



Coordinating our Systems of Care to Promote Healthy Development in Young Children

the Early
Report
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Letter from the Editors

NIKKI KOVAN, PHD, AND CHRISTOPHER WATSON, PHD

We are particularly excited about this issue of the Center for Early Education and Development's annual publication, *Early Report*, as it is a continuation of our partnership with the Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota. We'd like to thank CASCW for their important contributions and help in putting together the *Early Report*. This issue reports and builds on the discussion started as part of this year's McEvoy Lecture series, *Are we "immune to change"? Coordinating our systems of care to promote healthy development in young children*, held in May. In this *Early Report* we consider the dynamics of the interdisciplinary landscape of service delivery systems that serve Minnesota's most vulnerable citizens (see the opening article by Jefferys) and examine how systemic "immunities to change" can derail even the most well-designed collaborations (see Johnsen's article). In this issue, we also report on the small group conversations that were conducted as part of the McEvoy Lecture. The conversations gave the audience an opportunity to participate actively in the discussion about the need for cross-system coordination, and to help generate ideas about how to overcome some of the challenges we face in cross-system coordination and collaboration. We end this issue by highlighting several programs or initiatives in Minnesota that are working to improve the identification of children and families at greatest risk and to increase their access to comprehensive, high-quality services that aim to promote resilience and build stable families and healthy communities through cross-system collaboration. We hope you find this issue of *Early Report* useful as you go about your work, and, as always, we welcome your feedback on this issue and on our collective efforts to do better by families with young children!



Nikki Kovan, PhD



Christopher Watson, PhD

McEvoy Lecture Series

We invite readers to view the McEvoy Lecture Series, *Are we "immune to change"? Coordinating Minnesota systems of care to promote healthy development in young children*, which was held on May 22, 2012. Archived video from McEvoy Lecture can be viewed on the CEED website (<http://www.cehd.umn.edu/ceed/conferences/mcevoylectures/052212lecture.html#video>).

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Designing public systems and policies to support healthy early development

MARCIE JEFFERYS, PHD

These are exciting times to be working in early childhood policy. Research in a variety of disciplines is providing knowledge that has important implications for public policy. Chief among these findings is a better understanding of the pathways through which children's development is helped or harmed by their environments (National Scientific Council on the Developing Child, 2007). It is becoming increasingly clear that the responses babies receive to their earliest efforts to reach out to the world determine a great deal of their future well-being. The challenge is to ensure that public policies and systems support, not hinder, environments healthy to children's development.

Substantial progress has been made in designing effective programs to support young children's physical, cognitive and social-emotional growth. This includes programs with strong evidence of effectiveness, such as family home visiting, Early Head Start, Part C IDEA/early intervention services, and quality child care. If adequately funded and delivered with fidelity to their design, these programs have the potential to make significant differences in children's lives.

Economic analyses have determined these efforts will have the greatest 'return on investment' when targeted to children who are growing up in the most stressful environments (Bartik, 2011). Children who are homeless, in poverty, abused or neglected, or in families experiencing other major stressors, such as domestic violence or serious mental illness, are those for whom enrichment opportunities are most likely to substantially improve well-being and reduce their need for



future, high-cost remedial services.

Despite this research, however, early childhood policy and advocacy remain largely unfocused. Significant strides have not been made in identifying the most vulnerable children, offering their families services and ensuring they can access them, as well as addressing the other environmental issues they face. Fortunately, we have many of the tools to do so.

One of the major, largely underutilized portals for identifying the most vulnerable children is the Temporary Assistance to Needy Families (TANF) program, which provides cash assistance to poor families with children in all fifty states. In 2011, three-fourths of the people receiving TANF were children. Nationwide, the average number of children in any month in 2011

receiving TANF was 3.3 million (U.S. Department of Health and Human Services, 2012). Approximately 40% of these children were age 5 or younger; more than one in six were under age 2.

Almost half of these children were in child-only cases, which "typically arise in situations of serious parental problems" (Urban Institute, 2012, p. 1). Many TANF families are also involved in child welfare—approximately one in five in Minnesota, for example (Minnesota Department of Human Services, 2011).

TANF cash assistance payment levels in all states leave families far below the poverty line. As a result, children in TANF families are at high risk for developmental delays due to their environment (Minnesota Department of Human Services, 2010). State policies and reports, however,

pay scant attention to what happens to these children when they are subjected to even greater stress as policies push them deeper into poverty—for instance, when “family caps” freeze assistance levels when another child is born, further straining the low levels of assistance families receive.

Children in TANF child-only cases are often at even higher risk of unaddressed developmental delays. Their caregivers frequently have serious mental illness or cognitive or physical limitations that leave them unable to work and therefore ineligible for child care assistance.

Despite the high risk many TANF children face, very little is known about their well-being or involvement in early childhood programs. States are not required to report, for instance, how many TANF children are enrolled in programs such as Early Head Start or Family Home Visiting.

Similarly, this information is generally unavailable regarding children who have been determined to have been abused or neglected, despite a federal law requiring them to be referred for early intervention screening, and

Despite this research, however, early childhood policy and advocacy remain largely unfocused.

their very high risk for compromised development (Zero to Three Institute, 2011). Nor has action been taken on a national level to effectively address the equally vulnerable children who have been reported and screened in for maltreatment, but for whom no finding was made and (most frequently) no services offered (Barth, Scarborough, Lloyd, Losby, Casanueva, & Mann, 2007).

Even less is known about the involvement in early childhood and preschool programs of children who are homeless. Children are the fastest growing segment of the homeless population, and many are under age 6. Research documents high rates of emotional and behavioral problems in these children and the negative impact of unstable housing on their physical, social-emotional and cognitive development (Child Trends, 2012).

These children are much more likely than others (including children who are poor but not homeless) to need special education, be involved in the child welfare or juvenile corrections systems, and be more dependent on public systems in adulthood (Child Trends, 2012). Many of these children also come from families where domestic violence—another risk factor for delayed development—is present.

Fortunately, many of these vulnerable children are known to some public system. The TANF or child welfare office usually know their names, where their caregivers live and how they can be contacted. The challenge—and the opportunity—is to communicate their needs and make them a high priority within those systems and in others intended to serve vulnerable children. This represents a major shift for systems that have not historically coordinated with public assistance programs.

This means, for instance, going beyond memoranda of understanding between agencies to institutionalizing referral and follow up processes that can be monitored and used to provide information for administrators and policymakers. It could include counting and reporting annually on the number and rate of young children in TANF families and child-only cases participating in Early Intervention services, Early Head Start, subsidized child care or family home visiting. Improved cross-system work with children known to be at high risk for poor outcomes could mean reporting on the number of children determined to be abused or neglected who are referred for early intervention services and their progress (as measured by standardized developmental measures).

Many of the components for a targeted and effective early childhood system already exist. Including lessons learned from successful pilot projects. To begin to develop a comprehensive approach, policymakers can start with specific issues known to require



a cross-system approach to be most effectively addressed, such as maternal depression, TANF families involved in child welfare, and parents with serious and persistent mental illnesses.

A major challenge to working more effectively across disciplines, sectors and programs—in perception as much as reality—is data sharing (Legal Center for Foster Care & Education, 2008). Advances in technology can be extremely helpful toward that end. Ultimately, federal law clarifying these data issues will be most effective in allowing appropriate and effective data sharing to occur. But even before those issues are addressed, states can do more to ensure parents receive information about the importance of early childhood, resources for help and the wherewithal to follow-up on their child's needs. Even conversations across systems can yield major advances, as professionals learn about the resources others can bring to the families they serve.

As the knowledge gained through advances in neuroscience makes its way into mainstream American society, the potential is great for realizing substantial differences in the course of millions of children's lives. The demographic shifts the United States is undergoing make the translation of research into policies and practice especially urgent. The young children born today will support increasingly more dependents during their working years than did their parents (Toossi, 2012). If the research and its implications are attended to thoughtfully and comprehensively, they have the potential to affect the country's economic and social future as well. The impact begins incrementally, braiding programs and systems together to better serve the most vulnerable children in our communities.

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Cross-system service coordination to promote healthy early development

JULIA JOHNSEN, MPH

Public policies can provide support for programs and interventions that promote healthy development as well as prevent, identify and address the complex constellation of issues facing very young children and their families. These policies are essential to establishing the social conditions that enable families and communities to create nurturing, supportive contexts where children can flourish. Despite significant advancements in the understanding and science of early childhood development, and of the impact that adversities in early life can have on lifelong health, our public and private sector service delivery systems continue to fall short. We have the knowledge and tools—the research and programs—to make a greater impact, to build a healthier Minnesota: so, what is getting in the way? What are the core components of interdisciplinary, cross-system, collaborative work? How can we bring those systems serving young children—early childhood education, child welfare, public assistance, public health, and others—together to integrate our services and expand our impact? Are our systems “immune to change”?

Central to this question is the assumption that we need to change something; that we need to change structures, systems, policies, or practices. Sometimes we need to change what we do or how we do it. Other times, we need to change who does what, when. And sometimes, we need to ask ourselves why. These are often sophisticated *adaptive challenges* that require us to slow down to speed up. Adaptive challenges cannot be solved with a traditional, top-down, directive approach. Rather, they

require creativity, innovation, and experimentation. Change-efforts like this demand artful, collaborative leadership.

Exploring the critical question of how we can best translate what works into what’s working must extend beyond the “how” and engage the “who” of our systems—the *people* at the heart of all of our work. They are at the core of our cross-system coordination efforts.

It makes sense, then, if we want to make lasting changes in our public systems, that we invest time, energy and attention into uncovering our individual and collective competing commitments or immunities - those drivers of our behavior that can derail even the most well-designed efforts.

The rider and the elephant

In his book, *The Happiness Hypothesis*, Jonathan Haidt describes the conventional wisdom in psychology that we, as human beings, are of *two minds*—that we have two independent systems working at the same time. First, the emotional side—or the *elephant*—that is driven by instinct, and feels pain and pleasure. The rational side—or the *rider*—is our more deliberative, analytical, and conscious system. The rider is oriented to the future, to planning, to goals. The elephant is oriented to the present moment and fiercely protects us from suffering. Haidt so elegantly describes the tension we feel when facing a change we are resisting by painting a picture of a rider perched atop an elephant holding the reins. We perceive the rider to be in control, but the relative size and power of the elephant tells us that if ever the

two disagree, the six-ton elephant will win. The rider is outmatched.

We see this dynamic play out over and over again. Often, when we attempt to implement our change-efforts, we find that our individual and collective “riders” are onboard—we are aligned with the vision, purpose and plan—in short, we have a foot on the gas. Our rider says “go.” Our elephants, however, appear to have *competing commitments*—for example,

of self-protection, to avoid physical or emotional pain (real or perceived). In essence, our elephants have a foot on the brake. This approach—one foot on the gas and the other on the brake—exhausts individuals and teams. Harvard psychologists Robert Kegan and Lisa Lehey contend that this resistance does not reflect opposition to the change effort. They suggest that most of us apply significant productive energy toward our hidden competing commitments. Our elephants are creating a dynamic equilibrium that stalls any progress toward our goals (Kegan & Lehey, 2009.) What often looks to us a laziness, incompetence, or ineffectiveness is really exhaustion (Heath & Heath, 2010).

Kegan and Lehey note that competing commitments are elegantly designed to protect us. Much like our physiological immune systems are

designed to protect us from threats to our biology, our psychological “immune systems” are designed to serve a similar function—they protect us from the threats perceived by our elephants. Competing commitments are grounded in what Kegan and Lehey call “big assumptions,” or beliefs about the world that we hold—individually, as teams or as organizations—that likely formed long ago and may or may not be true, and are rarely critically examined. These big assumptions limit our ability to see what is possible—in ourselves, in others, and in the context or world we are living and working in. In short, it’s like seeing the world through blue glasses, but being unaware of it. Competing commitments anchored in big assumptions drive our “immunities to change,” and they can cause valued members of a team or organization to behave in ways that don’t make sense and can be frustrating to others—including to the individuals engaging in that behavior. Collective, competing commitments can cost time and resources and lead to failed attempts at implementing strategies that might otherwise demonstrate high probabilities for success.

It makes sense, then, if we want to make lasting changes in our public systems, that we invest time, energy and attention into uncovering our individual and collective competing commitments, or *immunities*—those drivers of our behavior that can derail even the most well-designed efforts. Once those immunities are uncovered, we need to create environments that support individuals and teams to overcome their limitations. This is the very heart of effective management (Kegan and Lehey, 2009). The interdisciplinary landscape of the service delivery systems charged with caring for Minnesota’s most vulnerable citizens introduces additional challenges to how we consider the application of these ideas, and effective leadership becomes essential.

Cross-system coordination requires collaborative leadership

In 2001 the Turning Point Leadership Development National Excellence Collaborative (with funding support from the Robert Wood Johnson Foundation) outlined six key leadership skills or capacities that facilitate

collaborative success. Collaborative leaders demonstrate the ability to:

- assess the environment for collaboration, understand the context before taking action;
 - create clarity—provide vision, define shared values and engaging people in action;
 - build trust and create safety, shape environments that facilitate the development of a shared purpose to drive action;
 - share power and influence, foster synergy between people, organizations and communities to accomplish goals;
 - develop people through mentoring and coaching, demonstrate a commitment to bringing out the best in others and aligning people around purpose; and
 - self-reflect and maintain a commitment to ongoing personal continuous quality improvement.
- This includes being aware of and understanding ones own values, attitudes and behaviors as they relate to leadership style and ones impact on others.

These capacities, the Turning Point Collaborative discovered, can be taught. We are at a critical time



Photo: Karen Anderson

in our history, where we need to call forth among our ranks these skills in our collaborative leaders at all levels. Understanding how we work—and work together—in collections of teams in systems, is essential in our efforts to optimize resources and leverage expertise across our portfolio of collaborative work. When we recognize how our competing commitments and collective immunities to change work to undermine our best efforts, we find the opportunity to be released from them—to free up the creativity, innovation, and energy we need to support the collaborative efforts called for by our science and practice.

Policymakers in Minnesota are working to identify and implement strategies to improve the identification of children and families at greatest risk and to increase access to comprehensive, high-quality services that aim to promote resilience, build stable families and healthy communities. Understanding our individual and collective immunities to change may provide an opportunity for us to:

- **Redefine:** the problems, our priorities, how we choose to focus our efforts and what “success” looks like;
- **Realign:** teams, organizations, collaborations; and
- **Redesign:** the processes, practices and strategies that drive our coordinated efforts.

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Working with the riders and elephants

In *Switch: How to change things when change is hard*, Dan and Chip Heath suggest additional strategies that can be applied more broadly in your capacity as a collaborative leader to effectively engage your riders and elephants in important change efforts. For example, they suggest to:

Direct the rider:

- *Identify and follow bright spots.* Find what’s working currently and expand those efforts.
- *Script critical moves.* Be specific about what you are asking the rider to do.
- *Point to the destination.* Create a vision that speaks to the rider.

Motivate the elephant:

- *Find the feeling.* Design efforts to speak to the heart of the elephant, to calm fears and to inspire action.
- *Shrink the change.* Create opportunities for success throughout the process.
- *Grow people.* Prioritize connecting with people and developing their capacity.

Voices from the audience: A McEvoy Lecture small group report

NIKKI KOVAN, PHD

As part of the 2012 McEvoy Lecture Series, “Are We ‘Immune to Change’? Coordinating Minnesota Systems of Care to Promote Healthy Development in Young Children,” the Center for Early Education and Development (CEED) in partnership with the Center for Advanced Studies in Child Welfare (CASCW) held small group conversations that followed the keynote address given by Julia Johnsen, MPH (see article on p. 7). In these small group discussions, audience members were given the opportunity to reflect on the ideas in the keynote and on coordination and collaboration across the systems of care in Minnesota and offer up ideas about how to bring change to Minnesota. In addition, the small groups provided a structured way for the audience members to interact with a panel of key stakeholders about this topic by nominating one or two

“For all of those whose cares have been our concern, the work goes on. The cause endures. The hope still lives, and the dream shall never die.”

- Edward Kennedy

ideas to bring back to the panel for further reflection and comment. The panel of the McEvoy this year was comprised of Karen Cadigan, Director of the MN Office of Early Learning, Erin Sullivan Sutton, Assistant Commissioner of the MN Department of Human Services, Jim Koppel, Deputy Commissioner of the MN Department of Health, and Barb Fabre, Director of the White Earth Child Care Programs and member of the Governor’s Early Learning Council. Throughout this article are pullout quotes from the conversation among these panelists that followed from the small group discussions.

“Valuing collaboration and valuing change, even, is a really important part of public leadership—at least from the state agency perspective.”

- Karen Cadigan

We anticipated an audience with diverse disciplinary backgrounds within the field of early childhood, so we used a model that would facilitate discussion of and help bridge any differences that may exist as a result of this diversity. To this end, we partnered with a team from the Science Museum of Minnesota (SMM), who has experience facilitating conversations across a wide array of topics and issues, to create the model we would use for the small group conversations. The model we designed is based on a process that the SMM has used in coordination with Public Agenda (a public engagement organization) as part of the Wonder Years Exhibit. Their model is specifically designed to create dialogue and consensus building among people with diverse experiences and beliefs about a particular topic and as such, we felt it was a great fit for the McEvoy Conversations.

To begin the small group conversations, the facilitator read three position statements describing collaboration and coordination of systems. The three position statements represented three distinct stances on the need for collaboration and coordination, ranging from the opinion we do not need collaboration and coordination across the systems of care to the assertion that complete



Photo: Karen Anderson

Position A: Focus on what we need to do

If we all focused on doing what we each do best, families and young children would get the support and help they need. We are doing good work for families, and we know others are doing good work too. It sounds good to advocate lots of coordination, but in practice those initiatives draw resources away from serving children and families. Coordination across systems is best left to direct providers, who know the families and can see what's necessary and make referrals as needed.

Therefore, we should:

- Focus on making our own system/agency/work environment more efficient.
- Support some simple mechanisms for direct service providers to efficiently share information and make referrals to other providers as necessary.

Position B: Keep coordination simple

Collaboration across care systems and providers is important, but we need to do it in a way that doesn't mess up what we're already doing. While we need to make changes if we're truly to serve the young children in our communities well, large initiatives can be a distraction that can draw big dollars away from direct service needs. Communication mechanisms are the key for cross-system collaboration and we need targeted resources to help us communicate across systems. There are models out there for incremental, targeted coordination that strike the right balance between business as usual and grand schemes. We know what we need to do; we have it mostly in our grasp and we can't let children fall through the cracks while we design new systems.

Therefore, we should:

- Create structures for communication and data sharing across the systems and agencies that serve young children to allow for cross-system collaboration on the part of service providers.
- Make changes that are incremental and consistent with the work already occurring.

Position C: Major changes are necessary

The systems we have now are not working well for families and we need to think about a restructuring of our systems to support true collaboration. Unless we change the systems themselves, it's too difficult for individual providers to overcome the system barriers to collaborate on the work of caring for families with young children. If we had systems of care that were more seamless from the perspective of the family, it might be easier for families to develop the relationships with providers that we know are the basis for meaningful change. The idea that this costs more money or time is mostly a myth: in fact, it usually saves time and money when services are coordinated.

Therefore, we should:

- Take big steps to make significant changes in our current systems of care, such as the creation of one central body that oversees services to families with young children.
- Spend more time focused on how to create systems that work for families and less time on what we've tried in the past.

transformation of our current systems of care is required to allow for full coordination and collaboration.

The small groups discussed and voted on the position statements. In addition, common ground and barriers were identified, as were outstanding questions. Following this, the facilitators moved the conversations to discussion of actionable ideas that each group thought would lead the state, their agency, themselves towards whatever direction the group had identified as needed for coordination

and collaboration across systems. In this article, we will report on the themes and the ideas that emerged from the small group conversations.

Themes across finding common ground

Two main themes emerged from discussion on common ground across all of the positions in the small groups: 1. The need to put the child and family at the center of all services; and 2. The need for cross training between the various disciplines, agencies and

systems represented by Minnesota's systems of care. Regardless of whether the groups felt better coordination and/or more collaboration was needed, everyone agreed that the systems of care that serve Minnesota's children and families must always keep the needs of the child and family as a primary focus in service decisions. The specific ideas that were proposed by multiple small groups include the following: have services follow the family/child, not the situation; include the voice of families and children as key stakeholders in

decision making; establish universal eligibility requirements across systems of care; use a strength-based approach in providing services to families; build system/services as a the structure that surrounds the family; and provide families a seamless experience across the multiple services and systems. Several groups mentioned that an essential component of this is to change the way society thinks about how, why and what families are worthy to receive help.

“When we did the work to reform the child welfare system, we knew what the problems and barriers were. And so we said, let’s park that here, and instead what would we want for a child protection system in Minnesota? And as a part of that was bringing families who were recipients of services to the table right from the get-go so they could tell us what would help them so it wasn’t just what the agency thought. And again, this is an evolution of practice and reform over a long period of time.”

- Erin Sullivan Sutton

The second theme that was identified from the discussion on finding common ground concerned cross training. In particular, participants mentioned the need to better understand what each discipline/ agency/organization does as a means to increase collaboration and coordination and to create a shared language across providers. Although not mentioned as frequently, the following ideas were endorsed as common ground by at least more than one small group: the need for flexibility at the local level to decide how to best coordinate and collaborate across systems; that family education should be a component of every service provided to young children; and a general sense that we all need to remember that everyone is trying to do what’s best for children and families.

Themes across barriers and challenges

Four common themes emerged from the small group discussions about challenges and barriers to improving coordination and collaboration across Minnesota’s systems of care: funding, systems, data, and communication. Most of these factors are consistent with barriers to any systemic change. With respect to funding as a barrier to improving collaboration and coordination, two general ideas were mentioned most frequently: that there is not enough funding, and that even within the existing funding, the inclination to protect one’s existing funding streams can prevent systems/ agencies/people from working together.

In terms of the systems serving as a barrier to change, several groups mentioned that because of the political nature of systems, it can be difficult for the people who work within them to make lasting changes. In addition, systems, by their nature, can cause distrust of people who must use the system; a belief that hampers improving service to those people.

The third theme that was identified concerned issues relating to data, including the use of data for decision-making, the training needed to collect high quality data, and the difficulty in sharing data across agencies and systems. Specifically, several of the small groups endorsed the idea that it takes too much time, effort, and training to collect high quality data, as was the notion that the demands of the system to see improvement quickly in response to changes to the system is at odds with the length of time needed to demonstrate the effects of changes to the system through data collection and evaluation. Several groups mentioned the balance between sharing data and protecting the privacy of the families as an additional barrier.

The fourth theme identified in challenges and barriers centered on communication. The small groups mentioned two specific issues related to

communication that served as a barrier. The first was that there is a general failure to communicate effectively between these various systems/ agencies/people about what each system/agency/person does. The second idea mentioned was about the lack of a shared language about families and children across the diverse disciplines represented that makes it difficult to communicate effectively.

“One of the barriers is that we’re not more intentional. Until you’re intentional about this work of moving towards a more collaborative system, it’s easy for it not to get done everyday. Erin and Karen and I have canceled more meetings than we’ve held. There is a certain reality to this and it isn’t going to move us forward. We have to be more intentional and more, I guess, even, convincing to our departments, to our commissioners, to the government—and a lot of this has to come from the outside too—that this is where the world should be going—towards collaboration. We need you to give us permission to change.”

- Jim Koppel

“At the same time, I was thinking of how to get those partners—those stakeholders—to the table. They have a vested interest in what we’re doing, we’re all trying to do the same thing. They are trying to do it in their corner of the world and we are trying to do it in our corner of the world and so how do we bring them together? There are a lot of commonalities across the board with us and I think the child is the main commonality—and families. When we do collaborative work back home, one of the things we do very well is get all the partners to the table. We are all talking the same language when we are around that table. Granted, we all come from different perspectives, but we are talking about that child. What do we want to do that’s going to make a difference in that child’s life?”

- Barb Fabre

Themes across action and collaboration

When asked to talk about what actions and collaborations are needed to improve coordination and collaboration of the systems of care, four themes surfaced. Two of the same ideas discussed in common ground were also key ideas that emerged during the discussion on action and collaboration – putting the child and family at the center of all services and the need for centralized assessment and referral. Included under the theme of having centralized assessment and referral, several participants mentioned wanting to have a one-stop shop for families to get the services they need or at least to get the referrals they need.

“Under Race to the Top, we have scholarships we are going to give kids for really good early childhood education. But what about, for that child that is chosen, what about their sibling who may be at home? Could we also make sure, staying within education, that the other child has opportunities? Like Early Head Start? Or jumping over to the Health Department—home visiting? Do we have home visiting going on with that family? Are they on MFIP and if they are on MFIP are they getting the categorical eligibility for other programs? Can we surround that one effort (e.g. scholarships), and not wait for the world to change, but rather bring programs to where we have some momentum and then collaborate across departments to actually take that one program and make it that much more successful by bringing all of those resources to that family as opposed to just one of the resources.”

- Jim Koppel

Another theme was to better understand and utilize the science of early childhood development to improve the coordination and collaboration of those caring for young children. This idea seemed to stem

Table 1: Small group action ideas

- Put child at center; continue to ask, “How does this impact the child?”
- Step out of your own comfort zone and make connections with other communities/individuals.
 - » Grass roots organizing
 - » Listen and respond to communities
- Many kinds of education for all players (parents, service providers, educators, policy makers, all people up and down the chain, etc.)
- Create a health and development plan for each child to share with all partners.
- Seamless systems from perspective of the family.
- Work environment culture more nurturing.
- Develop common understanding of terms and language.
- Identify sphere of power and follow-up with those who are missing.
- Community organizing around EC—talk about strengths and challenges.
- Is my action matching my values—ask ourselves.
- Talk about needs of children to everyone we know.
- Convey a sense of urgency for young children.
- Use metaphors.
- Understand what frames work with what audience.
- Stop divisive language between practitioners – thought leaders.
- Challenge allies assumptions and move towards common ground.
- Balance between direct service and structure.
- A Family Bill of Rights: Wellstone’s “every child in Minnesota can have the same chance to reach his or her full potential.”
- Centralized assessment and referral: one-stop shopping.
- Promote better understanding and application of brain development research throughout the life course, beginning prenatally.
- More success in partnering with organizations and providers that represent the families and communities we work with—culturally, ethnically, and racially.
- Unite and have a variety of people at the table led by people with common goals.
- Provide seamless systems for families through communication and collaboration.
- Have services follow the child—not situational childcare assistance, not dependent on parent work situation.
- Standardize eligibility requirements across the state (WIC, MA, childcare assistance, Minnesota Family Investment Program, etc.)
- Family engagement (Reggio model): Honor the family’s definition of success.

from a belief that if all of the various disciplines that reach out to families and young children had the same understanding of things like risk and resilience, or early brain development, then people from these diverse disciplines would be able to work together better to help young children and families.

“We have policies and procedures in place in a number of our programs that are contrary to what we know from [advancements over the last 15 years in research on] brain development and the developmental needs of children.... Where are those issues? Let’s figure out what they are and bring them up.”
- Erin Sullivan Sutton

A fourth theme emerged that seemed to be essential to almost all of the groups when identifying actions that could improve collaboration and coordination and that was to reach out to and respect the diversity and the expertise of those in the community, both among families and providers. Specifically, the groups thought that it was important to increase the diversity of the workforce and to have a commitment to the shared expertise of the communities in which we all work.

From this conversation that focused the participants on actions and collaborations that could improve coordination and collaboration across Minnesota's systems of care, the facilitators asked the groups to identify next steps that each individual could take to improve their own work to better serve families and children at-risk in Minnesota. Table 1 lists all of the ideas that were mentioned by participants in the small groups. The ideas that are starred are those ideas that the small groups nominated as the idea they wanted to share with the panel of key stakeholders that followed the McEvoy Conversations.

Several clear "big ideas" permeated the various activities of the 2012 McEvoy Lecture Series focused on the need for collaboration and coordination across Minnesota's systems of care. These ideas were that we all agree there is a sense of urgency about this work – that children and families critically need the services right now, that the knowledge to improve children's lives exists, and that we must find ways to better understand and use the knowledge that exists across the diverse disciplines to improve children's lives and get beyond the typical barriers that prevent each of us from doing what we know needs to happen. Specifically:

1. We must put children and families first (i.e., create a family-centered system versus a provider-centered system);
2. We must challenge existing beliefs about what works and what we

can do within our own work to help;

3. We must build on the strengths that each person brings to their work and to their family to move us forward; and

4. We must do better education about what science has taught us about young children.

Special thanks to the Robert Garfinkle and the Wonder Years team at the Science Museum of Minnesota for helping us conduct the small group

conversations. Thank you also to the following people for volunteering their time to facilitate the small group conversations: Huda Farah, Laurel Bidwell, Mary Nienow, Jane Kretzmann, Danielle Hegseth, Cory Woosley, Lucy Arias, Lindsay Brekke, Juliana Carlson, Annette Semanchin Jones, Candice Nadler, Sylvia Crannell, Nicole Steffens, and Annie Fedorowicz.

Nikki Kovan, PhD, is a Research Associate at the Center for Early Education and Development at the University of Minnesota.

Light a Candle Award

In honor of Mary McEvoy and Paul Wellstone, both of whom worked tirelessly on behalf of young children in Minnesota, the Center for Early Education and Development gives out a Light a Candle Award each year. The Light a Candle Award is presented to an individual or group that successfully promotes ties between research, policy, and practice to improve the lives of young children in Minnesota and throughout the world. This year, CEED presented the award to Representative Nora Slawik and Ready 4 K. Representative Slawik has served for seven terms as District 53A representative and in that role she led a bipartisan effort to create Minnesota's Early Childhood Caucus and instrumental in the creation of the Office of Early Learning at Minnesota Department of Education and in the implementation of Parent Aware by the legislature. Ready 4 K was the second recipient and more than any other organization in the past 10 years, Ready 4 K, has catalyzed public attention and policy related to young kids—hosting BUILD at the outset, leading to the development of the Early Childhood Caucus, and fostering the birth of MNBEL and MELF—all in a tireless commitment to improving the readiness of Minnesota's children at kindergarten. Todd Otis, the last president of Ready 4 K before it merged with Think Small, accepted on behalf of the organization. We congratulate them on their achievement on behalf of young children!



L-R: Scott McConnell, Todd Otis, Nora Slawik, Christopher Watson. Photo: Karen Anderson.

A Ramsey County-TANF partnership to improve teen family outcomes

SHARON L. CROSS, MSPH, AND J.K. BRANDT, RN, MPH, PHD

As Jefferys identifies in her article, “Designing public systems and policies to support healthy early development,” among the most vulnerable children in the United States are those whose families receive temporary assistance to needy families (TANF) cash assistance. Pregnant and parenting teens and their children are of particular concern because of the multiple risk factors they face. Minnesota data from 2009 indicates that 14 percent of all female TANF-eligible caregivers were teen parents with a total number of 5,132 receiving assistance. Their age at their first child’s birth averaged 17, with more than half (55 percent) of the births to these teens coming before they were 18 years of age. Three-quarters (74 percent) of them were part of a TANF case as a child and eighty-seven percent of their own mothers were caregivers on a TANF case at some time in the last two decades (Minnesota Department of Human Services, 2012).

As early as 2002, Ramsey County (Minnesota) policy makers identified the need to improve, enhance, and streamline TANF services received by pregnant and parenting teens within the County. Three sources of data reflected the needed improvement. First, only 33% of TANF teen parent recipients graduated from high school or completed a GED, one of the benchmarks for measuring teen TANF outcomes (Larson, 2007). Second, because TANF rules and regulations for minor teens (and 18 and 19 year olds selecting school over work requirements) were specific to teens rather than the adult TANF population, there was increased systems complexity related to enrollment and monitoring teen parents. Finally, Saint Paul-Ramsey



Photo: Nikki Kovan

The collaboration has not only proved to be more efficient for each of the partners, but clearly, using the indicators is improving outcomes for teen parents and their children in Ramsey County.

County Public Health (SPRCPH) staff recognized that a large number of teens on TANF either did not receive voluntary public health nurse home visits or did not continue visits through their child’s changing development. Recognizing the benefit of increased services to the TANF pregnant and parenting teen population, three County departments collaborated to develop a new TANF teen parent service delivery model that focused on:

- improving teen birth and child outcomes;
- enhancing secure attachment and healthy interaction between parent and child;
- delaying subsequent teen births;
- promoting positive child health indicators (immunizations, injury prevention, growth and development, child school readiness);

- improving regular school attendance and achievement of high school diploma or GED completion;
- improving teen self-sufficiency, and positive teen parent decision making; and
- interrupting the cycle of intergenerational poverty.

Together, with the significant support of the Ramsey County Board of Commissioners, Ramsey County Human Services Department of Planning, Saint Paul-Ramsey County Public Health, and Workforce Solutions (Ramsey County’s lead TANF agency) developed an innovative, collaborative program model that integrated the existing public health nurse home visiting program for pregnant and parenting teens with the TANF and Minor Parent services delivered by Ramsey County Human Services and

Workforce Solutions. Implemented in 2003, a new service delivery team comprised of one TANF intake financial worker, three financial workers and a child care case manager were matched with public health staff to reduce the complexity and streamline the TANF system for teen parents. Supervisors from each department meet regularly to problem solve client and systems issues and recommend system's changes.

This new interdisciplinary program links public health nursing's traditional practice cornerstones of relationship-based, developmentally and health focused SPRPH Teen Parent Program practice with the TANF mandated services of monitoring school attendance and progress while reducing school attendance barriers. Beyond coordinating with the TANF team, the program includes other key community partners such as schools, clinics, mental health providers, and other social service programs. Public health nursing (PHN) and/or Public Health Social Work (PHSW) services are delivered in both home and school settings weekly to monthly, depending on the needs of the teen and their child. Teen parents continue to receive home visits until they do one of the following: graduate from high school, complete a GED, turn 20, or request the TANF work option prior to graduation or completion of a GED. Additional PHN/PHSW services may continue post transfer to the Adult TANF system based on the mutual agreement of the teen and the PH staff, if there are continued health needs, inadequate connectedness to social supports, concerns regarding parent-child interaction, or infant/child developmental delays.

To teen parents, this program model represents a consolidation of services that they previously received from multiple independent providers. To PHN's and PHSW's, this program means incorporating additional tasks into their health and wellness-oriented home visitation practice and assuming nontraditional functions

of attendance monitoring, child care recommendations, and living arrangement assessments. PH staff now work with teen parents to:

- address their education related goals;
- proactively connect a disconnected teen parent with school;
- if out of school, assure prompt enrollment;
- problem solve with school staff the best school placement;
- reduce personal or family barriers to school attendance;
- collaborate with RCHS child care worker to secure childcare;
- utilize TANF supplemental dollars for bus transportation cards when school bus service is unavailable; and
- reward honor roll attainment and graduation with gift cards.

PH staff continue to utilize a strength based approach with the teen parents and recognize the benefit of intervening early when there are attendance or academic progress issues.

The Workforce Solutions (WFS) partnership, combined with SPRCPH's historic role in teen advocacy, has also encouraged collaboration between the program and new partners to promote system change. Examples of such efforts include a pilot project to reduce childcare barriers to school attendance and the use of Workforce Solutions supplemental funds to pay for Certified Nursing Assistant training, when other funding sources are not available.

In addition, the program has allowed for innovative solutions to new problems as they appear. For example, in 2007, TANF summer educational

requirements changed requiring teens to be in a TANF approved activity throughout the summer. Initially the SPRCPH program developed activities for teens that focused on postsecondary education readiness and skill building, volunteerism, enhancement of parent-child relationships, and development of improved support systems. SPRCPH partnered with the public libraries to develop special summer teen parent-child reading programs and provide computer access and assistance to complete Free Application for Federal Student Aid (FAFSA) forms for enrollment in post secondary programs. In subsequent summers, WFS has contracted with Goodwill Easter Seals to develop a paid internship and career exploration program with additional case management services for teen parents, in their programs and with support from Target. This program has been highly successful, resulting in teen parents being motivated during the school year to maintain good school attendance in order to participate in the GWES summer program.

Among the ultimate programmatic outcome questions are: "What are the birth outcomes of pregnant teens enrolled in the program" and "What percent of teen parents engaged in this program graduate from high school or complete a GED?" As you can see from Table 2, teen parents who participate in the program have birth outcomes far better than the Healthy People 2020 targets set by the Federal Interagency Workgroup and the Secretary's Advisory Committee on National Health Promotion and Disease

Table 2. Comparison between partnership outcomes and Healthy People 2020 Targets

2011 Outcome Parameters	MFIP-SPRCPH Data (N 92)	Healthy People 2020 Target
Percentage of Preterm Births Less than 37 Weeks Gestation	5.4%	11.4%
Percentage of Late Preterm Births at 34-36 Weeks of Gestation	3.2%	8.1%
Percentage of Low Birth Weight Infants (less than 2500 grams)	1%	7.8%

Prevention Objectives for 2020 (U.S. Department of Health and Human Services, 2011).

Additionally, between 2003, when the collaborative began and 2011, the high school graduation or GED completion percentage of Ramsey County teens receiving TANF increased from 33 percent to 68.2 percent. The collaboration has not only proved to be more efficient for each of the partners, but clearly, using the above indicators, is improving outcomes for teen parents and their children in Ramsey County.

Sharon L Cross, BSN, MSPH, is a Public Health Nurse Clinician with the SPRCPH Teen Parent Program, and J.K. Brandt RN, MPH, PhD, is the SPRCPH Family Health Section Manager.

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Family-based services in the Northside Achievement Zone

ANDRE DUKES AND LAUREN MARTIN, PHD

Please note that the family discussed in this article was given fictional names.

Remediating the environmental impact of poverty on young children's development requires services, supports and resources that are family-centered, accessible, high quality, and take into account that families who do not have their basic needs met are less likely to provide the types of positive early learning experiences that are essential for the healthy growth and development of their young children (Shonkoff, 2011). It's also critical that support systems be easy for families to navigate, so they get what they need, when they need it.

What does this mean in practice? What is a "family-centered" approach to working with parents of young children living in poverty? How does this kind of approach break through silos to better provide services and supports to parents so they can access the services that are already available? Most importantly, how does a family-centered approach ultimately support families' ability to build themselves up to improve their children's educational odds?

We begin with a story of one family, then look at how Family Academy: Infants and Toddlers (FA), a parent education program of the Northside Achievement Zone (NAZ), is able to help this family through a family-centered approach. NAZ provides a full continuum of educational and social supports for families and children age birth to 18 within a neighborhood. In a community with a 54% graduation rate, the goal is to ensure all NAZ children graduate from high school prepared for college.

Lottie is an African-American teen



mother who lives in north Minneapolis. She is a single mom with a three year old daughter named Dee. Lottie and Dee lived with Lottie's father, her five siblings and other young adults. Their home environment was fueled with stress and instability, which had an impact on Lottie's ability to provide the necessary support for her child's optimal development. There were a lot of late-night parties and yelling. Dee was often ignored. She didn't talk very much at home and adults didn't really talk to Dee. She spent most of her time playing with a doll by herself, or watching MTV. Lottie felt defeated, like she didn't have the skills to parent her daughter. She thought she had to stay with her father, or become homeless.

Services that could support Lottie and Dee are located within several

systems and agencies, making them difficult to access, and despite best intentions, these systems and programs haven't developed the crucial trusting relationship with Lottie that is necessary for her to accept the offered help. When Lottie enrolled in NAZ's FA classes, she began to learn about how to best support Dee's development. She began to assess her living arrangement more critically. She wanted to create a nurturing, developmentally appropriate environment for her daughter but felt limited by the distractions she was constantly faced with at home.

FA provides opportunities for age-appropriate assessments followed by parent education focused on how to best navigate systems to access supports to address the child's identified needs. Parents are introduced to a technology,

the Language Environmental Analysis (LENA), which measures one day of the in-home language environment. The assessment is provided through NAZ's partnership with the Center for Early Education and Development (CEED) staff housed at the Urban Research Outreach-Engagement Center (CEED@UROC) at the University of Minnesota.

Lottie decided to participate in the LENA assessment and quickly discovered that her daughter was significantly below the desired levels of exposure to and use of words for her age. The NAZ and FA staff knew that Dee could talk, because she was very verbal while at FA, and she scored in the normal range for early childhood language assessments. The FA team, including Lottie's NAZ Connector (i.e., "family coach") and a researcher from CEED@UROC, decided to arrange for a consultation with Lottie.

The group explored Lottie's opportunities to help increase Dee's vocabulary, then built a plan for Lottie to work through with Dee. Meanwhile, her NAZ Connector worked with her to secure better housing. After moving

into her new home, Lottie became more expressive. She interacted more with other parents in FA classes and shared many examples of how she could focus more on increasing Dee's vocabulary.

When Dee's language issue was uncovered through the LENA assessment, Lottie's NAZ Connector was notified. Because of the trusting relationship between the Connector and mother, they were able to comfortably work together on a plan of action to increase Dee's vocabulary. Lottie confided to her Connector that she felt helpless and alone and was afraid to try new things because she felt she was already failing as a mom. The NAZ family-focused approach helped Lottie overcome these barriers and focus on her desire to help her child grow. Her NAZ team recognized that Lottie didn't have a lot of support, but she cared deeply for her daughter and wanted to learn how she could be a more effective parent.

Next, the NAZ team looked for barriers in the family's current environment that presented challenges to implementing the plan and

worked with Lottie to increase her independence so that she would have more control over her child's environment. Her Connector worked with the NAZ housing specialist to address issues that prevented Lottie from finding housing and connect her with housing agencies. After the plan, new supports were in place, and her Connector continually followed up with her to make sure that her goals were being met.

This example illustrates the importance of creating systems of support for the family that extend the capacity of one group or organization to better focus on the needs of the family and child. A family-centered intervention is not driven by need and flagged issues only, but considers the protective and adaptive factors represented in the family. This type of intervention helps their client elicit the help of those groups or agencies with capacity, flexibility and skill to develop a network of supports that will best address the needs of the individual family. This focus is supported by research on resilience (APA Taskforce, 2008).

The NAZ Theory of Change is that effective pathways between families, schools and organizations must be established by collectively focusing on *outcomes*. Within this integrated system, every organization, family and neighbor is focused on NAZ children's education and success. FA Infant and Toddler is a parent education and support program designed to reduce the racial achievement gap before it starts, by focusing on early environments for children in NAZ aged 0-3. For this age, the home is a critical environmental focus of the work. The FA model was developed through a grassroots community-engagement process, among participating families, practitioners and researchers. FA focuses on reducing barriers to participation and it teaches and promotes evidence-based parenting practices that foster children's school



readiness and healthy development. FA starts from two very basic premises. First, we know that all parents want their children to succeed. Second, parents are experts about their children, and every parent and family brings strengths to their parenting.

Through our work with FA and NAZ, we have learned to recognize the protective and adaptive factors that have created resilience in the family dynamic. This strengths-based ethos in creating pathways to success for parents and children does not develop when we only treat families as “at-risk.” There has to be a belief that every family, no matter how dire their circumstances, has strengths upon which they can build. For us, a family-focused approach means that our interventions take into account those assets that already exist, and provide elements that complement the families’ ability to meet their goals. Family-focused means that it is also family driven and meets their stated goals without the rigidity of a prescribed method of intervention.

NAZ is a unique initiative built on years of work by many individuals and organizations to change the odds for very young children in Minneapolis. NAZ and its more than 50 partner organizations based in differing disciplines are building a pipeline from cradle to college.

Andre Dukes is the Director of Family Academy, Northside Achievement Zone (NAZ), and completed the certificate in Infant Mental Health from the Center for Early Education and Development (CEED).

Lauren Martin, PhD, is the Principle Investigator of a grant from the Brady Education Foundation to support Family Academy: Infants and Toddler, and Director of Research at the Urban Research Outreach-Engagement Center (UROC), the University of Minnesota.

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Safeguarding young children: The role for high quality childcare

TERRIE ROSE, PHD

Childcare can be an essential partner in providing security and consistency for small children and their families. Maria and her family are fictitious; they are composites created from the experiences of real families.

While her mother slept on the couch and her baby brother played in the playpen, 3-year-old Maria turned off the television and walked out the front door of her family's townhouse. Knowing exactly where she was going, Maria used an elevated sidewalk to cross a busy street, marched into the building in which her childcare was located, and opened the door to her classroom, greeting her teachers with a smile.

The staff, while alarmed that no parent was with Maria, welcomed her into the classroom. A phone call to child protective services soon followed. When mom did not answer the center director's call, the home visitor went to the townhouse and found mom on the couch, depressed and self-medicating with alcohol.

Because the center director had worked with the police on other child protection issues, non-uniformed officers arrived to handle the situation, parking at the back of the building. The director prepared Maria for their arrival, giving her one of the blankets that she used for naptime and comfort. The director also reassured her that these adults would help her mom and take care of her baby brother.

When the case was presented in court, the judge was surprised to see that the home visitor from the childcare center who had reported the maltreatment issue was at the mother's side. With a strong explanation of the center's philosophy about supporting the relationships between children and the important



Babies can succeed even during the most difficult times when caring adults provide consistent love and support with opportunities for engagement and learning.

adults in their lives, the home visitor asked the judge to allow the children to continue attending the center while in foster care. In return, the center would provide a location for supervised family visits and would continue to support the mother's efforts to better care for her children and resolve the protection issues.

With this plan in place, the mother visited her children while they were in foster care every other day, getting together with them in a familiar setting—their childcare. In six weeks, the mother had completed a drug treatment program, was receiving therapy for depression, and had finished her protection plan. The family was reunited.

Maria's story demonstrates the crucial role that childcare can play in the lives of young children and

families who are at greatest risk, including children in the child welfare system, children in poverty, and children with disabilities. At a time of family disruption, childcare can provide a familiar setting, well-known routines, and nurturing and consistent relationships. A high quality, neighborhood-based center like Baby's Space, which Maria attends, offers a strategic location for effective prevention and intervention efforts. While parents work to provide better care for their children, continued involvement and coordination with center staff provides the support critical for helping children manage significant family crisis with the least amount of additional harm. When her mother was asleep on the couch, Maria knew where



to go to find caring and nurturing adults: her classroom.

Significant childhood adversity without the protection of responsive, consistent, and sensitive primary caregivers alters the architecture of developing brains and increases the risk of physical and mental health disorders. When there is neglect or maltreatment, a young child needs a “team” of familiar, responsive, and caring adults to counterbalance the impact of maltreatment and family separation. Babies can succeed even during the most difficult times when caring adults provide consistent love and support with opportunities for engagement and learning.

Personal challenges of substance abuse, untreated depression, teen pregnancy, and domestic violence—like those of Maria’s mother—can compromise a parent’s ability to make choices that are in the best interest of her children. She may lack a support network of friends and family. She may have experienced violence. Without

ongoing support or assistance, she is left in a position to direct her powerful negative feelings toward her baby, at times resulting in serious and life-threatening consequences.

Childcare centers that provide holistic, full-spectrum services that include home visits, monthly family events, and parent education activities in one-on-one and group settings can improve the health and well being of children by helping parents strengthen their abilities to adequately care for and nurture their children. The U.S. Department of Health and Human Services’ Children’s Bureau identifies the five protective factors linked to secure attachment as: commitment to nurturing and attachment, child development knowledge, parent resilience, social connections, and concrete support. The staff at a childcare center can help parents work on these protective factors over several years, not just at the time of a crisis.

More than 70 percent of Minnesota mothers are employed, and the welfare

subsidy to stay home to raise young children has been eliminated, making childcare an essential partner in the rearing of young children. When funded at levels that can retain quality staff and maintain low child-to-teacher ratios, childcare can provide essential security and consistency for very young children. The integration of parent education, advocacy, and mental health services within the childcare setting offers the best opportunity of success for parents struggling with trauma, unexpected transitions, or parenting difficulties.

All children deserve a healthy start to life. We can take a significant step toward addressing the adverse impact of maltreatment and subsequent involvement of the child protective system by making it a matter of policy and practice to nurture and protect the primary relationships of children—with family members and those who provide childcare.

Terrie Rose, PhD, is a psychologist and entrepreneur building a network of practical solutions for improving outcomes for young children residing in poverty and experiencing trauma. She is founder and President of Baby’s Space.

“I know what I believe: I believe that every infant that I hold in my hands—every one of them, it makes no difference if it’s a boy or a girl, rich or poor—that every child in Minnesota and our world can have the same chance to reach her full potential or his full potential. I call on all Minnesotans and all of Minnesota to light a candle and lead the way. We can lead the way in Minnesota, and we will lead the way.”

- Paul Wellstone, 1944-2002

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