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STARTING POINTS
MEETING THE NEEDS OF OUR YOUNGEST CHILDREN

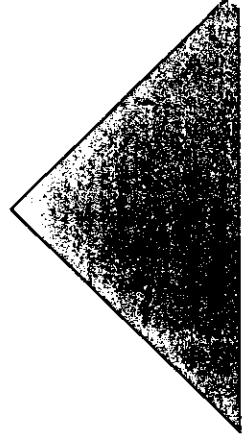


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ABRIDGED VERSION
STARTING POINTS
MEETING THE NEEDS OF OUR YOUNGEST CHILDREN



CARNEGIE TASK FORCE ON •
MEETING THE NEEDS OF YOUNG CHILDREN •

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AUGUST 1994 •

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This is an abridged version of *Starting Points: Meeting the Needs of Our Youngest Children*, the report of the Carnegie Task Force on Meeting the Needs of Young Children.

Additional copies of the abridged version and copies of the 150-page full report, which includes illustrations, bibliographic references, and an index of programs, may be obtained from:

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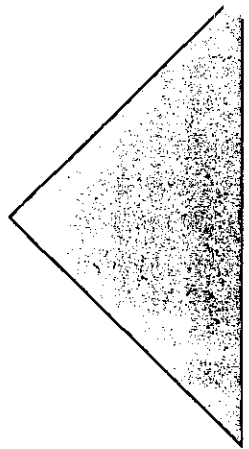
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THE QUIET CRISIS



cross the United States, we are beginning to hear the rumblings of a quiet crisis. 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-

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.
- 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.

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 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. ○

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. 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

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 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."

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. ○

behavior, parents lay the foundations for the child's capacity to behave in socially acceptable ways. Children are much less likely to be anti-social 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

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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 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. ©

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

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fails to ensure pre- and postnatal health care for mothers and infants, and it fails to provide adequate child care. The result is significant losses in the quality of its future workforce, citizenry, and parents.

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-

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. ①

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

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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.

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.

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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 med-

ical 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

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 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 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.

The most surprising finding of this program's evaluation was that students who remained seven weeks or longer postnatally were almost 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 emotionally stimulating and nurturing environment for their young children, positively influence mothers' childrearing attitudes and knowledge, and expand mother's use of community resources. ○

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.

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 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.

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 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. ○

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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.

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GUARANTEE QUALITY CHILD CARE CHOICES

In 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 non-parental 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. Breast-feeding 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

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 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. 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 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. ○

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 mecha-

nisms 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.

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.

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.

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-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.

- **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, 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. ○

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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.



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.

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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. ●

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.

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.

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. ○

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.

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.

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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.

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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.

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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?

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. ☉

- 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.

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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

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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 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 under way to determine how well they work.

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

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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.

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.

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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

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- 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

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- 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.

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- 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.

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Michael S. Wald
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Stanford, California

Edward Zigler
Director, Bush Center for Child
Development and Social Policy, and
Sterling Professor of Psychology
Yale University
New Haven, Connecticut

Barry Zuckerman
Professor and Chairman
Department of Pediatrics
Boston University School of Medicine
Boston, Massachusetts

* Served as chairman of the task force until his nomination by President Clinton as Secretary of Education in February 1993.

+ Served as a member of the task force until his appointment as Chancellor of the New York City Board of Education.

‡ Served as a member of the task force until her designation by President Clinton as Associate Director, Human Resources, Office of Management and Budget, February 1993.

§ Served as a member of the task force until his appointment as Deputy General Counsel, Office of the General Counsel, Department of Health and Human Services, July 1993.

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Kathryn Taaffe Young
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Jeannette L. Aspden
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Kris M Balderston
04/10/97 01:03:20 PM



Record Type: Record

To: Pauline M. Abernathy/OPD/EOP
cc: Elena Kagan/OPD/EOP, Jennifer L. Klein/OPD/EOP, Nicole R. Rabner/WHO/EOP, Anne E. McGuire/WHO/EOP
Subject: Re: Cabinet/Conference 

I thought Foster was on your list.

Between pple coming in and out i think we can handle the 11.

0-3 Conf




Kris M Balderston

04/10/97 01:04:56 PM



Record Type: Record

To: Pauline M. Abernathy/OPD/EOP
cc: Elena Kagan/OPD/EOP, Jennifer L. Klein/OPD/EOP, Nicole R. Rabner/WHO/EOP, Anne E. McGuire/WHO/EOP
Subject: Re: Cabinet/Conference 

we should just invite all of the interagency pple to the reception for their hard work. Agree?

0-3 Conf


Pauline M. Abernathy

04/10/97 01:21:55 PM

Record Type: Record

To: Kris M Balderston/WHO/EOP

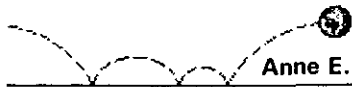
cc: Elena Kagan/OPD/EOP, Jennifer L. Klein/OPD/EOP, Nicole R. Rabner/WHO/EOP, Anne E. McGuire/WHO/EOP

Subject: Re: Cabinet/Conference 

Yes, I strongly agree about inviting the working group to the reception if it is on.

(I did include Foster on my list....)

0-3 Conf




Anne E. McGuire

04/10/97 03:18:43 PM

Record Type: Record

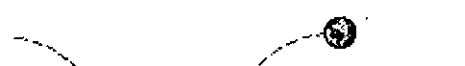
To: Pauline M. Abernathy/OPD/EOP

cc: Kris M Balderston/WHO/EOP, Elena Kagan/OPD/EOP, Jennifer L. Klein/OPD/EOP, Nicole R. Rabner/WHO/EOP

Subject: Re: Cabinet/Conference 

I will make sure all of the interagency group are on my list.

0-3 Conf


Anne E. McGuire

04/10/97 03:17:48 PM

Record Type: Record

To: Pauline M. Abernathy/OPD/EOP
cc: Kris M Balderston/WHO/EOP, Elena Kagan/OPD/EOP, Jennifer L. Klein/OPD/EOP, Nicole R. Rabner/WHO/EOP
Subject: Re: Cabinet/Conference 

I have one more thought...Dave Barram from GSA is working very hard on child care for federal workers. He mentioned the conference today in the Cabinet Meeting. I bet we will be hearing from him.

0-3 conf

April 11, 1997

MEMORANDUM FOR THE PRESIDENT

FROM: Bruce Reed
Melanne Verveer
Elena Kagan

RE: White House Conference on Early Childhood Development and Learning

As you know, on April 17th, you and the First Lady will host the *White House Conference on Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children*.

Attached as background reading are three documents that discuss recent scientific research on the brain and the implications of this research for parents, caregivers and policy-makers.

- *Starting Points*, Carnegie's seminal 1994 study on the first few years of life;
- *Rethinking the Brain*, the Family and Work Institute's 1997 report which will be released next week; and
- *Newsweek's* Special Edition, *Your Child*, which is about to hit the stands.

You will also be receiving a memorandum that provides you with a general overview of the Conference.

0-3 Conf

Clinton Administration Efforts to Support the Development of America's Youngest Children

"Learning begins in the first days of life. Scientists are now discovering how young children develop emotionally and intellectually from their very first days, and how important it is for parents to begin immediately talking, singing, even reading to their infants.... We already know we should start teaching children before they start school."

-- President Bill Clinton, State of the Union Address, February 4, 1997

Preparing our children for the 21st century is among our most important national priorities. Over the past few years, scientific research has demonstrated that the earliest years of life -- before children reach school age -- are critical to their cognitive, emotional, and physical development. President Clinton is meeting the challenge to improve those years by investing in research, supporting parents and caregivers, and strengthening programs that provide early intervention to disadvantaged families.

Increased participation in Head Start, created Early Head Start for 0-3 year olds, and improved program quality. For more than thirty years, Head Start has been one of our nation's best investments. By ensuring that low-income children start school ready to learn, Head Start can pay for itself. For that reason, President Clinton has made expanding and improving Head Start a priority of his Administration. Over the past four years, funding for the program has increased by 43%, and in fiscal year 1997 Head Start will serve 800,000 low-income children four years old and younger. Initiated in 1994, there are now 142 *Early Head Start* programs across the country, expanding the proven benefits of Head Start to low-income families with children under three. Over the last three years, the Clinton Administration has also invested significantly in improving program quality, providing local programs with the resources they need to attract and retain high quality teachers and ensuring the safety of Head Start centers. The President's 1998 budget proposal provides a \$324 million increase in Head Start's budget so that it will remain on course to serve 1 million children by 2002.

Increased participation in WIC program. WIC Supplemental Nutrition Program provides nutrition packages, nutrition education, and health referrals to low-income pregnant women, infants, and children. Over the past four years participation has expanded by 1.7 million from 5.7 to 7.4 million women, infants, and children. The increase in the President's budget proposal fulfills his commitment to achieving full participation in WIC by the end of 1998. Research shows that WIC prenatal

services save Medicaid much more than they cost by reducing health care expenses in the first 60 days after birth.

Raised Childhood Immunization Rates to an All-Time High. The President's Childhood Immunization Initiative focuses on five areas: 1)improving the quality and quantity of vaccination delivery services; 2) reducing vaccine costs for parents; 3)increasing community participation, education and partnerships; 4)improving systems to monitor diseases and vaccinations; and 5) improving vaccines and vaccine use. This initiative has achieved notable success: in 1995, seventy-five percent of two-year olds were fully immunized -- an historic high. Funding for childhood immunization has doubled since fiscal year 1993.

Improved Support for Infants and Toddlers with Special Needs. Under the Individuals with Disabilities Education Act (IDEA), the Infants and Families Program supports the continuing efforts of States to implement high quality statewide early intervention services for infants and toddlers with disabilities. Over the past four years, funding for the program has increased by 48% or \$102.5 million. During the same period, the number of children served increased by 21.5 percent. An estimated 191,000 children will be served in fiscal year 1998.

Enhanced Family Literacy Program. Even Start Family Literacy is a family-focused grant program to improve the educational opportunities for children and their parents in low-income areas by integrating family literacy activities, including early childhood education, adult education, and parenting education. Since 1993, funding for Even Start has increased by over 40% to support programs in every state and the District of Columbia.

Improved Child Care in Public Housing. The Early Childhood Development Program helps to provide quality child care for families living in public housing communities, as well as families who are homeless or at risk of becoming so. The program allows parents or guardians who live in public housing to get and keep jobs by ensuring that their children are cared for. In 1996, \$21 million was awarded to public housing sites across the country -- three times more than in 1994.

Providing Funding for Parent Resource Centers in 42 States. In addition to involving parents in the development of state and local education plans, the President's Goals 2000 program provides funding to establish parent resource centers that help parents learn how to help their children meet high standards. The centers provide training, distribute resource materials, and support a variety of programs that strengthen family involvement in education. In fiscal year 1997, funding is available for support centers in 42 states, 14 more than in 1996.

Promoting Parents as First Teachers. The President's America Reads Challenge, a campaign to ensure that every child can read well by the end of the third grade, includes Parents as First Teachers Challenge Grants to fund proven local, regional and national programs that provide assistance to parents to help their children become successful readers. The grants can be used to expand successful programs such as the Home Instruction Program for Preschool Youngsters (HIPPY) and the Parents as First Teachers (PAT) program. They will also fund national and regional networks to share information on how parents can help children to read.

Supported Over 90% of all Children's Research. In fiscal year 1995, the federal government spent an estimated \$2 billion on research and development directly related to children and youth. Spending at The National Institutes of Health (NIH) alone increased 25% between 1993 and 1997. This research has contributed to the recent advances in understanding early learning and language development.

Maintained the Commitment to the Medicaid Guarantee for 10 Million Children Under 6 Years Old. This Administration has protected and, preserved -- and now will improve on -- the guarantee of Medicaid coverage for 36 million Americans, including 9 million children under the age of 6. In 1995, the President vetoed the Republican Medicaid block grant proposal that would have ended the guarantee of coverage for up to 4 million children by 2002. At the same time, the President worked with states by granting 15 comprehensive Medicaid waivers and approving many more state plan amendments that improve and expand coverage for children.

Seeks to Extend Health Coverage to Up to 5 Million Children. Although this Administration has made great strides in protecting the health of America's neediest children, there is still much to be done. In 1995, more than 10 million American children, 80% of whom have working parents, had no health insurance. The President's budget takes three important steps to address the problem of children who lack health insurance coverage:

- 1) Provides annual grants to states to cover health insurance premiums for families of workers who are in-between jobs;
- 2) Utilizes state partnership grants to help working families who are not eligible for Medicaid to purchase private insurance for their children; and
- 3) Expands Medicaid coverage by allowing states to continue Medicaid coverage for up to one year even if family income changes, intensifying outreach to children who are currently eligible but not enrolled, and continuing current law expansions of coverage to reach poor children between the ages of 13 and 18.

Increased Child Care Funding. Since 1993 federal funding for child care has increased by 22%, providing quality services for over 660,000 children of whom 65% are under 5 years of age.

The newly established Child Care and Development Fund (CCDF) has made available \$2.9

billion to states. This new program, authorized by the new welfare law, will assist low-income families and those coming off welfare to obtain child care so they can work or attend school.

Eliminating Childhood Lead Poisoning. The Administration has launched a major new effort to eliminate childhood lead poisoning. The campaign includes notification and disclosure to parents who buy or lease older homes so that they get the information they need to protect their children, grants to states to control lead-based paint hazards in low-income privately-owned dwellings, development of a consensus on lead safety standards, and technical assistance to ensure that lead hazard control work is done safely and efficiently.

BC-JOAN-COLUMN:TB op-ed:R

'Brain nourishment' essential for a nation of mentally healthy children

(AT-RISK)

By Joan Beck

Chicago Tribune

(KRT)

It's only a one-day conference on April 17, limited to the number of influential people who can be packed into the White House's East Room. But the idea President and Hillary Clinton are plugging is one of the most exciting of the century, its implications are staggering and its promise is mind-boggling.

The title is almost as long as a press release: The White House Conference on Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children.

It's time the idea got a strong presidential push, especially from a chief executive who wants to be called "The Education President" and a first lady who has found a niche as an advocate for kids.

Research accumulating for more than three decades now shows beyond doubt that the quality and quantity of early mental stimulation opportunities for appropriate learning from birth on help determine how capable a child's brain will be for life.

Learning stimulation in the first few years of life actually influences the physical make-up of the brain, how the neurons will interconnect, how well the brain will "think," how "smart" the child will be. Educational opportunities later on in life do not affect the brain in the same way or have such an important impact.

An environment rich in appropriate opportunities to learn can raise a child's potential IQ by 20 to 30 points (by the inexact measures of intelligence available) because of its impact on the development of the brain. Mental malnourishment in the first years of life can lower potential IQ permanently, beyond what even the best schooling can compensate for completely later on.

Schooling can help a child use the brain he has effectively, give him vast amounts of information and motivate him to learn. But only in the early years of life can mental stimulation actually change the brain to make it a more effective organ of thinking.

Now, the challenge is to identify the kinds of learning experiences that nourish young children's brains best and how they can be made available to all our kids. Some participants in the White House conference will talk about model programs being developed in several communities around the country.

Despite the excitement and promise of neurological research on brain development, early learning ideas have been slow to become part of mainstream child care and education.

Many leaders in the growing field of early childhood education are still too tradition-bound to appreciate the potential of the new neurological research and misunderstand early learning as imposing formal and inappropriate lessons on restless youngsters. Their programs concentrate on emotional development, social behavior and nutrition necessary, of course. But parents, politicians and donors may be misled into assuming they provide more neurologically based mental stimulation than they actually do.

More than half of all mothers with young children now hold jobs outside the home, limiting the time and energy they can devote to their youngsters. Using early learning strategies can make their time together happier, more beneficial to the children and more rewarding for the parents.

Much of what good parents do by instinct or because it makes their children happy provides good nourishment for their brains. Talking to a baby, responding to his efforts to communicate by body language or by babbling, creating safe spaces at home where he can explore freely, just giving him something new to see or do when he fusses out of boredom all help the brain to grow.

Parents need more ideas about brain-nourishing activities. They need more

0-3 Conf

time and more flexibility in their jobs so their children don't have to come in second so often. Most of all, they need a new understanding and appreciation of how much they can contribute not only to their youngsters' physical and emotional well-being but to their growing intelligence.

Public school systems generally ignore children younger than age 5 and are too hard-pressed financially to explore the possibilities of reach-out programs. Day-care centers often talk about their learning programs but most provide traditional nursery school fare and lack enough trained teachers to give all of their charges optimal, individual mental nourishment.

Many of the special programs set up to give early learning help to high-risk youngsters in poor areas have had only minimal success. They usually use traditional day-care models and give priority to youngsters' urgent physical and emotional needs.

This is what happens in many Head Start programs, which generally offer too little, too late, in the way of mental nourishment. Early Head Start, begun in 1994, is intended to help children from birth to age 3 in low income areas, but it is still too small and too new for good evaluation.

The promises of early learning based on new neurological research are too exciting to brush over lightly or to push aside after the White House conference in the rush of other political matters. It isn't clear yet, however, how best to make the advantages of these new findings available to all our children, especially those in dysfunctional families and those at risk of eventual school failure.

That's where the president and first lady could really make a difference. By sticking with this idea for the rest of his term. By using whatever funding Clinton can bully out of Congress to start and expand model programs. By pestering Head Start administrators to upgrade standard day-care fare with special brain-nourishing components. By generating the national sustained excitement that the promise of the new research deserves.

The idea could do a lot for the Clintons as well as for the nation's kids.

X X X

(Joan Beck is a columnist for the Chicago Tribune. Readers may write to her care of the Op-Ed Desk, Chicago Tribune, 435 N. Michigan Ave., Chicago, Ill., 60611.)

X X X

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**** printed by:WHPR(SCOH) on 04/11/97 at 11:08EST ****

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WHSO LAYOUT DRAFT 2
a/o 4/11/97; Sfarmsworth

WHITE HOUSE CONFERENCE ON EARLY CHILDHOOD DEVELOPMENT & LEARNING: WHAT NEW RESEARCH ON THE BRAIN TELLS US ABOUT OUR YOUNGEST CHILDREN
Thursday, April 17, 1997

Conference Sessions: East Room
Lunch: State Dining Room
Reception: South Lawn

Guest invite time: 10 a.m.

PRINCIPAL time:

9:45 a.m.-10:25 a.m.	Guest Coffee in the Grand Foyer
10 00 a.m.-10:30 a.m.	POTUS and FLOTUS Briefing in the Map Room
10:35 a.m.-10:45 a.m.	Greet Panel I in the Blue Room
10:50 a.m.-1:00 p.m.	Session I in the East Room (Refer to separate breakdown)
1:20 p.m.-2:30 p.m.	Lunch in the State Dining Room (Closed Press) (FLOTUS only)
2:35 p.m.-2:45 p.m.	Greet Panel II in the Blue Room (POTUS, FLOTUS, VPOTUS, MEG)
2:45 p.m.-4:30 p.m.	Session II in the East Room (Refer to separate breakdown)
5:15 p.m.-5:45 p.m. (T Press -t)	Remarks to Reception guests on the South Lawn (Closed

TBD Set up in the East Room. (Satellite/seating order/press/whca - tbd visuals)
Satellite contact: Laura Schwartz

9:30 a.m. East Visitor Gate opens for guest arrival. Guests proceed to the Grand Foyer for coffee and juice until time to be seated in the East Room. *List contact: Kim Widdess*

tbd Panel participants arrive at tbd/location and are taken to tbd/location for briefing and run thru by Pauline? ** Who is taking care of the participants?

10:00 a.m. **Principal Briefing** in the Map Room. (Need list of participants and agenda.)

10:15 a.m. Panel participants are escorted to the Blue Room. (Contact: tbd)

10:30 a.m. Guests are seated in the East Room by Social Aides. Panel participants are escorted to the Blue Room. (Seating order: tbd/contact Panel details: arrival point/contact/names)

10:35 a.m. **The President and the First Lady** arrive in the Blue Room to greet the panel participants. (Refer to separate list - need Blue Room list.; Contact: tbd)

10:45 a.m. Panel participants are announced into the East Room and proceed to seats at table.

The President and the First Lady are announced into the East Room and proceed to seats at the table.

*** Panel seating order to be provided by Nicole/Pauline - Draft ready on Tuesday.*

10:50 a.m.-1:00 p.m.**SESSION I:**

SESSION I:	
10:50 -11 a.m	The First Lady delivers remarks and introduces the President.
11-11:15 a.m.	The President delivers remarks.
11:15-11:20 a.m.	Dr. David Hamburg, President, Carnegie Corporation of New York, delivers brief remarks and introduces the next three panelists who speak in order.
11:20-11:55 a.m.	Three Consecutive Presentations by: <ul style="list-style-type: none"> - Dr. Donald Cohen, Director, Yale Child Study Center (behavioral development) - Dr. Carla Shatz, University of California, Berkeley (neuroscientific overview) - Dr. Patricia Kuhl, University of Washington (language/cognitive development) (Each presenter has 5 min.)
11:55 a.m.-12 p.m.	TBD: either Dr. Hamburg or Mrs. Clinton begins question/answer session with three of the panelists.
12 p.m.-12:45 p.m.	Q&A Session with the following panelists: (Questions by POTUS/FLOTUS) <ul style="list-style-type: none"> - Dr. Ezra Davidson, Drew University of Medicine (obstetrician) - Dr. T. Berry Brazelton, Harvard Universtiy (pediatrician) - Dr. Deborah Phillips, National Research Council (child care/earley education)
12:45 p.m.-1:00 p.m.	Closing remarks by the First Lady and the President (to confirm)

Satellite Note: Satellite time ends at 1:10 p.m.

1:00 p.m. Upon conclusion of the first session, **the President and the First Lady** depart the East Room.

Guests will be directed to the State Dining Room for lunch. (20 min break before lunch) Guests will receive escort cards prior to entering the State Dining Room.

1:20 p.m. **The First Lady** proceeds to table in the State Dining Room for lunch.

1:20 p.m.-2:30 p.m. **LUNCH IN THE STATE DINING ROOM**
Staff Contacts: Tracy Labrecque, Robyn Dickey

FORMAT:

- Seated lunch. Seating contact: Tracy, tbd (Pauline/Jen - who's doing this?)
- Closed Press
- Max. 130 guests
- TBD: Open Issue of closing remarks by a Congressional Member or Governor

2:30 p.m. Upon conclusion of lunch, guests are directed to their seats in the East Room. (20 min. break)

2:40 p.m. Session II panelists arrive in the Blue Room. (Contact: Pauline? Nicole? Who will be taking care of them - briefing prior to day?)

2:45 p.m. **The President and the First Lady** arrive in the Blue Room to greet the panelists for the second session. (TBD: Vice President and Mrs. Gore may participate in the second session - awaiting confirmation from schedulers.)

2:55 p.m. Session II panelists are announced into the East Room and proceed to seats at table.

The President and the First Lady (and the VPOTUS/MEG if confirmed) are announced into the East Room and proceed to seats at the table.

3:00 p.m.-4:30 p.m. **SESSION II**

SESSION II	
<u>3:00 p.m.-3:10 p.m.</u>	Opening remarks by tbd.
<u>3:10 p.m.-4:15 p.m.</u>	The First Lady makes remarks and moderates question and answer session with the following panelists: - 5 panelists (need names/titles)
<u>4:15 p.m.-4:30 p.m.</u>	Closing remarks by the First Lady and the President.
<u>4:30 p.m.</u>	The President and the First Lady depart.

4:00 p.m. East Visitors Gate opens for guest arrival. Guests hold in the East Garden before proceeding to the South Lawn. (Invitation time is 4:30 p.m.) (Refer to separate layout.)

4:30 p.m. **The President and the First Lady** proceed to the Residence until time for the reception. (The Vice President and Mrs. Gore tbd - awaiting decisions from scheduling)

4:30 p.m. Conference participants depart the East Room for the South Lawn.

4:30 p.m.-6:30 p.m. **RECEPTION ON THE SOUTH LAWN**
Approx. 400 guests
Closed Press (to confirm w/press office)

5:15 p.m.-5:45 p.m. (Tbd) **The President and the First Lady** arrive in the Diplomatic Reception Room for announcement onto the South Lawn.

The President and the First Lady are announced onto the South Lawn and proceed to stage in the tent.

Remarks: Program TBD

- The First Lady makes remarks and introduces the President.
- The President makes remarks.
- The President and the First Lady depart the South Lawn.

(To discuss: any other speakers?)

6:30 p.m. Guests depart the South Lawn via the East Gate.

CONFERENCE SESSION NOTE - OEOB 450 ELEMENT

Contact: Ann Eder

Approx. 150 guests will watch Session I in the OEOB Rm 450 via Satellite. They will not participate in Session II, but will return for the Reception. TBD Cabinet Sec. will welcome the guests before the Conference begins.

REGIONAL SATELLITE SITES

Contact: Kris Balderston

There will be approx. 50 (confirm number) locations - 26 states- watching Session I via satellite. Session II will not be shown via satellite. The Regional sites will have their own Session II.

Draft 1; Sfarmsworth

a/o 4/11/97

SET UP NOTES

EAST ROOM - CONFERENCE SESSIONS (Same set up for both sessions)

Max: 130 participants, including panelists and Principals

Max: 9 panelists at table (including POTUS, FLOTUS) for both sessions

Pool press w/rotating print media

Live Satellite for Session I only

- 15x24 Stage w/steps on the side and rear at the South end of the East Room with a long, straight table to seat maximum of 9.
- WHCA: Table mics for each person. Announce mic from the Green Room.
- 120 seats in audience w/center aisle.
- Press set up at north end of the East Room. Press will enter from the Northeast room door. Cutaway location tbd. No cabling in front of the Cross Hall doors. Approx. 15 chairs for press inside the press area.
- Panelists and Principals enter from the South Green Room door.

SEATING ORDER FOR PANELISTS: to come from Pauline and Nicole after being vetted by all interested.

RESERVED SEATING for audience:

- Members of Congress, Cabinet Members, Elected Officials

STATE DINING ROOM LUNCH

- Seated lunch.
- Two options for guest seating:
 - Everyone seated by name
 - Seat Mrs. Clinton's table, table hosts for all tables and then random seating (have guests draw table numbers as they enter the SDR)
- WHCA: toast lectern/pa available for remarks by Mrs. Clinton
- Escort card table at entrance to the State Dining Room
- TBD music for lunch

SOUTH LAWN RECEPTION

Closed Press (to be confirmed)

Approx. 400 guests

Marine Band or Combo in the tent (not on balcony because of conference - or we wait until conf ends)

Stage 10x16 w/steps on side and back for remarks - stanchioned buffer

Guests enter from East Garden

Buffet set up w/tables per discussions w/Ann/Tracy

0-3 Conf

**WHITE HOUSE CONFERENCE ON EARLY CHILDHOOD DEVELOPMENT AND LEARNING:
WHAT NEW RESEARCH ON THE BRAIN TELLS US ABOUT OUR YOUNGEST CHILDREN**

"Learning begins in the first days of life. Scientists are now discovering how young children emotionally and intellectually from their very first days, and how important it is for parents immediately talking, singing, even reading to their infants....We already know we should start children before they start school."

--President Bill Clinton, State of the

Address, February 4, 1997

On April 17, the President and First Lady will host *The White House Conference on Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children*. The day-long conference will highlight new scientific findings on brain development in very young children and point to the importance of children's earliest experiences in helping them get off to a strong and healthy start.

Applying New Findings on Brain Development in the Earliest Years. New scientific research shows that experiences after birth -- particularly in the first three years of life -- have a dramatic impact on brain development. That means that nurturing, talking to, singing to and reading to our youngest children will improve their ability to learn and develop throughout their lives. The White House Conference will focus on the practical applications of the latest scientific research on the brain, particularly for parents and caregivers. The conference will also be a call to action to all members of society -- including the health, business, media and faith communities, child care providers and government -- to use this information to strengthen America's families.

Clinton Administration Commitment to Young Children. This conference builds on the Clinton Administration's investment in children and families. The Administration has invested heavily in research to help us better understand the importance of the first few years of life to child development and learning. Between 1993 and 1997, funding for NIH children's research increased 25%, from \$1.3 billion to \$1.6 billion.

President Clinton has also strengthened efforts to support families with young children. To take just a few examples, the Administration raised funding for Head Start -- providing low-income children and their families with comprehensive education, health services, and nutrition -- by 43% over the last four years and created the Early Head Start program to support families with children ages zero to three. The President's FY 1998 Budget further increases participation to reach

122,000 more children in FY 1998 than when he took office. The Administration also dramatically increased participation in the WIC Supplemental Nutrition Program, providing 7.4 million pregnant women, infants, and children with nutrition packages and information and health referrals -- 1.7 million more than when President Clinton took office. And his FY 1998 Budget would achieve his goal of full participation in the WIC program by the end of FY 1998.

Conference Program and Participants. During the morning session of the conference, leading researchers and child development experts will discuss the new research and what it means for parents and caregivers. The panelists for this session are: Dr. David Hamburg, Carnegie Corporation of New York (moderator); Dr. Carla Shatz, University of California, Berkeley; Dr. Donald Cohen, Yale Child Study Center; Dr. Patricia Kuhl, University of Washington; Dr. Ezra Davidson, Drew University of Medicine, Dr. T. Berry Brazelton, Harvard University; and Dr. Deborah Phillips, National Research Council. The afternoon session will highlight model community efforts to support parents and enhance early childhood development. The panelists include: Avance Family Support and Education Program, San Antonio, TX; the CEO and Chairman of the Board, The Kellogg Company, Battle Creek Michigan; and Ounce of Prevention, Chicago, IL.

Broad Participation Across the Country. The morning session of the conference will be broadcast by satellite to over 50 locations across the country. The satellite conferences will be co-hosted by regional federal agencies, local officials, and children's and other organizations.

White House Conference on Early Childhood Development and Learning

Regional Satellite Sites

April 10, 1997

REGION 1

Boston University Medical Center
West Newton St.
Boston, MA
Holly Newman (617) 534-3643

Boston Federal Executive Board
O'Neill Federal Building
10 Causeway St.
Boston, MA
Kim Ainsworth (617) 565-5823

Brown University
Providence, RI
Brenda Mussei (401) 274-9548 ext. 240

University of Rhode Island
Kingston, RI 02881
Dr. David Byrd (401) 874-2581

Stamford Public Schools
888 Washington Blvd.
Stamford, CT 06901
Sarah Arnold (203) 977-4105

Groton Public Schools
P.O. Box K
Groton, CT 06340
George M. Riley (203) 572- 5840

New Haven Public Schools
East Rock Elementary School
133 Nash St
New Haven, CT
Dr. Verdell Roberts (203) 946-7871

*Cas Affs
will be to rt
subcat*

University of Vermont
School of Education
Burlington, VT 05405
Dean Jill Tarule (802) 656-3424

NH Division of Children, Youth & Families
6 Hazen Drive
Concord, NH
Joy Tinker, HHS

University of Maine at Fort Kent
25 Pleasant St.
Fort Kent, ME 04743
John Martin (207) 834-7568

University of Maine at Orono
Orono, ME
Judy Graham Cobarm, USDA (207) 581-3104

REGION 2

Manhattan Borough Community College
199 Chamber Street
NY, NY 10007
Bill Caldararo (212) 346-8185

Cornell University Cooperative Extension Center
Marten Road
Albany County
Voorheesville, NY
George Hecht (518) 765-3500

Cornell University Cooperative Extension
Faculty Commons
Ithaca, NY
Susan Miles (607) 255-2246

Cornell University Cooperative Extension
Education Center
12690 Million Dollar Highway
Albion, NY
Shirley Bright (716) 589-5561

Cornell University Cooperative Extension
Education Center Community Campus
Dillion Drive
Middletown, NY
Patricia Claiborne (914) 344-1234

PBS TV Affiliate WXXI
289 State Street
Rochester, NY 14601
Sharon Conheady (716) 428-6400

REGION 3

St. Christopher's Hospital for Children
Bell Atlantic Training Center
Erie Avenue at Front Street
Philadelphia, PA 19134-1095
Site Contact: Carol Norris (215) 427-5525
HHS Contact: James Mengal (215) 596-0504

REGION 4

Egleston Children Hospital
1405 Clifton Road, NE
Atlanta, GA 30322
HHS Contact: Pat Ford-Roegner (404) 331-4159 or 331-2442

North Carolina Cooperative Extension
North Carolina State University
302 Ricks Hall
Raleigh, NC 27695-7605
Site Coordinator: Dr. Karen DeBord (919) 515-2770
Press Contact: Ellen Devlin (919) 515-3173

Roper Mountain Science Center
504 Roper Mountain Road
Greenville, SC 29615
Press Contact: Dr. Scarlett Owens (864) 241-3159

Instructional Television Studio
Phillips High School Room 222
2316 7th Avenue North
Birmingham, AL 35203
Site Contact: Wayne Gibbs (205) 583-4697
Press Contact: Samuetta Nesbitt (205) 583-4612

REGION 5

Illinois Institute of Technology
10 West 31st Street-Stuart Building
Chicago, IL 60616
Site Contact: Charles Scott (312) 567-5167
Press Contact: Bret Hoffman (312) 886-8217

REGION 6

Arkansas Childrens Hospital
Sturgis Building
800 South Marshall
Little Rock, AR 72202
Jeanette Wagner (501) 320 6441

Texas A&M Agriculture Experiment Station
2415 E Highway 83
Weslaco, TX 78596
Location Contact: Jose Amador (210) 968-5585

University of Texas Arlington
Netteman Hall
211 Cooper St.
P.O. Box 19077
Arlington, TX 76019
Margie Barret (817) 272-3954
Patricia Montoya (214) 767-3301

University of Texas Arlington
Thomas Rivera Conference Center
Union East 3rd Floor
Union Ave.
El Paso, TX 79968
Dr. Arturo Pacheco (915) 747-5572

Childrens Hospital of Oklahoma
Nicholson Tower
900 NE & 13th
Oklahoma City, OK
Kurt Snodgrass (401) 530-3484

Albuquerque Technical Vocational Institute
Jeanette Stromberg Hall
2000 Coal Ave. SE
Albuquerque, NM 87106
Patricia Buehler (505) 224-4414

REGION 7

University of Missouri-Kansas City
5100 Rockhill Road
Kansas City, MO 64110
Sandra V. Walker (816) 880-4000
Dr. Eugene Eubanks (816) 235-5270

Epworth Family Learning Center
207 N Washington St.
East Prairie, MO 63845
Dr. Martha Ellen Black (573) 649-3731

Saint Louis-TBA
Enterprise Community Service Projects
330 North 15th St.
Saint Louis, MO 63103
Donna Dailey (314) 622-3400

Child Care Resource and Referral "Childnet"
1200 University Ave., Suite H
Des Moines, IA 50314
Janet George (515) 286-3366

Kansas Department of Education
120 SE 10th St.
Topeka, KS 66612
Phyllis Kelley (913)296-3069

NW Kansas Education Service Unit
703 West 2nd St.
Oakley, KS 67748
July Rodger (913) 672-3125

Creighton University
1819 Farnam St. #1100
Omaha, NE 68183
Scott Knudson (402) 444-5381

Nebraska Department of Education
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509
Polly Feis (402) 471-5025

Alliance Public Schools
1604 Sweetwater
Alliance, NE 69301
Lonie Sherlock (308) 762-1580

REGION 8

Colorado Department of Health
4300 South Cherry Creek Drive
Denver, CO
Dr. Hugh Sloan HHS (303) 844-6163 ext. 340

Colorado Department of Health Laboratory
Training Facility
8100 Lowry Boulevard
Denver, CO
Lary McNatt (303) 692-2116

Auraria Media Center/Library
Lower Level, Video Classroom AU 008
11th and Lawrence Streets
Denver, CO
Jim Straub (303) 556-4729

REGION 9

Mabel Smyth Auditorium
510 Beretania St.
Honolulu, Hawaii 96813
Emory Lee (415) 437-8500

Phoenix College
1202 West Thomas Road
Phoenix, AZ 85013
Bret Garrett (602) 285-7483

San Francisco State University
425 Market Street, 2nd Floor
San Francisco, CA
Jennifer Peck (415) 437-7526

Sacramento State University
Room 11, Library
Sacramento, CA
Ginny Monroe (916) 668-2045

Fresno State University
Cedar & Shaw Streets, Room 200 (upstairs in cafeteria)
Fresno, CA
Ginny Monroe (916) 668-2045

UCLA, Northwest Corner
Sunset Village Commons, Salon 306 A
Los Angeles, CA
Dierdre Nurry (415) 744-1156

High Desert Conference & Training Center
3200 East Cheyenne Ave., J1E
North Las Vegas, NV
Vince Juarasti (702) 687-5670

Central AZ College
8470 N. Overfield Road
Coolidge, AZ
Diana Jennings (602) 280-8754

REGION 10

GSA Regional Headquarters
400 15th Street, SW
Auburn, WA 98001
Rick Desimone (206) 931-7020

0-3 Conf

Nicole R. Rabner

04/07/97 01:51:24 PM

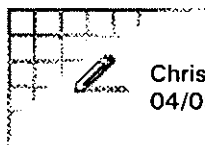
Record Type: Record

To: Elena Kagan/OPD/EOP
cc: Pauline M. Abernathy/OPD/EOP
Subject: vp

Wendy Hartman in the VP's office just called me to discuss the VP's role in the Conference and asked for some paper on the Conference. I'm going to forward the POTUS' statement, the agenda as is, and a note saying that we had thought the VP might open the 2nd panel as the POTUS opens the first. I'll also suggest that Elaine follow up with you or me to discuss. Sound okay?

Also, fyi, Stacey Rubin in Leg Affairs mentioned that Hilley is rethinking the need for MOC to have a speaking role, given the role of the governors. I suggested that Hilley call you about this. By the end of this, we'll have more speakers than we have audience members.

.0-3 conf



Christa Robinson
04/09/97 07:26:36 PM

Record Type: Record

To: Phillip Caplan/WHO/EOP, Elena Kagan/OPD/EOP
cc: Pauline M. Abernathy/OPD/EOP, Jennifer L. Klein/OPD/EOP, Nicole R. Rabner/WHO/EOP
Subject: Background Material for Early Learning Conference

We will be preparing the following materials for the President's briefing book:

- Event Memo (which will include information on policy announcements)
- Script - 1 Page list of panelists in speaking order with short bio information.
*There will be two scripts - one for each panel.
- Accomplishments Document - 1 page
- New "0-3" Poll.
- Family Parenting Kit (which will be distributed to all attendees).

Handouts to audience: (let me know if you would like any of these for the President's briefing book.)

- List of all attendees and affiliations, including audience.
- Agenda for the full Conference.
- 1 Pager on Administration Accomplishments (also for POTUS)
- 1 Pager on Policy Announcements (incorporated in POTUS briefing).
- 1 Pager of relevant facts
- 1 Pager of relevant quotations from experts.
- 1 Pager of Satellite Sites (incorporated in POTUS briefing)
- Family Parenting Kit

In addition, internal Q&A will be provided for the Press office.

6:25pm - 6:45pm

10-3 Conference

April 7, 1997

MEMORANDUM FOR MELANNE VERVEER

FROM: JOHN HILLEY *John Hilley*
JANET MURGUIA *JM*

Subject: White House Conference on Early Childhood Development and Learning

Attached for your review are Legislative Affairs recommendations for Member involvement in the White House Conference on Early Childhood Development and Learning. We have pared down our list and feel strongly that these Members will best represent the Hill. It is our understanding that Legislative Affairs can use ten slots for the conference to accommodate Members (ten slots in the morning and ten in the afternoon session) and an additional five slots for their constituents. Please contact us once you have reviewed our list or should you have any concerns. Thank you.

Speakers on Panel II

Senator Kennedy
Rep. Goodling

Attending Panel I and Lunch

Rep. Goodling (Education and Workforce Committee)
Rep. Clay (Education and Workforce Committee)
Sen. Jeffords (Health and Human Services Committee)
Sen. Kennedy (Health and Human Services Committee)
Sen. Daschle (Leadership)
Sen. Lott (Leadership)
Rep. Gephardt (Leadership)
Rep. Gingrich (Leadership)
Rep. Arney (Leadership)

Attending Panel II

Rep. Riggs (Subcmte. On Early Childhood, Youth and Families)
Rep. Martinez (Subcmte. On Early Childhood, Youth and Families)
Rep. Porter (LHHS Appropriations)
Rep. Obey (LHHS Appropriations)
Sen. Specter (LHHS Appropriations)
Sen. Harkin (LHHS Appropriations)

Additional Members to invite

Sen. Wellstone

Sen. Landrieu

Sen. Tim Johnson

Sen. Kohl

Rep. DeLauro

Rep. Conyers

Rep. Roemer

Rep. Tauscher

Call Elaine
Gene -
account doc

FILE -
0-3 Conf

Spending Pts
- Re Thinking The Brain
- Newsweek

Pauline -
Radio Address

Pauline + Jo
Following up on
memo on 17th



Patricia F. Lewis

04/07/97 05:15:24 PM

Record Type: Record

To: Pauline M. Abernathy/OPD/EOP, Nicole R. Rabner/WHO/EOP

cc:

Subject: Second draft

Other state -
as people have

Vimonds
What he heard
P. + FL (Search F)

Noble
Quotes/sci facts
[Read]
Print's review
- Get Chris

Chris
Visual
Materials
↑ to over page

**THE WHITE HOUSE
OFFICE OF MEDIA AFFAIRS**

FOR IMMEDIATE RELEASE

April 9, 1997

Contact: 202/456-7150

Satellite kits

**PRESIDENT AND MRS. CLINTON TO HOST WHITE HOUSE CONFERENCE
ON EARLY CHILDHOOD DEVELOPMENT AND LEARNING**

Washington, DC -- President and Mrs. Clinton will host the *White House Conference on Early Childhood Development and Learning: What the Newest Research on the Brain Tells Us About Our Youngest Children*, on Thursday, April 17, 1997. The conference will spotlight recent findings about how children develop from the earliest days, and will explore what this means for parents and policy makers.

"We hope that this one-day conference will make the latest scientific research more accessible and understandable to America's families," President Clinton said in announcing the conference last month. "Our goal is to take this information and explore how it can be translated into everyday actions and activities involving children. We all have a role to play in making sure parents have the tools they need to do the best job they can, and we believe this Conference can make a valuable contribution."

The morning session will also be broadcast, by satellite, to sites across the country. Watch parties will be co-hosted by regional federal agencies, local officials, children's and other organizations.

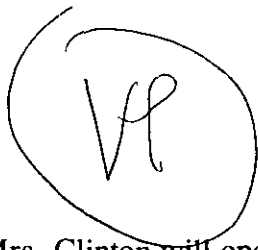
(THIS IS LIKELY TO CHANGE) "We're excited that so many people will be able to take part in this event," Mrs. Clinton said. "It is precisely these kinds of public and private partnerships that will allow us to provide parents with the help and support they need. These regional events will also help highlight programs that already exist, making sure parents know about the resources that are available to them."

Appendix
Participants/aud.
Accounts
Desc. of policy ans.
Partnership
links.

Also press packets

For press -
0-3 PM
(9:00 AM - 12:00 PM)

9+1
Quotes
- Sci facts



President and Mrs. Clinton will open the morning session, which will feature leading researchers and child experts. Among those who will talk about the new research and what it means to parents are: well-known pediatrician T. Berry Brazelton, leading neuroscientist Carla Shatz, and Donald Cohen, director of the Yale Child Study Center.

The afternoon session will highlight model ^{initiatives} programs from across the nation that are supporting parents and enhancing early childhood development. Among the programs that will be discussed are the Avance Family Support program based in San Antonio, Texas, and the Ounce of Prevention program based in Chicago, Illinois.

Morning Session Discussion Participants

Dr. David Hamburg, President of the Carnegie Corporation of New York, which produced *Starting Points*, the seminal study on early childhood development, moderator.

Dr. Donald Cohen, Yale University, will discuss how children's behavior provides clues and understanding of their cognitive, emotional and social development.

Dr. Carla Shatz, University of California, Berkeley, will explain how children's brains grow and develop in the earliest years of life.

Dr. Patricia Kuhl, University of Washington, will discuss how children learn language.

Dr. Ezra Davidson, Drew University of Medicine, will discuss the importance of prenatal and perinatal services.

Dr. T. Berry Brazelton, Harvard University, will lend the perspective of pediatric health care services targetted at young children.

Dr. Deborah Phillips, Institute of Medicine, will lend the perspective of child care.

Afternoon Session Participants

Dr. Gloria Rodriguez, Avance Family Support Program
San Antonio, TX

Avance is a widely acclaimed statewide family support and education program serving predominantly Hispanic communities.

Harriet Meyer, Ounce of Prevention
Chicago, IL

Ounce of Prevention is a statewide program that develops and tests innovative early childhood development programs for replication, and runs model Early Head Start and childcare programs.

Melvin Wearing, Chief of Police
New Haven, CT

He will talk about a pioneering initiative that trains community police officers to use child development principles in their work.

Arnold Langbo, The Kellogg Company
Battle Creek, MI

Kellogg launched a community-wide effort last fall to provide practical early brain development information to every Battle Creek parent and caregiver.

Rob Reiner, CastleRock Entertainment
Los Angeles, CA

He will talk about the "I Am Your Child" campaign launched this month, and the media's role in making this information available.

FERTILE MINDS

From birth, a baby's brain cells proliferate wildly, making connections that may shape a lifetime of experience. The first three years are critical

By J. MADELEINE NASH

RAT-A-TAT-TAT. RAT-A-TAT-TAT. RAT-A-TAT-tat. If scientists could eavesdrop on the brain of a human embryo 10, maybe 12 weeks after conception, they would hear an astonishing racket. Inside the womb, long before light first strikes the retina of the eye or the earliest dreamy images flicker through the cortex, nerve cells in the developing brain crackle with purposeful activity. Like teenagers with telephones, cells in one neighborhood of the brain are calling friends in another, and these cells are calling their friends, and they keep calling one another over and over again, "almost," says neurobiologist Carla Shatz of the University of California, Berkeley, "as if they were autodialing."

But these neurons—as the long, wiry cells that carry electrical messages through the nervous system and the brain are called—are not transmitting signals in scattershot fashion. That would produce a featureless static, the sort of noise picked up by a radio tuned between stations. On the contrary, evidence is growing that the staccato bursts of electricity that form those distinctive rat-a-tat-tats arise from coordinated waves of neural activity, and that those pulsing waves, like currents shifting sand on the ocean



Photograph by Anne Geddes



PRESERVATION PHOTOCOPY



LENNART NILSSON—BONNIER ALBA AB

At six weeks, the growing brain of an embryo, richly irrigated by blood vessels, is almost as big as its body

floor, actually change the shape of the brain, carving mental circuits into patterns that over time will enable the newborn infant to perceive a father's voice, a mother's touch, a shiny mobile twirling over the crib.

Of all the discoveries that have poured out of neuroscience labs in recent years, the finding that the electrical activity of brain cells changes the physical structure of the brain is perhaps the most breathtaking. For the rhythmic firing of neurons is no longer assumed to be a by-product of building the brain but essential to the process, and it begins, scientists have established, well before birth. A brain is not a computer. Nature does not cobble it together, then turn it on. No, the brain begins working long before it is finished. And the same processes that wire the

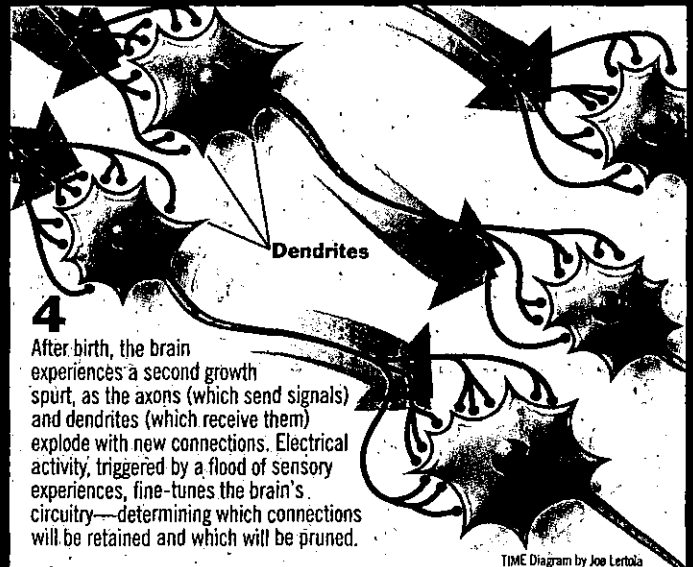
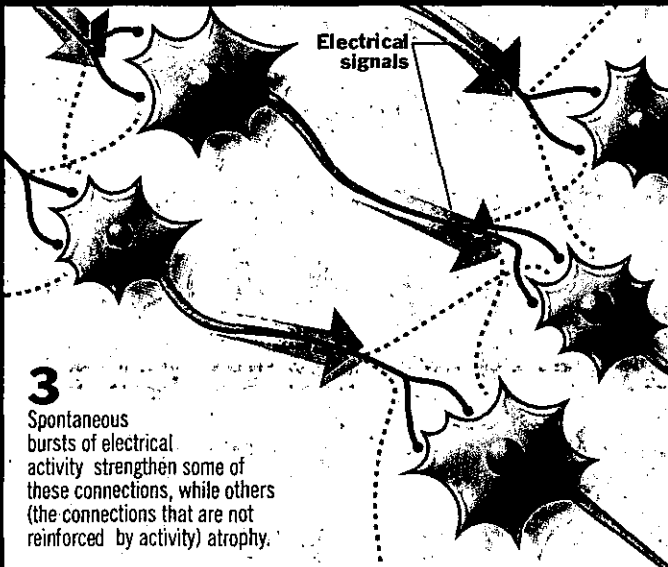
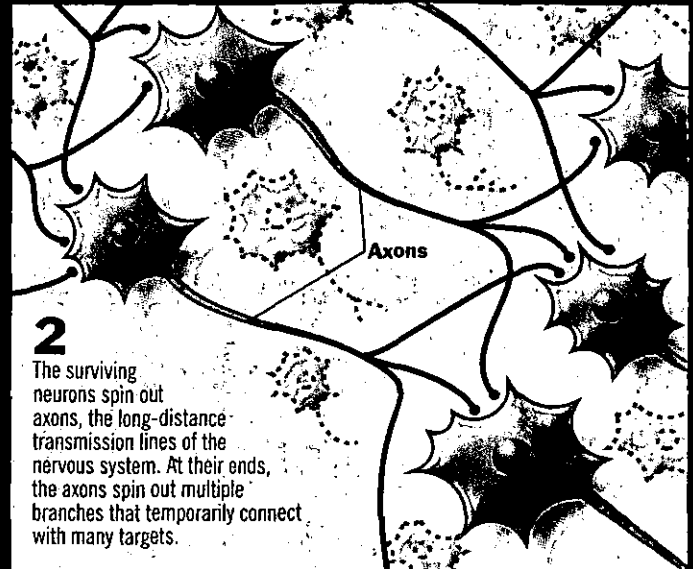
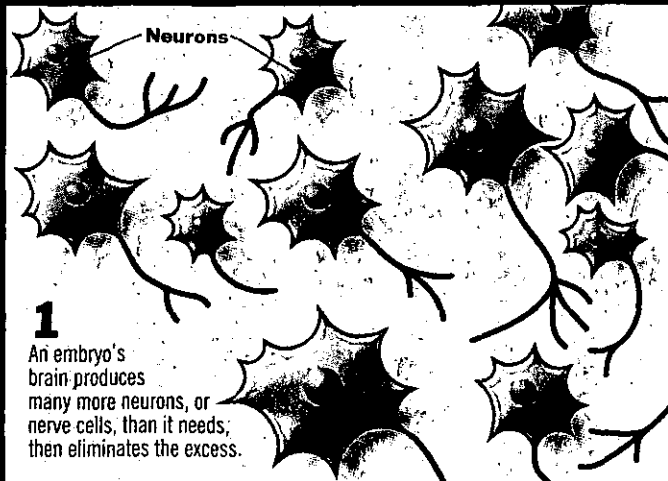
brain before birth, neuroscientists are finding, also drive the explosion of learning that occurs immediately afterward.

At birth a baby's brain contains 100 billion neurons, roughly as many nerve cells as there are stars in the Milky Way. Also in place are a trillion glial cells, named after the Greek word for glue, which form a kind of honeycomb that protects and nourishes the neurons. But while the brain contains virtually all the nerve cells it will ever have, the pattern of wiring between them has yet to stabilize. Up to this point, says Shatz, "what the brain has done is lay out circuits that are its best guess about what's required for vision, for language, for whatever." And now it is up to neural activity—no longer spontaneous, but dri-

ven by a flood of sensory experiences—to take this rough blueprint and progressively refine it.

During the first years of life, the brain undergoes a series of extraordinary changes. Starting shortly after birth, a baby's brain, in a display of biological exuberance, produces trillions more connections between neurons than it can possibly use. Then, through a process that resembles Darwinian competition, the brain eliminates connections, or synapses, that are seldom or never used. The excess synapses in a child's brain undergo a draconian pruning, starting around the age of 10 or earlier, leaving behind a mind whose patterns of emotion and thought are, for better or worse, unique.

Wiring the Brain



TIME Diagram by Joe Lertola

Deprived of a stimulating environment, a child's brain suffers. Researchers at Baylor College of Medicine, for example, have found that children who don't play much or are rarely touched develop brains 20% to 30% smaller than normal for their age. Laboratory animals provide another provocative parallel. Not only do young rats reared in toy-strewn cages exhibit more complex behavior than rats confined to sterile, uninteresting boxes, researchers at the University of Illinois at Urbana-Champaign have found, but the brains of these rats contain as many as 25% more synapses per neuron. Rich experiences, in other words, really do produce rich brains.

The new insights into brain development are more than just interesting sci-

ence. They have profound implications for parents and policymakers. In an age when mothers and fathers are increasingly pressed for time—and may already be feeling guilty about how many hours they spend away from their children—the results coming out of the labs are likely to increase concerns about leaving very young children in the care of others. For the data underscore the importance of hands-on parenting, of finding the time to cuddle a baby, talk with a toddler and provide infants with stimulating experiences.

The new insights have begun to infuse new passion into the political debate over early education and day care. There is an urgent need, say child-development experts, for preschool programs designed to

boost the brain power of youngsters born into impoverished rural and inner-city households. Without such programs, they warn, the current drive to curtail welfare costs by pushing mothers with infants and toddlers into the work force may well backfire. "There is a time scale to brain development, and the most important year is the first," notes Frank Newman, president of the Education Commission of the States. By the age of three, a child who is neglected or abused bears marks that, if not indelible, are exceedingly difficult to erase.

But the new research offers hope as well. Scientists have found that the brain during the first years of life is so malleable that very young children who suffer strokes or injuries that wipe out an entire hemi-

sphere can still mature into highly functional adults. Moreover, it is becoming increasingly clear that well-designed preschool programs can help many children overcome glaring deficits in their home environment. With appropriate therapy, say researchers, even serious disorders like dyslexia may be treatable. While inherited problems may place certain children at greater risk than others, says Dr. Harry Chugani, a pediatric neurologist at Wayne State University in Detroit, that is no excuse for ignoring the environment's power to remodel the brain. "We may not do much to change what happens before birth, but we can change what happens after a baby is born," he observes.

Strong evidence that activity changes the brain began accumulating in the 1970s. But only recently have researchers had tools powerful enough to reveal the precise mechanisms by which those changes are brought about. Neural activity triggers a biochemical cascade that reaches all the way to the nucleus of cells and the coils of DNA that encode specific genes. In fact, two of the genes affected by neural activity in embryonic fruit flies, neurobiologist Corey Goodman and his colleagues at Berkeley reported late last year, are identical to those that other studies have linked to learning and memory. How thrilling, exclaims Goodman, how intellectually satisfying that the snippets of DNA that embryos use to build their brains are the very same ones that will later allow adult organisms to process and store new information.

As researchers explore the once hidden links between brain activity and brain structure, they are beginning to construct a sturdy bridge over the chasm that previously separated genes from the environment. Experts now agree that a baby does not come into the world as a genetically preprogrammed automaton or a blank slate at the mercy of the environment, but arrives as something much more interesting. For this reason the debate that engaged countless generations of philosophers—whether nature or nurture calls the shots—no longer interests most scientists. They are much too busy chronicling the myriad ways in which genes and the environment interact. "It's

not a competition," says Dr. Stanley Greenspan, a psychiatrist at George Washington University. "It's a dance."

THE IMPORTANCE OF GENES

THAT DANCE BEGINS AT AROUND THE THIRD week of gestation, when a thin layer of cells

dominant partner during this phase of development, but nurture plays a vital supportive role. Changes in the environment of the womb—whether caused by maternal malnutrition, drug abuse or a viral infection—can wreck the clockwork precision of the neural assembly line. Some forms of epilepsy, mental retardation, autism and schizophrenia appear to be the results of developmental processes gone awry.

But what awes scientists who study the brain, what still stuns them, is not that things occasionally go wrong in the developing brain but that so much of the time they go right. This is all the more remarkable, says Berkeley's Shatz, as the central nervous system of an embryo is not a miniature of the adult system but more like a tadpole that gives rise to a frog. Among other things, the cells produced in the neural tube must migrate to distant locations and accurately lay down the connections that link one part of the brain to another. In addition, the embryonic brain must construct a variety of temporary structures, including the neural tube, that will, like a tadpole's tail, eventually disappear.

What biochemical magic underlies this incredible metamorphosis? The instructions programmed into the genes, of course. Scientists have recently discovered, for instance, that a gene nicknamed "sonic hedgehog" (after the popular video game Sonic the Hedgehog) determines the fate of neurons in the spinal cord and the brain. Like a strong scent carried by the wind, the protein encoded by the hedgehog gene (so called because in its absence, fruit-fly embryos sprout a coat of prickles) diffuses outward from the cells that produce it, becoming fainter and fainter. Columbia University neurobiologist Thomas Jessell has found that it takes middling concentrations of this potent morphing factor to produce a

motor neuron and lower concentrations to make an interneuron (a cell that relays signals to other neurons, instead of to muscle fibers, as motor neurons do).

Scientists are also beginning to identify some of the genes that guide neurons in their long migrations. Consider the problem faced by neurons destined to become part of the cerebral cortex. Because they

Wiring Vision



PENNY GENTHER

WHAT'S GOING ON Babies can see at birth, but not in fine-grained detail. They have not yet acquired the knack of focusing both eyes on a single object or developed more sophisticated visual skills like depth perception. They also lack hand-eye coordination.

WHAT PARENTS CAN DO There is no need to buy high-contrast black-and-white toys to stimulate vision. But regular eye exams, starting as early as two weeks of age, can detect problems that, if left uncorrected, can cause a weak or unused eye to lose its functional connections to the brain.

WINDOW OF LEARNING Unless it is exercised early on, the visual system will not develop.

AGE (in years)	Birth	1	2	3	4	5	6	7	8	9	10
Visual acuity	■	■	■	■	■	■	■	■	■	■	■
Binocular vision	■	■	■	■	■	■	■	■	■	■	■

in the developing embryo performs an origami-like trick, folding inward to give rise to a fluid-filled cylinder known as the neural tube. As cells in the neural tube proliferate at the astonishing rate of 250,000 a minute, the brain and spinal cord assemble themselves in a series of tightly choreographed steps. Nature is the

arise relatively late in the development of the mammalian brain, billions of these cells must push and shove their way through dense colonies established by earlier migrants. "It's as if the entire population of the East Coast decided to move en masse to the West Coast," marvels Yale University neuroscientist Dr. Pasko Rakic, and marched through Cleveland, Chicago and Denver to get there.

But of all the problems the growing nervous system must solve, the most daunting is posed by the wiring itself. After birth, when the number of connections explodes, each of the brain's billions of neurons will forge links to thousands of others. First they must spin out a web of wirelike fibers known as axons (which transmit signals) and dendrites (which receive them). The objective is to form a synapse, the gap-like structure over which the axon of one neuron beams a signal to the dendrites of another. Before this can happen, axons and dendrites must almost touch. And while the short, bushy dendrites don't have to travel very far, axons—the heavy-duty cables of the nervous system—must traverse distances that are the microscopic equivalent of miles.

What guides an axon on its incredible voyage is a "growth cone," a creepy, crawly sprout that looks something like an amoeba. Scientists have known about growth cones since the turn of the century. What they didn't know until recently was that growth cones come equipped with the molecular equivalent of sonar and radar. Just as instruments in a submarine or airplane scan the environment for signals, so molecules arrayed on the surface of growth cones search their surroundings for the presence of certain proteins. Some of these proteins, it turns out, are attractants that pull the growth cones toward them, while others are repellents that push them away.

THE FIRST STIRRINGS

UP TO THIS POINT, GENES HAVE CONTROLLED the unfolding of the brain. As soon as axons make their first connections, however, the nerves begin to fire, and what they do starts to matter more and more. In

essence, say scientists, the developing nervous system has strung the equivalent of telephone trunk lines between the right neighborhoods in the right cities. Now it has to sort out which wires belong to which house, a problem that cannot be solved by genes alone for reasons that boil down to

specify more than a tiny fraction of the connections required by a fully functioning brain.

In adult mammals, for example, the axons that connect the brain's visual system arrange themselves in striking layers and columns that reflect the division between the left eye and the right. But these axons start out as scrambled as a bowl of spaghetti, according to Michael Stryker, chairman of the physiology department at the University of California at San Francisco. What sorts out the mess, scientists have established, is neural activity. In a series of experiments viewed as classics by scientists in the field, Berkeley's Shatz chemically blocked neural activity in embryonic cats. The result? The axons that connect neurons in the retina of the eye to the brain never formed the left eye-right eye geometry needed to support vision.

But no recent finding has intrigued researchers more than the results reported in October by Corey Goodman and his Berkeley colleagues. In studying a deceptively simple problem—how axons from motor neurons in the fly's central nerve cord establish connections with muscle cells in its limbs—the Berkeley researchers made an unexpected discovery: They knew there was a gene that keeps bundles of axons together as they race toward their muscle-cell targets. What they discovered was that the electrical activity produced by neurons inhibited this gene, dramatically increasing the number of connections the axons made. Even more intriguing, the signals amplified the activity of a second gene—a gene called CREB.

The discovery of the CREB amplifier, more than any other, links the developmental processes that occur before birth to those that continue long after. For the twin processes of memory and learning in adult animals, Columbia University neurophysiol-

ogist Eric Kandel has shown, rely on the CREB molecule. When Kandel blocked the activity of CREB in giant snails, their brains changed in ways that suggested that they could still learn but could remember what they learned for only a short period of time. Without CREB, it seems, snails—and by extension, more developed animals like hu-

Wiring Feelings



WHAT'S GOING ON Among the first circuits the brain constructs are those that govern the emotions. Beginning around two months of age, the distress and contentment experienced by newborns start to evolve into more complex feelings: joy and sadness, envy and empathy, pride and shame.

WHAT PARENTS CAN DO Loving care provides a baby's brain with the right kind of emotional stimulation. Neglecting a baby can produce brain-wave patterns that dampen happy feelings. Abuse can produce heightened anxiety and abnormal stress responses.

WINDOW OF LEARNING Emotions develop in layers, each more complex than the last.



simple arithmetic. Eventually, Berkeley's Goodman estimates, a human brain must forge quadrillions of connections. But there are only 100,000 genes in human DNA. Even though half these genes—some 50,000—appear to be dedicated to constructing and maintaining the nervous system, he observes, that's not enough to

mans—can form no long-term memories. And without long-term memories, it is hard to imagine that infant brains could ever master more than rudimentary skills. “Nurture is important,” says Kandel. “But nurture works through nature.”

EXPERIENCE KICKS IN

WHEN A BABY IS BORN, IT CAN SEE and hear and smell and respond to touch, but only dimly. The brain stem, a primitive region that controls vital functions like heartbeat and breathing, has completed its wiring. Elsewhere the connections between neurons are wispy and weak. But over the first few months of life, the brain’s higher centers explode with new synapses. And as dendrites and axons swell with buds and branches like trees in spring, metabolism soars. By the age of two, a child’s brain contains twice as many synapses and consumes twice as much energy as the brain of a normal adult.

University of Chicago pediatric neurologist Dr. Peter Huttenlocher has chronicled this extraordinary epoch in brain development by autopsying the brains of infants and young children who have died unexpectedly. The number of synapses in one layer of the visual cortex, Huttenlocher reports, rises from around 2,500 per neuron at birth to as many as 18,000 about six months later. Other regions of the cortex score similarly spectacular increases but on slightly different schedules. And while these microscopic connections between nerve fibers continue to form throughout life, they reach their highest average densities (15,000 synapses per neuron) at around the age of two and remain at that level until the age of 10 or 11.

This profusion of connections lends the growing brain exceptional flexibility and resilience. Consider the case of 13-year-old Brandi Binder, who developed such severe epilepsy that surgeons at UCLA had to remove the entire right side of her cortex when she was six. Binder lost virtually all the control she had established over muscles on the left side of her body, the side controlled by the right side of the brain. Yet today, after years of therapy ranging from leg lifts to math and music drills, Binder is an A student at

the Holmes Middle School in Colorado Springs, Colorado. She loves music, math and art—skills usually associated with the right half of the brain. And while Binder’s recuperation is not 100%—for example, she has never regained the use of her left arm—it comes close. Says UCLA pediatric neurol-

by, tiny bursts of electricity shoot through the brain, knitting neurons into circuits as well defined as those etched onto silicon chips. The results are those behavioral mileposts that never cease to delight and awe parents. Around the age of two months, for example, the motor-control centers of the brain develop to the point that infants can suddenly reach out and grab a nearby object. Around the age of four months, the cortex begins to refine the connections needed for depth perception and binocular vision. And around the age of 12 months, the speech centers of the brain are poised to produce what is perhaps the most magical moment of childhood: the first word that marks the flowering of language.

When the brain does not receive the right information—or shuts it out—the result can be devastating. Some children who display early signs of autism, for example, retreat from the world because they are hypersensitive to sensory stimulation, others because their senses are underactive and provide them with too little information. To be effective, then, says George Washington University’s Greenspan, treatment must target the underlying condition, protecting some children from disorienting noises and lights, providing others with attention-grabbing stimulation. But when parents and therapists collaborate in an intensive effort to reach these abnormal brains, writes Greenspan in a new book, *The Growth of the Mind* (Addison-Wesley, 1997), three-year-olds who begin the descent into the autistic’s limited universe can sometimes be snatched back.

Indeed, parents are the brain’s first and most important teachers. Among other things, they appear to help babies learn by adopting the rhythmic, high-pitched speaking style known as Parentese. When speaking to babies, Stanford University psychologist Anne Fernald has found, mothers and fathers from many cultures change their speech patterns in the same peculiar ways. “They put their faces very close to the child,” she reports. “They use shorter utterances, and they speak in an unusually melodious fashion.” The heart rate of infants increases while listening to Parentese, even Parentese delivered in a

Wiring Language



WHAT'S GOING ON Even before birth, an infant is tuning into the melody of its mother’s voice. Over the next six years, its brain will set up the circuitry needed to decipher—and reproduce—the lyrics. A six-month-old can recognize the vowel sounds that are the basic building blocks of speech.

WHAT PARENTS CAN DO Talking to a baby a lot, researchers have found, significantly speeds up the process of learning new words. The high-pitched, singsong speech style known as Parentese helps babies connect objects with words.

WINDOW OF LEARNING Language skills are sharpest early on but grow throughout life.

AGE (in years)	Birth	1	2	3	4	5	6	7	8	9	10
Recognition of speech	■	■	■	■	■	■	■	■	■	■	■
Vocabulary	■	■	■	■	■	■	■	■	■	■	■

ogist Dr. Donald Shields: “If there’s a way to compensate, the developing brain will find it.”

What wires a child’s brain, say neuroscientists—or rewires it after physical trauma—is repeated experience. Each time a baby tries to touch a tantalizing object or gazes intently at a face or listens to a lulla-

foreign language. Moreover, Fernald says, Parentese appears to hasten the process of connecting words to the objects they denote. Twelve-month-olds, directed to "look at the ball" in Parentese, direct their eyes to the correct picture more frequently than when the instruction is delivered in normal English.

In some ways the exaggerated, vowel-rich sounds of Parentese appear to resemble the choice morsels fed to hatchlings by adult birds. The University of Washington's Patricia Kuhl and her colleagues have conditioned dozens of newborns to turn their heads when they detect the *ee* sound emitted by American parents, vs. the *eu* favored by doting Swedes. Very young babies, says Kuhl, invariably perceive slight variations in pronunciation as totally different sounds. But by the age of six months, American babies no longer react when they hear variants of *ee*, and Swedish babies have become impervious to differences in *eu*. "It's as though their brains have formed little magnets," says Kuhl, "and all the sounds in the vicinity are swept in."

TUNED TO DANGER

EVEN MORE FUNDAMENTAL, SAYS Dr. Bruce Perry of Baylor College of Medicine in Houston, is the role parents play in setting up the neural circuitry that helps children regulate their responses to stress. Children who are physically abused early in life, he observes, develop brains that are exquisitely tuned to danger. At the slightest threat, their hearts race, their stress hormones surge and their brains anxiously track the nonverbal cues that might signal the next attack. Because the brain develops in sequence, with more primitive structures stabilizing their connections first, early abuse is particularly damaging. Says Perry: "Experience is the chief architect of the brain." And because these early experiences of stress form a kind of template around which later brain development is organized, the changes they create are all the more pervasive.

Emotional deprivation early in life has a similar effect. For six years University of Washington psychologist Geraldine Dawson and her colleagues have monitored the brain-wave patterns of children born to

mothers who were diagnosed as suffering from depression. As infants, these children showed markedly reduced activity in the left frontal lobe, an area of the brain that serves as a center for joy and other light-hearted emotions. Even more telling, the patterns of brain activity displayed by these

brain-wave patterns, Dawson has found. What accounts for the difference appears to be the emotional tone of the exchanges between mother and child. By scrutinizing hours of videotape that show depressed mothers interacting with their babies, Dawson has attempted to identify the links

between maternal behavior and children's brains. She found that mothers who were disengaged, irritable or impatient had babies with sad brains. But depressed mothers who managed to rise above their melancholy, lavishing their babies with attention and indulging in playful games, had children with brain activity of a considerably more cheerful cast.

When is it too late to repair the damage wrought by physical and emotional abuse or neglect? For a time, at least, a child's brain is extremely forgiving. If a mother snaps out of her depression before her child is a year old, Dawson has found, brain activity in the left frontal lobe quickly picks up. However, the ability to rebound declines markedly as a child grows older. Many scientists believe that in the first few years of childhood there are a number of critical or sensitive periods, or "windows," when the brain demands certain types of input in order to create or stabilize certain long-lasting structures.

For example, children who are born with a cataract will become permanently blind in that eye if the clouded lens is not promptly removed. Why? The brain's visual centers require sensory stimulus—in this case the stimulus provided by light hitting the retina of the eye—to maintain their still tentative connections. More controversially, many linguists believe that language skills unfold according to a strict, biologically defined timetable. Children, in their view, resemble certain species of birds that cannot master their song unless they hear it sung at an early age. In zebra finches the window for acquiring the appropriate song opens 25 to 30 days after hatching and shuts some 50 days later.

appropriate song opens 25 to 30 days after hatching and shuts some 50 days later.

WINDOWS OF OPPORTUNITY

WITH A FEW EXCEPTIONS, THE WINDOWS OF opportunity in the human brain do not close quite so abruptly. There appears to be a series of windows for developing lan-

Wiring Movement



PERRY GENTILE

WHAT'S GOING ON At birth babies can move their limbs, but in a jerky, uncontrolled fashion. Over the next four years, the brain progressively refines the circuits for reaching, grabbing, sitting, crawling, walking and running.

WHAT PARENTS CAN DO Give babies as much freedom to explore as safety permits. Just reaching for an object helps the brain develop hand-eye coordination. As soon as children are ready for them, activities like drawing and playing a violin or piano encourage the development of fine motor skills.

WINDOW OF LEARNING Motor-skill development moves from gross to increasingly fine.

AGE (in years)	Birth	1	2	3	4	5	6	7	8	9	10
Basic motor skills	■	■	■	■	■	■	■	■	■	■	■
Fine motor ability		■	■	■	■	■	■	■	■	■	■
Musical fingering				■	■	■	■	■	■	■	■

children closely tracked the ups and downs of their mother's depression. At the age of three, children whose mothers were more severely depressed or whose depression lasted longer continued to show abnormally low readings.

Strikingly, not all the children born to depressed mothers develop these aberrant



CANNON GEDDES

guage. The window for acquiring syntax may close as early as five or six years of age, while the window for adding new words may never close. The ability to learn a second language is highest between birth and the age of six, then undergoes a steady and inexorable decline. Many adults still manage to learn new languages, but usually only after great struggle.

The brain's greatest growth spurt, neuroscientists have now confirmed, draws to a close around the age of 10, when the balance between synapse creation and atrophy abruptly shifts. Over the next several years, the brain will ruthlessly destroy its weakest synapses, preserving only those that have been magically transformed by experience. This magic, once again, seems to be encoded in the genes. The ephemeral bursts of electricity that travel through the brain, creating everything from visual images and pleasurable sensations to dark dreams and wild thoughts, ensure the survival of synapses by stimulating genes that promote the release of powerful growth factors and suppressing genes that encode for synapse-destroying enzymes.

By the end of adolescence, around the age of 18, the brain has declined in plasticity

but increased in power. Talents and latent tendencies that have been nurtured are ready to blossom. The experiences that drive neural activity, says Yale's Rakic, are like a sculptor's chisel or a dressmaker's shears, conjuring up form from a lump of stone or a length of cloth. The presence of extra material expands the range of possibilities, but cutting away the extraneous is what makes art. "It is the overproduction of synaptic connections followed by their loss that leads to patterns in the brain," says neuroscientist William Greenough of the University of Illinois at Urbana-Champaign. Potential for greatness may be encoded in the genes, but whether that potential is realized as a gift for mathematics, say, or a brilliant criminal mind depends on patterns etched by experience in those critical early years.

Psychiatrists and educators have long recognized the value of early experience. But their observations have until now been largely anecdotal. What's so exciting, says Matthew Melmed, executive director of Zero to Three, a nonprofit organization devoted to highlighting the importance of the first three years of life, is that modern neuroscience is providing the hard, quantifi-

able evidence that was missing earlier. "Because you can see the results under a microscope or in a PET scan," he observes, "it's become that much more convincing."

What lessons can be drawn from the new findings? Among other things, it is clear that foreign languages should be taught in elementary school, if not before. That remedial education may be more effective at the age of three or four than at nine or 10. That good, affordable day care is not a luxury or a fringe benefit for welfare mothers and working parents but essential brain food for the next generation. For while new synapses continue to form throughout life, and even adults continually refurbish their minds through reading and learning, never again will the brain be able to master new skills so readily or rebound from setbacks so easily.

Rat-a-tat-tat. Rat-a-tat-tat. Rat-a-tat-tat. Just last week, in the U.S. alone, some 77,000 newborns began the miraculous process of wiring their brains for a lifetime of learning. If parents and policymakers don't pay attention to the conditions under which this delicate process takes place, we will all suffer the consequences—starting around the year 2010. ■

THE DAY-CARE

By JAMES COLLINS

ENVIRONMENT MATTERS. FOR ANYONE wondering how the latest brain research applies to the care of infants and toddlers, that is the crucial finding. Yes, proper brain development is a matter of genetics and nutrition and whether a mother-to-be drinks or smokes, but it also depends on the stimuli, as the scientists call them, that a baby receives. It depends on what the baby sees, hears and touches

and on the emotions he or she repeatedly experiences. But if environment matters, we are faced with a question: At a time when children suffer from perhaps the gravest social problems of any group in the U.S., how do we ensure that they grow up in the best environment possible?

In many ways, children are better off today than they were in previous decades. They are healthier, their families have a higher income, the level of their mother's education (the most important determinant of a child's intelligence) has risen. But 1 out of every 10 children three years old and younger lives in "extreme poverty"—at or below 50% of the federal poverty level. And the well-being of many others is threatened by such social changes as the rise of single-parent households, the uneven quality of day care, the decline of communities and, some would argue, the push to reform the welfare system.

Social policy cannot ameliorate all these conditions. A change in attitude toward parenting and marriage would do children far more good than any government program. Over the past few years, however, there has been a movement in Washington and the state cap-

itals to address the problems of children, from newborn to the age of three. Now neuroscientists, by confirming much of what social scientists had already surmised about early development, are giving that movement added momentum.

The recent concern about infants and toddlers has been inspired in part by *Starting Points*, a landmark report published by the Carnegie Corporation in 1994, which identified a "quiet crisis" in the lives of the youngest children. Hillary Clinton has begun to speak out on the importance of a child's earliest years, and several Governors have forcefully taken up the issue. The size of the programs in place is quite modest. But to their advocates they hold out promise not only



DILEMMA

Too many children today live in conditions that threaten their brain development. What can we do?

of helping children fulfill their potential but also of saving society the costs incurred when intellectually and socially impaired children grow up to be intellectually and socially impaired adults.

Government policy in any number of areas—health care, taxes, the economy, crime—touches children. But the initiative that will have the most particular and powerful effect on them is welfare reform. If, as some predict, the incomes of poor mothers are drastically reduced as a result of the new system, children will be harmed.

But let's assume that the reforms work as intended and mothers get jobs that pay them more than paupers' wages. What effect may the changes

have on childhood development?

There is some evidence that children benefit if their mothers stay home with them until they are one year old, and the welfare law allows states to exempt new mothers from work requirements for a year. But so far, states do not seem to be taking advantage of the provision. For example, in Wisconsin, which is a leader in welfare reform, mothers must start looking for work when their baby is 12 weeks old. Those who favor these reforms say a mother who has a job will be a prouder and more responsible parent, and some studies suggest that children do benefit if their mother receives earned income rather than a government check for the same amount.

If mothers are out working, however, the quality of child care provided by others will largely determine how well the children fare under the states' new plans. To care for their children, many mothers will rely on relatives and friends, some of whom will be loving and attentive and some of whom will not. Also, the strain on the day-care system is a matter of

grave concern to child-development and child-care experts. A recent study found that 40% of day-care centers for infants and toddlers gave less than the minimal standard of care. Problems ranged from safety hazards to unresponsive caregivers to a lack of toys. If a caregiver spoons food from one bowl into the mouths of half a dozen toddlers lined up in high chairs, as has been known to happen, not only is the health of the children at risk but they are surely not receiving the kind of attention that promotes healthy brain development.

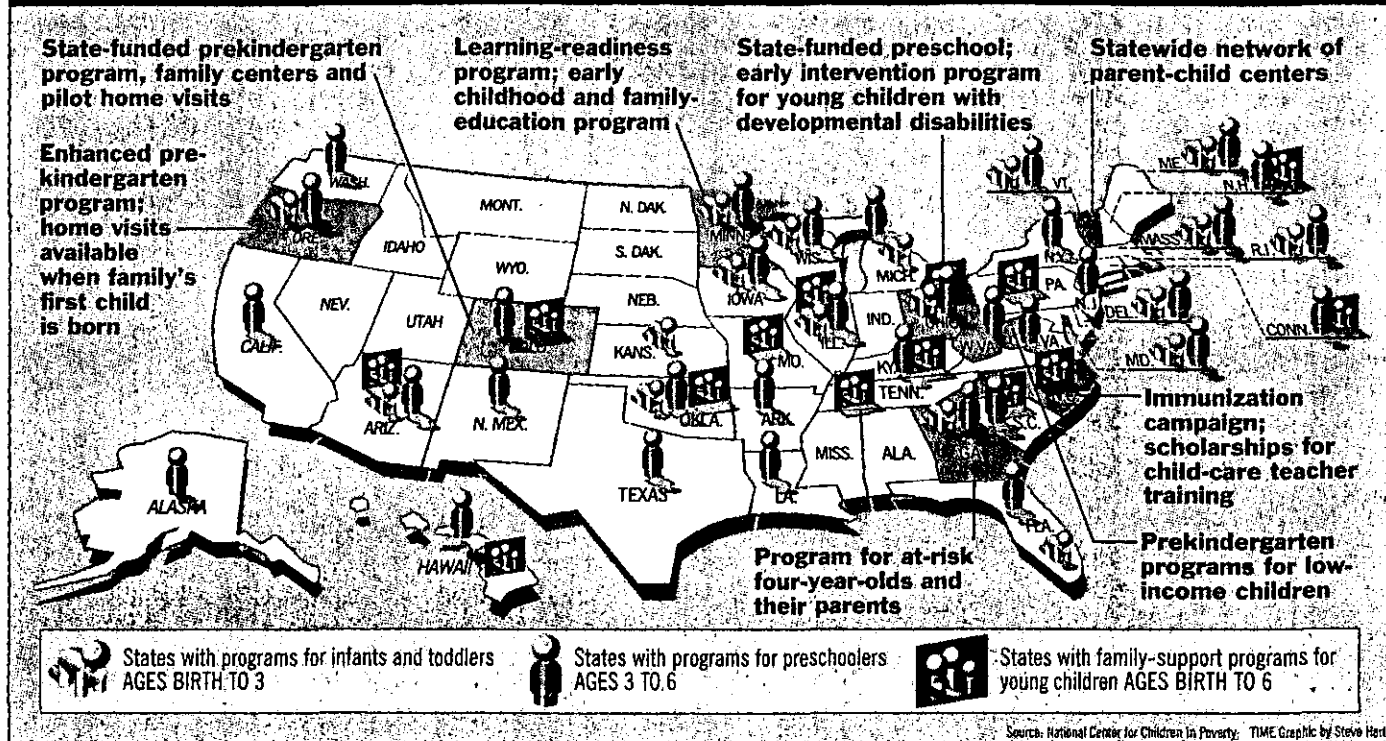
"If you push more children into this system through welfare reform," says Ellen Galinsky, co-president of the Families and Work Institute, "and you are saying to these families, 'just get any child care you can find and can pay for,' there's a real danger."

The challenge for the states is to regulate and subsidize child care in such a way

ANNE GEORGE



What States Are Doing



Source: National Center for Children in Poverty. TIME Graphic by Steve Hart

as to increase the likelihood of good outcomes for children. This is true regardless of welfare reform, of course. Bad day-care can harm the development of any child. Research has shown that children benefit when caregivers are trained and the ratio of staff to children is high. Several states license centers accordingly, requiring a minimum amount of training and setting ratios for different age groups. Welfare mothers themselves are not necessarily the best caregivers, and it is possible that in some instances welfare reform will actually improve the care of children. But high-quality care is expensive, and states do not have adequate budgets to subsidize it.

The Federal Government and the states do have programs specifically aimed at helping the development of infants and toddlers, although as social policy they are nowhere near as sweeping as an overhaul of welfare. The most notable federal initiative is Early Head Start, which was created in 1994 when Congress reauthorized funding for Head Start, the 32-year-old program that brings three-, four- and five-year-olds into classroom settings in part to prepare them for school. Mary Jo Bane was working at the time at the Department of Health and Human Services (she quit over welfare reform), and she led a task force charged with finding ways to improve Head Start. Child-development experts, she says, "pointed the group

toward the importance of interventions earlier than age four."

In 1996, the budget for Early Head Start was \$146 million, and HHS awarded grants to 143 sites. The money is used to provide a variety of services to poor families with children under the age of four and to poor pregnant women. How the funds are spent is determined to some extent by the communities that receive them. Some communities are experimenting with family interventions that include grandparents; others are trying to address the special health needs of newborns or to provide extra help to teen parents with a history of drug abuse.

SMART START, HEALTHY START

NORTH CAROLINA HAS INSTITUTED A FLEXIBLE program called Smart Start. Under it, parents, teachers, doctors and nurses, child-care providers, ministers and businesspeople form partnerships at the county level that set goals for the education and health care of children under six. These partnerships then administer private and public funds as they see fit. In one county, for example, administrators chose to give subsidies to new parents so that mothers could stay home from work during a baby's first year. More than half of North Carolina's 100 counties are participating in the program, at a cost to the state of \$68 million.

Governor James Hunt hopes that by adding hard science to his arguments, he will strengthen his position when battling for increases in Smart Start funding. "This is revolutionary information," he says of studies demonstrating the sensitivity of babies' brains in the first years of life. "Now that we can measure it and prove it, and if it can be made known widely so people understand this, then they'll understand why their schools aren't going to work for them, their technical training isn't going to work, other things we do later on aren't going to work fully unless we do this part right and do this at the appropriate time."

Some states have found that a very simple but powerful way to help parents is simply to coordinate the various services that they already offer. In West Virginia, for example, single sites that provide more than a dozen services have been established in seven communities. "Parents typically get a runaround and may only get a long list of phone numbers," says Kimberly Veraas, chairwoman of the state's Early Childhood Implementation Commission. "If they're really motivated, they can get information. But now we're rolling out the red carpet to parents. They only have to tell their story once."

As developmental experts often point out, child rearing is not an innate skill, and several states are trying to help educate parents about parenting. Home visits by

social workers or nurses are among the most promising methods. In Oregon such visits occur under a program called Healthy Start. Sandra Daus, 22, a single mother of an 18-month-old girl, recalls the help she received from Mellissa Magill. "She encouraged me to read books, a lot of books," says Daus. "I thought when Sydney got older, maybe two or three, we'd start reading. Mellissa said no, start reading to her now. Sydney was a month old."

In Vermont someone from the state's Success by Six program first visits a home within two weeks of a baby's birth. "That gets us in the door at age zero instead of age five, so we can assess what families need," Governor Howard Dean points out. Visits may continue for up to three years. "It is so inexpensive," says Dean, "to take care of children relative to the other things we do, such as build jails and put up expensive social-service networks for run-away youth."

With the new scientific evidence to bolster it, the logic for spending money on early-childhood development programs may seem incontrovertible. But not everyone is convinced. The question of what approaches have worked and will work has not been resolved. Research supports the long-term benefits of older programs that are used as models today, but those studies are criticized because they look at very small samples of children who were given special attention and care.

"We have seen over and over and over that even if you can produce good results with small programs, when you expand to a national level, the effect often disappears," says Ronald Haskins, a top Republican staff member of the House Ways and Means Committee. "That is the case with Head Start. We still do not have evidence that Head Start produces any long-term effects."

Social science, however, is an imperfect discipline. Referring to programs for young children, Isabel Sawhill, a scholar at the Urban Institute and former official in the Clinton Administration, has written, "The evidence is always mixed. We simply do not know whether they work. In these cases, one must weigh the risk of doing something and having it not work against the risk of doing nothing and missing an opportunity to improve lives. It can be just as costly to not fund a potentially successful program as it is to fund a potentially unsuccessful one."

Right now, the total public expenditure on early-childhood development is tiny. Given the potential rewards, how risky is a bigger investment? —*Reported by Ann Blackman/Washington, Wendy Cole/Chicago, Rita Healy/Denver, Melissa Ludtke/Cambridge and Lisa H. Towle/Raleigh*



HOLLYWOOD GOES GAGA

Whoopi, Robin, Rob and friends have found a new cause

CELEBRITIES WHO PUBLICLY EMBRACE worthy causes sometimes seem to be auditioning less for *Sense and Sensibility* than for *Clueless*. Stars have dangled from bridges to protest logging practices, hawked clothes made in sweatshops while promoting moral values and slugged pesky photographers even as they were begging for kindness to animals. A recent surge of show-biz interest in children, however, seems to be as well aimed as it is high profile. More than half a dozen organizations founded or funded by Hollywood celebrities are zeroing in on kids' issues. And early childhood development is one of their top concerns.

In April, ABC-TV will air a prime-time special on brain development, directed by Rob Reiner and featuring such A-list stars as Tom Hanks and Robin Williams. It's the opening shot of an elaborate multimedia blitz that is coordinated by Families and Work Institute, based in New York City, and includes public-service announcements, magazine specials, home videos, online sites and CD-ROMs. "I couldn't create a big, federally funded program," says Reiner. "But I certainly can put on a show to raise awareness about how the first three years critically

impact the way a child later deals with society."

ROBERT DEMICHIELL FOR TIME

Reiner says he became interested in baby brain activity three years ago during his own analysis. Now he is taking his case directly to the top. He has been urging President Clinton to host a Washington summit on the subject, and last month sat beside Hillary Clinton at a White House arts-award dinner. The next day she gave a speech that included a long section on early-childhood learning. "It's an important issue for the President to get on," says Reiner. "You talk about trying to fix the welfare situation. This is a way to do it."

Reiner is one of dozens of celebrities who have joined Hollywood's latest children's crusade. Whoopi Goldberg, Barbra Streisand, Whitney Houston and Henry Winkler have all donated their names, their time and even their money to various kids' causes. Not only did Steven Spielberg and his wife Kate Capshaw co-found the Children's Action Network, which makes educational films and sponsors immunization campaigns, but Spielberg also chairs the Starbright Foundation, an innovative charity group that deploys entertainment technologies to help ease the suffering of sick children.

Hollywood's interest in a cause often means Big Money. A benefit movie premiere can raise up to \$350,000 in a single night. Still, as Starbright managing director Chris Garvey notes, "Our board members give more than their money and Rolodexes. They relish the hands-on experience of dealing with children in hospitals."

But not too hands on. Celebrity sightings at clinics and youth shelters are, for the most part, rare. "We try to provide children with a calm, soothing place, not chaotic, star-studded events," says Leslie Johnson of the Westside Children's Center in Culver City, California. "Besides, children under three have different ideas about celebrity. When Barney came to our Christmas party, Jim Carrey could have been standing there and no one would have noticed him."

—*By Jeffrey Ressler/ Los Angeles*

Hillary Rodham Clinton

Comfort and Joy

The First Mom suggests reading as an easy way to help a baby's brain grow

THE NIGHT AFTER THE INAUGURAL, BILL AND I GATHERED with our family in the solarium on the third floor of the White House. After dinner our toddler nephews Tyler and Zachary climbed up on the couch with their Uncle Bill to hear him read a story. They accompanied him with words, sounds, pointed fingers and a few tussles over who would hold the book. As I watched them, I thought of all the times Bill and I used to take turns reading stories to Chelsea. Every night one of us (and occasionally both) would stretch out on her bed, hold her in our arms, and either read or make up new tales about imaginary characters who embarked on improbable but breathtaking adventures.

Bill and I did not know about brain cells or synapses or the newest discoveries in neuroscience. Reading to Chelsea became a daily ritual because it's what our own parents and grandparents had done with us, and because we wanted to spend quiet time with her every day. Bill's grandmother thought that reading to him would help him develop a strong vocabulary and the language skills he would need later on in school. My mother and father placed a similar premium on reading, and to this day I remember the feelings of security and comfort that I felt sitting in my grandfather's lap when he read stories to my brothers and me.

Today, thanks to advances in brain research, we know that reading with a child has intellectual, emotional and physical benefits that can enhance the child's development. The intimacy of sharing books and stories strengthens the emotional bonds between a parent and child, helps a child learn words and concepts, and actually stimulates the growth of a baby's brain.

As I discussed in my book, *It Takes a Village*, scientists have discovered that children whose parents read and talk to them during the first three years of life create a stronger foundation for future reading success. In other words, what our parents and grandparents knew instinctively is now backed up by hard scientific evidence.

That's why doctors and nurses are starting to *prescribe* reading to babies along with regular checkups and vaccinations. Recently I went to Georgetown University's Medical Center with Maurice Sendak, the renowned children's author and illustrator. His book *Where the Wild Things Are* was one of Chelsea's—and Bill's—favorites. Mr. Sendak read the story to children, and I announced, along with representatives of the American Academy of Pediatrics, the American Booksellers Associ-

ation and the American Library Association, a national campaign to put books in the hands of parents who bring their young children to the doctor, and to get doctors to prescribe daily reading. My husband and I will be discussing this and other activities to follow up on the latest findings about the brain at a White House conference in the spring.

It's important that we take to heart what the neuroscientists are telling us—without losing the heart of the reading experience. In today's high-tech world of E-mail and microchips, it is easy to forget the importance of human connections in our daily activities. Technology has brought many welcome conveniences to our lives. But it has the potential to create feelings of distance, detachment and isolation among us.

Reading to a child while touching, hugging and holding him or her can be a wonderful antidote to the impersonal tendencies of the information age—for both the adult and the child. While critical to building brains, reading is equally important to building trusting and close relationships. That's why many of us remember the warm embrace or the comfortable lap that cradled us when we read books as children. And that's why reading should not be viewed solely as an intellectual proposition, particularly in the era in which we now live.

If Americans take away only one lesson from these exciting scientific discoveries, I hope it's that reading to children is easy, affordable and feasible for parents no matter what their level of education or economic station in life. Children's books are available for free at public libraries in every community and can be found at reasonable prices in many bookstores. Doctors, librarians, teachers, book publishers, business leaders and the news media can help make books available to families and educate parents about the vital role that reading plays in our children's lives.

It isn't very often that we have before us such a simple, inexpensive and pleasurable way to improve our children's health and development and raise their prospects for a brighter future. Whether you lie down together on the rug, sit together in an old rocking chair or cuddle on your child's bed the way Bill and I used to with Chelsea, there is no better way to spend time than reading to your child.

And now we also know that there are few better ways to help your baby's brain grow. ■



Mrs. Clinton with her daughter in the crucial first three years