

Cherish Every Child

An Action Plan for Springfield's Youngest Children

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Design Team Members

Jim Bell
Executive Director (retired), Springfield Day Nursery

Margaret Blood
President, Strategies for Children

Peter Levanos
Principal, Gerena School

Maria Morales-Loebl
Executive Director, Spanish American Union, Inc.

Frank Robinson
Executive Director, Partners for a Healthier Community

Mary Walachy
Executive Director, The Irene E. and George A. Davis Foundation

*Planning facilitated by
The Interaction Institute for Social Change, Cambridge, Massachusetts*

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“At the heart of every community are its children –
the generations who hold in their hands the future of our
society and of our nation.

If children are to have a bright future,
each of us has a role in creating conditions
under which they develop into promising adults,
potential parents, skilled employees, and tomorrow’s citizens.

If children are the foundation of our communities, then we must
give them support from all cords of influence:
from families, friends, teachers, and through civic groups,
community organizations and businesses.”

Freddie Mac Foundation

Acknowledgments

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The Cherish Every Child process got off to an inspiring start thanks to the keynote address by Springfield native, Reba Gaskin-Danastrog of the Boston Ten Point Coalition. Dr. Jack Shonkoff, pediatrician, professor, and dean at Brandeis University underscored the critical importance of early childhood development in his presentation of the latest scientific knowledge.

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A Shared Community Vision

“Cherish Every Child” envisions a Springfield where...

...every family is embraced and every child is cherished.

...the family is recognized as the most powerful environmental influence on children’s development and their success in school and in life.

...all children are members of a diverse community, that is committed to helping every child reach his or her full potential and to helping every family support their children within strong neighborhoods.

...every child has the love of a caring adult and access to the supports s/he needs.

...every child is guaranteed freedom from harm and hope for a promising future.

...everyone who touches the life of a child has the financial resources, education, skills and commitment necessary to meet that child’s needs.

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Cherish Every Child: An Action Plan for Springfield's Youngest Children

Introduction

Springfield is the third largest city in Massachusetts and the county seat of Hampden County. With a population of 152,082, much of it young, it has the state's second largest school district. The city is a crossroads of culture, education, industry, and communications. It has a long heritage of cultural and civic attainment reflected in a number of libraries, museums, a professional theater, a symphony, a riverfront bikeway, dozens of neighborhood parks, and the 735-acre Forest Park. Three four-year colleges are located in the city, as well as a technical community college. Recent enhancements to the city's culture include: new, larger quarters for the Basketball Hall of Fame, which draws tourists from around the nation; a newly completed memorial honoring Theodor Geisel (Dr. Seuss); and a thriving entertainment district of restaurants and clubs which has brought nightlife to downtown.

The city is fortunate to have a business community that is forward-looking and committed to community betterment. Businesses have a fine record of philanthropic activity, reflected in service on non-profit boards, leadership of capital campaigns, provision of matching funds in support of the arts, partnerships with schools, and sponsorship of mentoring programs. In the words of the Springfield Office of Economic Development, "Springfield is a very caring city."

Among its many assets, Springfield can count a city government committed to children's welfare, as well as many groups, agencies, and institutions which provide a range of services to its children. The mayor has convened an early childhood commission and the City Council has passed a resolution requiring that every new school built must include early childhood facilities. The School Department is working with child care providers to create more effective transitions to public kindergarten, along with other outcomes. The city has been successful in securing millions of dollars in state and federal aid to provide an array of services to needy children and their families. Services include programs for newborn home visiting, early education and care, parent education and support, family literacy, and health care. Many creative and successful programs have been launched to address the needs of families and children.

However, despite the best efforts of government, business, health care, human services, education, community organizations and families to provide programs and services for them, too many young children in Springfield do not have what they need to prosper, learn, and grow strong.

A Portrait of Springfield ...

Like many American cities, Springfield's population has changed considerably since the middle of the last century. Since 1960 when it reached a peak of 174,463 residents, the city has been transformed from a community with a 92% White population and a Black population of about 13,000 into a multicultural urban center with drastically fewer Whites, more than twice as many Blacks, smaller communities of Asians and Native Americans, and a large Latino community (Table 1). Numerically, the number of Whites living in Springfield has dropped dramatically, almost by half since 1960, from 161,102 to 85,329, while the Latino community which was statistically small in 1960 now numbers 41,343 persons who claim this ethnic heritage.

As Springfield enters the 21st century it is home to many residents who struggle with poverty and a host of associated problems which are reflected in poor health, low educational

attainment, and unsafe homes and neighborhoods (Table 2). The city's population has grown poorer over time, with over one-third of households having annual incomes under \$20,000 in 2000, and over two-thirds with incomes under the state median of \$50,502 (Census 2000). The Latino population, which makes up many of the city's poorest residents, began to settle in Springfield from Puerto Rico and elsewhere in the 1960s, accounting for 9.1% of the city's population by 1980. Many of those who arrived in the 1960s and 1970s came to work on tobacco farms in Hampshire County. The need for agricultural workers has declined over time, and workers with limited skills are in unstable and low-paying service sector jobs. Addressing the educational needs of a low-income population which has 6,610 adults with limited English proficiency (Massachusetts Family Literacy Consortium 1997), a high percentage lacking a high school education, and over one-third of its children living in poverty is truly a formidable challenge.

... and its Youngest Children.

In a city of 152,082 people, at least one-third of the children under age nine live in poverty (defined by the federal government as \$15,020 for a family of three in 2002) and many more live in low-income families. There are 21,917 children under age nine in Springfield, representing 14.4% of the city's population (Census 2000). About 42% (9,205) of these children are Latino, 29% are White (6,356), 23% are Black (5,041), and the remaining children are of Asian and other ethnicities. Many children live in homes with just one parent; over 18% of all Springfield households with children under age 18 are headed by a single parent. Almost 63% of the children under five living in a female-headed household -- 2,624 children -- are poor. It is estimated that about 15,000 of Springfield's young children are cared for outside the home for at least part of each workday.

Each year about 2,369 babies are born to Springfield families, with about 19.1% (477) of them having mothers under 20 years old. About 38% (743) of babies are born to mothers who had inadequate prenatal care; only 51% of Black mothers and 58% of Latino mothers received care in their first trimester of pregnancy in 1999. Close to 10% (213) of babies are born with low birth weights, and about 21 of them die before their first birthday. By age two, an estimated 40% (947) will still not have been fully immunized.

The difficult circumstances of children's early lives show up when they get to school and are tested for proficiency in basic subjects. Despite recent gains in Massachusetts Comprehensive Assessment System scores, Springfield school children continue to be at the bottom of the heap statewide, ranking below cities such as Holyoke and Boston. In 2002 Springfield had the second lowest ranking in the state in English scores and the fourth-lowest in mathematics.

Table 1
Springfield Population, by Race* and Ethnicity
1960 and 2000 Compared

	1960 numbers (%)	2000 numbers (%)
White race	161,102 (92.3%)	85,329 (56.1%)
Black race	13,086 (7.5%)	31,960 (21.0%)
Asian & Pacific Islander race	---	3,059 (2.0%)
Native American race	275 (0.2%)	569 (0.4%)
Other race/races	---	31,165 (20.5%)
Hispanic ethnicity**	---	41,343 (27.2%)
Total	174,463	152,082

* Race figures are for those 2000 Census respondents who claimed these races alone; the numbers rise somewhat if they include persons who claimed more than one race.

** Persons choosing to indicate Hispanic ethnicity could check any racial category.

Table 2
Springfield/Massachusetts Statistical Comparisons
(Year 2000 except where noted)

	Massachusetts	Springfield
Population		
% CHEC target population (children under 9 years)	—	14.4 (n=21,917)
% households that are single-parent households with children <18 years	8.2	18.5 (n=10,599)
% population identifying solely as White*	84.5	56.1
% population identifying solely as Black	5.4	21.0
% population identifying as Hispanic (any race)	6.8	27.2
Education		
% adults 25+ years without high school diploma/GED	13.9	26.6
% adults 25+ years with bachelor's degree or higher	33.2	15.4
% public school 4 th graders failing MCAS English Language Arts/Mathematics (2002)	10 / 19	22 / 38
% public school 10 th graders failing MCAS English Language Arts/Mathematics (2002)	14 / 25	41 / 61
Income		

	Massachusetts	Springfield
% of households with income <\$15,000	14.4	26.3
% of households with income of \$50,000 or more	50.6	29.2**
% children <18 living in poverty***	11.6	33.9
% female-headed, single-parent households with children <5 living in poverty	45.4	62.2
Unemployment rate	2.6	4.4
Teen births		
Birth rate to married & unmarried mothers <20 years, per 1,000 females 15-19 years	25.8	77.2
% of all births to mothers <20 years	6.6	19.1 (n=477)
Health and Safety		
Infant mortality rate per 1,000 live births	4.65	6
% children 2 years and under fully immunized (1999)	87	60
Number of children for whom reports of abuse and neglect have been substantiated (1999)	29,555	1,937
% pregnant women receiving adequate prenatal care	79.1	62
% low birthweight babies	7.1	9.1

Sources: U.S. Bureau of Census, Census of Population 2000, and 2000 American Community Survey; Massachusetts Department of Public Health; Commonwealth of Massachusetts, Division of Employment and Training; Massachusetts Department of Education.

*In the 2000 Census respondents were able to choose more than one race. Including those who checked White alone with those who checked White in conjunction with one or more other races, the percentage choosing White rises to 58.7% in Springfield.

** The Massachusetts median household income for 2000 was \$50,502.

*** The Federal definition of poverty for a family of three in 2000 was \$14,630.

A Call to Action

Based on these statistics about Springfield's youngest children and their families and on a rich and rapidly growing knowledge base of scientific research that tells us what happens during a child's first months and years of life matters, the Cherish Every Child initiative is a call to

action for Springfield to shape a shared agenda to ensure both a rewarding childhood and promising future for all its children. *The goal of the Cherish Every Child initiative is to improve the lives of children from birth through age eight in Springfield, Massachusetts.* *

What Science Tells Us About the Critical Needs of Developing Children

In the late 1990s the Board on Children, Youth and Families of the Institute of Medicine and the National Research Council established a Committee on Integrating the Science of Early Childhood Development. The national committee of scientists and experts spent over two years evaluating the current state of knowledge about early childhood development, presenting their results in a book entitled From Neurons to Neighborhoods (Shonkoff and Phillips 2000). The Cherish Every Child design team invited Jack Shonkoff, a pediatrician, professor, and dean at Brandeis University and chair of the national committee, to come to Springfield to present his group's findings to the community. The Committee concluded early life experiences impact children's lives forever. Key research findings highlighted by Dr. Shonkoff were:

- From birth to age five the foundations for a child's cognitive, linguistic, emotional, social, self-regulatory, and moral growth are established. The human brain develops more rapidly during these years than at any other subsequent period.
- Even genetically determined characteristics are affected by experience and are open to intervention during the first five years of life.
- A child must have at least one dependable, loving relationship to develop properly; the absence or disruption of such a relationship will cause severe and long-lasting harm.
- Family violence and mental illness, as well as neighborhood demoralization and violence, are disruptive of development.
- A young child's experience of loss, personal rejection, or trauma can seriously impair their development.
- Physical threats such as poor nutrition, certain infections, toxins, and drugs, experienced by the fetus, infant, toddler, or young child can negatively affect their central nervous system development.
- Social and economic backgrounds are highly associated with disparities in what children know and can do when they enter kindergarten and are predictive of subsequent academic performance.
- Growing up in poverty increases the probability that a child will experience developmental difficulties that will later be reflected in academic failure.

** Because the indicators of learning to read are generally established by age 8 the initiative has chosen to focus on children ages zero through eight.*

Planning Begins

Early in 2001, the Davis Foundation called together groups of concerned individuals drawn from all sectors in the city – parents of young children, government, business, health care, human services, education, and community organizations – to create a city-wide plan to address the needs of young children. A core planning group of almost 50 persons met in a series of working meetings throughout the year to discuss their hopes for Springfield's children, to

identify existing resources, and to pinpoint obstacles that must be overcome to meet children's needs. Their meetings were replicated in small focus groups throughout the city, confirming the importance of the process and building support for the work that would follow. Additional meetings were held with area state legislators and with members of the business and academic communities.

Throughout the Cherish Every Child planning process it was clear that the strongest assets for young children are the dedicated corps of people who care deeply and are motivated to shoulder implementation of the plan. However, participants also agreed that despite the number and range of services available in Springfield, no overarching plan guarantees that these services are appropriate, integrated, and of high quality. As a result the delivery of services is not as effective in resolving and ameliorating adverse conditions for young children. However, as the Cherish Every Child planning process demonstrated, the will to collaborate to expand and improve services to young children is strong and provides a firm foundation on which to build.

Guiding Principles

From the start, everyone involved in developing a plan for Springfield's youngest children agreed on a number of overarching principles which are reflected in the name chosen for the project: "Cherish Every Child."

Caring. The plan should demonstrate a spirit of caring that goes beyond the provision of bare essentials.

Cultural competence. Programs must be designed and implemented in ways that acknowledge, accommodate, and celebrate Springfield's diversity.

Universality. The plan should encompass all young children in Springfield, with eligibility not restricted by income or risk factors.

Respect for the parental/family role. The plan should recognize the critical role parents and family care givers play in planning for their children.

Quality. Programs and services recommended should be in accord with the best practices known to promote healthy child development.

Accessibility. Obstacles that prevent families from using services should be identified and removed. Whenever feasible, services and programs should be low-cost or free.

Research basis. Recommendations for programs and services should be solidly based on what is known about child development and intervention measures that are proven to work.

Obstacles to Springfield's Vision

The Cherish Every Child planning group, as well as separate groups of business leaders and elected officials, and community focus groups, identified a number of obstacles that stand in the way of Springfield realizing its vision (see A Shared Community Vision, page 6) for its youngest children and their families. Among those obstacles most often voiced were the following:

Obstacles in the community at large:

- A lack of public will to put the quality of life for young children at the forefront of all plans and activities.
- Lack of understanding of the critical developmental needs of young children.
- The inadequate supply of affordable, quality early education and care.
- An inadequate supply of decent, affordable housing.
- Insufficient public funding for social and ameliorative services.
- No strong political voice advocating for children.
- Racism and bias.
- Lack of safety and security.
- Too few jobs that pay a living wage.

Obstacles within the service provider community:

- Lack of coordination and collaboration between the agencies and institutions which provide services to young children and their families.
- Program rules which are defined too narrowly to serve many of those who need help.
- Lack of cultural competence among providers, educators, and policymakers.
- Failure to apply what is known about children's developmental needs to programs and services.
- Weak linkages between educational institutions, parents, and the community.
- Programs which are too bureaucratic and complex and have lost sight of their mission.
- Low pay for early education and care staff.
- Failure to attract target populations to programs and services or to understand the reasons why they do not participate.

Obstacles within families:

- Little family participation in programs for children and low expectations about program quality.
- Limited parental involvement in the political process.
- Lack of knowledge of services and the benefits they provide to young children.
- Insufficient income to meet basic needs.
- Parents too young and lacking parenting skills.
- Illiteracy and lack of education among parents.
- Poor health, depression, and despair in parents and children.

The Cherish Every Child Recommendations

Through the involvement of the nearly 600 people who worked on the Cherish Every

Child plan, eight recommendations emerged. The recommendations that follow came out of the collective, working knowledge of representatives from the entire community, emerging almost “organically” from the year-long series of meetings. The participants in the planning process were chosen because they – not scientists or policy experts - are the true community experts. They are the people who work with Springfield’s families and young children on a day-to-day basis, who are invested in the city’s future, and who will be critical in implementing the Cherish Every Child plan. The recommendations and strategies would be worthless if they did not reflect the wisdom and commitment of the broad coalition of community members who produced them.

The recommendations and strategies outlined in this report are not notable for being new ideas or concepts – to the contrary, they represent long-recognized needs and goals. Their strength and innovation derives from the community process through which they were developed, and that is what will make the Cherish Every Child initiative sustainable over the long term. The community commitment already demonstrated, matched by that still to come, will be the critical factors in a successful campaign for Springfield’s young children.

Importance of Public Policy

An important element of the Cherish Every Child initiative will be to develop a public policy agenda and strategy for many of the recommendations that emerged from the planning process. Many of the programs and policies necessary to improving the well-being of Springfield’s young children and families are funded by the state and federal governments and are subsequently governed by regulations dictated by those funding sources. For example, current government funding for early education and care subsidies are tied to eligibility criteria set by the state. Efforts to ensure that all Springfield children have access to high quality early education and care may necessitate advocacy efforts to change those criteria or to seek new public funding to augment current program capacity. This may also prove to be true with regard to community efforts to improve the oral health of Springfield’s children; a public policy agenda tied to this cause may require Springfield advocates and concerned citizens to join statewide advocacy efforts aimed at ensuring that there is an adequate supply of pediatric dental providers willing to provide care to MassHealth (Medicaid) patients. In the area of family support, restrictive eligibility criteria limit participation by families who would benefit, for example, from newborn home visiting programs. The Cherish Every Child initiative offers an important opportunity to inform policy at the state and federal levels on behalf of young children and families. It will be essential that the initiative take stock of those programs and policies that warrant a state or federal advocacy change strategy.

Develop a Family Engagement Campaign

Recommendation: Develop a sustained community awareness campaign of informative and motivational messages designed to assist and support families in raising happy, healthy children and to inform and engage the community at large of its role in supporting families of young

children.

The family is the most powerful environmental factor in children's development. A parent's influence as a child's first and most important teacher extends well beyond cognitive growth into emotional development, social competence, and a variety of areas that can help build resilience. Parental help with a child's learning is more important in a child's academic success than is the family's income level (U.S. Department of Education 1986).

However as parents become busier, more mobile, and isolated from extended family and community, they themselves require information, support, and assistance to succeed in raising their children. Most parents are unprepared for the huge task of child rearing. New parents, especially those who are poor and single, are particularly vulnerable.

In the city of Springfield, almost one fifth of households with children are headed by single parents. These households tend to be poor, with almost 60% having incomes below the federal poverty level, defined as \$14,630 for a family of three. Many two-parent households in Springfield also have low incomes; under 30% of Springfield households attained the Massachusetts median income of \$50,502 in 2000 (Census 2000). Educational levels are significantly lower than the state average, with more than one in four adults age 25 and over without a high school diploma or GED. Just over 15% of Springfield's adults age 25 and over have college degrees, representing less than half of the state average.

A sustained campaign of informative and motivational messages would assist and support parents with the challenges of raising happy, healthy children and encourage them to become more involved in their children's lives. Throughout the Cherish Every Child community planning process, many participants ranked family involvement as a critical issue touching every sphere of a child's life. There was agreement that involvement by families in programs for their children and in their children's lives, as well as participation in the political process in order to have influence over policies affecting children and families, is critical. However, in Springfield just 53% of eligible voters voted in the 2000 presidential election and only 42% participated in the November 2001 election. Families may need help to understand the links between public policy and their own family's well being.

Public awareness campaigns have proven to be an important component of public health interventions. They can increase knowledge and improve attitudes, eventually leading to changes in habits. In Massachusetts, campaigns around health and safety issues such as drunk driving, seatbelt usage, and smoking cessation have proven to be effective in changing behaviors. A recent survey of 1,675 Massachusetts families with young children showed that families are eager for information and assistance concerning how children grow and learn (Governor's Commission on School Readiness 2001).

The campaign should make use of networks and information sources that parents trust and are most likely to use, as well as using outreach programs to inform them of existing services. The Governor's Commission survey revealed that Massachusetts families most often obtain information about their children's needs from people they interact with on a regular basis such as family members, friends, co-workers, and neighbors. Families also seek information from health care professionals and early childhood teachers. Advice published in books, magazines, and newspapers is also frequently consulted, however parents report that they find print materials less helpful than advice received from friends, family, and professionals. Among professionals, early childhood teachers were ranked as somewhat more helpful than health care providers (Governor's Commission on School Readiness 2001).

Since children learn and develop within the context of the family and the family thrives within the context of a healthy community, another important goal of the campaign is to raise the community's awareness of the importance of families with young children, thereby fostering a community-wide commitment to bettering the conditions under which they live. The campaign will also help gain momentum for implementing the Cherish Every Child plan, which encourages placing young children and services that support their healthy development at the forefront of all planning in the city.

Strategies for Achieving Goals

- Gather information on families' knowledge of and need for information about their children's development. This will establish baseline data for future planning and evaluation.
- Develop a plan for delivering campaign messages, with a timeline and delivery mechanisms.
- Provide civic leadership training to parents and other neighborhood residents.

Strengthen and Coordinate Services to Families

Recommendation: Strengthen, coordinate, and facilitate access to comprehensive support services for families of young children that are designed to meet individual families' needs in order to optimize their healthy functioning.

Ideally, family support programs are designed to offer a wide range of services to families that are tailored to their individual needs and based on their strengths in order to empower families, help them function more successfully, and avert crises. Children in families receiving support benefit from their parents' enhanced skills at parenting, crisis abatement, and the lowered levels of stress in their home.

Family support is a cost-effective way of serving families because it avoids out-of-home services, which could range from foster home placement to hospitalization for mental health care. According to the Massachusetts Children's Trust Fund, for every \$3 the state spends on the prevention of family breakdown, it saves \$6 in out-of-home services. In Cherish Every Child meetings members of the Springfield business community raised concerns about efficiency and the best use of limited financial resources in the delivery of services.

In Springfield, a family support coalition made up of 12 to 16 families and an equal number of representatives of schools and social service agencies guides the work of the family support program. Improved coordination among the coalition members would improve services to families, allowing them to share information to provide an appropriate continuum of care.

The program works with visiting nurses, home visitors in the Parent/Child/Home family literacy program, and others, and is aimed at making families functional and self sufficient. It has a small budget for food and merchandise certificates, bus tokens, and other emergency needs. On occasion it has assisted families financially with utility bills, trash removal, automobile insurance, and even a wig for a ill child. Home visitors help families clean and organize their homes, find housing, obtain clothing for their children, apply for benefits, and improve personal hygiene. Families are linked to a community of concern and mutual assistance through informal networks of family advisory committees who organize events such as parenting classes, play groups, picnics, holiday parties, and family outings.

More home visitors with language skills and cultural backgrounds that match those of service recipients are needed to provide appropriate assistance to families.

An example of a family that has been assisted by a family support program is the following:

A family consisting of a mother and father and nine children had so many problems the family had lost hope, was almost unable to function, and was on the verge of falling apart. School authorities told family support personnel that the children came to school dirty and smelling of urine. The home visitor found the home was filthy, the children had head lice, one child was wetting the bed, the father was diabetic, and the mother had an injured hand. A teenage son lived in the home with his pregnant girlfriend. The family needed intervention to take control of the deteriorated situation and make priorities. With assistance they obtained medical attention for the mother's hand, enabling her to find employment. While she waited for her first paycheck, the family support program provided clothing, bus tokens, and food certificates. With encouragement, the older son completed school and moved into his own apartment. Home visitors showed the family how to clean and organize their home, while a visiting nurse helped with the bedwetting

and head lice.

Strategies for Achieving Goals

- Conduct a community-wide parent survey to find out families' needs and, based on the findings, build and strengthen the capacity of the Springfield Family Support Coalition to identify priorities and explore implementation strategies for family support.
- Explore the expansion of home visiting programs for all newborns.
- Increase linkages and coordination between hospitals, home visitor programs, and social service agencies.

Ensure Early Education and Care

Recommendation: Ensure the availability of and access to high-quality early education and care for all children five years and under to maximize their social, emotional, physical, and cognitive development and to ensure effective transitions for children from home and early education programs to kindergarten and first grade.

The Benefits. High-quality early education and care has been shown to have positive effects on child development and school readiness. According to a host of studies, three of which tracked children for years after they finished school, children who participate in early education:

- develop better language, mathematics, and analytic skills
- display better social skills, self esteem, and self control
- are better prepared for kindergarten
- exhibit fewer behavioral problems once in school
- have a lower incidence of school absenteeism and detentions
- are less likely to be referred for remedial classes or special education
- are less likely to repeat a grade
- are less likely to drop out of school and are more likely to graduate from high school
- are more likely to grow up to be adults who are literate, employed, attend post-secondary school, stay out of jail, and stay off welfare.

One study found that for every dollar originally invested in early childhood education and care, the public saved \$7.16 in special education, criminal justice, and welfare costs (Schweinhart et al. 1993; see Table 3). A later longitudinal study in 2002 found that for every dollar invested in early childhood education and care the public saves an estimated \$5.00 and the government saves \$2.31 (Reynolds et al. 2002).

Current Status. In Springfield, as in Massachusetts as a whole, about 70% of children five years and under are cared for outside the home -- in family child care homes, Head Start programs, private early education and care centers, YMCAs, and public school preschool programs. At a time when 80% of Massachusetts mothers are employed at least part time and young children spend so many of their formative years in the care of others, it has become imperative that their experiences promote their healthy development to the fullest extent possible.

Although many early education and care programs in Massachusetts are licensed to verify that children are cared for in a safe environment where their basic physical needs are met, licensing does not address children's learning needs. More than 60% of preschool classrooms participating in a recent state study were found inadequate in providing the type of rich language environment essential to children's language and cognitive development (Massachusetts Early Care and Education Study 2001). In Springfield, as in the nation, child care is "highly fragmented and characterized by marked variation in quality, ranging from rich, growth-permitting experiences to unstimulating, highly unstable, and sometimes dangerous settings" (Shonkoff and Phillips 2000).

In Springfield there are not enough high-quality programs to meet the need and many families cannot afford them. Low-income families (below 200% of the federal poverty line) pay

less in dollars for childcare, but a higher proportion of their income -- about 16%, as compared to 6% for those with incomes above double the federal poverty line (Sandham 2002). Working families with incomes up to the state median can receive subsidies to pay for preschool programs with comprehensive services for their three- and four-year olds. Yet adequate funding has not been provided for early childhood education and care, and more than 15,444* Massachusetts children age six and under are waiting to receive financial assistance to enroll in early education and care programs, with almost 500* children on waiting lists in Springfield (Massachusetts Office of Child Care Services 2002; New England Farmworkers Council 2002).

Families who need care for infants and toddlers face limited options. Only a few of the 46 center-based early education and care programs in Springfield accept children under age three, so most of these children are cared for in family day care or in homes of relatives (J. Bell, personal communication 2002).

Even children who have received top-quality early education and care can experience difficulties as they enter school. To make a smooth transition from early education programs to school requires cooperation among parents, preschool staff, and school personnel. Partnerships between schools and early childhood education providers are a vehicle for improving the quality of education in both (NAEYC 2000). To address this issue, in 2000 the public schools of Springfield initiated a two-week kindergarten transition program, located in each of the elementary schools, for children starting kindergarten. Of about 1,500 eligible children, 594 attended the first year and 700 participated in 2001. Sessions were held in 30 separate locations; seven schools offered free lunch, all schools offered a lunch or a snack and transportation was provided to families requesting it. Funding for the current fiscal year has been drastically curtailed so that this summer's program will run for only one week.

Strategies for Achieving Goals

- Coordinate existing provider inventories and expand them into one central inventory of available programs that include but are not limited to OCCS licensed programs, parochial and other faith-based programs, traditional and non-traditional forms of care, and family child care.
- Develop awareness of and access to a central inventory among the community at large.
- Adopt city-wide standards for quality and set goals and timelines to achieve these standards throughout all Springfield programs.
- Support and expand existing planning efforts to ensure effective transitions for children from early education and care programs and home to kindergarten and first grade.

* State figures are from October, 2001 (OCCS); Springfield figures are from May 8, 2002 (New England Farm Worker's Council).

Table 3
Benefits of Early Childhood Education
The Perry Preschool Project, Long-term Follow-up Study*

	Preschool Group	Comparison Group
% arrested for drug dealing	7%	25%
% arrested 5 or more times	7%	35%
% earning \$2,000+ per month	29%	7%
% owning homes	36%	13%
% owning second cars	30%	13%
% ever receiving welfare/social services	59%	80%
% graduating from high school/GED	71%	54%

* In the 1960s 123 impoverished 3- and 4-year old children were divided into two groups, one of which received high-quality early education. In the most recent of a series of follow-ups 95% of the original study participants were interviewed at age 27.

Develop an Early Childhood Workforce

Recommendation: Expand and retain a supply of well-trained, credentialed, and well-compensated early childhood professionals to maximize the healthy development, care, and education of young children.

As more and more children spend more of their developing years in care outside the home, the quality of that care and the skill of the caregivers becomes increasingly critical. The quality of early childhood education and care programs is directly linked to the training and compensation of its teachers and caregivers. According to the National Association of the Education of Young Children (NAEYC), “One of the strongest predictors of childcare outcomes is the quality of the teacher.” A recent article in *Education Week* said “Research shows a connection between the readiness of children for school and the formal education and specialized early-childhood training of classroom teachers, and how well they’re compensated” (Jacobson 2002). But education requirements are, in fact, minimal. Although kindergarten teachers must have college degrees, with courses in education, neither is required of early education workers. A 2000 survey of licensed group child care centers in Massachusetts found that 25% of lead teachers had a bachelor’s degree in child development and 14% had an associate’s degree (Massachusetts Office of Child Care Services). With low rates of pay, few early childhood teachers can afford higher education. If they earn an associate’s degree at a community college, their early childhood credits may not be transferable to four-year institutions, though area colleges are working on affiliations.

Maids and parking lot attendants are paid about the same as early education and care workers, while dry cleaning attendants make more. The average annual salary of early education and care workers in 1999 was \$15,430 nationally (Bureau of Labor Statistics). In Massachusetts, early childhood teachers make an average of \$11.00/hour, while assistant teachers make \$8.25; in Western Massachusetts, the figures are \$9.50 and \$7.50, respectively.

Low pay and lack of opportunities for advancement result in high turnover, which is potentially detrimental to the social and emotional development of children. The average annual staff turnover rate at childcare centers in five cities studied in one survey was at 31% (Center for the Child Care Workforce), and in Massachusetts a study found turnover at 26% (Marshall et al. 2001). In Springfield, an estimated 33% leave the job each year.

Springfield is fortunate in attracting culturally diverse staff members who reflect the city’s population, but to date few have become lead teachers. Increased professional development is needed to move African-Americans, Latinos, and other minorities into positions of leadership in early childhood education and care centers and public school preschools.

Strategies for Achieving Goals

- Structure a city-wide career ladder that correlates advances in training and credentialing with increases in compensation.
- Create a coordinated, city-wide training system, based on the city-wide career ladder, to help all early education and care providers pursue ongoing education and credentials.
- Establish articulation agreements with institutions of higher education.
- Collect information and data about the existing workforce and its needs.

· Explore the establishment of a financial assistance program for professional development of early childhood education and care professionals.

Promote Optimal Health

Recommendation: Promote and sustain programs to optimize the health and well-being of young children and their families.

Evidence indicates inadequate health care among Springfield's children and families. Specifically, there is:

- A low use of early prenatal care;
- A high number of preventable infant deaths;
- A low proportion of children with up-to-date immunizations;
- An epidemic level of untreated oral disease in children;
- Limited use of and access to counseling for mental health;
- Overweight, obesity, and malnutrition associated with poor diet and insufficient food.

Prenatal Care. Prenatal care of young women before conception and for expectant mothers from the first trimester is essential for safe deliveries of healthy babies. Monitoring of nutrition, weight gain, and iron-deficiency anemia, along with advice to avoid smoking and drinking, can prevent complications of pregnancy, premature births, and low-birthweight babies, and subsequently help to reduce infant mortality. In 1999 almost 40% of mothers in Springfield received no prenatal care during the first trimester of pregnancy, while 21 babies died before their first birthday (Department of Public Health).

Prenatal care should also include screening and treatment for depression. Mothers who are depressed or emotionally disturbed may not engage in the close physical contact (eye contact, touching, rocking, holding, gazing, singing, smiling) with their infants in their first year of life that promotes bonding. Without bonding, a close attachment is not formed between mother and child, and the child lacks a solid foundation for future relationships. Children with attachment problems may exhibit eating disorders, developmental delays, aggression, and other problem behaviors which signal a need for therapeutic intervention (Perry 2001).

Well-Child Care. Keeping regularly scheduled pediatric appointments for young children is important in ensuring that children are fully immunized on schedule, in monitoring their growth and development, and in managing chronic illnesses. Access to pediatric care at a consistent "medical home" is predicated on health insurance coverage. In Massachusetts, the state and federal Children's Health Insurance Program has successfully reduced the uninsured rate for children under age 18 to about 3%, but in Springfield it is estimated that 8% are uninsured, more than twice the state average. Children who have health insurance and regularly see a primary care provider are less likely to visit emergency rooms or to need hospitalization (*Pediatrics* March 2001).

Children's Nutrition. For children in households with inadequate income, the lack of sufficient food and the poor quality of diets pose challenges to their health and development, reflected in chronic illnesses, obesity, weak teeth and bones, low energy, and low morale. Young children deprived of proper nutrition during the brain's formative years show delayed physical growth and motor skills development. Serious food shortages occur in many Springfield households. Local food pantries supplying short-term emergency food to the poor report increased demand, even during the growth economy of the 1990s (Food Bank of Western

Massachusetts).

Obesity afflicts a higher percentage of people in Springfield than in the state as a whole. Fifty seven percent of people 18 and over are considered overweight or obese in Springfield, while the state percentage is 51% (*Union-News* July 24, 2002). Obesity is associated with poverty and is considered the second highest preventable direct cause of mortality. Poor children make up a growing proportion of the obese population, due both to their lack of exercise and consumption of high-fat, high-calorie foods. Minority children have the highest rates of overweight (American Alliance for Health, Physical Education and Recreation 2002). In Springfield, health care professionals link childhood obesity to an increasing rate of Type II diabetes.

Children's Oral Health. There is a nationwide oral health crisis among children living in poverty, with up to one-fifth of preschool-age children suffering from early childhood tooth decay, increasing the risk for future tooth decay (Maternal and Child Health Bureau 1998). Half of all Latino children and 34% of African-American children experience untreated tooth decay. In Springfield, recent screening by Springfield Technical Community College (STCC) found that about 30% of the children exhibited severely rotted or abscessed teeth and needed urgent dental care. Many school children, as well as preschoolers, do not practice regular oral hygiene. Springfield's water is not fluoridated and a public school mouth rinse program reaches only about one half of the elementary school children. Only 11 dentists, one oral surgeon, and one orthodontist accept MassHealth (Medicaid) patients, severely limiting dental care access to the thousands of children who have this insurance. Additional dental services, such as those provided by STCC and the Southwest Community Health Center, are unable to meet the need for care and have long patient waiting lists.

Improved dental health, with better prevention and expanded dentistry services, has been identified as the most urgent child health need in Springfield by school, healthcare, and social services personnel (Anne Modler, personal communication 2002).

For infants and toddlers, baby-bottle tooth decay is a major nutrition-related dental disease associated with daytime and overnight bottle use. Children as young as one year of age can experience tooth decay and dental visits are recommended within six months of the eruption of the baby's first tooth. Early nutrition is also critical in establishing lifelong healthy tooth development (Touger-Decker and Mobley 1996). Researchers have found that even one episode of mild to moderate malnutrition in the first year of life can increase the incidence of decay in both baby teeth and permanent teeth later in life.

Children's Mental Health. Children living in poverty experience a higher incidence of mental health problems, with causative factors including prematurity, lack of food and stable housing, family violence, and unresponsive and depressed primary caregivers. Racism is also a factor, affecting not only inequities in referral and treatment, but also creating an adverse social environment characterized by alienation, powerlessness, frustration, stress, and demoralization (Surgeon General's Conference on Children's Mental Health 2000). Pediatricians are not generally trained to screen young children for psychosocial disorders, nor to evaluate mothers for depression although maternal depression is likely to cause children's emotional disorders (Surgeon General's Conference).

In Springfield, where large numbers of young children live in poverty, the need for mental health services far outstrips the supply. Most of the seven community outpatient clinics

have waiting lists, particularly for families seeking Spanish-speaking clinicians or prescription drugs (Steve Winn, personal communication 2002). Difficulties negotiating the MassHealth system, and limits on the course and type of treatment, often result in failure to obtain services. Individual service providers may be funded only to serve children with certain risk factors, excluding all others. Even when a child succeeds in getting therapy, they may be matched with clinicians who are culturally unable to empathize with their situation or to speak the family's language. Families often display distrust of the mental health system and do not cooperate in treatment plans, leading children to drop out or not respond to treatment.

Strategies for Achieving Goals

- Research and implement an incentive-based program to encourage all women to begin prenatal care in the first trimester of pregnancy and to ensure that their children participate in well-child health and dental care. This program should feature the child health diary "Growing Up Healthy."
- · Expand family dental health education to prevent dental disease, and support efforts to expand access to dental health care.
- Work with family support and health care providers to develop awareness of healthy nutrition and fitness in families of young children.
- Expand the availability of and access to culturally appropriate mental health services, with increased screening for maternal mental health problems, through the creation of a multicultural professional training and retention initiative.

Raise Incomes for Families of Young Children

Recommendation: Assist families of young children to realize increased economic self-sufficiency by working with them and area employers to address the supports needed to meet their families' education and job training needs.

Poverty takes a major toll on the development of children, particularly in the prenatal period and the first years of life when brain growth occurs. Risk factors impairing development include inadequate nutrition, substance abuse, maternal depression, exposure to environmental toxins, trauma and abuse, and the quality of daily care (National Center for Children in Poverty 1997). Even small incremental gains in income have been shown to make significant differences in children's development. In one study, several thousand dollars more each year added to poor families' incomes over three years meant better vocabularies and improved performance by three-year olds on tasks such as identifying colors, letters, and shapes (Dearing et al. 2001).

In Springfield, almost 27% of households live in poverty, defined by the federal government as \$15,020 for a family of three in 2002. Over a third (33.9%) of children under 18 live in poverty, giving Springfield one of the highest child poverty rates in the state (Census 2000). The rate is higher for Latino families, with 58% of children under 18, and 74% of children under five living in poverty. Of all household types, single-parent households headed by women are the poorest, with 62.2% with children under age five living in households with poverty-level incomes. Eighty-seven percent of students in Springfield Public Schools are classified as low income (B. Thayer, personal communication 2002).

Over 150 people participated in the problem identification phase of the Cherish Every Child planning process, with virtually all of them naming poverty as a major obstacle keeping families and young children from reaching their full potential.

According to standards developed by the Boston based Women's Educational and Industrial Union and Wider Opportunities for Women in 1998, a Springfield household consisting of an adult, one preschooler, and one school-age child, for example, needs an hourly income of \$15.17 (\$32,040 per year) to pay for the basic necessities of housing, child care, food, clothing, transportation, health care expenses beyond those covered by an employer-provided health plan, and taxes. (The self-sufficiency standard does not include retirement savings, restaurant meals, purchase of a car or large appliances, or an emergency fund.)

Many poor families are headed by parents who have not finished high school, and cannot compete for better-paying jobs. In Springfield, 26.6% of adults age 25 and over have not completed high school or earned a GED; only 15.4% have earned a bachelor's degree. Without further education, many low-income parents are unlikely to earn incomes that will support their families. The need for higher wages is particularly acute in single-parent families with only one wage earner. As the Massachusetts Institute for a New Commonwealth (MassINC) succinctly expressed in its report entitled "The State of the American Dream in Massachusetts, 2002" there is a strong relationship between people's literacy skills and their success in today's economy. The report further concluded, over the past twenty years, formal education with a strong base of literacy skills has become the economic fault line, dividing those who enjoy economic success from those who do not.

Many of Springfield's low-wage earning families work in entry-level and semi-skilled jobs in industrial parks in Springfield, Holyoke, and Chicopee. Many also work in entry-level service jobs in hospitals and nursing homes, offices, restaurants, and car washes. Wages average

\$7-8 per hour for the untrained, while workers with training may earn \$8-10 per hour. Hence, few families are making enough income to provide for their children.

Opportunities for job training for families in transition from welfare range from college courses to vocational training in technical jobs, clerical work, nursing, machine operation, and food service, but many families are not prepared to benefit from training. One effort in job training is the Career Center of Hampden County's Next Step program, a collaborative effort between Career Point, Future Works, and the Department of Transitional Assistance that offers job readiness training, job development, and placement to families. The Next Step program reports that although 75-80% of participants retain their jobs for at least 30 days, only 219 out of 428 program participants have been placed in jobs, since July 2001. Program administrators say that barriers to retention in training programs and employment include the lack of affordable child care and transportation, as well as poor educational preparation and substance abuse problems.

Strategies for Achieving Goals

- Work collaboratively with local Adult Basic Education and Workforce development organizations to create more integrated and responsive opportunities that build and develop the adult basic education and workforce readiness skills of Springfield families.
- Build awareness among the public, employers and policymakers around the issue of literacy and its relationship to success in today's economy.
- Develop a youth-led public awareness campaign highlighting the relationship between school attendance and achievement and future financial success.

Encourage Cultural and Recreational Enrichment

Recommendation: Ensure the availability of and access to worthwhile recreational and cultural programs for young children and their families to improve their quality of life and to instill in children a lifelong appreciation for physical fitness, culture, and the arts.

Physical Activity and Recreation. In 2000 the Secretary of Health and Human Services and the Secretary of Education issued a report which declared, “Enhancing efforts to promote participation in physical activity and sports among young people is a critical national priority” (National Center for Chronic Disease Prevention and Health Promotion). Regular physical activity benefits mental health by reducing anxiety, depression, and tension, and it improves discipline and self concept. The National Association of Elementary School Principals believes that improving children’s health and well being contributes to their success in school (NAESP Platform 2000). Activity and fitness levels in childhood tend to carry over to adulthood, contributing to better lifelong health.

Children from African-American and Latino families, who form a substantial part of Springfield’s under-age-nine population, have the lowest fitness rates and the highest overweight rates (American Alliance for Health, Physical Education and Dance 2002). Among poor urban children, obesity is rampant and is linked both to a diet high in calories and fat, and to a lack of physical activity (Barboza 2000). Many parents keep their children indoors because of fear of violence. Confined indoors, the children can spend much of their time sleeping and watching television.

Lack of daily physical activity in toddlers can impair gross motor development. Daily physical activity has been demonstrated to improve children’s skeletal health, making more significant contributions to bone growth than milk. Physical mastery is important for young children’s development of confidence and self respect.

Springfield is fortunate to have 47 parks, with three swimming pools and ten spray structures, as well as a riverfront bike path, and a rail trail bikeway in planning. However, summer programs in Springfield’s parks, which include movies, puppet shows, and parties, have been cut back from eleven sites in 2001 to only four in 2002.

School busing and curtailed physical education programs in the schools have diminished opportunities for physical activity for school-age children. A strong national consensus on the importance of physical activity within schools has been building in recent years among agencies within the federal government, organizations of school boards and school principals, and health authorities. All recommend daily physical activity which minimizes organized sports, emphasizing instead vigorous aerobic activity which children enjoy and can engage in throughout their lifetime. Many after-school programs in Springfield, however, do not currently focus on physical activity for young children.

In the vision phase of the Cherish Every Child process, participants expressed a wish for free family passes to recreational and cultural resources in the city.

Arts and Culture. Arts and cultural activities are key to the social development of children. Participation in artistic and cultural activities can strengthen a sense of pride and achievement, contribute to increased self-esteem, and foster a sense of belonging to the community. Engagement with the arts, whether music, painting, dance or other related activities, facilitates social and emotional development by allowing for expression of feelings and it also

encourages cognitive development. Music is believed to be the predecessor to speech, and infants gain immensely from hearing songs sung by their parents or caretakers.

Ethnic and community festivals provide a way for families to share cultural activities. Events in Springfield are many and include the Stone Soul, Vietnamese, Mutan Street, Italian, and Puerto Rican festivals, as well as Harambee, the Mason Square Jazz Festival, the Arts Festival, farmers' markets, and others.

In the schools, arts and music programs have been cut back, partly for financial reasons and also due to the need to improve standardized test scores. Since the 1980s there has been a significant decline in sequential instruction in the arts. Only four of the city's 32 elementary schools have art teachers on staff and only 13 have music programs. In Worcester, by contrast, every child has art and music instruction throughout the elementary grades.

Although Springfield cultural institutions present a wide array of programs for children, in dance, music, painting, and crafts, many of the city's children do not participate because they are unaware of the programs, lack transportation, or cannot afford admission or fees. Few programs are geared to children under age five. Second and fourth graders in the public schools attend Sites and Sounds programs at the Quadrangle and at the Springfield Symphony, but these two are the only arts experiences that are guaranteed for every child.

Heightened community awareness of the importance of early experiences with art and culture can be a catalyst for creating parental involvement. According to Vera Baker, director of fine arts for the Springfield Public Schools, "Young people benefit socially, emotionally, and intellectually when they are involved with community organizations in activities such as performance and the visual arts."

Strategies for Achieving Goals

- Create a "passport initiative" which grants free admission to cultural and recreational activities to expand opportunities for family participation.
- Expand the capacity of and improve access to cultural and recreational programs after school and during the summer at schools, community centers, libraries, and parks.
- Encourage the creation and expansion of cultural programs designed to meet the unique needs of young children.

Collect and Disseminate Data

Recommendation: Create a Cherish Every Child data committee whose charge will be to establish quality of life indicators for Springfield's young children and collect and disseminate reliable data on children's status on an annual basis.

In order to improve the status of Springfield's young children, it is important to provide policymakers and citizens with data about their well-being. Accurate and meaningful data is necessary to inform community discussions of actions that need to be taken to secure better futures for our children.

Throughout the Cherish Every Child process, a number of gaps in data were identified. Although social service, educational, and health care agencies, institutions, and programs all collect data, much of it is tailored to their own reporting needs and what is collected varies from program to program. Much of it covers age groups beyond the Cherish Every Child target group from birth through age eight. In a meeting with state legislators from the Springfield area, the lack of a clearinghouse for data about young children was identified as one of five obstacles to realizing the vision for Springfield's youngest children.

The planning process identified opportunities for collaboration in data collection and dissemination. A central collection point will monitor trends, aid in analysis of the status of young children in Springfield, and inform future planning efforts. Annual census data will also be used to provide a demographic context. Springfield is fortunate to be located in one of 31 counties in the nation that are part of the U.S. Census American Community Survey, a project which updates census information on an annual basis through mailed questionnaires and telephone and personal interviews.

Working with the community, the data committee will identify key indicators of child well-being pertinent to Springfield that can be tracked and measured in order to create change and measurable outcomes. Indicators could range from direct data such as the number of babies born with low birth weights to suggestive data such as the number of children issued library cards. Information will be used to evaluate quality of life outcomes for young children and contribute to public accountability.

The ongoing role of the committee will be to analyze data collected against the quality of life indicators that are selected. The indicators could be used to assess the impact of Cherish Every Child initiatives over time and provide a framework for refocusing resources.

Strategies for Achieving Goals

- Establish a committee whose first charge will be to select a focused set of indicators of the status of young children and their families in the areas of their educational, social, economic, and physical well-being.
- Produce and disseminate an annual report card on the well-being of Springfield's children from birth through age eight.

Implementation of the Cherish Every Child Action Plan

Implementation of the Cherish Every Child Action Plan will require a sustained commitment from the entire community. It is the hope of all involved with Cherish Every Child that the plan will, for the foreseeable future, serve as a guide for the city and be used to direct future planning, resource allocation, and decision making as it relates to Springfield's young children and their families.

Implementation Team. Guided by the understanding that the implementation of this plan will be a long-term endeavor requiring the talent, guidance, support, and commitment of many people, an implementation team comprised of individuals with community knowledge, expertise in specific recommendation areas, and a general interest in the well being of young children has been formed. The mission of this team will be to drive the future progress of the plan. The implementation team will serve as champions of the action plan in the community and will assume the ultimate responsibility for its results.

Working Groups. One of the first and most important tasks of the implementation team will be to designate and recruit stakeholders for each recommendation, building strong working groups that will take on the job of achieving the goals of their recommendations (see chart on page 35). The working groups will identify stakeholders in the community who are important to the realization of their goals. The working groups will define and prioritize long-term goals and objectives for the strategies outlined within each recommendation, and will determine steps needed to put those strategies into action. They will select milestones, outcome measurements, and a timeframe for implementing their aims. Where their work requires influencing public policy, they will develop linkages to public policy agendas.

Immediate Actions. Each working group will select an immediate action it can take to move forward on its recommendation. Referred to informally as "quick hits," these actions are important in demonstrating to the community that the Cherish Every Child Action Plan is serious about making urgently needed changes that will benefit young children. Everyone knows that many of the changes will require years of work, but people need to see concrete actions and progress being made sooner in the process to give them hope and to fuel their energy for the long haul.

Using Data To Evaluate The Plan's Effectiveness

Ultimately, the plan's effectiveness will be judged by the progress made in improving the well being of Springfield's young children. In order to measure that progress, the working group organized to collect and disseminate data will be responsible for identifying the fundamental indicators of child well being that will be used to assess the plan's effectiveness. In addition, the working group will design a process for collecting the data needed to monitor those indicators. An annual "report card" will be developed to inform the community of the progress being made based on those indicators. This report card will provide a detailed community picture of the condition of children in Springfield. Not only will it serve as a tool for evaluating the success of

the Cherish Every Child Action Plan, it will be useful for continuous planning and action by the Cherish Every Child Implementation Team as well as community leaders, policy makers, advocates, business leaders, and parents working to improve the lives of young children. Tracking changes in selected indicators will also help the community as it continues to set priorities, continue efforts that are successful and identify new strategies to reverse negative trends.

To be a genuine success the Cherish Every Child initiative will need to grow into a true community-wide effort. Success will be measured in the enhanced well being of young children in Springfield, a goal that cannot be achieved without the support and involvement of all sectors of the community.

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Appendix

The Interaction Institute for Social Change's Collaborative Planning Process

“The purpose of collaboration is to create a shared vision and joint strategies to address concerns that go beyond the purview of any particular party.” *

Collaborative planning addresses complex social issues and allows diverse groups to balance their organizational issues and work together effectively.

Successful planning requires the inclusion and alignment of all of the stakeholders impacted by the issue. Solutions to social issues that do not involve all stakeholders are not lasting. Moreover, a collaborative process that involves a diverse group of stakeholders will produce a shared vision, which everyone buys into, and a set of recommendations that everyone will implement.

The Interaction Institute's extensive research and experience suggest that a number of key principles must undergird any effort in broad-based community planning:

- Commitment of leaders from the private, nonprofit, and public sectors.
- All relevant stakeholders must be included from the start.
- Participants in a process must “own” the process.
- If you don't agree on the problem, you won't agree on the solution.
- Community and organizational change require commitment, strategic thinking, a collaborative attitude, and skills for working together.
- “The process of planning is as important as the plan itself.”
- Collaborative planning typically goes through five phases:
 - Design phase
 - Vision phase
 - Problem/challenge phase
 - Solution phase
 - Implementation phase.

The Cherish Every Child Collaborative Planning Process

The Springfield Cherish Every Child initiative, convened by the Davis Foundation, was launched with a design team representing providers, educators and early childhood advocates.

March 2001-June 2001: Design of the first phase of the planning process

Outcomes:

A design team is convened.

Key stakeholders in Springfield are identified to become participants in the planning process.

Strategies are defined for the involvement of various stakeholder groups.

The purpose of this initiative is articulated and relevant data are collected on the condition of children in Springfield.

A “kick-off” event is designed for June 2001.

June 7, 2001: The kick-off event in which the vision phase is launched

Outcomes:

Well-attended kick-off event invites planning members into the collaborative process. Members of the community from a wide cross-section of involvement with children begin collaborating around the design of a shared vision for Springfield's children.

June 28, 2001: Emerging leaders training

Outcomes:

Emerging leaders in the field of early childhood are trained in the principles of collaborative leadership and facilitation.

July 25, 2001: Asset mapping

Outcomes:

Planning group members identify a variety of Springfield's community assets that benefit young children and families and that can be built upon in the planning initiative.

July-September 2001: Visioning happens throughout communities of Springfield

Outcomes:

Over 13 community groups and organizations replicate the process of designing a shared vision for Springfield.

Over 200 people are now involved in the planning process.

The design team synthesizes input around vision and drafts a vision statement for the initiative.

October 9, 2001: Emerging leaders training II

Outcomes:

Emerging leaders receive additional training in facilitation skills, and prepare to facilitate focus groups in the next phase of the planning process.

October 17, 2001: The "problem/challenge" phase begins

Outcomes:

New community members join the planning group.

Planning group members affirm the vision statement.

Group begins the process of identifying obstacles to bringing about their vision for Springfield's youngest children.

Twelve planning group member organizations agree to replicate the "problem/challenge" identification process.

October 24, 2001: Business leaders' breakfast

Outcomes:

Twenty-six business leaders from Springfield attend the breakfast and commit to the community's vision for young children in the city.

Participants contribute their perspective on the obstacles to the vision.

All attendees of the breakfast commit to some kind of contribution to the effort and ask for further education on the issue.

December 13, 2001: The close of the "problem/challenge" phase

Outcomes:

The planning group convenes to agree on the emerging consensus around the *most* critical problems/obstacles identified throughout the community.

A root cause analysis is performed on the top 8-10 problems, uncovering the group's best thinking about the real reasons these obstacles exist, so that the group can find solutions to them.

January 18, 2002: State legislative leaders' luncheon

Outcomes:

Legislative leaders from Springfield gather to learn about the Cherish Every Child initiative and to think about how they can do their part to achieve the vision by supporting the implementation of the plan once it is completed.

January 29, 2002: The planning group launches the "solution phase" and begins identifying the answers

Outcomes:

The planning group agrees on a "few bold solutions" to address the root causes of the problems facing Springfield's youngest children.

February 13, 2002: The planning group and the business leaders come together for a morning of learning

Outcomes:

The group learns about the state of early childhood brain development and the impact of early experiences on child's life, from national expert, Dr. Jack Shonkoff.

Dr. Shonkoff's research further informs the solutions being created by the city's leaders and community members.

This is the first time two of the initiative's leadership groups come together.

March-June 2002: The design team refines the final recommendations

Outcomes:

A final draft of the synthesized input from the year-long planning process which outlines the initiative's recommendations to the city is produced.

June 12, 2002: The planning group reviews the recommendations

Outcomes:

Planning group reaches final agreement on the Cherish Every Child recommendations.

Throughout this process and in between all of the meetings described above, the design team has met and synthesized and evaluated the input coming in from throughout the community. This group designed the upcoming phases of the process, thought through the best way to involve all stakeholders, and considered what we might have overlooked. They spent many, many hours alone and with our writer to consolidate months of input to reflect the opinions of the community as well as the most current and important research so that the recommendations would be strong and well-suited to the city of Springfield.

* Collaborative Leadership: How Citizens and Civic Leaders Can Make a Difference