

GREAT START COLLABORATIVE -WAYNE

THE EARLY CHILDHOOD SYSTEM IN WAYNE COUNTY, MICHIGAN

A STRATEGIC AND INFRASTRUCTURE REVIEW



PREPARED BY

BRAINTREE SOLUTION CONSULTING, INC.

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GREAT START COLLABORATIVE – WAYNE
STRATEGIC AND INFRASTRUCTURE REVIEW OF EARLY CHILDHOOD

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INTRODUCTION

Background

Great Start Collaborative-Wayne is one of the first communities in Michigan to receive a grant from the Early Childhood Investment Corporation (ECIC) for the development of an early childhood system...“a comprehensive, coordinated system of supports, programs, services and policies”...that is responsive to the needs of families and effective in preparing our youngest citizens to be successful in school and life.

The mission of the Great Start Collaborative-Wayne is to engage the entire community to assure a coordinated system of services and resources to assist all Wayne County families in providing a great start for their children from birth through age five.

Working with Wayne County partners, and on behalf of Great Start Collaborative – Wayne (GSC-W), Braintree Solution Consulting was contracted to conduct an environmental assessment and system mapping initiative to address priority areas within local and regional child development systems: access to health care and medical homes; mental health and social-emotional development; early care and education; parent education; and family support. In order to understand and therefore *manage* these priority areas, stakeholders have now been provided a system tool to document the existing services and resource delivery at the County and local level. This tool, a “System Map” of childhood resources, simultaneously captures the experience of the system contributors and end clients (children and families), providing a dynamic but fact-based means for stakeholders to achieve integrated, sustainable, appropriate, effective and efficient service delivery – the ultimate goal of any system. This process, led by Colin Newlin of Braintree Solution Consulting, involved research, interviews, site visits, focus groups and collaborative sessions all geared toward mapping the system of early childhood and its programmatic and institutional resources and challenges.

Goals for the GSC-W System Building Initiative

- ◆ Define the roles, responsibilities and resources of all major providers and partners
- ◆ Identify and align resources in ways that highlight their contributions to the achievement of school readiness outcomes
- ◆ Empower stakeholders to make informed policy and program changes in order to facilitate systems integration and the alignment of populations, services, accountability and outcomes

As called for in the contract between Great Start Collaborative – Wayne and Braintree Solution Consulting, Inc., the following serves to summarize the findings that have resulted from an information gathering and analysis process as part of the efforts to map and assess the system of early childhood in the county.

INTRODUCTION

Acknowledgments

This report, mapping work products and environmental scan of Wayne County’s early childhood system owes much to the work and dedication of Great Start’s executive planning committees which have guided this process. Braintree would like to express special thanks to the chairs of the Data and Evaluation Committee, Carole Quarterman of the Child Care Coordinating Council (Wayne County) and Marie Colombo of the Skillman Foundation, as well as Pat Sargent, Deborah Strong and the rest of the GSC-Wayne staff for their tireless efforts.

Members of the Strategic and Infrastructure Review Advisory Committee

Marie Colombo, <i>Co-Chair</i>	Skillman Foundation
Carol Quarterman, <i>Co-Chair</i>	Child Care Coordinating Council (Wayne County)
Brad Jensen	City Connect Detroit
Amanda Johnson	Great Start Collaborative – Wayne (staff)
Elaine Koons	Great Start Collaborative – Wayne (staff)
Mary Mueller	Children’s Hospital
Sue Pilon	Downriver Community Conference
Kurt Metzger	United Way of Southeastern Michigan
Cheri Barber - Ross	Early Childhood Investment Corp
Carolynn Rowland	Detroit Health and Wellness Promotion
Virginia Saleem	Detroit Department of Human Services
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Deborah Swasey	Wayne County Department of Human Services
Mike Wells	Detroit Public Library-TIP database
Brian Whitsett	Parent Representative (GSC-W)

INTRODUCTION

Executive Summary

Great Start Collaborative-Wayne has conducted an environmental assessment throughout Wayne County to identify the major early childhood system components, trend data, needs, gaps, resources, and opportunities within its early childhood system. This assessment included gathering statistical data about the County (see “How are the Children? Report), conducting focus groups, interviews (face to face and telephone), surveys, reviewing print materials and reports (annual reports, budgets, strategic plans, etc.), databases (TIP/Detroit Public Library, 211, etc.), websites (public and private organizations), current research (content theme areas, cost/benefit analysis, best practices, etc.) and a variety of other tools and strategies to craft a picture of what services for young children and their families looks like in Wayne County. However, this collection of information is just the beginning of an ongoing process, which is serving as a vehicle for GSC-W to not only gauge its success but to also identify public and private agencies who serve young children and their families and connect them to Great Start Collaborative- Wayne and our early childhood movement.

INDICATOR DATA ANALYSIS: A PROFILE OF WAYNE COUNTY

- **Wayne County’s population continues to decline while becoming more racially and ethnically diverse.**
- **Three of every 10 children live in poverty.**

Wayne County encompasses approximately 623 square miles. It is made up of 33 cities, including the city of Detroit, 10 townships, one village and 41 public school districts. Its population of just under two million in 2005 makes it the most populous county in Michigan and the eleventh most populous county in the Nation. However, the population has dropped by almost 670,000 residents over the last three decades even though the county continues to attract immigrants.

While the population overall and that of children five and under has continued to decrease since 2000, migration and immigration trends have resulted in an increasingly diverse population. The White, African American and Native American populations have decreased, and Hispanic/Latinos and Asians have increased. Though not recognized as “official” minority groups, the Middle Eastern populations groups (both Muslim and Christian) as well as African-born and Eastern Europeans (Bosnians, Serbs, Russians, etc) have shown growth in recent years as well.

The number of births in Wayne County has also dropped from 40,680 in 1990 to 27,422 in 2005. This represents a decrease of 33%. Just over 11,000 of this 13,000 drop occurred in the City of Detroit. In 2005, Whites accounted for 50 percent of Wayne County births and African Americans for 45 percent. Persons of Arab ancestry accounted for 8 percent and Hispanics for 7 percent.

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The economic downturn has hurt Michigan more than other states in the nation. Since 2000, the county has experienced a loss of 74,277 non-government jobs with manufacturing employment dropping by 31%. The county's unemployment rate, which reached a low of 4 % in 2000, has hovered around 8.5% for the last 4 years.

Median household income has declined between 1999 and 2005, from \$47,800 to \$40,881 when adjusted for inflation. This decrease in income resulted in an increase of almost 50,000 Wayne County residents whose income fell below the federal poverty guidelines – rising from 332,598 in 1999 to 382,382 in 2005. From 2000 to 2005 the percent of Wayne County children under the age of five living in poverty rose from 24.7 percent to 30 percent. The decrease in the number of births and increase in the out migration of persons in their child-bearing years have resulted in a decreasing population of children less than 5 years of age in the county.

The Influence of the Family

- 29 of every 100 babies are born to mothers who have not received adequate prenatal care.
- The percentage of births to women under age 20 drops slightly but still lags behind the state
- One in four babies in the county is born to a mother without a high school diploma.
- 42 of every 100 children under age 18 live in single parent homes.
- The number of substantiated cases of child abuse and neglect for children birth to five years has been significantly reduced over the past 5 years

The Child

- One in ten babies are born with a dangerously low birth weight
- 11 out of 100 infants die before their first birthday
- Black infants continue to die at a rate 3 times that of Whites
- Although significantly improved, slightly less than one half of the children have up to date immunizations.
- 45% of the children receive publicly funded insurance
- The number of children tested for lead increased, those found to have lead poisoning decreased to 5.2%
- 79% of the county's children are proficient in reading in third grade.

Early Care and Education

- 60% of the children under age five spend part of the day outside the care of their parents.
- 1 in every 100 Wayne County licensed child care centers and homes is nationally accredited.
- There has been a 20% decrease in the number of low income children whose cost of care is subsidized despite rise in poverty.

Availability: Today, 60% percent of children five and under (approximately 90,000 in Wayne County) spend some part of their day outside the care of their parents. They may be in their own homes with a non-relative caregiver or cared for in a relative's home.

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They may also be in settings such as a child care center, preschool or family/group day care home, all of which are regulated by the State of Michigan.

Quality: No matter what the setting, it is vitally important that children are with people with whom they can build relationships, experience safety and security and have consistent opportunities to talk, be read to and learn. Michigan recently updated licensing rules for centers and homes and included requirements for annual training of staff. This will help insure that children are in settings where adults have knowledge of child development and know how best to support children’s learning and development. All licensed programs are required to meet compliance with the Child Day Care Licensing Rules. Two percent (2%) of Wayne County centers and homes have voluntarily met additional standards to become accredited by the National Association for the Education of Young Children or the National Association for Family Child Care. Unfortunately, the quality of many early care settings falls somewhere between meeting minimum compliance with the licensing rules and attaining accreditation.

Affordability and Access: Michigan uses federal dollars to provide a portion of child care costs for children whose families meet eligibility guidelines. From 2005 to 2006, however there was a more than a 20 percent decrease in the number of young children whose care was subsidized, though more children qualified for assistance due to the downturn in the economy. Three out of every four eligible children were cared for by either a relative or an aide (caregiver in the child’s own home). These caregivers do not have to meet the same standards of care as licensed programs.

STRATEGIC AND INFRASTRUCTURE REVIEW

Due to the size and complexity of Wayne County and its populations and institutional resources, GSC-W’s strategic and infrastructure review sought to embrace these complexities and draw together all partners and institutions who might have a stake in improving outcomes for children and families. While unraveling this system puzzle was at first a daunting challenge, any doubts have been replaced by the excitement of GSC-W and its partners. This is because there is tangible progress, a “snap shot of the system” is emerging and GSC-W’s outreach to organizations throughout the County has been a vehicle for new and improved relationships with many of the county leaders and decision makers critical to this work.

During the process, GSC-W pulled together information on 399 programs in Wayne County based on a combination of 135 interviews, neighborhood drill down work, and other sources. The table below shows the number of programs which were found to serve specific areas in Wayne.

Total Programs							
	Downriver	Eastern Wayne	Western Wayne	Detroit	Hamtramck	Highland Park	Overall
Total Programs	206	192	230	343	171	171	399

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Great Start also conducted 17 focus groups throughout the county’s 4 major regions - Eastern, Western, Downriver, and Detroit Core (Detroit, Highland Park, and Hamtramck). These ranged from 15-30 participants. The diversity represented by the stakeholders and families in these groups was also a rich mix taking into consideration factors such as geographic location, socio-economics, immigrants, gender, racial/ethnic, and family type. This allowed us to hear from parent populations such as teens, fathers, grandparents raising grandchildren, foster parents and guardians, 2-parent families, etc. Focus Groups with service providers also included a range representing much of the above factors and sectors as well as child care, educators and trainers of those in early care and education, teachers, home-visitors, Head Start, social services, education, health and mental health. Additionally, outreach was extended to other system supports beyond services such as those dealing with economic and neighborhood development.

Assessing Capacity: Can Service Providers Meet Demand?

There are a number of programs within each service delivery theme that indicated they do not have the ability to serve all those eligible for their services. The table below ranks the service delivery themes according to the percentage of programs that indicated an inability to meet the capacity needs of its service population. As shown below, approximately half of the programs addressing parenting education and family support are operating with an insufficient capacity, and are therefore not able to reach all of those parents and families in need of their services. This, among other reasons, is why parent education is one of the central priorities for GSC-W.

Percentage of Programs with Insufficient Capacity by Service Delivery Theme	
Parenting Education	50.0%
Family Support	47.2%
Social Emotional Health Care	37.2%
Basic Needs, Economic Security & Child Safety	36.6%
Physical Health Care	36.4%
Early Care and Education	25.8%

STRATEGIC ISSUES

Despite several challenges, GSC-W’s environmental assessment process discovered that Wayne County, as a whole, also has a rich array of resources and people. Much of GSC-W’s work is to help “connect the dots” by increasing awareness, improving quality and access, expanding the continuum of offerings, ensuring universal access, reducing institutional and policy barriers, and helping to bring and leverage existing resources to areas currently under-served. The following highlights the major themes of this process. More detailed information on these findings is in the attached reports.

Strategic Issue Number 1:

Many of the parents and providers do not know what resources exist and/or have difficulty accessing them for correctable reasons.

Strategic Issue Number 2:

There is a need for improvement in the development and training of professionals working with young children and their families.

Strategic Issue Number 3:

The array of services appears to be rich but there are noticeable gaps in what is available for young children and their families.

Strategic Issue Number 4:

A relative lack of diverse funding sources to support the programmatic infrastructure serving children and families.

Strategic Issue Number 5:

A need for more co-located services by multiple agencies and a “system of care” approach available in communities across Wayne County

Strategic Issue Number 6:

A need for more high-quality, affordable and accessible safe “places and spaces” for children and families (e.g. more play groups)

Strategic Issue Number 7:

Improve the educational skills and preparation of parents, including the planning of their families and their ability to serve as their child’s “first teacher”

Strategic Issue Number 8:

Improve the screening of young children to identify developmental challenges and ensure timely access to therapeutic services

Strategic Issue Number 9:

Improve the access to primary care and a medical home for all children and families

Strategic Issue Number 10:

A need to better address the social-emotional needs of young children and provide greater attention to the institutional supports necessary to ensure a healthy social-emotional foundation for children at home, at child care and in the community

Informed by the above strategic issues, and in an effort to address major challenges through innovative and cost-effective ways, several cross-cutting strategies emerged from the Early Childhood System Assessment and are *recommended for action* by GSC-W:

- 1) **Public Education/Awareness.** A vital issue identified by interviews, focus groups and feedback from Collaborative stakeholders is the need to educate the public in ways that enhance their access to and utilization of programmatic resources, their skills as parents and their support of investing in early childhood. One strategy to accomplish this task is for GSC-W to enhance and promote *United Way’s 211* call line and other resource and referral services.

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- 2) **Quality Enhancements for Early Care Programs.** The need to improve both the quality and diversity of services in early care settings emerged as a major priority for Wayne County. GSC-Wayne’s plan includes efforts to improve the quality of early care programs as well as the availability of physical and social-emotional health services in early care settings. Embedded within this cross-cutting strategy are efforts to improve professional development for service providers, support funding for an enhanced Child Care Health Consultant initiative, and a Quality Rating and Improvement System for early care providers.

- 3) **Family Resource Centers.** During the Infrastructure Review of Wayne County it was discovered the region was relatively lacking in the number of organizations offering comprehensive services to children and families in community locations. While there are examples of successful models locally, GSC-W has identified this as an area worth greater investment and replication. Wayne residents have strong preferences – and often transportation challenges – that indicate a need for locally-based programs to support parents and provide access to a wide array of services. This is particularly important in regards to parent education and participation.

INTRODUCTION

Metadata

The Braintree database contains information on 399 programs in Wayne County based on a combination of 135 interviews, neighborhood drill down work, research, and other sources. While over 435 programs were originally profiled, over 35 programs were removed from the study after additional drill down work and follow up revealed several organizations no longer existed and programs that were no longer operational. The table below shows the number of programs found to serve specific areas in Wayne, these figures include duplicated counts where programs served more than one location.

Total Programs							
	Downriver	Eastern Wayne	Western Wayne	Detroit	Hamtramck	Highland Park	Overall
Total Programs	206	192	230	343	171	171	399

The following table shows the breakdown for the total number of completed interviews and the number of contacts in Braintree’s interview inventory, which has grown considerably since this initiative began – furthering the goal of identifying potential partners for GSC-W and increasing the positive visibility of GSC-W in the community.

Throughout this document, Braintree has used 6 service delivery components or themes aligned with the GSC-W to describe the array of services and programs that make up the early childhood system of Wayne County:

Interview Status	
Total Potential Contacts	Interviews Completed
233	135

- **Physical Health Care** - Comprehensive physical health and child development services - including screening, assessment, intervention, as well as timely and appropriate referral for specialized developmental, behavioral, and psychosocial assessment and intervention.
- **Social-Emotional Health Care** - Specialized developmental and mental health services designed to promote the social-emotional well-being of all young children and address the needs of children at risk of developing mental health problems.
- **Parenting Education** - Supports for parents in the critical role they play in their children’s overall development.
- **Family Support** - Supports for the healthy development of children that address the stressors impairing the ability of families to nurture the well-being, safety and overall development of their children.
- **Early Care and Education** - Early care (child care) and education services that support children’s early learning, health and social-emotional well being.
- **Basic Needs, Economic Security & Child Safety** - Services and supports that address the basic, daily living needs of families as well as child and family safety.

Together, these system components form an outline used for the in-depth analysis found in this report.

Assessing Function: Aligning Programs with Great Start’s Service Categories

The table below illustrates the number of profiled programs that address each of the six service delivery themes. Programs are sometimes assigned to more than one theme, so there are some overlapping values here. It is important to recognize that the table below solely illustrates the number of programs and is not necessarily reflective of the capacity within each system component.¹ Close to half of the programs play a role in early care and education, and almost a third of the programs serve in a family support capacity. While Basic Needs, Economic Security & Child Safety is addressed in almost a quarter of profiled programs, the number of programs addressing parent education and health care appear to be relatively low.

System Components		
Service Delivery Theme	Programs	Total
Early Care and Education	184	46%
Family Support	119	30%
Basic Needs, Economic Security & Child Safety	96	24%
Parenting Education	71	18%
Physical Health Care	72	18%
Social-Emotional Health Care	63	16%

Access Points: Where are Organizations Providing Services in Wayne County?

Two of the key issues GSC-W attempted to understand in our assessment are the questions of “where and how do children and families access services?” and “how do organizations across Wayne County use community and other locations (aka Access Points) to make their services available to their clients?” The table below quantifies the number of identified public and private programs serving clients in each type of access point for all of Wayne County (including Detroit) and for Detroit specifically. Some duplication here is inevitable, as several programs serve more than one location and offer services to clients through multiple access points. The table is ranked in order of most commonly used to least commonly used access point in Wayne County, and offers a picture of how young children and their families access services in Wayne and the city of Detroit.

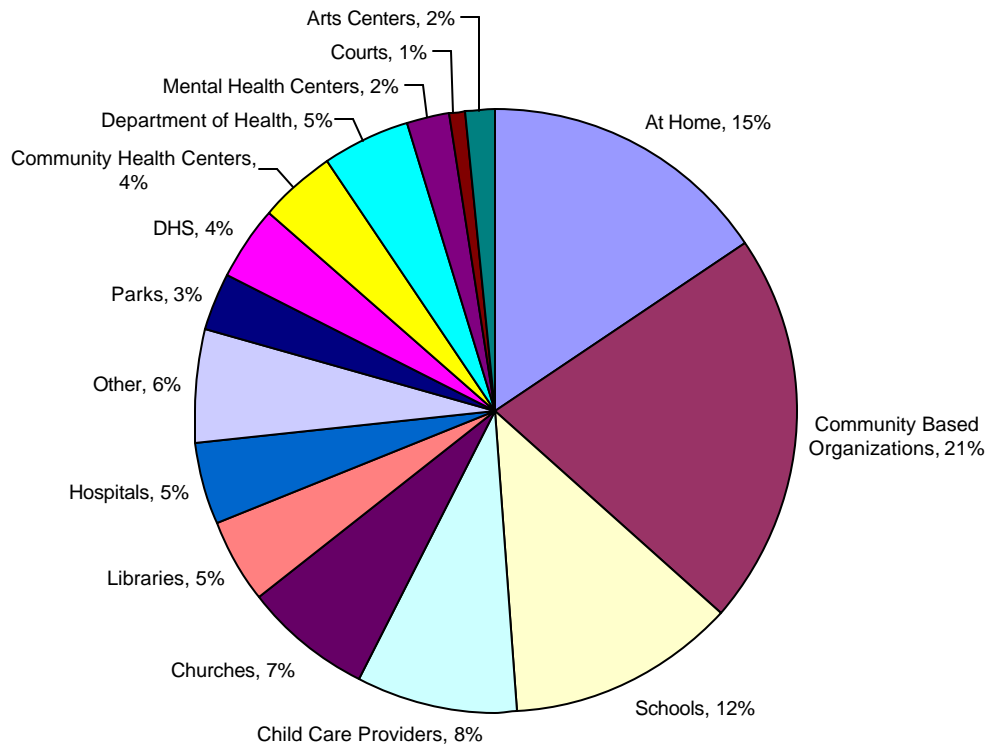
The most common access points are at community based organizations, in the home and in schools, and it appears that Wayne County and the city of Detroit access services through similar localities. What was discovered to be lacking, however, was a standard or consistent model for Family Resource Centers in Wayne. Many examples of organizations or agencies offering some type of gateway to services or case management and referral services were found in the County, but there were either not enough of them or those that existed were not truly “one stop” locations in a community offering wrap-around or other comprehensive services. Therefore, GSC-W identified the creation of a Family Resource Center criteria and action plan as one of the cross-cutting strategies for the plan.

¹ A program serving 3000 and a program serving 30 are given equal weight in this assessment.

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Number of Programs Available in each Access Point by Locality				
	Wayne	% Wayne	Detroit	% Detroit
Community Based Organizations	118	21%	112	24%
At Home	86	15%	71	15%
Schools	68	12%	54	12%
Child Care Providers	47	8%	32	7%
Churches	38	7%	37	8%
Other	34	6%	30	6%
Department of Health	26	5%	16	3%
Libraries	25	5%	20	4%
Hospitals	25	5%	17	4%
Community Health Centers	23	4%	19	4%
DHS	22	4%	20	4%
Parks	17	3%	15	3%
Mental Health Centers	12	2%	10	2%
Arts Centers	9	2%	9	2%
Courts	5	1%	5	1%

Wayne County Access Points



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The following table illustrates the type of programs that use some of the most common access points to deliver services. The child care setting access point only includes programs that utilize a child care facility to provide a service or program but do not themselves provide child care. Over half of the programs which use the child care setting as an access point are focused on Early Care and Education and Basic Needs, Economic Security, and Child Safety. Services provided at the home are largely Family Support programs (60%), and those provided at schools are mainly committed to Early Care and Education (75%).

Percentage of Programs Serving Each Access Point by GSC-W System Component			
	Child Care Setting *	At-Home	Schools
Physical Health Care	20%	30%	10%
Social Emotional Health Care	20%	35%	6%
Parenting Education	35%	31%	13%
Family Support	10%	60%	9%
Early Care and Education	55%	22%	75%
Basic Needs, Economic Security, and Child Safety	50%	27%	12%

* For those programs which do not provide child care but who serve clients through a child care setting.

Programs’ Ability to Meet the Capacity Needs of its Service Population

The following table shows the number and percentage of programs (where data was available) in each area of Wayne which reported having an insufficient capacity to serve all those who might be eligible for the program’s services. Reasons for this include space limitations, funding constraints, staff shortages, and transportation limitations. Also listed are the number and percentage of programs without sufficient capacity that use a waiting list to address their capacity limitations. Of the 68 programs that do not have sufficient capacity, three quarters of those programs serve Western Wayne and Detroit. These two areas maintain waiting lists more frequently than other parts of the county. It appears that all areas need to increase their capacity and track those who are in-need of their services.

Wayne Program Capacities							
	Downriver	Eastern Wayne	Western Wayne	Detroit	Hamtramck	Highland Park	Overall
Total Programs with Data	146	135	163	158	135	134	195
Programs <i>without</i> Sufficient Capacity	44	39	52	51	40	39	68
% Programs <i>without</i> Sufficient Capacity	30.1%	28.9%	31.9%	32.3%	29.6%	29.1%	34.9%
Programs <i>without</i> Sufficient Capacity that use a Waitlist	10	10	18	15	11	11	26
% Programs <i>without</i> Sufficient Capacity that use a Waitlist	22.7%	25.6%	34.6%	29.4%	27.5%	28.2%	38.2%

As an overview to the analysis that follows, there are some initial conclusions that can be drawn about the status of each system component based on hard data from the resource mapping and program profiling work. One way to assess the status or overall health of

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Wayne County’s early childhood system is to determine the capacity status of each component’s underlying programs and services. To that end, each of the 399 programs profiled in the Braintree database were categorized and linked to at least one of these six system components, with some programs being linked to more than one as appropriate. This gives stakeholders an idea of which areas need to increase their capacity and support to create a more effective system for children and families. The table below ranks the system components according to the percentage of programs within each component category that indicated an inability to meet the capacity needs of its service population.

As shown below, approximately half of the programs addressing Parenting Education and Family Support are operating with an insufficient capacity, and are therefore unable to reach all of those parents and families in need of their services.

Percentage of Programs with Insufficient Capacity by Service Delivery Theme	
Parenting Education	50.0%
Family Support	47.2%
Social Emotional Health Care	37.2%
Basic Needs, Economic Security & Child Safety	36.6%
Physical Health Care	36.4%
Early Care and Education	25.8%

Insufficient Capacity Where Target Population = 10%	
Target Population	Percentage
At-Risk	35.7%
Low/Moderate Income	35.6%
Developmentally Challenged	26.9%
Disabled	26.2%
Behaviorally Challenged	23.8%

Many of the profiled programs in Braintree’s study classified at least 10% of their clients as developmentally and/or behaviorally challenged, physically or mentally disabled, community or environmentally at-risk, and/or of low to moderate

income. The table above shows the percentage of such programs with an inability to serve all of those eligible for their services. For example, of the programs with a client base of at least 10% at-risk, 35.7% have insufficient capacity. It appears the programs serving at-risk and low to moderate income clients have difficulties in serving all those in need of their services.

Looking at some of the most common access points, programs serving clients via schools appear to be least able to serve all of those eligible for the services. Over a third of programs provided at home and over a fifth of programs offered through a child care setting (excluding child care providers themselves) are unable to meet the capacity needs of its service population.

Percentage of Programs Serving Each Access Point with Insufficient Capacity to Serve		
Child Care Setting *	At-Home	Schools
21.4%	36.1%	41.9%

* For those programs which do not provide child care but who serve clients through a child care setting.

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Alignment with Great Start Results

Braintree also asked stakeholders whether their programs had any impact on the eleven Great Start Collaborative – Wayne outcomes / results developed by ECIC, and if so, whether that impact was in a primary capacity (a program that has the direct goal and design to impact the outcome) or a secondary capacity (where a program’s design and implementation can potentially make an impact on the outcome but is not a core goal). The impact questionnaire received responses for 82 programs that indicated affecting at least one outcome in a primary or secondary capacity. The following table presents the percentage of the 82 programs which indicated having either a primary or secondary impact on each of the Great Start results.

Primary or Secondary Impact on Great Start Outcomes			
	Primary Impact	Secondary Impact	Primary or Secondary Impact
Children are socially and emotionally healthy	79%	17%	96%
Children are safe	67%	24%	91%
Children are physically healthy	38%	51%	89%
Families support and guide their children’s early learning	71%	18%	89%
Families are socially and emotionally healthy	56%	32%	88%
Children are ready to succeed in school (public, private or home school) and in life	68%	20%	87%
Children’s basic needs are met	59%	26%	84%
Communities make young children a priority by investing in families	46%	33%	79%
Families have access to high quality early care and education	50%	22%	72%
Families are physically healthy	20%	49%	68%
Families are economically stable	16%	32%	48%

Almost all programs that responded felt they had an impact on the social and emotional health of children, while the physical health and economic stability of children and families were relatively low primary goals for most programs.

This is by no means an indication of the priority or importance of these Result areas but is simply a way to identify the programs and organizations which believe they contribute to the particular Great Start goal and may partner with GSC-W to gather data, build capacity, and/or work together to accomplish these commonly held objectives for children and families in the future. GSC-W is now armed with a list of stakeholders, organizations and programs which have identified where and how their interests are aligned with GSC-W. Several of the stakeholders now participating in GSC-W’s planning process were identified as a result of their responses to this survey.

The Feasibility of Collecting Information from Wayne County Organizations

The collection of sensitive data is often challenging in the non-profit world. Interviewees sometimes do not know the answer to a question, or, in rare instances, they may be

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unwilling to share information. The following table captures the percentage of programs in which Braintree has obtained information in three areas: capacity / total clients served, program funding sources, and total annual program budget. In all, the ability and willingness of stakeholders to share information regarding the number of clients they serve and the sources of their funding for programs, the two highest priorities for Braintree’s information collection process, yielded very positive results. In light of the fact that Great Start Collaborative – Wayne is a new organization, and in consideration of the financial pressures many public and private organizations are experiencing in Wayne County, the figures below indicate a high level of trust and openness to information collection and data sharing now and in the future.

Program Information Acquisition by Locality							
	Downriver	Eastern Wayne	Western Wayne	Detroit	Hamtramck	Highland Park	Overall*
Total Programs	206	192	230	343	171	171	399
% with Annual Number of Clients	79.1%	77.1%	79.1%	63.6%	77.2%	76.6%	66.8%
% with Funding Source	66.0%	66.2%	67.8%	53.6%	64.9%	64.3%	56.3%
% with Annual Budget	22.3%	20.8%	23.0%	16.3%	24.6%	24.0%	18.3%

* Skillman Neighborhoods are represented by Detroit.

INTRODUCTION
Great Start Collaborative Evaluation

In addition to conducting an environmental scan of Wayne County, Braintree has at the same time been gathering evaluative feedback from stakeholders on the Great Start Collaborative – Wayne. To date, Braintree has collected feedback from 135 stakeholders.

Of these 135 stakeholders, 55 (41%) had heard of the Great Start Collaborative – Wayne before contact was made to schedule their interview. Those who had heard of the Collaborative before we made contact were asked to rate Great Start on a scale from 1 to 5 (with 5 as the highest score and 1 as the lowest) in reference to the three questions which appear below:

- To what extent has the Great Start Collaborative-Wayne advanced the planning of a comprehensive early childhood system?
- To what extent has the Great Start Collaborative-Wayne engaged diverse community members?
- What is your current level of support for the Great Start Collaborative-Wayne?

The following table displays these results, providing both an average rating and the standard deviation for each question’s data set:

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Advanced the planning of a comprehensive early childhood system?		Engaged diverse community members?		Current level of support for the GSCW?	
Average	3.18	Average	3.36	Average	3.94
Std Dev	1.02	Std Dev	1.08	Std Dev	1.17

Braintree also asked stakeholders who had heard of GSC-W whether they were aware of several activities or resources offered by the Collaborative. The following table provides data on stakeholders’ responses:

GSCW Activity / Resource	Number of Aware Stakeholders	As a Percentage of Stakeholders who Had Heard of GSCW ²	As a Percentage of All Stakeholders ³
Star Power Event	6	11%	4%
Early Childhood as a Global Necessity Presentation - Bill Millett	8	15%	6%
Community Report Press Conference	9	16%	7%
Parent Coalition	10	18%	7%
Community Data Collection	12	22%	9%
Community Forums	12	22%	9%
Workgroups	14	25%	10%
Parent Advocacy Conference	14	25%	10%
Subcommittees	16	29%	12%
The GSC-W e-newsletter	19	35%	14%
The GSC-W Website	20	36%	15%

NOTE: The goal of this early evaluation is to create a “baseline” – a starting place from which this new organization (GSC-W) can view its progress in the years to come. It can be expected that the recognition and support for GSC-W will rise as the collaborative experiences successes and draws more partners together from across Wayne County.

GREAT START SYSTEM COMPONENTS
Overview

The following section provides an environmental assessment of the key system components of the Great Start Collaborative Wayne. Research was gathered from focus groups and stakeholder interviews as well as from data and reports found elsewhere. Overall, the Wayne early childhood service system is visibly feeling the effects of the economic decline, yet there is strength in the community and a tenacious commitment to improve the situation.

Systemic change is often difficult to achieve in any environment, but Wayne appears poised to come together in response to the extraordinary challenges seen in the local economy. Much of the feedback offered by stakeholders and focus groups converged

² Percentage of the 55 stakeholders who had heard of GS C-W and also provided awareness data.

³ Percentage of the 135 stakeholders who have been asked to provide feedback on GSC-W.

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around similar themes. By identifying these issues, this analysis brings us closer to tackling these challenges and enacting real change.

From 135 interviews, Braintree transcribed 873 open ended responses into a database. Braintree then analyzed these responses and found the number of times particular topics were mentioned. Working only with those topics which appeared at least 25 times in the data set, the so called “buzz topics,” and then finding the number of times each one occurred in either a negative or positive question context, Braintree established the relative perceived strength (or weakness) of each topic.

For example, Wayne’s ailing economy was mentioned 4% of the time in response to negatively framed questions (i.e. What are the areas in which you see the greatest challenge and potential improvement?), but an equal percentage of answers mentioned the economy in response to positive context questions (i.e. What are your and the community’s greatest strengths? What’s going right?), saying that the downturn has brought the community together in ways that were impossible before, etc. The issue of the economy was therefore seen by interviewees as both a negative and a positive on relatively equal terms.

The table below quantifies the relative instances in which respondents mentioned several topics in either a positive or negative question context and then offers a ranked overall relative assessment of that topic’s perceived strength. The minus sign indicates relative weakness and the plus sign indicates relative strength.

Topics Viewed in Positive and Negative Contexts			
	% of Negative Context Incidence	% of Positive Context Incidence	Relative Topic Strength
Collaboration	5%	10%	+5
Awareness of Services	3%	3%	0
The Economy	4%	4%	0
Early / Prevention Services	5%	4%	-1
Training	3%	2%	-1
Referrals	3%	2%	-1
Quality of Services	4%	3%	-1
Communication / Outreach	2%	0%	-2
Child Care	3%	0%	-3
Mental / Social-Emotional Health	4%	1%	-3
Transportation	5%	1%	-4
Health	7%	4%	-4
Parent Involvement / Parenting Education	14%	7%	-6
Funding	17%	4%	-12

According to interviewed stakeholders, Wayne County’s collaboration efforts are held in high regard. Wayne County could benefit from additional efforts in the areas of transportation and health and should pay serious attention to parent involvement / education and funding streams.

GREAT START SYSTEM COMPONENTS

Physical Health Care

“Comprehensive physical health and child development services – including screening, assessment, intervention, as well as timely and appropriate referral for specialized developmental, behavioral, and psychosocial assessment and intervention.”

Physical health care serves a vital role in ensuring a child’s healthy development, and the proactive use of early screening and care can mitigate future preventable health problems. Yet, the county as a whole, and Detroit in particular, suffer from serious deficiencies in prenatal and 0-5 health care.⁴

- The infant mortality rate in West Central Detroit (28.4 in 2001) is higher than the prevailing national averages in Kazakhstan, Nicaragua, and Paraguay.
- Detroit has the highest number of low weight births (less than 2.5 kilograms) and pre-term births (fewer than 37 gestational weeks) out of 50 major cities in the United States.
- In West Central Out Wayne - Inkster, nearly one out of every twelve mothers received late prenatal care or none at all. In West Central Detroit the figure is closer to one out of every eight.
- In Northeast Detroit, 14% of tested children age 0-5 suffered from lead exposure.
- In Out Wayne, only 60% of children aged 19-35 months have received their full schedule of immunizations. In Detroit, only 42.8% of children have been fully immunized.
- In 2005, Detroit had only one primary care physician (pediatrician or family practitioner) for every 1,117 children.

Research gathered in interviews and focus groups echoed a number of these issues. Access to health care is limited not only by the lack of pediatricians and family practitioners available, but also by the high cost of health insurance. Emergency rooms are too often used for primary care and there are a high number of preventable hospitalizations seen in young children.

Nutrition and the promotion of eating healthy foods is often cited as a priority area by those interviewed for the mapping process, yet focus group sessions with parents reveal that Women, Infants, and Children (WIC) is often inaccessible in Wayne. There is also mounting evidence that the already short supply of grocery stores is being replaced by independent food / convenience stores which rarely stock fresh produce and healthy food options.⁵ Grocery stores that stock nutritious foods are often not easily accessible.

The lack of public transportation in Wayne often acts as a barrier to the provision of early childhood services, and health care is equally affected. Interviewees from a wide variety

⁴ Figures from Wayne State University, Detroit Kids Data, <http://www.detroitkidsdata.org>, [Accessed September 2007].

⁵ J. Smith and N. Hurst, ‘Grocery closings hit Detroit hard’, *The Detroit News* (5 July 2007).

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of service sectors emphasized the need in Wayne for a seamless and integrated universal intake structure local to each neighborhood which could offer assistance for all family and early childhood services (early screenings, vaccinations, prenatal care, parent education, medical home, etc.) and provide referrals to outside public services as necessary. This would mitigate transport challenges by offering a point of service directly within the neighborhood.

During a focus group with child care center director, there were hopes for expanding the child and adult care food program, dental service care and clinics, and Health Department prenatal and early childhood health programs. Parents benefit from receiving infant care and developmental stages information before leaving the hospital, and they hope for additional assistance in choosing a pediatrician, especially for specialty clinicians who serve special needs children. Interviewed stakeholders noted the need to confront the relatively high incidence of asthma, autism, infant mortality, and lead poisoning.

The following table offers recommendations for gaps and major issues identified within the physical health care service system, based on Braintree’s collective research and analysis of the early childhood service system in Wayne County.

<i>MAJOR GAPS / ISSUES</i>	<i>RELEVANT STRATEGIES</i>
<ul style="list-style-type: none"> • Transportation / physical access to health services 	<ul style="list-style-type: none"> • Expand at-home or local community-based services • Increase funding for door to door van services
<ul style="list-style-type: none"> • Health insurance coverage 	<ul style="list-style-type: none"> • Advocate and campaign to expand and promote awareness of MI Child and SCHIP • Provide outreach to parents and the broader community on the health care services and programs available in the community
<ul style="list-style-type: none"> • Special needs health 	<ul style="list-style-type: none"> • Better leveraging of Medicaid dollars to increase access to covered services • Promote early screening to identify special health needs; clarify screening results, available intervention services, and financial supports to parents
<ul style="list-style-type: none"> • Access to healthy foods and food education 	<ul style="list-style-type: none"> • Healthy food awareness education initiatives • Increase WIC outreach and customer service • Provide incentives for quality grocery stores to return to Detroit, and for stores to be located on main transportation lines

GREAT START SYSTEM COMPONENTS
Social-Emotional Health Care

“Specialized developmental and mental health services designed to promote the social-emotional well-being of all young children and address the needs of children at risk of developing mental health problems.”

While the early childhood mental health services in Wayne are recognized as a national model (Infant Mental Health, Childcare Expulsion Project) more work needs to be done due to the fact that early childhood socio-emotional / mental health programs are under-funded. There is room for improvement in mental health services and the long-term

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planning and coordination of services. At the same time, a challenging economic climate has lowered the threshold for stressors and put many parents at risk for a number of mental health problems (post traumatic stress disorder, postpartum depression, and parent-infant bonding / attachment issues) which can adversely affect the well-being and social-emotional development of their children.

Mental health is often described by mapping process interviewees as a major gap in Wayne. While an overall shortage of mental health services is an obvious factor in this assessment, those in a position to make referrals often lack general knowledge of available mental health services, particularly with regard to infant mental health and child care expulsion services. Stakeholders would like to see more outreach to those most in need and more publicity for these innovative and evidence-based treatment options.

While Medicaid recipients have access to Infant Mental Health services, the mental health services for non-Medicaid families have been considered deficient, with many families in private insurance not receiving insurance coverage. In terms of utilization, more work remains to be done to promote the availability and benefits of infant mental health services. Stakeholders noted that additional mental health trainings could benefit many stakeholders in the field, including child care providers, teachers, and parents (especially foster care parents).

The following table offers recommendations for social-emotional health care gaps and major issues.

<i>MAJOR GAPS / ISSUES</i>	<i>STRATEGIES</i>
<ul style="list-style-type: none"> • Lack of insured infant / early childhood mental health services 	<ul style="list-style-type: none"> • Engage in an outreach and publicity campaign that educates the public about the importance of mental health services for young children • Make better use of pre-existing resources, such as the Infant Mental Health program and child care expulsion prevention services • Expand care for non-Medicaid eligible parents and children • Conduct foster care parent and child care provider mental health trainings
<ul style="list-style-type: none"> • Lack of provider awareness of available services 	<ul style="list-style-type: none"> • Enhance publicity for available services and for the compelling evidence that shows their effectiveness in the long run • Improve information within and the utilization of the 211 line by early childhood providers
<ul style="list-style-type: none"> • Pregnant or post-partum mental health services 	<ul style="list-style-type: none"> • Gain an understanding of current practices, gaps in services, potential partnerships and legislative initiatives to support and promote prenatal and post partum depression services • Develop a resource directory for available services • Expand the number of maternal depression services • Develop public awareness and outreach messages to reduce the stigma of depression (i.e. include in prenatal information brochures, TV ads)

GREAT START SYSTEM COMPONENTS

Parenting Education

“Supports for parents in the critical role they play in their children’s overall development.”

There is a growing consensus that parenting education may be the most effective and financially efficient means of improving the early childhood service system in Wayne County. Interviewees and focus groups often describe every day challenges in broad unfocused language only to recognize that they are in fact talking about a need for improved parenting education. Better informed parents make better decisions for their children which lead to better overall outcomes.

Early childhood service providers from many sectors expressed frustration at the limitations of their efforts in the face of poor follow through by parents. There is a feeling that much hard work is being undone by what takes place at home. The struggle of parents to manage financial concerns and to meet basic needs has reduced their initiative in seeking and devoting time to parenting education and involvement.

Many parents, especially non-English speakers, remain unaware of a vast array of services and resources available for young children which have been provided in the county at great expense. For every parent that receives services, many more never make it through the door. Outreach is clearly an important component, but some early childhood service providers contend that the real challenge lies in educating parents to recognize when they or their children need help and where to seek assistance.

In addition to enhancing the efficiency and overall effectiveness of the early childhood service system, better parenting education stands to make a profound impact on how children develop in the home:

- Improved parent-child bonding and socio-emotional / mental health
- Parents as the child’s first teacher: reading, writing, basic math, etc.
- Parents that know how to relate to and/or discipline their children properly
- Well informed parents know their rights and make the best decisions

The following table offers recommendations for gaps and major issues around parenting education.

MAJOR GAPS / ISSUES	STRATEGIES
<ul style="list-style-type: none"> • Lack of parenting education programs and services 	<ul style="list-style-type: none"> • Opportunity to leverage what appears to be a consensus among many stakeholders that parenting education is the most important area for improvement; the environment is potentially conducive to increased funding and overall expansion of many programs and family resource centers • Create parenting toolkits designed for each age category • Create a parenting education resource guide for families

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<i>MAJOR GAPS / ISSUES</i>	<i>STRATEGIES</i>
<ul style="list-style-type: none"> • Lack of utilization/ participation in existing parenting education opportunities 	<ul style="list-style-type: none"> • Create a Parent Coalition led by a GSC-W Parent Liaison • Engage the community with a publicity campaign designed to eliminate the stigma associated with parenting education and to demonstrate its value • Target neighborhoods with low parenting education participation rates • Gather information on available parent education resources and promote access through 211 line • Create a calendar listing education programs and events • Promote the Family Resource Center model (investigate a potential Great Start Certification for FRCs) • Research best-practices for engaging and effective parent education classes/programs • Locate parenting programs at local community-based locations and along transportation lines

GREAT START SYSTEM COMPONENTS

Family Supports

“Supports for the healthy development of children that address the stressors impairing the ability of families to nurture the well-being, safety and overall development of their children.”

Wayne County families are facing many environmental challenges that affect family stability and the healthy development of children. In portions of Wayne, families struggle with poverty, unemployment and high crime rates. In such an environment, many parents are too busy with basic concerns to get involved, attend parenting workshops, or advocate on behalf of their child.

2005 Family Support Statistics in Wayne⁶

- 25.7% of children are born without a father in their lives
- 30% of children receive Food Stamps
- 12.4% of children receive FIP assistance

While public assistance provides much needed support to many Wayne families, parent focus groups describe public assistance programs such as Food Stamps and WIC as endlessly bureaucratic and difficult to access. The family support system is generally seen as monolithic and less than user friendly. Immigrants noted their difficulty in accessing Medicaid services, and parents in focus groups called for services to be offered in additional languages, such as Arabic and Spanish, especially in obtaining information from the 211 line. Parents also hoped for safer and more easily accessible recreational areas for their children, and for additional support groups that meet frequently.

The following table offers recommendations for family support gaps and major issues.

<i>MAJOR GAPS / ISSUES</i>	<i>STRATEGIES</i>
<ul style="list-style-type: none"> • Accessibility of public support services 	<ul style="list-style-type: none"> • Clarify the public support process • Reduce and/or simply the number of procedures, forms, and offices clients need to satisfy before they can <i>begin</i> to receive services • Increase awareness of the challenges confronting parents and families (and their access to services)
<ul style="list-style-type: none"> • More stressors and needs alongside a reduction in services due to budget constraints 	<ul style="list-style-type: none"> • Increase collaborative activities to make the most of current resources (efficiency, effectiveness, utility) • Increase awareness of available services to improve referrals. Enhance utilization of 211 line and other referral systems

⁶ Michigan League for Human Services, *Kids Count in Michigan* [<http://www.kidscount.org>].

GREAT START SYSTEM COMPONENTS
Early Care and Education

“Early care (child care) and education services that support children’s early learning, health and social-emotional well being.”

Child care in Wayne County is following national trends which consistently indicate systemic weaknesses in overall funding and a low priority on the political agenda. Public subsidies do not

Special Needs Children in Wayne

- 13.7% of children are in special education
- 23.2 children out of every 1000 are receiving Supplemental Security Income

adequately cover the true cost of quality child care, and as many parents cannot afford quality child care otherwise, quality is therefore not considered to be the top factor when choosing a provider. Many parents are also in pressing need of alternative hours to child care, such as after hours, sick child, and weekend options.

During a focus group with kindergarten teachers, participants highlighted their concerns over early care practices. They observed the high rates of media usage by children, such as TV and video games, over activities that develop socio-emotional and cognitive skills. Teachers hope that parents will take an active role in helping their children with reading, writing, math and communication skills. Participants also called attention to Wayne’s low child care subsidy reimbursements and its very low accreditation rate of two percent.

Federal programs make a significant impact in Wayne. Head Start provides child care and related services for over 10,000 children across the county. Early Head Start only serves 64 children in Western Wayne and 95 families in Detroit, but both lack capacity to meet demand (for example: Detroit maintains a waiting list of over 200 families). Licensable space remains a limiting factor to the expansion of these programs, especially in Detroit.

Head Start in Wayne County / Detroit		
	Estimated Number of Children Enrolled	Estimated Cost
HS Wayne	3,723	\$27,000,000
HS Detroit	6,864	\$48,000,000
Head Start Total	10,587	\$75,000,000

The child care industry in Wayne makes a substantial contribution to the overall economy, affording parents the opportunity to work, as well as providing jobs throughout the community. However, defining this contribution more precisely in terms of economic impact analysis has, until now, been unavailable to community planners.

To perform such an economic impact analysis in Wayne one must calculate the total gross receipts generated by the county’s child care industry. The National Economic Development and Law Center (NEDLC) has established a consensus methodology

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founded on the principle that the child care industry’s gross receipts are best represented by the product of the total child care enrollment, the average weekly cost (including DHS subsidies), and the average number of weeks in which those children are enrolled.

This can become more complicated as child care centers and family day homes charge different amounts for different age groups. To get the most precise picture, we must establish not only the total number of children enrolled in child care in the county, but also the number enrolled for each age group and facility type as well as the average costs per week for each combination.

There are currently 65,591 licensed child care spaces available in Wayne according to 4Cs data. According to this same data, 80% of this capacity is found in centers and 20% is found in family homes. 22% of this total child care capacity is for infants/toddlers while 56% of the total space is for preschoolers (with the remaining 22% going to school age children).

Wayne child care capacities for each combination of age (A) and facility type (F) are established by the following:

- Let $A_{i/t}$ = the percentage of total child care capacity for infants/toddlers = 0.22
- Let A_p = the percentage of total child care capacity for preschoolers = 0.56
- Let F_c = the percentage of total child care capacity for centers = 0.80
- Let F_h = the percentage of total child care capacity for homes = 0.20
- Let N = the total child care capacity in Wayne County = 65,591
- \
- $A_{i/t} * F_c * N$ = the total child care capacity for infants/toddlers in centers
- $A_p * F_c * N$ = the total child care capacity for preschoolers in centers
- $A_{i/t} * F_h * N$ = total child care capacity for infants/toddlers in homes
- $A_p * F_h * N$ = the total child care capacity for preschoolers in homes

For example, Wayne’s capacity for preschoolers in home -based child care would be:

$$A_p * F_h * N = (0.56 * 0.20 * 65,591) = 7,346$$

The table below shows the estimated gross receipts for the child care industry in Wayne:

Wayne County 0-5 Estimated Child Care Capacities, Enrollments, Costs, and Gross Receipts ⁷					
	Centers		Home Based		Total
	Infants / Toddlers	Preschool	Infants / Toddlers	Preschool	
Child Care Capacity *	11,544	29,385	2,886	7,346	65,591 †
Estimated Enrollment @ 75%	8,658	22,039	2,165	5,510	38,372
Average Cost / Week	\$152	\$118	\$128	\$119	\$126 ‡
Gross Receipts / Week	\$1,316,016	\$2,600,602	\$277,120	\$655,690	\$4,849,428
Gross Receipts / Year (50 Weeks)	\$65,800,800	\$130,030,100	\$13,856,000	\$32,784,500	\$242,471,400

* Based on Michigan 4C Association licensed capacities. This estimate does not account for unlicensed child care environments.

⁷ Estimates based on the NEDLC gross receipts for child care calculation methodology: National Economic Development and Law Center, *A Methodology Guide: Creating an Economic Impact Report for the Child Care Industry* (Oakland, 2001).

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† This figure represents the total licensed capacity for child care in Wayne, including spaces for school-age children. This figure is not the sum of the whole row because those figures do not include school-age children.

‡ Weighted average for both infants/toddlers and pre-school age costs.

Based on these gross receipts and the induced and indirect multipliers seen in neighboring jurisdiction IMPLAN Type II economic studies, the following table offers an estimate of the total economic value of Wayne’s child care industry:

Total Economic Impact of the Child Care Industry in Wayne County⁸						
	Direct Impact	Indirect Impact	Induced Impact	Total Multipliers	Direct Value of Jobs and Gross Receipts	Total Value
Employment	1	0.13	0.12	1.25	9,563 Jobs *	11,954 Jobs
Output	1	0.37	0.33	1.70	\$242,471,400	\$412,201,380

* Jobs total based on Michigan 4C Association ‘2005 Child Care Spaces Report’

The child care industry should be recognized as a significant component to the Wayne economy. Future planning work at the public level should emphasize this contribution.

The following table offers recommendations for gaps and major issues concerning early care and education.

MAJOR GAPS / ISSUES	STRATEGIES
<ul style="list-style-type: none"> Parents do not understand the importance of quality child care 	<ul style="list-style-type: none"> Increase efforts to publicize the benefits of quality child care environments to create demand and incentives for higher quality care Establish a child care rating mechanism for parents to accurately access quality care
<ul style="list-style-type: none"> The public and decision makers continue to underestimate the importance of early care and education programs 	<ul style="list-style-type: none"> Publicize analytical studies that show the importance of the industry in terms of both immediate and future economic impact Engage in public awareness/advocacy campaigns
<ul style="list-style-type: none"> Training for ECE professionals 	<ul style="list-style-type: none"> Create a training registry and Career Lattice including all training programs in the area Provide more opportunities for networking and a forum for discussion among child care providers in the regions of Wayne County
<ul style="list-style-type: none"> School readiness 	<ul style="list-style-type: none"> Increase partnerships between schools and early childhood programs to properly align curriculums and ensure a smoother transition to Kindergarten
<ul style="list-style-type: none"> Wide disparity in quality of child care 	<ul style="list-style-type: none"> Incorporate quality standards in the receipt of child care subsidies Provide unregulated care providers with quality care pamphlets and incentive to pursue licensure Create a public child care rating forum to encourage providers to follow quality standards

⁸ Braintree has not conducted an IMPLAN Type I/II or I/O multiplier study for the Wayne County child care industry. Instead, these multipliers are estimates based on child care industry studies performed elsewhere in the region, including urban areas of Wisconsin, Illinois, and Ohio. See: *The Economic Impact of the Early Care and Education Industry in Illinois* (Chicago, 2005); NEDLC, *The Economic Impact of the Early Care and Education Industry in Ohio* (Oakland, 2004).

GREAT START SYSTEM COMPONENTS

Basic Needs, Economic Security & Child Safety

“Services and supports that address the basic, daily living needs of families as well as child and family safety.”

The economic decline in Wayne has affected most aspects of the early childhood system and stakeholders are worried about a shortage of funding over the coming years. Families are struggling to meet their basic needs and are financially strained, increasing the stressors of daily living. Research indicates that economic stresses in the home increase the risks of child abuse and neglect, adding to the already mounting concerns regarding basic needs.

<p>Annual number of children in Wayne involved in abuse and neglect investigations: 40,000</p> <p>Number of those cases which are confirmed: 6,000</p> <p>Number of children in Wayne who no longer live at home due to abuse, neglect, or delinquency: 7,000</p>
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The following highlights vital statistics and the economic status of Wayne County as of 2005.⁹

- Total population stands at just under 2 million
- 8.7% of the population is unemployed, roughly 174,000 people
- There are 555,354 children age 0-17
 - Over 1/4 are age five or under
- Race and ethnicity of mothers giving birth
 - 44.1% White Non-Hispanic
 - 44.9% Black Non-Hispanic
 - 6.8% Hispanic
 - 4.2% Other
- 30% of children age 0-5 live in poverty
- 12% of all births (18% in Detroit) are from teenage mothers
- 50.3% of children are enrolled in Free and Reduced Price Lunch at school

The economic situation has the potential to create in some service sectors a competitive instinct, whereby it becomes a goal to weather a financial storm independently rather than collaborate and come together in the face of adversity. This attitude has fortunately been less common with the vast majority of stakeholders participating in collaborative efforts being made by Great Start. Indeed, Braintree found that many stakeholders expressed a grateful enthusiasm for the opportunity to support Great Start’s mission in Wayne.

⁹ D. Nichols, ‘Poverty rate up 6% for kids younger than 5’, *The Detroit News* (24 April 2007); see also: Michigan League for Human Services, *Kids Count in Michigan* [<http://www.kidscount.org>].

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The following table offers recommendations to address the gaps and major issues concerning basic needs, economic security, and child safety.

<i>MAJOR GAPS / ISSUES</i>	<i>STRATEGIES</i>
<ul style="list-style-type: none"> • Basic food, nutrition, and shelter is increasingly an issue for some areas 	<ul style="list-style-type: none"> • Tap into the faith based community with pre-existing food distribution expertise • Address access limitations in purchasing nutritious food and reaching food banks
<ul style="list-style-type: none"> • Child abuse and neglect rates are a concern for the county 	<ul style="list-style-type: none"> • Pursue legislative and public support in addressing the child welfare system • Publicize public assistance, supports, and the detriment of child abuse to at-risk families to bolster awareness and address their basic needs • Collaborate with child welfare providers to assess their and their service populations' challenges, and facilitate coordination
<ul style="list-style-type: none"> • Increased competition for funding has the potential to cause decreased levels of collaboration, trust, and coordination activities 	<ul style="list-style-type: none"> • Continue bringing people to the table • Empower stakeholders to engage in productive dialogue and coordination activities together • Build on collaborative progress of Great Start

STRENGTHS WEAKNESSES OPPORTUNITIES THREATS ANALYSIS

Overview

Systemic Challenges and SWOT Analysis

A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of challenges and resources within Wayne related to the system of early childhood development has been developed as a part of the Environmental Scan. This is a systemic analysis that should be viewed as a work in progress, guiding the effort toward Recommendations and a Strategic Plan for accomplishing Great Start’s vision for early childhood.

1) ***Systemic Challenges***

The programs and services affecting children across Wayne County are often loosely connected to each other. While there are examples of silos and fragmentation of services, other resources are working well and dynamically, making the experience of common populations of children and families highly varied. The variation of quality and integration is compounded by the relative lack of standards for services and the lack of uniform levels of quality among service providers. In short, there is no one *system of early childhood* and even the perception of a “*system of systems*” yields mixed assessments of their performance and responsiveness to the needs of populations across Wayne County. Great Start Collaborative – Wayne can do much to address these issues as a convener of parties affecting children.

2) ***Cultural Challenges***

Wayne County has one of the most diverse populations in the United States. As such, service needs can be fragmented not only along geographic boundaries (Western Wayne, Detroit, Downriver, Eastern Wayne) but also along ethnic and racial lines. It may be a challenge to build a universal system which is equally valid for all populations in all capacities.

3) ***Financial Challenges***.

The economic downturn and population decline have reduced tax base revenue, forcing budget constraints at the State and local level while simultaneously increasing demand and need for services. The Environmental Scan and the Resource Mapping effort have gathered information on the status of the funding and financing of early childhood activities in Wayne County. In recent years, many service providers have gone out of business and still others have struggled. Part of the challenge this process has uncovered is related not only to the amount of total current funding (and the significant number of organizations who indicate they lack the capacity to serve all those who might be eligible) but the prospects for funding in the future. The obstacles to an effective system of early childhood are not solely confined to the system’s design, practices or populations but relate integrally to broad financial and systemic issues beyond its purview. The issues of uncertainty regarding the financial health of the region are making an impact on the morale of both consumers and service providers. The response of Great Start

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Collaborative – Wayne should include an optimistic view of the children’s future and an unrelenting commitment to advancing early child development as a wise investment with short and long-term rewards.

4) ***Human Resource Challenges***

Professionals, semi-professionals, relatives and parents affecting children in Wayne County are likely to reflect the comparatively lower levels of educational achievement statistically represented in Michigan. Historically, due to the nature of jobs in the auto industry, the educational requirements for becoming economically self-sufficient stopped with secondary school. As such, the norms surrounding educational advancement now have to catch up with the expectations of a post-secondary education found nationally. It will take a great deal of hard work to educate the public regarding the importance of early childhood and manifest the goal of seeing young children exceed their parents’ educational attainment.

5) ***Transportation Challenges***

One of the most common issues of challenge to parents and other stakeholders identified through the Environmental Scan is transportation. The lack of a major light rail public transit system, especially in Detroit, has been a source of frustration and a challenge to accessing services for service providers and consumers alike.

STRENGTHS WEAKNESSES OPPORTUNITIES THREATS ANALYSIS

The SWOT

The SWOT analysis of challenges and resources within Wayne related to the system of early childhood development is summarized below. This should be viewed as a work in progress, guiding the effort toward Recommendations and a Strategic Plan for accomplishing Wayne’s Vision for Early Childhood (pre-birth through five years old). The primary sources of this information are focus groups, site visits, and interviews conducted with stakeholders and service providers across Wayne County. Evidence was also drawn from various existing reports and studies.

SYSTEM-WIDE ISSUES IN EARLY CHILDHOOD (0-5)			
<i>Strengths</i>	<i>Weaknesses</i>	<i>Opportunities</i>	<i>Threats</i>
<ul style="list-style-type: none"> Community-based and private resource infrastructure A community that ‘gets it’ and cares about early childhood A significant amount of investment is available from local and state foundations and corporations. Many are awaiting an opportunity that merits funding for broad initiatives Parent interest and advocacy Stakeholder support for Great Start Collaborative – Wayne and the mission of improving outcomes for children and families Support from the Michigan Early Childhood Investment Corporation 	<ul style="list-style-type: none"> Some service providers duplicate services and do not reach the entire community Wayne lacks a performance-oriented culture and has not held service providers accountable for their performance and quality of services in a way commensurate with the challenges they are funded to overcome The system of service delivery is often fragmented across categorical programs, departments and funding streams There is a lack of centralized planning and programmatic coordination Professional development opportunities and training are fragmented across organizations 	<ul style="list-style-type: none"> Expansion of various training programs for early childhood professionals Increase awareness of the full range of services and opportunities available Create a uniform case management system that ensures effective coordination, smooth transitions, dissemination of information to families and county agencies Develop a formalized community-based infrastructure to further integrate services offered to overlapping populations Additional early intervention screening and intervention to avoid more expensive future costs Improve coordination of services across public and private institutions working with children by identifying or creating a central point of accountability for early childhood outcomes 	<ul style="list-style-type: none"> Without sufficient political leadership, systemic changes and funding, the system will fail to reach the level of impact commensurate with challenges The economic climate in Wayne is negatively affecting all levels of early childhood outcomes The State budget crisis makes future planning difficult for the smaller non-profits

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Physical Health Care: Programs and services that promote health, provide a medical home, ensure access to a continuum of care, and maximize the physical and mental well-being of children and the chances for them to grow up healthy, ready to learn and free from preventable circumstances that compromise their ability to pursue their full potential.

PHYSICAL HEALTH CARE			
<i>Strengths</i>	<i>Weaknesses</i>	<i>Opportunities</i>	<i>Threats</i>
<ul style="list-style-type: none"> • The prevalence of lead poisoning is decreasing in young children • Major issues have at least been identified by the physical health working group 	<ul style="list-style-type: none"> • Lead exposure rates, although decreasing, are still high • Shortage of pediatricians and family practitioners • High infant mortality rates • High incidence of premature births • Shortage of nutritious food options (grocery stores are rare and are increasingly being replaced by independent convenience stores) • Families and pregnant mothers find WIC difficult to access • Immunization rates are low • Access to dental health is poor • Child obesity is increasing • Lack of transportation to health care 	<ul style="list-style-type: none"> • Opportunities to build community linkages through partnership to ensure that programs are efficient and effective • Expand outreach through publications and community health events • Develop customized training through partnerships with private and public leading entities • Expand the recruiting outreach of community-based programs • Medicaid dollars can be better leveraged for developmentally delayed children • More outreach to encourage parents to get vaccinations for their children • Create a Medical Home with the following subsections: Medicaid EPSDT, Child Wellness, and Parenting Education 	<ul style="list-style-type: none"> • A lack of public transportation has a negative impact on outreach and on who is able to receive services. Those most in need are often the hardest to reach • The severe economic situation makes health insurance even less affordable and forces parents to make cheaper (and often healthier) food choices

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Social-Emotional Health Care: Specialized developmental and mental health services designed to promote the social-emotional well-being of all young children and address the needs of children at risk of developing mental health problems.

SOCIAL-EMOTIONAL HEALTH CARE			
<i>Strengths</i>	<i>Weaknesses</i>	<i>Opportunities</i>	<i>Threats</i>
<ul style="list-style-type: none"> • Community residents and organizations with demonstrated leadership ability • Mental health programs have been expanded in general • The leadership of the Infant Mental Health program (IMH) • Anyone working with young children can get access to social-emotional training • Home-based mental health services are available, especially for Medicaid population • Parent-child groups have been an effective intervention and connect parents with other parents • A few major centers provide excellent mental health resources and are leading efforts to integrate mental health into early childhood services through the standardization of data systems • Child care expulsion programs have helped shift the conversation • Foster care has access to mental health services 	<ul style="list-style-type: none"> • No community consensus on long range planning • Mental health not currently embedded in the system • Lack of inclusion in planning from a number of constituencies • Mental health in child care services are not always well coordinated and they are often small and under funded • Not enough services available for non-Medicaid families, especially parent mental health programs ; parent have low utilization rate • Child Care Expulsion Prevention Program cannot help public early care programs • Need more resources for mental health, especially in East Detroit • Transportation limits access to services • Too many veteran case workers and other professionals don't pay attention to mental health and don't get new training about it. • Need more mental health training for foster parents 	<ul style="list-style-type: none"> • Increase funding for capacity building and long-range planning • One location to access information on community services and mental health training • Equip child care providers with free mental health counseling and assessment training; provide incentives or make mandatory • Provide child care with access to mental health resources, information, and referral options • Need to promote utilization of mental health programs • Engage parents more creatively • Reinvigorate training for foster care parents • Build a curriculum to infuse mental health in all activities / resources • Use centers for study of social policy for social-emotional development from a strength-based model to promote resiliency • Universalize social emotional development in parent-child relationships 	<ul style="list-style-type: none"> • Significant investment on the part of all stakeholders – local government, nonprofits and businesses will be required for successful implementation • Stigma attached to mental health continues to influence strategic decision making • Economic conditions have increased mental health stressors for parents and young children • Funding is not easily sustained • Society both values and punishes aggression, often confusing parents and children about what are appropriate social skills • Children expelled from child care are labeled “bad” • Families don't know when they need mental health services or where to turn for help • High turnover of case workers • Foster care system is not focusing on overall child development • Children are not eligible for foster care in the case of social-emotional abuse

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Parenting Education: Supports for parents in the critical role they play in their children’s overall development.

PARENTING EDUCATION			
<i>Strengths</i>	<i>Weaknesses</i>	<i>Opportunities</i>	<i>Threats</i>
<ul style="list-style-type: none"> • The community appears to have identified parenting education as a significant priority, thus providing support to service integration efforts • The leadership / advocacy by parent educators • Parents are being engaged with successful education models 	<ul style="list-style-type: none"> • Services which are provided at great expense are undone because of poor follow through by parents at home • Parents of special education children do not know their rights • Lack of public transportation to parenting education limits access • Wayne’s cultural diversity can encumber a one-size fits all parenting education approach at the community level • Poor retention of parents in programs 	<ul style="list-style-type: none"> • Educate parents such that they are motivated enough to take initiative and demand more parenting education • Expand the number of Family Resource Centers • Expand Great Parents, Great Start • Use parents to recruit other parents • Parent as child’s first teacher and role model should be emphasized • Build better relationships between services and parents • Improve cross training and professional development of parent educators • Expand the financial literacy component in parent education 	<ul style="list-style-type: none"> • Parents are overwhelmed by the economic situation and are preoccupied with basic needs, resulting in little time to devote to their children’s upbringing • There is a stigma about parenting education among those who feel they are already good enough parents and/or don’t want outsiders telling them how they should raise their children • Catch 22: Those who need parenting education the most are often those who least realize it

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Family Supports: Supports for the healthy development of children that address the stressors impairing the ability of families to nurture the well-being, safety and overall development of their children.

FAMILY SUPPORTS			
<i>Strengths</i>	<i>Weaknesses</i>	<i>Opportunities</i>	<i>Threats</i>
<ul style="list-style-type: none"> • The Family Resource Center model is working where it is available • WIC, TANF, and Food Stamps reach a large number of families • Many services exist if parents know where to look 	<ul style="list-style-type: none"> • No community consensus on long range planning • Population is in-need of nutritional information to make healthy decisions • Funding is a challenge to infant and toddler programs. Many parents need greater financial support • WIC, TANF, and Food Stamps are bureaucratic and difficult to access and do not reach everyone in need • Parent support resources cannot keep up with the increased demand caused by the poor economic climate 	<ul style="list-style-type: none"> • Opportunities to build community linkages through partnership to ensure that programs are efficient and effective • Establish one location to access information on parent education and family support programs • Provide early childhood services which take the whole family’s needs into account, not just the child’s • Expand Great Parents, Great Start 	<ul style="list-style-type: none"> • The family support infrastructure may suffer cuts in the new state budget • Significant investment on the part of all stakeholders – local government, nonprofits and businesses will be required for successful implementation • Parents lack time for involvement, especially given the economic conditions in Wayne • It is difficult to engage those parents inclined to avoid participation or receive outreach and recruitment • Parents resist TANF for fear of child removal or general pride • Many agencies are trapped and unable to expand for a lack of space, staff, and funding. Some are hesitant to advertise services for fear of being overwhelmed by demand which they cannot possibly accommodate

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Early Care and Education: Programs and services that are economically responsive, culturally competent, and committed to ensuring that children develop emotionally, socially, physically, cognitively and in other ways ready to succeed.

EARLY CARE AND EDUCATION			
<i>Strengths</i>	<i>Weaknesses</i>	<i>Opportunities</i>	<i>Threats</i>
<ul style="list-style-type: none"> • The potential of planning and collaborative groups to establish early care standards • The Child Care Coordinating Council exerts a strong and positive influence throughout the county • Community residents and organizations with demonstrated leadership ability • An abundance of organized neighborhood, faith-based organizations and child care providers • There is a continuum of training for child care providers • New licensing requirements are an improvement over the old rules • Alignment by MDE of curriculum and instruction standards and priorities from Pre-K to Kindergarten 	<ul style="list-style-type: none"> • Funding from public sources is viewed as unstable and prone to significant changes • Children in Special Education do not have sufficient supports to facilitate the transition to mainstream education • Pre-K to Kindergarten transitions can be difficult for children • Child care workers cannot afford training • Child care providers turn away families who cannot afford care • Lack of NAEYC accredited centers and NAFCC accredited home providers • Child care subsidy does not create incentives for quality assurance • Licensing consultants have high caseloads and lack training opportunities • There are many children in unregulated care • The early care and education system does not fully understand the law and regulatory mandates surrounding child abuse • The school system is not engaged at the local district level 	<ul style="list-style-type: none"> • Increase in the quality and community ownership of child care providers • Educate parents on quality child care and its importance. Motivate them to use quality professionals instead of their relatives • Early identification and better and earlier intervention to prevent the need for Special Education • Encourage teachers to understand health issues • Use more play activities and encouragement of parent habits and skills to stimulate child cognitive development • Further support the implementation of curriculum and instruction standards and priorities from birth to Kindergarten • More cross-training in programs for educators to prevent training from occurring in a vacuum • Motivate school districts to champion investment in early care • Tie child care subsidy levels to quality to create an incentive for improvement • Create a Great Start technical assistance fund and couple this with a Great Start certified / seal of approval 	<ul style="list-style-type: none"> • Significant investment on the part of all stakeholders – local government, nonprofits and businesses will be required for successful implementation • Low-income parents lack money to buy books to facilitate their children’s literacy, and may not be literate themselves. • Parents lack education on quality child care and its importance

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Basic Needs, Economic Security & Child Safety: Services and supports that address the basic, daily living needs of families as well as child and family safety.

BASIC NEEDS, ECONOMIC SECURITY & CHILD SAFETY			
<i>Strengths</i>	<i>Weaknesses</i>	<i>Opportunities</i>	<i>Threats</i>
<ul style="list-style-type: none"> • The State budget was recently approved • Faith-based food banks make a tremendous contribution to the community • Food programs (breakfast, snack and lunch) offered in some child care centers • DHS offers clothing vouchers 	<ul style="list-style-type: none"> • Economic recession • High unemployment • Crime rates are high • Job security • Basic needs programs are isolated from each other and do not collaborate in their efforts • Public supports are difficult to access and use 	<ul style="list-style-type: none"> • Parenting education services can include household finance components to improve understanding of credit, interest, and other financial topics • Make WIC, TANF, and Food Stamps more user friendly and accessible for families • Increase child safety awareness as a component to parenting education (lead awareness, how to baby-proof a house, etc.) and in the child care setting where appropriate (good touch / bad touch, how to cross the street, etc.) • Use the home visitation model in basic needs services. Provide meals on wheels, nutritious food, and clothing to the home setting to eliminate transport challenges • Expand basic utility shut-off protections to families with infants and young children • Advertise the availability of emergency assistance in the at-risk communities 	<ul style="list-style-type: none"> • Public transportation • Worsening economic outlook and crushing poverty exacerbate need • Housing is becoming unaffordable for many; foreclosures are increasing • Child abuse / violence / neglect is an emerging issue under bleak economic conditions • Not enough safe (and free) places to play in Detroit • Basic utilities are shut off in homes with young children • Lead and other toxins are present in homes and vacant lots where many children play • Access to healthy food options is increasingly limited in Detroit as grocery stores are closing and replaced by independent / convenience food shops

FEEDBACK AND PERSPECTIVES

Overview

Braintree has conducted over 135 interviews resulting in a total of 399 early childhood programs when combined with research and profiles gathered externally. The following feedback and perspectives section provides a summary of responses from these 135 interviews to several specific questions:

- How would you describe your ideal service system for children in Wayne County and/or your area? What would you want to see change?
- What could be done to improve the system without any additional money?
- What are the areas in which you see the greatest challenge and potential improvement?
- What could be a quick victory for your program? What can Great Start do for you and your program?
- What are the emerging issues for your program in the next 3 years? What threats to your clients or program?
- What are your and the community's greatest strengths? What's going right?
- What do you want as your legacy in child development?
- What challenges do you face in staffing your organization and/or programs?

FEEDBACK AND PERSPECTIVES

Ideal Service System

Wayne County interview respondents would like to see strategically placed all-encompassing early childhood service centers that provide assessment, care, support, and general resources for all children and families at low or no cost. The county is in need of more 'true' collaboration and coordination to improve services, avoid duplication, enhance referral efficiency, and provide a more seamless overall service delivery system. Services would be less reactive and more proactive in order to prevent problems before they begin.

Wayne lacks sufficient public transportation. Services are often available but those most in need are in some cases unable to use those resources for lack of transport. The home visitation and door to door van model should be expanded where possible to address this situation.

Responses also included the following:

- Reaching out to families before and after they have kids can help avoid problems stemming from the household and can ensure healthy, supportive families.
- Services in need of expansion are Early Head Start, Head Start, English as a second-language, transition to adulthood, sexual assault, support for foster parents and group homes, and outreach to Hamtramck and Highland Park.
- Schools, businesses, and politicians/legislatures should act as partners and invest in early childhood development together.
- Parent involvement and education will assist their child's growth.
- Less bureaucracy/paperwork involved in obtaining services.
- Increase school coordination and cooperation with the private childcare sector.

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- Services should include the whole family, as parents' problems (poverty, mental health, substance abuse, etc.) often have a major impact on their children.
- Additional family resource centers.
- A healthier population that eats more nutritious foods; more grocery stores are needed.
- Expansion of mental health services with an increased focus on early childhood.
- Additional early screenings and better follow through for developmental delays, mental health issues, etc.
- Shelter services and emergency services that are able to assist all children and families in a timely manner.

FEEDBACK AND PERSPECTIVES

Improving the System Without Additional Money

Participants called for creating a comprehensive and accurate resource pool, overcoming turf issues, and avoiding service duplication. Additional cooperation, communication, and information-sharing can stretch available funding among service areas. Wayne could benefit from more outreach to families and publicity for early childhood issues.

Responses concerning family education and outreach included:

- Family education on their rights to services, on using technology, and on what services/resources are available. Teacher education could improve concerns regarding low-income issues and mindsets.
- Outreach to families can include public service announcements, infant mental health media exposure, pro-bono services, networking with retirees, and partnerships with providers, parents, schools, businesses, public agencies, and legislators.

FEEDBACK AND PERSPECTIVES

Greatest Challenges and Potential Improvements

Interviewees voiced many varying challenges. The most common were the lack of transportation, communication/collaboration, funding, and mental health and socio-emotional services. The worsening economic situation was a major underlying concern for many stakeholders.

Responses by topic:

- Health issues
 - Improving access to health care
 - Addressing autism and disabilities
 - Promoting healthy lifestyles
 - Reducing the high infant mortality rate
 - Reducing lead poisoning
- Community issues
 - Addressing racism in Wayne County
 - Creating awareness and encouraging volunteering
 - Increasing staff diversity
 - Expanding public transportation
- Family issues
 - Parent education and knowledge of resources available

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- Services need to address the whole family
- Child care facilities need more guidelines and technical assistance; most cannot afford to be accredited by NAEYC.
- Some specific issues were the decline of Head Start participants because of part-time slots, foster care funding, additional home visits, concern over Early On's capacity to meet demands with sufficient quality, and undocumented illegal workers.
- The expected lack of future funding was the most commonly cited challenge.

FEEDBACK AND PERSPECTIVES

Community's Greatest Strength

There is a strong sense of solidarity in Wayne. The community is passionate about early childhood development and there is much experience, expertise, and commitment within the field. Major foundations are stepping up and providing resources even in the face of severe economic challenges.

FEEDBACK AND PERSPECTIVES

Legacy in Child Development

Most interviewees conveyed a hope to truly change lives and meet the needs of every early childhood family, thus creating a positive environment where children receive services at a young age and are secure, healthy, supported, and educated. There is hope to be a leader in the fields of socio-emotional development, mental health, and special needs services. The community aspires to be a trend setter and help end the cycle of poverty and illiteracy.

FEEDBACK AND PERSPECTIVES

Quick Victory

Quick victories were largely varied, although many had to do with specific staffing, funding, eligibility, and programmatic issues. Participants focused on additional and stable funding sources (and unrestricted streams) to be used for programs, improved facilities, additional and better paid staff, support from the business community, and corporate sponsorships. Further victories include an improved transportation system, expanded quality service for *all* families, and increased collaboration.

- Near term victories
 - The development of a parent support group
 - More prevention programs for early childhood
 - More Head Start classrooms
 - More home visitation services
 - More employment opportunities for parents
 - Smaller caseloads for service providers
- Other goals include: full enrollment in classes, reduced hospitalization, better referrals, fewer cases of infant mortality for preventable causes, and higher GED completion rate for parents.

FEEDBACK AND PERSPECTIVES

Emerging Issues

The overwhelming emerging issue in Wayne is funding and the severe economic decline. The current economic situation in Wayne threatens jobs, affects enrollment levels, creates uncertainty over Medicaid funding, and increases the number of lower-class families in need of services. Low pay and high caseloads create overburdened workers. Several interviewees suggested that collaborating could help increase funding and leverage resources.

- Health issues include autism, lack of universal insurance, the need for more speech pathologists and therapists, and behavior problems and emotional disorders that contributes to expulsion from kindergarten; also, doctors are hesitant to diagnose young children, which affect the child's academic performance.
- Parent education and support for parents with development disabilities is in need of improvement.
- Other emerging issues include immigration, domestic violence, child abuse/neglect, and intensive foster care evaluation. One participant suggested the possibility that the government has little belief in the importance of the 0-3 years.

FEEDBACK AND PERSPECTIVES

Staffing Challenges

Staffing challenges focused on funding, retention, the quality of hires, and a shortage of certain specialist positions. Increased funding would enable additional staff, higher retention rates, increased job satisfaction, as well as an expansion of services. High staff turnover results from overwhelming caseloads, stress, higher paying jobs found elsewhere, poor advancement opportunities, and high burnout rates. New hires are often trained from scratch; area universities and colleges will benefit from improved workforce development. Degreed staff with expertise in early childhood are hard to find, much less those who are willing to work with the most difficult populations at a low pay.

- Staffing positions / fields / situations in need:
 - Physical/speech therapists
 - Volunteers
 - Nurses/health care
 - Classroom support workers
 - Bilingual speakers
 - Foster home
 - 0-3 teachers
 - Home visitation
 - Part time or evening
 - Social workers / case managers

FOCUS GROUP SUMMARIES

Overview

Braintree is pleased to report that seventeen focus groups have been conducted thus far in Wayne County, exceeding the eight required in the original budget proposal. The following section provides a summary for many of these focus groups. Views and opinions expressed here add nuance and perspective to interview feedback gathered from early childhood stakeholders and providers. Special credit belongs to Deborah Strong of Great Start Collaborative – Wayne for coordinating these focus groups.

Child Care Center Directors

- After hours, sick child, and alternative child care are pressing needs in Wayne.
- The child care licensing process suffers from ill-informed licensing staff and inconsistent requirements across licensing providers. The process is described as confusing, slow, and poorly managed. Child care providers would appreciate better step by step guidelines and more assistance during the process. They would also like to coordinate more with the universities on training and student internship opportunities.
- Funding is a challenge which has a negative effect on staffing (low salaries, poor retention), the training they can afford to offer, and the time they need to apply for grants and file other paperwork.
- Wayne has the lowest subsidy reimbursement in the state and a very low accreditation rate of two percent.
- Child care providers worry about the public's perception of the industry as unimportant or as babysitting. They would like to see more advocacy for early childhood in general.

Kindergarten Teachers

- Teachers worry that even though many children are pre screened, it usually takes about a year in kindergarten to identify special needs children.
- Parent involvement could be improved, but it is often difficult for busy and/or stressed parents (with their own problems) to take a more active role in their child's education: helping with language / communication skills, reading, writing, and basic math concepts.
- Teachers would like parents to instill a greater sense of propriety in their children and to receive training on how to discipline their children when they misbehave.
- Teachers are concerned that children are not developing sufficient socio-emotional skills (watching too much TV and playing video games). They would like the kindergarten curriculum to be more play based (as it used to be) than academic based.

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- Teachers felt that Great Start could help by improving the transition from four years old to kindergarten and by providing more parent education workshops and resources.

Detroit Parents

- Most parents felt it was difficult to apply for public services available to families with young children. One mother cynically suggested that the system was so impenetrable that it actively kept families in poverty by design.
- Parents would like to see a support group which meets regularly.
- Parents were concerned about the lack of recreational activities for children.
- Parents would like information cards which showed them what their child should be doing at each interval of development.
- The economic downturn has made it very difficult for parents to be involved with their children. Work takes up a great deal of what would be parenting time.

Hispanic Immigrant Parents

- Parents often wait until their child has a serious problem before seeking medical care (often at the emergency room) because health care is so expensive.
- Information resources in general (211 info, pamphlets, etc.) are only in English. This results in widespread ignorance of available services. None had even heard of Early On.
- Their greatest challenge is accessing health care services

Parents of Special Needs Children

- They would like to have more support groups
- Parents would benefit from a developmental stage check up system.
- They appreciate the Welcome Baby program (which is no longer offered by Detroit Medical Center) and would like to see at least some kind of information packet and/or some kind of informational conversation take place with someone before mothers leave the hospital.
- More resources for choosing a pediatrician would be helpful. It would be useful to know which specialized in specific conditions.
- They would like to see more alternative and expanded child care hours.
- Parents of special needs children should have all their options put before them, rather than let the school system dictate a particular course of action.

Infant Mental Health Group

- The economic climate has made parents more susceptible to a deterioration in mental health, which will affect children.
- They see transportation as a significant obstacle to service delivery.

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- Cases of lead poisoning are still much too high in Wayne.
- Great Start can help by endorsing mental health in early childhood as a legitimate and important issue, raising the profile of infant mental health programs that are available, and reframing and addressing the mental health stigma which prevents so many from seeking the services they need.

Family Home Providers, Relatives, and Child Care Aides

- They would like to increase the availability of child care scholarships.
- Unions and parents should get together to advocate change at a structural level to introduce new financing sources to child care as an industry.
- They would appreciate more opportunities for training child care staff. They would also like to have a child care health consultant.

Parents and Guardians

- More community based services are needed.
- There are too many recreation programs that charge fees.
- They would like to connect senior citizens to youth and young children to teach them skills and hobbies.

Arab-American Mothers

- Many Arab-American mothers are stay-at-home moms, but when they do need child care they cannot afford it.
- Transportation is a challenge in general and especially in families where the woman does not drive.
- There is a lack of clean and safe play areas for children.
- They would like to see more information resources appear in Arabic (many parents do not know about 211 information line).
- They appreciated Even Start (which lost its funding) and would like to see if Great Start could sponsor a similar monthly family interactive literacy program.
- More parenting classes are needed to increase education on health issues such as asthma.
- Medicaid is difficult to access for immigrants.

Young Fathers

- There needs to be stable male role models in children's lives.
- Fathers expressed concern about the peer pressure that spurns academic achievement.
- They appreciate the DADZ program and would like to see more programs like it.
- One father wanted to see parent education as a mandatory part of TANF.
- Fathers were upset by the negative portrayal of black men on TV.

Teen Parents

- Parents are unhappy with the public service process. The paperwork is overwhelming and the staff is unhelpful.
- Transportation is a problem.
- Many teen parents learn their parenting skills from their child care provider. They often encounter resistance from their own parents, who have a different idea about how to raise a child properly.
- They are generally pleased about how their own teachers showed flexibility toward their schedules and attendance but have heard that other schools are not so accommodating for pregnant teens and teen mothers.
- They would appreciate a support group for teen mothers.

Head Start Policy Council and Parents

- Parents should become their own child's best advocate. Parents need to be well informed and aware of their rights.
- Parents had mixed experiences with Head Start orientations. Some felt well informed, others felt like they did not have enough materials provided for them.
- TANF should work more towards helping parents as *parents* and not just giving them cash and work placements.
- It was suggested that Great Start disseminate various materials addressing cultures and all the programs that affect children through posters, pamphlets, resource guides, case manager referrals, TANF, hospitals, parks and recreation facilities, and buses.
- Head Start and Early On need to publicize their programs better.
- They would like to see 211 as a parenting hotline with its own phone number.
- They would like to build and replicate the wraparound services available through Head Start.

Early Childhood Center Directors

Greatest Challenges for Children and Families

- Children and families lack the basics: health, self-sufficiency, food, clothing
 - The school lunch program should be expanded
 - The economic situation is inhibiting child/family development
- Dental health services are no longer supported by the county and many clinics have closed down
- Wayne County Health Department needs to increase its support of early childhood and prenatal health programs
- All early childhood programs (eg. Head Start) suffer from transportation challenges, especially in Western Wayne
 - Parents have difficulty getting their children to the programs

GREAT START COLLABORATIVE – WAYNE
PROGRESS REPORT ON EARLY CHILDHOOD

- Gas makes car transport unaffordable for many
- Housing is seen as a challenge for many parents
 - The trailer parks are full
 - Single family homes are unaffordable for many
- Parents do not trust the service system in Wayne

Developmental Issues

- Children are not being identified as developmentally delayed early enough
 - Doctors need training to recognize delays
 - Language delays are often undiagnosed for long periods
 - There is a major shortage of speech therapists

Transition 0-3 / 3-5 / Kindergarten

- There are major problems in the handoff between services
- There is a strong desire for universal Pre-K to bring all children together instead of single population serving programs such as Head Start, MSRP, etc.

Mental Health

- There are mental health challenges for both parents and their children
 - The community is depressed and parents need help
 - The county has seen an increase in domestic violence, child abuse, and neglect
 - As families move into smaller spaces that they can afford, they face growing tensions in the home
- Wayne has recently increased funding for child/parent mental health but more needs to be done

Parents of Young Children in Eastern Wayne (Grosse Pointe)

- Child care in Grosse Pointe is seen as adequate, but varies in quality.
- Special needs children do not have enough affordable early intervention services.
- Pediatricians do not understand developmental delays and often do not make the right referrals early enough.
- Many parents received some type of “Welcome Baby Basket” and most reported that post birth parenting education materials were helpful.
- Parents want to be empowered to be the best advocate for their child through more education and outreach efforts.
- Parents find there to be an adequate number of play group opportunities as well as playgrounds where their children can interact with other kids.
- The local YMCA is held in high esteem.