

**CITY OF RICHMOND  
EARLY CHILDHOOD DEVELOPMENT INITIATIVE  
CONCEPT PAPER**

**BACKGROUND**

The Mayor has a vision for Richmond in the year 2020 - an ambitious goal that targets a sustained, long term turnaround in the quality of life for City residents. The vision takes today's three-year old children and says that when these children graduate from high school in the year 2020, Richmond will be a greatly changed city. As described in the July 2005 Vision 2020 report, "Citizens will be safe in their homes, streets and communities. Public schools will be high quality. And the endless cycle of poverty, violence, crime, joblessness, fatherless children and aberrant behavior will be broken. This cycle can only be ended through a massive, ceaseless effort by community groups, civic organizations, faith communities, businesses, state and local governments and the general public."

Why does Richmond need a vision? A look at just a few key health, social and economic indicators paints a grim picture of Richmond's disadvantaged citizens and communities. For example:

<b>Indicator</b>	<b>Richmond</b>	<b>Statewide</b>
Child Poverty	29.9%	12.5%
Infant Mortality	14.3 per 1000	7.6 per 1000
Low Birthweight Births	13.3%	8.2%
Child Immunization Rates	40%	80%
High School Dropouts	17.4%	2.8%
Births to Single Mothers	61%	31%
Births to Teen Mothers	49 per 1000	17 per 1000

Note: Most statistics are for 2003 and are from *Mayor's 2020 Vision, Report of the Mayor's Human Services Committee*, July 12, 2005

A Human Services Committee appointed by the Mayor concluded that school success was job #1 for the City, and that education is the key to breaking the endless cycle. However, it was recognized that children's success in school is linked to school readiness, to healthy children, to parental involvement, to dedicated teachers, to supportive communities and to public safety. These factors are linked and all must be addressed if the City is to see its 2020 vision. In addition to an intensive truancy reduction project underway in the City, the Committee recommended major initiatives in four additional areas: Early Care and Parent/Caretaker Education, Child and Adolescent Health, Schools for Success, and At Risk Male Intervention and Support.

The Committee further noted that the City funds and provides a number of programs for children and families, but that it is essential for intervention to take place earlier in children's lives. Most City services focus on older children after they experience major problems rather than on preventing problems in the first place.

**FRAMING THE EARLY CHILDHOOD DEVELOPMENT INITIATIVE**

To build on the recommendations of the Vision 2020 report and more specifically focus the scope, direction and component activities of the City's Early Care and Parent/Caretaker

Education Initiative, an Advisory Group was appointed by the Deputy Chief Administrative Officer for Human Services. Original members included:

- Dr. Kevin Allison, Associate Dean for Community Activities, Virginia Commonwealth University
- Saphira Baker, Deputy Chief Administrative Officer for Human Services, City of Richmond
- Dr. Yvonne Brandon, Associate Superintendent, Instruction and Accountability, Richmond Public Schools
- Barbara Couto Sipe, Assistant Vice President of Children, Youth and Families, Success By 6, United Way of Greater Richmond and Petersburg
- Susanne Crump, Senior Vice President, Community Building, United Way of Greater Richmond and Petersburg
- Barbara Fleming, Executive Director, CHIP of Greater Richmond
- Sheryl Garland, Vice President, Department of Community Outreach, Virginia Commonwealth University Health Systems
- Tanya Gonzalez, Manager, Richmond Hispanic Liaison Office
- Harriet Henderson, Library Director, Richmond Public Library
- Paul McWhinney, Director, Richmond Department of Social Services
- John R. Pope, Director, Richmond Department of Parks, Recreation and Community Facilities
- Beth Rafferty, Mental Health Director, Richmond Behavioral Health Authority
- Sally Ribeiro, Executive Director, Partnership for Families Northside
- William L. Roberts, Jr., Executive Director, Robins Foundation
- Michael J. Welch, Program Manager, Chronic Disease Prevention and WIC Program, Richmond Health District

Additional individuals have participated with the Advisory Group since its inception. In addition, an Early Childhood Development Manager was hired in August 2006 to serve as the “point person” for the Initiative, helping to refine the Advisory Group’s recommendations and to serve as the chief coordinator and staff for implementing the Early Childhood Development Initiative.

The Advisory Group conducted an environmental scan to: identify and analyze current early childhood development programs and issues in Richmond, identify gaps and areas for attention, and identify the areas on which the Initiative should focus. Subcommittees of the Advisory Group and the Early Childhood Development Manager formulated the more detailed strategies within each focus area.

### **GOAL AND FOCUS AREAS**

The goal of the Citywide Early Childhood Development Initiative is for all Richmond City children ages zero through five to be healthy, well-cared for and ready to succeed in school. Achievement of the goal will be supported by strategies in five focus areas:

1. **Public Awareness** - Help parents and caretakers understand the importance of their role in ensuring children reach school healthy and ready to learn; Widely disseminate information on available services that can help parents and caretakers in this role
2. **Quality Child Care** - Improve the overall quality of early care and education and increase access by low income families by amending funding practices, addressing barriers to subsidy access, improving knowledge of program requirements, assessing

- opportunities to tie subsidy rates to program quality, supporting quality initiatives, infusing literacy into child development programs, addressing Latino family needs in strategies and assessing supply/demand patterns
3. **Home Visiting** – Reduce infant mortality and improve early childhood outcomes by increasing the number of at-risk families served through home visiting by networking and strengthening home visiting programs, providing additional funds for services, and establishing a consistent mechanism for home visitor referral
  4. **Parent Education** - Expand parent education opportunities by coordinating, supporting and promoting parent education classes and filling critical gaps to ensure parents are better served, organizations work collaboratively, and available programming and funding are maximized
  5. **Evaluation and Benchmarking** – Monitor and evaluate the early childhood development strategies to ensure achievement of outcomes

Figure A indicates the intended results of the proposed Vision 2020 early childhood development interventions on the negative conditions now existing for many Richmond children and their families.

### **PUBLIC AWARENESS**

**Issue.** All parents, especially low-income parents with limited resources, need access to resources and support related to early childhood development and child care. Access to services, however, will depend in part on awareness of the importance of early childhood development as well as the availability of services and resources. A campaign will be undertaken to increase public awareness of (1) the critical role parents play in ensuring their children reach school healthy and ready to read and learn, and (2) existing information and services that are available to parents and caregivers.

**Discussion.** This campaign will be undertaken to reinforce the importance of the role of parents in raising healthy children that enter school ready to read and learn, and to increase public awareness about existing services and access to information that supports the effective use of child and parenting supports and services (including prenatal care). In this, a message or theme should be developed or adopted that can be shared with the general population. Close consideration should be given to employing existing “Born Learning” or “Smart Beginnings/Start Strong” campaign messages and materials. The campaign message should be simple, effective, culturally relevant to Richmond’s communities and easy to remember and recite. The campaign will be of interest to all families but emphasis will be placed on ensuring that the campaign penetrates areas of the City with concentrations of low-income families. Both formal and informal community-level parent supports will (a) foster a culture that recognizes that all parents have to be the child's first teacher, the first nurturer and the first advocate and (b) increase parents’ access to information about community resources available to support them and their effectiveness as parents, before and after their babies are born. The campaign will also complement efforts at the State<sup>i</sup> and local<sup>ii</sup> levels targeting policy makers. Additionally, funding should be allocated to invest in the development of the message and needed materials and the campaign for dissemination. A large portion of this component can likely be achieved by utilizing staff resources currently available within the City government and through the private and nonprofit sectors. Obstetricians and pediatricians will be important participants to ensure reaching the target audiences.

**Figure A**  
**City of Richmond Early Childhood Development Initiative:**  
**Children Under the Age of Five will be Healthy, Well-Cared For and Ready to Succeed in School**

Why is this Important?		Vision 2020 Early Childhood Development Interventions		Community Changes	Results
<p><b>Too many Richmond children live under seriously challenging conditions</b></p> <ul style="list-style-type: none"> <li>• 30% of children in Richmond live at or below poverty level</li> <li>• Teen pregnancy rate 2.8 x state average<sup>iii</sup></li> <li>• Single mother pregnancy rate 2 x state average</li> </ul> <p><b>The cumulative effect impairs the ability of many children to succeed in school</b></p> <ul style="list-style-type: none"> <li>• 30.5% of Richmond's kindergarteners identified as needing reading intervention</li> <li>• 38% of Richmond's 3<sup>rd</sup> graders failed the 3<sup>rd</sup> grade reading SOL</li> </ul>	<p>What can we do to turn around these negative conditions?</p>	<p><b>Public Awareness:</b></p> <ul style="list-style-type: none"> <li>• Communications campaign</li> <li>• Materials &amp; distribution networks</li> <li>• Web site</li> <li>• Outreach to Hispanic parents on all strategies</li> </ul> <p><b>Quality Child Care:</b></p> <ul style="list-style-type: none"> <li>• Increase number of children served</li> <li>• Remove barriers to receipt of child care subsidy</li> <li>• Promote understanding of eligibility requirements</li> <li>• Support improved quality of care</li> <li>• Tie subsidy rates to program quality</li> <li>• Align demand for/availability of services</li> <li>• Infuse literacy into child development programs</li> </ul> <p><b>Home Visiting:</b></p> <ul style="list-style-type: none"> <li>• Network existing programs</li> <li>• Rebuild Richmond Healthy Families</li> <li>• Increase number of families served</li> <li>• Establish consistent screening process</li> </ul> <p><b>Parent Education:</b></p> <ul style="list-style-type: none"> <li>• Establish coordinator position</li> <li>• Ensure availability of parent education classes and opportunities</li> </ul>	<p align="center">➔</p> <p align="center">➔</p> <p align="center">➔</p> <p align="center">➔</p>	<p>Parents provide stable family environment, promote the health of their children, see themselves as their child's first teacher and have the skills to provide developmentally appropriate care</p> <p>Out of home care environments that provide quality learning and development opportunities are available for and utilized by children</p>	<p>Children enter school healthy, well-cared for and ready to succeed</p> <p>Children are reading at grade level by third grade</p>
		↑		↑	↑
<p align="center"><b>Benchmarking and Evaluation</b> at the intervention level, at the community level and for the desired end result: improved PALS and SOL reading scores</p>					

Note: This figure is based on and presents some of the same information contained in a community change model developed by the United Way of Greater Richmond and Petersburg presented at the Greater Richmond Early Childhood Leadership Council, Subcommittee on Metrics, September 26, 2006. Figure A is specific to the City of Richmond.

The campaign will target parents, grandparents, other caregivers, and service providers to (a) echo the values message; (b) provide information to support successful child development (c) reinforce a rationale for accessing support resources (e.g., helping children reach their full potential); and (d) inform that providers and services are available to help parents as they work hard to do the job of parenting (e.g., support parents and service providers in more easily accessing information and navigating the multiple sources of information and sets of resources available to support parents and their parenting). This final point will focus on three central resources:

- How and where families can access quality child care and how to pay for it?
- How and where families can access quality prenatal, child health and dental care and how to pay for it?
- How and where families can access quality support in parenting?

The plan is to make use of existing materials to the extent possible, and to avoid developing an extensive set of new materials. Some new materials may be needed to fill information gaps that exist and to communicate the principal campaign message. These materials should be designed such that they are fun, interactive, easy to disseminate and easily stored. They also need to be culturally relevant and developed at an appropriate reading level to support the literacy needs of parents.

The dissemination plan should include the identification of a network of intermediaries that have regular face-to-face access to families that may need services and supports. These groups include pediatricians, family practitioners, dentists, school nurses, DSS staff and staff in Richmond Health District facilities. Other groups could include:

- Hospital discharge and pediatric units (HCA Richmond Hospitals, Bon Secours Richmond Health System, VCU Health System, Children's Hospital of Richmond)
- Community intermediaries (including Sacred Heart, Fulton Neighborhood Resource Center, East District Family Resource Center, William Byrd Community House, Friends Association, Partnership for Families Northside)
- Richmond Public Schools (workshops for parents, PTA, general distribution)
- Child care centers
- Children's Health Involving Parents (CHIP)/Healthy Families
- Richmond Redevelopment and Housing Authority
- Greater Richmond Stop Child Abuse Now (build on their parenting campaign)
- Libraries
- Churches with city congregations
- Neighborhood civic leadership (Civic Associations/Roundtables)
- East District Center, Southside Plaza, Hispanic Liaison Office
- Richmond safety net providers (Bon Secours Care-A-Van, Commonwealth Clinic, Cross Over Ministry, Daily Planet Health Care for the Homeless, Fan Free Clinic, Hayes E. Willis Health Center, Craig Health Center, North District Community Health Clinic, Richmond Area High Blood Pressure Center, Vernon J. Harris Health Center, Virginia League of Planned Parenthood)

Given the nature of their daily activities, these groups would be natural partners to approach regarding this initiative. To ensure that the goals in this area are met, an introductory letter should be developed that provides an overview of the intent of the campaign, the issue that is being addressed, relevant statistics for the region, projected outcome and rationale for enlisting the assistance of community partners, and what the partner is being asked to do. Any new

resource materials that will be available for parents should be designed in a manner to allow them to be easily displayed in office settings. The overall intent will be to ask community partners to assist in sharing the theme or core message, while having resource materials available in their offices for parents to read later to obtain additional information on the subject.

Campaign messages and materials (including information on the City's early childhood development website and 2-1-1) might also be advertised in the *Richmond Times Dispatch*, *Style Weekly*, *Free Press*, neighborhood weeklies, City mailers and bills, *Richmond Parent Magazine*, and the *Voice*. The campaign should explore taking advantage of collaborative opportunities including current communications efforts of the Friends of Prevention, United Way's local Born Learning campaign, Greater Richmond SCAN and the Richmond Healthy Start Coalition. In addition, the campaign might solicit public service time in electronic media and donated space in print media. Consideration should also be given to how to link with [www.connectrichmond.org](http://www.connectrichmond.org) and [www.richmond.com](http://www.richmond.com).

Also, because public and nonprofit resources change over time and resource directories can become quickly outdated, working with existing efforts is recommended, including:

- United Way's 2-1-1 (<http://www3.irissoft.com/rich/>)
- SCAN directory for parenting support services
- ECDC Directory of Early Childhood Development entities
- State Department of Social Services Child Care Directory (<http://www.dss.virginia.gov/facility/search/licensed.cgi>, <http://www.dss.virginia.gov/facility/search/unlicensed.cgi>)
- AED Asset Mapping resources (<http://www.communityyouthmapping.org/youth/default.asp>)

As appropriate, links to these sites could be maintained on an ECD website developed and maintained by the City. Additional informational materials that could be accessed or referred to through the communications materials might include:

- The Governors Tool Kit for Parents (<http://www.governor.virginia.gov/MediaRelations/NewsReleases/2006/May06/0512.cfm>)
- United Way's Born Learning materials and media campaign (<http://bornlearning.org/>), and
- Resources linked to Prevent Child Abuse Virginia (<http://www.preventchildabuseva.org/>).

The website, in addition to providing access to support resource information, could also provide a centralized location for general resource information relevant to children and families (e.g., free and low cost activities to do with children at Dogwood Dell, Parks and Recreation links, etc.). Resource information on the website could be formatted to allow parents and intermediaries to printout 'local' resource guides organized by the four quadrants of the City.

To oversee and maintain responsibility for this project and the interface with community partners, an individual within the City's administration should be identified. Personal visits should be made to individuals/agencies that express interest in delivering packets of materials. Brief training should be provided on how to introduce concepts to parents and effectively deliver the core message.

A final point in this discussion is that an event should be held to formally kick off the City's Early Childhood Development Initiative. This event could be held in January 2007 and

involve high level officials and community leaders. Much work on the strategies will have been accomplished by this time, so the event would publicize items and services that would be immediately available, enhancing the impact of the event and our public awareness efforts.

**Next Steps.** The following information describes action steps, primary partners for initiating the strategy and timeframes.

<b>Steps</b>	<b>Primary Partners for Initiating Strategy*</b>	<b>Timeframe</b>
Identify baseline of information regarding parent awareness of services	Public Awareness Committee including Success By 6 (Chamber/UW), VCU, DCAO-HS ECD Manager, DCAO-HS Communications Specialist, SCAN, Commonwealth Parenting <b>Lead: DCAO-HS Communications Specialist, Success By 6</b>	Winter 2007
Develop communications campaign & materials	Public Awareness Committee <b>Lead: DCAO-HS Communications Specialist, Success By 6</b>	Winter 2007
Early Childhood Development Kick Off Event	Public Awareness Committee <b>Lead: DCAO-HS Communications Specialist, DCAO-HS ECD Manager</b>	January 2007
Implement campaign	Public Awareness Committee with broad information dissemination network as described in text <b>Lead: DCAO-HS Communications Specialist, Success By 6</b>	Winter 2007 and ongoing
City ECD web site	Public Awareness Committee <b>Lead: DCAO-HS Communications Specialist</b>	Early Winter 2007

\* See Appendix D for explanation of abbreviations used in table.

### **QUALITY CHILD CARE**

**Issue.** Early childhood research is converging to indicate that the quality of child care provided to young children significantly influences their school success as well as life success, and that this is especially important for children from low-income homes. Unfortunately major gaps exist in the accessibility, affordability, and quality of child care programs in Richmond. Efforts are needed to improve the overall quality of early care and education and to maximize the effectiveness and utilization of child care subsidies to increase access by low income families to high quality early care and education. A community scan is also needed to assess the demand vs. availability of early care and education services throughout the City.

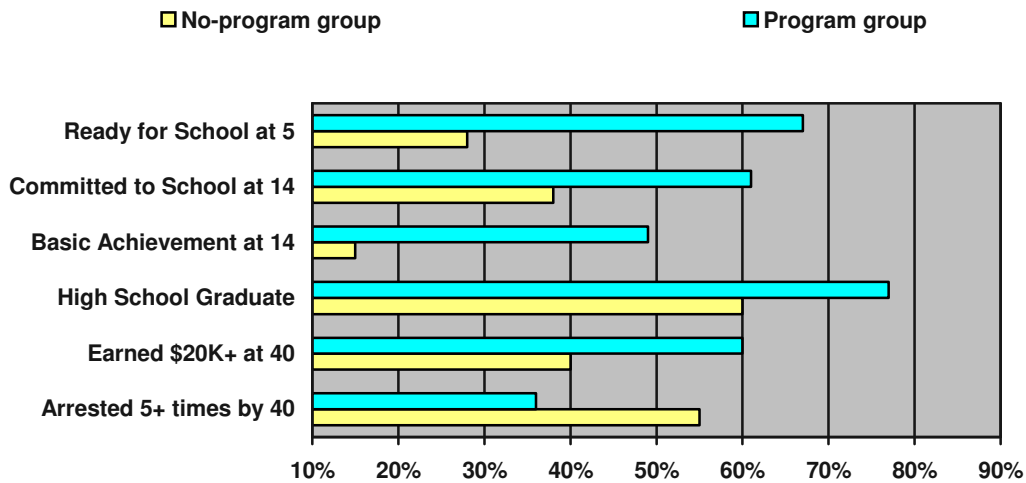
**Discussion.** There are a variety of types of early care and education programs including: public programs that are federally and/or state funded; private programs; programs that are center-based; home-based programs; full-time or part-time programs; licensed, license-exempt, unregulated, voluntarily registered, and nationally accredited programs. These categories are not mutually exclusive, and programs can reflect a combination of these characteristics. There are also a variety of names for the different programs like child development centers, day cares, child care centers, home providers, family day care providers, pre-schools, and even weekday

programs. Some of these have unique definitions and some are just different words for the same thing, but in the end all of these early care and education programs serve two purposes:

- 1) Nurture and stimulate the healthy cognitive, social, emotional, and physical development of infants, toddlers, preschoolers, and school-agers, and
- 2) Provide temporary custodial care for children in the absence of the parents

One thing that is abundantly clear is that young children, especially children from low-income families, benefit greatly from high quality early care and education. The 40-year-old High Scope/Perry Preschool Project Study along with the Abecedarian Study and several other longitudinal studies have shown the dramatic effects high quality early care and education has on children’s lifetime success (Figure B). The Minneapolis Federal Reserve conducted a cost/benefit analysis of these studies and reported that the total benefit-cost ratio is \$17.07 in benefits to each \$1 invested in quality early care. Approximately \$12 of the total benefit is in public savings and earnings (education savings, taxes on earnings, welfare savings, and crime savings)<sup>iv</sup>.

**Figure B**  
**High Scope/Perry Preschool Project Study to Age 40**



Parents and families also benefit from high quality care. In 2003, The Business Roundtable in partnership with Corporate Voices issued a call to action report, *Early Childhood Education: A Call to Action from the Business Community*. Within this report they reported on a study which found that employers that have families using high quality early care and education reported fewer employee absences, longer employment, and greater concentration and performance on the job.

Accessible, available, and affordable high quality early care and education prepares our children to succeed, supports our families, and is a critical part of a thriving, economically vibrant community.

The need surrounding early care and education is not a simple one of supply vs. demand. As long as someone is willing to pay for the care of their child, someone will be willing to

provide that care. However, the accessibility, affordability, and quality of that care are in serious question.

The status of the availability (supply) of early care and education regardless of quality and age of care needed is somewhat easy to capture and looks at first glance as though there may be enough “slots” for Richmond’s children in general.

- There are an estimated 15,465 children under the age of 5 living in Richmond<sup>v</sup>. Thirty one percent (4,794) of them are living below poverty<sup>vi</sup>.
- Sixty-seven percent of all children under the age of 6 (9,233) are in families with all parents in the labor force.<sup>vii</sup>
- The City of Richmond has 275 regulated early care and education programs (92 licensed child care centers, 75 licensed home providers, 54 religiously exempt centers, and 54 voluntarily registered home providers) representing approximately 23,000 slots (the majority of which are preschool age).<sup>viii</sup>
- Head Start has 752 slots for 3 and 4 year olds, Early Head Start has 58 slots for infants through 2 year olds, and Virginia Preschool Initiative supplies an additional 918 slots for 4 year olds<sup>ix</sup>
- In FY 2004, 3190 children received child care subsidies and an additional 708 were captured on a waiting list<sup>x</sup>

However, there are major gaps in the accessibility, affordability, and quality of programs. South Richmond has experienced a dramatic increase in the number of Hispanic and immigrant families, yet there are only two Head Start classrooms located in Southside.<sup>xi</sup> Infant/toddler care is the scarcest with the majority of infants and toddlers being cared for by unregulated home providers and family or friends. Infant/toddler care is most at risk of being poor quality due to the lack of resources put into those classrooms and the lack of proper training of staff. The number of early care and education programs in Richmond that have taken steps to formally validate the quality of their programs is also in short supply. Out of the 275 regulated programs only 18 are nationally accredited (one voluntary measurement of quality). The majority of the 18 are located downtown and in the near West End along Cary Street and Monument Avenue.

Head Start, Early Head Start, Virginia Preschool Initiative, and child care subsidies are all public supports which are helping children and their families develop and succeed in their own ways. Yet, these supports are not available to all children and families either eligible for them or in need of quality early care and education.

The environmental scanning work done by the Quality Child Care workgroup identified a number of specific issues that will be addressed through the quality child care strategies, including identifying and addressing perceived and real barriers that may impede access to child care subsidy, implementing procedures to ensure all DSS families with Head Start students are so identified to maximize available funding, strengthening DSS projection/accounting processes so that child care subsidy funds are not inadvertently returned to the federal government, exploring opportunities to tie child care subsidy rates to the quality of programs, improving the knowledge base of community based organizations regarding child care subsidies and other programs, ensuring that the needs of the growing Richmond Latino community are understood and addressed as part of the early care strategies, infusing early care and home visitation programs with best practice literacy to support early child development, helping Head Start by providing additional opportunities for early registration, and conducting a community scan to provide concrete information comparing where demand for services lies vs. where services are actually located. In response to the scan results and the identified gaps in available and affordable quality

early care and education, the Quality Child Care Workgroup has recommended a series of action steps.

**Next Steps.** The following information describes action steps, primary partners for initiating the strategy and timeframes.

<b>Steps</b>	<b>Primary Partners for Initiating Strategy*</b>	<b>Timeframe</b>
Revise projection and accounting processes to fully utilize all federal subsidy funds and increase number of children served	DSS <b>Lead: DSS</b>	Fall 2006
Fully utilize DSS Head Start wraparound funding to increase number of children served	Child Care Funding Committee including DSS, RPS Head Start, VCU Head Start, Success By 6, VDSS <b>Lead: DSS, RPS</b>	Study – Winter 2007 FU – Spring 2007
Identify barriers to accessing DSS child care subsidies and implement procedural changes	Barriers Committee including DSS, CHIP, Richmond Healthy Families, HLO <b>Lead: DSS</b>	Study – Winter 2007 FU - Spring 2007
Improve CBO service provider knowledge of program requirements	Barriers Committee <b>Lead: DSS</b>	Winter 2007
Assess opportunities to tie subsidy rates to program quality	Child Care Funding Committee <b>Lead: DSS</b>	Study – Winter 2007 FU – Spring 2007
Support efforts to improve the quality of early care services	Child Care Quality Committee including DSS, Success By 6, RPS, VCU Head Start programs, VPI, Memorial Child Guidance <b>Lead: DSS, Success By 6</b>	Ongoing
Work with the schools to expand Head Start, Early Head Start and VPI	DCAO-HS, DCAO-HS Early Childhood Development Manager, RPS <b>Lead: DCAO-HS Early Childhood Development Manager, RPS, DSS</b>	Initiate Winter 2007
Infuse literacy into child development programs	Child Care Literacy Committee: RPL, RPS & VCU Head Start programs, Early Reading First, VPI, home visiting agencies, Success By 6 <b>Lead: RPL</b>	Ongoing
Ensure strategies address priority needs of Latino families	Latino Strategies Committee: HLO, Success By 6, CHIP, Healthy Families <b>Lead: HLO</b>	Needs Assessment Findings – Fall 2006 FU – Winter 2007

		and ongoing
Community scan to compare demand for/availability of child care services	Success By 6, VCU, HLO, Memorial Child Guidance (CCR&R), City Budget & Strategic Planning, DCAO-HS Early Childhood Development Manager <b>Lead: DCAO-HS Early Childhood Development Manager, VCU</b>	Spring 2007

\* See Appendix D for explanation of abbreviations used in table.

**HOME VISITING**

**Issue:** Home visiting is a strategy for offering information, guidance, services, training, and emotional and practical support directly to at risk families in their homes. It can be especially effective for families that are hard to reach with traditional services. The Richmond Healthy Start Initiative has adopted home visiting as one of its primary tactics for reducing infant mortality.

There are two intensive home visitation approaches in Richmond (CHIP and Healthy Families), plus additional programs that provide less intensive home visitation services, services for shorter periods of time or services to more narrowly defined target groups. In 2005, intensive home visitation services reached approximately 475 of the estimated 1,425 – 2,250 families in need of these services.<sup>xii</sup>

**Discussion:** Richmond exhibits a number of factors or conditions that are associated in research and literature with child abuse and neglect and/or impaired child development. These conditions include significant numbers of single or young mothers, mothers with less than a twelfth grade education, low-income households and families with low birth weight infants.

Healthy Families and CHIP evaluations show that these programs have a positive impact. CHIP of Richmond’s 2005 Annual Report indicated the following for CHIP families:

- Increased use of primary care physicians
- Fewer low birth weight babies
- Increased children’s immunizations
- Increased health insurance enrollment
- Fewer asthma emergency room visits, and
- Increased birth spacing

CHIP also reports that 66% of children ages three through five enrolled in CHIP at least six months were enrolled in center-based child care programs, up from an average of 65% in previous years.<sup>xiii</sup>

Healthy Families evaluations cite similar outcomes, including that families enrolled in the program are healthier, use medical services more appropriately and have higher immunization rates than similar families that did not receive home visitation services. Additional findings indicate fewer low birth weight babies, positive family dynamics, improved birth spacing, early detection of developmental delays and reduced child abuse and neglect.

Four programs currently offer home based services focused on pregnant and parenting women and their families.<sup>xiv</sup> Healthy Families services are offered through the Partnership for Families Northside and the East District Initiative. CHIP of Richmond is an independent

nonprofit that serves the largest number of families receiving home visits in the region. Two programs, Nurse Case Managers and Resource Mothers, are connected to the Health Department.

- ***Healthy Families.*** Healthy Families programs follow a national model and are defined by four overarching goals: improving pregnancy outcomes and child health, promoting positive parenting practices, promoting child development, and preventing child abuse and neglect. The organization has also adopted in recent years a focus on ensuring children reach school ready to read and learn. Participation in Healthy Families programs is voluntary. Henrico Healthy Families with Family Lifeline offers home visiting services to Northside residents through the Partnership for Families Northside (73 families were served in 2005). Healthy Families Richmond offers home visiting in the East District. Ninety-nine families were served through HF Richmond in 2005, but the capacity of the program to serve families diminished significantly toward the end of 2005 and through the first half of 2006 because of staff turnover.
- ***CHIP of Greater Richmond.*** CHIP of Greater Richmond is an affiliate of the Comprehensive Health Investment Project (CHIP of Virginia). While both CHIP and Healthy Families address health issues as well as family support, CHIP maintains a more intense health focus. CHIP's services are provided by a CHIP team consisting of a community health registered nurse and a paraprofessional Family Intervention Specialist. Participation in CHIP is voluntary. CHIP served 316 families in 2005.
- ***Nurse Case Management.*** The nurse case management program serves approximately 125 pregnant women in a year. Referrals to the program come from clinics and doctor's offices that identify high risk conditions in pregnant women such as previous infant loss, diabetes or hypertension. Most referrals come from the Health Department's 10<sup>th</sup> Street Clinic or the Clinic at VCU-MCV. This program is targeted primarily to the coordination of health care services for these women. Case managers coordinate services while the woman is pregnant and after she delivers. The program provides home visits at two-months and four-months post-partum and ongoing as needed.
- ***Resource Mothers/GEM.*** Resource Mothers serves pregnant teens. The Resource Mothers program, run by the Richmond Department of Health, served 113 teen mothers under the age of 19 living in the city of Richmond during FY 2006. The program receives referrals from schools, DSS and health service providers to reach out to teen girls. In addition to serving teen moms, the Richmond Resource Mothers program has served 10 teen fathers and 13 siblings of pregnant teens through the positive behavior reinforcement program, GEMS. The Resource Mothers Program offers weekly visitation prenatally and until the third month postpartum. After the parent's fourth month postpartum, the resource mother and her supervisor assesses the home situation and level of adjustment and vary the frequency of visits according to need. Frequently these visits are supplemented by phone calls.

Each of the home visiting programs currently relies on its own outreach methods and established relationships with other service providers to identify clients who may be eligible for home visitation services. While there is some cross referral that occurs, this method results in a "catch as catch can" method that does not guarantee that the clients with the greatest need are identified and referred, or that clients become involved with the program that can best meet their needs.

Several actions are needed to strengthen home visitation within the City, including:

- **Convene the programs.** Agencies and programs offering home visitation should be convened to identify all entities providing home visiting, program objectives, types of clients served, services provided, duration of service period, methods of referral, and the needs/concerns of each program. Information should be used to describe the continuum of home visitation services available in Richmond and the niche that each program fills. This information can be used to build understanding of services available and strengthen home visiting referral processes.
- **Network.** An ongoing process should be established to encourage ongoing interaction between and among the programs, address their mutual concerns and provide training and other support.
- **Rebuild Healthy Families Richmond.** The Richmond Department of Social Services is currently rebuilding the Healthy Families Richmond program. Plans are underway to fill the manager position and hire and train a full complement of staff; procedures and evaluation processes are being reestablished in accordance with Healthy Families guidelines; and a Healthy Families Board will be reestablished. DSS will assess if program boundaries should be extended beyond the East District of Richmond.
- **Increase the number of families served.** Funding should be provided to increase the number of Richmond families that can be served through home visitation. Current caseload and need data should be assessed to determine if a particular geographic area of the City or a subset of the population is in greatest need of services. Current anecdotal data indicates that additional services may be called for on the Southside. CHIP currently serves the Southside and has a continuous waiting list. Funding that the city and partner organizations may be able to provide should be leveraged to the fullest extent possible.
- **Consistent screening, referral and assessment.** A consistent, City-wide screening process/mechanism for home visitor referral should be established. This could involve the development of a screening process only that is jointly administered by designated parties, or might involve the designation of one entity to coordinate and carry out much of the process. Consideration could also be given to centralizing the assessment function, the second step with many of the programs in determining the extent to which a client needs services. A committee including all involved parties should evaluate the best process to accomplish consistent screening, and institute actions to achieve it.

**Next Steps.** The following information describes action steps, primary partners for initiating the strategy and timeframes.

Steps	Primary Partners for Initiating Strategy*	Timeframe
Convene and network existing home visiting programs	Home Visiting Committee: Success By 6, CHIP, Richmond Healthy Families, Family Lifeline, DJS, Richmond Health District, RBHA, Head Start, DCAO-HS ECD Manager <b>Lead: DCAO-HS ECD Manager, Success By 6, CHIP</b>	Fall 2006 and ongoing
Rebuild capacity of Richmond Healthy Families	DSS, PCAV/Healthy Families Virginia <b>Lead: DSS</b>	Winter 2007
Provide additional funding to increase the number of at-risk families served	DCAO-HS <b>Lead: DCAO-HS ECD Manager</b>	Winter 2007

Establish a consistent, City-wide screening mechanism for home visitor referral	Home Visiting Committee, VCU-MCV, DCAO-HS <b>Lead: DCAO-HS ECD Manager, Success By 6</b>	Winter 2007
Collaborate with Richmond Healthy Start Initiative to incorporate infant mortality and ECD themes in both approaches	DCAO-HS Early Childhood Development Manager, Richmond Healthy Start Initiative <b>Lead: DCAO-HS Early Childhood Development Manager, Richmond Healthy Start Initiative</b>	Fall 2006, Winter 2007 and ongoing

\* See Appendix D for explanation of abbreviations used in table.

### **PARENT EDUCATION**

**Issue:** Parent education is important to effective parenting and the City needs a coordinated effort in this area. Parent education is provided by various entities in the City and surrounding metropolitan area, but no one entity coordinates, promotes or evaluates these offerings. As a result, some offerings are underutilized, others may be in short supply, and parents with questions or problems often times do not know where to turn for help or may be embarrassed to ask for help, feeling that only “bad” parents don’t know how to raise their own kids. Effective coordination, support and promotion in this area could ensure that parent needs are better served, organizations work collaboratively, more topics are addressed, and some of the stigma unfortunately associated with parent education is erased.

**Discussion:** Parent education classes and workshops offer parents, prospective parents, grand parents and other caregivers opportunities to strengthen their abilities to nurture and foster their children’s development. Based on their observations and experiences in the field, the Parent Education Work Group identified several groupings of parents that likely need or want assistance throughout their parenting years.

- Parents without extended families or support systems within Richmond, who may not have reliable or experienced assistance available
- Parents who are confronted with a specific problem, but who may not know where to find help, or may feel there is a stigma attached to needing help
- Parents who will benefit from “preventive” knowledge – they are not confronting a particular problem, but will be more effective parents with some assistance

Some localities have taken a proactive approach in this area to ensure that parent education is available. For example:

*Douglas County, Oregon formed a Parent Education and Training Brokerage (PETB) to offer a wide variety of high quality, cost-effective parent education opportunities for parents, family members, day care providers and other interested community members. Parent education and training opportunities reflect the needs of a variety of parents taking into consideration cultural diversity, parent developmental level, and other social and health issues. There has been a collaborative effort to offer a number of educational opportunities to meet the needs of diverse groups. Among the benefits of the PETB approach are*

*the planning and scheduling of parent education workshops, continuing curricula research and development, and reduced duplication of parent education services between agencies and organizations throughout the jurisdiction.<sup>xv</sup>*

\* \* \*

*The Healthy Families Partnership in Hampton, Virginia has also taken a proactive approach to ensuring that a wide range of parent education options are available to all parents that want and need them. Approximately 25 classes of general interest to parents are offered through the Partnership, which promotes the availability of the courses through its website and other means. The following examples come from the Partnership website. Other classes offered are listed in Appendix A and can be found on the Partnership website.*

***LAMB (Labor and My Baby)*** – *A baby is a bundle of joy. But there is no denying that expectant parents can be a bundle of nerves at the thought of all the unknowns that lie ahead. This 12-week prenatal program will not only calm your fears and prepare you for the challenges - and delights- of parenthood, but will also provide instruction on prepared child birth through LAMB.*

***ABC – Are You Ready for School?*** – *Pretty soon your child will go off to Kindergarten. But is he or she ready? Make sure with “Assuring Better Children,” a parenting program that prepares both parent and child for the daily demands of school. In six two-hour sessions families will learn how to establish effective discipline, offer appropriate praise, express anger in healthy ways, make appropriate choices, develop positive relationships with teachers and solve problems that may develop at home or school. Children meet separately to learn through role playing, music, art, activities, puppet shows and discussions guided by a group leader.<sup>xvi</sup>*

A number of entities in the Richmond area provide parent education – some on a frequent basis and others periodically. These entities include United Way Excel, Partnership for Families Northside, Greater Richmond Stop Child Abuse Now (SCAN), Family Lifeline, HomeAgain, Richmond Department of Justice Services, Richmond Behavioral Health Authority, Children’s Hospital, Memorial Child Guidance Center, Jewish Community Center, Medical Home Plus, Commonwealth Parenting, Parent Educational Advocacy Training Center, Commonwealth Catholic Charities, St. James Episcopal Church, St. Thomas Episcopal Church, Virginia Cooperative Extension, and others.

Greater Richmond SCAN in 2005 surveyed governmental, for profit, not-for-profit and faith-based organizations to identify organizations providing parenting services. Although the survey asked broadly about parenting services, one of the findings was that effective program advertising is lacking:

*“Program advertising seems to be lacking as well, as respondents requested the need for services that already exist in an area. This indicates a need for additional/alternative advertising methods. Word of mouth continues to be the main focus of advertising. Parents are our best referrals, though it seems that additional broad based marketing is needed.”<sup>xvii</sup>*

Two types of efforts should be taken regarding parent education. First, and in the near term, better coordination, support and promotion of existing parent education offerings is needed. Specific actions may also be needed to fill critical gaps that exist in parent education offerings. Second, and in the longer term, movement toward universal access to parent education should be pursued.

The following near term steps should be taken to coordinate, support and promote parent education in Richmond:

- Designate an entity to coordinate and support parent education programs
- Adopt a parent education “model” for Richmond - a description of the critical parent education topics/classes/information that should be available to Richmond parents regarding early childhood development and the optimal locations for these offerings
- Identify existing parent education opportunities and identify critical gaps (subject matter, location, target groups, etc.)
- Encourage resource sharing and other efforts to fill gaps
- Establish a Citywide parent education calendar
- Collaborate to increase parent participation
- Promote best practices
- Effectively publicize the value of parent education and the availability of parent education classes and information

Success By 6 currently does some parent education coordination on the Northside and in the Hull Street area, and might be appropriately positioned to carry out a more comprehensive coordinative process citywide. Other possible centralized sites for coordination might be the Richmond Public Library or within a City agency.

A decision will need to be made as to if the effort will focus on the 0 – 5 age group exclusively, or if there is benefit to including opportunities for parents of older children in the effort.

Regarding universal access to parent education, the Parent Education Work Group suggests that universal access would be available to parents at three stages of their child’s development. The first phase of parent education would be initiated during prenatal care. The second phase would occur at the child’s birth, with information provided to all parents at the hospital. The third stage would be through pediatrician information for parents when the child reaches 18 months, and progress through the significant stages of child development. As noted, implementing all of these stages comprehensively, and developing and funding the parent education network to provide the services, would be a long-term process.

The Parent Education Work Group has developed suggestions for moving toward universal parent education. This information is contained in Appendix B.

**Next Steps.** The following information describes action steps, primary partners for initiating the strategy and timeframes.

Steps	Primary Partners for Initiating Strategy*	Timeframe
Appoint or contract with parent education coordinator	DCAO-HS, DCOA-HS Early Childhood Education Manager, Success By 6, RPL <b>Lead: DCAO-HS Early Childhood Development Manager</b>	Winter 2007

Develop/adopt parent education "model" identifying critical topics, modes of delivery and locations	Parent Education Coordinator; Parent Education Advisory Committee including RPL, Partnership for Families Northside and additional providers with knowledge of parent education needs, parent education providers, pediatricians, Success By 6, Greater Richmond SCAN, Health District (WIC), DCAO-HS Early Childhood Education Manager <b>Lead: Parent Education Coordinator, RPL</b>	Winter 2007
Identify current offerings, Establish parent education calendar with ongoing process for updating	Parent Education Coordinator, Parent Education Advisory Committee <b>Lead: Parent Education Coordinator</b>	December 2006
Publish/disseminate parent education calendar	<b>Lead: Parent Education Coordinator, RPL, DCAO-HS Communications Specialist</b>	January 2007
Identify critical gaps	Parent Education Coordinator, Advisory Committee <b>Lead: Parent Education Coordinator, RPL</b>	Winter 2007
Initiate actions to fill gaps	Parent Education Coordinator, Advisory Committee, Partner organizations <b>Lead: Parent Education Coordinator, RPL</b>	Winter 2007 and ongoing
Incorporate parent education message/information into ECD public awareness campaign	Parent Education Coordinator, DCAO-HS Communications Specialist, RPL, DCAO-HS Early Childhood Development Manager <b>Lead: Parent Education Coordinator, DCAO-HS Communications Specialist</b>	Winter 2007 and ongoing

\* See Appendix D for explanation of abbreviations used in table.

### **EVALUATION AND BENCHMARKING**

**Issue:** The progress, outputs and outcomes of programs and activities associated with the Early Childhood Development Initiative will be monitored and evaluated to ensure that efforts are achieving their intended outcomes. Information gained from monitoring and evaluation will be used to inform future planning and decision making and to assess the effectiveness of chosen strategies.

**Discussion:** Four evaluation-related efforts will be undertaken as part of the Early Childhood Development Initiative. These are:

- ***Establish and monitor outcome measures for early childhood development strategies.*** Goals, baseline measures, process measures and outcome measures will be established for the programs and activities undertaken as part of the Early Childhood Development Initiative. Outcome measures will be incorporated in the Vision 2020 workplan system created by the Deputy Chief Administrative Officer for Human Services, and movement toward intended outcomes will be monitored regularly.
- ***Work with partner organizations to establish community-level indicators and mechanisms for monitoring these indicators.*** Rather than create a separate process for

establishing and monitoring community-level indicators for early childhood development, the Deputy Chief Administrative Officer for Human Services (DCAO-HS) and Early Childhood Development Manager (plus representatives of other City agencies as appropriate) will work collaboratively with Success By 6 to establish indicators that work for both entities and for other organizations within Richmond as well. The DCAO-HS is a member of the Success By 6 Leadership Council.

- ***Support development of a measurement/assessment culture and processes in City departments involved with early childhood development.***
- ***Work with DataShare Richmond in its efforts to explore coordinated service delivery monitoring and evaluation strategies across a number of programs employing rigorous evaluation methodologies.*** Appendix C contains additional information on this area.

**Next Steps:** The following information describes action steps, primary partners for initiating the strategy and timeframes.

<b>Steps</b>	<b>Primary Partners for Initiating Strategy*</b>	<b>Timeframe</b>
Establish goals and outcome measures for ECD strategies	Lead entity for each strategy; Evaluation Committee including VCU, Success By 6, Robins Foundation; Budget and Strategic Planning; DCAO-HS Early Childhood Development Manager <b>Lead: DCAO-HS Early Childhood Development Manager</b>	January 2007
Incorporate measures in Vision 2020 workplan system	<b>Lead: DCAO-HS Early Childhood Development Manager</b>	January 2007
Work with partner organizations to establish community-level indicators and mechanisms for monitoring these indicators	Success By 6 Leadership Council and staff, DCAO-HS, DCAO-HS Early Childhood Development Manager <b>Lead: DCAO-HS, DCAO-HS Early Childhood Development Manager</b>	October 2006 and ongoing
Support development of measurement/assessment culture and processes in City departments involved with early childhood development	DSS leadership, Healthy Start leadership, DCAO-HS, DCAO-HS Early Childhood Development Manager <b>Lead: DCAO-HS Early Childhood Development Manager</b>	Winter 2007 and ongoing
Work with DataShare Richmond to explore coordinated service delivery monitoring and evaluation strategies	Evaluation Committee, DCAO-HS Early Childhood Development Manager <b>DataShare Lead: VCU</b> <b>City representative: DCAO-HS Early Childhood Development Manager</b>	Fall 2006 and ongoing

\* See Appendix D for explanation of abbreviations used in table.

Appendix A  
**Hampton Healthy Families Partnership  
Parent Education Courses Offered**

- Anger Management for Parents: The RETHINK Method
- Assuring Better Children (ABC)
- Cooperative Parenting
- Crianza con Carino
- Dad's Activity Group
- Dynamic Dads
- Here, Now, and Down the Road
- LAMB (Labor and My Baby)
- Kids First
- KidWise
- New Dads Boot Camp
- Nurturing Program for Parents and Children (Ages One to Four)
- Nurturing Program for Parents and Children (Ages Five to 12)
- Nurturing Program for Parents and Teens
- Parenting Electronic Kids
- Playgroups
- Raising Children in Troubled Times
- Siblings without Rivalry
- Special Dads
- Special Delivery
- Stepping Together
- Systematic Training for Effective Parenting (STEP) Early Childhood
- Systematic Training for Effective Parenting (STEP) Elementary Development
- The 10 Greatest Gifts I Give My Children

Source: <http://www.hampton.va.us/healthyfamilies/classdescriptions.html>

Appendix B  
**Work Group Suggestions for  
 Moving Toward Universal Parent Education**

**Key Components**

- Implement a model program and schedule of classes that would be tested with parents involved with the Partnership for Families Northside and VCU Head Start parents, with potential addition of parents in an area in the Hull Street area/Southside to be identified. The North Richmond area has a varied population and will provide an opportunity to test a range of approaches for parent education.
  - Programs should include multi-faceted content at each session to broaden the parents' knowledge of information that would be useful. "*Complementary learning*," a term used by the Harvard Family Research Project, captures the concept of providing content that will allow the participant to build on specific skills learned and add other information of interest to them at each stage of parent development.
  - Locations such as libraries and parks/community facilities are widely available and accessible for programs, and are widely acceptable locations for the whole community.
  - Experience indicates that the following components for classes and programs will contribute to successful participation:
    - 1 ½ - 2 hour maximum time
    - Classes should be scheduled to accommodate both working parents and non-working parents (i.e. morning classes and evening classes)
    - Phone calls to potential participants, to identify interest or to remind them of upcoming classes/programs
    - A takeaway that is meaningful to participants' needs (arts and crafts make-and-take to replicate at home, appropriate book for their child, or tips for safety on the playground) is beneficial
    - Child care should be provided
    - Transportation should be considered (ease of access, public transportation)
    - Food/refreshments should be provided if possible at all training sessions
    - Giveaways related to parenting and program content
- Due to the amount of time that a coordinated effort of this nature will take, we recommend that a **position be created or contracted** to ensure maximum success of this pilot program. This person would set up locations, create promotional materials, enlist community support by calling key community members and potential attendees, arrange child care, secure refreshments and transportation, and be present at each session to monitor and supervise the class.
- **Available parent education providers in the community should be utilized** in partnership with this program according to their particular expertise, such as members of the United Way Excel coalition parent educators, Healthy Start educators, Greater Richmond SCAN educators, CHIP educators, Commonwealth Parenting educators and so forth.
- A beginning date for services needs to be established.
- Future development could include:
  - Expansion of the model program to all neighborhoods of the City of Richmond.
  - Targeted information developed that would be distributed to all parents at key stages of their child's development (ex. ages 2, 5, 7, 11). This could build on the state's Parent Tool Kit distributed to new parents at the hospital at the birth of their child.
  - Parenting information provided through pediatricians and home visiting programs.

- Best practices information sharing for agencies and organizations that provide services to families with young children.
- Short presentations developed which would be suitable for inclusion at PTA meetings, churches, neighborhood meetings or other general gatherings, that would provide “complementary learning” opportunities of interest to parents.

### **Public Awareness Considerations**

- SCAN has recently completed a survey that identified gaps in parent resources. We should build on this knowledge as we address the need for parent education.
- SCAN has also recently completed a directory of services titled Parent Support Services Resource Guide, Richmond Metropolitan Area 2006-2007. This guide could be used as a base for informing parents of available resources.
- As the Public Awareness portion of this concept paper recognizes, the United Way 2-1-1 call system also organizes information on available resources, and is a widely available and easily accessible resource. Information on this tool should be communicated to all parents.
- In Fall 2006, Greater Richmond SCAN is conducting focus groups with a cross-section of parents in the Richmond area, with the goal of developing a marketing campaign for “parenting” that will promote the need that all parents have for parenting skills. The City and SCAN should explore working collaboratively in this area.

### **Preliminary Resources List**

- “Effective Parent Education Program,” Laura Colosi and Rachel Dunifon, Cornell Cooperative Extension, 2003
- Harvard Family Research Project/Harvard Family Information Network
- Greater Richmond United Way 2-1-1 Network
- Richmond Public Library, Family Resource Centers
- SCAN: Parent Support Services Resource Guide
- SCAN: parent focus groups to be conducted late summer/early fall

## Appendix C

### **Establishing Coordinated Service Delivery Monitoring and Evaluation Strategies**

The goal of evaluation and benchmarking activities linked with the City's early childhood initiative is to use research and data to inform planning, decision making, monitoring and assess the effectiveness of chosen strategies. Activities will be designed to (a) create opportunities to share learning from ongoing studies of current early care efforts; (b) support collaborative efforts that standardize data/measurement elements, (c) coordinate monitoring of service data relevant to early childhood services; and (d) collaboratively establish benchmarks.

The evaluation and benchmarking work will be conducted by a workgroup facilitated by DataShare Richmond, a collaborative partnership working to improve data access and use for organizations that serve communities and organizations serving communities in the greater Richmond region ([www.datashare.vcu.edu](http://www.datashare.vcu.edu)). DataShare technical group members include VCU, United Way, the City of Richmond, Richmond Ambulance Authority, Local Initiatives Support Corporation and Central Virginia Health Planning Authority and founding members include the Grace E. Harris Leadership Institute, University of Richmond, Annie E. Casey Foundation and the Jessie Ball duPont Fund.

#### Support Collaborative Learning

There are currently several research and evaluation studies and efforts focusing on the delivery of quality services to children in the target age range. As a first step, we will convene researchers working on current evaluation studies and data collection efforts linked to early childhood work in the greater Richmond area. This will include researchers working on the Partnership for Families Northside (Julie Linker, VCU, Psychiatry; Michaela Zonta, VCU, Wilder School); Healthy Families (Judy Bradford, VCU, Community Health Research Initiative; Saba Macho, VCU Epidemiology); VCU/Head Start/RPS with Early Reading First Grant (Mark Emblidge and Chris Chin); the STAR program enhancement work (United Way/Success By6) and the VCU Head Start and related research programs (Evelyn Reed-Victor, VCU, Education). This is not intended as an exhaustive list and the advisory group and research group will be used to assist in the identification of other relevant research efforts. The group will be invited to present and orient other researchers and the advisory group to their work, its focus and current findings. We will explore the possibility of developing collaborative reporting strategies, either through coordinated presentations or reporting that would allow the lessons learned from each of these research initiatives to begin to inform broader community efforts.

This group will be invited to engage in a discussion of how these individual research efforts could collaboratively enhance learning and understanding relevant to the early childhood initiative. This might involve the consideration of identifying and utilizing, where appropriate and available, a common index of child development or quality care and related measure administration training.

In addition to convening this research group, we would explore the opportunity to establish a coordinated service delivery monitoring strategy. This might involve exploring the possibility of DataShare serving as a service data coordinating center. Service data from providers such as CHIP, the Partnership for Families Northside, Healthy Families, VDH/WIC, Child VIP, Head Start, and ECDC child care providers would be invited to participate in this effort to better understand the broad array of services and their current utilization as well as

families eligible and percent or numbers served. We would explore what service data is collected and what service data could be shared including: Numbers of families served, numbers of contacts; child age, gender, race, parents demographics and family address as well as service unit costs and expenditures. The group would establish a plan for accessing data (e.g., quarterly) and would work with the planning group to develop a reporting strategy.

These data would be utilized to support the development of a change model and related benchmarks for service goals relevant to each service type. This change model would be designed to consider service needs across developmental period (e.g., birth-1, 2-3, 5-8) and the implications of increasing service types at specific ages (e.g., home visiting for families with children 0-1) for later service need. These service benchmarking activities will begin with current level of resources, and related service capacity and availability and would work with the advisory group to establish service Goals (by intervention type) to anticipate impact at each developmental level and related resource generation goals across time. The benchmarking activities would build on current efforts identifying crucial developmental benchmarks relevant to community efforts to address early childhood development.

DataShare will provide access to basic child demographics, and will work with the collaborative research and advisory group to finalize indicators for community level monitoring. This may include examining potential indicators of community-level child developmental outcomes across domains such as education (e.g., PALS Scores, 3<sup>rd</sup> Grade SOL's), parenting (e.g., Child Abuse Reports/Founded Cases; Out of Home Placements), and health (e.g., Immunization Rates, RAA Ambulance Child Pediatric Transports, Health Insurance Enrollments). We will work with available data sets, local data holders and the Governor's Office of Substance Abuse Prevention to access indicator data.

Future activities of the collaborative research group might involve expanding program evaluation activities utilizing a basic outcome protocol into currently un-evaluated programs and exploring collaborative grant writing to cover evaluation costs. The group might also explore future opportunities to follow families across service providers or more rudimentary comparison of families utilizing services across provider to identify users of multiple similar services. In addition we will explore opportunities to conduct longitudinal analyses in better understanding the impact of services, resources and strategy on child development.

Appendix D  
**Abbreviations Used in Report Tables**

Abbreviation	Organization or Individual
CCR&R	Child Care Resource and Referral
Chamber	Greater Richmond Chamber
CHIP	Children's Health Involving Parents of Greater Richmond
DCAO-HS	Deputy Chief Administrative Officer for Human Services, City of Richmond
DJS	Department of Justice Services
DSS	Department of Social Services, City of Richmond
ECD Manager	Early Childhood Development Manager, City of Richmond
HLO	Hispanic Liaison Office, City of Richmond
RBHA	Richmond Behavioral Health Authority
RPL	Richmond Public Library
RPS	Richmond Public Schools
SCAN	Stop Child Abuse Now
UW	United Way of Greater Richmond and Petersburg
VCU	Virginia Commonwealth University
VCU-MCV	Virginia Commonwealth University – Medical College of Virginia
VDSS	Virginia Department of Social Services
VPI	Virginia Preschool Initiative
WIC	Women, Infants and Children program

## End Notes

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<sup>i</sup> Office of the Governor:

<http://www.governor.virginia.gov/MediaRelations/NewsReleases/2006/May06/0512.cfm>

<sup>iii</sup> Youth Matters (<http://www.grcc.com/page/name/youth/>)

<sup>iii</sup> Virginia Department of Health website, October 23, 2006

<sup>iv</sup> Schweinhardt, L.J. (2005). *The High Scope/Perry Preschool Project Through Age 40*. High Scope Press.

<sup>v</sup> 2005 ACS

<sup>vi</sup> 2000 Census

<sup>vii</sup> 2000 Census

<sup>viii</sup> Virginia Department of Social Services, August 28, 2006

<sup>ix</sup> 2006 No Time To Waste: School Readiness Indicators. Voices for Virginia's Children

<sup>x</sup> No Time to Waste

<sup>xi</sup> Southside Child Development Center and Overby-Sheppard Elementary School

<sup>xii</sup> Newlin, B.A., *Home Visitor Programs – Number of Clients Served – January through December 2005*, 3-10-06, Youth Matters; Griffey, E., *Estimate for Taking Home Advantage to Scale in the City of Richmond – Three-year Retention*, 9/15/06, Success By 6

<sup>xiii</sup> B. Fleming email, 10-23-06

<sup>xiv</sup> Several additional agencies have home visitation functions. These include Head Start, the Richmond Department of Juvenile Justice, and the Richmond Behavioral Health Authority.

<sup>xv</sup> [www.parenteducation.org](http://www.parenteducation.org)

<sup>xvi</sup> <http://hampton.va.us/healthyfamilies/classdescriptions.html>

<sup>xvii</sup> GR SCAN's Parents Needs Assessment Survey: Methodology and Survey Analysis, Fall 2005