



EXPANDED THOUGHTS FOR THE TRANSITION TEAM MEMBERS

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The request to identify the two most important issues facing young children and families today leads to such broad responses as to be almost meaningless in terms of trying to help identify steps that could be taken to improve their lives. So, below I have tried to respond as requested and then narrowed my response to focus on issues that could be undertaken in HHS and Education.

1. Poverty (and especially the rising number of young children in deep poverty) is top on the list. Steps that could/should be taken quickly to provide direct assistance through the tax system, through providing additional Food Stamps, Unemployment Insurance, and jobs are not ones for which HHS or Education would take the lead. Passing the State Children's Health Insurance Program (SCHIP) is a first step in the health area, and there is a need to re-examine the TANF program since many families are not eligible for UI and have no safety net. But again, that is not your particular focus as I understand it.

So, I would urge the Transition Team members to move forward on a long-term agenda to reduce poverty based on past and new research findings from researchers in a number of fields. (child development, psychology, neuroscience, economics) To reduce poverty in the long run, to improve the life chances of children, and to make this country better able to compete in a global economy by having a skilled work force, Dr. James Heckman and a number of Federal Reserve Chairmen, including the Fed Chair have agreed that wise investments targeting low-income children as early as possible in life (during pregnancy, if possible) have a return on investment of about \$10:\$1.

Successful interventions or supports for families that are effective have set of common elements. Those programs are:

- *Comprehensive*—Positive cognitive, social-emotional, and physical development are all crucial for success. Dr. Heckman's significant work reveals that a primary reason that youth drop out of school is their lack of early positive social-emotional development—they lack perseverance, organization skills, etc. He posits that this is the reason that a GED does not often lead to better jobs or income than one would have without a high school diploma—that many of the youth acquiring a GED did not graduate because of the lack of social-emotional skills, and the lack of those skills are also need to be successful in the work force.
- *Intensive*—for children and families really requiring help, short-term or weak programs cannot lead to improved, long-term outcomes. Evaluations have most clearly demonstrated this in the home visiting field.



- *High quality*—quality matters in every service. Teachers or home visitors or health providers, etc. require training and technical assistance to meet the particular needs of this diverse, vulnerable population.
- *Able to reflect the culture(s) of the population(s) to be served*—there is a need to focus more on this issue as large numbers of poor children and parents have varied backgrounds, languages, and cultures. There are not enough trained staff to be able to deal most effectively with their clients.
- *Focused on serving children and parents as early in the children's lives as possible*—low-income children are already far behind their more affluent peers by the time they are 3 years old.

If there is a \$10 billion early childhood grant program, both departments should be part of a team (perhaps also including the Department of Agriculture) to ensure that existing programs serving young children work together, making all of them more effective. There should be an emphasis on calling for coordination of services in all grant announcements (not just for the new grant program). The new grant dollars should flow through the Governors' Early Learning Councils (and about 28 states have children's commissions or cabinets which can serve this purpose); states already have the mandate to coordinate services. The ELC's should not only coordinate the efforts of their agencies, but call for the same kind of coordination at the local level.

There have been efforts in the past to create coordinated services (sometimes the goal was integration of services, but integration has proven rarely to be successful). Any federal barriers to coordination should be identified; these should be collected and, if possible, solved by the federal agency teams. A solution can result in a regulatory change, a legislative change, or just a statement to the state that there really is no federal barrier. States themselves create further barriers, which they will need to identify and address. The same can be true at the community level. This is a call for a real change in the way services can be meaningfully linked through a shared goal. And short-term and long-term outcomes can be measured. This shift also works well in the context of a public/private effort.

2. It is hard to choose a second most important problem since housing, nutrition, health care and other basic needs are missing for so many of our youngest children. But the one I would select for the joint Transition Team is the **need to focus on the amount and quality of child care, especially for children birth to three**. Child care is where most of the children are when they are not in parental or relative care. And study after study documents the low quality of that care. The elements above need to be part of the world of a child in care for many hours. *There is a great need to make it clear that child care is not only a program to allow parents to work; it is also a program for children.*

If child care can be improved for low-income children, it will also elevate the care for all children since the easiest way to make change is through a state's licensing regulations. States have made some progress, but we still have 18 year old, non-English speaking caregivers with no training or support. If possible, we should also add basic requirements during the reauthorization of the Child Care and Development Block Grant. There is



already some interest from Senator Conrad based on North Dakota advocates who want their state to adopt some of the items the National Association of Child Care Resource and Referral Agencies (NACCRRRA) has suggested based on the military child care requirements.

But child care can also be greatly improved by the coordination of services at the community level. Child care providers have no resources to use in reaching out to health care providers or others. During the Clinton years, however, there was a successful effort in which the Child Care Bureau and the Maternal and Child Health Program worked together. And I have witnessed a model effort in Columbia, South Carolina when the local Early Start Program's board decided to use their funding to send nurses into child care centers serving infants and toddlers. The nurses focused on health and safety issues—replacing cribs with bars too far apart; providing disposable gloves to protect against HIV and the spread of other infectious diseases like hepatitis; covering plugs; assuring that staircases had gates, etc. Nutritionists were sent in on a second wave not only to teach the staff what children should be eating for lunches and snacks, but also to work with the children to introduce foods. The third wave had been planned--using child development specialists to focus on program quality--but the funding was then greatly reduced. However, at least the health and safety in the targeted centers was greatly improved.

Low-income young children in school settings also need to be surrounded with the services and supports they lack. Some of this can be accomplished if the schools have links with health providers, which is not the focus of this discussion but one that should be considered as partnerships to provide appropriate supports for older children are discussed. HHS and Education should also work closely together on this goal. Dr. Heckman's strong recommendation for low-income children beyond early childhood throughout the school years is to improve schools, but also to keep a focus on all aspects of their development.

Thank you for the ability to provide some input into your discussions and recommendations.