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**Abridged Version**  
**Starting Points**  
**Meeting the Needs of Our Youngest Children**

## The Quiet Crisis



cross the United States, we are beginning to hear the rumblings of a quiet crisis. [See [Quiet Crisis](#) sidebar.] Our nation's children under the age of three and their families are in trouble, and their plight worsens every day.

To be sure, the children themselves are not quiet; they are crying out for help. And their parents' anxieties about inadequate child care and the high cost of their child's health care can be heard in kitchens, playgrounds, pediatricians' waiting rooms, and workplace cafeterias across the nation. But these sounds rarely become sound-bites. Babies seldom make the news: they do not commit crimes, do drugs, or drop out of school. We don't hear interviews with parents as they anguish over finding decent, affordable child care; we don't notice the unmet prenatal needs of expectant mothers. Policymakers are rarely forced to contend with these realities. And so, the problems of our youngest children and their parents remain a quiet crisis.

Consider the state of America's youngest children and their families. In 1993 the National Educational Goals Panel reported that nearly half of our infants and toddlers start life at a disadvantage and do not have the supports necessary to grow and thrive. A significant number of children under three confront one or more major risk factors:

● ***Inadequate prenatal care.*** Nearly a quarter of all pregnant women in America, many of whom are adolescents, receive little or no prenatal care. Many of these pregnancies are unintended: the United States has one of the highest rates of unintended pregnancy in the industrialized world. The risk of delivering a low-birthweight baby with physical, behavioral, or intellectual difficulties is greater when a pregnancy is unplanned or when a woman does not receive adequate prenatal care.

● ***Isolated parents.*** More divorces, more single-parent families, and less familial and community support have made parents feel more isolated than ever before in raising their young children.

● ***Substandard child care.*** More than half of all mothers return to the workforce within a year of the baby's birth; many of their infants and toddlers spend thirty-five or more hours per week in substandard child care.

● ***Poverty.*** A quarter of families with children under age three live in poverty. The large majority of these families are headed by one parent, usually the mother. These families often live in unsafe neighborhoods and have poor access to quality child care, health services, or family support programs.

● ***Insufficient attention.*** Only half of infants and toddlers are routinely read to by their parents, and many parents give insufficient attention to their children's intellectual development. Teachers report that one in three American kindergartners arrives in school unprepared to learn.

These numbers add up to a crisis that threatens not only the healthy development of children themselves but also our nation's well-being. The National Educational Goals Panel identified four key dimensions of school readiness, our nation's first education goal: physical well-being and motor development, social and emotional development, language usage, and the mastering of learning styles that allow children to approach new tasks and challenges effectively. Currently too many children are entering school not ready to learn, jeopardizing later academic achievement. If left unattended, this crisis will ultimately compromise our nation's economic strength and competitiveness.

The Carnegie Task Force on Meeting the Needs of Young Children urges a national response to this quiet crisis. These early years are perhaps the most neglected. There are no clearly defined institutions such as preschools or schools to serve young children and their families. Health, educational, and social service agencies work independently and sometimes at cross-purposes.

The problems are many, and massive; not one lends itself to a single solution. But the task force has proceeded from the assumption that, given sufficient focus and sufficient political will, America can begin to find its way toward solutions. Our nation can formulate and implement social policy that responds, over time, to the most urgent needs of our youngest children and their families. They need our compassion and our help, and we, as a nation, have an incalculable stake in their well-being.

## **The Critical Importance of the First Three Years**

The first three years of life appear to be a crucial "starting point"--a period particularly sensitive to the protective mechanisms of parental and family support. [See [Being Three](#) sidebar.] Parents and experts have long known that how individuals function from the preschool years all the way through adolescence and even adulthood hinges, to a significant extent, on the experiences children have in their first three years. Babies raised by caring, attentive adults in safe, predictable environments are better learners than those raised with less attention in less secure settings. Recent scientific findings corroborate these observations. With the help of powerful new research tools, including sophisticated brain scans, scientists have studied the developing brain in greater detail than ever before.

This research points to five key findings that should inform our nation's efforts to provide our youngest children with a healthy start:

- First, the brain development that takes place during the prenatal period and in the first year of life is more rapid and extensive than we previously realized.
- Second, brain development is much more vulnerable to environmental influence than we ever suspected.
- Third, the influence of early environment on brain development is long lasting.
- Fourth, the environment affects not only the number of brain cells and number of connections among them, but also the way these connections are "wired."
- And fifth, we have new scientific evidence for the negative impact of early stress on brain function.

The risks are clearer than ever before: an adverse environment can compromise a young child's brain function and overall development, placing him or her at greater risk of developing a variety of cognitive, behavioral, and physical difficulties. In some cases these effects may be irreversible. But the opportunities are equally dramatic: a good start in life can do more to promote learning and prevent damage than we ever imagined.

Of course, brain development is only one of the variables that affect how children grow and that influence later school success. A range of "protective factors"--such as good nutrition and sensitive parenting--helps the child to achieve good outcomes and avoid bad ones. Researchers tell us that these protective factors fall into three broad categories:

- ***Infant temperament and perinatal factors:*** having characteristics such as full term and normal birthweight that attract and encourage caregiving
- ***Dependable caregivers:*** growing up in a family with one or two dependable adults whose childrearing practices are positive and appropriate
- ***Community support:*** living in a supportive and safe community

The interaction of these three factors largely influences the direction of children's development. Scientists have found that a major influence in the difference between good and poor outcomes is the quality of parent and family interactions. Infants thrive on one-to-one interactions with parents. Sensitive, nurturant parenting is thought to provide infants with a sense of basic trust that allows them to feel confident in exploring the world and forming positive relationships with other children and adults. Infants' early experiences also provide the building blocks for

intellectual competence and language comprehension. Touching, holding, and rocking a baby, as well as talking and reading, seem most effective for later development.

Parents are also the primary instruments for a child's early socialization. By establishing consistent routines, teaching acceptable behaviors, guiding health habits, and helping children to control disruptive or overly impulsive behavior, parents lay the foundations for the child's capacity to behave in socially acceptable ways. Children are much less likely to be antisocial or delinquent when their parents show positive, appropriate child-rearing practices and have high levels of social support. For all these reasons, a well-functioning family during the first few years provides a particularly important building block for healthy development.

Just as protective factors help children avoid later problems, so do risk factors, such as low birthweight or growing up with parents who have poor parenting skills, lead to later problem behaviors. Risk factors are often *multiplicative*, not additive, in their effects. Research shows that when children show only one risk factor, their outcomes are no worse than those of children showing none of the identified risk factors. But when children have two or more risk factors, they are four times as likely to develop social and academic problems.

The importance of these early years to the future healthy development of children cannot be minimized. Although children are resilient and can benefit from later intervention, the costs of reversing the effects of a poor start in life increase as the child grows older, and the chances of success diminish.

## **Striking Changes in the American Family**

In recent decades, America has been experiencing great change that has contributed to the quiet crisis of our families with infants and toddlers. Two of the most-often-cited causes of this crisis are changing values and the growing economic pressures on families. Parents increasingly feel the combined pressures of work and family life. Four key trends in American family life are contributing to these pressures:

**More Working Mothers.** Parents are finding that they must devote much more time to earning a living and that they have much less time for their children than their parents had a generation ago. This shift is largely due to the family's economic need to have mothers in the paid labor force. In the 1970s, few mothers of infants worked outside the home; today, more than half do. Many parents report that they are uncomfortable with the loss of family time, and that overload and exhaustion interfere with good parenting. The parental-time deficit is particularly stressful for mothers, who more frequently than fathers work a "second shift" at home, doing housework and caring for the children.

The large number of working mothers is a matter of concern because the American workplace is, by and large, not family-friendly, and arrangements for child care for children under three are often hard to find and of poor quality. In fact, two large, multisite studies have found that the child care they observed, whether center- or family-based, was of such substandard quality that it adversely affected infant and toddler development. The lack of quality child care not only

deprives children of attention and undermines healthy development; it can also greatly intensify the strain on parents, especially mothers.

**More Single-Parent Families.** No change in American families should concern this nation more than the skyrocketing number of single-parent families. Since 1950, the percentage of children living in one-parent families has nearly tripled. This tripling is attributable to both increased divorce rates and to the tenfold increase since 1950 in the numbers of births outside marriage. One in four American children now lives in a single-parent home.

But even the term "single-parent family" is a misnomer, since the vast majority of these families--fully 90 percent--is headed by a woman. These mother-only families often receive little or no help from the child's father: nationwide, only 50 percent of divorced fathers contribute financially to their child's support, and most rarely see their children. The resulting economic deprivation and stress take their toll. Children in single-parent households score worse on measures of health, education, and behavioral problems than children living in two-parent families. Later on, these children are more likely to drop out of school, to become heads of single-parent families themselves, and to experience a lower socioeconomic status as adults. These conditions--during both early and later childhood--appear to persist even after one adjusts for family income, mother's education, and minority status.

Many single-parent families result from adolescent pregnancy. More than one million adolescent girls become pregnant in this country every year; approximately half of these pregnancies go to term. Compared with older women, most adolescent mothers are neither financially nor emotionally prepared for parenthood. Although certain programs help adolescent mothers, these mothers generally face higher risks of postponed education and of long-term welfare dependency. Children of adolescent parents more often suffer from poor health and poor scholastic performance.

**More Family Isolation and Violence.** Only a few decades ago, America's families lived in neighborhoods of extended family and friends. Most of today's families seem far more isolated from friends, kin, and community life. Because people move more often, young families are less likely to live near extended family networks. Greater numbers of working mothers and varied work schedules have interrupted the old rhythms of neighborhood life, making it more difficult for parents to connect with other parents, to support each other, and to build friendships.

When the fabric of community life unravels, parents and their young children suffer. In low-income neighborhoods, fear of crime and violence undermines parents' sense of security and increases their isolation as they struggle to keep their young children safe, healthy, and happy. Even very young children experience extreme violence and everyday aggression as both victims and witnesses.

Although violence is more prevalent in poor inner-city neighborhoods, no city or town is immune. Parents are feeling increasingly unable to protect their children. Nor are traditional protectors--teachers, clergy, youth organization workers, and child care staff members--able to ensure the safety of young children. All too many parents and other adults who care for young children feel vulnerable and helpless.

**More Young Children in Poverty.** By 1990, families with children under three years of age constituted the single largest group living in poverty in the United States: 25 percent of these families fall below the poverty line. The rates are higher still for African American and Hispanic families and single-parent families of young children. The poverty rate among young children has risen even though overall American poverty rates are no higher today than they were twenty years ago.

Most children growing up in poverty under the age of three have at least one working parent. But parents' wages are not enough. Housing, transportation, child care, and health care all cost families more today than twenty years ago. In addition, real wages have declined disproportionately for younger as compared to more experienced workers; the decline is even steeper among workers with little education.

Poverty undermines families and the well-being of children in many ways. These children are often hungry or inadequately nourished. Many live in overcrowded housing, in unsafe buildings or neighborhoods. Too many are homeless: studies estimate that, of the approximately 100,000 American children who are homeless each night, nearly half are under six years of age.

Such deprivation stacks the deck heavily against poor infants and toddlers. These children more often suffer poor health, maltreatment, and later academic failure. Poverty also seems intertwined with inadequate parenting skills and inconsistent parental behavior. Poor parents--often young, working, raising children alone, and having few supports--simply become overwhelmed, further lessening their infants' or toddlers' odds of developing normally.

## **A National Investment**

As the United States approaches the twenty-first century, it faces unprecedented economic challenges at home and abroad. Once an innovator and leader in higher education, the United States today is making insufficient investments in its future workforce--its youngest children. In contrast to all the leading industrialized nations, the United States fails to give parents time to be with their newborns, it fails to ensure pre- and postnatal health care for mothers and infants, and it fails to provide adequate child care. [See [America Lags Behind](#) sidebar.] The result is significant losses in the quality of its future workforce, citizenry, and parents. [See The [Costs of Societal Neglect](#) sidebar.]

There are, of course, other than economic reasons for protecting young children and their families. Children need to be treasured for their own sake, not merely for what they do for the labor market when they are grown. But the issues of "human capital"--the combined skills, knowledge, and ideas of a nation's people--are real. For most of this century, increased productivity rates have been mainly attributable to improvements in human capital. In the electronic age, this is more true than ever.

America's business and political leaders are understandably worried about the nation's children and its educational system. Their concern is well founded, but school reform alone is not the answer. Any effort to strengthen the workforce must begin with the family, a key factor in the development of human capital. By supporting families during the child's earliest years, society

ensures that children will enter school ready to learn and be ready, in time, to enter the workforce and be good parents. But the United States ranks low in supporting children under the age of three and their families; other nations, including high-wage competitors, invest heavily in early childhood programs and family support initiatives.

It is time to sound--and answer--the alarm about the neglect of our nation's young children and their families. The problems facing our youngest children and their families cannot be solved entirely through governmental programs and business initiatives. All Americans must take responsibility for reversing the quiet crisis. As the risks to our children intensify, so must our determination to enact family-centered programs and policies to ensure all of our youngest children the decent start that they deserve. The task force concluded that reversing the quiet crisis calls for action in four key areas that constitute vital starting points for our youngest children and their families. The nation must

- Promote opportunities for responsible parenthood
- Guarantee quality child care choices for children under three
- Ensure good health and protection for infants and toddlers
- Mobilize communities to support young children and their families

## Sidebars from part 1

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### The Quiet Crisis

Of the 12 million children under the age of three in the United States today, a staggering number are affected by one or more risk factors that make healthy development more difficult.

#### Changes In Family Structure Are Troubling

- In 1960, only 5 percent of all births in the United States were to unmarried mothers; by 1988, the proportion had risen to 26 percent.
- About every minute, an American adolescent has a baby; every year, about 1 million adolescents become pregnant.
- Divorce rates are rising: In 1960, less than one percent of children experienced their parents' divorce each year; by 1986, the percentage had more than doubled, and by 1993 almost half of all children could expect to experience a divorce during childhood and to live an average of five years in a single-parent family.

#### Infants And Toddlers Are Spending Less Time With Their Parents

- Pressures on both parents to work mean that they have less time with their young children; more than half of mothers of infants now work outside the home.
- More than 5 million children under the age of three are in the care of other adults while their parents work. Much child care for infants and toddlers is of substandard quality, whether it is provided by centers, family child care homes, or relatives.

#### Health Data Are Discouraging

- In the United States, nine out of every thousand infants die before age one--a mortality rate higher than that of 19 other nations.
- The mortality rate is higher for infants

- Children are increasingly likely to live with just one parent, usually the mother: In 1960, fewer than 10 percent of all children under the age of eighteen lived with one parent; by 1989 almost a quarter of all children lived with one parent. Fathers are increasingly absent from the home.

### **Many Young Children Live In Poverty**

- One in four infants and toddlers under the age of three (nearly 3 million children) live in families with incomes below the federal poverty level.
- While the number of children under six increased by less than 10 percent between 1971 and 1991, the number of poor children under six increased by more than 60 percent.

### **More Children Live In Foster Homes**

- In a mere five years, from 1987 to 1991, the number of children in foster care jumped by more than 50 percent--from 300,000 in 1987 to 460,000 in 1991.
- Babies under the age of one are the fastest growing category of children entering foster care, according to a study conducted in New York and Illinois.

born in minority families: African American babies are twice as likely to die within the first year of life as white babies.

- In 1992, rates of immunization against common childhood diseases among two-year-olds were only 30 percent in some states; in most states, they were below 60 percent.

### **Physical Abuse, Neglect, And Unintentional Injury Are Common**

- One in three victims of physical abuse is a baby--less than a year old. In 1990, more one-year-olds were maltreated than in any previous year for which we have data.
- Almost 90 percent of children who died of abuse and neglect in 1990 were under the age of five; 53 percent were less than a year old.
- The leading cause of death among children aged one to four is unintentional injury.

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## **Being Three: Milestones for Early Growth and Development**

For millennia, parents have recognized the newborn's basic need for safety, nourishment, warmth, and nurturing. Now science has added stunning revelations about human development from birth to age three, confirming that parents and other adult caregivers play a critical role in influencing the child's development.

The importance of the first three years of life lies in the pace at which the child is growing

Competent three-year-olds are

- Self-confident and trusting
- Intellectually inquisitive
- Able to use language to communicate
- Physically and mentally healthy
- Able to relate well to others
- Empathic toward others

These attributes add up to a good start in life.

and learning. In no other period do such profound changes occur so rapidly: the newborn grows from a completely dependent human being into one who walks, talks, plays, and explores. The three-year-old is learning and, perhaps more important, is learning how to learn.

At age three, children can--given good care and sufficient stimulation--attain a high degree of "competency."

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## America Lags Behind

The United States:

- Is *not* one of 150 nations that have signed or ratified the UN Convention on the Rights of the Child (Cambodia, Iran, Iraq, Libya, and South Africa have also not signed).
- Is *not* one of 127 nations that permit employees to take paid parental leave after the birth of a baby (as do Canada, France, Germany, and Japan, among others).
- Has a *worse* low-birthweight rate than 30 other nations.
- Has a *smaller* proportion of babies immunized against polio than 16 other nations.
- Has one of the *highest* adolescent pregnancy rates in the developed world--twice as high as England and seven times as high as the Netherlands.

Our policies contrast sharply with those of most other industrialized countries, particularly those in Europe. European child care for children under age three varies significantly from country to country, but generally speaking, the Europeans are moving toward paid leaves for new parents and a range of subsidized child care options for toddlers.

Here are some examples of countries that offer job protection and paid leaves to employed parents (usually, but not always, mothers) who have sufficient work histories:

- In Germany, a new parent can receive modest financial support while staying at home for up to one and a half years, or she can work part-time at her previous workplace.
- In France, she can count on modest compensation at home for as long as three years, or she can go back to work and take advantage of subsidized child care.
- In Sweden, she receives full pay while staying at home with a new baby for a year and a half, or she can opt to work part-time for a longer period and receive full pay.
- In Finland, she can stay home until her child is three, knowing that her job (or a comparable job) will be waiting for her when she returns. She receives her full salary for one year and a lesser amount for the next two years. Or she can take advantage of subsidized child care.
- In Austria, she can stay at home throughout her child's first two years, or work part-time until the child's third birthday, while receiving financial support equivalent to the wage of an unskilled worker.

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## The Costs of Societal Neglect

Each year, American taxpayers reach deep into their pockets to meet the costs, both direct and indirect, of policies that are based on remediation rather than prevention.

- In the six years between 1985 and 1990, estimated public outlays related to teenage childbearing totaled more than \$120 billion. More than \$48 billion could have been saved if these births had been postponed until the mother was age 20 or older.
- Of teens who give birth, 46 percent will go on welfare within four years; of unmarried teens who give birth, 73 percent will be on welfare within four years.

- In 1991, federal and state expenditures for Aid to Families with Dependent Children, the largest entitlement program for poor families, totaled \$20 billion plus administrative costs of \$2.6 billion.

- In 1991, the estimated annual cost of treating fetal alcohol syndrome was \$74.6 million.

- Initial hospital care for each low-birthweight infant averages \$20,000. Total lifetime medical costs for a low-birthweight infant average \$400,000.



## Promote Responsible Parenthood



We begin with parenting--the most critical starting point. Perhaps nothing we humans do is more relentlessly demanding. To parent a child entails at least two decades of sustained attention; many see it as a lifetime commitment. It is difficult to think of an enterprise that is more deeply private. Childrearing is inseparable from daily domesticity--that messy accumulation of meals and rent payments, laughter and laundry, that fills a home. The kind of care parents give to children, the context they create for their growth, and the framework they create for later learning spring from the rhythms of that life and from the values that give it meaning.

At the same time, it is difficult to imagine an enterprise that has greater impact on public life--on the productivity of our citizenry, the vitality of our culture, and the strength of our public

institutions. The time, resources, and energy that parents give to their children influence the children's success as students and their contributions as citizens.

Developing social policy related to early childhood means negotiating the middle ground between these private and public interests. The goal of the task force, in addressing the issue of responsible parenthood, was not to prescribe an approach to childrearing; rather, we sought to identify the kinds of information and services parents need for their own self-directed learning and growth, so that they can make sound choices for their children. [See [Opportunities for Promoting Responsible Parenthood](#) sidebar.]

We proceed from these assumptions: When women and men make a reasoned commitment to have children, they are more likely to parent well. Their growing children are more likely to meet life with optimism, competence, and compassion. And when women and men are unprepared for the opportunities and responsibilities of parenthood--as is the case all too often in America today--the risks to their children are many and serious.

How then can those who want children prepare themselves for the opportunities and responsibilities of parenthood? How can society help? The task force found that those undertaking parenthood would benefit from education, services, and support in three key areas:

- Planned childbearing
- Prenatal care and support
- Parent education and support

## **Promote Planned Childbearing**

One of the most effective ways to promote healthy child development is to encourage women and men to plan childbearing so that it occurs under circumstances that minimize risk for the child. Too often in America, childbearing is not planned. Fully 56 percent of all pregnancies in this country are unintended--one of the highest rates of unintended pregnancy in the industrialized world. The risks of child abuse and neglect, low birthweight, and infant mortality are greater for unplanned children than for those actively planned and welcomed into the world.

The rising rate of adolescent pregnancies, 80 percent of which are unplanned, is a particular cause for concern. The costs to society of adolescent pregnancy are immense. In the six years from 1985 to 1990, public outlays related to adolescent childbearing totaled more than \$120 billion. It has been estimated that more than \$48 billion could have been saved if these births had been postponed until the women were at least twenty years old.

Efforts to promote planned childbearing must be a part of widely available preventive health services, and they will be most effective when they occur in the context of better life options and increased economic opportunities for both men and women. If young women and men are to delay parenthood, they need to have available to them other life options more appropriate to their age.

Increasing the proportion of planned, low-risk births requires a national commitment to making family planning services and information widely and easily accessible, making new forms of contraception more readily available, and involving men in family planning efforts. A full range of family planning services must be accessible so that when birth control efforts fail, other services are obtainable, including comprehensive prenatal services and, in some circumstances, abortion and adoption services.

Public investment in family planning is known to be cost-effective. According to one set of calculations, every public dollar spent to provide contraceptive services saves an average of \$4.40 that would have to be spent on medical care, welfare, and other social services for women who would qualify for such services if they became pregnant. In this way, public investment in family planning saves taxpayers over \$3 million each year.

Despite the clear financial benefits of family planning services, the available funds have been drastically reduced. The task force recommends a substantial increase in the resources for family planning services so that they are funded at a level high enough to meet documented needs. Additionally, we recommend that family planning services be included among the preventive health services required as part of a minimum benefits package in health care reform.

Research confirms the lessons of common sense: it is unwise to isolate planning for a family from general health and social services and education about parenting. The task force concurs with the U.S. Public Health Service in recommending that, by the year 2000, all parents-to-be make a pre-conception health visit that would provide comprehensive information about nutrition, contraception, and healthy behaviors, as well as identify existing problems and refer them for treatment.

The task force also recommends a substantial expansion of efforts to educate young people about parenthood. Families should be the first source of such education, but schools, places of worship, and community-based youth development organizations also have parts to play. Age-appropriate, culturally sensitive education about parenthood can begin in elementary school, but no later than early adolescence, and should cover

- The development of infants, young children, and adolescents, and how parents, families, and communities can meet their needs
- Models of childrearing, parenting skills, and the significance of family composition and environment on child development
- The impact of childbearing and childrearing on the educational and occupational choices of parents, especially mothers
- Human reproduction, including the role of overall health in reproductive outcomes; methods of birth control, including abstinence; and the importance of health protection and promotion in the prenatal period
- The causes of sexually transmitted diseases and ways of avoiding them
- The effect of behavioral and environmental threats on the health of pregnant women and of children and families
- The availability of social services and other neighborhood supports

## **Ensure Comprehensive Prenatal Care and Support**

The benefits of prenatal care, particularly in the first trimester, have been repeatedly documented: women who receive a full course of such care stand a much better chance of delivering healthy, full-term, normal-weight babies than women who do not. More than physical health is at stake during the prenatal period. An infant's capacity for learning in the critical years following birth is intimately tied to brain development *in utero* and thus to the prenatal environment that the mother provides.

Research shows that for every instance of low birthweight averted by earlier and more frequent prenatal care, the U.S. health care system saves between \$14,000 and \$30,000. But the evidence is also mounting that millions of American children are coming into the world without benefit of this care, and their numbers are increasing:

- About one-fourth of pregnant women do not receive the recommended level of prenatal care.
- The percentage of pregnant women who receive virtually no prenatal care has increased in recent years.
- Mothers are less likely to obtain adequate or prompt prenatal care if they are young, poor, unmarried, relatively uneducated, uninsured, or living in inner cities or rural areas.

The task force recommends that all pregnant women have universal access to comprehensive prenatal care as a core component of any health care reform package that this nation adopts. The task force concurs that all pregnant women must be drawn, early in pregnancy, into comprehensive prenatal care that includes at least four components:

- Early and continuing risk assessment
- Health education and promotion
- Medical and social support services
- Medical treatment for existing conditions

Meeting this goal requires the intensification of national, state, and local efforts to improve the availability and use of prenatal services. Specifically we recommend the removal of the barriers that now stop women from receiving comprehensive prenatal care, including inadequate financing, the absence of local services, cultural and language barriers, and the lack of child care, transportation, and translation services.

## **Provide Opportunities for Parent Education and Support**

No job is more important to our nation's future than that of a parent, and no job is more challenging. But while society readily acknowledges the value of job training in other areas, it tends to act as if parenting skills should come naturally.

The task force notes that many parents could benefit from parent education and support--especially parents of infants and toddlers. Even in the best of circumstances, the newness of the parental role, coupled with the child's rapid physical, intellectual, and emotional development, make the parents' job demanding and at times overwhelming. As a result, parent education and

support programs have appeared, ranging from grassroots, community-based efforts staffed with volunteers to statewide programs that are available on a universal and voluntary basis.

Families vary tremendously in their structure, values, needs, and resources, as well as in their ability to seek and use parent education and support. Still, certain key elements define successful parent education and support. Successful programs

- Establish an ongoing relationship with parents
- Are geared to the strengths, styles, and needs of individual families
- Increase understanding of child development and parent–child relationships
- Provide models of parenting
- Teach new parenting skills
- Provide a network of social support with other parents
- Facilitate access to community resources

The task force finds that parent education and support can be effective. A variety of programs have been found to have consistent and persistent influence on both parental behavior and the intellectual development of the young children. At the same time, we recognize that families with high levels of stress and severe economic hardship have urgent needs that clearly cannot be met through education alone. To serve these families, parent education and support programs must be built into a coordinated array of services such as health care, child care, literacy classes, and job training. Some communities have formed coalitions to coordinate services.

Appropriate staffing and training are key to successful parent education and support programs. Many programs enthusiastically recruit local community members as key staff contacts with parents. This approach has the advantages of providing training and employment for members of the community, drawing on the insights of people who have lived in similar social situations, and avoiding disparities in culture, language, and values between clients and practitioners.

The task force recommends that parent education and support, an effective preventive strategy, be made available on a voluntary basis to all parents with children under age three. The task force encourages all states and communities to use funds from existing sources and from new sources, such as the federal Family Preservation and Support Service Program, to initiate and expand community-based parent education and support programs for families with infants and toddlers. [See [How States Can Support Parenting Education](#) sidebar.]

## Part II Chapter 1 Sidebars

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### Opportunities for Promoting Responsible Parenthood

Across the nation, innovative approaches are being designed and implemented to help prepare young people as well as parents with

The most surprising finding of this program's evaluation was that students who remained seven weeks or longer postnatally were almost

children under the age of three for the opportunities and responsibilities of parenthood.

### **Comprehensive Human Biology Curriculum**

Early adolescence provides unprecedented opportunities for educators and health professionals to capitalize on young people's natural curiosity about bodily changes to promote healthier lifestyles that will have long-lasting benefits. It is this same curiosity, however, that may lead young people to engage in self-damaging behaviors that may shorten life or impair its quality.

The Human Biology Middle Grades Life Science Project at Stanford University has developed a comprehensive two-year human biology curriculum that should help adolescents understand and cope with the social, behavioral, and health problems they encounter. The curriculum covers adolescent development and physiology, genetics, and environmental science. Units such as "Your Community Culture," "Youth and Family," and "Become an Adult" help students to learn about human development and to develop the responsible attitudes and behaviors that are the foundations of effective parenthood.

### **School-Based Two-Generation Program**

Many communities are taking a two-generation approach to changing life outcomes for pregnant adolescents by offering programs that serve both mothers and their babies. The Polly T. McCabe Center in New Haven, Connecticut, for example, is a short-term public school for pregnant students and new mothers, who otherwise might be forced to drop out of school. In addition to education, the center offers social and medical services. It features small class sizes, high-quality

three times less likely to deliver a new baby within the next two years than students who left McCabe sooner. Five years after the birth of their first child, those same students still showed the effects of their stay at McCabe: 70 percent of the short-stay mothers had delivered one or more children, while only 45 percent of those who stayed seven weeks or more had done so.

### **Community-Based Family Support and Education**

A widely acclaimed program begun in Texas in 1973 demonstrates that parent education and support can improve parents' childrearing skills. Each year Avance serves 2,000 Mexican American families with young children in Houston, San Antonio, and the Rio Grande Valley. Avance operates in public housing centers, in elementary schools, and through its family service centers. Its Parent-Child Education Program conducts home visits by trained staff members, presents weekly classes on child growth and development, and disseminates information about community services, English classes, and high school and employment preparation courses.

Avance provides free child care so that mothers can attend classes; when their children are older, some mothers serve as volunteer aides at the child care center, thus learning more about child development. Avance staff members emphasize individual attention to the child and support for the mother. Avance also involves fathers: staff encourage fathers to participate at the centers and connect them with job training initiatives, parenting education, and social support networks.

Evaluations show that Avance programs improve families' ability to provide an

individually paced instruction, personalized guidance, and mentoring. Students are encouraged to consider long-term life options as they make progress toward completing their high school education. The goal of the program is to help the students plan for eventual self-sufficiency--including delaying subsequent childbearing, which has been shown to be a major predictor of greater success in life.

emotionally stimulating and nurturing environment for their young children, positively influence mothers' childrearing attitudes and knowledge, and expand mother's use of community resources.

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## How States Can Support Parenting Education

State initiation and financing of family support programs is still relatively new. Many states have developed successful programs designed to meet various needs: to prepare children for school (Missouri), to teach parenting techniques (Minnesota), to improve family literacy (Kentucky), and to support teenage parents (Maryland).

**Missouri's** Parents as Teachers (PAT) program sends certified parent educators to visit expectant families at home and teach them how to be "their child's first teacher." PAT staff members set up group meetings for parents, screen children for early detection of problems, and link parents with other community resources, such as child care, health, and social services. Because this state-legislated program crosses all socioeconomic and educational boundaries, it attracts both high-risk families and those who need less intensive services and supports. Evaluations show that PAT children score well above national norms on measures of school-related achievement and that parents like the program. PAT had grown from four pilot sites in Missouri in 1981 to 1,233 programs in forty-two states, the District of Columbia, and four

Centers employ licensed early childhood and parent educators, as well as aides and volunteers from local communities.

**Kentucky** enacted the Kentucky Education Reform Act of 1990 to reduce barriers to learning. Family Resource Centers (for families with children up to age five) operate out of elementary schools. Within two years, 223 centers, funded through a competitive grant process, opened throughout the state; a total of 378 centers now serve 57 percent of the state's families with children under the age of five. The Family Resource Centers offer before- and after-school child care, child development education for pregnant women and mothers, literacy training for mothers who are earning their GED, training and supervision for child care providers, and health and social services referrals. The program receives local and private funding.

**Maryland's** Friends of the Family is a statewide network of family support centers administered by an independent agency established with state assistance in 1985 to address high rates of teenage pregnancy and child abuse and neglect. Today, this public-private agency oversees thirteen family

foreign countries by late 1993.

**Minnesota's** Early Childhood Family Education program is a statewide, state-funded effort operating in more than 300 school districts. It offers child development information and parenting techniques, encourages healthy communication between parent and child, and promotes positive parental attitudes. The program is open to all families with children from birth to kindergarten. Parents and children spend an average of two hours a week at the center: parents spend time with their children and talk with other parents while their children, overseen by trained early childhood educators, engage in discovery and cooperative play, learn to separate from parents, and develop cognitive and motor skills.

support centers that primarily serve mothers younger than twenty-five with children younger than three. All centers provide social support services, assistance in child development and parenting education, and assistance for those completing their GED. The centers emphasize close community ties through their policy advisory boards, which include parents, community leaders, and social service agency representatives. They also find hard-to-reach families and provide supplementary services such as child care and transportation.



## Guarantee Quality Child Care Choices

**I**n a very real sense, parents and child care providers are jointly raising many of this nation's youngest children. In 1965, only 17 percent of mothers of one-year-olds were in the labor force; in 1991, fully 53 percent worked outside the home. More than five million infants and toddlers are now in the care of other adults while their parents work. More than a third of these young children are looked after by relatives, either at home or elsewhere. A quarter spend their days in child care centers; close to another quarter in family child care. A relatively small percentage of infants and toddlers are in the care of in-home providers or spend their days in other situations.

How well is the current system of child care meeting the needs of our youngest children and their families? In some well-run settings, competent child care providers attend to small numbers of children, and infants and toddlers experience a happy and stimulating day. But in many other

settings, each provider looks after five, six, or even seven infants. Children (and adults) in these settings--which probably constitute the majority--are overstressed and unhappy.

Many parents of infants and toddlers have few child care choices. Many would like to stay home longer after their baby is born, but someone must pay the bills, and the United States stands alone among major industrialized nations in not ensuring income protection for parental leave. When they do go back to work, too many parents are forced to "make do"--to accept care that is safe and affordable but that falls short of the quality they would like for their young child. Many find themselves searching again and again for new arrangements as their initial "choices" prove unreliable or unsatisfactory. The disruption to the child, the family, and the parents' working life is immense and costly.

This child care crisis means that many of our youngest children miss early experiences that are necessary to the development of healthy intellectual and social capacities. Their well-being is jeopardized not only by poor-quality care and the lack of affordable care, but also by a fragmented system of delivery and high turnover among providers due to inadequate compensation and working conditions.

The task force strongly recommends that our nation make the availability of quality child care choices to all parents of infants and toddlers a high priority. Parents need options about when to begin child care, and they need child care arrangements that are high-quality, accessible, and affordable. These options include a continuum of parental and nonparental forms of care throughout the first three years. This nation will ensure that parents have genuine choices about the care of their young children when we

- Improve parental leave benefits
- Ensure quality child care for infants and toddlers
- Provide parents with affordable quality child care options
- Develop networks of family-centered child care programs for infants and toddlers

## **Improve Parental Leave Benefits**

Infants' early experiences are critical to healthy development. Experts can now substantiate the benefits of allowing ample time for the mother to recover from childbirth and for the parents to be with their new baby during the first months of life. Infants have a better chance at a healthy start in life when parents are able to stay at home during the early months. Breastfeeding and in-home care offer protection from infection before the infant has developed a mature immune system.

Parents and families also need time to adjust. The birth or adoption of an infant is a sensitive moment in the family's life. Parents need time to get to know their infants, to understand their babies' rhythms, patterns, and preferences. Mothers and fathers learn to respond appropriately through these earliest interactions, and early success helps parents to become confident in their new roles. Such success is especially difficult to achieve when both parents have demanding work schedules. When adequate parental leave benefits enable infants and parents to have sufficient time together, everyone profits.

When new mothers are surveyed on how long a parental leave they would prefer, they say six months. They want time to get to know the baby, time to adjust to the baby's schedule, to find quality child care, and to phase in their return to work. Experts generally recommend a four- to six-month parental leave as critical to fostering healthy infant development.

As employment rates have soared among women with young children, public support has grown for parental leave policies, and this support has gradually influenced many sectors of our society. Some employers now voluntarily offer parental leave, albeit usually unpaid. Many states require employers to provide basic parental leave benefits. The Family and Medical Leave Act (FMLA)--the nation's first family leave legislation, enacted in 1993--requires employers of fifty or more people to provide to all eligible employees twelve weeks of unpaid, job-guaranteed leave with existing health benefits.

The task force recommends that the next step should be to strengthen existing legislation in three ways:

- First, by including employers with fewer than fifty employees under the legislation. Currently 50 to 60 percent of the workforce is excluded.
- Second, by extending parental leave. A twelve-week leave, while helpful, is far less than the four to six months preferred by parents and recommended by child development experts.
- Third, by providing partial wage replacement. Because the Family and Medical Leave Act and current employer leave policies do not include wage replacement, many parents--especially women from low-income households--must return to work much sooner than they wish.

Financing a paid national leave policy is not impossible, if it is phased in. The costs should be shared by employers, government, and employees. Possible policy options for financial support are

- Expanded temporary disability insurance
- A modified unemployment compensation system
- A special benefit for parents with newborn or newly adopted children

The private sector has an important role to play in improving family benefits and policies. Employers, especially those in the Fortune 1000 group, are increasingly finding it good business to respond to parents' needs. And smaller companies complying with state parental leave policies incur no greater costs than larger employers.

The task force recommends that all employers assist parents in ways that are consistent with the needs of both the workplace *and* the family, by implementing a range of policies such as improved parental leave, flexible work schedules, job sharing, child care information and referral assistance, and on-site or nearby child care.

## **Ensure Quality Child Care**

For healthy development, infants and toddlers need close relationships with a small number of caring people, beginning with their parents and later including other adults in child care settings.

Quality child care programs offer care to young children in small groups, in environments that are safe and comfortable. Each adult worker is responsible for only a few children, and personnel are well prepared and adequately paid. The program encourages parent involvement and is linked to comprehensive health and nutrition services. Unfortunately, these programs are the exception rather than the rule.

Most parents describe quality child care as "good parenting"; they believe that caregivers, not regulations, ensure high quality. But child care professionals emphasize the enforcement of consistent standards as the key to high quality. A few consistent standards--appropriately monitored and enforced--can help achieve exactly what parents want. For example, a program that assigns a small number of children to a sensitive and trained staff member goes far toward achieving individualized attention for every child.

Despite the evidence that standards establish the preconditions for quality child care, government policy lags behind. At present, regulation of child care rests largely with state governments; the standards are varied, weak, or even nonexistent. For example, most states allow infants and toddlers to be cared for by providers who have not completed high school and who have no specialized training whatsoever.

The task force recommends that states review, upgrade, and implement consistent child care standards. Regardless of funding sources, the standards should ensure quality by addressing

- Child:staff ratios
- Group size
- Preparation and qualifications of staff
- Health and safety
- Linkage to parents and community services

In working toward better quality child care, many partners must work together to specify and support these baseline standards: community groups, professional groups, states, and the federal government. In supporting consistent standards for group child care, it is not our intention to impose hardships on informal arrangements that are working well in communities and neighborhoods. Rather, we encourage communities to develop mechanisms to include these informal providers in local child care networks and to facilitate their compliance with the standards.

In many cases, child care providers are the only adults other than parents who have daily contact with infants and toddlers. They thus play a critical role in fostering the child's healthy development. Currently, however, many providers of child care lack specific preparation for their jobs; moreover, few incentives exist to encourage training. To ensure that child care settings nurture children, protect their health and safety, and prepare them for later school success, better-qualified staff are essential. [See [New Careers for Childcare Professionals](#) sidebar.]

The task force recommends that providers of group care for infants and toddlers be required to receive specific training to meet the needs of children in this age group; it also recommends that federal, state, and community funds facilitate such training efforts. Better training cannot resolve

all the complex problems of child care, but research shows that it is an effective, relatively inexpensive strategy for improving quality, particularly if training initiatives are linked to career development, with trainees receiving credit toward associate and bachelor's degrees. The implementation of statewide training systems and the dissemination of training materials would go a long way toward improving child care services to young children throughout the United States. However, the task force recognizes that attracting and retaining high-quality individuals to the child care field will always be difficult as long as salaries are so low.

Experienced child care providers who love their jobs leave them in large numbers because of low salaries and inadequate benefits. Studies show that annual turnover for child care providers is nearly three times the rate reported by U.S. companies, and nearly five times the rate reported for public school teachers. High turnover rates compromise the quality of care.

To maintain quality child care services, we must improve the compensation of child care providers. In 1990 the average annual salary for providers in centers was about \$11,000. Half of family child care providers earned less than \$8,000 per year, and nonregulated providers received less than \$2,000 per year. Even providers with college training or degrees are woefully underpaid. The goal should be to establish pay levels that are competitive across professions that call for equivalent educational qualifications and job responsibilities. Staff also need to receive such benefits as health insurance, sick leave, retirement, paid vacation, and workers' compensation. The task force recommends two strategies for improving provider compensation:

- First, tie higher salaries and better benefits to the completion of specialized training.
- Second, provide incentive or salary enhancement grants to child care centers and family child care networks that provide quality care as defined by state standards or by professional organizations if state standards are inadequate.

Business and government are beginning to turn their attention to child care, but a larger, more sustained commitment is necessary. Corporations can help by creating public-private partnerships to sponsor individual child care providers or centers that serve the communities from which they draw their labor force. Federal, state, and local governments all need to contribute to narrowing the gap between the costs of quality care and what is now affordable for many families. They can do so through incentives and innovative partnerships with nonprofit agencies and the private sector.

## **Provide Parents with Affordable Child Care Options**

This country is just beginning to realize just how expensive quality child care actually is. Estimates of the value of the services and goods devoted to the care and education of young children range from \$120 billion to \$240 billion annually. In the past, these costs were covered largely by mothers' unpaid labor. In recent years, as mothers more often work, parents have increasingly paid--in actual dollars--for nonparental child care services.

When they realize how much child care costs, most parents are astonished. Costs for one child range from \$40 to \$200 per week. All families want to give their children the best care possible, but these outlays are too high for most. Overall, the less families earn, the higher the proportion

of their income that is spent for child care. Families with incomes under \$15,000 per year spend 23 percent of their income on child care, whereas families with annual incomes of \$50,000 or more devote 6 percent to child care.

Overwhelmingly, today's parents would like to see both government and business assist all families by ensuring access to an adequate supply of affordable child care. Parents want businesses to offer benefit plans that include on-site or nearby child care and flexible work schedules. [See [Tapping New Resources for Quality Child Care](#) sidebar.]

The federal government already offers some assistance with child care to families at all income levels. Middle- and upper-income families receive assistance largely through the Dependent Care Tax Credit (DCTC); lower-income and poor families receive subsidies through the Child Care Development Block Grant (CCDBG), the Social Services Block Grant, and the Family Support Act. But these measures are not enough.

In today's difficult economic climate, the task force recommends that preference be given to providing financial support to poor and moderate-income families so that they can choose quality child care. We propose two strategies.

- First, the federal government should channel substantial new money into child care in order to make it more affordable for parents, possibly through supplementary block grants to the states for child care. This money should go to child care programs, especially those caring for children under age three, permitting them to expand facilities, adopt sliding fee schedules, and improve quality. To promote quality, we recommend that all new and reauthorized federal funding for child care be modeled after the 1990 Head Start reauthorization, which mandates that 25 percent of new funds be spent on quality enhancements. This money should be coordinated at the state level and dedicated to promoting quality child care programs for infants and toddlers through investments in stronger standards, improved training, better facilities, and higher staff compensation.
- Second, the federal government should make the Dependent Care Tax Credit refundable in order to provide greater financial benefits to low-income families. The additional costs of refundability could be made up by lowering the income levels at which the DCTC phases out or by decreasing the benefit levels for high-income families.

## **Develop Networks of Family-Centered Child Care Programs**

Virtually every American community has produced a patchwork of child care, including licensed centers, regulated family child care, unregulated family child care, and informal care by relatives. Yet all too often the seams that hold this quilt together are frayed. In most communities, providers function in almost total isolation--they have little opportunity to share ideas, learn new skills, or provide support and guidance to one another. This isolation is particularly apparent in family child care and care by relatives--the types of care most popular for infants and toddlers.

The many patches of American child care can and must be stitched together. Local child care networks have proven effective, alleviating the isolation experienced by many child care

providers, offering them significant professional development opportunities, and linking them with a wide variety of related health, educational, and social services. At the same time, these networks give parents a well-known, accessible, unbiased source of information and advice as they sort through various child care options. This is especially important for parents who may be new to a community or to the country.

This concept is already working successfully in France, where family child care networks link from six to as many as thirty-five homes. Each network is directed by a specially trained pediatric nurse who coordinates services, hires qualified child care providers, supervises their training, matches each provider with two or three children, and facilitates parents' and providers' access to other services and supports. Similar efforts are under way in the United States. For instance, some areas of Los Angeles have a network system that connects center and family child care.

The task force recommends that every community develop a comprehensive child care network linking all child care programs and offering consumers a variety of child care settings. In order to be effective, a child care network should have three key features:

- It should be comprehensive, encompassing all existing child care services and enabling children with disabilities to participate fully.
- It must be developed and operated locally and funded through a combination of public and private sources.
- It should have as its hub an institution that is central to its particular community.

Clearly, to be effective, the network must draw on the energy of the community, involving people who know best what its parents and children need.

## **Part II Chapter 2 Sidebars**

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### **New Careers for Child Care Professionals**

Those who enter the child care field find few opportunities for training and career development:

- Funding for training is limited and sporadic. As a result, most caregivers have no access to training.
- Where training programs exist, incentives to participate are few or nonexistent. Beyond the entry level, few programs offer a sequence of training activities linked to career advancement steps.
- Most training situations fail to prepare

More than 22,000 providers have received basic and advanced training at thirty-four sites across the state. The program offers incentives such as paying providers' membership fees to join professional associations, paying stipends for transportation to training, supplying vouchers for toys and equipment, and placing providers' names in local referral pools. The initiative has recently made more family child care materials available in Spanish and has developed a new recruitment initiative responding to the crisis in infant and toddler

caregivers to work with a wide range of children and families. They do not offer specialized training needed to care for children at particular developmental stages, or with particular life experiences.

- Caregivers in general cannot earn college credits by enrolling in a training program.

There are signs of progress, such as financial support for training under the federal Child Care and Development Block Grant program enacted in 1991. Federal and state policymakers are beginning to show interest in caregiver training, and planning to improve training has begun in several states.

Fortunately, examples of promising practices do exist:

- Since 1985, the California Child Care Initiative has been recruiting and training family child care providers. As of March 1993, it has generated 3,600 new licensed family child care homes, making 14,100 child care spaces available to children of all ages.

care.

- Families of children with disabilities who live in rural settings face particular difficulties in finding appropriate child care. In Montana, the Educational Home Model Outreach Program provides training and technical assistance to child care centers and family child care homes that care for children with and without disabilities. The program offers the particular skills needed to care for children with motor impairments. The project offers advice to other providers via a toll-free telephone line and a newsletter.

- In 1989, Delaware inaugurated the nation's first comprehensive statewide plan for career development in early care and education. The program has opened a resource center for child care providers in each of the state's three counties. It has involved the eight colleges in Delaware that offer early childhood curriculum in a pilot project that enables caregivers to earn college credits.

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## Tapping New Resources for Quality Child Care

New partners are beginning to take the lead in helping parents to find quality, affordable child care. These new initiatives may foretell dramatic shifts in the way America's vital institutions accommodate family and workplace responsibilities in the future. The following initiatives represent important new ways of promoting quality child care.

- **Corporations** can provide for their own employees and become models for approaches that the business community can take in creating more family-friendly working conditions. For example, in 1988, the Dayton Hudson Corporation began "Family-to-

- **Banks** can add child care programs to their activities under the Community Reinvestment Act (CRA). The act requires federally insured mortgage-lending institutions to make funds available for community and neighborhood reinvestment at affordable interest rates. If banks identify child care as a "community need" under the CRA, they can make loans to providers as part of their obligations to assist low- and moderate-income neighborhoods. Affordable capital is chronically short in many such neighborhoods.

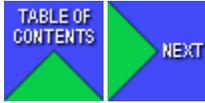
- **Philanthropic** and nonprofit organizations, including private and community foundations,

Family" as a collaboration with local nonprofit child care resource and referral agencies to train and accredit family child care providers. By 1992, Dayton Hudson recognized the value of a nationwide public awareness and consumer education campaign on quality child care, and launched "Child Care Aware" in collaboration with leading child care organizations. Child Care Aware encourages parents to consider quality issues in selecting child care services through innovative marketing techniques such as shopping bags that explain the value of quality child care. It helps them locate such services with advice from local resource and referral agencies, helps develop strong parent–caregiver partnerships, builds recognition of child care as a profession, and educates the public about the importance of quality child care for society.

● **State** governments can support innovative financing arrangements to provide capital to child care providers. For example, the State of Illinois has entered into an arrangement to issue tax-exempt bonds, repayable in ten years, with a philanthropic guarantee as collateral. The resulting Illinois Facilities Fund will provide capital to develop ten centers run by child care providers, who will lease the facilities for ten years and will assume ownership when the bond issue is paid off. The financing is expected to strengthen and improve child care centers in disadvantaged neighborhoods. The ten large centers will be fully equipped and curriculum-based and will have support for staff development and training; they should serve as laboratories for further understanding of the economic growth of child care and the needs of families.

can take the lead in identifying child care as a critical community issue. They can bring together representatives of employers and employees, persuade local governments and grantmakers to take an interest, and underwrite pilot programs. In 1987, for example, United Way of Massachusetts Bay formed the Child Care Initiative with other foundations and corporations to capitalize a loan fund. The loan fund is intended, in the short term, to provide capital to child care providers for expansion and stabilization of their operations, to ensure investment in centers serving low-income children, and to encourage more businesslike management practices among nonprofit providers. In the longer term, the fund is expected to draw attention to the facilities and capital needs of child care providers, who are often undercapitalized.





## Ensure Good Health and Protection



Few social programs offer greater long-term benefits for American society than guaranteeing good health care for all infants and toddlers. We realize the return on that investment when fewer children suffer from preventable illnesses and disabilities, when fewer parents bear the burden of caring for sick children and paying their medical bills, when more healthy children and adolescents succeed in school and, in time, form a more productive workforce and become better parents. We don't have to guess about the benefits of early health care; indeed, in no other area of social policy can costs and benefits be calculated so precisely. For example, every dollar spent on childhood immunizations saves ten dollars in later medical costs.

Being healthy also means being safe. At present, many infants and toddlers are not safe. Some grow up in neighborhoods where a walk to the grocery store or an afternoon in the playground may be fraught with danger. Some spend long stretches, while their parents work, in substandard child care, under the supervision of underpaid, distracted babysitters, or in the care of brothers or sisters who themselves need more adult attention. And too many are at risk even when cared for by their own parents: some may suffer neglect or outright abuse; others may have parents who do not realize that their practices, or the setting they've provided, are unsafe.

To ensure good health and protection to our youngest children, this nation must

- Provide needed health care services for all infants and toddlers
- Protect infants and toddlers from injury and promote their health
- Create safe environments for infants and toddlers

### **Provide Needed Health Care Services for All Infants and Toddlers**

Unfortunately, not all young children now receive adequate health care. The American Academy of Pediatrics recommends nine well-child visits by age two, but fewer than 50 percent of all two-year-olds have visited the pediatrician that often. Immunization remains haphazard, with predictable consequences. In 1992, more than 60 percent of children in most states had not received a complete sequence of recommended immunizations by age two.

The supply of health professionals and the quality of child health care vary significantly by community: the most inadequate prenatal and child health services are found in low-income, minority, and transient communities. As a result, our poorest communities are plagued by high rates of infant mortality, low-birthweight babies, communicable childhood diseases, and child

abuse. Children growing up in poverty suffer from higher rates of malnutrition and anemia than do other children. Many of the tragedies represented by these statistics are preventable.

Children in poverty are not alone in receiving inadequate health care; nearly 13 percent of America's children do not have access to the health care services they need to grow up healthy. In 1992, 8.4 million children lacked access to health care services because they had no insurance, and millions more were insured for only part of the year. Most children rely on working parents for health care coverage, yet nearly 80 percent of uninsured children are dependents of working parents.

In 1979, the Select Panel for the Promotion of Child Health--a federal group composed of leading health care professionals--undertook a thorough review of children's health care. Fifteen years later, the task force agrees with the panel's conclusions:

- Health care services for all children must be comprehensive, preventive, and primary.
- The 10 percent of children who have chronic or disabling conditions need, in addition, specially designed services and support.
- Comprehensive services include parental education and counseling.
- Access to health care must be ensured through services such as transportation to health facilities and translators who can speak with parents and children in their own language.

The task force identified two elements that would go farthest toward ensuring that children under three receive needed health care services. First, pregnant women, infants, and toddlers must be explicitly included in health care reform. Second, home visiting services should be available as part of comprehensive health services.

**Reform Health Care.** Health care reform should result in comprehensive health care services for all our nation's children. The task force recommends that pregnant women and all children under three be the first to be included in a universal system. Moreover, the task force agrees that the health care needs of infants and toddlers call for services that are broader in scope than those designed for older children and adults, and in certain instances they must be of greater intensity and duration than would be possible under a more general standard.

Young children need comprehensive health care because their needs differ markedly from those of older children and adults. Infants' and toddlers' unique needs arise from their developmental vulnerability and the degree to which they are dependent on others--on their parents and on social and governmental institutions--for their health care.

Attempts at cost control may have unintended adverse effects on the quality of health care. The design or revision of a benefits package must take into account not only budgetary considerations and national priorities, but also scientific criteria for adequate health and medical care. Meaningful grievance procedures must enable consumers and providers to protest unfair practices or unintended consequences. To achieve this, consumers and clinicians must work with policymakers in defining what constitutes a child health care service.

Clearly, money is the main barrier between America's young children and the health services they require; but other *nonfinancial* barriers must also be surmounted. These include

- **Capacity shortages.** Many communities do not have enough providers, especially pediatricians, family practitioners, and nurse practitioners.
- **Unfriendly services.** Even parents who are motivated to seek out health services sometimes find them unfriendly and hard to access.
- **Undervaluing of preventive services.** Many parents who obtain health care when their children are sick are unlikely to use preventive services like well-child visits or immunizations, particularly when these services are not easily available.
- **Lack of continuity.** Many young children do not have a primary health care provider.

Other barriers include the violence, drugs, and social isolation found in some impoverished inner-city neighborhoods--conditions associated with low levels of health care. Expectant mothers in these neighborhoods are far less likely to receive adequate prenatal care than those in more affluent locales; and preschool immunization rates are also low in these areas. Already overstressed, these children and their families should not have to add inadequate health care to their list of everyday life problems.

**Provide Home Visiting.** One promising way of improving health outcomes among families with young children is home visiting. For more than a century, home visiting has existed in the United States as a strategy for delivering health care, information, and support services to pregnant woman and families with young children. Today, home visiting services are drawing attention as a promising preventive strategy. [See [Healthy Families America](#) sidebar.]

The current practice of early hospital discharge after the birth of the newborn makes home visiting an attractive strategy during the first six weeks of life. In addition to providing education and advice, the home visitor can be an important link between the family and community services and supports. Some states now offer voluntary home visiting services to all new parents and provide more intensive services to at-risk families with young children.

Especially effective are comprehensive prenatal and infant services, in which trained nurses or paraprofessionals visit unmarried, adolescent, uneducated, or low-income mothers and their children. These programs have successfully encouraged expectant mothers to stop smoking, eat a balanced diet, use the WIC nutrition supplementation program, and seek childbirth education. In families that have been visited, the incidence of low-birthweight babies, child abuse and neglect, and childhood injuries has decreased. Home visiting programs are also cost-effective. In one study, by the time the children had reached the age of four, the government had saved \$1,722 per child for the entire sample and \$3,488 per child for low-income families.

The task force recommends that home visiting services be offered on a voluntary basis as part of comprehensive health services to all first-time parents and their newborns. More intensive home visiting services would have the greatest benefit if offered to all families in communities with high rates of poverty and large numbers of single, young mothers. These voluntary services could help those most likely to benefit without singling out any particular mother or child in the neighborhood.

## **Protect Young Children from Injury and Promote Their Health**

Unintentional injuries remain the leading cause of death among children aged one to four. Children growing up in poverty are more likely to die from an unintentional injury than children from better-off families. While many childhood injuries do not result in death, they may result in disability or disfigurement and may compromise a child's future development, well-being, and achievement. Because most of these injuries are preventable, the task force recommends new public strategies to reduce the incidence of unintentional injuries to young children. These strategies must include broad-based community efforts to encourage the use of child safety seats, fire alarms, window guards, and flame-retardant sleepwear, and to reduce the temperature of tap water in homes and child care settings.

Promoting young children's health is a responsibility shared by parents, other caregivers, educators, the community, and health officials at all levels of government. But how can we best support parents' own efforts to promote their children's health? First, community leaders can identify what needs to be known by parents and others in the community. Second, programs to teach health-promoting behaviors to parents can be started in accessible settings at convenient hours. Third, religious, civic, business, and other community organizations can communicate information about children's health, setting as their highest priority the good health of every neighborhood child. [See [Safeguarding Children](#) sidebar.]

## **Create Safe Environments for Young Children**

Although most research and public debate about violence have focused on school-aged children and adolescents, violence also affects pregnant women, infants, and toddlers. Women face the highest risk of violence by a male partner during their childbearing years, and most particularly during pregnancy. The abuse of pregnant women leads to serious risks for the infant, including low birthweight, birth defects, prematurity, and even such grave consequences as stillbirths and infant mortality.

Very young children are also victims of abuse. Of the two million children who experience physical abuse or neglect each year, more than a third are infants under one year of age. In 1990, almost 90 percent of those children who died as a result of abuse were under the age of five; 53 percent were less than a year old.

There is no doubt that repeated exposure to violence threatens children's healthy physical, intellectual, and emotional development. Parents, too, are affected by a climate of violence; they often lose confidence and are so traumatized that they find it difficult to be emotionally responsive to their children. The task force concludes that this nation must make a clear commitment to the right of all young children to grow up in safe homes and neighborhoods. Parents would benefit from family-centered approaches to help them understand the profound effects of violence in the home and in the community on young children. Energy and resources must be directed toward preventing violence in children's lives and dealing with the damage that has already occurred. The task force recommends these interventions:

● **Adopt family-centered approaches.** The strongest buffer for young children living in dangerous environments is a supportive relationship with parents. Parent education and family support programs can help parents understand their critical role in the lives of their children. Parents should have access to proven programs that prevent child abuse and neglect and must be taught skills in nonviolent conflict resolution. Supportive networks and individual counseling should be available to parents when necessary.

● **Initiate community-based efforts.** Increased funding must be made available for community programs that address violence prevention, such as partnerships between child and family services and law enforcement agencies. For maximum effectiveness programs must be implemented locally. Such efforts convey to families that they are not alone--that society is committed to addressing violence in their communities.

● **Control access to guns.** Ridding our communities of violence requires nothing less than the removal of all guns, except those lawfully registered under stringent controls. Parents must be made to understand that possession of a gun for protection actually increases the chances of their children being injured or killed. Clearly, however, before parents can accept this understanding and act on it, they must be confident that their communities are safe.

## Part II Chapter 3 Sidebars

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### Healthy Families America

In 1992, more than 2.9 million cases of suspected child abuse were reported, many of them among children from birth to three years of age. Research indicates that the best way to promote healthy child development, to strengthen families, and to prevent child abuse is to provide parents with education and support beginning with the birth of their first baby, ideally by means of a voluntary program of home visits.

Hawaii's Healthy Start Program is an effective model. This initiative provides an initial home visit and assessment of all families with newborns. "At-risk" families are identified and provided with family support, family crisis resolution strategies, and mental health services. Based on Healthy Start, Healthy Families America was launched in 1992 to lay the foundation for a nationwide neonatal home visiting program. Initiated by the National Committee to Prevent Child Abuse,

in partnership with the Ronald McDonald Children's Charities, Healthy Families proposes to establish intensive home visitor programs in areas where parents lack education and support programs and to build onto existing programs wherever possible.

The need for such programs is particularly great where children are at greatest risk for abuse or neglect (that is, in communities with high percentages of low-birthweight babies, births to unmarried adolescents, and children living in poverty).

Community-based parent education and support programs exist in the United States, but few are statewide, comprehensive, and well-coordinated with other federal, state, and local programs. Healthy Families America intends to improve this situation. Efforts are under way in all fifty states to build a Healthy Families America system, and eleven states

are operating small pilot programs.

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## Safeguarding Children

A napping baby sprawled on the back seat of a car; a toddler who picks at the paint on the kitchen wall and then eats it; an infant teething on a sharp-edged toy--they're all in danger. Many young children risk injury or illness all day long without venturing far from their normal routines.

The good news is that concerted efforts to childproof homes and reduce risks in the car and the neighborhood do work. Risk reduction requires parent education, so that new mothers and fathers (and other caregivers) can learn to spot possible hazards and prevent injuries; at the same time, policymakers, manufacturers, and community groups, must take a proactive approach to safeguarding children.

One effort to create injury-free environments for children is Communities for Child Safety, a program administered by the National 4-H Council. This program defines injury broadly to include intentional, unintentional, physical, and emotional harm. It brings together people who work in injury control and those who work in child abuse and neglect.

Begun in 1987 in Chicago, Communities for Child Safety sends two-person teams into neighborhoods to collect information on hazards, to develop networks with key organizations and support groups, to educate local residents, and to persuade local government and organizations to change their policies and approaches.

Teams urge communities to hold child safety fairs, to assess home safety, to offer infant/child CPR classes for parents, to educate parents in child safety, to establish fire safety programs, to work to prevent child abuse and neglect, and to clean up vacant lots and playgrounds. The goal is a community injury prevention plan.



## Mobilize Communities to Support Young Children and Their Families



Take a walk around the neighborhood, virtually any neighborhood, in the late morning, when most Americans are at school or work. That's when infants and toddlers seem to be out in force--lifted from car seat to shopping cart, carried or wheeled down Main Street, or set loose in a sandbox. The adults who care for them have ventured out to do errands, visit the doctor, calm a fussy baby, or perhaps just to escape the isolation of solitary child care.

Some find themselves in a community that responds to their needs and those of their children; its institutions, both public and private, are designed in ways that weave young children and their caregivers into the social fabric. But most communities are far more responsive to the needs of their "working" residents--those who hold jobs outside the home--than to the needs of adults caring for small children. This is no accident. For the most part, new parents tend to have less influence than other community members; overwhelmed and isolated by the demands of home and work responsibilities, they often have less financial clout, less involvement in community affairs, and less say in setting priorities.

For these and other reasons, the community services available to most families with young children are few and fragmentary. Most communities do not adequately support a healthy start for our youngest children, and our nation has not mobilized the resources or the will to meet their needs. This is the quiet crisis that threatens the stability of community and family life across this nation.

A growing body of research supports the premise that community characteristics do indeed affect individual outcomes for children. We can now say with more confidence that a family's effectiveness as a childrearing system is bolstered by the existence of a supportive social network that includes people outside the immediate family. There is also increasing evidence that when people feel responsible for what happens in their neighborhoods, children benefit. At the same time, social disorganization, in combination with urban poverty, can lead to low birthweight, child abuse and neglect, intellectual impairment, and adjustment problems.

These findings strengthen the task force's conviction that families can benefit from improved community supports--in particular, when communities are able to develop a broad, coherent approach that makes sense for their population of families with young children. This a daunting challenge, requiring the good ideas and hard work of people across the nation: government officials, business leaders, agency staff, the media, community workers, religious organizations, parents, and volunteers. But the long-term payoffs will be substantial. A good start in life measurably decreases the risk that individuals will drop out of school, swell the welfare rolls, or shuttle in and out of the criminal justice system.

To help communities meet the needs of families with young children, our nation must

- Promote a culture of responsibility in communities
- Move toward family-centered communities
- Reinvent government in ways that strengthen families and communities

## Promote a Culture of Responsibility

The task force recommends that every community in America focus attention on the needs of children under three and their families, beginning in the prenatal period. We urge leaders to marshal resources on their behalf, to learn from effective, innovative models, to plan carefully, and to measure and report the results of these efforts to the public. Because many American families with young children face multiple risk factors--including poverty, unemployment, inadequate housing, and violence--we recommend that special attention be given to services and supports that benefit those most in need.

The problems of young children and their families do not lend themselves to one-size-fits-all solutions. Communities need to develop their own approaches to creating family-centered communities, based on a strategic planning process that involves all sectors of the community. This kind of broad-based effort demands strong local leadership. In some communities, a citizens group or a private/public partnership may already be addressing issues of education, health care, or family services, and can broaden or refocus its agenda to address the specific needs of very young children and their families. In other communities, forming such a group will be the first step.

The process should begin with a community assessment, examining the needs of young children and families, especially those with multiple risk factors, and the capacity of existing programs to meet those needs. Planners should ask such questions as

- What kinds of preparation for parenthood, parent education and support, and family planning services are available?
- What kinds of prenatal care are available, and how many expectant mothers do they reach?
- How much infant and toddler child care is available in the community, and what is its quality?
- Which public and voluntary agencies serve families with young children? Are they meeting local needs? To what extent are their services coordinated?
- Which factors and resources in the community promote or inhibit the development of social networks among families with young children?
- What funds are available from public and private sources? How are they being expended to serve families with young children? How can we improve funding mechanisms and achieve greater cost-effectiveness?
- What additional resources can be leveraged from business, volunteers, and the private, nonprofit sector?

As they look at existing resources, communities are likely to find that some programs are effective, or would be with relatively minor adjustments. It is important not to dismantle programs that work or to disrupt networks that have been painstakingly established. Other programs will prove to be less effective. Many are understaffed or are staffed by individuals who lack sufficient experience or training.

Perhaps the most serious weakness the community planning process will uncover is insufficient coordination among programs serving the same families. Forging links among these programs should be a top priority. These linkages provide a more comprehensive, family-centered system

of supports for young children and their families, and can help to seal the cracks through which many young children now slip.

Once the assessment is completed and documented, the leadership group needs to reach consensus on goals, and to define the specific interventions that will meet those goals. A strong plan will probably include elements that benefit families with young children directly and those that benefit them indirectly by reinforcing social cohesion within the community. A key challenge at this stage is establishing credibility by building program performance measures into the plans. These measures would define quantitative and qualitative results. [See [Setting Goals for Effective Community Planning](#) sidebar.]

## **Move Toward Family-Centered Communities**

The task force envisions a strategic planning process that would move communities toward a family-centered approach--a cluster of resources and services linked together so that more parents can, with efficiency and dignity, gain access to essential information and services and fulfill their responsibilities to their children.

Each community or neighborhood would evolve a network of services geared to the needs of its families. This network of services can and will take many forms, but we anticipate that in each community, a single institution would become the hub of the network, offering support, information, and referrals to families and providers. The task force encourages broad experimentation with a comprehensive approach through the development of neighborhood family and child centers. Two approaches appear to be particularly promising: creating or strengthening neighborhood family and child centers; and adapting and expanding Head Start to meet the needs of families with children under age three.

Neighborhood family and child centers can move toward providing a full spectrum of services, including

- Parenthood education and ongoing family support groups
- One-stop access to information about child care, schools, health care, social services, and a wide range of other community resources
- Outreach to families with multiple risk factors
- Professional development and technical assistance for caregivers and service providers

Some communities may establish new family and child centers; others may choose to expand an existing program. In fact, a family and child center could be built on any credible community institution and could be financed through the expansion and redirection of government funds, private support, and parent fees. Each community should establish its own strategy for administering these centers, but it is essential that parents and other neighborhood residents be involved in their development and management.

In many communities, existing Head Start programs are a logical starting point for the provision of comprehensive services and supports for infants and toddlers and their families. Historically, Head Start has served primarily three- to five-year-old children from low-income families. In

1992, Head Start served only one out of every twenty economically eligible children under age three.

We recommend that the comprehensive, family-friendly, and community-based services that have characterized Head Start now be expanded to provide appropriate services and supports for younger children and to be a source of consistent support between the prenatal period and school entry. Beginning with the most disadvantaged families, the new program for children under three should include home visits, immunizations, linkages to prenatal and other health care, parent education and support, and developmentally sound child care, as well as nutrition and social services. This new program would equip parents to be the effective first teachers of their young children, and could link up with adult job training, drug treatment, housing, and economic development programs. Head Start programs for younger children could be associated with schools, settlement houses, existing Head Start programs, or other community institutions. We concur with the Advisory Committee on Head Start Quality and Expansion, formed in 1993, that the quality of services must be a first priority. The passage of federal legislation in May 1994 to strengthen the quality of the Head Start program and expand services to families is a very promising development.

## **Reinvent Government to Strengthen Families and Communities**

Federal and state governments can help communities improve their services and supports to families with young children by mounting systematic efforts to support local change, by removing obstacles created by outmoded funding patterns and cumbersome regulations, and by mobilizing other sectors, including business and the media, to make the needs of families with young children a high priority.

In order to focus the leadership and resources of the federal government much more sharply on the needs of young children and their families, we urge the President to appoint a high-level group to coordinate federal agency support for programs for families with young children. In addition, current efforts to "reinvent government," through such federal mechanisms as the National Performance Review and the newly established Community Enterprise Board, represent opportunities to create a more coherent, more efficient delivery system for human services, including those directed at families with young children.

States play a critical role by establishing a framework for community action. They provide support for key services such as child care, health care, family life education, and staff training. States also play a vital role in establishing program regulations, collecting data, and allocating funds. The task force recommends that governors and state legislatures establish mechanisms, such as those in Colorado, North Carolina, New Mexico, West Virginia, and several other states, to implement comprehensive program plans that focus on the prenatal period and the first three years of life. [See [State Councils Lead Action for Families and Young Children](#) sidebar.]

The changes in community planning and government initiative envisioned by the task force will take time. Our hope rests with the spirit and commitment that the American people demonstrate whenever a crisis threatens to block our path toward an important goal. We size up the problem, mobilize our citizenry, and get to work. In the next chapter, the task force offers

recommendations and a detailed action plan through which all sectors of society can work together to support families with young children.

## Part II Chapter 4 Sidebars

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### Setting Goals for Effective Community Planning

By undertaking a comprehensive assessment or "audit" of the status of families with children under the age of three, a community-based planning group can document not only a community's problems, but also its strengths. During the planning process, this group should actively encourage public input and discussion in a variety of community forums. Reports summarizing major findings should be issued periodically to inform the community, inspire voluntary commitment, and influence public policy.

During the planning process, the group should

- Gather data that answer basic questions about the characteristics and needs of families with young children, including their numbers, geographic distribution, income, family composition, ethnicity and race, and environmental risks. What trends are observable over the past several years?
- Interview parents, program staff, service providers, and public school teachers to pinpoint key challenges in their particular community.

- Determine the scope and accessibility of services and supports now available to families, including family planning, parenting and family life education, child care, and pre- and postnatal health care.
- Analyze the public and private sector policies that affect parents' ability to balance work and family commitments.
- Survey community resources available to families with young children, including housing, parks, libraries, recreation and drop-in centers, health care and child care facilities, voluntary agencies, places of worship, and informal assistance.
- Establish clear goals and priorities, and recommend interventions that meet those goals.
- Create an ongoing mechanism to monitor the implementation of its recommendations.
- Throughout the process, promote collaboration among the many institutions and individuals who work with families and young children.

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### State Councils Lead Action for Families and Young Children

Today, a growing number of states are emphasizing early childhood development as a

- In West Virginia, the Governor's Cabinet on Children and Families was created in 1990 to

significant new "front-end" investment. Most states have embraced the importance of getting children "ready for school" and are now emphasizing ways to prevent social, health, and educational problems before they have serious and costly consequences. State coordinating councils can be an effective way to focus resources and attention on these issues. With sustained gubernatorial or legislative leadership, a state council can provide impetus for community action.

● In 1987, Colorado's governor Roy Romer established a pioneering early childhood initiative called "First Impressions." The initiative's purpose was to ensure that all of Colorado's children enter kindergarten ready to learn. The state has developed a comprehensive plan and has established statewide and community councils. The initiative takes advantage of the public education power of Colorado's First Lady, Bea Romer, who has attended numerous community events and meetings. Technical assistance is provided to local communities to help them develop new programs, pool existing funding to achieve better results, and build local leadership capacity among parents and advocates.

The governor has also created a Families and Children Cabinet Council that has broad authority over program planning for young children. The group consists of high-level representatives from the departments of education, social services, health, and mental health. As part of Colorado's Strategic Plan for Families and Children, neighborhood family centers that combine health, education, and human services in a single location are now being established. Local planning teams select the programs and services to be offered at the center and work with state agencies to combine their resources to implement the plan. A dozen communities have organized comprehensive centers, and an evaluation is

enhance the ability of families to "protect, nurture, educate, and support the development of their children." Chaired by the governor, the cabinet includes directors of relevant executive agencies, state legislators, and representatives from higher education. Its mission is to "reinvent government" by changing the current service delivery system from "deficit models to ones that promote health, development, and well-being within the family," and by shifting from "crisis oriented services to those that focus on prevention and early intervention." The cabinet forges partnerships among citizens, community organizations, business, labor groups, local and state government bodies, advocacy groups, and members of the religious, education, and legal communities.

The primary vehicle used by the cabinet to reform services and supports for young families is the local family resource network. Operating with the support of a broadly representative leadership group, these networks serve thirty-four of West Virginia's fifty-five counties. They direct the planning and implementation of an improved system of services and supports geared to the specific needs of local children and families.

While the cabinet coordinates day-to-day improvements in children and family services, the Governor's Early Childhood Implementation Commission is developing a long-term plan to ensure the availability of high-quality early childhood services to all children, from before birth through age five. These services include health and nutrition, family support, and early childhood development and education. Working with professional groups, child advocates, business leaders, and the media, the commission is also charged with rallying broad public and professional support for the plan through periodic reports.

under way to determine how well they work.



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## Recommendations and Call to Action



The quiet crisis of families with children under age three requires immediate and far-reaching action. Persuaded that strong families and communities are essential to the healthy development of our youngest children, the task force calls for action in four key areas. These four areas constitute vital starting points for both children and their families.

### Promote Responsible Parenthood

Our nation must foster both personal and societal responsibility for having and raising children. To enable women and men to plan and act responsibly, the task force recommends

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

### Guarantee Quality Child Care Choices

For healthy development, infants and toddlers need a continuing relationship with a few caring people in safe and predictable settings. To guarantee good child care choices in children's homes and child care settings, the task force recommends

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

## **Ensure Good Health and Protection**

When young children are healthy, they are more likely to succeed in school and in time form a more productive workforce and become better parents. Being healthy means young children are able to grow up in safe homes and neighborhoods. To ensure good health and protection, the task force recommends

- Making comprehensive primary and preventive care services, including immunizations, available to infants and toddlers as part of a minimum benefits package in health care reform
- Offering home visiting services to all first-time parents with a newborn and providing comprehensive home visiting services by trained professionals to all families who are at risk for poor maternal and child health outcomes
- Expanding the Women, Infants and Children (WIC) nutritional supplementation program to serve all eligible women and children
- Making the reduction of unintentional injuries to infants and toddlers a national priority
- Expanding proven parent education, support, and counseling programs to teach parents nonviolent conflict resolution in order to prevent child abuse and neglect, and implementing community-based programs to help families and children cope with the effects of living in unsafe and violent communities
- Enacting stringent national, state, and local laws to control possession of guns

## **Mobilize Communities to Support Young Children and Their Families**

Broad-based community supports and services are necessary to ensure that every family with a child under three is linked to a source of comprehensive health care, quality child care, and

parenting support. To mobilize communities to support young children and their families, the task force recommends

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

## **A Call to Action**

The task force calls upon all sectors of American society to join together to offer a decent start in life to all children under the age of three.

- We ask the **President** to direct a high-level federal group to review the findings of this report, and to ensure the adequacy, coherence, and coordination of federal programs for families with young children. We urge him to introduce legislation to strengthen the Family and Medical Leave Act, to include pregnant women and young children in health care reform, and to channel new money into quality child care for families with children under three.
- We call upon **Congress** to enact legislation that focuses resources more sharply on the needs of children under age three and their families. We urge Congress to enact legislation that strengthens the Family and Medical Leave Act and that provides increased resources for quality child care and parent education and support. Congress should ensure that pregnant women and all children under three are the first to be included in health care reform.
- In the spirit of "reinventing government," we urge **federal agencies** to identify and remove the obstacles that states and communities encounter as they implement federally funded programs or test innovative solutions.
- We call upon **states** to convene or form child and family councils to review this report and consider its implications for children under age three in each state and its communities. We urge every state to review its legislative and regulatory framework, particularly standards in child care, with a view toward raising the quality of existing services and creating incentives for local innovation.
- We call upon **community leaders** to assess the adequacy of existing services for families with young children (especially those with multiple risks), to recommend specific steps to improve and coordinate services, and to introduce mechanisms for monitoring results. We ask them to create or strengthen existing neighborhood family and child centers in order to meet the needs of families with young children. We urge community leaders to work toward creating communities that are safe and healthy for young children and their families.

- We call upon the *private and philanthropic sectors*, including foundations, to pay more attention to families with children under three, and to expand their support of initiatives that give our youngest children a decent start in life. We urge community foundations to support local efforts to direct attention and resources to meet the needs of children under three.
- We urge *educators*, working with other community agencies, to incorporate services to children under age three in their plans for the schools of the twenty-first century. We urge a substantial expansion of efforts to educate young people about parenthood. We ask educators in secondary schools and community colleges to provide more training and technical assistance to child care providers.
- We call upon *health care decision makers* to include, in any plan for national health care reform, family planning services, comprehensive prenatal care for expectant mothers and universal primary and preventive care for young children. We ask them to give serious consideration to a specific standard of coverage and service for young children.
- We urge *service providers* in child care, health, and social services to take a family-centered approach to meeting the needs of young children and the adults who care for them. We ask them to offer staff, parents, and other caregivers opportunities to learn more about the needs of families with young children, about child development, and about promoting children's health and safety.
- We call upon *business leaders* to support policies that result in family-friendly workplaces, in particular strengthening the Family and Medical Leave Act of 1993, introducing flexible work schedules, and providing assistance with child care. We ask corporate leaders who are on the cutting edge of these policy innovations to help businesses of every size to adopt family-friendly policies. We ask them to participate in local efforts to promote family-centered communities.
- We call upon the *media* to deliver strong messages about responsible motherhood and fatherhood and to portray family life in ways that further society's understanding of the importance of the first three years. We urge them to expand coverage of the quiet crisis and of the requirements for healthy development in these early years. We urge the media to publicize information about preventing injuries--the leading cause of death and disability of children under age four.
- Perhaps most important, we call upon *mothers and fathers* to do everything in their power to secure the knowledge and resources they need to plan and raise children responsibly. When these resources are not available, we urge them to make their needs known to government representatives, community leaders, and service providers. We urge parents to participate in community child and family councils.

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

