family child care homes. As their individual programs grew, they undertook some collaborative projects in the 1990s, and five years ago created an overall coordinator to develop and manage joint projects under an overall satellite system, located in and administered by the Rochester Childfirst Network.

Through this coordination, the Satellite System has been able to:

- Offer family child care providers reimbursements to

help cover the cost of medical insurance, disability insurance, and preparation of their income tax;

- Cover the cost of field trips to educational sites (previously cost-prohibitive to those providers);
- Provide screening services for children with suspected developmental delays;
- Provide free classes on and assistance with financial record-keeping;
- Develop a partnership with the Rochester Museum & Science Center Science
- Linkages to promote science, math, technology and language in child care settings;
- Help family child care providers participate in a lead hazard repair program in cooperation with the National Center for Healthy Housing,
- Enterprise Foundation and Neighborhood Housing Services; and
- Participate in a program development and evaluation initiative with Cornell University involving bi-weekly one-on-one home visiting of providers over a twelve month period coupled with monthly facilitated peer support groups.

A Provider Advisory Board meets monthly to evaluate the system's projects and make recommendations. The individual satellite programs continue to administer the CACFP food program and offer orientation, training, and hands-on help to providers in their programs. Both regulated and regulation-exempt (kith and kin) providers can be part of the program.

One of the keys to the success of the Family Child Care Satellite System is that it takes a family support approach to its work. The Advisory Board helps set the overall direction for the system's work. Staff remember and recognize providers' birthdays, and know the providers' children and grandchildren. The Satellite System helps providers both in their role as

entrepreneurs and small business managers and their role as care providers and child developers. In all of its work, the system remembers the personal as well as the professional side of family child care, establishing supportive relationships that include direct one-on-one counseling, group meetings and peer activities.

The emphasis upon being consumer-driven has led to the growth of the system to its current size. Family child care providers recognize that it supports and values them and providers serve as the primary ambassadors in recruiting new members.

Inclusive, Practice-Based Professional Development for Early Childhood Teachers and Care Givers – Mississippi Blueprint for Quality and Director Credential

Mae Brown never dreamed that, as a single mother who struggled to complete her GED, she would be regarded as a child development specialist and professional in her state. She indicated that completing the Director Credential represented the toughest, but most important, thing she ever did and opened doors to her that otherwise would have remained shut. She has become a leader in her community on young children's issues, a consultant to the schools and local government on ensuring that all children are healthy and prepared to succeed in school.

Recognizing the need to improve the quality of its child care – in both family home care and center-based care settings – Mississippi established a Director Credential in 1995 that required rigorous job-specific training but that was open to care providers with any educational background. The 135-hour job-specific training program that Mae Brown completed is a strength-based model that provides participants with

opportunities for the practical application of early child development into practice. Research on the program has shown that care providers who complete the training develop higher levels of performance in providing strong early learning environments for the children in their care. A three-year renewal process ensures continued professional development and quality improvement.

The Director Credential has proved to be equally successful in improving care giving and instruction with participants who have only high school educational backgrounds and those with bachelor's degrees or higher. Although rigorous, over 1500 Mississippians have earned the Director Credential. Of these, almost 45% have a high school diploma or less, 30% have some college or an associate degree, and 25% have a college diploma or above. Reflective of Mississippi's population of young children, 60% of those with a Director Credential are Black.

As it has developed and as research has shown it to be successful in improving early childhood care and instruction, Mississippi has incorporated the Director Credential into its tiered reimbursement scale, with licensed centers with a Credentialed Director paid at a

higher rate. The Director Credential itself meets the licensing standards regarding director qualifications of child care centers. An advisory council comprised of Credentialed Directors continues to guide the development of the credential training program, performance standards, early learning guidelines, and a variety of other strength-based training programs. This also has created opportunities for leadership development within the Credentialed Director community.

These training programs all stress the value of teachers-care givers establishing a curriculum for their programs consistent with early learning standards, maintaining a strong early learning environment, and supporting parents as their children's first teachers.

The Director Credential and the companion training programs fit together into what has been called a "Blueprint for Quality." This Blueprint for Quality offers a rigorous, inclusive practice-based approach to early childhood professional development that has been particularly successful with limited-education care givers and has opened new doors for them to serve in Director capacities in licensed centers and leaders in their communities.

Ready Schools

Fruit Valley School Readiness Transition Plan

"There were plenty of reasons to dismiss the Fruit Valley neighborhood as a withering relic," commented a 2004 editorial in The Columbian newspaper. "People were moving out of the old homes and buildings were becoming empty and dilapidated. Today, though, Fruit Valley has a new school and Community Learning Center ... and a new community spirit."

From World War II until 2002, Fruit Valley Elementary School served students in an industrial and agricultural part of Vancouver, Washington. In 1990, the community faced a severe economic downturn when, one by one, more than a dozen well-known companies closed their doors or down-sized their work forces. Fruit Valley became one of the poorest and most dislocated neighborhoods in the city. The school district reacted to this dilemma by reaching

out to the future. Working with hundreds of citizens, businesses, government agencies, and community organizations, the Vancouver district made the deliberate decision to entirely revamp Fruit Valley's curriculum, teaching methods, and facilities in order to prepare its students for the emerging global economy.

In 1997, the Fruit Valley Neighborhood Association, parents, students, and community members joined school district leaders and Fruit Valley School staff members in an extensive planning and facility design symposium to discuss the educational and social service needs of the community. This "Imagineering" process was the start of a five-year effort to design and open a new facility that would help to anchor a low-income immigrant community. The new Fruit Valley Community Learning Center was designed to be a "catalyst for change in an economically depressed neighborhood." In addition to being an elementary school (pre-K–5), Fruit Valley has a child-care facility, a Head Start program, and a Family Resource Center, which includes a food pantry and clothes closet. Other partners with the school are an on-site family resource coordinator to assist parents with job searches, resume preparation, and emergency needs.

Both through a parent survey and focus groups, the Fruit Valley Community Learning Center also recognized that it could play an expanded role in helping children get ready for school. Parents wanted more information on how to prepare their children for kindergarten, and elementary school teachers recognized the value of additional connections and how the schools could be better prepared for incoming kindergartners and their parents.

Aided by the support of the Family Resource Center,

parent volunteers, and Fruit Valley school staff, Fruit Valley has developed a series of year-round activities to facilitate kindergarten transition:

- Jump Start Kindergarten (August), an opportunity for kindergarten-eligible children to attend a two-week pre-kindergarten session
- Preschool packets (monthly), packets containing activities and worksheets for four- and five-year olds
- Kindergarten Round-up (May), a session for families with incoming kindergarten students to learn about schools, register, and get information and have their questions answered
- Back to School BBQ (prior to first day of school), an open house to meet the kindergarten teacher in a family-friendly celebration setting
- Read & Play Story time (weekly, year-round), a sixty-minute story telling session for children birth to five and their families, with a parent educator and librarian providing support
- Literacy Kits (weekly, year-round), kits available at the Learning Center for check-out, filled with toys and activities with a literacy-based theme
- Family Nights (1-3 times a year), pre-school children and their families attend family nights, with family activities and parent sponsorship and leadership
- Family Resource Center (year-round), a center with access to the internet, a food bank and clothes closet, and a coordinator to provide assistance and referral
- School Supplies Drive (September), a community drive to ensure that all children have the school supplies they need, supporting limited-resource families who otherwise may not be able to provide all the supplies themselves.

The school transition activities represent a parent

engagement and volunteer recruitment strategy that also helps to support the Fruit Valley Community Learning Center in its continued parent involvement through the elementary grades. Kindergarten teachers report that young children come to school even more eager than before, with parents more assured of their own role in their children's education and more eager to volunteer in other school activities and events.

Multnomah County School Attendance Initiative

Jeffrey [representational depiction and not actual student] scored very highly on his third grade composite tests, reading at a sixth grade level. That might not have been the case if, two years ago, the Multnomah County school didn't notice that Jeffrey was missing a good deal of school. Working with Jeffrey's parents, the school identified some additional tutoring needs that, when accessed, made Jeffrey eager rather than resistant to going to school, feigning illness and even injury.

The Multnomah County School Attendance Initiative (SAI) is a non-punitive, strength-based and culturally appropriate approach to help students maintain regular attendance through an "early warning" and response strategy with families. Recognizing that school attendance is key to school success in the elementary grades, the district developed the SAI to focus on K-8 students showing signs of attendance issues. Each week, each school receives a printout of students who have missed three or more days of school the previous week, with principals selecting students from this list for a referral to SAI. Once a referral is made, SAI outreach staff make a home visit or telephone the home to find out the reasons for nonattendance and offer services and referrals to other programs to help families address barriers to attendance. One-quarter of the referrals come from kindergarten or first grade,

which SAI staff believe is key to getting an early start on issues.

Because SAI recognizes that families have multiple needs and issues, the staff provide a diverse array of services, including: mentoring, tutoring, medical assessment, and parent education (especially around negotiating immigration and social service agencies). Staff members may bring a culturally specific service provider into the support network for families, after the initial visit.

SAI has documented the main issues affecting attendance as chronic health problems (which sometimes can be effectively addressed by additional health services), educational needs (such as a special assessment, IEP, or tutoring), behavior needs, and parenting skill needs. SAI has developed effective and individualized strategies for each. The results from SAI have been impressive. Attendance for all referred students improved by 11% after intervention. At the time of referral, only 4% of students were attending school 90% of the time; but this rose to 36% as a result of SAI.

After-School and Summer Literacy Programs – Youth Education for Tomorrow (YET) Centers

After school, eight-year-old John and his friends are writing poetry and giggling under the supervision of a reading expert. They are part of a growing number of students across the nation participating in Youth Education for Tomorrow (YET) Centers.

Under the No Child Left Behind Act (NCLB), students in "non-performing schools" have the opportunity for additional educational services to improve their academic performance. These can be operated by the

schools or by nonprofit service providers, and parents can choose a program for their children, provided they are state-approved supplemental services providers.

In 2000, twenty-three Youth Education for Tomorrow (YET) Centers were established as after-school and summer literacy programs for children from a number of Philadelphia's schools. The YET Centers are operated by a group of community and faith-based organizations, under the direction of Public/Private Ventures through a grant from Pew Charitable Trusts. Through YET Centers, students receive extra assistance in reading through a research-based program that has served over 7,300 children and raised their reading scores by an average of 1.3 grade levels for students who attended at least ninety days. Public/Private Ventures has now expanded its literacy assistance to reach more than 425 after-school classrooms in 11 cities.

Initially funded by foundation and federal support, three-fourths of these centers have now completed applications and received approval as supplemental services providers, meaning they can draw down funds from the school district for their instruction.

The YET Centers provide literacy instruction for an hour and one-half each day, four or five days per week. Centers follow a daily schedule of activities, varying with age, grade and reading level. The program model for YET includes the following components:

- Read aloud: Teachers read library-recommended materials to start the session;
- Shout out: Teachers pose questions or topics related to the reading and encouraging children to “shout out” responses;
- Writing: Students engage in writing activities using the balanced literacy writing components, including

poetry;

- Word works: Reading games are used to teach students specific skills;
- Independent reading: Teachers oversee silent reading, the longest component section in time (35 to 50 minutes), for elementary grades employing the 100 Book Challenge; and
- Assessment: Students are assessed three times a year to determine reading progress and make adjustments for individualized instruction.

P/PV provides start-up training and assistance to non-profit and faith-based organizations interested in YET Center development. P/PV assigns each center with a literacy coach, providing onsite technical assistance on a monthly basis. P/PV also has conducted the overall assessment of YET Centers and assists organizations in securing approval as supplemental services providers.

The YET Centers have created new opportunities for nonprofit and faith-based organizations to reach out to and connect with parents and children. These non-profit and faith-based organizations play key roles in outreach to parents of students who may be struggling academically, parents who themselves may be intimidated by or ambivalent about their children's schools. They form an important “bridge to learning” that, at its best, also engages the parents in supporting the YET Centers and doing additional recruitment of students. In some instances, new relationships between nonprofit organizations and elementary schools have also been possible.

In communities across the country, YET Centers are playing an important supportive role in activating parents' engagement in their children's educational success.

The programs themselves deserve to be highlighted and adapted in more communities, but these attributes also can and should be incorporated into existing programs and practices serving young children and their families. Even very small scale new programs or practices can benefit from examining these exemplary programs for their fundamental “way of doing business in the community” and finding ways to build some of these attributes or elements into their work.

Chapter Four

Developing a Skilled, Ethnically and Linguistically Diverse Early Childhood Workforce

adapted from *Getting Ready for Quality: The Critical Importance of Developing and Supporting a Skilled, Ethnically and Linguistically Diverse Early Childhood Workforce*

Introduction¹

Helping children enter schools “ready to learn” is a prominent focus of national, state, and local initiatives and policies throughout the United States. Most school readiness efforts share an explicit commitment to reducing the disproportionately poor educational outcomes experienced by low-income and cultural and linguistic minority children and families.

While these poor educational outcomes in large measure are the consequence of poverty and its impact upon health and family security, blocked economic opportunity, and environment², many of these efforts to improve school readiness for low-income and cultural and linguistic minority children have focused on providing additional pre-school and child development opportunities.

In part, this is because research shows that offering high quality early childhood and school readiness programs can improve educational outcomes for low-income and cultural and linguistic minority children.³ Half of the educational achievement gap between poor and non-poor children already is evident at the time they enter kindergarten.⁴ At the same time, there has been insufficient attention provided to developing these high quality early childhood and school readiness programs with a specific focus upon the culture, language, and ethnicity of the children and families being served. To do so requires attention to all of the following:

- Redefining what is quality care and education in a culturally and linguistically diverse society;
- Promoting diversity and inclusion of ethnic, cultural, and language diverse educators in the workforce; and
- Improving the working conditions and professional status for all early childhood educators, with special attention given to providing appropriate career ladders and opportunities to educators within low-income, immigrant, and minority communities.

Such attention is critically important at this time, when many states and communities are developing new standards for child care and creating new pre-school programs. Color-blind approaches simply will not produce the gains that are needed to close the gaps that children in poor, immigrant, and minorities communities experience at the time of school entry.⁵

This chapter discusses each of these three needs in more detail and concludes with a set of policy recommendations. First, however, it provides a brief description of the current status of the early childhood workforce, in the context of the children being served.

Where are we Now? Current Demographics of the Early Childhood Workforce and the Children and Communities Being Served

While the United States has always been a diverse society, recent waves of immigration, especially from Latin America, Asia, Eastern Europe, the Middle East,

the Caribbean and Africa have made it even more so. Nearly 41% of the entire child population in the United States is of Latino, Asian, or African American/African descent. By 2020, the percent of ethnic, cultural, and language minority children is projected to grow to 47%.⁶ Nationwide, one out of five school-aged children now lives in an immigrant family.

Over the past two decades, the percentage of school-aged children speaking languages other than English at home has nearly doubled. One child in ten is now an English Language Learner.⁷ Further, young children represent the most diverse part of the U.S. population. According to the 2000 census, 41.5% of children under 6 are Hispanic and/or of a race other than White; which compares with 30.4% of the working age (18-64) population and 16.4% of the retirement age (65+) population.⁸ As the Appendix shows, these children also disproportionately live in the country's poorest and most vulnerable neighborhoods.

Data on the demographics of the current early childhood workforce (see chart) show that child care workers are fairly reflective of the young child population. That holds considerably less well for preschool and kindergarten teachers, however, and much less well for elementary and secondary teachers.

Unfortunately, the Bureau of Labor Statistics does not break out preschool and kindergarten teachers separately, so preschool teacher information is mixed with kindergarten teacher information. Currently, the preschool category includes teachers who may or may not have early childhood teaching credentials. Some preschool teachers, particularly those employed by schools, have such credentials and are paid at a level fairly comparable to kindergarten and elementary

schools. Others, including those employed by Head Start and other nonprofit preschools, are much less likely to have formal, post-secondary early childhood education degrees or to receive salaries much above those for child care workers. In general, as compensation and credentialing expectations increase, the proportion of minority teachers goes down substantially.

Further, many public preschool programs are designed to serve low-income children, where the proportion of racial and ethnic minorities is much higher. As the Chart shows, while two in five young children are non-white or Hispanic, two in three poor children are non-white or Hispanic. Studies of state pre-school programs have shown a substantial mismatch between the ethnicity of the professionally-trained teaching force and that of the students served. For example, a recent survey of state administrators of early childhood programs concluded that the lack of Latino or

Ethnicity of Early Childhood and K-12 Workforce in the United States in Relation to the Child Population

| | White, Non-Hispanic | African American | Latino | Asian/Other |
|---------------------------------------|---------------------|------------------|--------|-------------|
| child care workers | 63.9% | 15.5% | 18.1% | 2.5% |
| preschool/ kindergarten teachers | 71.9% | 14.7% | 10.4% | 3.0% |
| elementary and middle school teachers | 82.1% | 9.6% | 5.9% | 2.4% |
| 0-5 population | 58.5% | 14.7% | 19.2% | 7.5% |
| 6-12 population | 61.0% | 15.6% | 16.7% | 6.7% |
| 0-5 population under 100% poverty | 33.4% | 29.0% | 30.1% | 7.5% |

bilingual teachers is one of the most urgent challenges in serving the Latino population.⁹ Data specific to practitioners working with infants and toddlers show that this group of caregivers appears to be most reflective of the children served. Early Head Start, for example, has done an exemplary job of hiring staff that mirror the ethnicity and language background of the children served. Like their clientele, Early Head Start child development staff are 42% White, 27% African American, 21% Latino, 3% Native American, and 3% Asian or Pacific Islander. Twenty-three percent (23%) are proficient in a language other than English, a number comparable to the percentage of children speaking a language other than English in the home.

Children between the ages of 0-2 not enrolled in Early Head Start also may be more likely to have culturally and ethnically congruent care, as they are more likely to use family or relative care than center-based care. At least 26% of infants and toddlers (versus 14% of preschoolers) spend time in a family child care home and 46% (versus 27% of preschoolers) are cared for by relatives and neighbors (both paid and unpaid).¹⁰ Often located in the same neighborhood and connected by social networks, anecdotal information suggests that family child care providers as well as kith and kin caregivers generally reflect the ethnic and linguistic background of children and their families, especially in low-income communities. Relative care (which is by definition reflective of a child's family and culture) is especially common among African Americans and Latinos.¹¹

At the same time, these caregivers often face the same economic and educational challenges that the parents of the children in their care do. The compensation they receive, either through child care subsidies or direct payments, rarely provides sufficient economic support

to get above poverty level wages.¹²

Meanwhile, the more formally-skilled, credentialed, and better-compensated early childhood workforce is both much less diverse and currently in very short supply. It is estimated today that 27,778 preschool teachers have college degrees.¹³ Research frequently is cited that the best way to assure quality in preschool programs is to require a college degree (preferably in early childhood education) for all lead pre-school teachers.¹⁴ Assuming that the United States offered a voluntary universal preschool program serving 95% of all four year olds today, experts estimate this country will need a total of 200,556 preschool teachers, more than 8 times the current supply of those with degrees. A movement toward requiring all lead preschool teachers to hold or obtain BA degrees in early education will require explicit and concerted attention to supporting the participation of low-income, non-traditional, culturally and linguistically diverse students in order to produce a new workforce. It also will require explicit attention to providing education that ensures cultural appreciation and competency for all persons receiving that education, as discussed in the next section.

Defining High Quality Early Childhood Education in a Diverse Society

Quality early childhood education and school readiness programming includes the following commonly accepted elements:

- Skilled and effective teachers who are sensitive and responsive to children and know how to build upon children's emerging understandings and skills.
- Low teacher-child ratios and appropriate group sizes.
- Age-appropriate practice and curriculum that

supports all aspects of children’s development – cognitive, physical, social and emotional – and capitalizes upon children’s natural curiosity and the many ways in which children learn.

- Engaged parents and families who are integrated into the overall program and regularly informed about their children’s progress and developments.
- Well-designed facilities that, at a minimum, protect the health and safety of children and staff.
- Incorporation of the child’s home language and culture into program practices both with children and their parents.
- Access (through referral or on-site provision) to comprehensive services designed to ensure children and families can obtain other essential supports, including medical and dental care, social services, and, in some cases, developmental screenings.

In a diverse society, each of these needs to be examined through multiple cultural lenses that acknowledge and accept different customs and cultural norms and values. Quality needs to be defined in terms of its cultural competence within each of these elements.

Skilled and effective teachers. Early childhood staff of all backgrounds need strong early childhood development skills. In addition, they need professional development explicitly aimed at helping them understand and address issues related to diverse racial, cultural, and linguistic experiences and their impact on the development of young children and families. Unfortunately, many programs and practitioners engage with their children in practices that only reflect the values and norms of the dominant Anglo-European Christian culture.¹⁵ For example, staff typically speak English and act in accordance with dominant cultural practices, such as using verbal versus non-verbal cues to give directions and engaging in activities that

emphasize individual versus collective action and responsibility. Parental involvement is valued when it occurs in “standard” ways that reflect the Anglo/European worldview of such involvement. Customs from the dominant culture routinely are recognized and incorporated into programming, often with minimal recognition and incorporation of customs from other cultures.

Practices and the curriculum must respect and reflect the child and family’s home culture by using and adapting teaching strategies that are compatible with the child and family’s home-life and context of everyday activity. The curriculum must create a safe, affirming learning environment that respects and recognizes the key role of a child’s culture and language to the child’s social-emotional and identity development, and supports young children in bridging across and integrating home and school contexts.¹⁶

Regardless of the teacher’s own cultural, language, and racial background, developing skilled and effective teachers requires explicit training, professional development, and monitoring and supervision overtly geared to understanding differences in child development practices across culture and language and how to incorporate those differences into effective practice.

Age Appropriate Practice. Working effectively with young children starts with countering the widely accepted myth that young children are “color-blind.” Children can and do see differences at a very young age. Noticing differences is normal. The challenge is that, as children grow older, their attitudes about the human differences they observe all too quickly begin to reflect adult prejudices that exist in their world. Studies have shown that by the time children are three,

they already are beginning to respond differently to people of varying skin color and other racial clues.¹⁷

Teachers need to recognize that they have a tremendous impact on how young people interpret and react to the differences they notice between people and that this is part of a child's development process. Helping young children recognize such differences and value differences and diversity needs to be reflected in practice and curriculum. Children notice if adults speak disparagingly or positively about people of other backgrounds. When adults ignore or appear troubled by a child's cues of interest in this area, they may convey that the child has stumbled upon something potentially unspeakable or worrisome.¹⁸ Professional development should provide teachers of all racial, ethnic, and language backgrounds with skills to help minority children, in particular, develop a positive sense of self-identity and combat the development of biased attitudes among all children. While children are young, teachers have an unparalleled opportunity to teach them to value differences and ensure that they do not perceive themselves or others as less valued because of a difference.¹⁹

Engaged Parents and Families. Outcomes for young children cannot be separated from family origins and circumstances. Family members provide the earliest and closest relationships that children have with adults and they serve as the primary system for promoting children's physical, social, emotional and cognitive development.

Different cultures have different roles for family members, with the dominant Anglo/European culture generally assuming that there is a nuclear family that provides the primary care for the children and therefore acting accordingly regarding family involvement strategies. At the same time, many other cultures stress extended families and place particular

importance on the role of elders and the grandmothers in child-raising. Child care programs which provide messages that reach out only to mothers and fathers may exclude a very important part of the child's family network and culture.

In addition to the different roles individual family members play, it also is necessary to recognize cultural differences in the expectations family members have in the education of their children and their involvement with teachers. This is best achieved when families contribute their knowledge and expertise and staff work with them to incorporate practices that recognize different customs and cultures that support child development. This means that programs and staff must be equipped to:

- Reach out to families across differences in ethnicity, language and class.
- Treat parents with respect and as valuable sources of knowledge about child-rearing, especially when the practices in the home are different from dominant culture.
- Take an active role in helping parents develop the confidence and capacity to use their assets, including language and culture, to support their children's cognitive, social-emotional, physical, and literacy development in the home.
- Help parents, especially recently arrived immigrants, understand how the U.S. educational system works and develop the leadership skills they need to advocate on their children's behalf.

Teachers must be skilled in forging relationships across cultural lines with parents and family members. Without this two-way exchange, valuable keys to children's development and success are lost. Immigrant families are particularly vulnerable to the judgment of "experts" because they need information about how

things are done in American society and because their own cultural ways are so often devalued. If not treated respectfully, they lose a sense of their own power and competence in supporting their child's growth and development – and school readiness efforts remain one-sided. This requires that teachers continually reach out and see their role as learning from parents and family members as well as providing instruction and support.

Incorporation of the Child's Home Language. One clear weakness of the dominant culture approach to child development is its limited focus or orientation to supporting dual language learning. Research shows that dual language learning, starting at birth, enhances children's ability to learn multiple languages and has benefits in strengthening executive brain functioning that supports self-regulation and discipline.²⁰ Many cultures place much greater emphasis on dual language learning in the early years, which is increasingly important in a world economy.

While not all staff can be bi- or multi-lingual in order to reflect the home languages of the children and families they serve, programs need staff who can support children in the spoken and written language used in the home, as well as those who can provide English language development. Research shows that if teachers in early childhood settings can communicate with children in their home language, they are more likely to establish close relationships with the children in their care.²¹ Unless children from non-English speaking households receive strong support for their home language, their overall language development may be impeded and their likelihood of school success diminished.²² Even for teachers who are not bi-lingual, learning and using some words in the child's home language helps show respect for that

language both to the child and the child's family. Teachers must understand that ensuring children can speak the home language is critical to family communications. Parents, especially if they are low-income, often have few chances to learn to speak English well even when they are highly motivated to do so. Language minority parents often are in jobs where talking is not important or English is not used. Working multiple jobs, parents have little time for English classes. As a result, when language minority children lose their family language, their parents often lose their ability to provide verbal comfort and support, offer guidance and discipline, or transmit family values, hopes and traditions. Parents find themselves feeling more and more inadequate and ineffective and children often grow alienated from their families, especially older family members who may not speak any English at all.²³ This not only affects the passing on of family traditions and customs, but the involvement of parents and extended family in children's educational achievement in the larger community.

Teachers also need to be aware that the challenges facing African American children who use African American Vernacular English (AAVE) parallel those who speak entirely different languages. Like other languages, AAVE is a critical vehicle for the transmission of culture and for retaining a sense of connection to family and community. When African American children are constantly corrected or humiliated about their speech, they can become silent, self-esteem can suffer, they can develop shame about their family and language, and they can become alienated from the school experience.²⁴ They also lose an important and rich source of expression and cultural connection that can strengthen their overall education.²⁵

Finally, it is critically important than any assessments conducted of children and their development should not have a language bias. To ensure a complete understanding of each child's learning and development, assessments should be conducted in both the home language and English.

In short, to be effective, teachers must become knowledgeable and skilled in: a) the process of first and second language acquisition; b) effective teaching strategies for promoting bilingual development and acquisition of standard English; and c) how to work with parents and family members who don't speak English to provide the strongest possible language development and literacy base for their children. Wherever possible, early childhood educators should maintain or develop proficiency in communicating with children and their families in their native languages.

Access to Comprehensive Services. Child care programs and staff can be strong collaborating partners with parents and children and be a source of early identification and referral to other needed services, particularly important in poor and minority communities. These other essential supports include medical and dental care, social services, and, in some cases, developmental screenings. Such services should be linguistically and culturally appropriate, affordable, and conveniently located. These supports, however, also may be subject to a lack of cultural awareness or sensitivity and parents and family members may need help in navigating them. While not solely responsible for this assistance, child care programs and staff can help identify providers more attuned to providing culturally appropriate services and serve as additional advocates with the family and child in ensuring that services and supports provided do not undermine

cultural values.



Developing a high quality early childhood workforce requires attention to all these elements, as examined through a multi-cultural lens. Early childhood staff of all backgrounds need professional development explicitly aimed at helping them understand and address issues related to diverse racial, cultural and linguistic experiences and their impact on the development of young children and families. This means that both pre-service education and training and in-service training and professional development contain rich content on the issues discussed above – much more so than they do today. Currently, most teacher training programs do not require teachers to gain much knowledge about topics related to the education of children from communities of color and immigrant families. A study of college programs found that less than half of current BA-level early childhood programs required a course in working with ethnically diverse families and only ten percent required students to take a course in working with bilingual children.²⁶ The Erickson Institute has found that, on average, the current bachelor's degree teacher program requires about 12% of the 67 semester hours of coursework to address issues related to diversity.²⁷ This figure includes requirements for courses that explicitly use diversity terms in their titles and for courses that simply reference addressing diversity related topics in the course description. While it is encouraging to see that some attention is beginning to be paid to including issues of diversity in teacher training, the current level of preparation is far from adequate in this area and much more needs to be done.

While the absence of addressing these issues can have

a devastating impact upon children of color, addressing these issues benefits all children. It is important for children and families from the dominant culture to be in early childhood settings where the curriculum, physical space, teaching methods, and teacher practices provide them exposure to diverse cultures and experiences and offers the opportunity to understand and value diversity.

Promoting Diversity and Inclusion of Ethnic, Cultural, and Language Diverse Educators in the Workforce

All early childhood educators should engage in culturally appropriate practices, even though any educator is likely to have deep personal experience in only one or two cultures. In order for the field of early childhood education as a whole to be culturally and linguistically competent, however, the field needs to better reflect the cultural background of the children and families it serves.

Further, when staff are from the community served and reflect similar backgrounds, they may be better equipped to form meaningful relationships with families and help parents develop their skills to prepare their children to succeed in school. Often, they possess knowledge about the culture, traditions, and behaviors of the children and families because they were raised in a similar manner. They can help families learn strategies for negotiating differences between the values and beliefs of their own unique ethnic and cultural communities and those of the mainstream culture. Knowing about these issues by virtue of experience makes a staff person a much more credible and useful source of information about early care and education and parenting. They also can be translators to and teachers of other early childhood educators who do not have this background.²⁸

As an earlier section showed, the current low-paid early care workforce (child care workers and home based providers) is quite reflective of the young child population in terms of its ethnic, language, and racial diversity – but the higher-paid, credentialed pre-school workforce is not. Currently, there is much attention to increasing the quality of preschools, with a major thrust on increasing the professional credentials of preschool teachers. Even if successful in expanding the professional workforce, a “color-blind” movement toward requiring all lead preschool teachers to hold or obtain a Bachelor of Arts (BA) degree in early childhood education can, without careful policy attention to prevent it, result in decreasing the diversity, and therefore the cultural quality, of the preschool teaching workforce.

While there is universal agreement that teachers should be well-educated and trained, not everyone agrees that a Bachelor’s degree requirement is the only option or that a Bachelor’s degree should be used as the primary indicator of teacher quality, particularly as it is applied to teaching children from diverse backgrounds.

First, coursework required under current four-year Bachelor programs typically does not require students to acquire sufficient attitudes, skills, and knowledge for working effectively with children from immigrant families or other marginalized cultural and linguistic communities. A requirement to acquire understanding and skills to support bilingual language development and second language acquisition is commonly missing from degree programs. The poor educational outcomes for ethnic, cultural, and language diverse students in public school K-12 programs, where almost universally teachers have at least a BA degree, is a clear example of how a Bachelor’s degree, in and of itself, does not

ensure a quality teaching force.

Second, obtaining a Bachelor's degree requires substantial investment. Without scholarships, reasonable timeframes for completing degree programs, and academic and non-academic supportive services, individuals with high quality potential who are knowledgeable about the lives, languages, and strengths of immigrant and other marginalized cultural and linguistically diverse communities will be excluded from obtaining such degrees and credentials and therefore from lead teacher positions in the early care and education workforce. Moving to a much more diverse, professionally-educated and trained early childhood workforce will require explicit attention, marketing, and a long-term commitment to create career pathways for people of color, starting from elementary school through the university system. Alternatively, simply reproducing the current K-12 workforce at a pre-K level can actually do harm. Early care and education jobs provide important sources of employment and income in culturally and linguistically diverse communities that are frequently without other major employers. Jobs in early care and education have long been a major source of stable employment for people living in low-income neighborhoods. Displacing this workforce not only weakens the cultural diversity of caregiving, but also can have negative impacts upon the economy in the community.

Third, the current early care and education workforce is heavily represented by individuals who are cultural and linguistic minorities, who often provide high quality early care and education as a result of years of classroom experience and both formal and informal education and training, sometimes attained in other countries. Four-year degrees are not easy for working

adults to obtain, especially if they are combining family and work responsibilities. They are especially difficult to obtain for low-income adults with limited proficiency in English or weak academic skills due to low-quality elementary and secondary education experiences that did not prepare them for college. Additionally, non-traditional students (older, part-time students who work and have families) generally are poorly served by most four-year degree granting institutions.

What is needed are multiple pathways for these existing teachers to enhance their skills and demonstrate their ability as teachers and for broadening the opportunities and incentives for individuals who might come into the field to obtain skills and credentials in early care and education. In particular, before degree-based mandates for lead teachers are cemented into place, all current educators must have access to a system of workforce development that includes multiple pathways to quality teaching and to qualifying for lead teacher position. Formal two- and four-year degree granting programs must include adequate resources to support the participation of low-income non-traditional culturally and linguistically diverse students.

In addition, other assessments and credentialing programs must be developed based upon demonstrated teacher competencies, including classroom evidence related to culturally and linguistically appropriate practices. Mississippi's Blueprint for Quality is one of a number of exemplary (but too often marginally funded) efforts to support skill-building for providers with all formal educational backgrounds.²⁹ A study of predominantly African American and Latino teachers found that better, more responsive teaching could be predicted when teachers were mentored early in their

careers, received on-going supervision, and were committed to staying in the field because they felt it benefited their community.³⁰ Such mentoring and support, including development of peer networks, is key to improving quality, but it is typically not recognized as a vehicle for quality improvement or supported through public funding.

Many of the recommendations provided in Section VI are directly tied to building this skilled workforce through both traditional and non-traditional channels.

Improving the Working Conditions and Professional Status for All Early Childhood Educators (with special attention given to providing appropriate career ladders and opportunities to educators within low-income, immigrant, and minority communities)

All young children need nurturing and developmentally appropriate care throughout their early years, starting at birth and extending to entry into school. Since there has been so much policy emphasis upon preschool, the previous section focused upon developing a culturally and linguistically diverse early childhood workforce primarily in the context of preschool, which generally serves three- and four-year-olds.

In fact, however, equal attention needs to be given to all caregiving provided for young children, including infant and toddler care and care in child care centers, family day care homes, and with family, friends, and relatives. Poor teacher compensation has long been a major challenge for the field of early care and education. In 2004, according to the Bureau of Labor Statistics, the median annual salary of a child care worker was just under \$18,000.³¹ The vast majority of child care workers qualify as low-income or living in

poverty.

Such low worker compensation is extremely harmful to program quality. Low worker wages are directly correlated to increased rates of turnover, often ranging in child care centers to annual rates of 25% to 50%. A constantly changing staff makes it difficult for children to form solid social and emotional relationships with the adults who have primary responsibility for them. Low wages also mean that workers seldom have the discretionary resources they might use to invest in their own career development. These low wages are tied to the absence of sufficient public subsidies to increase wages and professional development supports. Most working families simply are not in a position to pay enough out of their wages for child care both to provide for decent wages for child care workers and to make their own work pay. In short, there is a mismatch between what parents can afford to pay for child care and what is needed to ensure decent wages that can support quality care.

Current state efforts to develop quality rating systems and tie enhanced reimbursement to those systems are one means for raising compensation, with an attention to quality. As these are developed, however, they must recognize the importance of developing a quality workforce through the multicultural lens provided in an earlier section in this chapter. As an example of the current lack of attention to these issues, few quality rating systems being established in states assign any value to teacher bi-lingualism or to cultural congruity in determining what rating level programs achieve.

Raising compensation for child care center and family child care home providers also can have a positive economic impact on poor, immigrant, and minority communities by increasing the assets in those

communities. Numerous child care economic impact studies have shown that early care and education is big business, rivaling industries such as the insurance and financial services industries in the job generation and income they produce. Not only do they enable parents to work in other jobs, but they are a significant part of the local economy, particularly in poor, immigrant, and minority communities. Therefore, raising compensation as well as skills and career pathway opportunities can have a positive economic impact on whole communities.³⁴

In addition to the formal child care provider system (home care providers and child care centers), there are a large number of family, friend, and neighbor (FFN) caregivers who also play a critical role in children's development. Almost by definition, these FFN caregivers come from the same cultures and backgrounds of the children and their parents. Such care is particularly prevalent in poor, immigrant, and minority communities and for children birth to three, but half of all care in the United States is provided by FFN caregivers, the majority of which on an uncompensated basis and by grandmothers.³² Such care is the care of choice of many families, but it also often is care provided by necessity and lack of affordable access to other care. In poor, immigrant, and minority communities, family, friend, and neighbor caregivers themselves often are themselves impoverished and under stress in providing care, including health conditions that limit their activity.

Experiences from Sparking Connections, a national initiative to study and support FFN caregiving, have shown that explicit attention to developing FFN networks both can strengthen FFN caregivers in nurturing and providing developmental environments for the children in their care. In addition, providing

resources for FFN networks creates new community leadership promoting better resources and support for all children. Key to supporting FFN care is providing the time, space, and opportunity for FFN caregivers to get together, get information, and support one another, often while the children in their care are engaged in developmental play activities. Creating these networks is akin to creating community libraries, rather than offering direct professional development experiences. These networks serve as voluntary places in the community where FFN caregivers, their children, and other family members can go to get what they want. Again, this creates an opportunity for connection both within and across cultural, ethnic, and linguistic lines.

Several states (Colorado, Washington, and Minnesota) are now exploring how states can support and resource this FFN caregiving.³³ Particularly in poor, immigrant, and minority communities, this can serve to create more physical spaces at a neighborhood level that are truly child and family friendly. Again, supporting such FFN caregiving is an additional means to transmit cultural values and value diversity while providing opportunities for becoming integrated into the larger society.

Recommendations

There is no single strategy to developing a diverse workforce that can meet the needs of America's children and families. This section offers a set of principles to construct multiple pathways and a scaffold that will support the development of a highly qualified, bilingual, multicultural workforce. These principles should be used together to develop effective national, state and local infrastructures and policies.

- Redefine the core competencies for providing high

quality care and education to include effectively addressing the development and learning needs of ethnic, minority, and foreign-born children.

- Invest in multiple delivery systems and alternative pathways that help teachers, especially from under-represented backgrounds, further their education. A key component is ensuring articulation between non-credit granting training, two- and four-year degree programs.
- Build capacity within community colleges, four-year colleges and training institutions to provide effective coursework and training for quality early childhood education appropriate to an increasingly diverse population of young children.
- Provide adequate resources, support and time for people (and particularly low-income, non-traditional and immigrant students) to pursue and successfully complete the pathways toward a degree.
- Link the creation of new workforce standards with the financing of the early childhood system and appropriate compensation levels that support the retention of a high quality, well-trained early childhood education workforce.
- Monitor and track the impact of professional policies on the diversity of the early childhood education workforce.

To implement these principles, local governments, institutions of higher education, state and federal policy makers, and advocates all have important roles and responsibilities. The following outlines some specific roles for each and some common roles for all (these are covered much more fully in *Getting Ready for Quality*).

I. Local government should work together with training institutions (community colleges, four-year

colleges and universities, research and referral agencies, and other community-based training institutions) and child care agencies (school districts, Head Start grantees, non-profit providers, and family child care providers) to:

1. Collect and analyze data on the ethnicity, language background, educational status, wages, benefits and tenure of the current early childhood workforce.
2. Provide aggressive outreach to foreign-born and ethnic minority early childhood professionals and help them to secure financial assistance to continue with their education.
3. Develop comprehensive career ladder programs for childcare workers and teachers that offer social, financial, and economic support.
4. Assess the extent to which local training institutions currently offer a) classes and supports for professionals who are most comfortable learning in languages other than English and b) courses aimed at better equipping early childhood professionals to meet the needs of diverse children.
5. Increase access to professional development for family child care providers.
6. Reach out to kith and kin providers and offer the information and support to help them in their caregiving roles.

II. Institutions of Higher Education (community colleges, four-year institutions, universities) should work together and with community-based training providers to:

1. Build internal capacity to provide teachers with the skills to work effectively with an increasingly diverse population of children and families.
2. Improve articulation between training institutions to help ensure transfer of credits and recognition of skill acquisition through other training and education.

3. Make teacher education more accessible, especially to low-income immigrant and minority teachers.

III. State and Federal Policy Makers should:

1. Create a professional development commission at the national level to define core competencies needed to deliver high quality, culturally responsive and competent early childhood education and identify effective ways of assessing the quality of teaching by teachers of diverse backgrounds.
2. Institute state-level systems for tracking the composition of the early childhood workforce.
3. Support the development of state infrastructures for coordinating training resources, developing training program standards and curricula, promoting aggressive outreach and recruitment, and evaluation effectiveness of programs.
4. Expand the capacity of community colleges and four-year institutions to meet the demand for better trained, more highly credentialed teachers who reflect the diversity of the children served and have the skills to promote the well-being of all children, especially children from immigrant families and low-income communities of color.
5. Offer financial assistance or loan forgiveness programs to cover the costs of obtaining more education.
6. Improve teacher compensation and reward teachers for obtaining teacher education.
7. Ensure that quality rating and reimbursement systems incorporate culturally and linguistically appropriate practices as part of the systems and reimbursements.
8. Provide resources to ensure that family, friend, and neighbor care is supported and those caregivers have access to information, networks, and activities that assist them in their nurturing and caregiving roles.

IV. Early Childhood Advocacy Groups and Professional Associations should:

1. Ensure diversity is explicitly included as a topic in recommended early childhood teaching standards.
2. Create and support opportunities to improve the cultural appropriateness of commonly used tools for assessing the quality of child care programs and teaching.
3. Advocate for the collection of local, state and federal data on the demographics of the field.
4. Identify and publicize success stories and promising practices for maintaining diversity of the early childhood workforce as standards rise.

V. All Leaders in the field should:

1. Educate themselves and their peers and colleagues on different child-raising practices across culture and language.
2. Ensure that people of color – particularly those with backgrounds and experiences in working in poor, immigrant, and minority communities – are enlisted at the outset as part of all planning activities and as members of advising and decision-making groups.

• • •

This chapter has emphasized the importance of valuing diversity and recognizing differences across race, language, ethnicity, and culture in young children's development and education. At the same time, there are many more similarities than differences regarding child development across race, language, ethnicity, and culture. All cultures value children and see their own future in their children's healthy development. All children need healthy families and communities to thrive – which includes access to good health care, safe places, constant supervision and watchful eyes, and opportunities and encouragement

to explore their world. The differences in development within cultures among individual children are greater than the differences across culture.

Early childhood also is the time for the transmission of critical values and beliefs and orientations to responding to difference. As the United States works to develop an early learning system, it has the opportunity to much better value diversity and recognize commonality across race, class, language and culture within this system than we have in our other social, economic, and educational systems. It may well be that, in constructing this early learning system, we have the best opportunity to truly begin to eliminate the inequities and divides that have too long have blocked opportunities for children of color and diminished our country's overall wealth and potential.

Endnotes

- 1 This chapter is excerpted and adapted from a longer report prepared by the School Readiness, Culture and Language Working Group of the Annie E. Casey Foundation and published by California Tomorrow. Readers are encouraged to go to the original document for additional detail and discussion, particularly around the recommendations.
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Conclusion

Public Policy Implications

by Charles Bruner

There is nothing altogether new in the village building approach to school readiness described in the previous chapters. President Kennedy's War on Poverty more than forty years ago was explicit in calling for "maximum feasible participation" in the development of anti-poverty programs. The nation's largest and most popular early childhood program, Head Start, began as part of that War on Poverty. Much more than most public programs funded today, Head Start retains a good share of that focus on parent participation and leadership development.

At the same time, the preponderance of public resources expended to help vulnerable children and families today is either for individualized professional-to-client interventions or classroom-based teacher-child early care and education.

Most of the professional-to-client interventions are problem-focused, addressing specific presenting conditions that disproportionately afflict families in poverty and in vulnerable neighborhoods. Some are more preventive or developmental in nature, yet these also generally focus upon individual and not neighborhood change.

These professional-client relationships sometimes are necessary to address child and family issues, but at best they are incomplete in supporting broader growth and development – if only because they do not enable participants to reciprocate and grow through using their assets to support others. As practiced, they often fail to strengthen social ties that are essential for people to be part of a community. In fact, they sometimes ignore and therefore devalue and undermine social ties that do exist, too often on the basis of language and culture.

Much of the teacher-child early care and education,

particularly in state-funded pre-school programs, primarily focuses upon the half-day classroom socialization and learning time, at best identifying and referring children and families to professional services, when other needs are identified. While parent involvement may be viewed as desirable by these programs, this generally is viewed as incidental rather than integral to program effectiveness.

As this country and its states and communities develop an early learning system for young children, we need to think beyond these professional-client and teacher-child paradigms. Particularly for young children in vulnerable neighborhoods and vulnerable children in any neighborhoods, it is not possible to achieve success through public investments that stay within these bounds.

The challenge is to structure public investments directed to young children and their families that also support village building. Ultimately, this requires both financing and programmatic strategies that support collective, as well as individual, growth and development. At a minimum, this involves the following:

Making investments where investments are needed. Simply by virtue of the number of young children, and particularly young children with individual risk factors such as poverty and single parenting, there needs to be a disproportionate investment in early learning in vulnerable neighborhoods. Such investments also must recognize the substantial disinvestment in the type of physical, economic, and human capital development in these neighborhoods in comparison with more affluent neighborhoods, where such investments usually can be taken for granted. Establishing new early learning programs within vulnerable neighborhoods requires additional investment in the early learning programs

themselves, but also in the neighborhood infrastructure that is needed to support them.

Incorporating village building into professional practice. Professional services are needed in all communities. Remediation and compensatory services – within education, child welfare, juvenile justice, and a variety of mental health and crisis intervention services – often are prevalent in vulnerable neighborhoods. These services, however, are most effective when they link the people they serve to support networks and incorporate such expectations into program mission and staffing responsibilities. Funders must recognize and compensate programs and services for such work. This must go well beyond expectations that programs simply make referrals to community-based programs that themselves are fiscally fragile and struggling. At a minimum, it must extend to supporting those programs so they can become hubs and networks for the people they do serve.

Investing in time, space, and opportunity. Poverty and disinvestment leave too few accessible, family-friendly, places in poor neighborhoods. Families struggling to get by often do not have the time or resources to access those that exist. Mutual assistance cannot occur without the time, space, and opportunity for people to come together. Further, facilitative leadership is essential to taking advantage of these settings to reach out and engage families, support growth, activate leadership, and foster reciprocity and co-production. These investments also create additional avenues for professionals to refer and link the individuals they serve to community programs and supports.

Creating career ladders in early learning that all individuals with the innate passion, interest, and capacity can climb. In a fully egalitarian society, people residing in vulnerable neighborhoods would have the same opportunities and likelihood of becoming corporate CEOs, physicians, physicists, social workers,

and kindergarten teachers as those from more affluent communities. Within vulnerable neighborhoods, there certainly are the same proportions of people with the passion, interest, and capacity to become the early learning leaders and professionals, from administrators and policy designers to teachers and health professionals. Currently, however, there are few visible and achievable career ladders for residents in vulnerable neighborhoods to achieve professional status within the early learning field. Career ladders and pathways must be developed that ensure that those within vulnerable neighborhoods can and do become those leaders and professionals.

Defining quality through a multi-cultural lens. In lists that describe the essential components of quality for early learning programs, cultural competence is often included as a specific and separate component. In fact, however, all components of quality should be examined through a multi-cultural and linguistic lens. As Chapter Four showed for early care and education programs, such quality components in early childhood as “developmentally appropriate practice,” “family involvement,” and “rich language environment” all need to be examined through a multi-cultural lens. Doing so helps to ensure that quality applies to the diversity of the young children and families in society, and not just to those with a dominant culture Anglo-European heritage.

Redefining and building the research base. The current research most often cited in early learning is very programmatic and linear, focusing upon individual change in discrete areas directly related to a presenting issue, diagnosis, or concern. The move toward funding only “research-based” programs may exacerbate this approach. Most programmatic research fails to look for or capture collective impacts nor do a good job in identifying the key staff relational skills that often are more important than curricula and program components in affecting change. Consequently and in part because of the methodological focus in research, there is a very limited research base on the

effectiveness of the types of village building strategies described here. There also is very limited research and evaluation on the manner in which village building strategies can best be structured, staffed, and administered to be effective. Rigor is needed in research in this area, but this requires a different research paradigm than that established for clinical trials and adapted for many social program evaluations.

Giving people with the most at stake a voice. Reforms in most human service fields over the last two decades have emphasized the importance of being more “asset-based” in working with families and moving from a view of the client as a recipient of services to the client as a participant in his or her growth and development. There is an additional shift in thinking that needs to be made – to participants as essential contributors to their child’s, neighborhood’s, and community’s growth and development. This means providing the time, space, and opportunity for parents and residents to design and implement strategies, programs, and activities that meet their needs and build upon their passions. This also means helping to ensure that their voices are heard in the larger community, where resource allocation decisions are usually made. Professionals, policy makers, and leaders from non-poor, immigrant, and minority communities not only must facilitate such collective action within vulnerable neighborhoods but must become much better listeners, door-openers, and responders to those who are leading that work.



These are simple points, but they require substantial change – from funders, policy makers, current program administrators and staff, and the public. At the same time, they offer the potential for building effective early learning systems in vulnerable neighborhoods and going a significant way to addressing the opportunity gaps that currently exist for children and families living in these neighborhoods.

They offer the potential for creating much more productive bridges across race, language, and culture than currently exist in America and continue to divide us.

To do this, we have to learn from the past and build upon the best examples of effective village building in the early learning field that exist today. At the same time, we cannot bound ourselves to “proven programs or services.” We cannot expect neighborhood-wide results overnight or with pilot-program investments. We need concerted, sustained, sufficiently resourced efforts that are explicit in serving as learning laboratories in doing this work.

There simply is no alternative to this approach. We know that trying to build effective early learning systems in vulnerable neighborhoods without, or in spite of, the families and residents living there is bound to fail. We have more than sufficient knowledge to take action.

Commentaries

Lynson Moore Beaulieu, Director of Programs and Strategic Leadership Schott Foundation for Public Education in Cambridge, Massachusetts

In *Village Building and School Readiness*, Charles Bruner reminds us that getting children ready for school is more than simply providing children with a seat in a program where they might have an opportunity to learn their ABCs and 123s. Achieving school readiness and educational success is dependent in large measure on how well we, as the adults in the lives of children, build strong and multifaceted villages that are central to providing the many protective and growth factors that will lead to the healthy and sustained child, family, and community outcomes that we are seeking.

As Bruner painstakingly dissects and closely examines our communities and early care and education system building efforts – by census tracts and exemplary programs – he clearly identifies the challenges and opportunities that we face in helping our most vulnerable children get a fair start in life and learning. In his exploration of issues surrounding village and system building, with a particular eye to our workforce development efforts, he challenges us to remember that quality lies in an authentic accounting of the importance of culture, language, and life experience in the lives of children and adults, especially as these factors impact children's early development and learning. Bruner also challenges us to acknowledge that providing opportunities for educational and professional growth and increasing the availability of meaningful and well-paying employment options in the early care and education sector for educators who reflect the children and families they serve are an important foundation piece in the village building effort. My thanks to Charles Bruner for helping us to look further and deeper into our communities and gain greater understanding of the challenges we face as we build the high quality villages and early care and education systems our children and families deserve.

Hedy Nai-Lin Chang
San Francisco, California

Taking Two-Generational Approaches to Moving Families Out of Poverty: The Need For New Policies of Opportunity (October 19, 2006)

This brief, *Village Building and School Readiness*, clearly illustrates a key premise born out by research as well as plain common sense: outcomes for children are integrally linked to the well-being of their families. Children have a strong sense of self-efficacy and esteem when they grow up surrounded by the love and guidance of a stable and nurturing adult. Children do better academically when they interact daily with parents who encourage literacy, numeracy and critical thinking by the questions they ask, the words they use and the behavior they model. Clearly, parents are children's first and most important teachers.

At the same time, the ability of parents to nurture and guide their children is directly affected by their own circumstances. Being a good parent is one of the most difficult challenges anyone can take on – even for those of us who are well-educated and earn a decent income. Being emotionally and intellectually available for children is almost impossible when parents are at their wits ends trying to keep their family clothed, sheltered and nourished or deeply depressed because they lack the education to get a decent job with benefits.

As a society, we need to begin investing in strategies that simultaneously help families improve their economic well-being while also ensuring their children have opportunities to be emotionally nurtured and cognitively stimulated in child care or school and at home. By working with parents, we can also take advantage of the fact that raising a child can be a transformational experience. What adults may not be willing to do for themselves, they may be motivated to do for their children.

We will only perpetuate poverty across generations if we continue to engage in policies and programs that push parents into working long hours at low-wage jobs with little or no benefits and force them to leave their children in poor quality care. Ironically, many of these parents are employed in jobs helping much wealthier individuals in carrying out some of society's most valuable caregiving functions – caring for our very young and very elderly.

We need to return to policies of opportunity that give working class families a chance to gain enough economic stability to help their children to gain the education that their parents never had the chance to obtain. In the past, such policies existed, for example, in the form of the GI Bill. Now we have opportunities to engage in such policies again by, for example, making sure jobs pay living wages and offer benefits, helping low-income families save and develop assets, or providing working poor and moderate income families with free high quality preschool. When they are most effective, these policies specifically recognize and address the particular barriers faced by the ethnic groups who have had the least opportunity to ensure their children can achieve educationally and economically.

Investing in two-generational policies and programs is not about charity. It is about ensuring our country remains economically and socially vibrant and secure. We all benefit when there is an opportunity for every member to contribute his or her ideas and skills. We all suffer when families and children lose hope and faith in our society because of deepening and increasingly entrenched differences in wealth and education.

Dr. Robin Jarrett, Professor of African American Studies and Research Program Department of Human and Community Development University of Illinois at Champaign/Urbana

When Families and Neighborhoods Come Together to Create a Village

It has become part of the scholarly and everyday discourse to use the phrase, “It takes a village.” This short, but powerful, expression reflects what everyday experience and empirical research has shown: positive child development can be optimally accomplished when families are embedded in nurturing social relationships and within supportive neighborhood contexts. The village metaphor takes on greater significance for vulnerable children whose developmental trajectories are potentially compromised by a host of adverse situations. Moreover, an examination of those factors that promote school readiness is of particular importance. School readiness represents a foundational developmental milestone that has repercussions across the lifecycle.

This research brief provides a much needed discussion on ways to improve outcomes for some of the nation's most vulnerable families and their children, including its focus on the role of families and neighborhoods. Together, families (and related adults) and local neighborhoods can support enriching relationships for children and promote developmentally enhancing environments. One of the major strengths of the discussion is the inclusion of exemplary community based organizations and programs that “work” to facilitate child development and community building.

Effective community based organizations and programs provide key lessons. They are grounded in a strengths and resilience perspective. Many of the families that local organizations and programs work with face many challenges and adversities. Yet, they concentrate on family assets and resources that can be

marshaled to facilitate positive child development; they help affirm and further strengthen families. Effective community based organizations and programs are also astute with respect to the diversity of families and communities. They are particularly attentive to and respect families' diverse cultural, ethnic-racial, and linguistic identities. Community based organizations and programs are able to draw on the "particularities" of local families to achieve positive outcomes.

Paralleling their focus on family strengths and resilience, effective community based organizations and programs view neighborhoods and communities with an eye towards their assets and take advantage of local resources. There is the powerful recognition that, despite many structural, political, and economic challenges, local neighborhoods and communities have assets that can be drawn upon in the service of the families and children who live there.

Through an ecology that provides protected and enriching niches for children, through its' people--Old heads, Big Mamas—who, with parents supply collective socialization and supervision for children, through a robust public life that encourages interactions among adult family members with shared concerns, and through overlapping social networks that are generationally integrated and infused with an ethos of caring for all of the community's children, communities and neighborhoods can further reinforce families in their efforts to promote optimal child development.

Despite the disturbing statistics on the unfulfilled promise of many children, there is no doubt that school readiness can be improved for all of our children. Based on the collective wisdom from local sages and from social scientists, early child hood education should be the first step in guaranteeing every child the promise of a productive future.

**Dr. Audrey Jordan, Community Change Initiatives
Annie E. Casey Foundation in Baltimore, Maryland**

What works, if anything, to change significantly the trajectories of quality of life outcomes for poor children and their families in tough neighborhoods across the USA? Are there any combinations of strategies worth the investment that can really achieve sustainable, comprehensive community change at a large enough scope and scale to really make substantial differences for these families in these places?

These are the questions at the heart of the Annie E. Casey Foundation's ten-year initiative called *Making Connections*. We know that we have an ambitious aspiration, yet we believe our framing of the challenge opens the door to possibilities for success. That framing is this: poor families are disconnected from critical opportunities to access needed resources and supports in the pathways to their successes. The work of *Making Connections* then is about restoring and/or strengthening the connections these families have to critical opportunities. We have further organized our investments in these connections into three categories: economic opportunities; quality services and supports; and strong social networks. We believe that these categories of connections cannot operate in silos – they must be integrated in design, implementation and results goals.

The third connection category – social networks – is thus a category of focus unto itself, and a means to ensure the fulfillment of the other two categories. "Fulfillment" comes when the gaps that exist between the families in the *Making Connections* neighborhoods and families in the surrounding jurisdictions on key indicators of well-being (e.g., household income, kindergarten tests scores) are closed. Fulfillment comes when the core results of *Making Connections* are realized for two generations – both the parents and the children. This means critical masses of parents have the financial and human capital to earn an income and have the assets to support their families, and children

in these families are healthy and well-prepared to succeed, and do succeed, in school.

The paper Charles Bruner has written is an important and insightful explication of promising approaches that show the vital role strong, positive social networks have in families' acquisition of the benefits that come in better connections to opportunities – both the instrumental or tangible, concrete benefits that are revealed in counts of more and better jobs or improved test scores, and importantly (and often overlooked), the transformational or intangible benefits such as improved sense of self or group efficacy, hope in new and different possibilities for the future, trust in the power of relationships to provide the means to get and give support when needed. It often has been said that doing the same things leads to the same results. Through the Foundation's developing social networks portfolio, we have come to understand that intentional efforts to strengthen positive social networks has the power to change "business as usual" so that different, better results occur for families engaged in these networks and for others who come into contact with them.

The power of these transformational benefits can change a person's view of self (from, for example, dependent to interdependent; or from provider to peer), a person's view of others (from "other" to member of the network to which peers belong), and a person's view of future possibilities (from hopeless situation to successful achievements). We believe these transformations are necessary if the circumstances are to change substantially for large numbers of families in our *Making Connections* cities, and other cities like them.

Dr. Bruner specifically has identified important social network strengthening intermediaries in the realm of early childhood development and early education. These intermediaries focus upon intentional social network strengthening practice in the context of a network or pathway of linked activities that help

families and partners in community help children to be healthy and successful in school. From the Vaughn Family Center in Pacoima, California (which serves as a hub or a beehive of activities in which families can participate and give and take supports), to the Multnomah County School Initiative (where county schools work in partnership with parents through a series of linked activities and accountability mechanisms to ensure student attendance and academic performance), these promising approaches have several social network strengthening elements in common. These include an emphasis upon strength-based, non-hierarchical relationship-building between families and providers; connecting families through natural affinities (e.g., similar racial heritage) and supporting their mutual support of each other; engagement and support of parent leadership in decision-making and programming, upholding the organizing principle "do not do for others what they must do for themselves;" a bias for give-and-take exchanges that levels power imbalance in relationships; and mutual accountability for a shared set of results. Dr. Bruner well makes the case that there are indeed promising beacons across the country that show us that through intentional, positive social network strengthening practice, people change, relationships change, results change, and yes, the trajectories for poor children and their families change in marvelous and positive ways.

**G. Thomas Kinglsey, Director
Urban Institute in Washington, D.C.**

The Importance of Ongoing Neighborhood Level Information

Chapter 1 of *Village Building and School Readiness* vividly demonstrates that the challenge for school readiness is predominantly concentrated in America's most distressed urban neighborhoods. But the data in that demonstration are from the decennial census, now more than six years old. What has happened since? There is no reason to expect that the basic pattern has

changed, but it is likely that there have been many shifts in neighborhood conditions that would be important for the local planners of early childhood interventions to know about. Unfortunately, most cities today are still unable to track changes in key indicators at the neighborhood level between censuses; in fact, to gain any idea about whether overall progress is being made or not. And, as Chapter 1 implies, if you do not know the answers by neighborhood, you really do not know the answers at all.

In some cities, however, civic organizations and other intermediaries have taken advantage of today's technology to build information systems with regularly updated data on a host of neighborhood conditions. For the most part, the data are derived from administrative records of local government agencies. Some of the data are directly of interest for early childhood programs: for example, locations of child-care providers (with number of subsidized slots), addresses of the mothers of newborns (with information about the mother and prenatal care). Other data are less directly relevant but still of interest since they indicate how neighborhood conditions are changing; for example, changes in crime rates, employment and physical characteristics of properties.

The managers of such systems in 27 cities – local partners in the National Neighborhood Indicators Partnership (NNIP) – are exploring how they might expand their data holdings on topics relevant for early childhood and school readiness and work with appropriate agencies and nonprofits to use the data to help build more forceful agendas in the field. In one of these cities, creative work has been done using Medicaid records to analyze how the nature and frequency of the visits of infants and pre-school children to health care providers vary by neighborhood. In another, efforts have been made link birth records to other agency files to provide a better means of understanding neighborhood patterns of need. School records provide at least some information on the status of children once they start

pre-K or kindergarten, but in most places, there are almost no coherent data on the status of kids from the time they are born to the time they start formal schooling.

Surely, this is a deficit that needs to be rectified. Building these data systems is critically important both to tracking and to making progress – at the neighborhood level – in meeting child and family needs. Democratizing that information – making such information available to those in neighborhoods with the most at stake in producing change – also is critically important. Much of what is provided in Chapter 1 is known, at least intuitively, both by those within poor neighborhoods and those in the community making resource allocation decisions. Quantifying it and using it to spur action, however, is the next needed step to leveraging needed resources and producing change.

**Dr. Jane Knitzer, Director
National Center for Children in Poverty in New York,
New York**

In this document, Bruner and his colleagues provide an important and largely missing perspective from the public dialogue about ensuring that young children, particularly those growing up in the most disadvantaged places and spaces, enter school ready to succeed: how to promote community and parent leadership in the most vulnerable communities. Using his important community index, he calls attention to the need to build community assets and not just provide “services” to communities that are “rich in young children” but poor in many other human and physical resources that support healthy early development.

Bruner's call to refocus energies and resources on re-building the communities with the most disenfranchised and disadvantaged young children recalls the deep commitment to building parent

involvement and leadership that characterized Head Start in its early years. There is no systematic research that shows the impact on young children of parents who feel empowered to become leaders, to engage in community mobilization, and to return to school themselves. And yet, this is the untold story of so many Head Start parents whose children have moved beyond poverty into mainstream America.

Today, that focus has largely been lost, either because exhausted parents who work cannot add one more thing to their stretched lives, or because early childhood programs have less of a commitment to leadership and capacity building when faced with so many other pressures. Even agencies in the communities charged to build leadership often fail to do so. So, several years ago, NCCP documented the absence of attention to promoting leadership among the parents of children enrolled in early childhood programs run by community development agencies. (Knitzer & Adely, 2002). The seventeen programs that Bruner and his colleagues highlight have found ways to buck the trends, but sadly, they are the exceptions. Even Free to Grow, which explicitly, and successfully sought to re-invent the commitment to community building in the context of Head Start has struggled to take its framework to scale. And, so, one important message from this document is the challenge to the early childhood community to find ways, both little and not so little, to help parents as well as young children see their strengths, set new expectations for themselves and build leadership from within these challenged communities.

At the same time, there is one other story about these disadvantaged communities that also must be told, that this document does not confront directly. That story is about the numbers of parents in these communities who themselves have not been parented well, and who cannot, without significant, relationship-based support grow into the kinds of parents and indeed community leaders that the communities and the children need. In other words, it

is important to be honest about the level of need and risks facing many families in these most disinvested communities.

Depression in these most vulnerable communities is both a child-rearing and a public health hazard, sapping the energy of the adults who care for young children. Research tells us that the prevalence of maternal depression is widespread; close to half of all Early Head Start moms and 20 percent of Head Start dads experience significant depression. We also are learning that the exposure to trauma in the lives of young women is widespread. For many of these women, reducing social isolation, connecting with others, sharing stories and learning about child development will help. For others, embedding more formal treatment in the context of settings they trust, like Early Head Start and other home-visiting programs, can change not only the mother's sense of herself, but developmental outcomes for young children (Knitzer & Lefkowitz, 2006).

Yet this will happen only if public policy begins to incorporate the knowledge about what young children really need to thrive and to succeed in school. At the very least, for example, this means ensuring that every disadvantaged community has an Early Head Start-like program around which to wrap both leadership building and help for the most vulnerable families. We must continue to support and indeed to grow the extraordinary leaders in the most disadvantaged communities, like those who guide some of the 17 programs highlighted. At the same time, there must be supportive city, state and federal policies that make it possible for the exceptional to become the norm. Only then will we be able to fully reclaim the communities in the ways the wise authors of this document call for.

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**Dr. Edward L. Schor, Assistant Vice President
Commonwealth Fund in New York, New York**

It Takes A Family...And Then Some

There is now sufficient evidence from the failures of our remediation systems such as child welfare, special education, juvenile justice and child care in its most prevalent forms to conclude that there is no substitute for a well-functioning family to ensure that a child's developmental needs are optimally met. Recent experience from the Sure Start program in the United Kingdom confirms that the quality of the home environment, where parents are actively engaged in activities with their children, promotes intellectual and social development. Similar to what Bruner and his colleagues conclude, Sure Start found that parents' social class and level of education are related to children's outcomes. But, the quality of the home environment is more important and amenable to change.

Parents are best able to navigate the stresses in their lives and fulfill their roles and responsibilities when they have or at least feel they have access to social support. One characteristic of well-functioning families is that they have ample support from within and outside of the family. Research on coping and social support has found that the most effective support, excluding material support, comes from friends and family and not from professionals. The several exemplar programs that are highlighted in this

report bear this out, as nearly all of them depend on families in communities to help one another. This is obviously a potentially successful strategy, but success is not guaranteed.

When individuals in communities share a set of values and beliefs, there is a powerful sense of connection. The social capital that results allows communities to better support families than they could in its absence. Prerequisite to sharing values and beliefs is that people in communities have opportunities to get to know one another and to form relationships. These opportunities require a structure providing both a place to gather and time together. Vulnerable communities are likely to lack or not be able to take advantage of these structural characteristics and to have high rates of social isolation (a known precursor for child abuse). Humans are social animals, and all else being equal, will try to congregate. But unsafe neighborhoods, physical and emotional fatigue and the complexity of childrearing in the face of single parenthood, larger families and higher rates of poverty all impede relationship-building.

Chronic stress accumulates and the consequent distress can produce dysfunctional behaviors and relationships and interfere with the creation and maintenance of healthy and supportive communities. Ironically, when dysfunctional families congregate poor child-rearing practices may be reinforced. Highly vulnerable communities where stressed families predominate are self-perpetuating; changing their patterns of social interaction depends on the introduction of sufficient numbers of higher functioning families or, as in some of the programs illustrated, professionals who introduce new forms of social organization and interaction while remaining dedicated to building on communities' own strengths.

As Bruner concludes, such professional interventions are most successful when they are able to enhance the structural, including the social relationship, underpinnings of communities. Professionals can't

provide social support, but they can help create it. It takes a family to raise a child, a community to support a family, and sometimes a professional to help a community achieve its potential.

**Lisbeth B. Schorr, Director
Project on Effective Intervention at
Harvard University**

Charles Bruner's essays bring a welcome focus on the often overlooked contribution of families and communities in assuring children's school readiness. Most fundamentally, they show how much can be done, utilizing our present knowledge base, to improve outcomes for the children left behind by America's prosperity. His message is a welcome refutation of the still widespread notion that parental education and income is destiny – a notion that robs us of our collective will to intervene with the initiatives and supports that could strengthen vulnerable families and disinvested communities. As columnist William Raspberry has written, you don't have to be mean-spirited to turn your back on social problems -- you just have to believe that nothing can be done to solve them. This Resource Brief shows how much can be done!

Bruner's idea of characterizing census tracts by their "child raising vulnerability" is brilliant, because it provides a practical and conceptual tool for targeting place-based interventions, and shines a spotlight on the importance of the environment in which parents raise children, and children grow up. It also illuminates the injustice and stupidity of societal arrangements in which the children and families who most need support and connections typically find themselves in neighborhoods that offer the least.

On the question of the relative contribution of the "village" and the experts, Bruner is absolutely right in insisting that we not choose one or the other. The common sense recognition of the importance of

meeting basic family needs has been confirmed by research, and many new opportunities to strengthen protective factors have come into focus just in the last decade. But the Resource Brief also recognizes that our belated understanding of the need to strengthen protective factors can not be allowed to obscure the fact that many families need services that are intensive and long-term, that involve extensive efforts to retain and follow families, that can provide interventions aimed at two generations simultaneously, and that often require highly specialized professional expertise.

I enthusiastically welcome the emphasis that Bruner and Michelle Stover-Wright place on the essential elements of effective programs, the elements that enable them to "truly make connections with parents and other residents most intimately involved in young children's lives." As they point out, "the effectiveness of human service programs is known to be very relationship-based." The challenge of allowing relationship-based programs to flourish in bureaucratic, market-oriented settings has been met by some of the exemplary programs described in the Brief, but how long those solutions can be sustained, and whether they will survive scale-up of many of these programs, depends so heavily on the policy and funding context in which these programs must operate.

The bad news that Charles Bruner brings us is that the changes required in the mindsets and actions of funders, administrators, professionals and the public are substantial. The good news – thoughtfully spelled out in these pages -- is how much we know about what needs to be done.

**Dr. Ken Seeley, President
Colorado Foundation for Families and Children
Denver, Colorado**

I always enjoy reading reports that Charles Bruner puts together because they are so thorough and well

documented, as well as providing some “edge” to action and advocacy. I particularly enjoyed the extensive work around diversity and the need to understand the problems of race and place as well as getting a culturally responsive workforce.

More and more evidence mounts year after year of the efficacy of early childhood interventions to improve life course outcomes for children as they grow. This report provides an excellent update of demographics, promising practices, and diversity through the lens of low-income populations in vulnerable neighborhoods. It is clearly the smartest place to invest public and philanthropic dollars to improve outcomes.

Yet, despite this well crafted case for funders and policy makers to move forward in these targeted investments, I am not optimistic that we will see much change without a concerted effort to develop more will among citizens and opinion leaders. Evidence alone does not seem to be enough. We must garner more resources for front-end investments in young children in vulnerable neighborhoods. Whom do we call to action with the kind of information contained in this resource brief? Those who have sustainable infrastructure in place might be likely candidates: public schools, city recreation departments, public libraries, community centers, churches and municipal government. We need to take these compelling arguments beyond the usual suspects to help build the will for the kind of large investment we will need to bring the necessary resources to those who have a stake in vulnerable neighborhoods already. I think the tipping point is not far away.

Ralph R. Smith, Senior Vice President
Annie E. Casey Foundation
Baltimore, Maryland

Remarkable almost to the point of being downright depressing is the fact that a zip code remains one of the single best predictors of which children in our

country will succeed in school, and which ones will be failed by our public education system.

In Village Building and School Readiness, Charles Bruner responds to the powerfully perverse correlates between and among place, race and the worst outcomes for kids in the United States.

Throughout these four chapters, Bruner offers a compelling prescription for transforming vulnerable, isolated neighborhoods into communities where, by virtue of strong, intentional and organic systems of early learning, children and families thrive.

His analysis identifies the places rich in opportunity for the development of these systems. More important, Bruner tells us how we can help bring them to life by harnessing a persistently overlooked and sometime intentionally disregarded asset -- the passion of a community for its children. This important premise drives the final chapter's discussion on strengthening the early care workforce in poor, immigrant and minority communities.

One of the signal contributions of this work is the sense of possibility and even urgency it attaches to the intentional creation of community-based networks of family, friend and neighbor child care providers. It is within these networks that informal and often isolated child care providers find mutual aid and assistance, information on professional development programs, pathways to certification and subsidy eligibility, and meaningful opportunities for more effective collaboration with parents and schools.

Bruner generously acknowledges the contributions of the Annie E. Casey Foundation's *Making Connections* initiative in advancing a place-based, community-building approach to ensuring school readiness in vulnerable neighborhoods. He, however, is too modest to acknowledge his own pivotal contributions to our work. Bruner played an important role in the initiative's overall planning and design, and his

continuing work with us has helped illuminate the strategies and pathways needed to help young children succeed.

In many respects, Bruner's work is a genome project dedicated to understanding the DNA of successful early childhood interventions. While neither he nor we are prepared to proclaim "mission accomplished," this work details the intertwined roles of several important strands: activated parent leadership, shared accountability for success, culturally competent interventions and unwavering belief in families as co-producers of good outcomes for their children.

Village Building and School Readiness: Closing Opportunity Gaps in a Diverse Society is an important read for all who want careful analysis of the challenges and persuasive arguments about solutions. More importantly, this work is important to all of us who need to be reminded about why we do this work. Bruner asks us to give much more than compassionate caring about the plight of these children, families and communities. Bruner asks us to believe -- to believe in the transformative potential of their hopes and dreams and aspirations.

Yoland Trevino, Director
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I read this resource brief with great interest and found a number of precious nuggets for application by health and social services practitioners, three of which I will elaborate upon.

Mining the cultural richness in communities. Getting parents ready for raising healthy children does not have to be onerous, if professionals offer a little encouragement and authentic opportunities to shine. Even illiterate parents—a group frequently discounted as not being able to contribute to their children's

education—have much to offer their own and other children.

For example, during my tenure at Vaughn Family Center, in Pacoima, we had a very successful early childhood home visitation program, making use of parent/teachers from the community. Several of the parents/teachers were barely literate and two were completely illiterate. However, when "teaching" in their own language, their limited literacy was not a deterrent. Rather, it provided an opportunity for them to exercise their ingenuity through creating "teaching tools" that involved story telling. Latino and African American cultures are rich in oral traditions, and there are many wonderful cultural stories that parents can tell their children to augment their school learning, while imparting cultural pride and ancestral knowledge. Culturally centered approaches encourage children to appreciate their culture and see it as contributing to the greater whole. We encouraged these parents/teachers to realize that they had much to offer and not to see their illiteracy as a deficit. This work also strengthened the bonds children had with adults and their sense of belonging to a community as well as a family. The simple fact is that professionals can engage parents, but only when they take the time to listen and explore, without preconception or prejudice, how every parent can contribute.

Getting Professionals Ready for Communities. To a hammer everything is a nail; yet, we can get different results when we ask professionals to *embrace innovative practices and approaches*. Often, once professionals are deployed in the field they go out and practice exactly what they were taught in school, without taking into consideration cultural nuances and norms of the populations they are working with, nor understanding and appreciating the necessary role parents and community members can play through becoming contributing partners to their work.

The fields of education and human services have attempted to raise awareness about the importance of

utilizing the social capital of communities. While there are some efforts to galvanize existing talents and capacities of natural leaders in communities, an often ignored topic is: “Who is building the capacity of professionals to understand and appreciate ‘other ways of knowing and being.’” For example, in the Latino and indigenous cultures, it is important to build relationships first as we have a tendency to be more circular and to take more time to make a point.

If we are to get different results in our communities, supporting professionals involves shifting the paradigm from “I am the expert and I know better” to “How can we work together and how can I support and nurture your growth?” The shift toward professionals asking these types of questions is of critical importance. As *Village Building* points out, much of the emphasis on building early learning systems and getting children ready for schools has been narrowly focused on professional services, and has not fully investigated how to rely more upon family and community supports.

Creating spaces for mutuality and the importance of reciprocity. Inherent in the human spirit is the desire to reciprocate. My experience over the past 30 years as a community builder and practitioner has shown me how parents and community members look for opportunities to be contributors and not simply good consumers or clients. Mutuality is one of the rich gifts waiting to be tapped. It is important to reflect on what we need to do differently to create spaces for parents/community members and professionals to engage in mutual, enriching partnerships. In order to mine social capital within communities, it becomes important for professionals to adopt an expanded view of social capital – one that includes the combined strength and power of community members. Inclusion is the first step toward building the trust and reciprocity that matures over time – binding the group together. Strong social capital means that people know each other, look out for each other, and come together for social and emotional support.

In the end, *Village Building* provides more than ample evidence and information to take action. We know what needs to be done and what areas we need to focus upon. The ultimate question is: “Do we have the will for authentic and sustainable community transformation?” We must respond, “Yes, let’s do it!” rather than “Yes, let’s learn more about how to do it.” To often, we have “evaluated” change efforts ad nauseam, continually seeking more tools, more skills, and more methodology to fine tune modest efforts before we agree to commit to a bold, overall direction. Before we do this again, we must ask ourselves, “What is our resistance to creating a world that we believe is in accordance with our values?” This brief can help increase our resolve and willingness to roll up our sleeves and courageously embrace the mystery of untapped social potential to engage in collective empowerment for a more equitable tomorrow.

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SECPTAN

About SECPTAN

The State Early Childhood Policy Technical Assistance Network (SECPTAN) provides current information about early childhood policy initiatives to state policy makers. It assists them in assessing the best available evidence and information about effective policies and practices in early childhood. The network is managed by the Child and Family Policy Center with funding from The Ford Foundation, the Ewing Marion Kauffman Foundation, and the David and Lucile Packard Foundation. For more information about SECPTAN, visit www.finebynine.org or contact Charles Bruner, Network Director, or Vivian Day at 515-280-9027.

About this Series

This monograph is part of SECPTAN's series on early childhood issues, which also includes:

- **Beyond Parallel Play: Emerging State and Community Planning roles in Building Early Learning Systems**
- **Beyond the Usual Suspects: Developing New Allies to Invest in School Readiness**
- **Building an Early Learning System: The ABCs of Planning and Governance Structures**
- **Child Welfare and School Readiness—Making the Link for Vulnerable Children**
- **Health Care and School Readiness: The Health Community's Role in Supporting Child Development—New Approaches and Model Legislation**
- **Financing School Readiness Strategies: An Annotated Bibliography**
- **Measuring Children's School Readiness: Options for Developing State Baselines and Benchmarkss**
- **On the Path to School Readiness: Key Questions to Consider Before Establishing Universal Pre-Kindergarten**

- **School Readiness Policy and Budgeting: Template for Collecting State Baseline Information**
- **Seven Things Legislators (and Other Policy Makers) Need to Know about School Readiness**
- **Up and Running: A Compendium of Multi-Site Early Childhood Initiatives**

About the Child and Family Policy Center

The Child and Family Policy Center (CFPC) was established in 1989 by former Iowa legislator Charles Bruner, Ph.D., to better link research and policy on issues vital to children and families, and to advocate for outcome-based policies to improve child well-being. CFPC is active both statewide and nationally. In Iowa, the Child and Family Policy Center assists the state and communities in developing integrated, community-based, family-focused, and results-accountable services, particularly for vulnerable children. CFPC also produces a variety of reports, case studies, concept papers, and technical assistance tools on systems reform and community building that are widely used across the United States.



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