

Early Childhood System Bus Tours

Example Script

To provide guidance on key topics to cover during the Bus Tour, the following example script has been developed. The purpose of this example is not literally for it to be read as a script but to provide an overview of the flow and organization of remarks that will be an important element of the success of an Early Childhood System Bus Tour.

Introductions & Background Information on the Great Start Initiative

- Welcome to our Early Childhood System Bus Tour, and thank you for investing your time to learn about some of the programs and services that are available to the children and families in xxxxx County!
- This tour has been organized by the xxx County Great Start Collaborative and Great Start Parent Coalition.
- As we begin our tour, I (Introduce Self) would like to take this opportunity to share some information with you about the Great Start System and the results that we are working toward for all children in Michigan, ages 0-5.
- The vision of the Great Start Initiative through the state and local partnership between the Early Childhood Investment Corporation (ECIC) and the 55 local Great Start Collaboratives and 70 Great Start Parent Coalitions in our state is for *every child in Michigan to be safe, healthy and eager to succeed in school and in life.*

An effective local early childhood system = High quality programs + Infrastructure

- In order for our vision to be realized, we know that public and private early childhood programs, services and supports, have to work together. Everyone who touches the life of a young child – mom, dad, doctor, child care provider, minister, business owner, preschool teacher, home visitor, etc. has a part to play in helping children succeed in school.
- Research shows that when a community takes a comprehensive approach to helping children be ready for kindergarten good things happen – children are healthier, parents get the information they need to be great parents and children are learning and meeting their developmental milestones.
- These are the results that we want to see for **our** children, our families and our communities in XX county (or counties).

Key Program Components for School Readiness and Success

- Today, we are going to visit X programs that are helping to ensure that young children will be ready for kindergarten when they hit the school house door.
- In your packet of information, you will see the blue page entitled “Michigan’s Great Start Initiative” which has a large star on it. Let’s take a look at it now before we visit our first program.
- You will see that this star shows how school readiness is dependent on five program components (the points of the star). Each one has an essential role to play in assuring that every young child has an equal opportunity for school success. As we visit programs today, we will share information about that role.

True Stories from the Community

- So what do we know about how our community is doing on behalf of young children right now? We’d like to share a couple of stories that illustrate for us – both what we are doing well and what we want to improve.
- The first is Lucy. Lucy is a 6 year old who started kindergarten this year. Her mother knew very early that she was pregnant. She ate well, took pre-natal vitamins, avoided caffeine, drugs and alcohol and happily went to each of her pre-natal appointments, excited to hear her baby’s heartbeat and ensure that her belly was growing at the proper rate. Her mother investigated pediatricians, child care options and attended classes about breast feeding, labor and delivery and infant CPR before she was born. When Lucy’s Mother arrived at the hospital, her delivery was a welcomed and amazing event. Lucy was seen immediately by a pediatrician from the practice that her mother had selected prior to her birth, and was supported by the hospital staff as she learned to nurse, change, hold and bond with her baby. After a couple of days, Lucy went home in a properly-attached car seat ready to learn and grow. Friends and family welcomed Lucy as they got home and excitedly counted toes and kissed her cheeks.
- Lucy’s Mother kept all of her daughter’s well-visit appointments and kept track of her developmental milestones in a special notebook, and read to her every night. Her mother became actively engaged in her Great Start Parent Coalition where she learned about local resources and shared her knowledge, experiences and voice to help improve the current early childhood programs and services in her community. Other parents in the Great Start Parent Coalition recommended that she contact the local Intermediate School District in order to take advantage of the Parents as Teachers program to give her new ideas for developmentally appropriate activities. Her mother pursued opportunities suggested by the staff of this program and began to take Lucy to playgroups and story time at the library so that she could learn how to play with other children, how to share and how to sit and listen to a story. Her mother worked part time, and when she was at work, Lucy attended a licensed in-home child care that was bright and cheerful, and the provider loved Lucy and the other children as if they were her own. As Lucy turned 4, she registered for the GSRP pre-school program at a local school and skipped her way into the building each day, ready to learn more, as her mother stood with a tear in her eye, wondering what happened to her little baby?
- A year later, Lucy started kindergarten, excited and ready to learn.

- Now I would like to tell you about Amanda, who is 6 years old and is repeating kindergarten this year. Amanda's mother became pregnant, but did not realize it until she was 16 weeks along. During the first three months, her mother drank socially and smoked, mostly to keep her weight down. She worked part time, and so she did not have insurance, and the nearest OBGYN clinic that accepted Medicaid was 20 minutes away. There is no bus that goes from her home to that side of town, and her car broke down a month ago and would cost \$500 to fix, which she does not have. Her mother finally was able to get to the clinic 8 weeks later. When she arrived at the clinic, the receptionist loudly exclaimed "this is your first visit to the doctor and you are already 6 months along"? Everyone in the waiting room pretended not to have heard, but Amanda's mother knew that they had. Once inside, the Nurse kept shaking her head in disapproval, as Amanda's Mother answered questions about her health and financial resources. She never returned to the clinic and delivered Amanda 4 weeks early, weighing only 4 pounds 9 ounces.
- Since Amanda was born early, her mother had not even looked into car seats, cribs, pediatricians or child care. It was lonely and quiet in the big hospital room. The nurses asked questions that made Amanda's mother defensive, so instead of bonding with her daughter, she spent most of her time watching tv and avoiding her new baby. Due to her small size and some concerns about her lung development, Amanda was taken to the Neonatal Intensive Care Unit and would need to remain in the hospital for a few weeks. This news was met with some relief from Amanda's mother. She went home after a few days and then visited Amanda for the next three weeks every other day, when possible.
- Amanda was finally strong enough to go home, and Amanda picked her up from the hospital in a car that she borrowed from a co-worker. It was now just the two of them. She barely knew her three week old baby and began to feel depressed and resentful. Amanda spent most of her time propped up on the couch or in her crib. A pillow on her chest held her bottle upright so that she could drink from it.
- Amanda's mother needed to return to work the next week, or she would lose her job -the only source of income that she had, besides the state subsidies. She asked another mother down the street if she could care for Amanda while she worked, although this mother already had 4 children of her own, but it was convenient, inexpensive and her only option.
- Time went by quickly, Amanda became well-known in the emergency room at the hospital, because she had asthma, which the doctors assumed was from her poorly developed lungs as an infant. But, her mother continued to not have insurance, and so seeing a specialist was not an option.
- Her mother never considered reading to her, but did find the energy now and then to color and play with play dough together. Amanda's mother parented the only way that she knew how, and continued to battle depression. She kept Amanda clean and demanded respect. When Amanda misbehaved, she was spanked and sent to her bedroom for an hour.
- When Amanda turned 5 it was time to start kindergarten, much to her mother's relief. But, Amanda was a withdrawn, scared little girl who was not prepared for kindergarten, and instead of playing with other children, she grew aggressive and gained the reputation as "the naughty girl".
- I have given you two stories of children in our community. Lucy had a strong foundation with all of the components working together to help her develop at a healthy rate. Amanda, on the other hand, did not. It shouldn't be an accident of birth for some children to have opportunity to achieve their full potential – and others to not. We know what it takes to ensure school readiness and no achievement gap at kindergarten entry. We have got to close the gap between what we know, and what we do.

Pediatric and Family Health Program

- We are going to start our tour by looking at the **Pediatric and Family Health Component**. Let's begin at the beginning!
- Regardless of a woman's financial resources, all women need access to quality pre-natal care in order to give babies a healthy start. Proper pre-natal care drastically reduces health risks for mothers and babies – a healthy Mother is much more likely to give birth to a healthy baby!
- Almost 50% of all babies born in Michigan are born to mothers who are single, heads-of-households who live in poverty.
- When babies are born, they need access to a consistent medical home, where their growth and development are monitored and where they have access to immunizations and routine tests to ensure that they are growing and thriving.
- The FY 2010 cut Medicaid provider rates by 8%. This has had a negative impact on babies having access to Pediatricians because fewer providers will now accept Medicaid.
- The current Governor's FY 2011 budget proposal assumes a 3% physician provider tax will be adopted. If this tax is not adopted another provider rate reduction will occur further restricting the access of poor children to needed health services.
- Parents regardless of their income or education level need guidance with the early care of their babies and children in order to properly support their development. "Babies don't come with a manual!"
- Between FY 2002 and FY2011 the state and local funding for public health services will have dropped by nearly one-third from \$133.9 million to \$90.7 million even though we know more families qualify now due to the economy.
- Young children could be particularly hurt if public health systems are so weakened that access to immunizations, hearing and vision screenings, newborn screenings, and prenatal care are limited. Currently the Governor's budget includes an additional 7.7% cut in state funding for local public health departments.
- *Address here your most compelling health related community statistics – and then connect those statistics to either the program you are visiting or the person that has come to talk about the program whose funding was lost in last budget cycle, e.g., Nurse Family Partnership, 0-3 Secondary Prevention Grants, Infant Mortality Reduction Initiatives', Lead Poisoning Prevention Programs, Migrant Health Promotion Efforts (improve immunization rates).*

(As you move from this program the GSC Director should share with the participants examples of local efforts in one or two of the infrastructure or component areas (depending on GSC phase)---drawing upon the illustration of the Star emphasizing the infrastructure work in this area that supports the building of the early childhood system.)

Social and Emotional Health Program

- Next, we are going to focus on the **Social and Emotional Health Component**.
- All young children need chances to learn early how to get along with their peers, develop secure bonds with adults, and make friends before they enter school. Research is clear that school and work success rest on the ability of adults to work together with others, solve problems with others and form friendships and relationships.
- Many parents do not realize that the basis for this development takes place in the first 1,000 days of life. How babies and toddlers are nurtured and cared for by their parents and other caregivers is extremely important.

- It is nearly impossible for children to succeed in school and develop relationships when they are unable to control their emotions, sit still, and play and get along with other children and adults. The earlier these concerns are found, the easier it is to help parents, help their children.
- Currently, in the Governor's FY 2011 Budget proposal, the Child Care Enhancement Program (CCEP), is eliminated. The CCEP serves high risk children who are experiencing social/emotional and behavioral challenges in DHS subsidized child care settings. The program prevents children from being expelled from child care – helping parents to keep their jobs. This program also provides counseling to both parents and providers to address challenging behavior.
- The emotional health of care givers is critical as well. In Amanda's story, her mother was depressed and did not know how to discipline her appropriately. Her depression and approach to parenting Amanda had a big impact on Amanda's ability to succeed in school.
- The XX program we are visiting supports the social and emotional health of children....

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Child Care and Early Education = Environments for Early Learning (and school readiness)

- We will now move on to **Child Care and Early Education**.
- There are two publicly funded early childhood education programs in MI, Head Start and the Great Start Readiness Programs (GSRP) that provide a prekindergarten learning experience to children who are eligible.
- An estimated 35,000 at-risk four-year-olds in Michigan who are eligible for the Great Start School Readiness or Head Start preschool programs are not able to benefit from the programs because there are not enough slots for all eligible children.
- In the FY 2010 budget the Great Start Readiness Program was cut from \$103 million to \$95.5 million. The resulted in an estimated 4,400 four-year-olds who lost the opportunity to attend this preschool program in Michigan.
- Another \$8.3 million was diverted from preschool monies in about 100 districts. In the Governor's current FY 2011 Budget proposal there is the removal of language that allows local districts to redirect their GSRP funding to other budget priorities.
- *(insert information about waiting lists from your GSC area)*
- Most children spend part of every work day in the care of someone other than his or her parent. The quality of care that children receive and the environments in which they receive it vary greatly. Child care is a big percentage of a young family's budget. All parents want their children in the best possible situation unfortunately many cannot afford it.
- With the economic situation of many families in Michigan, children who once went to privately paid pre-school are no longer able to do so. Children who were at home with one parent are now in various child care settings that range from being left with a family member or neighbor, to a licensed child care center.
- In the current FY 2010 budget child care rates included reductions in payments to some providers. The program provides subsidized child care for about 65,000 children allowing low-income parents to work.
- In the Governor's proposed FY 2011 budget it projects a further reduction in spending on child care subsidy by another \$15.8 million which is attributed to reduced caseloads, but we cannot

forget that this is the money that subsidizes the child care system paying hourly rates as low as \$1.60 per hour. Funding could be maintained to increase rates or provide scholarships.

- The Governor's proposed FY 2011 recommends continuation funding for child care quality enhancements through ECIC for \$14.6 million and retains budget language establishing a basic training requirement for all child care aides and relatives.
- *(insert information about child care issues in your GSC area)*
- We are going to visit a child care center that provides quality education and developmentally appropriate opportunities for the children who attend.

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Parenting Leadership Program

- **Parenting Leadership** is the next component that we are going to explore.
- All parents want to raise happy, healthy children who will one day grow up and lead an independent life.
- It is important that all parents, regardless of their education level or financial situation, have opportunities (should they wish to take advantage of them) to be competent and confident in their role as a leader for their own family and be given the opportunity to develop their leadership skills to find the same confidence and competence in offering their unique knowledge and expertise as the customer about how to improve the current community early childhood programs and services to make them more efficient and effective.
- This opportunity is offered to parents through their participation in their local Great Start Parent Coalition and those who are parent members on the GSC. In their coalition they have the opportunity to learn about community resources that are available where they can go for help when they run into problems.
- Many parents don't recognize the important responsibility they have to advocate for their child, to seek out resources, or to have a voice in the way the early childhood system works. The Great Start Parent Coalitions encourage parents to tell their stories, express their opinions and to become part of the solution to systems that are not working properly. The Great Start Parent Coalitions also recruit parents to volunteer their time to help organizations and providers by educating parents about services, volunteering in pre-schools, collecting books for reading programs, spending time with teen-aged mothers and their children, and advocating to protect the programs that are crucial to the development of the children in their state.
- In FY 2010 the Great Start Collaboratives (which provide nominal funding for the Great Start Parent Coalition) was reduced by 11%.
- Many parents recognize that in this quickly changing world of events such as man-made and natural disasters, new forms of terrorism that to really protect their children's futures they need to turn their attention to whatever small part they can do for other people's children too. With all of life's uncertainties parents recognize they can give their children hope by modeling---with their own small acts of generosity---the ways that they, too, can do what they can to help. Such gestures reassure children that they belong to a community that cares. This provides an important foundation and approach for their development and instills in them the self-control, self-respect, and sensitivity to others that they will need in order to be resilient and make their own contribution one day to bettering our strained world." (Adapted from an excerpt by T. Berry Brazelton, M.D. Touchpoints (second edition).

- We are next going to visit a local Great Start Parent Coalition meeting...

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Family Support Program

- **Family Support** is our final component.
- No one can dispute that if a family does not have a place to live or food to eat, the parents cannot even begin to think about reading to their child or teaching them how to play a game. The lack of these basic needs create incredible stress on the family and often lead to issues of abuse and neglect.
- Families that are economically stable are able to provide a feeling of safety and security for their child, where a four year old who sleeps in a car one night and in a shelter another is in danger and often is taken away from their parents.
- The state's cash assistance grant has not been adjusted for inflation for two decades. It remains at \$492 per month for a family of three. This program helps support about 157,000 children across Michigan.
- The \$84 per child back-to-school clothing allowance for children in households receiving the cash assistance was cut to \$48 per child.
- We will next visit a local DHS office, food pantry, homeless shelter etc....

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Making the Case for Programs + Infrastructure = School Readiness

- Now that we have looked closely at a program helping families in each of the 5 components, can you choose one that you would be willing to take away from your own child or grandchild?
- The Great Start System illustrates the need for all of these pieces to be in place for children growing up in Michigan, and that each piece needs to be connected to each of the other 4 in order for them to be utilized.
- It is important to recognize that when a parent ventures out into the current service delivery world and attempts to access the potpourri of disconnected programs, the experience can not only be frustrating but it can actually stymie their best efforts to get what they need for their child.
- Opportunities for intervention and support are missed simply because the parent was not lucky enough to talk to someone who actually knew about the service that is available.

Use Family Story to Make the Point of Why A System Will Improve Outcomes

- Let's look back at Amanda for a moment. Imagine that pre-natal care was easy to access and Medicaid was widely accepted. Think of how the attitudes of the people who saw her in their office might have changed her view of being pregnant if they had been welcoming and excited about her coming to their office. What if there was someone in that office that connected her

with Nurse Family Partnership, who helped her be prepared for Amanda's arrival and then continued to visit her and get her help with her depression and child care and parenting choices. What if someone had encouraged her to go to story time and take advantage of the Parents as Teachers program, where she might have met other parents that would welcome her to play dates and help her learn the skills necessary to advocate for Amanda's needs.

- I believe that Amanda would have been a much happier child, who was ready for school.

Closing & Thank You.

- The xxx County GSC and GSPC are working to bring all of these components together into a comprehensive system so that there is no "wrong door" and helps to build a more efficient and effective set of programs and services that meet the needs for all families.
- Thank you for giving your time and energy to be with us today. We appreciate your commitment to our community and it's youngest citizens.