HOW ARE THE CHILDREN?

Most of our nation's young children are healthy, energetic, and look forward to bright futures. You can see them building castles in sandboxes, donning paper hats at birthday parties, scanning the universe from their strollers. Many—though not enough—are achieving well in school and taking active part in the lives of their communities.

But too many young children are running into hurdles that impede or delay their development. Too many have parents who want to do right by their children but lack the resources or information they need to meet their many needs. And too many children are entering school without the cognitive, social, and emotional capacities they need to succeed in the kindergartens that await them.

Here are some recent statistics:

- One in five expectant mothers receives no prenatal care in the crucial first trimester. For African American, Latina, and American Indian women, the figure is one in three.
- Ten million children lack health insurance coverage—including 2.2 million children under the age of three.
- Despite recent improvement in immunization rates, more than a million children have not received their full complement of recommended shots by the age of two.
- Most young children who are enrolled in child care attend programs that have been judged, on the basis of observation by professionals, to be of mediocre to poor quality.
- Approximately one in three children is considered by their teachers to lack important readiness skills when they enter kindergarten.
- Forty percent of our children cannot read well on their own by the time they finish the third grade.

PHONING HOME

You might think of a brain cell as something like a telephone—although unlike a phone, it communicates with other brain cells by a combination of chemical and electrical signalling.

Now, like a phone, each brain cell connects with other brain cells—anywhere from one to ten thousand of them. So when you make a connection, one phone may ring, or ten thousand may ring. In all, the brain has to create a network of more than a hundred trillion connections; what's more, the hook-ups have to be very precise so that when you phone home, you reach your house and not a wrong number.

This is a daunting task considering that at the outset, nothing is connected to anything else in the brain. It takes a two-step process.

First, you need trunk lines—the gross wiring. You have to string telephone wires from one city to another, so when you place a call from Kansas City to Washington, DC, you don't reach San Diego. In terms of brain development, this means that the neural connections from the eye have to grow to the visual part of the brain. Connections from the ear have to grow to the auditory part of the brain. And so on.

But the problem of wiring isn't over. Once the trunk lines are in place, you still have to make sure that your call goes to the right address in Washington, DC, so when your grandmother calls you up in Washington, your phone rings and not the phone at the White House.

This is not a trivial problem. Let's take the connections from the eye to the brain. There are about a million connections from each eye, and there are about two million possible destinations that each one of these connections could reach. And yet fewer than 100 connections are selected from this vast number of addresses—and that's just the visual system.

So what is the solution? One possibility is that the brain could be wired like a computer. You could build the machine, program all of the connections, push a button, and pray that the right phone rings in the right city. In other words, the brain could rely on genetic coding for the entire process. But imagine how much coding it would take to program trillions of connections.

Nature's solution is much more adaptive and economical. In the process of development, the gross wiring is pre-programmed primarily by means of genetic coding. And then midway through the process, before all the wiring is complete, it's as if a switch is flipped and the newly functioning brain takes over the wiring process.

In this way, wiring the brain is a two-phase process. In the first phase, an infant's brain sends signals in the right general direction. It reaches the right city; but when it tries to phone home, there is ringing all over town.

But then, in the second phase, the brain takes over. It places trillions of phone calls, using them to correct initial errors in address selection. In a sense, the brain is running test patterns to figure out which are the most efficient connections. The wrong numbers are eliminated, and the right ones are reinforced and proliferate like mad.

So the baby's brain is not just a miniature version of an adult brain. It is a dynamic evolving structure that uses experience to form efficient neural networks.

Adapted from the presentation of Dr. Carla Shatz

CITIZENS OF THE WORLD

Over the past 25 years, we've learned a tremendous amount about the child's acquisition of language. The new research shows that in the first year of life, infants are mapping the sound structure of language. In fact, by six months of age, they are well on their way to cracking the language code.

It takes both nature and nurture—or, to say it another way, both biology and culture—to bring this about. Newborns are very well prepared to acquire language. At birth, infants across the world can discriminate all of the sound contrasts that are used in any language of the world. I like to refer to them as citizens of the world. They don't know which language they are going to have to acquire, so they are prepared for anything. This is quite a feat because the acoustic events they have to pay attention to are very, very minute.

Over time, infants have to change from citizens of the world to culture-bound language specialists. There is now evidence that by 12 months of age, they are well on their way to mapping the sound structure of their particular language. We know this because we have been doing studies in all over the world, observing babies as they listen to different languages.

In Stockholm and Seattle, for example, we observed that by six months of age, babies are already focusing on the particular language sounds that their language uses contrastively, rather than the sounds of all languages. We have just learned, from studies in Japan, that infants who at six months of age were able to hear the distinction between R and L no longer do so at 12 months. In other words, by the time they reach their first birthdays, babies have begun to ignore the variations that are not essential to their language and to pay attention only to that set of sounds that are critical for distinguishing words in their particular language.

What this research shows is that by six months of age, infants' perceptual systems have been altered simply by listening to us speech.

Now, six-mothers are very little babies. They have yet to produce a single word; the have yet to understand a single word, and yet the lesson from the research is that they are listening to us speak and their brains are busy coding the sound structure of the language they are going to have to master in order to be able to talk back. So the language we produce to infants is vital to them, and that puts a great deal of responsibility on us.

Adapted from the presentation by Dr. Patricia Kuhl

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Just as research on the inner workings of the brain has ironically directed attention outward to the importance of the environment, research on child care has affirmed the centrality and durability of the family in the development in young children.

Today, the vast majority of families are sharing the rearing of their children with child care providers, starting in the very first few weeks of life. We know from the new national study of infant child care funded by the national Institute of Child health and Human Development that 80 percent of infants in the United States experience some regular non-maternal child care during the first 12 months of life. Most of these babies started child care before their four-month birthday; they are in care typically for close to 30 hours a week. We are talking about a very high "dosage" of early child care for most U.S. babies.

The good news is that, according to research, young children—including babies—can thrive in child care when it is of high enough quality. In fact, by placing your children in high quality child care, you can actually supplement what you are giving them at home. That is why the importance of making high quality child care affordable for more families cannot be undervalued.

Moreover, placing a baby in child care does not interfere with the development of the mother-infant attachment relationship or the father-infant attachment relationship. So long as parents spend enough time with their babies to become confident caregivers and understand their needs, their bonds with their children will be extremely resilient. No matter when families first start child care, no matter how much child care they use, during the first three years the family remains by far the most powerful influence on children's development.

The bad news is that most of the settings where American children receive out-of-home care fall short of any standard that could be considered optimal. "Barely adequate" has become the term of art to describe the typical child care arrangement in this country. Virtually every study that has involved actually going inside child care settings and observing what happens has found that about 15 to 20 percent—one out of every five or six programs—are in fact dismal and even dangerous. And those are the settings that will let us in to observe them! Infants seem to get the poorest quality of all. Of course, we also see fabulous child care in all kinds of arrangements, whether it is from grandma or a teacher in a child care setting.

Neuroscience tells us that these suboptimal child care environments should affect early development. Child care research confirms that they do. The quality of the child care environment significantly affects virtually every aspect of development that we know how to measure, whether it is problem-solving skills or social interactions or attention span or verbal development.

The key to raising quality lies with the caregiver. Good caregiving looks a lot like good mothering and good fathering. Children show significantly better cognitive and language skills, as well as social and emotional development, when they are cared for by adults who engage with them in frequent, affectionate, responsive interactions, who are attentive and know how to read a baby's signals and respond to the baby's temperament.

We know how to provide high-quality child care. The unified efforts of the four branches of the military have proven this, as has Head Start. We need to improve adult-to-child ratios; expand training and create career ladders for caregivers; reduce staff turnover by improving pay and benefits; and strengthen parent involvement.

Adapted from the presentation by Dr. Deborah Phillips

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Americans can take pride in the fact that their armed forces are state-of-the-art strategists and—when necessary—superb combatants. But few realize that they are also among the world's finest child care providers. That is why President Clinton has asked the Department of Defense to share its success with civilian child care centers.

Today, about 1.5 million men and women are on active duty in our nation's armed forces. Nearly 40 percent of them have small children who need care while their parents are at work. But affordable, high-
quality is often hard to come by in the places where military families are stationed.
The military responded, over recent decades, by setting up its own child care centers, but these facilities tended to be overcrowded and understaffed. Pay was low, staff turnover was high, and parents' morale plummeted. By 1990, the situation was considered serious enough to undermine military 's readiness.

Since 1990, the Department of Defense has committed substantial resources to expanding and improving its child care services. The goal was to reduce absenteeism, increase commitment, and most importantly, allow men and women in uniform to focus on their jobs, reassured that their children are safe and well cared for.

Worldwide, the military's child care programs now serves more than 150,000 children each day. Every military base offers a range of child care options, including full-day, part-day, and hourly child care services, as well as part-day preschools. The military oversees more than 530 child care centers on bases as well as some 10,000 family child care homes in base housing run primarily by soldiers' spouses. There are also some 300 facilities where school-aged children can receive care before or after school hours.

By investing in its staff and stressing training, the Department of Defense has become not only one of the nation's largest child care providers, but also one of the best. Anyone with a high school diploma can begin work in one of its preschools, but "basic training" is a must. In addition, all staff must take part in at least 24 hours of training annually—more than twice the national average for child care workers. Those who provide care in their homes must also take part in a demanding training program run by specialists in early childhood education and are monitored on a monthly basis. The military pays for the training, which follows a sequential curriculum and leads to certificates and academic degrees. The military has also created a career ladder for caregivers—something that is sorely lacking in most early care and education. As staff become more qualified, they can earn pay hikes and move into more responsible positions.

A key to effective reform was the recognition that children suffer when their caregivers are underpaid. By law, the Department of Defense is now required to provide child care workers wages and benefits equivalent to those for other entry-level jobs on military bases. Higher pay has dramatically reduced staff turnover, so children can form secure attachments to consistent, experienced caregivers. Other reforms have included improved teacher/child ratios, strict enforcement of standards, frequent inspections, and active parental involvement. As a result, 70 percent of the military's child care centers have been accredited by the National Association for the Education of Young Children, compared with 5 percent of centers nationwide.

These improvements have doubled the costs per child, but parents and the government split the bill. Parents' fees are set on a sliding scale based on family income. The Department of Defense's total costs for subsidizing all child care facilities on military bases totalled $269 in 1996.

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The story goes that when a notorious thief was asked why he robbed banks, he answered: "Because that's where the money is." When it comes to family support and parent education, home visitation has proven to be one of the most effective approaches because—at least in the first weeks of life—that's where the babies are. Home is also where new mothers and fathers are likely to be most comfortable, and coming to them signals to parents that what they do matters, that the effort they have spent creating a safe, secure home for their family is appreciated.

Except in cases where children are considered to be at risk of abuse or neglect, home visits are generally voluntary. Some parents choose not to open their doors to visitors, but will accept written information and referrals; others may prefer to meet visitors in public places, such as a church, community center, or even a local diner. Flexibility is a key to successful home visitation.

But most parents welcome the information and advice that nurses or other trained home visitors can offer. They are grateful for advice based not on theory or on assumptions about typical families, but on the realities of their day-to-day lives. They look forward to having a professional (or experienced caregiver with special training) give feedback based on how their child responds at home—not in an office or examining room. And parents can also chat and ask questions more comfortably, and accept suggestions more readily, when the conversation takes place on *their* turf.

Home visits can benefit all kinds of families, but have been shown to be especially helpful to mothers who are young, have little income, or are raising a child alone. Research shows that in these cases, regular home visits by nurses during pregnancy and a child's first two years improve children's health status and social adjustment.

Home visitation services may be offered through community-based organizations, preschools, health clinics, or neighborhood family-child centers. The visitors may be nurses, social workers, or parent aides. In many cases, home visits are offered as part of more comprehensive family support and parent education programs. Many well established programs, including Parents as Teachers (PAT), Healthy Families America (HFA), Home Instruction Program for Preschool Youngsters (HIPPY), Avance, and Parent-Child Centers, include home visits. In addition, a number of states, including Vermont and Missouri, have made home visitation a cornerstone of their efforts to improve results for young children and their families.

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[1996 Green Book] SECTION 10. CHILD CARE *

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* The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 changed this program; see appendix L for details.

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INTRODUCTION

Child care has become an issue of significant public interest for several reasons. The dramatic increase in the labor force participation of mothers is the most important factor affecting the demand for child care in the last quarter century. Currently, in a majority of American families with children--even those with very young children--the mother is in the paid labor force. Similarly, an increasingly significant trend affecting the demand for child care is the proportion of mothers who are the sole or primary financial supporters of their children, either because of divorce or because they never married. In addition, child care has been a significant issue

in recent debates over how to move welfare recipients toward employment and self-sufficiency; some observers have argued that some mothers on welfare are not entering the labor force because of child care problems. Finally, the impact of child care on the children themselves is an issue of considerable interest, with ongoing discussion of whether low-income children benefit from participation in programs with an early childhood development focus.

Concerns that child care may be in short supply, not of good enough quality, or too expensive for many families escalated during the late 1980s into a national debate over the nature and extent of the Nation's child care problems and what, if any, Federal interventions would be appropriate. The debate culminated in the enactment of legislation in 1990 that expanded Federal support for child care by establishing two new State child care grant programs. The programs--the Child Care and Development Block Grant and the At-Risk Child Care Program--were enacted as part of the Omnibus Budget Reconciliation Act of 1990 (Public Law 101-508). These new programs were preceded by enactment of a major welfare reform initiative, the Family Support Act of 1988 (Public Law 100-485), which authorized expanded child care assistance for welfare families and families leaving welfare. Issues currently receiving attention include questions about how the new programs are being implemented at the Federal and State levels, what effect the programs are having on improving the availability of child care, and how Federal child care programs can be coordinated with each other and with State and local programs. Most recently, the welfare debate has focused interest on both the child care needs of families transitioning off welfare and of other low-income families that are at risk of going on welfare.

This chapter provides background information on the major indicators of the demand for and supply of child care, and a summary description of the major Federal programs that fund child care services.

EMPLOYMENT AND MARITAL STATUS OF MOTHERS

The dramatic increase in the labor force participation of mothers is commonly regarded as the most significant factor fueling the increased demand for child care services. A person is defined as participating in the labor force if she is working or seeking work. As shown in table 10-1, in 1947, just following World War II, slightly over one-fourth of all mothers with children between the ages of 6 and 17 were in the labor force. By contrast, in 1995, three-quarters of such mothers were labor force participants. The increased labor force

participation of mothers with younger children has also been dramatic. In 1947, it was unusual to find mothers with a preschool-age child in the labor force--only about 12 percent of mothers with children under the age of 6 were in the labor force. But by 1995, over 60 percent of mothers with preschool-age children were in the labor force, a rate more than 5 times higher than in 1947. Women with infant children have become increasingly engaged in the labor market as well. Today, over half of all mothers whose youngest child is under age 2 are in the labor market, while in 1975 less than one-third of all such mothers were labor force participants.

The rise in the number of female-headed families has also contributed to increased demand for child care services. Single mothers maintain a greater share of all families with children today than in the past. Census data show that in 1970, less than 12 percent of families with children were headed by a single mother, compared with almost 27 percent of families with children in 1994. Perhaps the most telling statistic about female-headed families is that while 2-parent families with children remained at about 26 million between 1970 and 1994, female-headed families with children exploded from 3.4 million to 10 million. These 10 million families headed by mothers were a major source of growth in the demand for child care (U.S. Bureau of the Census, 1995, p. 61, table 71).

Mothers' attachment to the labor force differs depending on the age of their youngest child and marital status, as tables 10-2 and 10-3 show. Table 10-2 exhibits the labor force participation rates of various demographic groups of mothers with youngest child over or under age 6. The table provides graphic evidence of the exploding rate of working mothers, especially working mothers with preschool children.

TABLE 10-1.--LABOR FORCE PARTICIPATION RATES OF WOMEN, BY PRESENCE AND AGE OF YOUNGEST CHILD, SELECTED YEARS, 1947-95

	No children under 18	With children under age 18				
		Total	Age 6 to 17 only	Under age 6		
				Total	Under 3	Under 2
April 1947	29.8	18.6	27.3	12.0	NA	NA
April 1950	31.4	21.6	32.8	13.6	NA	NA
April 1955	33.9	27.0	38.4	18.2	NA	NA
March 1960	35.0	30.4	42.5	20.2	NA	NA
March 1965	36.5	35.0	45.7	25.3	21.4	NA
March 1970	42.8	42.4	51.6	32.2	27.3	NA
March 1975	45.1	47.3	54.8	38.8	34.1	31.5

March 1980	48.1	56.6	64.3	46.8	41.9	39.2
March 1981	48.7	58.1	65.5	48.9	44.3	42.0
March 1982	48.6	58.5	65.8	49.9	45.6	43.3
March 1983	48.7	58.9	66.3	50.5	46.0	44.5
March 1984	49.3	60.5	68.1	52.1	47.6	46.4
March 1985	50.4	62.1	69.9	53.5	49.5	48.0
March 1986	50.5	62.8	70.4	54.4	50.8	49.2
March 1987	50.5	64.7	72.0	56.7	52.9	51.9
March 1988	51.2	65.0	73.3	56.1	52.5	50.8
March 1989	51.9	65.7	74.2	56.7	52.4	51.7
March 1990	52.3	66.7	74.7	58.2	53.6	52.1
March 1991	52.0	66.6	74.4	58.4	54.5	53.8
March 1992	52.3	67.2	75.9	58.0	54.5	54.3
March 1993	52.1	66.9	75.4	57.9	53.9	54.2
March 1994	53.1	68.4	76.0	60.3	57.1	\1\ 56.7
March 1995	52.9	69.7	76.4	62.3	58.7	\1\ 57.9

\1\ Includes mothers in the Armed Forces.

NA--Not available.

Note.--Data for 1994 and 1995 are not directly comparable with data for 1993 and earlier years because of introduction of a major redesign in the Current Population Survey (household survey) questionnaire and collection methodology and the introduction of 1990 census-based population controls, adjusted for the estimated undercount. For additional information, see ``Revisions in the Current Population Survey Effective January 1994'' in the February 1994 issue of Employment and Earnings.

Source: U.S. Department of Labor, Bureau of Labor Statistics.

TABLE 10-2.--LABOR FORCE PARTICIPATION RATES OF WOMEN WITH CHILDREN, BY MARITAL STATUS AND AGE OF YOUNGEST C

	1960	1970	1980	1986	1987	1988	1989	1990	1991	19
All women	\1\ 30.4	\1\ 52.9	56.6	62.8	64.7	65.0	65.7	66.7	66.6	6
Married women:										
Youngest < 6	18.6	30.3	45.0	53.8	56.8	57.1	57.4	58.9	59.9	5
Youngest 6 or >	39.0	49.2	61.8	68.4	70.6	72.5	73.4	73.6	73.6	7
Separated women:										
Youngest < 6	NA	45.4	52.2	57.4	55.1	53.0	54.9	59.3	52.2	5
Youngest 6 or >	NA	60.6	66.6	70.6	72.6	69.3	68.0	75.0	74.7	7
Divorced women:										

Youngest < 6.....	NA	63.3	68.3	73.8	70.5	70.1	66.3	69.8	68.5	6
Youngest 6 or >.....	NA	82.4	82.3	84.7	84.5	83.9	85.7	85.9	84.6	8
Never-married women:										
Youngest < 6.....	NA	NA	44.1	47.5	49.9	44.7	48.9	48.7	48.8	4
Youngest 6 or >.....	NA	NA	67.6	65.9	64.1	67.1	69.0	69.7	64.8	6

\1\ Excludes never-married women.

NA--Not available.

Note.--Data for 1994 and 1995 are not directly comparable with data for 1993 and earlier years because of introduc Current Population Survey (household survey) questionnaire and collection methodology and the introduction of 19 adjusted for the estimated undercount. For additional information, see ``Revisions in the Current Population Sur February 1994 issue of Employment and Earnings.

Source: U.S. Department of Labor, Bureau of Labor Statistics.

Table 10-3 provides a detailed breakdown of the labor force participation of women for March 1995, by marital status and the age of the youngest child. Among those with children under 18, divorced women have the highest labor force participation rates, followed by married and separated women. Widowed and never-married women have lower labor force participation rates.

As table 10-3 illustrates, no matter what the marital status of the woman, labor force participation rates tend to increase as the age of the youngest child increases. Among all women with children under 18, 59 percent of those with a child under 3 participate, 67 percent of those whose youngest child is between 3 and 5 participate, and nearly 80 percent of those whose youngest child is between 14 and 17 participate.

TABLE 10-3.--LABOR FORCE PARTICIPATION RATES OF WOMEN WITH CHILDREN UNDER 18, MARCH 1995, BY MARITAL STATUS AND AGE OF YOUNGEST CHILD

Marital status	Age of youngest child						
	Under 3	Under 6	Under 18	3 to 5	6 to 13	6 to 17	14 to 17
All women with child under 18.....	58.7	62.3	69.7	67.1	75.1	76.4	79.5
Married, spouse present.....	60.9	63.5	70.2	67.2	74.9	76.2	79.6
Divorced.....	65.8	73.3	82.0	77.8	83.7	85.2	88.6
Separated.....	57.2	59.3	66.1	61.3	70.9	71.5	73.1
Widowed.....	45.3	58.9	61.2	65.1	62.5	61.7	61.0
Never married.....	48.7	53.0	57.5	61.7	67.3	67.0	65.4

Note.--Labor force participation rates include nonworking mothers who are actively looking for work.

UNITED STATES DEPARTMENT OF COMMERCE

NEWS

Economic & Statistics Administration

U.S. Census Bureau *the Official Statistics*

EMBARGOED UNTIL: 10 A.M. EST MARCH 13, 1997 (THURSDAY)

Public Information Office
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CB97-38

Housing and Household Economic
Statistics Division
301-763-8576

Census Bureau Releases New Findings On Health Insurance Coverage For Children In The U.S.

The Commerce Department's Census Bureau today announced that in 1995, 9.8 million (or 13.8 percent) children under the age of 18 lacked any health insurance whatsoever. This finding is based on newly released data from the Census Bureau's March 1996 Current Population Survey. The new findings follow an earlier Census Bureau report on health insurance coverage based on the Survey of Income and Program Participation.

The data also showed:

- Uninsured rates for different age groups of children were not statistically different--13.3 percent of children under six, 13.5 percent of children six to 11, and 14.5 percent of those 12 to 17.

- Hispanic children were far less likely to have health insurance than White or African American children, and African American children were somewhat less likely to have health insurance than White children: 26.8 percent of Hispanic children were without health insurance in 1995, 15.3 percent of African American children, and 13.4 percent of White children.

- In 1995, 66.1 percent of all children under age 18 were covered by a privately purchased or employment-based health plan, and 23.2 percent were covered by Medicaid.

- Older children are less likely to have Medicaid coverage. Percentages of all children covered by Medicaid in 1995, by age group, were: 29.6 percent of children under six, 22.6 percent of children between six and 11, and 17.2 percent of children 12 to 17.

- Significantly more African American and Hispanic children than White children were covered by Medicaid in 1995: 45.4 percent of all African American children, 37.4 percent of all Hispanic children, and 18.3 percent of all White children.

- In 1995, 3.1 million (or 21.4 percent) poor children were without health insurance. Poor children comprised one-third (32 percent) of all uninsured children in 1995.

- Over a 28-month period between 1992 and 1994, 30.0 percent of all children under the age of 18 lacked health insurance for at least one month (20.4 million). About 4 percent, or 2.8 million children, were uninsured for the entire 28-month period.

These findings can be found on the Census Bureaups Internet home page at
http://www.census.gov/hhes/hlthins/chldhins.html

These data, from household surveys, are subject to sampling variability as well as reporting and coverage errors.

-X-

The Census Bureau--pre-eminent collector and provider of timely, relevant, and quality data about the people and economy of the United States. In over 100 surveys annually and 20 censuses a decade, evolving from the first census in 1790, the Census Bureau provides official information about America's people, businesses, industries, and institutions.

From: ANN SEGAL
To: MLynch, ARosewat
Date: May 19, 1997 (Monday) 2:52pm
Subject: FYI

I checked the two numbers left hanging after our Friday afternoon session on the draft report. On page 32, the 80% of infants and toddlers in non-maternal care can't be replicated in any way----I have suggested (because of the point she is trying to make) that they use 45% of children under age 3 are in out-of-home care on an on-going basis. The 80% comes from the NICHD study, which is certainly not representative of the American population in general.

under age 18 (9.8m)

- On page 28, the 10 million uninsured children is ok, but it is 1.7 million under age 3--the 2.2 is of children under age 4.

I've phoned in both changes. I've also FAXed over a copy of the "Caring Communities" report--NASBE's task force that the President chaired as Governor (and Joan and Tom Schultz wrote). I can't seem to find the CED report I had mentioned. I'm still looking.

"HOW ARE THE CHILDREN?"

REPORT OF
THE WHITE HOUSE CONFERENCE
ON EARLY CHILD DEVELOPMENT AND LEARNING
Childhood

In many African cultures, when acquaintances meet on the road or at the market, they don't greet each other with: "Hello, how are you?" Instead they ask: "Hello, how are the children?"

"HOW ARE THE CHILDREN?"

REPORT OF THE WHITE HOUSE CONFERENCE ON EARLY CHILD DEVELOPMENT AND LEARNING

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SELECTED RESOURCES.....
LIST OF SATELLITE SITES.....

✓ chapters (names) + transitions need more working
✓ general "village" concept is absent
✓ define attachment + what it means commonly

I. The White House Conference

upfront w/Cont.

Nature's gifts are awesome—spacious skies, majestic mountains, fruited plains... we have all sung their praises. Today, tireless researchers and innovative technologies are giving us glimpses of smaller miracles that are just as inspiring. Scientists are studying the minute mechanisms that make life possible, and in the process they are illuminating early brain development—a phenomenon of such elegance, complexity, and precision that it surely ranks as one of the world's great wonders.

Across the nation, nearly four million babies are born each year. Each enters the world with immense promise. Each arrives with billions of brain cells just waiting to have their power unlocked. But for the most part, these cells are not yet connected into the networks that make it possible to think and speak, to reason and learn. For these connections to form and proliferate, cells need a crucial ingredient—experience in the world. Once they have it, from the very first days of life, they connect at an astonishing pace. Young brains forge more than enough connections in the first three years of life; as children move toward adulthood, these connections are pruned and fine-tuned. This is good news for us humans. It means that our newborns' capacities—their unique ways of thinking, knowing, and acting—develop in the world, under the sway of the adults who love them and nurture them.

To be sure, newborns arrive with different temperaments, strengths, and needs. They are born into widely different circumstances and cultures, joining families that have different structures

and sizes, hold different beliefs, and bring to childrearing different assumptions and preferences. They may be raised by mothers and fathers, by adoptive or foster parents, by single parents, or by a grandparent or other relative. All of these parents pass on to children their knowledge, their heritage, their language, and their values.

Some children are born with disabilities that may or may not improve over time, given today's knowledge and methods. Some girls and boys grow into hearty children and able learners despite circumstances that overwhelm other young people in their communities. Heredity certainly plays a role, and geneticists are learning more each day about how development unfolds. But as each child grows and matures, early experience exerts a powerful force, sculpting the genetic "clay." Indeed, early experience and early care play a far more crucial role in brain development than scientists previously realized.

A growing body of research now confirms that parents play a decisive role in shaping the future of their daughters and sons, and of our nation as a whole. That is why young children and their parents deserve our nation's unwavering attention and support. And that is why President Clinton is leading a nationwide effort to focus attention on the importance of the first years of life.

In taking this stand, President Clinton is building on a longstanding commitment to children that has brought about many victories for the youngest Americans and their families. Over the last five years the President has fought for and won the passage of Family and Medical Leave Act that has enabled 12 million Americans to take time off from work to care for new babies or to meet other urgent family needs covered by that law. He has supported and expanded Head Start and created Early Head Start serving disadvantaged children aged three and younger. He has won the largest funding increase for education in three decades, and has extended health coverage to millions of

uninsured children. And he has committed his Administration to supporting and disseminating research showing how infants and toddlers develop and learn and how Americans, beginning with parents, can harness these findings to help all of our children fulfill their promise.

> "This unique conference is a part of our constant effort to give our children the opportunity to make the most of their God-given potential and to help their parents lead the way, and to remind everyone in America that this must always be part of the public's business because we all have a common interest in our children's future." *President Bill Clinton*

+ First Lady?

On April 17, 1997, President Clinton convened the White *House Conference on Early Child Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children.*. **[SIDEBAR: CONFERENCE PROGRAM]** The Conference brought together brain scientists as well as specialists in child development, early care and education, and family support. Speakers included not only scientists, but also a former first-grade teacher who founded an organization that has changed the lives of thousands of low-income children; a parent whose experiences in an early childhood PTA gave her new confidence and competence as she raised her young son; a police chief who has brought community policing to his city; a Hollywood director and producer who is using his craft to raise public awareness of the importance of the early years; and a CEO who is determined to put on kitchen tables all over the nation information about concrete steps that families can take to enhance their children's development.

does not relate specifically to kids

Guests at the Conference represented decades of research and experience, and much of the nation's best thinking on how to strengthen early childhood development and learning. At scores

of satellite sites all over the nation, thousands of other participants listened to the panelists and held their own discussions. Many responded with ideas and questions addressed to the President and First Lady, and their concerns are reflected throughout this report. [SIDEBAR: LETTERS TO PRESIDENT & MRS. CLINTON].

> "There is a wide gap between scientific research and public knowledge, between what is known about early development and what we do about that knowledge. Today's meeting is a major step toward filling that dangerous gap." *Dr. David Hamburg*

By convening the Conference and reporting to the public on its results, the President has sought to assemble knowledge and resources that Americans can draw upon as they sort out what the new research means for them and their children. There was some concern about how to highlight research on the extent of parents' influence and responsibility without burdening them. But in fact, the main lesson that emerged from the Conference is that parenthood is the art of the possible. Babies don't need "super parents" in order to thrive. Scientists report that the people who care for children have a greater impact on early brain development than they previously knew. But they also say that ordinary, everyday interactions with infants and toddlers—the baby talk and songs and games that are so easy and enjoyable—are exactly what young children need.

> "I hope this conference will get across the revolutionary idea that the activities that are the easiest, cheapest and most fun to do with your child are also the best for his or her development—singing, playing games, reading, storytelling, just talking and listening." *Hillary Rodham Clinton*

And while the early years offer special opportunities, parents, caregivers, and teachers have countless chances, over many years, to influence children's development and learning. The brain is the last organ in the body to mature, and its development takes a lifetime. It is never too late to help a child—or an adult—learn.

which? very broad

By the same token, it is never too early—and that is why the President has fought for and won legislation to strengthen and expand prenatal and post-partum care for mothers and their babies. These efforts—and many others aimed at supporting young children and their families—have won public and Congressional support because so many Americans are now convinced that as a nation, we are relying too much on remediation, and too little on prevention. If we want all of our children to reach their God-given potential, it makes good sense to begin at the beginning.

That means harnessing all of the knowledge and research available to us about how young children develop and learn. The President is committed to meeting this challenge for a very important reason: children are our future. Ensuring that their families and communities have the information and resources they need to give them the best possible start in life is simply the right thing to do. It is also clearly in the national interest. What could be more crucial to the nation's continued vitality than our children's well-being? Assuring their healthy development and learning must always be part of the public's business.

"This is the most important issue facing the future of our country." *Governor Bob Miller*

Parents and child advocates have led the way. But today, decision makers in many arenas are beginning—at some political risk—to address issues that have often been viewed as the

exclusive concern of women and dropped to the bottom of the national agenda. Thanks in part to a new awareness of how children's brains develop, policy makers are turning their attention, for stretches of time, from the floors of the House and Senate to the floors of living rooms and child care centers all over America where babies and toddlers play and babble and learn. To a greater extent than has ever been acknowledged, those are the floors where our nation's future is being determined.

Sitting on those floors with the children are their parents—and the caregivers to whom they are entrusted while their parents work. The kinds of connections created over time between these adults and children affect the kinds of connections that form in young brains. Government has the responsibility to bring this knowledge to public attention, but government cannot and should not tell families how to rear their children—and in any case, there is no single "right" approach. There are many ways to raise happy, healthy, capable children. The White House Conference provided a map, suggesting many possible pathways toward that destination. It shared success stories. And it reassured parents that they need not make the journey alone. All sectors of our society can contribute to children's healthy development. At the end of the day, we are all accountable for their well-being. We must all answer to the children.

II. What We Know About Young Children

Children differ from adults

It is natural to think of babies as ourselves in miniature—adults on a smaller scale. But the more we discover about young brains, the more clear it becomes that young children differ from adults in important ways. They have unique ways of developing, learning, and responding to the world around them. By taking these differences fully into account, parents and professionals can do a better job meeting young children's needs.

> "The baby's brain is not just a miniature version of an adult brain. It is a dynamic evolving structure that requires its own function to wire itself...." *Dr. Carla Shatz*

At birth, children's brains are in a surprisingly unfinished state. Newborns have all of the genetic coding required to guide their brain development. What's more, they have nearly all of the billions of brain cells, or neurons, they will need for a lifetime of thinking, communicating, and learning. But these neurons are not yet linked up into the networks needed for complex functioning. It is like having billions of telephones installed around the nation, but not yet connected to each other. [SIDEBAR: PHONING HOME]

The extreme immaturity of the newborn's brain is uniquely human. We tend to take it for granted, but not every species gives birth to such undeveloped infants. At birth, the human brain

is only a quarter of its adult weight; the newborns of other primates are already 40 or 50 percent of their adult weight. The young of other species are rarely as helpless as newborn humans; nor do they take as long to move toward independence.

This may sound worrisome, but in fact, our initial immaturity gives humans a powerful evolutionary edge. Monkeys and minks and mice are quite limited in terms of the kinds of settings in which they can survive. We humans have found ways to adapt to almost any habitat on earth. Why? In large part, because so much of our brain development takes place in the world—in contact with our environment. That crucial fact means that experience plays a far greater role in the wiring of our brains. Our developing nervous systems can be significantly altered and fine-tuned by experience. This makes humans uniquely flexible and adaptable. It also allows us to have far greater individuality than other species.[1] Different people's brains—even those of identical twins—will be wired very differently, based on their responses to different input.

The key point is that the preponderance of human brain development takes place in the world, as babies respond to the people who protect and nurture them, the homes that are created for them, and the communities and conditions that surround them. If babies' brains were completely hard-wired—if all of the circuitry were pre-programmed—this wouldn't be possible.

PRENATAL CARE MUST BEGIN EARLY

A young child's brain is a work in progress, and scientists are now able to watch it unfold. Thanks to new, computer-based imaging technologies, such as ultrasound, MRI, and PET scans, they can now see the brain's structures in greater detail than ever before. They can get a glimpse of how the brain responds to different kinds of experience and how it uses energy. They can see how

the brain looks and functions at different stages of development - including in the months before birth.

The prenatal period is an important time of brain development. Crucial steps in early brain development take place very early in pregnancy, before many women know that they are expecting. For example, within weeks of conception, cells that are destined to become neurons have to find their way to the correct position in the part of the brain most responsible for reasoning and learning. For brain development to proceed normally, each cell has to makes its journey at the right time, in the right order. Nature has powerful mechanisms to guide the process—including a great deal of genetic coding, and expectant parents can rest assured that in the vast majority of cases, development proceeds just as it should. But even in the womb, the brain is vulnerable to environmental influences. When pregnant women have inadequate nourishment, when they smoke, drink, or take drugs, or when they are exposed to toxic substances, their babies' brain development may be jeopardized. Research also suggests that when they suffer abuse, or extreme stress, or severe depression, their babies may be affected.

For all of these reasons—and many others—it is very important for expectant mothers to seek care as early as possible in their pregnancies. In fact, the ideal situation is for prospective parents to receive information and support even before they conceive a child. This is sometimes called "preconception care" and it can boost the health of mothers and babies, as well as fathers' knowledge and confidence.

AFTER BIRTH, BRAIN DEVELOPMENT PROCEEDS AT A STARTLING RATE

"On the first day of life, a baby can search the room with her eyes, visually trace the edges of a triangle, and look intently at her mother's eyes during a feeding." *Dr. Donald Cohen*

talked about this wording before ✓

Newborns are relatively helpless. They cannot walk or talk or reason. And so, adults have tended to think of them as mindless—empty vessels waiting to be filled. But because the brain has been "in training" before birth, newborns have more awareness of the world than most of us realized. On the first day of life, a newborn can look at her surroundings, study objects, and gaze in the eyes of her mother or father. Infants as young as two days of age will sometimes suck at the mere sight of a breast or bottle, suggesting that learning takes place from a child's earliest hours of life.[2] But the process of getting to know the world is just beginning. At birth, a newborn cannot yet make sense of the flood of sensation and information that comes his way.

After birth, brain development proceeds at an astonishing rate. Newborn's brains are literally waiting for the experiences that will determine their complex circuitry. As new experiences arrive, young children's brains respond by forming and reinforcing trillions of connections, or synapses, among neurons. In the time that it takes for Mom to nurse the baby or for grandpa to read *Goodnight Moon* , thousands of new synapses are produced. At the same time, thousands of existing synapses are used or "fired" and in the process are reinforced.

Connections form so quickly that by the time children are three, their brains have twice as many synapses as they will need as adults. These trillions of synapses are competing for space in a brain that is still far from its adult size. This makes children's brains extremely dense. According

to *Rethinking the Brain*, a report by the Families and Work Institute released at the White House Conference, by the time a child reaches her third birthday, her brain is apt to be more than twice as active as that of her pediatrician.[3] Children are biologically primed for learning, and the first three years are particularly crucial.

If children have more synapses than they will have as adults, what happens to the trillions of excess connections? The answer is: they are shed as children grow. Scientists report that throughout the development process, the brain is both producing new synapses and getting rid of those that aren't used often enough. Before the age of three, synapse production is by far the dominant process; from three to ten, the processes are relatively balanced, so the number of synapses stays about the same. But as children near adolescence, the balance shifts, and the shedding of excess neurons moves into high gear.

+ Synapses

Brains downsize for the same reason so many other "organizations" do: with streamlined networks, they can function more efficiently. But how does the brain "decide" which connections to shed and which to keep? Here again, early experience plays a decisive role. Each time synapses fire, beginning with the early months and years of life, they get sturdier and more resilient. Those that are used often enough tend to survive; those that are not used often enough are history. In this way, a child's experiences in the first years of life affect her brain's permanent circuitry.

"SMALL TALK" HAS BIG CONSEQUENCES

"By six months of age, infants are well on their way to cracking the language code." *Dr. Patricia Kuhl*

Early experience has an especially strong impact on language development. Over the last quarter century, scientists have learned a great deal about how children acquire language. Parents have long suspected that babies' babbling is basic training for speech, and that their gestures and cries eventually evolve into more sophisticated forms of communication. But new research shows that infants make more rapid progress in cracking the language code than we previously thought. From their early months, they are paying close attention to the language they hear.[4] By the time they reach their first birthdays, they are well on their way to mapping the sound structure of their language—or, in multilingual homes, to the language they hear most consistently. [SIDEBAR: CITIZENS OF THE WORLD]

is one always dominant?

Adults have special ways of talking to children that help them analyze language. Young children also learn very quickly that relating to others is about taking turns. In this sense, many kinds of early interactions—even a game of peekaboo or mimicry of a baby's faces—can lay the groundwork for effective communication later in life.

Many kinds of experiences affect early brain development—all of the sounds and textures that surround them. But recently scientists have been homing in on linguistic experience as a key ingredient. More precisely, they are stressing the importance of "small talk"—the millions of ordinary greetings, exclamations, explanations, complaints, and wordless utterances exchanged between adults and children in the course of the early years.

"When mothers and fathers talk to children, they raise their pitch and slow down their communication. The slowed-down communication says, "Go ahead and take your turn. I'm addressing you. It's your turn now." *Dr. Patricia Kuhl*

But some parents do not realize the importance of talking to their children in the first year, before their children are old enough to begin talking back. They may feel self-conscious when they talk to an infant who cannot respond; they may have grown up in cultures that value silence or non-verbal communication; or they may have few positive models of conversation between parents and young children. Some parents may be too tired or stressed to engage in lighthearted chitchat with their babies.

How can researchers gauge the impact of early interchanges? A common-sense approach is to observe numerous infants, recording their interactions with their parents or caregivers, and then to follow each child's progress over several years to see how he or she develops and fares in school. One recent study found that a child's earliest language experiences does indeed affect later achievement. For a period of two-and-a-half years, beginning with birth, the researchers spent an hour each month documenting every spoken word and every parent-child interaction in each of 42 homes. They found that the more parents talked to and interacted with their babies, the greater the children's chances for success when they reached elementary school. They concluded that both the number of words exchanged and the tone in which they were said made a difference. All of the children in the study learned to use language and construct complex sentences, but the children who were talked to at a younger age had a stronger grasp of the conceptual possibilities of language, and became better problem solvers.[5]

* 3 quotes by Kuhl + sidebar

Once parents know about this kind of research, most will want to make "small talk" with their infants more frequent, warm, and responsive, and they will want to be sure that child care providers + other caretakers are talking with their babies as well. The prospect of keeping up a steady flow of conversation may sound exhausting, but babies appear to benefit from exactly the kinds of commentary that run through parents' and caregivers' minds as they move through their day. In the study mentioned above, the patter that went on between the chatty parents and their infants was not about Buddhism or Beethoven—or, for that matter, brain science. You need not discuss complex ideas to help your infant learn. But a stream of statements like, "Your cereal is almost ready," or "Daddy is looking for his keys," appears to help babies become more conceptual thinkers later in life. Simple questions like, "How was your nap?" or "What did we do today?" can make a world of difference.

> "As researchers, we don't advise parents to try and accelerate the normal pattern of development. We don't recommend flash cards to try to teach words to three-monthers. Nature has provided a perfect fit between the parents' desire to communicate with the child and the child's ability to soak this information up." *Dr. Patricia Kuhl*

To be sure, children need many kinds of stimulation. They need chances to stretch not only their linguistic and conceptual abilities, but also their powers of perception, their social prowess, their aesthetic and moral capacities, and their bodies. When children are severely deprived of experience in any of these areas, their development may be delayed. For example, babies and toddlers who spend most of their waking hours in their cribs develop more slowly than other young children; some cannot sit up at 21 months, and most cannot walk by age three.[6] Children need opportunities for vigorous, safe physical activity. They need touch, sounds, and images. They need social and emotional contact. And they need thought-provoking activities.

Most adults who care for children have some awareness of these needs. But despite parents' best intentions, many infants and toddlers do not get enough intellectual stimulation. This was a major finding of *Starting Points*, an influential Carnegie Corporation report on meeting the needs of young children that was cited at the White House Conference. [7]

> "An infant's cognitive growth occurs through emotional and social interactions." *Dr. Harriet Meyer.*

On the other hand, too much stimulation can be overwhelming. Children have different temperaments and different moods. They also have different daily cycles of wakefulness and sleepiness than adults. Aside from seeing to their children's basic health and safety, the most important thing parents can do is to learn to follow their children—to read their moods and preferences, so they can—whenever possible— adjust activities, schedules, and even the way they touch and talk to their young children.

To be sure, parents bear the greatest burden of responsibility for their children's development and learning. But mothers and fathers cannot and should not be held responsible for every hurdle their children encounter, or for every problem they may face. Many factors shape brain development, including social, economic and environmental conditions over which individual parents have little control, and including their child's genetic make-up.

From birth, children appear to have different temperamental characteristics. Research suggests that most infants and toddlers have traits that make them "easy" children; but a significant number—about ten percent—have difficult temperaments. They tend to be moody, to express intense emotion, and to resist efforts to comfort them or cheer them up.[8]

Furthermore, some children are born with, or develop, disabilities or illnesses that may impede their ability to form strong relationships and to respond to different kinds of stimulation. Some children are born with severe retardation, or autism, or mental illness. Others may have learning disabilities that do not fully respond to current treatment methods. Research points to new ways to help every child reach his or her full capacities. Working with professionals, parents can gain the information and strategies they need to support their sons and daughters as they gain new skills and new confidence. New ways of approaching impairments like mental retardation or autism are helping to improve conditions that were once considered untreatable. But some children will continue to have difficulties no matter how much love, care, attention, and stimulation their mothers and fathers provide. Professionals and parents alike need to keep their focus on brain development, not blame development.

PREVENTION IS CRUCIAL

The brain does not develop all at once. Different parts of this complicated organ mature at different times and at different rates. Although development continues throughout life, there are periods of great opportunity (and risk) when a particular part of the brain is the site of intensive wiring and is therefore especially flexible. *Rethinking the Brain*, a report issued by the Families and Work Institute that was released at the White House Conference, calls these periods "prime times."

The classic example is vision. The visual part of the brain is wired early in life. If children are born with cataracts, they may lose their sight permanently if surgery is not performed on time. That is because during the "prime time" for vision, input from the outside world is essential. The

brain relies on this experience, and when it does not arrive on time, the part of the brain that controls vision cannot fully develop. Time is of the essence. In contrast, when adults develop cataracts, the consequences of delaying surgery are far less drastic.

Research confirms that this holds true for other aspects of development as well. Untreated health problems, poor nutrition, exposure to tobacco, alcohol, drugs, or environmental toxins, and abuse and neglect are always risky, but may be especially perilous in the first years of life. Traumatic experiences and non-stop stress are also particularly harmful early in life; they affect production of a steroid hormone called cortisol that can have an adverse impact on brain development. And when mothers suffer from severe depression that persists beyond the baby's sixth month, children's brain development may be affected.

That is why prevention and early intervention are so crucial. When health problems are dealt with, when family stress is reduced, when mothers seek treatment for depression, young children tend to fare better. The earlier the intervention, the better. The more follow-up, the better. These are simple lessons. As they are applied more widely, results for young children are bound to improve.

FINALLY, WE KNOW THAT WE NEED TO KNOW MORE

"Scientists have discovered much about the world that surrounds us, but the train inside our skulls remains a source of mystery and wonder, and is, in a sense, the next frontier of human understanding." *Vice President Al Gore*

Decades of research have led to breathtaking discoveries about early child development and learning, but much remains to be known.[9] How can we build on recent findings about how children think and communicate? How can we use insights into young children's relationships with the adults in their lives to strengthen learning? What kinds of stimulation do children need? How much? And when? How does stress affect young children, and how can its impact be blunted? How can the quality of child care be improved? How can different kinds of developmental delays and impairments be overcome? What kinds of education and training can help parents and other caregivers enhance children's development?

We also need to know more about how communities mobilize in order to contribute to children's healthy development. How can families and communities do a better job of supporting young children's learning? And what are the best uses of community resources and social services for early childhood learning and development? Researchers are hard at work, addressing these questions and many more.

III. What Young Children Know About Us

The Child's Point of View

Much of what we know about children comes from watching them and listening to them. Long before brain scans were invented, pioneers in child development stressed the value of simply observing children very closely. Emphasizing that the world looks very different from a young child's point of view, they urged adults to imagine everyday events as a baby or toddler might experience them.

This effort informed many of the presentations made at the White House Conference. While much of the discussion focused on what we know about young children, some speakers, including the President, also considered what young children know about us.

> "No matter how young, a child does understand a gentle touch or a smile or a loving voice. Babies understand more than we have understood about them. Now we can begin to close the gap...." *President Bill Clinton*

Parents are the most important people in their world

Babies discover very quickly that they are not alone. From birth, they are capable of observing and interacting with other people. Babies grasp that the world we've brought them into is a fascinating place. When they are awake and alert, they lose no time exploring their surroundings with all of

their senses. But nothing is more interesting or important to them than their mothers and fathers. Very early in life, babies turn most eagerly toward the voices of the people they know best.

Babies respond to touch, sound, images, tastes, and smells. They are at ease when they receive warm, responsive care geared to their needs, moods, and temperament. [SIDEBAR: READING CHILDREN'S SIGNALS] On the other hand, they experience tension when care is inadequate, or mechanical, or inconsistent and research shows that this stress affects their heart rate, brain waves, and their brains' biochemistry.

> "The reason we talk to babies in a special way is that they know we're talking to them. If I hold up a newborn with his head away from me and say, *Hi, how are you doing? Come on, you can turn to my voice*, that newborn...turns to my voice and arches toward me as if to say, *There you are!*" *Dr. T. Berry Brazelton*

CHILDREN KNOW THAT WE ARE UP TO THE JOB

Human children are dependent—to a greater extent and for a longer stretch of time than the young of other species. They are also trusting. They turn to parents and other caregivers for reassurance or help. They believe that we will nurture and protect them, unless repeated experience teaches them otherwise.

They know that interacting with parents and other important people—communicating, mimicking, playing, snuggling—is the best way to spend their most alert, wakeful hours. When they are allowed to form secure attachments, they know that they are loved even during quiet

or sleepy times, when they are left to rest, play by themselves, get to know themselves, and look around them.

This may be reassuring for parents, who are understandably unsettled by research showing that the way they relate to their young children, and the experiences they provide or arrange, help to determine how their brains will be wired. They may wonder: Did I say enough words to Jake and Daniel when they were babies? How many connections formed or failed to form during the ten minutes Emmy was left to cry so Robert's bee sting could be tended to? What about all the times the neighbor lost his temper and shouted at Rebecca? Has musical potential been wiped from Melissa's brain because we never played Mozart or Bach?

use other names that show greater cultural diversity

But when you look at life from a baby's viewpoint, you realize that you don't have to be a perfect parent. What matters to young children is your ability to understand their needs and to read their signals— most of the time; to respond with warmth and affection—most of the time; to model the pleasures of conversation and turn-taking—most of the time; to protect them from life's minor bumps and bruises—some of the time; that you are determined to shield them from neglect and abuse—all of the time.

To be sure, parents have considerable (but not total) control over the kinds of experiences their children are exposed to. But what kind of experiences do infants and toddlers need? Researchers have begun to address this question. They are finding that linguistic experience is important, but more than anything else, young children need secure attachments to the adults who care for them. Long-term studies show that children who have secure attachments early in life make better social adjustments as they grow up, and do better in school.[10] Young children want and need a wide variety of experiences that spark their curiosity and tap all of their senses. But

from a child's point of view, "enrichment" can mean not only a visit to the library or museum, but also a chance to help mom or dad unpack a big bag of fascinating groceries.

The key point is: relationships matter. Social experience has a greater impact on brain development—including children's emerging intellectual capacities—than many scientists had realized. Many parents have suspected that they play a role, from the first weeks of life, in fostering their babies' intelligence, but according to the Zero to Three survey, a quarter of parents do not believe this. The research is clear, however. Children learn in the context of important relationships: interactions with parents, grandparents, brothers and sisters, and other family members. Biology is not the chief factor in good parenthood: adoptive parents and foster parents can have a large, sustained impact on children's development. So can grandparents. So can child care providers who are steady presences in children's lives. And so can family friends and neighbors. Again, while opportunities are especially strong in the early years, important relationships make a difference for children at any age.

OTHER CAREGIVERS CAN MEET THEIR NEEDS—BUT DON'T TAKE THE PLACE OF MOM OR DAD.

Research shows that children are capable of forming strong attachments to more than one adult, but not all attachments are equally strong or compelling. Babies tend to prefer their primary caregiver—usually mom. But they quickly learn that other people can meet their needs, and that different people—dad, or Uncle Mike, or grandma, or Ms.Clayton—have different ways of caring for them. In this way, they begin to get a sense of life's complexity and richness.

"Children with active fathers develop a richer set of emotions and a wider, more

like this part on fatherhood except it's in section & relegated it to less important & outside of parenting

or other caregivers +

textured view of their world." *Vice President Al Gore*

Fathers have a great deal to offer their children. Addressing the Conference, Vice President Gore noted research showing that the attachment a child forms with his or her father is critical to that child's development. When fathers are active caregivers, their children tend to have higher IQs and are less prone to violence. Of course, these effects hinge on the quality of the relationship a father establishes with his young children, as well as the amount of time he devotes to caring for them. More fathers than ever before are taking primary responsibility for young children, but stay-at-home dads or "househusbands" are still likely to encounter social disapproval.

Traditional roles are changing slowly in most families. Research in the early eighties reported that fathers, on the average, spent less than half an hour per day directly interacting with their children—playing with and caring for them. More recent studies are showing that many men have somewhat increased the time they spend interacting with their children and taking care of them.[11] Many fathers say that they meet obstacles when they try to take more responsibility for their children. Some say that they would spend more time with their sons and daughters if they met less resistance from the children's mothers. Many say that if their employers adopted more family-friendly policies, they would willingly devote more time to caring for, playing with, and talking to their young children. President Clinton is encouraging such policies, and fighting for an expansion of the Family and Medical Leave Act that would enact a form of flex-time giving fathers and mothers the option of forgoing overtime pay in order to spend time with their children.

rephrase so that they are not "saying without an identification of source

The role of fathers cannot be discussed without acknowledging that fathers are increasingly absent from the home. More than a quarter of all American children are born to unmarried mothers. At the same time, divorce rates are rising. Under the Clinton administration, teen

pregnancy rates have gone down, and the collection of child support payments has gone up. By focusing on fathers' needs and roles, not only employers, but also family support organizations, parent education programs, health care providers, and human service agencies can play an important part to support men who are having difficulty finding a place for themselves in the family setting. their children's lives

Child care providers can be important people in young children's lives, but they do not take the place of parents. Recent studies show that high quality child care does not disrupt young children's attachments to their parents—so long as parents spend enough time with their infants and toddlers to know them well, care for them confidently, and read their signals and cues.

[SIDEBAR: CHILD CARE AND THE FAMILY.]

very little on c@ within the text — may want to mention full conference

"If you can place your child in high quality child care, you can actually supplement what you're giving them as parents and that's why the value of making high quality child care affordable for more families is so great." *Dr. Deborah Phillips*

In fact, child care providers—with sufficient training and support—can enhance the development of the children in their care, supplementing the parents' input. Children benefit when parents and child care providers work together, exchanging information, insights, and problem-solving strategies on a regular basis.

CHILDREN KNOW THAT THEY HAVE TO BE PATIENT WITH US.

Unconditional love goes to the heart of what it means to be a parent. But love is not enough. From a child's viewpoint, good care is responsive care. It requires getting to know a

particular child very well, and that is not simply a matter of instinct or affection. Parents and caregivers don't always get it right the first time, or even the second, but if they are willing to follow the children, if they are willing to learn from their mistakes, they eventually come to understand their needs and temperaments.

Mistakes are inevitable. As the lullaby promises, the cradle will rock. A baby who is full will be coaxed to eat. A toddler will be tossed into the air by an enthusiastic dad when what he really needs is a cuddle and a nap. And parents will frequently realize, after the fact, that they could have found a better way to handle a problem. No parent gets it right every time. One expert on child development has said that when she makes a mistake with her own children, she vows not to repeat that particular mistake...for at least two weeks.

Of course, some mistakes cannot be tolerated. There is never an excuse for abuse or neglect, or for household dangers that imperil children's lives. But young children will inevitably miss a meal, scrape their knees, occassionally or overhear their parents argue. They can easily survive the ordinary ups and downs of daily life, as long as the care they receive day by day is usually warm, responsive and consistent. In fact, these ups and downs are among the experiences that help their brains to mature. What's more, when children have a secure attachment to the adults who care for they, they are indulgent. They know that we deserve many more chances.

IV. We Know What Works

Research points to effective strategies

Researchers and policy makers still have a great deal to learn about how children grow and learn, but we know enough to begin now to promote their healthy development. Research and practice in many fields—including not only brain science but also medicine, psychology, education, cognitive science, and organizational development—have produced an immense body of knowledge, leading to better, more informed, approaches to helping young children and their families. This knowledge rests on thousands of studies and evaluations of hundreds of programs—far too many to summarize in a single report. But we can distill from them fundamental lessons about effective strategies.

Preventive, family-oriented health care works

We Americans take pride in having created a truly advanced society. In the realm of science and technology, we have few rivals. People from around the globe seek information and treatment from our health professionals. Given our resources and the value we place on life, liberty, and the pursuit of happiness, we should have the world's lowest rate of infant mortality. And we do—but only in our more affluent communities. When the nation is considered as a whole, we lag behind more than a dozen other countries in ensuring infant survival. Among African American women, infant mortality is twice as high as it is for white women. The United States also ranks below many other countries in immunization rates and health coverage for

pregnant women and children. Compared to other countries, we have a high proportion of low birthweight babies.

We can do better—if we take a preventive approach to health care and make adequate prenatal care available to more expectant mothers. The facts are clear: good prenatal care dramatically boosts women's chances of giving birth to a healthy babies. It is also a sound investment. For example, prenatal care reduces the number of low-birthweight infants; every time it does, the nation's health care system saves ~~up to~~ an average of $30,000.[12] (up to $1 million)

> "Too many women in this country still do not get adequate prenatal care because of lack of knowledge, motivation, resources, or insurance, and we must work to reduce these barriers." *Dr. Ezra Davidson*

Prenatal care also leads to better nutrition for expectant mothers and infants—a critical factor in children's healthy development. The government provides critical nutritional support by means of the WIC program, which provides nutrition to pregnant women and infants, and food stamps for low-income families. But expectant parents need information and guidance about the kinds of foods and food supplements needed for good health.

Ideally, maternal health care and parent education begin before conception. It is unquestionably important in the early months of pregnancy. And yet, many women still do not get adequate prenatal care. About one in five expectant mothers in our country receives no care during the crucial first trimester. For Black, Hispanic, and American Indian women, the figure is one in three. Some lack health care coverage that would pay for early visits. Others don't know where to

Af-Am-consistency

go, or how to get there, or why a doctor would want to see them when they are not even "showing." Efforts are needed to ensure that the public is better informed, that prenatal care is accessible and affordable, and that care is not delayed while eligibility is established. Aggressive outreach is needed to encourage more prospective parents to seek early care. And preconception and prenatal care should encompass not only health care and risk assessments, but also solid information and services such as screening and treatment for depression, smoking cessation, and treatment for alcohol abuse. While maternal health is the main focus of prenatal care, children benefit when fathers are brought into the process from the outset.

Prenatal care is a good start—but only a start—for a lifetime of good health. Infants and toddlers need regular well-child care, the full set of recommended immunizations, and swift attention when they show signs of illness or developmental delays. That is why health coverage is so important, but today, ten million children (including 1.7 million children under the age of three) are without coverage. Most of these children have parents who hold down jobs but have no employer coverage and earn too little to purchase their own policies. Health care is especially important for the nearly 3 million infants and toddlers living in a family with an income below the federal poverty level. children living in low-income families, since these children are at significantly higher risk for infant mortality, low birthweight, physical or mental disabilities, fatal accidents, and common health problems such as asthma, frequent diarrhea, pneumonia, or dental problems.

run-on sentence

Once parents have access to health care for their children, it must be family-centered. Many parents want more information, reassurance, and resources during well-baby visits than traditional pediatric practices can provide. When health care providers (and insurers) restructure their policies and practices to provide services that meet parents' needs and emphasize prevention, children

Prevention

benefit.

As Americans intensify efforts to improve health care for young children and their families, we can learn from the experiences of other countries, including both industrialized and developing nations. Immunization is a good example. Recently, American leaders travelled to Africa as part of President Clinton's initiative, Lessons Without Borders. They brought back ideas about how campaigns to improve health care and promote immunization rates have been planned and implemented. The Mayor of Baltimore was among the visitors, and the ideas he brought back, including mobile van services, have begun to make a difference for his city's young children.[13]

FAMILY SUPPORT AND PARENT EDUCATION WORK—ESPECIALLY WHEN THERE IS FOLLOW-UP.

Writing about the importance of parent education, an American physician asserted that parents too often undertake their new roles "without previous instruction, or without forethought; they undertake it as though it could be learned either by intuition, by instinct, or by affection. The consequence is, that frequently they are in a sea of trouble and uncertainty, tossing about without experience or compass."[14]

This statement was written nearly a century ago by one of our nation's first women physicians, and despite the fact that we have advanced light years in terms of the medical and scientific knowledge, the need for family support and parent education remains as strong as ever. Perhaps stronger—since today Americans are far more mobile, and are less able to count on advice and help from extended family living in their households or around the block.

Raising children is challenging for all parents; it is certainly stressful for the nation's large number of very unwed young parents. Recently, the birthrate for adolescents has decreased slightly, although the problem remains serious. Each year teenage mothers give birth to nearly half a million babies. Today, 3.3 million children live with adolescent mothers. These young mothers have a particular need for parent education and support. They are much less likely than other mothers to take advantage of prenatal care, and those who are 16 or younger are more likely to have low-birthweight children—with all of the health and developmental problems associated with that condition. In general, children born to teenage parents, especially those living with their mothers alone, appear to be more likely than other children to have continuing health problems.[15]

But all parents can benefit from family support and parent education. Parents want more information. Most say they have a pretty good idea what to look for in terms of their babies' physical development, but need more help recognizing social and emotional milestones. They are perplexed by recent findings about the importance of the early years. They know they need to stimulate their children, but how? and how much? And how can they be sure that the other adults who care for their children will give them what they need?

Parents want to do a good job. But many go to bed at night convinced that they haven't spent enough quality time with their children. More than half of today's parents believe they are not doing as good a job at childrearing as their own parents did.[16] A recent survey conducted by Zero to Three and released at the White House Conference confirms that few first-time parents feel fully prepared for their new role; those who are the youngest and have the lowest income, and those who are going it alone as single parents, feel particularly unprepared.

They also want more information—including the findings about early brain development

that were presented at the White House Conference. The Zero to Three survey found that 60 percent of parents are "extremely" or "very" interested in this subject, and another 21 are "fairly" interested.

But surveys are not the only indications that people who have responsibility for young children want help. Existing family support and parent education services are at full capacity, books and magazines on child care are widely read, and on-line parent resources are expanding. Pediatricians say they are frustrated that they have so little time to respond to parents' long lists of questions and concerns, and some are restructuring their practices to meet this need. Executives at one corporation that set up an 800 number for parents report that the help lines has been flooded with calls, and say that they have been amazed that so many people are eager for information and support that they would turn to unseen, anonymous advisers.

Family support and parent education programs are often aimed at new mothers, but can also help fathers adapt successfully to their new roles. The best programs address not only childrearing issues, but the challenges parents are meeting as they raise their families, such as getting and keeping jobs, resolving conflict, and managing their time.

A number of well established family support programs have been subjected to rigorous evaluation. For example, an evaluation of Avance, a family support program that has served low-income, predominantly Hispanic families over more than two decades, has demonstrated clear, long-lasting benefits for participants and their children. In general, research evidence on comprehensive family support programs is promising but not conclusive. Comprehensive, multifaceted programs are difficult to evaluate because they encompass so many activities, and tailor services to the needs of different families. Different programs serve children of different

ages and target different kinds of families, so it is hard to make comparisons of their impact or cost-effectiveness.

Programs that stress home visitation can produce impressive results, particularly when they begin with prenatal care and include follow-up into the elementary school years. Programs that include regular home visits can help appear to be particularly effective in meeting new parents' informational needs and allaying their anxieties. too strong as worded [SEE SIDEBAR: THERE'S NO PLACE LIKE HOME.] Twenty-five years ago, when hospital stays for new mothers were twice as long, there was more time for advice and instruction—and new parents have a lot to learn. Nursing an infant is certainly a natural process, but the know-how to begin successfully does not come naturally. The same is true for diapering or bathing a newborn, or dealing with cradle cap, or establishing daily (and nightly) routines. Even a minimum hospital stay of 48 hours—which the President fought for and won—is not always enough time for parents to adjust to their new responsibilities before they bring their newborns home. Follow-up is helpful, but today, only one in five families receives follow-up visits by nurses. As the months pass, most parents gain confidence and competence, but they can still benefit from advice about how to keep track of a baby's development, how to recognize and deal with illnesses and emergencies, how to baby-proof their homes, choose toys for their children, and play and chat with children at different ages. Some home visitors make videotapes. These tapes help parents learn what to look for as they watch their children grow, and can spur important discussions of children's development in the context of family dynamics.

> "The most important assessment tool that we have is our power of observation....Dr. Sally Provence, the great pioneer of infant development, said: *Don't just do something, stand there.* She meant that observing how a parent and child interact is critical to understanding how to reach out and to help them.

Sometimes, we need to leave the parent and the child alone." *Dr. Harriet Meyer*

HIGH QUALITY CHILD CARE AND EDUCATION WORK

Today, 80 percent of mothers go back to work before their babies' first birthdays. Many choose to continue their careers while raising a family; others might prefer to stay home, but have no choice. After all, 55 percent of working women are indispensable providers, contributing half or more of family income.[17] Other mothers must work or attend training to meet new welfare requirements.

As a result, the great majority of infants and toddlers are in non-maternal care for some stretch of time. This is a potential opportunity. Studies that have followed children's progress over decades, such as the Perry/High Scope Preschool Study, have shown that high quality early care and education programs produce long-term benefits, especially for children from low-income families. Programs with well trained staffs and strong curricula (geared to children's needs at each stage of development) have been shown to promote cognitive, social, and emotional development in young children. Children who attend such programs fare better in elementary school, especially if they receive ongoing support as they move through the grades. They are less likely to be held back and less likely to be referred for special education. Some effects have been shown to persist into adulthood.[18]

The trouble is—high-quality, affordable child care is hard to come by. Researchers who have observed and rated child care programs (including both child care centers and family day care settings) say that many are poor to barely adequate. Programs for infants and toddlers appear to be the worst of all.[19] Moreover, child care schedules often do not mesh with parents' work

schedules. Many parents resort to makeshift arrangements; their children may be in several locations or programs during the course of a single day.

Researchers and practitioners have come up with many proposals to address the quality crisis in early care and education. Some take a broad view, arguing that changes must be made not only in programs, but also in the policies, financing strategies, and accreditation practices that underlie the nation's child care services.[20] These efforts provide a broad framework for improving child care so that children can thrive and parents can work and learn with peace of mind.

As President Clinton has often said, there isn't a problem that isn't being solved somewhere in this country. We can base tomorrow's early care and education programs on the experience of today's successful programs. For example, much can be learned from the experience of the military, which has strived towards excellent child care programs by requiring substantial basic training for caregivers, offering them a career ladder, and providing sufficient wages and benefits to reduce staff turnover. **[SIDEBAR: ON THE LAND, IN THE AIR, ON THE SEA...AND IN THE SANDBOX.]**

A COMPREHENSIVE APPROACH WORKS

Finally, to meet the many needs of our youngest children, we need a comprehensive approach. This is the toughest challenge of all. It is difficult, in part, because Americans tend to resist "systems." When it comes to young children, however, we pay systematically when we provide piecemeal services that let so much promise slip through the cracks.

Our model is Head Start — comp approach: health, parent edu, family support, education / socialization of kids

- talk abt what H.S. is

If all of the core institutions discussed in the following chapter were to work together, and take concrete steps to coordinate their approaches, our communities could begin to move toward better results for children. But this effort challenges many people and many institutions to examine their policies and practices, and to begin to make necessary changes. It means reordering priorities. This is not easy, nor can it be quickly accomplished. It will take sustained attention and work.

V. Building on Success

The accomplishments of recent years can be solidified and extended. No endeavor promises more long-term benefits for our nation than giving children a better start in life. But ~~for~~ is this effort is to succeed, every sector of our society must make a vital contribution.

What Parents and Families Can Do

Parents can support their children's healthy development by doing what parents do best—loving their children, spending time with them, chatting with them, protecting their health and safety, and creating the predictable routines and consistent limits that help children feel secure. They can stimulate their children's intellectual growth by reading to them and engaging them in age-appropriate activities that will tap their creativity and spark their curiosity. These ideas may seem self-evident—but as things stand, only half of our young children are read to by their parents every day.

Generations of parents need no convincing that raising children is taxing, both physically and emotionally. But it requires not only stamina, but also skill; not only nerve, but also knowledge. Mothers and fathers can enhance their children's development by becoming better informed about parenthood—beginning even before their children are conceived. Today, countless parent education programs, publications, radio talk shows, TV specials, videos, and web sites are available in communities across the nation. Family support organizations, child care centers, libraries, hospital and health clinics, human service agencies, and schools and universities are among the institutions that make these resources available to their communities.