



## 2003-2004 STRATEGIC PLAN

In 2002, there were nearly 140,000 children under six years old in Tarrant County. Of those, 23,481 were newborn children.

More than 15 years of powerful, compelling research tells us that the experiences these 140,000 children have during the first five years of their lives will dramatically impact their ability to succeed – in school and in life. Our failure to ensure their success will negatively impact our community through:

- increased school district costs related to behavioral management and learning disability problems
- increased juvenile justice costs
- increased social service agency needs related to dysfunctional family systems, and,
- decreased workforce readiness.

Newborns who experience prenatal difficulties, such as drug, alcohol, nicotine abuse, are significantly more prone to developmental difficulties. And an unacceptable number of those at-risk newborns will encounter infant mortality.

Infants and toddlers who experience a lack of nurturance or the effects of neglect and/or abuse in their families clearly do not develop the emotional, social and/or behavioral control skills they need to succeed. There is clear evidence that young children who suffer through neglect and abuse are more likely to become abusers themselves, often entering the criminal justice system before they become adults.

And preschoolers who do not experience a wide range of cognitive, social, and emotional opportunities enter kindergarten significantly behind better-prepared peers.

What are we doing as parents, as social service or faith organizations, as governmental bodies – as a community – to ensure that every one of those 140,000 children are given the nurturance, the safety, the healthy start, and the early education so critical to their future success? Must we rely on the federal or state government to ensure that these children – our children – receive the best start, the right-start, to a life that fulfills the promise of each newborn?

*The Partnership For Children* believes that we, as Tarrant County citizens, can work together to ensure that every newborn, every young child, can receive the love and caring they so justifiably require. We believe that to do otherwise denies the value of every child born into this community.



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## **Introduction and Planning Process:**

*The Partnership For Children*, a freestanding coalition of Tarrant County social service providers and community members committed to improving the lives of children under six years old, began in early Spring, 1999 when *The Parenting Center* convened a community roundtable of social service agencies to explore what steps Tarrant County could take to more comprehensively address the issues of young children and their families.

During late spring and summer of that year a steering committee met to design a draft organizational plan to present to participating roundtable members. In September 1999, *The Partnership For Children* was formally created and the first Executive Committee was elected.

The following mission statement was created and approved by *The Partnership For Children* membership in Fall 1999:

### **Mission Statement:**

*To actively promote and support a positive community environment which values children seven and under, their families, and support systems.*

The following vision statement was embraced by *The Partnership* as a result of an Ad Hoc Committee (Attachment #3, page 42) whose work eventually lead to *The Partnership's* involvement in the United Way Success By Six project, the Touchpoints project, and *The Partnership's* continuing focus on neighborhood mentoring:

### **Vision:**

*By 2010 all infants in Tarrant County will be cared for and nurtured.*

By 2001, many *Partnership For Children* members began discussing ways to collaborate to seek funding from federal, state and local governmental entities, as well as foundations. However, the members of *The Partnership For Children* Executive Committee believed that we first needed a *road map*, an essential schematic of what children under six need and what resources are already available for children under six.

In January 2002, *The Partnership For Children* Executive Committee decided to embark on a process to create a strategic plan for Tarrant County children under six that would serve as a platform for a range of business plans targeting specific needs or gaps in service.

Additionally, *The Partnership For Children* strategic planning process was designed to provided appropriate linkage to three other Tarrant County organizations with planning efforts that would overlap with *The Partnership's* efforts: Mental Health Connection of Tarrant County, United Way of Metropolitan Tarrant County, and Tarrant County Youth Collaboration.



Finally, *The Partnership* secured the services of J. Lee Whittington, Ph.D., a strategic planning consultant, to lead the organization through the strategic planning process. Dr. Whittington is an Assistant Professor of Management at the University of Dallas Graduate School of Management who focuses his consulting, research and teaching in the areas of Leadership, Organizational Change and Development, Strategic Management, and Organizational Behavior.

As the president of The Bedford Consulting Group, his consulting experience includes engagements with Nokia, Kinko's, Tandy/Radio Shack, Penson Financial Services, Reynolds Metals, Ball Container, Camp Fire USA First Texas Council, Valor Telecom, City of Arlington, US Army Corps of Engineers, Martin Sprocket & Gear, Siemens ElectroCom, C. R. Bard, and American Medical Response.

### **Strategic Planning Action Plan:**

*The Partnership For Children* Executive Committee designed the following twelve-month Action Plan for generating the strategic plan:

<b>Content:</b>	<b>Dates:</b>
1. Defining planning mission, stakeholders	March 2002
2. SWOT Analysis	April - July
3. Subject Matter Expert Panels on Early Childhood Health, Safety and Early Care & Education	August 12, September 26, October 24, November 14
4. Strategic Plan Retreats	December 2002 – January 2003
5. Strategic Plan, draft	January - February
6. Review of draft, comments	January 16
7. Strategic Plan, final draft	January 17 through February 19
8. Vote on Strategic Plan	February 20
9. Strategic Plan Presentation	March/April 2003



## University of Dallas SWOT Analysis:

To begin the planning process, *The Partnership For Children* Executive Committee believed we needed a clear sense of what the various Tarrant County early childhood stakeholders thought: about a range of early childhood issues and about *The Partnership For Children*.

*The Partnership* secured the efforts of four University of Dallas Graduate School of Management students (Susan Joiner, Melisa Longo, Susan Merchant, Monica Wilson) to perform a thorough review and analysis of Tarrant County early childhood stakeholder opinions.

The students performed a SWOT Analysis, an analysis of *The Partnership For Children's* internal Strengths and Weaknesses and external Opportunities and Threats, providing a final report to *The Partnership* in July 2002. The abridged version of the University of Dallas SWOT Analysis is listed in Attachment #1 on page 14 of this report and outlines the study method, demographics, survey results, and a broad range of recommendations.

However, several observations in the Analysis were extremely instructive for *The Partnership For Children* Executive Committee. Those observations were:

**Single Most Important Decision:**

The single most important decision that Tarrant County could make to ensure the successful nurturing of infants to age five was identified as education. A recurring theme throughout the interviews and focus groups included general education for the public and community at large in developing neighborhood alliances and support for children, as well as education for parents, especially new parents, on child development, obtaining needed benefits and resources and how to detect and address problems.

**Three Most Important Issues:**

The three most important issues identified that Tarrant County could focus on and address by 2005 were:

*Affordable, accessible, and high quality infant care, childcare, and pre-k programs*  
This includes raising minimum standards, increasing funding and increasing training for providers.

*Education* – Promotion of health and general child development information to parents and the public. This includes information on infant brain development, health care and immunization, child abuse prevention, and recognizing developmental disabilities. This promotion would also include a central place that parents could go to for help.

*Additional Resources* – Creating and finding additional resources (funding, partnerships, pro-bono work, etc) to support programs for children through corporations, neighborhoods, foundations, etc.

**Core Partnership For Children Weaknesses:**

- Lack of participation and support from key stakeholders
- Perceived pre-set agenda and objectives
- Lack of ownership by key stakeholders
- Mission and objectives are not clearly understood by industry advocates
- *The Partnership* is perceived to be another drain on already limited funds



## Early Childhood Panels:

The University of Dallas SWOT Analysis highlighted a perception among community stakeholders that perhaps *The Partnership* Strategic Planning process was not as inclusive as it needed to be. Additionally, there was a perception that the Partnership had a closed agenda.

The Strategic Planning Action Plan was initially structured to generate input from three early childhood subject matter expert panels:

- Early Childhood Health
- Early Childhood Safety
- Early Care & Education

To better address the perception that *The Partnership* had a closed agenda and to better enlist the involvement of key stakeholders, *The Partnership For Children* Executive Committee decided to broaden the strategic planning process by creating a Strategic Planning Committee that would include members of the Executive Committee and additional community representatives.

The Strategic Planning Committee met in July and August 2002 and generated lists of community stakeholders who might speak to these three early childhood topics. After members of the Strategic Planning Committee generated potential panelists lists, the potential panelists were contacted and finalized for participation. The Strategic Planning Committee also determined the primary focus and questions to which they would like the panelists to respond for each of the three panels.

Listed below is the core information for each of the three panel presentations. Additionally, Attachment #2, page 28, from this report includes the specific requests each panelist made of *The Partnership For Children*.

### ***Early Childhood Health Panel:***

- Date:** September 26, 2002
- Primary Focus:** Preventive Health Care for prenatal through five-year-old Tarrant County children.
- Questions to be Answered:**
- In your opinion, what are the most significant early childhood health indicators that should be addressed in Tarrant County?
  - What is being done in Tarrant County that is effectively addressing those indicators?
  - What is being done in other communities that is effectively addressing those indicators (regional, state, national, international)?
  - What do you want the Partnership to do about preventive health care for prenatal through five-year-old Tarrant County children?
- Panelists:**
- Kristine Lykens, AB, MPA, PhD, Asst. Professor, UNT Health Science Center
  - Peggy Troy, RN, MSN, President, Cook Children's Medical Center
  - Ron Stutes, COO, JPS Health Network
  - Glenda Thompson, RN, MSN, Associate Director, Tarrant County Public Health Department
  - Rowena Wooters, Outreach Manager, City of Fort Worth Public Health Department
  - Kevin Wylie, DO, Cook Children's Medical Center



### ***Early Childhood Safety Panel:***

**Date:** October 24, 2002  
**Primary Focus:** The prevention of physical and emotional injury to children from birth through five years old.

- Questions to be Answered:**
- In your opinion, what are the most significant early childhood physical injury issues that should be addressed in Tarrant County?
  - In your opinion, what are the most significant early childhood emotional injury issues that should be addressed in Tarrant County?
  - What is being done in Tarrant County that is effectively addressing those issues?
  - What is being done in other communities that is effectively addressing those issues (regional, state, national, international)?
  - What do you want the Partnership to do to help prevent physical and emotional injury from birth through five year old Tarrant County children?

- Panelists:**
- Ginny Hickman, Director of Advocacy, Cook Children's Medical Center
  - Joy Elliott, Executive Director, Early Childhood Intervention
  - Nancy Hagan, Executive Director, Alliance For Children

### ***Early Care & Education Panel:***

**Date:** November 14, 2002  
**Primary Focus:** The provision of quality care giving for and educational needs of children from birth through five years old.

- Questions to be Answered:**
- In your opinion, what are the most significant educational/educational needs of infants and toddlers that should be addressed in Tarrant County?
  - In your opinion, what are the most significant caregiving/educational needs of three-five year old children that should be addressed in Tarrant County?
  - What do all children need to be ready for school by age six?
  - What is being done in Tarrant County that is effectively addressing those needs?
  - What is being done in other communities that is effectively addressing those issues (regional, state, national, international)?
  - What do you want the Partnership to do to help create a more effective early care & education system for infant through five-year-old Tarrant County children?

- Panelists:**
- Tippi Ellis, Director, Camp Fire USA First Texas Council: Child Care Resource & Referral
  - Debbie Freeman, Pre-K Specialist, Arlington Independent School District
  - Nancy Garrett, Texas Department of Health
  - Neta Pierce, TDPRS: Child Care Licensing
  - Dr. Margaret Puckett, Early Childhood Consultant
  - John Whitcamp, Executive Director, Child Care Associates



## What Early Childhood Panelists Want The Partnership For Children to Do:

Panelist:	To Do List:
<b>Kristine Lykens, UNT Health Science Center</b>	<ul style="list-style-type: none"> <li>• CHIP + Medicaid, more funding.</li> <li>• Support/participate in collaborative efforts.</li> <li>• Support legislation.</li> </ul>
<b>Peggy Troy, Cook Children's Medical Center</b>	<ul style="list-style-type: none"> <li>• Continue collaboration.</li> <li>• Find communities that are working together as models</li> <li>• Address issues where we know the risks are, need to know where to target resources</li> </ul>
<b>Ron Stutes, JPS Health Network</b>	<ul style="list-style-type: none"> <li>• Increase general population awareness of need for early and regular prenatal care for all pregnant women, specifically in communities where infant mortality rate is high.</li> <li>• Increase the number of providers accepting Medicaid.</li> <li>• Increase access to transportation for medical care throughout the county.</li> <li>• Provide health and wellness education directly in the community areas.</li> <li>• Increase access to substance abuse treatment centers for pregnant and parenting women.</li> <li>• Increase availability of safe and affordable childcare for young children</li> </ul>
<b>Susan Belcher, TC Public Health Dept.</b>	<ul style="list-style-type: none"> <li>• Bring "5 a day" into marketing scheme</li> <li>• Obesity awareness (cultural aspects); full-cycle impacts.</li> </ul>
<b>Rowena Wooters, City of FW Public Health Department</b>	<ul style="list-style-type: none"> <li>• Infant Development – including newborn home visiting</li> <li>• Need for increase day care facilities</li> <li>• Support the Fatherhood Initiative</li> <li>• Increase sick care sites for children</li> <li>• Develop a calendar of training available to enhance skills in working with families</li> <li>• Develop Champions for Child Issues-local, state, national level</li> </ul>
<b>Dr. Kevin Wylie, Cook Children's Medical Center</b>	<ul style="list-style-type: none"> <li>• Focus on education.</li> <li>• Support aggressive grass-roots educational programs about immunization, nutrition, access to personalized medical care, access to and attentive provision of age appropriate education.</li> </ul>
<b>Ginny Hickman, Cook Children's Medical Center</b>	<ul style="list-style-type: none"> <li>• Become members of the SAFE KIDS coalition.</li> <li>• Partnership dissemination of SAFE KIDS educational materials.</li> </ul>
<b>Joy Elliott, Early Childhood Intervention</b>	<ul style="list-style-type: none"> <li>• Collaborate with the Shaken Baby Alliance in providing education.</li> <li>• Support legislation dealing with autism</li> <li>• Support early intense intervention</li> <li>• Parent training before they leave the hospital and home visits afterward.</li> </ul>
<b>Nancy Hagan, Alliance For Children</b>	<ul style="list-style-type: none"> <li>• Promote the idea in Tarrant County that child abuse prevention and intervention is a community responsibility.</li> <li>• Basic education about the extent of the problem in TC and its consequences would be helpful.</li> </ul>



<b>Dr. Margaret Puckett</b>	<ul style="list-style-type: none"> <li>• Need to Develop a Tarrant County standard that exceeds some of the state standards.</li> <li>• The starting point is to bring the childcare consumer to the table: How do they learn what really matters?</li> </ul>
<b>Debbie Freeman, Arlington ISD</b>	<ul style="list-style-type: none"> <li>• Adult education is what children need most. Provide education for teachers, childcare workers, and parents (e.g. TouchPoints training).</li> </ul>
<b>Tippi Ellis, Camp Fire USA</b>	<ul style="list-style-type: none"> <li>• Need a Public Awareness Campaign on Importance and Components of Quality Care.</li> </ul>
<b>Neta Pierce, TDPRS Child Care Licensing</b>	<ul style="list-style-type: none"> <li>• Need to educate caregivers on specific stage of development.</li> <li>• Identify age appropriate activities.</li> <li>• Develop training program that includes regulators.</li> <li>• Parental education program</li> <li>• Public relations program – need a champion in news media.</li> </ul>
<b>John Whitcamp, Child Care Associates</b>	<ul style="list-style-type: none"> <li>• Need a quality child care standard for Tarrant County, resources and expectations, need a community plan that is supported, endorsed and funded; too many organizations doing the same thing</li> <li>• Connect with one 4-year institution, engage with communication department to generate public information on early development.</li> </ul>
<b>Nancy Garrett, Texas Department of Health</b>	<ul style="list-style-type: none"> <li>• Need a “blue book” of sorts of what’s there; collaborate.</li> <li>• PFC could provide parental education program, find a champion in the news media</li> <li>• Need more training in SIDS, Shaken Baby</li> </ul>



### Strategic Planning Retreats:

After accumulating both the University of Dallas SWOT Analysis data and considerable information from the three Early Childhood Panels, the members of the Strategic Planning Committee met to create a draft strategic plan for *The Partnership For Children*.

The Strategic Planning Committee met twice:

- December 14, 2002 in a 6 hour session
- January 9, 2003 in a 3 hour session

Dr. Whittington led the members of the committee through the information generated through the SWOT Analysis and the Panel process. Initially, the strategic plan was intended to be a 10 year plan segmented into three building blocks: 2003-2004, 2005-2007, and 2008-2012.

However, as the planning process proceeded, strategic planning members decided that focusing on a 2003-2004 plan was more appropriate.

To create the 2005-2012 plans, the Strategic Planning Committee will meet periodically to review the implementation of the 2003-2004 workplans and evaluate new and/or emerging early childhood needs in Tarrant County.

### Strategic Planning Committee:

Organization:	Representative:	Background information:
Camp Fire USA	John Ross	PFC Ex Com: Chair
United Way	Pat Cheong	PFC Ex Com: Vice Chair
March of Dimes	Amy Raines	PFC Ex Com: nominated Secretary
The Parenting Center	Barbara Lamsens	PFC Ex Com: ex-officio representative
Work Advantage	Lisa Witkowski	PFC Ex Com: Chair: Touchpoints Committee
Health & Human Services Commission	Dorothy Kuhlmann	PFC Ex Com: Chair: Neighborhood Mentoring
Fort Worth ISD	Nina Jackson	PFC Ex Com: Chair: Quality Initiatives Com.
Arlington ISD	Jo McGovern	PFC Ex Com: Co-Chair: Public Awareness
Catholic Charities	Susanne Luebke	PFC Ex Com: Co-Chair: Public Awareness
City of FW Public Health	Dee Ternus	Touchpoints Facilitators
Cook Children's Medical Center	Barbara Greer	Health
Tarrant County Youth Collaboration	Linda Ragsdale	Community Collaboration
Neglect Hurts Task Force	Mike Steele	Safety (neglect and abuse)
Child Care Associates	Gloria Serrano	Early Care & Education
Tarrant Area Community of Churches	Kate Gaines	Faith community



## Statements of Principle:

The Strategic Planning Committee first created a set of *Statements of Principle* that would not only guide the design of the strategic plan, but will also guide future decision-making of *The Partnership For Children* Executive Committee and General Membership.

Based upon longstanding values inherent in *Partnership* decision-making, the SWOT Analysis and Panelist input, the following *Statements of Principle* will be considered as core values in current and future *Partnership* decision-making.

### **The Partnership For Children will:**

- **Promote prevention through awareness, activity and programs.**
  - *This principle is based upon the belief that it is better to prevent the onset of problems with young children than it is to be so focused on fixing (intervention) the problems we have made.*
  
- **Partner with existing service providers to engage the whole community. *The Partnership For Children* seeks to avoid unnecessary duplication by being sensitive to the needs of particular populations and communities.**
  - *No sense re-inventing the wheel. There are numerous effective Tarrant County service providers. However, it is clear that service providers alone have not been able to either prevent or consistently intervene on behalf of young children. The whole community encompasses parents, older children/youth, the faith community, local government, law enforcement and the business community.*

*Additionally, while The Partnership is focused on all Tarrant County children under six, we realize that there are certain niches within that total population that have very real and pressing needs that should receive our targeted attention.*
  
- **Promote relationship-based programs designed to create a supportive community of caring adults around each child. This community of caring adults will be family-oriented and emphasize parent involvement.**
  - *Based upon a wealth of early childhood research, it is clear that young children must have their bonding and attachment needs met. Programs, initiatives that do not focus on building interpersonal relationships in support of parents and children will not receive the support of The Partnership.*
  
- **Focus on the care-giving and developmental needs of all children with special attention given to those children who are most at-risk.**
  - *If we want young children to succeed in life, the care-giving needs of those children (whether in formal or informal care) must be based on the genuine developmental needs of young children.*
  
- **Seek to create local, and perhaps non-traditional, solutions based on local standards.**
  - *Business as usual is not producing a very positive outcome for our young children. We cannot wait for federal or state decision-makers; we have to begin solving the problems of our youngest Tarrant County citizens in our own way with our own methods.*



## **2003-2004 Goals and Objectives:**

The following *Goals and Objectives* were deemed by the Strategic Planning Committee to respond to the feedback provided by the University of Dallas SWOT Analysis and the valuable input provided by the Early Childhood Panel members. Additionally, these goals and objectives conform to the *Statements of Principle*.

### **Goal #1:**

#### **Develop pilot partnership models between social service agencies and grass roots community groups.**

*Building on the Neighborhood Mentoring and Touchpoints work already accomplished by The Partnership, it is clear that the social service industry has much to offer in helping solve a range of early childhood health, safety and early care & education issues. However, it is also clear that the solutions to solving these problems will probably most effectively come from the grass roots, neighborhood level.*

#### **Objective(s):**

- Investigate best practice partnerships and make a specific recommendation by September 15, 2003.
- Identify, develop, and support a local partnership models by December 31, 2003.

### **Goal #2:**

#### **Increase community awareness of early childhood issues.**

*While there have been numerous efforts over the past decade to communicate a range of early childhood issues to Tarrant County citizens, all of the panelists and the SWOT Analysis indicated that there is much more work to be done.*

#### **Objective(s):**

- Define the childhood issues and indicators by September 15, 2003.
- Develop a strategy to communicate outcomes by December 31, 2003.
- Develop local advocacy strategy by May 31, 2004.

### **Goal #3:**

#### **Develop an answer to the question “What does quality childcare look like?”**

*How can we challenge and support informal and formal child care providers to provide quality care for the young children in their charge if we do not have a consistent standard of what that care should be?*

#### **Objective:**

- Establish a Tarrant County standard by May 31, 2004.



**Goal #4:**

**Increase early childhood mental health prevention efforts.**

*More and more young children are experiencing a range of mental health problems: bonding and attachment disorders, depression, anxiety disorders, and age inappropriate rage. The implications of this growing problem will impact our school districts, law enforcement, and ultimately the workforce.*

**Objective(s):**

- Develop a list of current early childhood mental health providers by September 15, 2003.
- Evaluate and recommend early childhood mental health prevention best practices by Dec 31, 2003.

**Next Steps:**

Effective February 20, 2003, the Partnership For Children Executive Committee is creating four committees that will develop and implement workplans designed to actualize the four 2003-2004 Strategic Plan Goals & Objectives.

**2003-2004 Committees:**

<b>Committee:</b>	<b>Co-chairs:</b>	<b>Phone:</b>	<b>Email:</b>
Neighborhood Partnership	Mike Steele Nina Jackson	817-446-5454 817-922-3565	<a href="mailto:cisceo@sbcglobal.net">cisceo@sbcglobal.net</a> <a href="mailto:rclar@ftworth.isd.tenet.edu">rclar@ftworth.isd.tenet.edu</a>
Public Awareness	Susanne Luebke Kate Gaines	817-534-0814 817-737-5554	<a href="mailto:sluebke@ccdofw.org">sluebke@ccdofw.org</a> <a href="mailto:kathryngaines@aol.com">kathryngaines@aol.com</a>
Quality Child Care	Lisa Witkowski Linda Winkelman	817-531-6755 817-831-2111	<a href="mailto:lisa.witkowski@twc.state.tx.us">lisa.witkowski@twc.state.tx.us</a> <a href="mailto:lindaw@firsttexasconfire.org">lindaw@firsttexasconfire.org</a>
Early Childhood Mental Health Intervention & Prevention	John Ross Sherry Dunn	817-485-2788 817-332-6348	<a href="mailto:therossgroup@charter.net">therossgroup@charter.net</a> <a href="mailto:sdunn@theparentingcenter.org">sdunn@theparentingcenter.org</a>

Additionally, *The Partnership* will actively recruit new members that can bring new levels of passion and expertise to the four committees.

Finally, *The Partnership* Executive Committee will communicate the content of this 2003-2004 Strategic Plan to a wide range of Tarrant County early childhood stakeholders from March through August 2003.

To join one of the committees above or join *The Partnership For Children*, email: Amy Raines at: [amy.raines@fortworthgov.org](mailto:amy.raines@fortworthgov.org)



## **Attachment #1:**

### **SWOT Analysis**

**Prepared by:**

**Susan Joiner, Melisa Longo, Susan Merchant, Monica Wilson**

**July 2002**

**Graduate School of Management  
University of Dallas**

### **Executive Summary**

The Executive Committee for *The Partnership For Children* has embarked upon an effort to develop a strategic plan targeting specific needs and gaps in services for children 0 to 5 in Tarrant County. The following six step strategic planning process is being followed:

- Defining planning mission, stakeholders
- **Gathering Information**
- Developing Draft Strategic Plan
- Review Draft
- Final Draft
- Coalition vote on Business Plan

A team of MBA students from the University of Dallas was charged with the information-gathering portion of the strategic planning process, specifically, to identify gaps in current service programs. Using six SWOT questions developed by *The Partnership For Children* Executive Committee, the students conducted a series of focus groups, phone interviews and email surveys. From those efforts 35 focus group participants, 24 phone interview participants and 6 email survey participants provided input to this survey for a total of 65 respondents.

In addition, a web site review of a number of statewide early childhood initiatives was also completed in order to provide examples of success templates in the areas of Health, Safety and Early Childhood Education. Finally, a review of the Children and Youth Needs Assessment from the United Way of Tarrant County was completed in order to gain a perspective from the recipients of services provided in Tarrant County.

The survey results indicate that gaps exist in the following areas:

- Parent, community, and service provider knowledge of existing programs and services.
- Community and service provider support for parents to assist them in utilizing existing programs and services (accessibility, capacity, navigation of processes, language barriers, etc.).



- Parent education in regards to raising healthy children.
- Service provider education in providing quality childcare and nurturing environments.
- Availability of affordable childcare services.
- Coordination of a common goal by providers of existing programs and services.
- The mission, value and administration of *The Partnership For Children*.

With the common thread being education, the recommendations of the University of Dallas Team focus on:

- ***The need for greater public awareness of the available services for children 0 to 5 in Tarrant County.*** At this time it is difficult to determine the gaps in service programs because there is such a large knowledge deficiency among the public and service providers as to what programs and services are currently available. Once public awareness has been increased and there is a higher confidence level that the existing programs are being fully accessed and utilized, *The Partnership For Children* should then perform a gap analysis of services.
- ***The need for better definition and marketing of the mission, value and implementation of The Partnership For Children Coalition.*** *The Partnership For Children Coalition* does not currently have the full participation and/or support of all of the child-related service advocates in Tarrant County. This further demonstrates the lack of coordination among the current service providers within the industry. Without a coordinated effort and common goal among all stakeholders, *The Partnership For Children Coalition* will not be able to generate any value-added efforts towards improving the lives of children ages 0 to 5 in Tarrant County. Instead, industry providers will perceive *The Partnership For Children Coalition* as being another competitor for the already limited funds.

### **Study Method & Demographics:**

The University of Dallas (UD) Team gathered information from a target audience identified by the Executive Committee of *The Partnership For Children* via focus group meetings, phone interviews and an email survey. SWOT questions provided by the Executive Committee were utilized during these information-gathering sessions. In order to expand on the demographics being surveyed, the UD Team also reviewed the results of the United Way Needs Assessment that was completed in 1999.

Once the survey data was analyzed and a recommendation was formed, the UD Team reviewed a number of web sites of other statewide childhood initiatives in an effort to identify strengths and weaknesses that may be utilized by *The Partnership For Children* as they proceed further in developing their Strategic Plan.



### **SWOT Questions**

The following SWOT Questions were provided by *The Partnership For Children* Executive Committee:

1. What do you believe are the greatest needs being faced by all Tarrant County infants through five years old? Please respond in the following three categories:
  - Health:
  - Safety:
  - Early Care & Education (includes formal and informal childcare, Head Start, pre-K programs):
2. Do you believe there is adequate community support for parents of Tarrant County infants through five years old as they attempt to provide the best care for their children?
  - If yes, please identify those support systems.
  - If no, please identify those support systems that need attention.
3. Please list five organizations that effectively address the Health, Safety, and/or Early Care & Education needs of Tarrant County infants through five years old.
4. What is the single-most important decision Tarrant County could make in order to ensure that all infants are nurtured and cared for?
5. If there was a coalition of Tarrant County organizations that focused on the needs of infants through five years old, identify the three most important issues for them to address by 2005.
6. Do you know what *The Partnership For Children* is?
  - If yes, what do you know?
  - If no, would you like to know more?

### **Focus Groups**

Three focus groups were schedule but only two occurred.

During the focus groups, UD team members facilitated the discussion by asking the SWOT analysis questions provided and thoroughly documented the group responses. These results were later combined with interview and survey results to develop the final results summary included in Appendix A. The unedited raw data is also included in Appendix B. Focus group details are as follows:

**Date:** May 8, 2002

**Representative Organization:** Keller ISD

**Demographics Represented:** Administrators of teen pregnancy programs

**Attendance:** Approximately 16 participants



**Date:** May 14, 2002

**Representative Organizations:** Arlington ISD, YMCA, Tarrant County Work Force, Tarrant County CCS, Head Start, United Way – Arlington, Health and Human Service Commission.

**Demographics Represented:** Administrators and teachers of Tarrant County schools, childcare centers and social services organizations representing the education, childcare and health care community.

**Attendance:** Approximately 20 participants

### **Demographics**

The demographics for *The Partnership For Children* SWOT Analysis are heavily weighted towards administrators or employees of the many various service delivery programs in Tarrant County. Of the 65 participants in the study, 24 were interviewed by phone, 6 by email, and 35 in a focus group setting. The majority of these individuals represented the school districts and non-profit entities. The voice of the many different current service recipients or potential recipients was underrepresented in this survey.

To attempt to gain a wider perspective, the UD team reviewed the Needs Assessment data for Children and Youth conducted by the United Way of Tarrant County. This study, conducted in 1999, collected similar data specific to low income families, welfare to work mothers, disabled adults, adults with mental health issues, older adults, medically indigent, homeless residents, Spanish speaking and Vietnamese speaking residents.

Where applicable, the needs assessment survey data was considered in making various recommendations.

### **Survey Results**

The top issues identified by the study participants are summarized below. An expanded version with additional identified issues can be found in Appendix A of this document and the raw data collected can be found as a linked document in Appendix B of this document. The United Way Needs Assessment data is not represented in this results section. It is however represented in the Recommendations section and can be found as a linked document in Appendix C of this document.

### **Greatest Needs**

Below are the top three needs identified for each of the categories provided.

#### **Health:**

- **Preventive Health Care** – The general consensus was that Texas has the poorest immunization rates in the Country. These low rates are driven by poverty, accessibility and availability. The immunization rates for Tarrant County children two and under are 73% compared to the goal of Healthy People 2010 of 90%. There is a general lack of education among parents and community members about:



- **Preventative health care in general**
  - **Immunization requirements**
  - **Awareness about the danger of diseases**
  - **Qualification requirements for immunization programs**
- 
- **Health Insurance** – Health insurance programs are inadequate to support the lower and middle-income families as well as the illegal foreign national community. Most of those interviewed are aware that the Children’s Health Insurance Program (CHIP) is available but feel that the program is severely under-communicated. In addition the administrative process for assessing and using CHIP is difficult and is often a roadblock for those parents wanting to use the program. There is also a need for the Medical Community (Physicians) to provide more resources in low to middle income programs.
  - **Mental Health Care** – Tarrant County has only 12 child psychiatrists, many of which do not accept Medicaid. Schools are seeing increasingly worse behavioral problems. Autism is growing rapidly in Tarrant County; currently over 200 students in Tarrant County have been diagnosed with Autism. Several children per year are turned away from schools because of misbehavior. There are currently no daycare options for parents to utilize for children with behavioral problems. There is a need for more educational workshops that teach parents how to work with their children’s behavioral issues at home. There is currently a 3-month waiting period to access psychiatric assistance, which indicates a need for additional psychiatric resources.

### **Safety:**

- **Car Seat Safety** – There is a general concern that car seat and seat belt compliance is a major issue in Tarrant County. There is a lack of education about the dangers of improper car seat and/or seat belt usage, a lack of enforcement of car seat and seat belt laws and an accessibility issue for obtaining car seats due to expense.
- **Education** – There is a need for general parent and community education about child safety issues, programs and prevention. Parents need education on general child safety (home, car, bike, pool, etc). There is a low level of awareness of current community resources available in support of safety programs, parenting skills and conflict resolution. There is a need for child education on sexual assault and stranger danger.
- **Child Abuse** – Child abuse seems to be getting worse rather than better. Children are exposed to more family and neighborhood violence. Emotional abuse and neglect are also problematic areas. Additional resources and programs are needed to address these child abuse issues.

### **Early Care & Education**

- **Childcare Standards & Quality** – The general consensus is that the current standards and quality of childcare services are poor and in need of improvement. State standards are at a minimum level and the quality provided is dependent on location and the economics of the community. The quality of childcare and education providers is also lacking. While there is a need for high quality service, it is also needed at a lower cost.



- **Education** – Parent and provider education is needed. Parents need education on childhood development, educational needs and programs, availability of childcare services, knowledge of what good childcare service is, and how to obtain childcare services. Providers need to be better educated on providing quality childcare and a nurturing environment.
- **Resources** – Additional resources are required in the areas of educational tools for providers and parents, more childcare providers and more childcare facilities.

### **Community Support**

A minority of those surveyed responded “yes” to the question asking if there is adequate community support for parents. They identified that the programs and organizations were there and available, just not well advertised so that parents and the community were aware of them.

The majority of the respondents agreed that there was not adequate community support in the areas of:

- **Public Awareness** – The largest gap identified was that of public awareness of the current programs that are in place. Parents and the community at large are not aware of all of the programs, entrance requirements or procedures on how to obtain the available resources.
- **Parent Support Programs** – The respondents also agreed that there are more programs and organizations that support the needs of children rather than the needs of the parents raising the children. Respondents identified the need for programs that were solely targeted at “parent support”. The biggest need in the parent support area was a program or organization that could provide information on all available resources. Such a program should also provide assistance in obtaining these resources and after-hours accessibility to current programs.
- **Funding** – As with most programs, lack of funding was frequently identified as the cause of lack of public awareness and lack of parent support programs.
- **Other** – Other issues identified were support services for the non-English speaking communities, parenting education classes, parent coping programs and public transportation support for accessing programs.



### **Top 5 Organizations**

The most frequently identified organizations in Tarrant County that effectively address health, safety and early care and development were:

- Camp Fire
- Cook's Children Hospital
- Child Care Associates
- The Parenting Center
- Early Childhood Intervention

### **Single Most Important Decision**

The single most important decision that Tarrant County could make to ensure the successful nurturing of infants to age five was identified as education. A recurring theme throughout the interviews and focus groups included general education for the public and community at large in developing neighborhood alliances and support for children, as well as education for parents, especially new parents, on child development, obtaining needed benefits and resources and how to detect and address problems.

### **Three Most Important Issues**

The three most important issues identified that Tarrant County could focus on and address by 2005 were:

- Affordable, accessible, and high quality infant care, childcare, and pre-k programs – This includes raising minimum standards, increasing funding and increasing training for providers.
- Education – Promotion of health and general child development information to parents and the public. This includes information on infant brain development, health care and immunization, child abuse prevention, and recognizing developmental disabilities. This promotion would also include a central place that parents could go to for help.
- Additional Resources – Creating and finding additional resources (funding, partnerships, pro-bono work, etc) to support programs for children through corporations, neighborhoods, foundations, etc.

### **Knowledge of The Partnership For Children**

Of the interview and focus group participants, the responses were divided, with a little more than half already having heard of *The Partnership For Children*. Many participants knew that it was a coalition of agencies supporting early childhood issues. While many knew some basic information, there appears to be a need for further clarification of what the partnership is doing.

Of those not knowing who *The Partnership For Children* is, several expressed concern about whether or not the community needs this, whether the right people have been invited to the table, how this is related to state efforts, and what exactly the intentions of the group are.



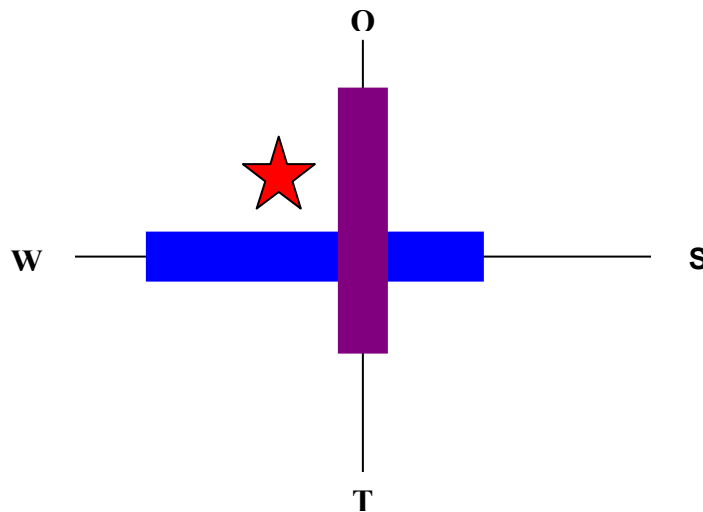
**The Partnership For Children: Strengths, Weaknesses, Opportunities and Threats**

Based on feedback from the survey respondents, *The Partnership For Children* is perceived to have the following strengths, weaknesses, opportunities and threats.

<p style="text-align: center;"><b><u>Strengths</u></b></p> <ul style="list-style-type: none"> <li>• Attempting to coordinate existing services and programs</li> <li>• Established relationship with key state agencies</li> <li>• Seeking analysis to understand where <i>The Partnership For Children</i> can be most beneficial to Tarrant County before committing funds</li> <li>• In the process of developing a strategic plan</li> </ul>	<p style="text-align: center;"><b><u>Weaknesses</u></b></p> <ul style="list-style-type: none"> <li>• Lack of participation and support from key stakeholders</li> <li>• Perceived pre-set agenda and objectives</li> <li>• Lack of ownership by key stakeholders</li> <li>• Mission and objectives are not clearly understood by industry advocates</li> <li>• <i>The Partnership For Children</i> is perceived to be another drain on already limited funds</li> </ul>
<p style="text-align: center;"><b><u>Opportunities</u></b></p> <ul style="list-style-type: none"> <li>• Build better relationships with key stakeholders</li> <li>• Obtain key stakeholder buy-in and support by promoting and marketing existing services and programs</li> <li>• Assist current programs and service providers with maximizing use of their benefits by the community before attempting to add resources to individual programs</li> <li>• Assist parents in obtaining benefits from existing programs and services</li> <li>• Utilize the UD Marketing and E-Commerce Capstone to develop and implement a public awareness campaign on behalf of all child-related industry service providers in Tarrant County</li> </ul>	<p style="text-align: center;"><b><u>Threats</u></b></p> <ul style="list-style-type: none"> <li>• Dependent on external funding sources</li> <li>• Competing with current child-related service providers for limited funding</li> <li>• Lack of industry support within Tarrant County</li> </ul>



The current assessment of strengths, weaknesses, opportunities and threats for *The Partnership For Children* is summarized on the following diagram. The plotting of the graph indicates that at present *The Partnership For Children* have a great opportunity to better coordinate the efforts of child-related service providers in Tarrant County in order to maximize the benefits to the community. While the table above indicates that there are about the same number of strengths to weaknesses, the diagram is plotted heavily to the weaknesses side. This is a result of the nature of the weaknesses identified. If not resolved, the lack of support and ownership by key stakeholders will continue to outweigh the benefits of any strengths that *The Partnership For Children* has.



### **Recommendation**

Based on the various forms of data collected, the UD team identified two desired outcomes based on input from two very different groups. The constituency of current service providers within the child-related services industry identified a higher need for increased public awareness whereas the parents and community members impacted by children's issues identified the need for additional resources.

### **Children-Related Services Industry Viewpoint**

The group of child care administrators and school district personnel involved in the survey conducted by the UD team showed an overwhelming support for concentrated efforts towards building public awareness about children's issues and increasing community support. This includes educating the community at large and eligible families about the organizations and programs that currently exist. This would also include filling the gap for community and parent education that is needed as well as becoming an "Information Warehouse" for resources and support. It also may include providing the assistance that is needed by eligible recipients of the current programs in obtaining the program benefits they require.



### **Community Viewpoint**

Additionally, when examining the Needs Assessment Data collected in 1999 by the United Way of Tarrant County, 22.3% of community members and parents identified a need for daycare for preschool children, while 11.6% identified daycare for special needs children as top issues facing children and youth. This survey also identified areas in which resources were lacking for children receiving support and care from neighborhoods and the community providing good support to parents raising youth.

45.7% of participants felt finding affordable childcare was problematic. This became less of an identified issue as income rose. 31.3% said finding quality childcare was a problem. The two most important factors in defining quality childcare were providing a safe and healthy environment and the training of caregivers, with low caregiver to child ratios coming in at a close third. On average, families were spending \$332 per month on children under the age of 6 with 2.4% receiving assistance from a government or nonprofit agency, 1.3% receiving employer assistance and 2.5% receiving assistance from family and friends.

Something both sources of feedback agreed on was the need for greater community support of children and of parents with young children. While the needs assessment data did not identify the need for parent and public education on child development, the UD team feels that a percentage of the issues they did identify could be attributed to the community's lack of knowledge of existing services and programs. Additionally, when comparing that 45.7% have trouble finding affordable quality child care, compared to only 6.2% receiving any assistance with the cost of childcare, one can see that either there are not enough resources available or the public is not aware of them.

Therefore, to address the needs of both constituencies, The Partnership for Children should focus on **promoting awareness of current children's services and programs, child development, and parenting issues.**

However, in order to be successful, *The Partnership For Children* must first obtain the full support and participation of all key stakeholders within the child-related services industry of Tarrant County. This will require an increased focus on forming and nurturing key relationships as well as establishing and communicating clearer objectives. It is also imperative that *The Partnership For Children* fully defines and actively markets the value they intend to provide to the child-related services industry of Tarrant County. Because this is such a critical issue, it will be discussed in detail first and should be addressed by *The Partnership For Children* before implementing the remaining recommendations.

### **Key Stakeholder Relationships – Suggested Action Plan**

The last SWOT question asked respondents to comment on their familiarity with *The Partnership For Children*. Some of the responses received indicated a lack of understanding about the purpose and involvement of *The Partnership For Children*. One specific area of concern was whether or not the coalition had representation from all the necessary key stakeholders within the child-related services industry of Tarrant County. The UD team feels this issue is critical to the future success of *The Partnership For Children*. It is recommended



that they develop and implement a specific action plan to address the concerns raised by the study group participants.

To effectively develop and implement their action plan, *The Partnership For Children* should consider using the 8-Step Transformation Process developed by John P. Kotter. The following recommendations are being provided as a starting point:

### **1. Establish a Sense of Urgency**

The issues raised in this report in regards to the awareness of the intended efforts on behalf of *The Partnership For Children* should be an indicator to the Executive Committee that there is insufficient industry support to ensure the success of *The Partnership For Children*. Some of the most critical comments received came from survey respondents that are currently considered key stakeholders by *The Partnership For Children*. If key stakeholders are unclear as to what value *The Partnership For Children* provides to the community, the chances of a successful coalition are severely limited.

### **2. Form a Powerful Guiding Coalition**

The Executive Committee should review their key stakeholder list and ensure that they have representation from *all* key stakeholders within the child-related services industry of Tarrant County. Beyond that, *The Partnership For Children* should make every effort to ensure their participation in developing objectives and making decisions. Several of the comments received indicated that the current coalition is perceived to be heavily weighted with participants from certain organizations, has a pre-set agenda and pre-defined objectives. It was further stated that several who attended preliminary meetings felt they were not asked to return because of their opposing viewpoints. This style and perception does not lend itself to developing a cooperative coalition that is working toward the greater needs of children in Tarrant County.

Because it is impossible to please all people all of the time, forming a powerful guiding coalition will be difficult at best. However, every effort should be made by the Executive Committee to recognize and embrace the different issues and views that are brought forward and develop a strategic plan that is fully supported by the existing industry providers and offers value-added efforts and services to the children of Tarrant County. The children of Tarrant County do not need another service provider competing for scarce resources without clearly adding value to the community. Without the support and coordination of the current service providers, *The Partnership For Children* is at risk of becoming just that.

### **3. Create a Vision**

A clear understanding of purpose is critical to success. The most powerful vision is one that is commonly shared. While the Executive Committee may feel they already have a clear vision, this should be reevaluated and possibly revised with



the full participation of the key stakeholders that comprise the “powerful guiding coalition” formed in step 2.

#### **4. Communicate the Vision**

Continue to build and nurture the key stakeholder relationships by keeping the lines of communication open. Make every effort to keep stakeholders and other industry leaders informed and current on progress and initiatives. More importantly, make every effort to keep key stakeholders and industry leaders involved in the decision making process.

For added support, take the message to the community. Enlist community and political leaders to lend their voice and support to the mission.

#### **5. Empower others to Act on the Vision**

Relinquish the control. Empower stakeholders; industry leaders, political representatives and community members to take ownership of objectives and goals.

#### **6. Planning for and Creating Short-Term Wins**

The most critical short term win that *The Partnership For Children* could achieve is identifying and including the key stakeholders and getting their full support and participation. This will be achieved when all current child-related industry service providers in Tarrant County have a representative voice on the coalition and feel some level of ownership in the objectives and goals of the coalition.

#### **7. Consolidating Improvements and Producing Still More Change**

Any change process, individually, organizationally, or socially takes time. “Deep change” in organizations takes 18 – 36 months. Short term wins are required to keep people motivated, yet, there is a temptation to declare victory too soon. The guiding coalition must keep a level of tension in the system to consolidate successes and continue until the full mission is accomplished.

#### **8. Institutionalizing New Approaches**

To make the initiatives of *The Partnership For Children* stick, there must be an alignment of structure, people and tasks. The vision must continue to be the rallying point. Rewards and recognition should be made public to reinforce the efforts of the community. Enlisting the key players involvement in the guiding coalition early in the effort will pay big dividends throughout the process and anchor the role of *The Partnership For Children* in the community.

The 8-Step Transformational Process developed by John P. Kotter was obtained from the article “Why Transformation Efforts Fail” by John P. Kotter originally published in March-April 1995 Harvard Business Review.



### **Public Awareness & Marketing Campaign – Suggested Action Plan**

The results of the SWOT analysis conducted by the UD Team indicated that *The Partnership For Children* could make the largest impact by focusing their resources on a public awareness. Thus, *The Partnership For Children* should develop a marketing campaign to raise awareness of the current child-related service providers and programs within Tarrant County. Increased public awareness should result in an increase in services used by children and parents in Tarrant County. When, and only when, this occurs, *The Partnership For Children* may then consider expanding their service offerings to identifying gaps within the current service and program offerings in order to help direct funding and other resources for filling those gaps.

Before making any changes, a baseline should be defined and documented to record the current environment characteristics. Measurement criteria should then be defined and a measurement technique developed and documented so that the effectiveness of *The Partnership For Children's* efforts can be measured and communicated. *For example: The Partnership For Children's public awareness campaign will be considered effective and successful when "CHIP" show a 20% increase in use by eligible families of Tarrant County.*

In order to develop the marketing campaign and measure its effectiveness, *The Partnership For Children* should consider the following:

1. Develop a plan for identifying key stakeholders in the community and ensure inclusion of all key players on *The Partnership* Executive Committee.
2. Increase marketing effort to all related parties, such as childcare providers, school districts, other nonprofits, churches and government representatives. This marketing effort should include telling constituents who *The Partnership* is, their role within the community, their relationship to other similar types of initiatives and create buy-in and support from these entities.
3. Do further research on the current knowledge level of parents and the community regarding children's issues and determine where the biggest gaps are.
4. Determine what information is most important for parents and community members to know about children.
5. Define measurement criteria and techniques to identify success.
6. Develop and perform a promotional campaign to educate communities on how to be involved in lives of neighborhood children and families.
7. Identify venues for which parent education could be provided or required. For example, require all parents receiving assistance to attain ongoing number of hours of parent education annually to maintain assistance.
8. Establish a central information center or hotline and market it to the public for all child related questions/resources. (i.e. similar to the 211 information line)



9. At pre-set intervals, re-evaluate general public knowledge and measure progress of marketing efforts.
10. After successful implementation of a public awareness campaign, perform bi- or tri-annual needs assessment for children's issues in Tarrant County and make a comparison to current resources available. Where gaps occur, find foundations or corporations to provide grants and act as the central body to distribute funds to address gap needs.
11. After successful implementation of a public awareness campaign, act as a central body to lobby on behalf of the many child development agencies to attain more funding and support for existing programs.



**Attachment #2:**  
**Early Childhood Panel Notes**

**Amy Raines, Partnership Secretary:**

**Early Childhood Health Panel**  
**September 26, 2002**

**Early Childhood Health Panel Presentations:**

Each of the Health Panel Subject Matter Experts were asked to respond to the following questions:

- In your opinion, what are the most significant early childhood health indicators that should be addressed in Tarrant County?
- What is being done in Tarrant County that is effectively addressing those indicators?
- What is being done in other communities that is effectively addressing those indicators (regional, state, national, international)?
- What do you want *The Partnership* to do about preventive health care for prenatal through five-year-old Tarrant County children?

**Kristine Lykens, AB, MPA, PhD, Asst. Professor, UNT Health Science Center**

**Ron Stutes, COO, John Peter Smith Hospital**

Additional Comments:

- 6000 deliveries each year, majority of women received prior case management through JPS
- NICU is the greatest cost center at JPS
- Lack of health care providers accepting Medicaid is a growing issue. Concern should be voiced at next legislative session.
- Lack of transportation in Arlington is a big problem
- Fear of accessing services by some immigrant populations and language barriers an issue.
- JPS trying to obtain World Health Organization's designation of "Baby Friendly"
- Need for agencies not to duplicate services, but to bring to the table what each group does better.
- Involved in the effort to bring a Federally Qualified Health Center to Fort Worth-care for undocumented
- Make sure that legislators are educated in issues.

**Susan Belcher, WIC , Tarrant County Public Health Department**

Additional Comments:

- Need for women to know they are pregnant early-marketing campaign of the importance of early prenatal care
- drug and alcohol problem-not enough services, problem before she becomes pregnant, grandparents are left to take care of children, need for women to confront their alcohol and drug problems



- Childhood obesity in childhood-fast food, need to bring in the 5-a-day into marketing scheme, Lack of time for parents, fast food offers more to children and parents (toy, fast, convenient) than fruits and vegetables.
- Need to breach cultural differences-some people don't think obesity is a problem, don't know how it is going to affect their life, throughout the life cycle

**Rowena Wooters, Outreach Manager, City of Fort Worth Public Health Department**

Additional Comments:

- Dental health-lack of dentists that accept Medicaid and poor reimbursement
- Faith-based communities-trained 35 congregational health promoters
- Fatherhood Initiative: recent review revealed that over 40% of birth certificates did not have fathers listed, Higher rate of IM when fathers not involved, need to be involved in prenatal care
- With Back to Work movement-need for daycare
- Health not main issue, would like to see group get more involved in housing issues, slumlords allowing water and electricity to be turned off
- Need for more community representation on planning groups

**Peggy Troy, RN, MSN, President, Cook Children's Medical Center**

Comments:

- Drowning is a big concern, 100% preventable, due to lack of supervision, devastating for families. Water Watcher Tags, an adult that is 100% responsible for watching children in the water.
- Mental Health: kids under 5 with severe problems, depression, under 3 with schizophrenia, numbers increasing. Good news is that early treatment can help. Traced back to home environment. Autism increasing, no comprehensive program in Tarrant County to address this problem.
- Sexual abuse of children-indication of sexual abuse in children increasing
- Child Abuse in general-60 or more children seen every day as a result of child abuse
- Dental care: 91% greater risk for low-income children to have dental problems than others. Lack of providers is a huge problem. Leads to more missed days than any other health problem. Access could take a hit at the next legislature.
- Type II Diabetes in children. 100% preventable through diet and exercise. Nutritional status of children alarming. Crisis coming with devastating consequences.
- Tarrant County does more to work together than many other communities. An example is the Mental Health Coalition. Collaboration is important, but there are barriers because of funding streams. Where the funding is received is not necessarily the best place for a program.
- Recommendations: find communities that are working together as models



### **Kevin Wylie, MD, Cook Children's Medical Center**

#### Additional Comments:

- Families don't realize the needs for some things, such as proper nutrition and fail to realize that a designated medical person is important. Continuity of care not seen as important, when seen in an ER, Dr. doesn't know what came before.
- The problem is not the school system, but the home environment. First 3 years of life are most important for development. Most parents love their kids, but they don't know what to do with them.
- Proposes to set up a system of grandmas. A grass-root movement of individuals that are readily accessible to the community, with minimal cost. To educate these individuals to reach the women with important information. Biggest problem is logistics.
- Largest barrier is education.

### **Dialogue**

J. Lee Whittington, Consultant with Bedford Consulting, facilitated the dialogue. Questions raised:

Are there any trends you have seen in different populations regarding childhood obesity?

Troy: Dr. Menchaca has done much work with the Hispanic population and finding cultural influences in that being overweight symbolizes prosperity. Not seen as a problem.

Kevin- In Hispanics, lower socio-economic status, less money, fast food more marketed, higher SES more sedentary

Peggy-we have made tremendous strides in car seats, same things need to happen in education, terrible nutrition quality in food.

Ron-MacDonald's are in JPS facility. It is what the people want, people don't buy healthy food.

J. Lee: How can we overcome what one of the panelists mentioned, duplication of services? Is it realistic that groups can work together deciding what each group does really well, their core competencies, so as to not duplicate services?

Kris-Added that we also need to take into account capacity as another factor to consider. Does a group have the capacity to provide for a certain service?

Ron: need to spend time to communicate with each other, stated that when he first arrived there was little communication between Cook Children's and JPS, now they communicate regularly

Castleberry I.S.D. Little districts don't know what you are doing (regarding access, eligibility, services, etc.) Suggestion is to do more to get the information out to others

John: How can we (*The Partnership*) fill the gap between the services that exist and the parents?



Kris: promotora model that Dr. Balcazar at UNTHSC has used, heavily used in the border areas, March of Dimes grants to promote folic acid. Etc. is a way to bridge that gap.

Nina: there is an issue about the way people are treated when they get care, makes it so that the women don't want to come back

Ron: What turns people off is the way they are treated. Gave an example of the worst site when he got to JPS was Poly, but they had a very high show rate, because of the staff, one particular doctor. What do you need to change? JPS in process of re-educating staff how to treat people.

### **Early Childhood Safety Panel October 24, 2002**

#### **Ginny Hickman, Director of Advocacy at Cook Children's Medical Center:**

Notes in addition to those supplied in written format:

- Term "accidents" or idea that "accidents happen" is incorrect, 90% can be prevented
- Car injuries number one killer of children, 500 children in last 5 years admitted to hospital for car-related injuries, problem of riding unrestrained or misuse of car restraints
- Multiple car models, not easy to install, more complicated than it sounds
- Drownings-number one killer for children under the age of 4, more than 50% of drownings or near drownings occur in bathtubs, females are at the greatest risk
- White, males 0-4 have the highest risk for drowning in swimming pool, lack of supervision, 70% of drownings occur under the care of at least 1 parent, myth that drownings cause a big commotion, but they are a "silent killer"
- 20% of near drowning survivor have severe lung damage, cognitive and respiratory problems
- distributes Safe Kids folders with drowning tag, choke tube, and flyers to community groups
- operates car seat program on a sliding scale or no cost, with educational program

#### **VIDEO:**

- verbal violence has the same impact as physical violence, fear of abandonment, greater risk of long-term problems
- Disconnect between what we know about children and what we do with children, children's brains are sponges in the first years of life, they are not so resilient as people say, they remember, domestic violence-can't keep children safe, if mothers aren't safe

#### **Joy Elliott, Executive Director, Early Childhood Intervention**

- Education on Shaken Baby Syndrome, need for parents, babysitters, everyone who has contact with baby to be educated, most preventable injury, 50,000 babies affected every year, 1/4 die as a result, the others have complications
- Autism-emotional injury most challenging, we don't really know what to do, growing rates, males outnumber females,
- Post-Traumatic Stress Disorder-violence in the home, severity relating to how close to the event the child was, and parental reaction to the event,
- Sexual abuse-body remembers
- Prenatal stress-stress of mother affecting baby prenatally



- Attachment disorder-need for training in hospital, home visits after the birth of a baby, demonstration of how to interact with a baby ex. A parent not talking to a baby because the baby "can't talk"

### **Nancy Hagan, Executive Director, Alliance for Children**

- Shaken Baby Syndrome-long term disability, rise in number of children in daycare, caregiver inflicted, what kind of people are caring for our children?
- Skull fractures, broken ribs
- Scalding-90% in young males, 0-3 years
- Member of Child Fatality Review Team-place for information on injuries to young children
- Child sexual abuse-long-term consequences, need to support children when this is discovered
- Pregnant teens-occurring with other men
- What can we do?
- Continue education for children
- More parental education classes
- Appropriate and immediate intervention

### **Dialogue:**

- Question pertaining to the nature of relationship (biological vs. step or relatives) of fathers in sexual abuse cases. A-50% biological, 25% step, inverse from national trends
- To whom to children disclose abuse? 22% to schools
- Usual response time for CPS to intervene? If child is in imminent danger of being reabused-24 hours, if not, 10 days
- Preventative Models-what can PFC do?
- Healthy Families Initiative-all new parents receive regular home visits
- Grandparents-80-90% of children spend significant time with grandparents, potential source of intervention, prevention
- How to integrate services and eliminate discrepancies? (??)
- Coalitions part of the solution, knowing who to refer to who, importance of a focuses effort, but being aware of each of the other coalitions
- Referring to Dr. Perry's comment about tribes-how do we re-stimulate skills if they are not being passed on? The informal transmission of skills.
- Need for creating a substitution for extended families
- Programs in schools to teach about parenting, life skills, before they even get to school
- CIS-opportunity to bring educational programs into afterschool programs for children in 52 FWISD elementary schools, 3000 children, 4-10 years old, captive audience, also to work with the Twenty-First Learning Centers-afterschool programs for children , parents and community in selected middle schools
- Hiring people from the community, promotora, community healthy workers, not as expensive, natural leaders in neighborhoods



## Early Care and Education Panel November 14, 2002

### **Dr. Margaret Puckett, Early Childhood Consultant**

In addition to handouts:

- Important questions are who is that person that is going to hold my baby, the teacher disciplining my child, what kind of training do they have?
- Caregivers knowledge of brain development is essential
- First years infants learn trust, caregivers must understand the anxiety, guilt, and fears when parents leave infants, there needs to be a high level of trust
- There is risk with children of creating permanent downshifting-cognitive overload when creative thinking stops, no higher level thinking occurs when expectations exceed age of child
- Testing mode that schools are in are misguided in that it assumes children learn what teachers teach, testing only a "snap shot" of that one day
- There is a need to bring parents to the table, a Tarrant County standard of childcare, need to meet the highest standards

### **Debbie Freeman, Arlington Independent School District**

- Reemphasized the importance of adult education, how to understand what a child needs, and education to caregivers
- The need to recognize that all children are different and to meet them where they are
- Emphasis should be on what is best for the child
- Collaborative program with child care centers and AISD has allowed for sharing of resources, and schools better understanding child care centers and the challenges they face
- Push for Universal Pre-K is coming from state, doesn't know where district would come up with the space

### **Tippi Ellis, Camp Fire USA Child Care Resource & Referral**

- Most pressing need is for better trained caregivers and parent education on the importance of quality childcare
- Suggests a Public Awareness Campaign to educate parents
- Development of a rating system for childcare givers/educating community as possible roles of the PFC

### **Neta Pierce, TDPRS Child Care Licensing**

- regulation is the front line in protecting children and reducing risk
- education of caregivers is important
- Sept. 1- Aug. in Region III, 15 children died in childcare setting, 1/3 of those in Tarrant County, all 5 deaths younger than 12 months in unregulated childcare, suspect Shaken Baby Syndrome
- Parents need to be a part of the system
- Trying to focus on front end that childcare is not for everyone, weeding out
- Hiring staff with child development background



### **John Whitcamp, Child Care Associates**

- Education has to start before the children get into childcare
- Remediation does not work, we spend too much money too late
- Public Information Campaign-engage education departments at universities to create strategy of parent education in child care issues, to change attitudes of parents
- Significant demographic shift in Tarrant County, more people from other countries, cultures impact children, don't always value early childhood education
- In childcare, quality is dependent on pay, you get what you pay
- Need a standard for Tarrant County, resources and expectations, need a community plan that is supported, endorsed and funded
- Too many organizations doing the same thing
- Children need Time, Talk, Touch and Trust
- Misperception that a certified school teacher make you an early childcare professional

### **Nancy Garrett, Texas Department of Health**

- Problem of inconsistent caregivers
- Need more training in SIDS, Shaken Baby
- Need to prevent staff turnover with more pay
- Children need to have some risks, to have space to run and exercise and need a variety of opportunities to learn, express ideas and problem solve
- *PFC* could provide parental education program, find a champion in the news media
- Finding alternative ways to fund child care operations
- Talked about Child Care Group-consistency of caregivers, relationship centers childcare, small family each day at day care center, interact with different aged children
- Increase technical assistance on age-appropriate activities

### **Dialogue**

- Directed to Dr. Puckett-if you could pick only one initiative that you mentioned, which would it be?
- Improving training and staff retention
- If you raise awareness of the importance of quality childcare, but not enough services exist to meet the need, what is the risk?
- Parents need to understand that licensing standards only check a small piece, educate parents on brain development and parents need to become advocates to push for funding
- Childcare viewed as a workforce issue, how can that be changed?
- Parents can learn to recognize when there is a focus on growth and development and when there isn't. Provide education to parents in a way that they can understand, such as "I Am You Child" video
- Touchpoints-
- Early Child Kit-
- Expand use of Child Care Health Consultants
- Assuming there is not enough money for all children to attend formal, quality childcare, what can we do for the informal caregiver?
- Make staff training accessible to the community, share training with informal caregivers, create partnerships with groups to provide incentives for informal caregivers to attend training



- -use of informal models, such as the promotora model,
- Example of "Voz de los Ancianos" -grandmothers trained to help younger parents
- Mentoring programs to match young parents, with older more experienced parents

**J. Lee Whittington, Consultant Notes:**

**Early Childhood Health Panel  
September 26, 2002**

**Kristine Lykens, UNT Health Science Center:**

Top 3 issues:

- Infant mortality
- Childhood Immunization
- Establishing a Health Care home for each child (Continuity of Care)
  
- In Tarrant County community meetings, follow-up, on going effort. Immunization coalition, Health dept very active. Registry not very effective.
- Healthy Start; collaboration, collaboration, and collaboration.
- OPT IN Vs OPT OUT> Texas legislature to consider change in clause,
  
- Community Health Centers: collaborative group has applied for one in Tarrant County for children who do not have insurance access.
  
- Maintain existing structure; Private structure: CHIP + Medicaid, more funding. Support/participate in collaborative efforts; legislation.

**Ron Stutes, JPS Network:**

- Substance abuse: impacts both parenting skills & children
- Children mental health, continuing problem in access.
- Teen pregnancy
- Dental Care provision through school based clinics
- Lack of health Care/dental providers willing to participate in Medicaid → legislative involvement.
- Preventive: prenatal, immunization, wellness checkups.
- Identify without follow-up: access to transportation, language/cultural barriers, concern that if they seek services they will be identified for other issues.
  
- Substance abuse; pregnancy case management; Health/wellness education; immunization; breast-feeding support.
- Early childhood obesity- family involvement.
- Need multi agency collaboration rather than duplicate, enhance. Look at FUAC model.
- More outreach in under-served communities.
- Increase population awareness on early health care and immunization.



- Access to transportation.
- Increasing access to substance abuse care.
- Safe/affordable care for early childhood.

**Peggy Troy, Cook Children's Medical Center:**

- Childhood injury. Model: SAFEKIDS; drowning as a safety issue. 3 zip codes in Tarrant County identified as infant mortality epidemic. Logical and demographic studies to identify and focus efforts. Safety initiatives in community.
- Mental health. Fewer than 5 with significant mental health problems that can be tracked back to environment. Incidence of autism increasing. No comprehensive program; sexual abuse of children, child abuse in general. Child Protection Time.
- Dental. 91% of low income kids at risk. Lack of dental providers. Lack of access.
- Type 2 diabetes. Devastating in childhood with consequences later in life, yet 100% preventable.
- Tarrant County does more to work together than other counties, but a lot more to do. Continue collaboration. Together impact is greater than individually. Barriers: categorical funding streams.

**Susan Belcher, Tarrant County Health Department, WIC:**

- Try to get into healthcare early.
- Not being able to get there (transportation)
- Learning early that they are pregnant, access Medicare
- Advertise early prenatal healthcare
- Drug/alcohol problem impact on parenting skills, mortality
- Childhood obesity
- Bring "5 a day" into marketing scheme
- Compete for time/marketing
- Obesity awareness (cultural aspects); full-cycle impacts.

**Rowena Wooters, City of FW Public Health Department:**

- Diabetes identification in FWISD
- Heart Power & salute for children
- Nutrition + exercise w/parent involvement
- Work in specific neighborhoods to identify pregnant mothers
- Resource parenting: Pg test not recognized at medical facility becomes barrier.
- Identify barriers.
- Link girls into prenatal care.
- Gap between Medicaid & CHIP Program
- More education
- Dental Health (Dental health acre coalition at Cook's; low % of dentists that will accept Medicaid.
- Faith-based communities: need to utilize congregational health care initiatives
- Fatherhood initiatives: big issue, but don't have a handle on.
- Back to Work: day-care waiting lists; sick-care facilities; menial jobs



- Housing/Poverty: 21% kids in FW live in poverty; thus, health isn't main issue.
- Nashville successful mobile program to targeted care.
- Prenatal care at Wal-Mart: Go to where they are.
- "HOTSHOTS" through Fire dept/health dept
- Involve community people at large. Ask them what their needs are.
- Access to care, but need to address behavioral changes.

#### **Kevin Wylie:**

- Foundational problem (besides poverty) = Education. Don't realize need for certain things:
- nutrition;
- failure to recognize that designated health professional is important. Start over at each episode. Easiest access is ER. No continuity of care (impacts mobile clinic idea);
- Immunization: greatest impact for relatively low cost; yet some people think its bad for children.
- Growth & development. 1<sup>st</sup> 3 years of life are critical. Parent problem. Don't know what to do, No Models. Not giving child input stimulation and doesn't realize how important it is.
- Set up a system of "Grandmas": grassroots individuals respected and accessible in the community with knowledge of resources available, help overcome perceived barriers. (Could link with faith-based organizations).

#### **General comments after presentations:**

- Need to get people enrolled in managed care
- Celebrate community successes
- Change models that are not working
- Change hours of operation –evening and weekend
- Need collaboration with smaller ISDs
- "Promitores" program
- Healthy Tarrant County; partnering Vs duplicating
- Connections collaboration
- Jesse Tree model: 1-stop shopping
- Parent partners at Parenting Center
- Understand cultural barriers
- "How are folks treated when they get to the care facility?" Need to establish relationships, teach, and get them to come back. Create environments that are inviting rather than making people feel dumb & crazy. Getting people in rather than keeping people out.
- System itself is a barrier. Institutional barriers.
- Constantly challenge existing models.
- New model in Tarrant County: TOUCHPOINTS; paradigm shift. Training available to all agencies.
- Empower parents to become experts in children.



**Early Childhood Safety Panel**  
October 24, 2002

**Video-Dr. Bruce Perry. "Safe from the Start"**

Justice starts in the high chair. 1<sup>st</sup> 3 years = 90% of brain development, yet only 3% resource investment. Need full integration of services; declaration of interdependence: need policies and programs that understand interdependence. Stop using things that hinder valuing and working with other people.

**Ginny Hickman, Cook Children's Hospital:**

- Injury prevention; over 300 local coalitions on safety nationwide(?); 90% of accidents can be prevented.
- Primary cause: unintentional injuries = leading cause of death, permanent disability. Males > females. Minorities, poverty < 5.
- Motor vehicles primary: riding unrestrained. Lot of misunderstanding 1/3 wrong device, 85% installed incorrectly. Need for education on car seats.
- Drowning #1 in children under 4. Lapse of supervision. Need to supervise with eyes: "water watcher" – no adult should watch more than 15 minutes.

**Video: Violence in Schools.** Verbal has just as much impact as physical. Threat of abandonment has greater long-term impact. Emotionally unsafe are at greater risk than physically unsafe. "Vortex of violence" intragenerational, cycle of violence. Power gradient (hierarchy). Conservation of violence: internalize/externalize, absorb and pass it down. The world is created by the primary caregiver. Youth violence = f(domestic violence). Can't keep children safe if we don't keep mothers safe. Trauma debrief for EMTs but not for kids. Myth: "Kids are Resilient". Children are more vulnerable to trauma. Disconnect between what we KNOW about children and what we DO about children.

**Joy Elliot, Early Childhood Intervention:**

- Shaken baby syndrome is an intentional severe activity. Education can have an impact.
- Emotional injury
- Rate of autism increasing.
- Post-traumatic stress disorder = f(severity; close; parental reaction). Children are at risk or even more at risk when trauma occurs.
- Sexual abuse.
- Attachment disorder: bonding continuum. More susceptible to all trauma in environment: emotional, cognitive, social, developmental, physical. 80-90% of abusers were abusers themselves.
- Train parents in hospital before they leave;
- Home visit after birth.
- Speech delays->talk to baby. Level of ignorance about how children actually develop language skills. Brain elasticity - can be changed with early intervention; negative absorption.



**Nancy Hagan, Alliance for Children:**

- 60% of cases handled are sexual abuse. Most devastating is shaken baby. Long-term, lifelong disabilities.
- Important issue: What kind of people are taking care of children.
- Scalding incidents 90% are male at age of potty training. Frequently not a follow up after physical treatment to treat the emotional injury.
- Child Fatality Review Team
- Most problems are preventable through education.
- Child sexual abuse: lifetime impact on trust self-esteem.
- Untreated sex abuse -> most teen pregnancy.
- Increase in substance abuse, delinquent behavior.
- Continue education
- Appropriate and Immediate Intervention

**Linda Ragsdale, Tarrant County Youth Collaboration:**

- response threshold set by state agencies. Can the threshold of response be lowered in Tarrant County?
- Neglect is insidious/silent – don't see it until its really bad.

**Key ideas/questions from audience:**

- Healthy family initiative
- Multiple points of entry into system: “No Wrong Door”
- Need education for grandparents: 80-90% spend significant time with grandparents
- Mothering Skills
- Grass roots initiatives: neighborhood programs; mentoring; “prometero” (?); Congregational health promoters.

**Early Care and Education Panel  
November 14, 2002**

**Margaret Puckett:**

- Most important question is “Who is the person that is going to hold the baby?”
- Need specialized training for these people. Need to learn how to really screen these people.
- Need knowledge of brain/neurological development: The limbic system is the Point of Beginning. Without healthy emotional part of the brain, learning goes array. In early months children learn to trust the world and modulate their own emotions. Emotional center → physical, cognitive, social. Children stay in the fight/flight state because needs were not met readily. Emotional interaction between adult and child.
- Care facilities must meet higher standards.



- What does “readiness for school” mean? Need to have realistic expectations about children. Cognitive overload leads to “downshift”, risk of creating a permanent downshift. Preschool impacts 3<sup>rd</sup> grade TAAS. Testing mindset is not healthy. Readiness (developmentalist perspective): Schools need to be ready for young children. All children are not at the same level.
- Children need to be emotionally healthy and socially confident.
- Need to Develop a Tarrant County standard that exceeds some of the state standards.
- The starting point is to bring the childcare consumer to the table: How do they learn what really matters?

**Debbie Freeman, Arlington Independent School District:**

- Adult education is what children need most. Provide education for teachers, childcare workers, and parents (e.g. TouchPoints training).
- Teachers must understand the need for differentiated instruction.
- Child environment needs to be kept under control, more cohesive, with fewer people for child to deal with. Children get to “loop” with other children.
- Learning is all about relationships. Whatever is best for the child is what needs to be done.

**Tippi Ellis, Camp Fire USA Child Care Resource & Referral:**

- Most significant need is a well-trained caregiver. Large % of children are in unregulated childcare. Must be knowledgeable of child development; able to communicate with parents; literacy requirements.
- Parents need to be better educated on importance of quality care. Greater emphasis on emotional/social development + basic life skills. Cooperative in-group setting + Independent skills.
- Problem: Childcare is viewed as a service to working parents rather than educational/developmental.
- Need a Public Awareness Campaign on Importance and Components of Quality Care. Educate the community.[CRA opportunity]

**Neta Pierce, Texas Department of Protective & Regulatory Services, Child Care Licensing:**

- Regulatory doesn't talk about the quality piece.
- Biggest problem: Inconsistent caregiver: not unusual for an infant to deal with up to 6 different caregivers.
- Need to educate caregivers on specific stage of development.
- Need to get parents involved.
- Secure attachment relationship with parents of caregivers.
- Identify age appropriate activities.
- Develop training program that includes regulators.



- “relationship-centered childcare”: what naturally happens in-home setting that prepares children? Create a small family in each center.
- Parental education program
- Public relations program – need a champion in news media.

**John Whitcamp, Child Care Associates:**

- Child growth and development has to start before children get into childcare system. Remediation does not work; must begin early with families.
- Connect with one 4-year institution, engage with communication department to generate public information on early development.
- Significant demographic shifts – some cultures do not value early development. Little kids need guided activities that prepare them for school; play is their work.
- Quality of caregiver is directly related to amount they are paid. Quality is not on the radar screen.
- Need resources and expectations; Standards for Tarrant County. Need a Community Plan. All groups need to coalesce into ONE VOICE. Develop and keep a common vision.
- Public programs are too concerned with cognitive rather than social/emotional development. Children need security that comes from attachments.
- 4T Model: Time, Talk, Touch, Trust.
- Real misperception that a certified teacher = early childhood professional.
- Childcare is viewed as a workforce issue not a child development issue.

**Nancy Garrett, Texas Department of Health**

- Problem with multiple providers; turnover of teachers and staff. 18 providers by the time they are 2 years old.
- Need consistent care; need continuity of care.
- Allow some risk so children can learn. Have risk, but also be successful.
- Children need to be open/receptive/with other children; able to accept another adult.
- Need to get all organizations on one page. Awareness and work together. Need a “blue book” of sorts of what’s there; collaborate.
- North Carolina Smart Start was proud of failures: learning opportunities.



### **Attachment #3: Partnership For Children Ad Hoc Committee**

A core *Partnership For Children* vision statement states that by 2010, that all Tarrant County infants will be cared for and nurtured. To achieve that vision, *The Partnership For Children* created an *Ad Hoc Committee* in March, 2000, with a goal to develop a comprehensive plan to ensure that by age three all Tarrant County infants have achieved their maximum potential in the following domains:

- physical development
- intellectual development
- social development
- emotional development

The comprehensive plan, when completed, will:

- ensure that a comprehensive, integrated system comprised of volunteers and paid professional staff will assist all first-time parents and selected second-time parents in their ability to care for and nurture their infants in order to optimize development in the before-noted domains,
- provide a coordinated, sustainable continuum of parental education and support in the following longitudinal components of a child's life:
  - pre-natal education
  - in-hospital education & support
  - post-birth mentoring

In July 2001, *The Partnership* transitioned the work of the Ad Hoc Committee into a newly formed Neighborhood Mentoring standing committee.

### **A Comprehensive Plan: Statement of Need**

Within the past decade a rapidly growing body of dramatic and compelling scientific research has clearly shown that the time from birth to six years old is the most critical phase of human development.

From birth to six years old, virtually all of the skills a child needs to succeed in life either come *on-line* or they don't. The drive to develop the language skills, social skills, the ability to give and receive nurturance, the foundations for logical thinking, and the development of fine motor skills so necessary in our sophisticated world is a powerful drive within each and every child, regardless of race or socio-economic status.

Children who do not have these essential skills when they enter their elementary school years simply do not thrive and succeed. And the costs to parents, the private sector and government (not to mention the cost to the children themselves) can be measured not only financially, but also emotionally and spiritually as well.

Dr. Craig Ramey, Professor of Psychology, Pediatrics, Maternal and Child Health at the University of Alabama at Birmingham states that the old belief that babies are born with all the



neurons they will ever have has recently been challenged by scientists. When a baby's brain is stimulated by experiences, the brain cells respond by "sprouting" new appendages, called dendrites that resemble the roots of a tree. Dendrites send chemical messages to the dendrites of neighboring cells, and large chains of nerves develop as the brain's capacity for learning and memory increases. These connections proliferate in the first couple years of a child's life.

The creation of these neural connections follows a developmental schedule. Research shows that the visual cortex, the part of the brain responsible for vision, is one of the first to completely mature, as early as age one. The creation of connections in the prefrontal cortex takes up to three years.

The foundation for cognitive skills builds rapidly during the early years and then begins to level off. Research on language development shows that the interaction between mothers and infants 15-26 months of age is particularly important for later reading and academic performance. When mothers spoke frequently to their infants, their children learned almost 300 more words by age two than did their peers whose mothers rarely spoke to them.

Of significance to society is the fact that a core principle for infant brain development is the "use it or lose it" principle. Only those connections and pathways that are frequently activated are retained. Other connections that are not consistently used will be pruned or discarded so the active connections can become stronger.

Of greater significance to society, however, is the fact that young children exposed to abuse and neglect not only fail to thrive, they quite often fail to develop at all. In a 1997 Newsweek special issue the lead article entitled *How to Build a Baby's Brain* noted the following facts:

- if the brain's organization reflects its experience, and the experience of the traumatized child is fear and stress, then the neurochemical responses to fear and stress become the most powerful architects of the brain,
- if you have experiences that are overwhelming, and have them again and again, it changes the structure of the brain,
- trauma elevates stress hormones, such as cortisol, that wash over the tender brain like acid. As a result, regions in the cortex and the limbic system (responsible for emotions, including attachment) are 20-30% smaller in abused children than in normal children,
- these damaged regions also have fewer synapses,
- in adults who were abused as children, the memory-making hippocampus is smaller than in nonabused adults,
- high cortisol levels during the vulnerable years of zero to 3 increase activity in the brain structure involved in vigilance and arousal. As a result the brain is wired to be on hair-trigger alert. The slightest stress unleashes a new surge of stress hormones. This causes hyperactivity, anxiety and impulsive behavior,
- kids from high-stress environments have problems in attention regulation and self-control.

Dr. Bruce Perry, a Senior Fellow of the CIVATAS Initiative and a Professor of Child Psychiatry at the Baylor College of Medicine ardently claims there is a tremendous mismatch between opportunity and investment when it comes to very young children. At the time when a human's brain is most vital, and yet most vulnerable, our society contributes very little public attention and funding to nurture that great potential. However, as a society, we contribute greater and



greater attention, and funding, to teens, adults, and the elderly who, had they had appropriate early-childhood experiences, might not require such costly intervention.

Why is *The Partnership For Children* developing a comprehensive plan to ensure that by age three all Tarrant County infants have achieved their maximum potential in the physical, intellectual, social, and emotional domains?

Because it is the prudent thing to do. It is what a wise society should do. It is because the facts lead us to the inescapable conclusion that by not focusing on the needs of the youngest among us, we condemn not only our children, but also our future, to a diminished caricature of what a fully realized human can be.

### AD HOC COMMITTEE MEMBERSHIP

Organization:	Representative:
Americaid Community Care	Jeanette Morales
Amon Carter Foundation	Sheila Johnson
Camp Fire – First Texas Council	John Ross
Catholic Charities	Denise Blakney
Child Study Center	Liz Sisk
City of Fort Worth Public Health	Beverly Hewitt
Community Enrichment Center	Donna Riddick
Cook Children’s Medical Center	Barbara Greer
Crime Prevention Resource Center	Shauna Fitzjarrell
Fort Worth ISD	Nina Jackson
Harris Health Care for Women	Nancy Jo Reedy
John Peter Smith Health Care System	Madalyn Cano
March of Dimes	Leigh Ann Armendariz
Maximus	Judy Spears
Pediatrician, Cook Children’s	Dr. Kevin Wylie
Senior Citizen Services	Deborah Evans-Young
Tarrant Area Community of Churches	Kate Hephner
Tarrant County College: early childhood	Laura Daniel-Simmonds
Tarrant County Public Health: WIC	Sue Belcher
Texas Department of Health	Dorothy Kuhlmann
The Parenting Center	Rebecca Caldow
University of North Texas	Rebecca Edwards
University of Texas at Arlington: nursing	Sandy Leipheimer
United Way of Metro Tarrant County	Pat Cheong



**Attachment #4:  
Tarrant County Early Care & Education**

**Children under six years old, ages:**

Infants (under 1 year):	23,481
Toddlers (1-2 years):	46,065
Preschoolers (3-5 years):	68,348
<b>Total:</b>	<b>137,894</b>

**Children under six years old, ethnicity:**

African American:	15%
Anglo:	52%
Asian:	3%
Hispanic:	27%
Other:	13%

**General Tarrant County Early Care & Education data:**

Child Care industry employees:	10,000-12,000
Average hourly wage for child care employees:	\$7-\$8 per hour
Annual wage for child care employees:	\$15,118
Estimated annual cash flow in TC child care:	\$350,000,000
Amount paid by parents (includes co-pays in subsidized care:	90%
Amount paid by government (CCMS, Head Start, ISDs, City/County):	9%
Amount other sources (United Way, foundations, corporate):	1%
% of income needed to pay for full time infant care:	
At minimum wage (\$10,712 per year):	51%-65%
At low income (\$17,412 per year):	31%-40%
At median income (\$44,669 per year):	12%-16%

**Tarrant County Child Care Providers:**

Type of provider:	Licensed/Regulated:	CCMS DV:	Accredited:	# of Child Care Slots:
<b>Family Child Care</b>	1082	32	22	7950
<i>Child Care Centers</i>	544	99	51	76656
<b>Total:</b>	<b>1626</b>	<b>131</b>	<b>73</b>	<b>84606</b>

**Tarrant County Average Weekly Cost of Care:**

Type of provider:	0-11 mths.	12-17 mths.	18-23 mths.	2 yrs.	3 yrs.	4 & 5 yrs.	School-age
<b>Family Child Care</b>	\$109	\$106	\$103	\$100	\$96	\$93	\$63
<i>Child Care Centers</i>	\$140	\$133	\$119	\$112	\$106	\$101	\$73

**Source:** Camp Fire Child Care Resource & Referral, December 4, 2002



**Early Care & Education System: National Percentages**

<b>Type of provider:</b>	<b>Provider profile:</b>	<b>% of total:</b>
<b><u>Informal Caregivers:</u></b>		
<i>Family/neighbor caregiver</i>	persons who care for children and may or may not receive cash reimbursement for those services	50.0%
<i>Baby-sitters</i>	describes everything from paying a neighbor to come over and watch your child for a few hours a week to contracting with a nanny service	5.0%
	<b>Total Informal Caregivers:</b>	<b>55.0%</b>
<b><u>Formal Caregivers:</u></b>		
<b><i>Family Child Care</i></b>	refers to early childhood professionals who care for a group of unrelated children in their own homes.	14.0%
<b><i>Child Care Centers</i></b>		
<i>For Profit center</i>	three or fewer centers operated by an individual or partnership	9.0%
<i>Independent Non Profit Centers</i>	small community centers governed by boards of community members or larger agencies which operate three or more centers in the same community	7.5%
<i>Church-Housed Centers</i>	most are non-sectarian; however, a significant minority actively engage in religious training	4.5%
<i>For Profit Chain Centers</i>	less than ten chains operate more than 100 centers	3.5%
<i>Head Start Centers</i>	only programs funded directly by the federal government; generally serve only 3 & 4 year olds.	2.5%
<i>Other Sponsored Non Profit Centers</i>	centers operated by parent organizations such as corporations, YMCAs, government agencies	2.0%
	<b>Total Formal Caregivers:</b>	<b>43.0%</b>
<b>Public School Preschools</b>	operated by a public school; most supervised by principal	2.0%
		<b>100.0%</b>



**Attachment #5:  
Early Childhood Information:**

**Early Childhood, General Information:**

*National Governor's Association: Early Childhood*  
[www.nga.org/center/topics/1,1188,D\\_1480,00.html](http://www.nga.org/center/topics/1,1188,D_1480,00.html)

*National Governor's Association: State Early Childhood websites*  
[www.nga.org/center/divisions/1,1188,C\\_ISSUE\\_BRIEF^D\\_1891,00.html](http://www.nga.org/center/divisions/1,1188,C_ISSUE_BRIEF^D_1891,00.html)

*Texas Office of Early Childhood Coordination Strategic Plan*  
[www.hhsc.state.tx.us/pubs/101702\\_KidPlan.pdf](http://www.hhsc.state.tx.us/pubs/101702_KidPlan.pdf)

*National League of Cities, Early Childhood*  
[http://www.nlc.org/nlc\\_org/site/programs/institute\\_for\\_youth\\_education\\_and\\_families](http://www.nlc.org/nlc_org/site/programs/institute_for_youth_education_and_families)

*2003 economic study by Federal Reserve Bank of Minneapolis makes the case for early-childhood development programs*  
<http://minneapolisfed.org/pubs/fedgaz/03-03/earlychild.cfm>

*Investing in Our Children: What We Know and Don't Know About the Costs and Benefits of Early Childhood Interventions*  
[www.rand.org/publications/MR/MR898](http://www.rand.org/publications/MR/MR898)

*Economic Analysis of the Prenatal and Early Childhood Nurse Home Visitation Program*  
[www.acf.dhhs.gov/programs/opre/economic.htm](http://www.acf.dhhs.gov/programs/opre/economic.htm)

*Promising Practices Network on Children, Families & Communities*  
[www.promisingpractices.net/programlist.asp](http://www.promisingpractices.net/programlist.asp)

*Vermont Success By Six*  
<http://www.ahs.state.vt.us/PDFFiles/01Sx6AnnRpt.pdf>

*United Way of America: Success By Six*  
<http://national.unitedway.org/sb6>

*Packard Foundation: The Future of Children*  
[www.futureofchildren.org](http://www.futureofchildren.org)

*Packard Foundation: Long-Term Outcomes Of Early Childhood Programs*  
[www.futureofchildren.org/pubs-info2825/pubs-info.htm?doc\\_id=7765](http://www.futureofchildren.org/pubs-info2825/pubs-info.htm?doc_id=7765)

*Early Childhood Research & Practice*  
[www.ecrp.uiuc.edu](http://www.ecrp.uiuc.edu)



*Annotated Bibliography on Social Capital*

<http://216.239.53.100/search?q=cache:o1bqwQrelgYC:www.lks.net/~cdc/scapital/bibliography.pdf+&hl=en&ie=UTF-8>

*The Social Capital Community Benchmark Study*

[www.ksq.harvard.edu/saguaro/communitysurvey/results5.html](http://www.ksq.harvard.edu/saguaro/communitysurvey/results5.html)

*Social Networks and Social Capital as Resources for Neighborhood Revitalization: Volume One and Two*

[www.oup.org/scholar/marwell.html](http://www.oup.org/scholar/marwell.html)

*Reggio Emilia*

<http://ericecece.org/reggio.html>

*From Neurons to Neighborhoods: The Science of Early Childhood Development*

[www.nap.edu/books/0309069882/html/1.html](http://www.nap.edu/books/0309069882/html/1.html)

*Unicef: State of the World's Children 2003*

[www.unicef.org/sowc03/contents/index.html](http://www.unicef.org/sowc03/contents/index.html)

*Motherhood may raise intelligence*

[www.msnbc.com/news/832140.asp?0dm=C17MH](http://www.msnbc.com/news/832140.asp?0dm=C17MH)

*Who says experts know what's right for your children*

[www.usatoday.com/news/health/2002-10-29-paranoid-usat\\_x.htm](http://www.usatoday.com/news/health/2002-10-29-paranoid-usat_x.htm)

### **Early Childhood: Health:**

*National Institute of Health: Medline Prenatal Care*

[www.nlm.nih.gov/medlineplus/prenatalcare.html](http://www.nlm.nih.gov/medlineplus/prenatalcare.html)

*Rand Child Policy Project: Prenatal research*

[www.rand.org/child/res.prenatal.html](http://www.rand.org/child/res.prenatal.html)

*National Center for Health Statistics: prenatal information*

[www.cdc.gov/nchs/fastats/prenatal.htm](http://www.cdc.gov/nchs/fastats/prenatal.htm)

*National Immunization information*

[www.cdc.gov/nip](http://www.cdc.gov/nip)

*National Safe Kids Campaign*

[www.safekids.org](http://www.safekids.org)

*Dr. T. Berry Brazelton & Touchpoints*

[www.touchpoints.org](http://www.touchpoints.org)

*Brazelton Touchpoints Center* believes that establishing and maintaining relationships with parents is the basis of preventive care. The *Brazelton Touchpoints Center* gives healthcare



childcare, educators and social service professionals' effective and proven tools to support infants and parents at the beginning of their lives together.

The Touchpoints model, developed by Dr. T. Berry Brazelton, aims to build alliances between parents and providers around key points in the development of young children. "Touchpoints" are predictable periods in a child's development that can disrupt family relations, but can also provide an opportunity for practitioners to connect with parents.

Using touchpoints as windows of opportunity for providers to communicate with parents, the model :

- Stresses prevention through developing relationships between parents and providers. The earlier the alliance between practitioner and parent is formed, the greater the opportunity to create a strong collaboration. Thus, knowledge about early child and parent development is paired with the communication skills needed to make connections with parents.
- Acknowledges that developing and utilizing relationships is critical to appreciating the significance of cultural, religious and social dynamics for families.
- Encourages the practitioner to focus on strengths in individuals and families, rather than deficits.
- Provides insight into the emotional experience of the developing parent.
- Departs from traditional medical and social service provision in its multidisciplinary approach. By combining the knowledge and perspectives of developmental psychology, education, nursing, pediatrics, psychiatry, and social services, valuable linkages are made to support children and families.

*Mrs. Bush: Healthy Start, Grow Smart*

[www.whitehouse.gov/firstlady/initiatives/healthystart](http://www.whitehouse.gov/firstlady/initiatives/healthystart)

*Hispanic lay health promoter program*

[www.brahec.jmu.edu/promotoras.htm](http://www.brahec.jmu.edu/promotoras.htm)

*Promotoras: Community health leaders*

[www.4children.org/news/102prome.htm](http://www.4children.org/news/102prome.htm)

*Prenatal and Infancy Home Visitation by Nurses: A Program of Research*

[www.welfare-reform-academy.org/conf/papers/olds/prenatal.htm](http://www.welfare-reform-academy.org/conf/papers/olds/prenatal.htm)

*Enduring Effects of Nurse Home Visitation on Maternal Life Course*

<http://jama.ama-assn.org/issues/v283n15/abs/joc91134.html>

### **Early Childhood: Safety:**

*Preventing Child Abuse and Neglect With a Program of Nurse Home Visitation: The Limiting Effects of Domestic Violence*

<http://jama.ama-assn.org/issues/v284n11/abs/joc00422.html>



*Assessment of Infant and Toddler Mental Health: Advancing A Research Agenda By Integrating Basic and Clinical Approaches*

[www.nimh.nih.gov/childhp/infmtgagd.htm](http://www.nimh.nih.gov/childhp/infmtgagd.htm)

*National Conference of State Legislatures: Mental Health Services for Children: An Overview*

[www.ncsl.org/programs/cyf/CPI02.htm](http://www.ncsl.org/programs/cyf/CPI02.htm)

*Funding Early Childhood Mental Health Services & Supports*

[www.georgetown.edu/research/gucdc/fundingpub.html](http://www.georgetown.edu/research/gucdc/fundingpub.html)

*National Governor's Association: Long-term Effects of an Early Childhood Intervention on Educational Achievement and Juvenile Arrest*

[www.nga.org/center/divisions/1,1188,C\\_ISSUE\\_BRIEF^D\\_2038,00.html](http://www.nga.org/center/divisions/1,1188,C_ISSUE_BRIEF^D_2038,00.html)

*Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*

[www.surgeongeneral.gov/topics/cmh/childreport.htm](http://www.surgeongeneral.gov/topics/cmh/childreport.htm)

*US Surgeon General report, 2001:*

- Problem behavior that begins in early childhood gradually escalates to more violent behavior, culminating in serious violence before adolescence. The early-onset group (children), in contrast to the late-onset group (adolescents), is characterized by higher rates of offending and more serious offenses in adolescence, as well as by greater persistence of violence from adolescence into adulthood (*reviewed in Stattin & Magnusson, 1996, and Tolan & Gorman-Smith, 1998*).
- The National Youth Survey shows that nearly 13 percent of male adolescents in the early-onset trajectory engaged in violence for two or more years, compared to only 2.5 percent in the late-onset trajectory (*Tolan & Gorman-Smith, 1998*).
- Between 20 and 45 percent of boys who are serious violent offenders by age 16 or 17 initiated their violence in childhood (*D'Unger et al., 1998; Elliott et al., 1986; Huizinga et al., 1995; Nagin & Tremblay, 1999; Patterson & Yoerger, 1997; Stattin & Magnusson, 1996*).
- A higher percentage of girls who were serious violent offenders by age 16 or 17 (45 to 69 percent) were violent in childhood (*Elliott et al., 1986; Huizinga et al., 1995*).
- The youths who commit most of the violent acts, who commit the most serious violent acts, and who continue their violent behavior beyond adolescence begin during childhood (*Loeber et al., 1998; Moffitt, 1993; Tolan, 1987; Tolan & Gorman-Smith, 1998*).

*Promising Practices for Early Childhood Mental Health*

[www.headstartinfo.org/infocenter/mentalhealth/mh\\_practices.htm](http://www.headstartinfo.org/infocenter/mentalhealth/mh_practices.htm)

*Links to Infant and Early Childhood Mental Health Resources*

<http://education.umn.edu/ceed/projects/infantmentalhealth/links.htm>

*Seeds of anxiety planted early in life*

[www.msnbc.com/news/730271.asp](http://www.msnbc.com/news/730271.asp)



*The Demons of Childhood: Young brains break. Then comes the broken care system*  
[www.usnews.com/usnews/issue/021111/health/11kids.htm](http://www.usnews.com/usnews/issue/021111/health/11kids.htm)

*Violence in the Home:*

In the 1999 United Way of Metropolitan Tarrant County Community Assessment survey respondents were asked: have your children witnessed disagreements where someone was pushed, grabbed or shoved. Fully 37.1% of the respondents said yes. Respondents were then asked if any of the disagreements witnessed by children were reported to a law enforcement agency and 26.1% said yes.

Additionally, when key community informants were asked to identify the top three family issues child abuse and neglect were identified by 75.9% of the respondents, with spouse abuse identified by 53.0% of the respondents.

*Ghosts from the Nursery: Tracing the Roots of Violence: Robin Karr-Morse and Meredith S. Wiley*

The grim reality is that a growing percentage of our babies are now gestating in and being born into an environment perfectly designed to breed rage and despair (p.14).

While the causes of violence are highly complex and multifaceted, a growing body of scientific knowledge demonstrates that maltreatment during the nine months of fetal growth and the first twenty-four months after birth often leads to violent older children and adults (p.14).

The last three decades have provided us with research that brings to light a range of more subtle toxins profoundly influencing our children's earliest development: chronic stress or neglect, which affects the development of the fetal or early infant brain; early child abuse and neglect, which undermine focused learning; chronic parental depression; neglect or lack of the stimulation necessary for normal brain development; early loss of primary relationships or breaks in caregiving. These are the precursors of the growing epidemic of violence now coming to light in childhood and adolescence (p.14).

Dr. Allan Schore, of the Department of Psychiatry and Bibehavioral Sciences at the UCL School of Medicine, emphasizes that the maturation of the orbitofrontal system is experience dependent: it is directly influenced by the nature of the attachment relationship. The child's first relationship, typically with the mother, acts as a template for the imprinting of circuits in the child's developing, emotion-processing right brain. Schore believes that this is the biological root of the shaping of the individual's adaptive or maladaptive capacities to enter into all later emotional relationships. If Schore is right, an early relationship with an emotionally attuned primary caregiver who regulates the baby's physical and emotional states provides a growth-promoting environment for the infant's developing orbitofrontal cortex. Conversely, early experiences with an emotionally unresponsive or abusive caregiver can inhibit the maturation of this system. Schore concludes that a negative early relationship can lead to a lifelong limited ability, especially under stress, to regulate the intensity, frequency, and duration of primitive negative states such as rage, terror, and shame (pp.37-38).

To purchase *Ghosts from the Nursery*:

[www.amazon.com/exec/obidos/ISBN%3D0871137038/002-8123053-3168017](http://www.amazon.com/exec/obidos/ISBN%3D0871137038/002-8123053-3168017)



*Newsweek, 1997, How to Build a Baby's Brain:*

Article noted the following facts related to the impact of abusive early beginnings:

- if the brain's organization reflects its experience, and the experience of the traumatized child is fear and stress, then the neurochemical responses to fear and stress become the most powerful architects of the brain.
- if you have experiences that are overwhelming, and have them again and again, it changes the structure of the brain.
- trauma elevates stress hormones, such as cortisol, that wash over the tender brain like acid. As a result, regions in the cortex and the limbic system (responsible for emotions, including attachment) are 20-30% smaller in abused children than in normal children.
- damaged regions of the young brain have fewer synapses.
- high cortisol levels during the vulnerable years of zero to 3 increase activity in the brain structure involved in vigilance and arousal. As a result the brain is wired to be on hair-trigger alert. The slightest stress unleashes a new surge of stress hormones. This causes hyperactivity, anxiety and impulsive behavior.
- kids from high-stress environments have problems in attention regulation and self-control.

*Bruce D. Perry, M.D., Ph.D.*

Dr. Bruce Perry, a Senior Fellow of the CIVATAS Initiative and a Professor of Child Psychiatry at the Baylor College of Medicine, states that at the time when a human's brain is most vital, and yet most vulnerable, our society contributes very little public attention and funding to nurture that great potential. However, as a society, we contribute greater and greater attention, and funding, to teens, adults, and the elderly who, had they had appropriate early-childhood experiences, might not require such costly intervention.

Listed below are three articles from Dr. Perry that provide a comprehensive background about the impact of neglect and abuse on young children:

*Aggression and Violence: the Neurobiology of Experience:*

[http://teacher.scholastic.com/professional/bruceperry/aggression\\_violence.htm](http://teacher.scholastic.com/professional/bruceperry/aggression_violence.htm)

*The Impact of Neglect and Abuse on the Developing Brain:*

[http://teacher.scholastic.com/professional/bruceperry/abuse\\_neglect.htm](http://teacher.scholastic.com/professional/bruceperry/abuse_neglect.htm)

*Bonding and Attachment in Maltreated Children: Consequences of Emotional Neglect in Childhood:*

<http://teacher.scholastic.com/professional/bruceperry/bonding.htm>

*Other Dr. Perry articles:*

<http://teacher.scholastic.com/professional/bruceperry/index.htm>



*Dr. Craig Ramey, Professor of Psychology, Pediatrics, Maternal and Child Health at the University of Alabama at Birmingham:*

States that the old belief that babies are born with all the neurons they will ever have has recently been challenged by scientists. When a baby's brain is stimulated by experiences, the brain cells respond by "sprouting" new appendages, called dendrites that resemble the roots of a tree. Dendrites send chemical messages to the dendrites of neighboring cells, and large chains of nerves develop as the brain's capacity for learning and memory increases. These connections proliferate in the first couple years of a child's life.

The creation of these neural connections follows a developmental schedule. Research shows that the visual cortex, the part of the brain responsible for vision, is one of the first to completely mature, as early as age one. The creation of connections in the prefrontal cortex takes up to three years.

The foundation for cognitive skills builds rapidly during the early years and then begins to level off. Research on language development shows that the interaction between mothers and infants 15-26 months of age is particularly important for later reading and academic performance. When mothers spoke frequently to their infants, their children learned almost 300 more words by age two than did their peers whose mothers rarely spoke to them.

Of significance to society is the fact that a core principle for infant brain development is the "use it or lose it" principle. Only those connections and pathways that are frequently activated are retained. Other connections that are not consistently used will be pruned or discarded so the active connections can become stronger.

Of greater significance to society, however, is the fact that young children exposed to abuse and neglect not only fail to thrive, they quite often fail to develop at all.

[www.circ.uab.edu/cpages/cramey1.htm](http://www.circ.uab.edu/cpages/cramey1.htm)

### **Early Care & Education:**

*Early Transitions for Children and Families: Transitions from Infant/Toddler Services to Preschool Education*

[www.ed.gov/databases/ERIC\\_Digests/ed434436.html](http://www.ed.gov/databases/ERIC_Digests/ed434436.html)

*National Governor's Association: Cost, Quality, and Child Outcomes in Child Care*

[www.nga.org/center/divisions/1,1188,C\\_ISSUE\\_BRIEF^D\\_1745,00.html](http://www.nga.org/center/divisions/1,1188,C_ISSUE_BRIEF^D_1745,00.html)

*National Governor's Association: Where There's a Will: Promising Ways to Promote Early Childhood Development*

[www.nga.org/center/divisions/1,1188,C\\_ISSUE\\_BRIEF^D\\_2405,00.html](http://www.nga.org/center/divisions/1,1188,C_ISSUE_BRIEF^D_2405,00.html)

*National Governor's Association: Evaluating Statewide Early Childhood Initiatives*

[www.nga.org/center/divisions/1,1188,C\\_ISSUE\\_BRIEF^D\\_2574,00.html](http://www.nga.org/center/divisions/1,1188,C_ISSUE_BRIEF^D_2574,00.html)



*National Conference of State Legislatures: Investing in Our Future: A Guide to Child Care Financing-June 2002*

[www.ncsl.org/programs/cyf/guide.htm](http://www.ncsl.org/programs/cyf/guide.htm)

*National Conference of State Legislatures: Child Care and Early Education Coordination in the States-A Statutory Overview*

[www.ncsl.org/programs/cyf/coordsum.htm](http://www.ncsl.org/programs/cyf/coordsum.htm)

*The Children of the Cost, Quality, and Outcomes Study Go To School*

[www.fpg.unc.edu/~ncedl/pages/cges.htm](http://www.fpg.unc.edu/~ncedl/pages/cges.htm)

*Bringing Doctors to Day Care*

[www.usnews.com/usnews/nycu/health/articles/020527/27daycare.htm](http://www.usnews.com/usnews/nycu/health/articles/020527/27daycare.htm)

*Mrs. Bush: Ready to Read, Ready to Learn*

[www.whitehouse.gov/firstlady/initiatives/education/earlychildhood.html](http://www.whitehouse.gov/firstlady/initiatives/education/earlychildhood.html)

*ERIC Clearinghouse on Elementary and Early Childhood Education (Educational Resources Information Center from the US Department of Education:*

Even before a child is born, violence can have a profound effect upon its life. Studies show that battered, pregnant women often deliver low birth-weight babies who are at great risk for exhibiting developmental problems (Prothrow-Stith & Quaday, 1995). Shaken Baby Syndrome, the shaking of an infant or child by the arms, legs, or shoulders, can be devastating and result in irreversible brain damage, blindness, cerebral palsy, hearing loss, spinal cord injury, seizures, learning disabilities, and even death (Poussaint & Linn, 1997). The growing body of knowledge regarding early brain development suggests that "the ways parents, families, and other caregivers relate and respond to their young children, and the ways that they mediate their children's contact with the environment, directly affect the formation of neural pathways" (Shore, 1997, p. 4).

[www.ed.gov/databases/ERIC\\_Digests/ed424032.html](http://www.ed.gov/databases/ERIC_Digests/ed424032.html)

*School Readiness Indicators Initiative: Making Progress for Young Children:*

Several foundations are funding 16 states to develop indicators of school readiness. The project is directed by Rhode Island Kids Count, an organization that has been very successful in cultivating and promoting the use of school readiness indicators. The states involved include Arizona, Arkansas, California, Colorado, Connecticut, Kansas, Kentucky, Maine, Massachusetts, Missouri, New Hampshire, New Jersey, Rhode Island, Vermont, Virginia, and Wisconsin. They are charged with developing a set of measurable child outcome and systems indicators for children from birth through the fourth-grade reading test. You can learn more about this effort at: <http://rikidscount.org/sri.html>

*California* recently created a Master Plan for School Readiness, which is a component of a comprehensive report being submitted to the Legislature. The full report contains recommendations for a Master Plan for Public Education, Pre-Kindergarten through post-secondary education. While the Legislature has not officially adopted the recommendations, you can access and download the report from the Legislature's website:

[www.sen.ca.gov/masterplan](http://www.sen.ca.gov/masterplan)



To access the report, click on the "Working Groups" link on the left side of screen to go to the page with information for all the different working groups. Once you are on that page, scroll down to the Working Group on School Readiness to access the full report or the Executive Summary. For more information, contact Jane Henderson at 916.323.0070.

*Florida's* 1999 School Readiness Legislation established the Florida Partnership for School Readiness to ensure children enter kindergarten ready to learn. The intent of the legislation is to help local coalitions develop a seamless service delivery system. Hence, grants are provided to coalitions that integrate services and funding. For current information, contact Executive Director Katherine Kamiya at 850/488-0337.

The *North Carolina Partnership for Children* [www.ncsmartstart.org](http://www.ncsmartstart.org) has funding to deliver technical assistance to a limited number of other states working to implement a comprehensive, community-based early childhood initiative. They are currently working in Alabama, Iowa, and South Carolina, and have extensive resources and good insights in the process. Contact Gerry Cobb for more information, 919/821.9540.