Achieving the Goals of the Newark Children’s Bill of Rights
Recommendations to Mayor Cory A. Booker and Director Maria Vizcarrondo, Newark Department of Child & Family Wellbeing

January 2008

Authors
Ronald Chatters III, Vincent Chin, Brett Hembree, Jessica Hembree, Maia Jachimowicz, Eric Mikanda, Jacob S. Rugh, Sarah Sable

Project Advisors
Sara S. McLanahan, Elisabeth Donahue, Michelle O. DeKlyen
Table of Contents

Acknowledgements .......................................................................................................................................................................2

Achieving the Goals of the Newark Children’s Bill of Rights ................................................................................................4

Right #1: The right to nurturing and responsible parents, caregivers, and family members.

  Reducing Depression Among Mothers With Young Children ..............................................................................................7

  Improving the Impacts of Residential and Non-residential Fathers on Child Wellbeing ........................................ 13

Right #2: The right to safe homes, schools, and neighborhoods that will preserve an individual’s dignity, respect, and freedom from discrimination.

  Reducing the Impact of Violence on Children in Newark ..................................................................................................19

Right #3: The right to good nutrition, a decent permanent home, clean air, and healthy drinking water.

  Improving Income Stability for Children and Families ...................................................................................................23

Right #4: The right to accessible, quality physical and behavioral healthcare.

  Preventing Childhood Lead Poisoning ..............................................................................................................................27

Right #5: The right to age- and developmentally-appropriate care, guidance and education.

  Improving Child Care and Educational Quality for Infants and Toddlers ...................................................................31

Family Success Center Initiative

  Promoting the Long-term Sustainability of Newark’s Family Success Centers ............................................................37

  Mapping Family Success Centers in Newark ..........................................................................................................................41

Appendix: Paterson Pre-Rental Lead Abatement Ordinance .................................................................................................49
Acknowledgements

The authors thank the many experts whom they consulted in preparing this report.

Rawaa Abilal, Director of Health Planning, Department of Child & Family Wellbeing

Marianne Aiello, Helpline Coordinator, New Jersey Office of the Child Advocate

Mark Ali, Child Abuse Division, Essex County Prosecutors Office

Mark Allen, Acting Director, Lead Poisoning Prevention Program, Alameda County Community Development Agency

Diane Autin, Executive Co-Director, Statewide Parent Advocacy Network

Michelle Barnea, Program Coordinator, Family Strength Associates

Sheila Beasley, Administrator, University of Pittsburgh Office of Child Development

Karen Benjamin, Program Coordinator, Prevent Child Abuse New Jersey

Jane Bernzweig, Evaluation Specialist, First 5 Alameda County

Amanda Blagman, Senior Policy Analyst, Association for Children of New Jersey

Grace Blanco, Ironbound Children’s Center Director, Ironbound Community Corporation

Tom Blatner, President/CEO, Janus Solutions

Vanessa Bohler, The North Ward Center, Inc.

Beverly Braxton-Cannon, Director, Northern New Jersey Maternal/Child Health Consortium

Deborah Bremond, Director, Family Support Services, First 5 Alameda County


Shonda Bryant, Program Coordinator, Childhood Lead Poisoning Prevention Program, Newark Department of Child & Family Wellbeing

Ed Callaghan, Irvington Family Development Center

Rebecca Casciano, PhD Candidate, Princeton University

Lane Colvin, Manger, Family Care Connection, Children’s Hospital of Pittsburgh

Mary Coogan, Assistant Director, Association for Children of New Jersey

Gerard Costa, Director, Institute for Infant & Preschool Mental Health

Vincent Costanza, Education Program Development Specialist, New Jersey Department of Education

Kelsey Crowe, Program Planner, Oakland Fund for Children and Youth

Marge Deichmann, Division Director, Public Health, Alameda County Public Health Department

Diane Dellanno, Program Developer, Prevent Child Abuse New Jersey

Charles Dixon, Young Fathers Program

Reginald Dorsey, State Outreach Coordinator, Association for Children of New Jersey

Lisa Eisenbud, New Jersey Department of Children and Families

Theresa Ellis, Assistant Site Coordinator, Bradlee Court Family Success Center

Marilyn Elward, Director of Training and Education, Programs for Parents, Inc.

Ellen Frede, Associate Professor, The College of New Jersey

Erin Freschi, School Readiness Program Services Administrator, First 5 Alameda County

Jennifer B. Galindo, Health Coordinator, Oakland Department of Human Services

Michelle Garcia, Ironbound Community Corporation

Jonah Gensler, Ironbound Community Corporation

Dale Goodwin, Child Development Center Director, United Vailsburg Services Organization

Katherine Grant-Davis, President & CEO, New Jersey Primary Care Association

Stephanie Greenwood, Housing Policy Analyst, Department of Economic & Housing Development, City of Newark

Katie Hamm, Early Childhood Education Specialist

Gena Haranis, Senior Vice President, Janus Solutions

Sharon Harper, Administrator, University of Pittsburgh Office of Child Development

Susan Hodgson, MD, Child Advocate, New Jersey Office of the Child Advocate

Donna Roman Hernandez, Babyland Family Services

Priya Jagannathan, Planner, Head Start Program, Oakland Department of Human Services

Jeremy Johnson, Philanthropic Liaison to the City of Newark

Robert Johnson, University of Medicine and Dentistry of New Jersey (UMDNJ)

Jayne Jordon, Site Director, Hill District Center for Nurturing Families

Richard Keevey, Director, Policy Research Institute for the Region

Ruth Keliman, Executive Director, Babyland Family Services
Acknowledgements

Nancy Kessler, Essex County Domestic Violence Mediator, New Jersey Superior Court

David Kinsey, Visiting Lecturer of Public and International Affairs, Princeton University

Matt Klaper, Policy Advisor, Office of the Mayor

Jean Knab, Director, Fragile Families Study

Keysa Knight, Director of the Family Success Centers, Newark Now

Lakota Kruse, MD, Medical Director, Family Health Services, State of New Jersey Department of Health and Senior Services

Marijane R. Lundt, Executive Director, Gateway Northwest Maternal and Child Health Consortium, Inc.

Mary Manning-Falzarano, Clearinghouse Manager, Professional Impact New Jersey

Steven Marcus, MD, Executive Director, New Jersey Poison Information and Education System

Suzanne Martone, Allegheny County Department of Human Services

Detective Todd McClendon, Newark Police Department

Jean Mitchell, Program Director, Friends of the Family

Emily Moiduddin, PhD Candidate, Princeton University

Jennie Mollica, Program Manager, Making Connections Oakland

Crystal Motlasz, Public Health Consultant, Health Education, State of New Jersey Department of Health and Senior Services

Kerry Muckler, East Liberty Family Support Center, Pittsburgh

Al-Tarik Onque, Assistant Site Coordinator, Baxter Terrace Family Success Center

Georgianne Palao, Department of Public Welfare, Office of Mental Health and Substance Abuse Services

Margaret Parish, Early Childhood Specialist, Newark's Office of Children

George Philipp, Program Services Administrator, First 5 Alameda County

Hillard Pouncy, Visiting Lecturer of Public and International Affairs, Princeton University

Leslie Reicher, Administrator, Allegheny County Department of Human Services

Gerri Reynolds, Site Director, Northview Heights Family Support Center

Richard Roper, Director, Planning Department, Port Authority of New York and New Jersey

Paul Saeman, Consultant, Nicholson Foundation

Anthony Santiago, Vice President of Asset Development, Newark Now

Jane Sarwin, Director, Public Health Initiatives, Gateway Northwest Maternal and Child Health Consortium, Inc.

Jon Shure, President, New Jersey Policy Perspective

Brendan Smith, Director of Quality Assurance, Family Intervention Services

Michael Smith, Sto-Rox Family Center

Perris Straughter, Principal Planner, Division of City Planning, Department of Economic & Housing Development, City of Newark

Annette Strickland, Program and Administrative Officer, The Schumann Fund for New Jersey

Joseph Suozzo, Esq., First Assistant Child Advocate, New Jersey Office of the Child Advocate

Pauline A. Thomas, MD, Associate Professor, Department of Obstetrics, Gynecology, and Women's Health, University of Medicine and Dentistry of New Jersey

Danita Thompson, Associate Director, Family Strength Associates

Jim Walsh, Program Director, New Jersey Citizen Action

Anthony Welsh, Newark Now

Margaret Williams, President, Friends of the Family

Margaret Woods, President/CEO, Independence: A Family of Services, Inc.

Patricia L. Valentine, Allegheny County Department of Human Services

Charles Venti, Deputy Director, The Nicholson Foundation

Captain Steven Yablosnky, Newark Police Department

Cecilia Zalkind, Executive Director, Association for Children of New Jersey

Tynisa D. Zawde, Policy Associate, Safe Passages (Oakland, CA)

Alison Zuvich, Assistant Child Advocate, New Jersey Office of the Child Advocate

The authors tremendously benefited from the guidance and support of Sara S. McLanahan, Elisabeth Donahue, and Michelle DeKlyen
Achieving the Goals of the Newark Children’s Bill of Rights

Economic theory posits that the optimal investment is that which provides the highest return. Given this principle, it is imperative that cities like Newark invest in policies and programs proven to provide the most considerable societal gain. Currently, society overinvests in remedial skill development and underinvests in early interventions. However, there is a growing body of evidence that early interventions targeted toward children – particularly disadvantaged children – have much higher returns than interventions at later stages of life, such as high school-dropout prevention programs, public job training, convict rehabilitation, and expenditures on the police.¹ (see graph below) That is, decades of research finds that skill formation, including cognitive, linguistic, social, and emotional competencies are shaped by one’s childhood experiences between the ages of 0 and 5. Investment in all of these skills and competencies contribute both to individual success and the success of society as a whole.² Thus, in light of the finding that early investment is the optimal investment, this report aims to provide the City of Newark with targeted recommendations on how to improve the wellbeing of its youngest and most disadvantaged children.

Methodology

This report was researched and written by a group of graduating Masters in Public Affairs students at the Woodrow Wilson School of Public and International Affairs (WWS) at Princeton University. Led by two Princeton University instructors and one research scholar, the project was sponsored as part of the annual WWS policy workshop program. The goal of the workshop program is for students to gain experience addressing critical policy problems. This particular workshop was offered in conjunction with the Center for Research on Child Well-being (CRCW) and its two main projects: the Fragile Families and Child Wellbeing Study and The Future of Children journal. The Fragile Families study aims to address questions of interest to researchers and policymakers on the welfare of children born into unmarried families by following a cohort of nearly 5,000 children since birth. The Future of Children is a joint project between WWS and the Brookings Institution that seeks to promote effective policies and programs for children by providing policymakers, service providers, and the media with timely, objective information based on the best available research.

² Ibid
Under the auspices of these two projects the group set out to assess the needs of Newark children between 0 and 5 years of age, and offer useful recommendations to the City of Newark as it confronts the growing challenges of improving social outcomes for disadvantaged children in its community. In developing the report, the group met with the Director of the Department of Child & Family Wellbeing, Maria Vizcarrondo, to discuss the interests and needs of Newark. Following this initial meeting each member chose an area of individual focus from Newark’s “Children’s Bill of Rights,” which calls for good homes, education, nutrition, healthcare, neighborhoods, and recreation. The specific key areas of focus of this report include:

1) Maternal mental health
2) Fatherhood and parenting
3) Child exposure to violence
4) Family income security
5) Lead poisoning in children
6) Early childhood care and education
7) Family success center initiative
   a. Long-term sustainability
   b. Location of future centers

A common approach was taken to explore each of these topics. Each author consulted with practitioners in the field in order to assess Newark’s greatest needs and reviewed the latest research on the key areas of concern. Discussions were held with a number of experts and stakeholders, including representatives from government agencies, non-profit organizations, academics and advocacy groups across New Jersey, and in several benchmark states, including California, Maryland, and Pennsylvania. Practical and cost-effective “best practice” policies or programs that directly benefit Newark were identified and recommended as “low hanging fruit” solutions. While not specific to any single right within the Children’s Bill of Rights, the report includes recommendations for Newark’s recently-initiated Family Success Centers. The authors deliberately chose this strategy because, if successful, these centers will allow the city to achieve progress on all rights comprehensively. What follows are the summary results of our work.
Reducing Depression Among Mothers With Young Children
Right #1: The right to nurturing and responsible parents, caregivers, and family members.

**Goal**
Reduce depression among mothers of young children to improve family and child wellbeing.

**Rationale**
Depression affects mothers nationwide, but the poor are more than twice as likely to be depressed. In Newark, 1 in 5 mothers experience a major depressive episode during their child’s first year. Research shows that mother’s depression impairs her parenting ability, harms parent-infant bonding, strongly predicts child acting out or being withdrawn, and leads to lower test scores in preschool and later years. Below are significant adverse effects of maternal depression when her child is age 0-5 at all life stages of the child:

- **Age 0 – 3** Depression undercuts effective parenting practices; depressed mothers are 1.5 times less likely to engage in healthy feeding and sleep practices with their infant, and less likely to stimulate their cognitive development by reading or singing songs.

- **Age 3 – 5** For low income mothers who were depressed when their child was an infant, their child at age three is roughly twice as likely to show aggressive conduct behavior problems (18% versus 9%), or be anxious or depressed (21% versus 11%).

- **Age 5 – 8** Five year-old children are more likely to exhibit behavior problems if their mother has experienced depression when the child was an infant. Also, if a mother was depressed during a child’s kindergarten year, her child is more likely to act out in third grade.

- **Age 8 – 18** Maternal depression leads to child conduct and depression problems, which lead to higher rates of low standardized test scores, grade repetition, and delinquency.

For depressed mothers of young children, who often face the added stress of single parenthood and poverty, the stakes are high. There is a high incidence of maternal depression, but most cases go undetected. Targeting maternal depression can help reduce parent stress and strengthen good parenting practices. Interventions that reduce maternal depression treat at the source a key determinant of child attachment, emotional, behavioral, and cognitive problems.

---


6 Paulson, J. E., Dauber, S., & Leiferman, J. A. (2006). Individual and combined effects of postpartum depression in mothers and fathers on parenting behavior. *Pediatrics, 118*(2) 659-667. They also find that infants of mothers effectively screened for depression are five times less likely to be readmitted for emergency care.


10 Up to 12% of the elementary school test score gap between Newark and New Jersey may be accounted for by differences in the incidence and treatment of maternal depression (author's calculations based on 2006 NJ State test score data).
**Recommendation #1:** Assure that mothers of young children are screened for depression in Newark City health clinics and WIC centers.

**Action Step 1:** Use the Edinburgh Depression Scale11 (EDS) to screen for depressive symptoms among all Newark mothers of young children served by Department of Child & Family Wellbeing (DCFW) clinics and centers.

- The EDS is a simple 10-question, one sheet checklist used by a variety of professionals, from social workers to primary care physicians, to screen for depressive symptoms in the past seven days. It is widely recognized to be effective in detecting depression among mothers. The scale is available as part of the state-funded New Jersey Speak Up campaign12 to raise awareness and treat New Jersey women with postnatal depression.
- Two state regional grantee agencies implement NJ Speak Up in Newark:
  - Northern New Jersey Maternal/Child Health Consortium
  - Gateway Northwest Maternal and Child Health Consortium, Inc. (Gateway MCH), which is prepared to distribute both EDS checklist as well as NJ Speak Up brochures.
- Place NJ Speak Up brochures in city clinics and WIC centers.
- Assure that all women with young children fill out EDS as part of intake paperwork. By state law effective January 1, 2007 all mothers must be screened for depression upon discharge from the hospital after giving birth. However, most mothers develop depressive symptoms after this time frame, and are not currently being systematically screened for depression at OB/GYN or well child visits at city medical clinics.13
- The American Academy of Pediatricians urges all pediatric health care providers to screen mothers at well child visits.

**Action Step 2:** Arrange for a state grantee agency to train city medical staff and WIC center workers to administer EDS checklist, educate mothers about depression, and treat or refer women for care.

- Three staff members at Gateway MCH are dedicated to the Postpartum Depression Initiative. Gateway MCH staff provide training and technical assistance to staff at UMDNJ and Beth Israel hospitals. They form part of a larger team that has conducted trainings for Newark City medical staff in areas where staff now excel in educating mothers (breastfeeding practices and the Black Infant Mortality Reduction (BIMR) project).14
- City WIC center staff and medical professionals are uniquely positioned to provide screening and follow-up for mothers who form part of the undocumented population in Newark and may lack access to formal healthcare networks.
- A primary care physician may prescribe drugs that effectively treat maternal depression; thus direct patient involvement with clinicians outside traditional networks of care is not always necessary.
- Alternatively, women screened for depression can be referred to UMDNJ University Behavioral Healthcare (UBHC), which receives Newark women with Medicare as part of the NJ Speak Up initiative.

---

12 This program was enacted in 2005 and New Jersey was the first state to commit resources to uninsured mothers with depression. See [http://www.njspeakup.gov/](http://www.njspeakup.gov/)
13 Personal communication with Newark pediatric and medical physicians (October 26, 2007).
14 Ibid and personal communication with Marijane Lundt, Gateway MCH (November 30, 2007). City medical staff competencies in these two initiatives demonstrate how focused trainings in screening for depression have the potential to become integrated into family-based service settings that serve at-risk women and ultimately reduce depression.
Reducing Depression Among Mothers With Young Children

**Action Step 3:** Track total women screened, identified, referred, and treated for depression.

**Recommendation #2:** Extend New Jersey Speak Up campaign to Family Success Centers and train staff to raise community awareness and help reduce rates of maternal depression.

**Action Step 1:** Distribute NJ Speak Up informational materials in Family Success Centers.

- Capitalize on Family Success Center (FSC) initiative to extend outreach of NJ Speak Up to mothers most at risk for depression and least likely to be reached by system of care.
- Gateway MCH is willing to supply FSC’s with the following awareness campaign materials:
  - Posters that include toll-free “warm line” for women to call and receive help
  - Brochures available in six different languages
  - Additional videos are available online at NJ Speak Up web site.
- Use materials to educate FSC staff and community members about depression.
- Track number of women screened for depression, and identified and referred for treatment. Create standardized tracking sheet across all FSC sites for follow-up.

---

**Lessons Learned in Pittsburgh Metro-Allegheny County, Pennsylvania**

In Allegheny County, there are over 30 neighborhood-based Family Support Centers that deliver services to promote the wellbeing of children age 0-6 and their families. A chief concern addressed by several centers is the need to have “mental health in the community,” in the words of one site coordinator. The following are ways centers raise awareness, better detect, and ultimately reduce maternal depression:

- Conduct support groups for both mothers with depressive symptoms and all women who seek to learn more about depression.
- Schedule weekly visits by trained professionals to screen and treat mothers for depression.
- Pool resources across county, agencies, and centers to partner with local mental health and behavioral health service providers to make services more accessible.
- Train center staff in Family Development Credential to empower families to reach their goals. Strategies include preventative approaches to improve mental health.
**Action Step 2:** Multiply knowledge and training among Family Success Center staff concerning depression in general and share best practices for reducing depression among mothers in Newark.

- Conduct trainings for FSC staff to discuss the ways depression affects women and children 0-5, and to introduce the *NJ Speak Up* initiative.

- Train FSC staff to administer EDS screening tool. There is a wide range of depressive symptoms that mothers can experience even if they do not score above a threshold on the checklist. FSC staff can build on relationship of trust with mothers to raise awareness and recognize ways to address milder forms of depression.

- Experts can more easily conduct training sessions in a central location, such as an FSC. Gateway MCH, Northern New Jersey MCH Consortium, and members of the Council on Family Success Early Childhood Success Committee each have at least four members ready to train FSC staff.

- Supplement funding of FSC’s to include professional support group leaders to provide services for mothers experiencing depression.

- Support groups led by trained professionals have had significant success in building community awareness of depression issues in Pittsburgh, Pennsylvania (see box). Group therapy multiplies awareness and outreach.

**Action Step 3:** Encourage Family Success Centers to share knowledge and strategies about reaching mothers with depression through regular meetings.

- Share successful ways to reach mothers with depression and partner with larger organizations in the Newark region that treat women such as UMDNJ-UBHC and the Mental Health Association of Essex County. United Vailsburg Service Organization, Ironbound Community Corporation and other FSC agencies like Newark Emergency Services for Families have all built partnerships in mental health. Targeting maternal depression builds on the efforts and success of select FSC agencies and empowers more FSC’s to reach mothers who face the challenges of poverty, lack of support, and depression.

- Use joint FSC meetings to invite state grantee agencies, such as Gateway MCH and Northern New Jersey MCH, and service providers, such as UMDNJ-UBHC, to plan for increased use of mental health care provider network. Under the leadership of the DCFW and Newark Now, the network of care can plan to adequately serve depressed mothers referred under this proposal despite the fixed supply of services in the short term.
Improving the Impacts of Residential and Non-residential Fathers on Child Wellbeing
Right #1: The right to nurturing and responsible parents, caregivers and family members.

**Goal**
Enhance the ability of residential and nonresidential fathers to positively impact the wellbeing of their children. Specifically, provide fathers with training for supportive-parenting skills and relationship skills.

**Rationale**
An alarming number of Newark fathers are not engaging in supportive parenting activities. Data from the first-year follow-up of the Fragile Families study reveals that 45% of residential fathers, 52% of nonresidential (romantic) fathers, and 83% of nonresidential (nonromantic) fathers do not play games with their children every day; 78% of residential fathers, 95% of nonresidential (romantic) fathers, and 95% of nonresidential (nonromantic) fathers do not read to their children. Additionally, the quality of the relationships between fathers and mothers tends to deteriorate in the five years after their children are born. At the five-year mark, 55% of Newark parents were no longer married, cohabiting, or romantically involved. This is troublesome because relationship quality between parents is a crucial predictor of fathers’ involvement with their children as well as the quality of that involvement.

Research suggests that it is the quality of the father-child interaction that matters for positive child outcomes not the frequency of father-child contact. A meta-analysis of nonresident fathers and children’s wellbeing by Amato and Gilbreth indicates that children tended to exhibit higher academic success and fewer internalizing and externalizing problems if nonresident fathers reflected “authoritative-parenting” behaviors (supportive-parenting skills are a subset of this). Moreover, findings by Cabrera et al. reveal that “over and above mother engagements, fathers’ supportiveness matters for children’s cognitive and language development as well as children’s social and emotional behaviors, but less consistently.”

The involvement of nonresidential fathers with their children diminishes as the quality of the father-mother relationship decreases. Furthermore, “nonauthoritative fathering within the context of minimal interparental cooperation is the pattern observed in most families. For this reason, [nonresidential] fathers have a difficult time making positive contributions to their children’s development.”

**Recommendation #1: Through the Family Success Centers, provide supportive-parenting skills training to all fathers using the Doctor Dad curriculum. Offer relationship skills training to new fathers (and mothers) using the Exploring Relationships & Marriage in Fragile Families program.**

**Brief Description of Recommended Programs**
The National Fatherhood Initiative designed the Doctor Dad curriculum. Organized in a series of four 2-hour workshop sessions, the curriculum provides fathers the opportunity to enhance their parenting skills to better care for the health and safety needs of their young children. Fathers who fully participate in the workshops should be able to better practice supportive-parenting skills, thereby improving the quality of their fathering. An evaluation of the Doctor Dad curriculum by the University of Texas suggests that it is effective at improving fathers’ knowledge of supportive-parenting skills.

---

16 Personal communication with Michelle DeKlyen on November 14.
22 Doctor Dad Program Overview (accessed November 24, 2007); available from https://www.fatherhood.org/drdad.asp.
The Center for Urban Families in Baltimore and the State of Louisiana Department of Human Resources developed the *Exploring Relationships & Marriage in Fragile Families* (ERM) program. The ERM program consists of eight sessions that allow couples to learn “communication skills, conflict resolution, personal and familial goal setting, effective parenting, and planning for the future.” Ultimately, the purpose of the curriculum is to teach couples how to strengthen their relationships. As a relatively new program, ERM has not been thoroughly evaluated and assessed. However, the program incorporates the work of renowned fatherhood expert, Joe Jones, and represents a promising endeavor in teaching relationship skills to couples, especially fathers.

**Action Step 1:** Add fatherhood programming to the list of activities administered through the Family Success Centers.

- Family Success Centers (FSC’s) are required to offer services in parent education. This should include programming for fathers, specifically supportive-parenting skills and relationship skills training. Additionally, the Council on Family Success should incorporate fatherhood into the strategies it is developing for comprehensive early childhood services and parent support. These steps will help increase the awareness of fatherhood programs amongst the community of policymakers in Newark, and facilitate the creation of sorely-needed services targeting fathers.

**Action Step 2:** Find financing mechanisms for the recommendation.

- The federal government is one prospective funding source. Through the *Healthy Marriage Initiative*, there is $50 million in federal dollars available yearly for per year fatherhood programs nationwide. The smallest fatherhood grant disbursed in 2006 was $200,000 annually for five years. Relationship skills and supportive-parenting skills training would be eligible for this funding. There may also be funds available from foundation sources. Financial support could come from governmental entities at the state, county, and city levels as well. The New Jersey Department of Health and Senior Services has provided monies to fatherhood programming in the past. The City of Newark could also explore sources of funding within the city budget.

**Action Step 3:** Assist the Family Success Centers in securing the necessary physical infrastructure to properly implement the recommended fatherhood programs.

- Ideally, as in the Allegheny County Family Support Centers, fatherhood programs should be housed in FSC’s. In circumstances where this is not possible, physical space for conducting the programming should be secured from local neighborhood institutions such as schools, recreation centers, churches, and hospitals. Any offsite location for the fatherhood programming should be as close as possible to the actual FSC.
**Action Step 4:** Integrate the recommended programs with upcoming fatherhood efforts by Newark Now and the Nicholson Foundation.

- Soon, Newark Now and the Nicholson Foundation will open a fatherhood program modeled after the Comprehensive Center for Fathers in Philadelphia. The new program will offer fathers an extensive menu of services such as employment referrals, job training, and legal assistance for child support issues. In the future, the supportive-parenting skills and relationship skills training accessible to fathers through the FSC’s should supplement the services provided by the new fatherhood program. The success centers and the new program should establish a referral system to connect fathers with the variety of fatherhood services that will be available.

**Lessons Learned from Allegheny County, Pennsylvania Family Support Centers**

At the Sto-Rox Family Center outside of Pittsburgh there are a variety of fatherhood services available. The center offers fathers services such as supportive-parenting skills training, job skills training, relationship counseling, and housing referrals. Additionally, the center facilitates numerous events such as father-recognition dinners and father-child day trips that allow fathers to interact with one another and their children in an environment just for them. Through the center, neighborhood fathers have access to resources and opportunities that might otherwise be more difficult for them to access. Essentially, the Sto-Rox Family Center acts like a clearinghouse that connects fathers with the assistance that they need and creates an inviting and social climate where fathers can learn how to become better fathers.

**Action Step 5:** Hire and train the appropriate personnel to administer the fatherhood programming through the Family Success Centers.

- To properly administer the *Doctor Dad* and *ERM* curriculums, each FSC should hire a male Father Coordinator. The coordinator must be male because fathers are generally more comfortable receiving fatherhood services from another male. “Over and over again, men [indicate that] a father-led, fathers-only group gives them the safety and ability to open up about their doubts, fears, and other emotions that would not be possible in a co-ed group.”

The Father Coordinator will be in charge of managing and conducting all of the fatherhood programming that is available at his respective FSC. The training for the *Doctor Dad* program is available through the National Fatherhood Initiative, and the *ERM* curriculum is available through the Center for Urban Families in Baltimore.

---

**Action Step 6:** Devise a strategy to recruit and retain fathers for the supportive-parenting skills training and relationship skills training programs.

- It can be difficult to recruit and retain fathers for fatherhood programs. The timing of a policy intervention for fathers can be important. “Fathers may be most motivated to take up multiple aspects of an intervention (and thus increase the chances that the intervention will prove effective) shortly after the birth of a child, when many couples in ‘fragile’ families express hope that their relationship can succeed.”\(^{31}\) Hence, relationship skills training should target new fathers in Newark.

- Outreach to fathers should occur through schools (to recruit teenage fathers), barbershops, churches, Head Start sites, hospitals, the courts, and the police department. Ideally, former program participants should lead recruitment efforts as they can personally attest to the quality of the program. Moreover, outreach efforts should include incentives to encourage fathers to enroll into the programs, and to maintain their participation.

---

Reducing the Impact of Violence on Children in Newark
Right #2: The right to safe homes, schools, and neighborhoods that will preserve an individual’s dignity, respect, and freedom from discrimination.

Goal
Reduce the impact of violence on Newark children who have been exposed to domestic or community violence by coordinating the efforts of the Newark Police Department and mental health clinicians to link children with mental health services.

Rationale
There is sufficient evidence that being exposed to domestic or community violence has numerous adverse developmental, behavioral, and emotional effects on children. This has become a matter of grave social concern as various studies around the country conclude that children, especially in urban areas like Newark, are witnessing violence at earlier and earlier ages. According to the Fragile Families study, 47 percent of Newark mothers reported having witnessed violence in their communities in the early 2000s as compared with 31 percent of mothers in other large cities. Domestic violence is also more common; about 16 percent of Newark mothers report being victims of domestic violence as compared with 13 percent of mothers in other cities. Most important, children in Newark are more likely than children in other large cities to witness domestic violence. Conditional on mothers’ exposure, over one-third of Newark children are witnesses to violence as compared with about one-quarter of children in other cities.

Unfortunately, many children do not receive therapeutic help when they have been exposed to violence; their families may not know that help is available or may believe that the child will adjust without treatment. However, clinical research indicates that there are costs of delaying mental health treatment to children who have been exposed to violence as infants, toddlers, and preschoolers. Children who are referred to psychotherapy at later stages tend to have worse long-run developmental outcomes than children who receive early and immediate intervention.

Recommendation #1: Confirm whether a policy connecting violence-exposed children to mental health services exists.
It is unclear whether Newark has in place a policy to connect children who have been exposed to domestic or community violence with mental health services (e.g. assessments or referrals for treatment). Information received through multiple contacts with the Newark Police Department (NPD), the Essex County Prosecutors Office, and numerous community agencies has been inconclusive about whether such a citywide policy exists. Before presuming that no city-administered intervention exists, however, the Department of Child & Family Wellbeing (DCFW) should conduct a thorough fact-finding effort. DCFW should convene major stakeholders to take an inventory of what psychotherapeutic services or referrals are available to children who are exposed to violence. The effort must include the NPD, which is the first to arrive on a crime scene and is the critical link in referring families to services.

Recommendation #2: Launch the Child Development-Community Policing (CD-CP) Program in Newark.
If no policy exists, Newark should launch the New Haven CD-CP program. It is supported by the United States Department of Justice’s Office of Juvenile Justice and Delinquency Prevention and is a proven model that is currently operating in more than fifteen cities around the United States.

---

Lessons Learned from New Haven, Connecticut

The New Haven Child Development-Community Policing (CD-CP) program is the nation’s leader in tackling the problem of childhood exposure to violence. It is a partnership that developed out of the shared concerns of New Haven police and mental health professionals regarding the experiences of children exposed to community violence. The program aims to coordinate the efforts of community police officers and mental health clinicians to reduce the psychological burdens of violence on children and families, community members, and mental health professionals themselves. The process of consultation and collaboration with mental health and allied professionals ensures that intervention takes place in a more timely fashion and also without the fragmentation of services that often leads to a squandering of limited resources. The CD-CP program is a national model that is supported by the United States Department of Justice’s Office of Juvenile Justice and Delinquency Prevention. It is currently operating in more than fifteen cities throughout the United States. 35

In the mid-1990s, a pilot of the CD-CP program was launched in the West District of Newark. The program aimed to bridge the gap in mental health services provided to children exposed to violence by having specially trained police officers consult mental health clinicians to assess the young witnesses at crime scenes. However, the program folded a few years later due to wavering commitment from the police department, which was going through a leadership transition. Unfortunately, the CD-CP program was not a priority under the new police chief. Newark did not reapply for funding to continue the program and the program’s officers were deployed on new assignments.

In 1999, the University of Medicine and Dentistry of New Jersey (UMDNJ) applied for federal funds for Newark to become a Safe Start site – a program based on the CD-CP model. It was funded at a modest level for about three years, and then continued to function through monthly case discussions with the core partners and the clinical staff of the project. The program never reached its full potential, however, for a couple of reasons. First, the NPD offered only wavering support. Second, the director of the Safe Start initiative left UMDNJ and the program was shifted within another program called Children of Violence. Shortly thereafter all funding faded and the Safe Start program was finally terminated around 2004. 36 To overcome these previous obstacles, Newark should follow the City of Oakland’s lead.

Lessons Learned from Oakland, California

In 2004 Oakland voters passed Measure Y – the Violence Prevention and Public Safety Act. It creates a safe Oakland by weaving together social services, nonprofits, police, schools, criminal justice and faith based agencies, and community members at the neighborhood level to address the symptoms of violence in the city. It provides approximately $19 million every year for ten years to fund violence prevention programs in Oakland that are generated through a new parcel tax along with a parking surcharge in commercial lots. Prevention programs are designed to work together with community policing to provide a continuum of support for high-risk kids most at risk for committing and/or becoming victims of violence. 37


**Action Step 1:** Propose a citywide ordinance to address the mental health needs of Newark children who have been exposed to domestic and community violence.

- Efforts should be made to work with City Council to pass an ordinance that requires and funds the CD-CP program. Like the New Haven model, such services should include an initial assessment following the crisis and referrals to any other long-term interventions deemed clinically necessary to stabilize the child. Unfortunately, there are very few studies on the efficacy of psychotherapies for infants and young children who have been exposed to domestic or community violence. That is, there are no universal treatments. Most young children receive play therapy because of their inability to verbalize their thoughts; however, any prescribed treatment(s) depends on the child’s age, stage of cognitive development, and severity of symptoms.

**Action Step 2:** Adopt legal measures to ensure the Newark Police Department’s commitment to and compliance with the new policy.

- To overcome the obstacle of securing NPD participation and commitment, the City of Oakland again provides a great model. In passing *Measure Y*, the ordinance legally requires the Oakland Police Department to commit and comply with the city’s efforts to reduce the impact of violence on its children. Newark should consider including such a stipulation in its own ordinance when proposing it to City Council.

**Action Step 3:** Create an oversight committee to run and operate the CD-CP program.

- It is imperative that any future CD-CP program launched in Newark has committed leadership. Thus, mandating the program through a city ordinance will ensure that it is not dependent upon one leader as was the case in previous attempts to launch the program. Instead, as is done in Oakland, the Mayor should appoint members to a special violence committee to coordinate and evaluate the program. The committee should also make recommendations to the Mayor and City Council for any new regulations, resolutions or ordinances as needed for the program’s administration and long-term sustainability. Moreover, Newark should establish the new initiative as an official governmental project administered by the city instead of one administered by a voluntary multi-agency agreement.
Improving Income Stability for Children and Families
**Right #3: The right to good nutrition, a decent permanent home, clean air, and healthy drinking water.**

**Goal**
All children will live in families with adequate economic resources.

**Rationale**
Studies suggest that increasing income for families with children significantly improves child welfare, with the most significant impacts occurring in families with children under five. Specifically, increasing income has been shown to cause improvements in child nutrition, school achievement, school engagement, and high school completion rates.38

The federal and New Jersey state Earned Income Tax Credit (EITC) are two of the largest programs aimed at assisting New Jersey families in poverty. In 2004, the federal EITC alone provided an average assistance to Newark families of $1,980, for a total of almost $70 million.39 However, studies show that 15 to 20% of eligible families do not claim the EITC.40 Increasing EITC filing by only 10% would bring an additional $6 million into Newark's economy. For the past five years, members of the Newark Asset Building Coalition have dramatically increased the number of EITC filers in Newark, and this progress is likely to continue. As the Coalition continues to expand its publicity campaign and free tax preparation services, it will require the implementation of new strategies to reach these untapped markets.

**Recommendation #1: Implement an intensive, one-weekend Volunteer Income Tax Assistance (VITA) campaign.**

While Newark's strong VITA outreach campaign continues to rapidly expand, the most likely barriers to its continued growth are access to volunteers and adequate marketing. An intensive, one-weekend campaign over the President's Day holiday will maximize these resources by enhancing the effectiveness of marketing and requiring a substantial number of volunteers for one weekend only.

**Action Step 1:** During the three-day event, hold extended hours at all VITA tax sites.
- Open VITA sites for twelve to fourteen hours per day during the weekend. While ensuring adequate staffing will be difficult due to the size of the event, individuals will be more likely to volunteer knowing that they will be needed for only one weekend.

**Action Step 2:** Adjust your marketing campaign to highlight the free tax weekend.
- The marketing campaign should highlight this event as the opportunity for free tax preparation. Lessons from the for-profit world suggest that individuals respond most positively to marketing that makes the product appear scarce. By using marketing to make the opportunity for free income tax preparation seem scarce, citizens will be more likely to attend and less likely to use a paid tax preparer.

**Action Step 3:** Ask local banks or utility companies to sponsor the weekend event.
- Unlike a continuous three-month campaign, a one-time event would provide sponsoring corporations more opportunities for positive publicity. Based upon examples from other cities, banks, credit unions, and utility companies are the most likely sponsors for these campaigns. Both the sponsoring organization and the campaign are likely to benefit from these partnerships.

**Action Step 4:** Use local community colleges and universities to maximize volunteers during the weekend.
- By partnering with local colleges and universities, the VITA campaign can ensure enough volunteers for this intensive weekend event. Tax Help New Mexico, for example, uses a network of local colleges to provide over

---

100 volunteers to free tax sites in exchange for college accounting credit. By partnering with these organizations, Newark can ensure adequate staffing levels during the free tax preparation weekend.

**Action Step 5:** Remove the tax preparation income test during the weekend event.
- By opening the service to all Newark residents, the campaign will remove some of the possible stigma from this free service. Examples from other cities show that removing the income test does not significantly change the demographics of clients.\(^{41}\)

**Action Step 6:** Move VITA sites out of social service agencies during the weekend event.
- Moving sites out of service agencies will destigmatize the VITA sites. While finding other convenient locations for sites is a difficult task, it will be made easier as these locations will only need to be secured for three days. High schools or other public locations that would otherwise be closed during the holiday weekend could provide convenient, well-known locations.

**Action Step 7:** Continue to offer free tax preparation sites with limited hours for the remainder of the tax season.
- Due to the limited availability of some filers, it will be necessary to maintain more limited VITA sites throughout the tax season. These sites can be open fewer hours and use fewer volunteers.

**Recommendation #2: Invest in technical assistance to continue moving the campaign forward.**
As Newark’s EITC campaign continues to grow, it will become more and more difficult to reach the last remaining non-filers. To ensure continued growth, consider investing in technical assistance from such groups as the National League of Cities, the U.S. Conference of Mayors, the Annie E. Casey Foundation, or the Federal Government’s Department of Health and Human Services. This valuable assistance can connect Newark to best practices in other cities, EITC peer networks, local partnerships, and support from the Internal Revenue Service.

**Recommendation #3: Use the Family Success Centers to link citizens with banking and asset building opportunities.**

**Action Step 1:** Maximize program resources by focusing on increasing EITC filing rates and directing Family Success Centers to focus on the larger issue of asset building.
- Studies show that it is very difficult to successfully link citizens with banking and asset building programs as they file their taxes. These types of programs are more successful in the long-term, after building relationships with the clients.\(^{42}\) Therefore, any asset building campaigns in Newark should be offered primarily through the Family success Centers (FSC’s).

**Action Step 2:** Gather information through focus groups and target banking and asset building programs to individual clients.
- Conduct focus groups with potential clients to determine what banking and asset building programs would be most appropriate for them. After determining why certain individuals remain unbanked or asset poor, partner with local banks and credit unions to create programs that will meet the needs of Newark residents. Use the FSC’s to work with individual clients and deliver these services where appropriate.

---


Preventing Childhood Lead Poisoning
Right #4: The right to accessible, quality physical and behavioral healthcare.

Goal
Reduce childhood lead poisoning.

Rationale
Research has linked an increase in blood lead level with a decrease in IQ scores, growth impairment, increased blood pressure, slowed nerve conduction, poor hearing, and a number of behavioral consequences, including inattention, hyperactivity, attention deficits, and aggression. In fiscal year 2005, only 49.4% of Newark children were screened for lead poisoning. Of those screened, 235 children or 5.8% of Newark children had blood lead levels above 10 µg/dL, the Centers for Disease Control and Prevention's level of concern. This rate is strikingly higher than the New Jersey average of only 2.0% of children. Of the children tested for lead poisoning, a Newark child is three times more likely to have an elevated blood lead level than the average New Jersey child. If Newark can reduce the incidence of childhood lead poisoning to the New Jersey average, approximately 154 fewer children tested each year would have an elevated blood lead level.

Recommendation #1: Reformulate infrastructure and data systems.

Action Step 1: Establish a Lead Poisoning Prevention Program.

- Building upon existing collaborative efforts, Mayor Booker should establish a Lead Poisoning Prevention Program that is jointly administered by health and housing experts. The Program should make use of committed stakeholders and advocates represented in the Newark Partnership for Lead Safe Children, creating a formal advisory role for community leaders. The Lead Poisoning Prevention Program should continue the work that is currently being done in the Department of Child & Family Wellbeing’s Childhood Lead Poisoning Prevention Program with the changes and added functions recommended in this document.

Action Step 2: Utilize data to develop a comprehensive understanding of lead poisoning risks.

- Lead poisoning risks are not evenly distributed throughout the city. Geographic information system (GIS) technology should be used to map a number of relevant lead poisoning variables, including:
  - Elevated blood lead levels
  - Lead screening rates
  - Pre-1978 housing
  - Exterior lead dust levels

Action Step 3: Pursue sources of local revenue to be used for primary prevention.

- Levy a small annual fee for each unit of pre-1978 housing, using generated revenue to make these units lead safe. Explore options to defer the annual fee for units that are proven to be lead safe.

---

45 Children between 6 and 29 months of age.
47 Ibid.
48 Ibid.
49 In 1978, the federal government mandated that paints be lead-free. As such, pre-1978 homes represent a heightened lead poisoning risk.
**Recommendation #2: Hold property owners responsible for unsafe housing, providing resources to do so cost-effectively.**

**Action Step 1:** Use the housing code to hold property owners responsible for unsafe housing.
- Work with the City Council to pass a pre-rental abatement ordinance that requires rental units to be inspected and all lead hazards to be abated before inhabited. The City of Paterson provides a great model. Consider building upon the Paterson ordinance (see Appendix) to include provisions to fine property owners until lead hazards are satisfactorily abated.

**Action Step 2:** Empower property owners to abate lead hazards in a cost-effective manner.
- The city’s Lead Poisoning Prevention Program should provide training, consultation, inspections, supplies, and dust wipe kits to property owners, maintenance staff, and home repair contractors. Include landlords and property owners in the formulation of these services. These tools to abate lead in a cost-effective manner will provide abatement opportunities other than the high-cost contractors required once a child has an elevated blood lead level.

---

**Lessons Learned from Alameda County, California**

The Alameda County Lead Poisoning Prevention Program is among the nation’s leaders in tackling childhood lead poisoning. The program’s success is the result of creative strategies to make primary prevention pay for property owners. In particular, Alameda County levies a $10 per unit annual fee on all pre-1978 housing units. The revenue from these fees is dedicated toward preventing housing-based lead hazards. Additionally, the city’s lead poisoning prevention program is structured as an independent agency that includes both health and housing experts. Alameda County is also a leader in providing property owners low-cost strategies to manage lead hazards, including free classes in do-it-yourself abatement and free rental of HEPA vacuums that are used in many abatement procedures.

**Action Step 3:** Ensure that all demolition and renovation is done in a lead safe manner.
- Exterior lead dust, much of which comes from unsafe work practices and faulty demolitions, presents a major lead poisoning risk to children. Given the changing state of Newark’s housing stock, the Lead Poisoning Prevention Program should construct and enforce regulations to ensure that demolitions and renovations are lead safe. The Program should conduct focus groups with property owners and construction companies to solicit input on and create buy-in for the new regulations.

---

50 City of Paterson. City Code, Chapter 351.
51 The Centers for Disease Control and Prevention has endorsed these trainings in Brown, M.J. (2005) *Building Blocks for Primary Prevention: Protecting Children from Lead-Based Paint Hazards*. Atlanta: CDC.
Recommendation #3: Strategically use lead screenings to identify and abate lead hazards.

**Action Step 1:** Gradually lower the threshold blood lead level to 2 µg/dL.52

- The Centers for Disease Control and Prevention and the American Academy of Family Pediatrics have maintained 10 µg/dL as the level of concern. Offer case management and environmental inspections to children with blood lead levels over 10 µg/dL.53 Offer environmental inspections and education to children with blood lead levels between 2 and 10 µg/dL. Blood lead levels over 2 µg/dL are above average and research suggests harmful cognitive effects can occur at such low levels of exposure. Since upwards of 50% of Newark children likely have blood lead levels over 2 µg/dL, implement this action step incrementally to avoid overwhelming city resources.

**Action Step 2:** Increase lead screening rates by strategically reaching out to:

- **High-risk neighborhoods**
  Go door-to-door and provide free screenings to children at heightened risk for lead poisoning. Consider using Family Success Centers (FSC’s) to facilitate lead screenings in high-risk neighborhoods.

- **Pregnant women**
  Use prenatal lead screenings to find and abate unsafe housing before children suffer from exposure.

- **Children receiving well child visits and immunizations**
  Collaborate with immunization efforts to include lead screening as part of the standard vaccination package. Reach out to family practitioners and pediatricians, federally qualified health centers, and free health clinics, stressing the importance of lead screening as one component of standard well child visits.

- **Children entering early education programs**
  Work with Abbott pre-schools, child care centers, and pre-kindergarten providers to include lead screening as part of the school entry requirements. Encourage parents to take children to their medical providers for lead screening, but do not exclude noncompliant families from participation in early education.

**Action Step 3:** Provide parents with resources to mitigate the effects of lead hazards.

- Through FSC’s, educate parents about lead mitigation strategies such as effective housekeeping, monitoring, and nutrition.

---


53 The City of Newark currently offers case management and environmental inspections to children with blood lead levels over 15 µg/dL and environmental inspection and education to children with blood lead levels over 10 µg/dL. This recommendation extends these existing services to children with lower blood lead levels.
Improving Child Care and Educational Quality for Infants and Toddlers
Right #5: The right to age- and developmentally-appropriate care, guidance and education.

Goal
Improve child care and educational quality for infants and toddlers in Newark by enhancing the quality of the child care workforce. Specifically, increase training opportunities and reduce high turnover rates for the child care workforce.

Rationale
Empirical research shows high quality child care for our youngest children – infants and toddlers from birth to three years – improves cognitive and social development. This care also leads to academic success in the short and long term, and reduces behavioral problems, particularly for low-income children. High quality child care benefits working parents and their employers as well, allowing employees to be on time and less distracted on the job. The use of child care for our youngest children continues to increase, due to welfare reform, the rising prevalence of single-parent households, and growing rates of dual-earner households. And yet, the quality of child care for infants and toddlers in Newark, as in the rest of the United States, is very low. Poor and minority children are especially vulnerable; they are twice as likely as their counterparts to receive low quality care. In Newark this problem is further compounded by strong incentives for the highest quality providers to work in state-supported Abbott preschool programs, serving three- and four-year olds.

Research indicates that two key elements of enhancing child care quality for infants and toddlers are: the quality of the child-teacher relationship and the continuity of care. Targeted early childhood training for child care providers is proven to enhance the quality of the child-teacher relationship. Financial incentives increase retention rates of child care providers, resulting in greater continuity of care. Newark can act on these findings now to rapidly improve the quality of care provided to infants and toddlers.

Recommendation #1: Supplement state financing of training opportunities for the child care workforce in Newark.

Action Step 1: Guarantee an equal level of training funding for all Newark child care providers.

- Professional Impact NJ is the statewide system responsible for providing professional development opportunities for early care and education providers. Funded by the New Jersey Department of Human Services, it provides child care workers financial reimbursement for up to $550 annually for certificate training and up to $3,000 annually for credit bearing courses, subject to availability. However, workers at Abbott-supported or Center Based Care (CBC) agencies are guaranteed up to $1,000 annually for certificate training and up to $5,000 annually for credit bearing courses. The city should secure training funding for all Newark child care providers at the level currently pledged to Abbott- and CBC-care workers. In essence, the city should guarantee an additional $450 for certificate training and $2,000 for credit bearing courses annually for non-Abbott and non-CBC workers in Newark. All child care providers should be given the same opportunity to provide high quality care. Administrative costs for this add-on would be minimal and could be managed by Professional Impact NJ.

55 Ibid.
60 L. Schorr and V. Marchand, “Pathway to Children Ready for School and Succeeding at Third Grade” (Pathways Mapping Initiative, June 2007).
61 Ibid.
**Action Step 2:** Provide training and educational funding as a voucher, not reimbursement.

- A primary barrier for child care workers to attain professional training is the prohibitive cost it poses to them.\(^{62}\) Child care workers are among the lowest paid in the United States labor force. In 2006, child care workers in New Jersey earned an average of $9.58/hr or $19,930 annually – comparable to short-order cooks and parking lot attendants.\(^{63}\) The funding Professional Impact NJ currently provides to non-Abbott and non-CBC care workers is in the form of reimbursement. Newark can increase access to training and educational opportunities in the city by providing its supplemental funding in the form of a voucher. Offering funding on the front end alleviates the cost barrier for child care workers.

**Action Step 3:** Evaluate the impact of supplemental funding for Newark care providers.

- Any add-on or change to the current professional development program must be rigorously evaluated from the beginning of its design and implementation. Quantifying impacts is especially worthwhile when soliciting external funding for the program. Specifically, if positive results are demonstrated, the city can advocate compellingly for the state to take on the supplemental program financing and expand services to all child care workers in New Jersey. Any impact assessment should measure:
  - Care providers served and type
  - Financial assistance provided
  - Level, amount, and type of training at entry and exit
  - Child care setting where employed

**Recommendation #2:** Finance a citywide retention program for the infant/toddler child care workforce through Newark’s Office of Children.

**Action Step 1:** Guarantee meaningful financial incentives tied to tenure and training.

- Currently there is little financial incentive for infant and toddler care providers to remain at their jobs. Child care workers earn on average $19,930 annually with less than one-third receiving health benefits and a small percentage with pensions. Meanwhile, there are strong incentives for these providers to transfer to Abbott-supported centers and schools, where they can earn an average of $37,050 annually with health benefits, life insurance and pension contributions.\(^{64}\) Nationally, a conservative estimate of annual turnover for all child care workers is 18%, rising to 25% for child care assistants who have little or no experience and training (compared with 7% for public school teachers).\(^{65}\) Newark should counter this trend by offering its infant and toddler care providers financial incentives that approach the salary scale of Abbott preschool teachers. Specifically:
  - Infant and toddler care workers should receive a wage supplement for every 6 months they remain in their occupation for the first four years – when occupational turnover rates are highest.
  - The amount of the supplement should be meaningful and scaled according to tenure, with larger supplements for the first six and twelve months and gradually decreasing over time.

---


Improving Child Care and Educational Quality for Infants and Toddlers

- Participation should be contingent upon annual training requirements and should match state child care licensing requirements: 4 hrs for family child care providers, 8 hrs for child care center workers and 20 hrs for child care center supervisory staff. Requiring state-mandated levels creates consistency across government, does not impose an added burden to already licensed care centers and may encourage other centers to become licensed.
- Additional annual bonuses should be granted to providers who remain with the same infant or toddler cohort, thereby incentivizing continuity of care.

**Lessons Learned from WAGE$, North Carolina**

In 1994, Orange County, NC implemented an innovative program to improve child care quality by granting wage supplements to child care providers working in licensed programs. The supplement, ranging from $200 - $4,000, is granted every six months a provider remains at their job and the amount is based on tenure, position and educational level. Supplements are increased if additional education is obtained in the interim months. The program is administered by a private, nonprofit organization and is funded by a state-initiated public-private partnership. Based on a FY2000/2001 evaluation, WAGE$ lowered workforce turnover rates from 31% to 18% and increased incomes by an average of $392 every six months. Also, 80% of survey respondents said that the supplements influenced them to increase their educational level or training. WAGE$ has since been replicated in over 60 counties in North Carolina and three states across the United States.


**Action Step 2: Elicit comments from the child care community on program design and implementation.**

- Before designing a new program, the city should convene a brainstorming session with community stakeholders, including child care providers and directors (family-based and centers), advocacy groups, academics, philanthropic contributors, Programs for Parents (the Child Care Resource and Referral Agency for Essex County), and Newark’s Office of Children. In addition to gaining feedback on specific design features, the city can gain early buy-in for the program. Stakeholders can help advertise the program, and provide ongoing feedback on its effectiveness.

**Action Step 3: Evaluate the implementation and impact of an incentive-based retention program.**

- Any new program must begin by making implementation and impact evaluations an integral part of the initiative. Evaluations ensure the program identifies expectations and sets realistic goals for outcomes. They also quantify results, which helps to publicize the cost savings of high quality child care in the mid and long term. An assessment of the retention program should measure:
  - Care providers served and type
  - Level, amount and type of training at entry and exit
  - Tenure with specific infant or toddler cohort
  - Occupational tenure
Recommendation #3: Create a public service campaign to promote early learning, high quality child care and high quality care providers in Newark.

**Action Step 1:** Adopt and build off of the *Born Learning* public service campaign.

- United Way of America has partnered with Ad Council and other organizations to create the *Born Learning* public engagement campaign to educate parents and caregivers about the importance of quality early learning and teach them simple ways to incorporate its techniques in everyday life. Newark should adopt the BornLearning.org campaign by using its free print, radio and television ads throughout the city. Newark should also build off of the campaign by creating new ads to educate residents that:
  - High quality child care benefits young children
  - High quality child care benefits working parents and employers
  - The quality of caregivers affects young children’s developmental outcomes
  - Caregivers are educators, not babysitters

**Action Step 2:** Frame the need for high quality caregivers as one that affects a broad constituency.

- The city can rally greater financial and community support around the issue of child care provider quality when more groups have a vested interest in its success. The current vocal stakeholders in favor of improved provider quality are relatively small in number and include child care providers, academics studying early childhood development, and the child care and early learning advocacy community. Mayor Booker and Director Vizcarrondo must expand this constituency in Newark by highlighting the benefits of high quality providers when addressing parents, employers, pre-school and public school teachers, the Newark Chamber of Commerce and the city welfare office, for example.
Promoting the Long-term Sustainability of Newark’s Family Success Centers
Goal
Promote the sustainability of Newark's Family Success Centers by clarifying the goals of the initiative and revising its requirements.

Rationale
In 2008, eleven Family Success Centers (FSC’s) will have opened their doors to residents of Newark, including eight centers with funding from New Jersey’s Department of Children and Families (DCF). DCF has identified 10 core services that should be provided by an FSC and emphasized that, “community leadership of the centers is an essential component.”

Newark has an interest in promoting the long-term sustainability of its eleven centers as a way to achieve its own goals of improving the wellbeing of children and families. Recognizing this interest, Newark Now has assumed a role to coordinate Newark's FSC’s, and Newark’s Department of Child & Family Wellbeing (DCFW) is responsible for evaluating the performance and quality of the centers.

The intentions of New Jersey’s Family Success Initiative are well meaning, but the long-term sustainability of Newark’s FSC’s remains threatened at this early stage. The state's comprehensive set of goals establishes an unrealistic expectation about what a center could accomplish with limited staff, resources, and community capacity. The requirement that all centers must provide 10 core services could make it difficult for the FSC’s to succeed.

Recommendation #1: Narrow the scope of “core services” that Family Success Centers are required to provide.
Newark should work with the state to reduce the number of core services that FSC’s are required to provide and to fashion incentives for FSC’s that provide services beyond this core. This would allow FSC’s the time and energy needed to engage residents in the process to strengthen families and communities, and develop the capacity to provide a consistent and high level of service.

Action Step 1: Communicate to State DCF the risk of overwhelming Family Success Centers with requirements.
- Newark should raise this issue in order to secure the state’s support for a community-driven effort to review the current list of required core services. FSC’s would not organize such an effort unless the state assures them that it would honor any revisions made to the core services. Given its investment and its goal of developing community capacity to strengthen families, State DCF should be responsive to Newark’s concerns.

Action Step 2: Conduct participant surveys or focus groups to inform Newark on what core services should be provided.
- Connect this with the effort currently underway to organize family advisory councils. Set as a discrete goal, drafting a list of core services that all centers could realistically provide given their current staffing levels. This process should determine the appropriate balance of direct, co-located, and off-site referral services to be included in the core set. This process also promotes the state’s goal of involving the community in deciding what services are provided in the FSC’s.

---

66 Sponsor agencies in the state-funded centers include, Ironbound Community Corporation and La Casa de Don Pedro, with two centers each, and Babyland Family Services, FOCUS Hispanic Center, Newark Emergency Services for Families, and the North Ward Center, with one center each. Three additional centers operated by Newark Now are fully funded by the Nicholson Foundation.

67 The required core services are: 1) Access to information on child, maternal and family health; 2) Development of family success plan; 3) Economic self sufficiency; 4) Information & referral services; 5) Life skills training; 6) Housing-related related services; 7) Parent education; 8) Parent-child activities; 9) Advocacy; and 10) Home visiting.
Promoting the Long-term Sustainability of Newark’s Family Success Centers

**Action Step 3:** Adopt expanded services on a case-by-case basis based on the following factors:

1. **Community need** as identified by family advisory councils.
2. **Evidence-based programs** that are supported by research. This includes many of the recommendations contained in this report.
3. **Staff capacity** as determined by sponsor agencies and partners in the Family Success Initiative. FSC’s should develop staff capacity by supporting training opportunities, such as the Family Development Credential.

**Recommendation #2: Standardize the core services across Newark’s Family Success Centers to the fullest extent possible.**

There should be considerable consistency across programs. Each FSC should be required to provide a basic package of services. In this way, the core services can be evaluated across all of Newark’s FSC’s. Standardization would help stakeholders understand the outcomes and impact of the initiative. At the same time, FSCs must also maintain a significant level of flexibility to respond to family and community needs.

**Action Step 1:** Adopt best practices in family support as a starting point.

- While core services vary in different family support models across the country, the following are consistently offered and should be included in the basic package that Newark offers:
  - Parent education
  - Child development activities
  - Service coordination and referrals

**Action Step 2:** Persuade sponsor agencies to “buy-in” to standardizing core services.

- At monthly meetings of Newark’s FSC network, Newark Now and the DCFW should present the case for having uniformity in core services to the sponsor agencies.

---

**Lessons Learned from Pennsylvania, Maryland, and California**

Well-established family support programs in California, Maryland, and Allegheny County, Pennsylvania have set practical targets for their core services, from 6 to 7 services, compared to 10 in New Jersey. These programs have also defined target populations. Allegheny County and California primarily serve families with children from 0-5 years old, and Maryland serves families with children from 0-3 years old. Regarding staffing needs, California suggests a minimum of two full-time employees in addition to staff that provides services and support. Staffing in family support centers range from 4 to 5 full-time staff in Allegheny County, and from 7 to 23 full-time staff in Maryland. In Allegheny County, service requirements are tied to the number of staff members. For example, each family development specialist is required to serve 25 “intensive” families each year.

**Recommendation #3: Persuade DCF to adjust core services and reporting requirements.**

State DCF explicitly stated that it would be seeking feedback from FSC’s to determine if they have adequately identified data regarding core and expanded services. Adjusting the reporting requirements is necessary to preserve the goal of community involvement in designing, operating, and overseeing the FSC’s.

---

68 This includes the three centers funded by the Nicholson Foundation.

69 These “best practices” refer the overlapping core services in well-established family support service models in California, Maryland, and Allegheny County, Pennsylvania.
Action Step 1: Provide unified feedback on the state’s reporting requirements.

- Gather consensus about reporting requirements across Newark’s FSC’s and present feedback in a unified voice. Newark Now is currently spearheading this effort.

Action Step 2: Establish communication with DCF Commissioner Ryan.

- Explain that New Jersey’s 10 core services exceed the reasonable standard in “benchmark” states (see box). Make the case that a narrower set of core services does not preclude a center from providing comprehensive family support services and would actually allow FSC’s to succeed and flourish.

Action Step 3: Explore formal measures to waive requirements.

- Given its role in quality assurance and evaluation, Newark DCFW should explore how to obtain a temporary waiver from some of the state’s requirements.

Action Step 4: Lobby the state to allow leeway in measuring parent and community involvement, and in gathering data on levels of service.

- Measures of parent development and community involvement require the use of rating scales to track changes in attitudes, knowledge, and skills. These tools require different skills than those needed to collect data on levels of service (i.e. number of families served). The state should allow flexibility in developing FSC capacity to measure and track these two different types of information by reducing the paperwork burden when necessary.
Mapping Family Success Centers in Newark
Family Success Center Initiative

Goal
Locate Family Success Centers in neighborhoods with the highest concentrations of at-risk families.

Rationale
The placement of the eleven current Family Success Centers (FSC’s) was largely based upon the location of pre-existing service providers. Therefore, some of the neighborhoods of greatest need in the city are not currently being served by FSC’s. Newark Now and Janus Solutions have stated that the city is interested in opening more FSC’s in areas with the greatest needs.

Recommendation #1: Use an objective methodology to determine the areas in the city with the highest concentration of at-risk families. Determine whether these neighborhoods are being served by existing Family Success Centers. Locate new centers in the neighborhoods that are not being reached.

Action Step 1: Use maps to identify neighborhoods with high concentrations of at-risk families.

- Families living below the poverty line are the most likely to be families at-risk. Using data from the 2000 Census it is possible to determine the poverty status of individuals by census tract. This data can then be mapped to facilitate easy identification of neighborhoods with high concentrations of poverty.

- Because the concentration of poverty creates negative effects on neighborhoods it is important to examine both the number of people in poverty as well as the percent of people in poverty. Some neighborhoods show high rates of poverty due to a high concentration of poor elderly. Because the FSC’s are focused on providing services to families and children, it is important to also examine the number of children in poverty and the percentage of children in poverty.

- Census tracts can be ranked from the highest to the lowest poverty rates for each of the four categories. Census tracts with the highest rates of poverty will be above the 90th percentile, while Census tracts that are at the median level or below will be in the 50th percentile and lower.

Action Step 2: Use maps to compare the location of neighborhoods with highest concentrations of poverty and the location of Family Success Centers.

- The maps show that some highest poverty neighborhoods in the South, North, and West Wards are not being served by FSC’s.

- Residents who do not live in public housing projects will be unlikely to use FSC’s that are located within public housing due to safety issues. Therefore, neighborhoods with FSC’s located in public housing projects still need additional FSC’s to ensure adequate coverage.

Action Step 3: Use maps to place new Family Success Centers in high poverty areas that lack Family Success Centers.

- The map showing possible locations for future FSC’s are only preliminary suggestions. Further work needs to be done to analyze what services are currently available in these neighborhoods. Once the current level of neighborhood services has been determined, the FSC’s can be designed to fill gaps and integrate with current services.
Percent of People Living in Poverty in Newark By Census Tract

Percent of People in Poverty
Percentile Ranking of Census Tracts
- 13% - 29% of People in Poverty (0-50th Percentile)
- 30% - 40% of People in Poverty (51st-75th Percentile)
- 41% - 50% of People in Poverty (76th-90th Percentile)
- 51% - 53% of People in Poverty (91st-95th Percentile)
- 54% - 67% of People in Poverty (Above 95th Percentile)

Number in Black Represents the Number of People in Poverty in that Census Tract

Data from 2000 US Census

Source: Sarah Sable, 2007
Number of Children Under 18 Living in Poverty in Newark
By Census Tract

Data from 2000 US Census

Source: Sarah Sable, 2007
Proposed Location for New Family Success Centers

Data from 2000 US Census

Source: Sarah Sable, 2007
Appendix: Paterson Pre-Rental Lead Abatement Ordinance

Chapter 351: PAINT, LEAD-BASED

§ 351-1. Definitions.

A. For purposes of this chapter, the following terms shall have the meanings indicated:

ACCESSORY STRUCTURE — Any building or structure, whether it is attached or detached from the dwelling, located on the same property as the dwelling, including but not limited to garages, storage sheds and similar structures.

CERTIFICATE OF INSPECTION — A certificate from the Health Officer stating that a dwelling and/or premises has been inspected pursuant to this chapter. The certificate shall also indicate the results of the inspection.

DIVISION — The Division of Health of the city.

DWELLING — Any building or structure or portion thereof which is occupied in whole or in part as the home, residence or sleeping quarters of one (1) or more persons and includes any dwelling unit, rooming house or rooming unit and any facility occupied or used by children, other than those buildings specifically exempted from this chapter as set forth in § 351-2 below.

INSPECTOR — An employee of the Division of Health or an employee of the Housing Division approved by the Board of Health who has received the proper training to be conversant with the detection and removal of lead-based paint.

PREMISES — A dwelling and any accessory structure.

B. All other definitions set forth in N.J.S.A. 24:14A-4 and N.J.A.C. 8:51-1.1 et seq. and any amendments thereto are incorporated by reference.

§ 351-2. Exemptions.

The following types of premises are exempt from this chapter:

A. Owner-occupied single-family dwellings and/or premises.

B. Any premises newly constructed after 1978.

§ 351-3. Certificates of inspection.

A. A certificate of inspection shall be obtained from the Division of Health by the owner of every dwelling and accessory structure subject to the provisions of this chapter immediately prior to allowing occupancy or possession of the dwelling and accessory structure by a tenant or transfer of title of the premises to a new owner.

B. In no case shall an inspection be considered as immediately prior to a new tenancy or transfer of title if it is conducted more than three hundred sixty-five (365) days prior to the new tenancy or transfer title.

C. The inspection provisions of this chapter shall be fully applicable upon any change in occupancy, possession or title, regardless of whether the premises was previously inspected and a certificate of inspection issued.

§ 351-4. Inspections.

A. The required certificate of inspection shall be issued only after the premises shall have been physically inspected by a Division of Health inspector to ascertain whether lead paint exists at the premises.
B. Upon inspection for re-rental of an apartment or portion of a multifamily home or sale of the property, the inspector shall also inspect not only the unit being rented but also the common areas of the building and any accessory structures. The inspector shall also have the right, at his direction, to inspect any other rental or dwelling unit within the same building, the cost of the inspections to be assessed to the owner pursuant to § 351-5. In the event that lead-based paint is present, the inspector shall inspect all other dwelling units on the premises and all accessory structures, the cost of the inspections to be assessed to the owner pursuant to § 351-5.

C. Requests for inspections pursuant to this chapter shall be made, in writing, to the Division of Health, on forms prescribed by the City of Paterson, Division of Health.

(1) Any such application shall include the name(s) and address(es) of the contract purchaser(s) or proposed tenants, as the case may be for sales and re-rentals respectively.

(2) The names and addresses so provided shall be certified to be accurate.

(3) Failure to provide the names and addresses or any other information on the application form as required shall result in no inspection taking place and no certificate of inspection being issued.

(4) Providing false or inaccurate information shall constitute a violation of this chapter and subject the violator to the penalties prescribed herein.

D. The owner or prospective contract purchaser of any building not subject to this chapter, including but not limited to owner-occupied single-family homes, may request that an inspection be performed pursuant to this section and receive a copy of the results of the inspection. However, request of the voluntary inspection does not obligate the owner of the buildings to obtain a certificate of inspection.

§ 351-5. Inspection fees.
A. Requests for lead paint inspection to the Division shall be accompanied by a fee of $150 for a single-family, two- and three-family dwellings for the first inspection. [Amended 12-16-2003 by Ord. No. 03-098]

B. Multi-family premises. The initial inspection fee for multifamily dwellings containing more than three (3) dwelling units shall be $100, plus an additional $40 per dwelling unit.

§ 351-6. Inspection results; notification.
A. If an inspection uncovers lead-based paint at the premises, the Division shall notify the property owner, contract purchaser and, in cases of re-rentals, the proposed occupants, in writing, of the presence of lead-based paint. For purposes of this section, written notification by regular and certified mail, to the individuals listed on the application at the addresses listed, shall be sufficient notification by the Division.

§ 351-7. Violations and penalties.
A. Any person found in violation of this chapter shall, upon conviction thereof, be punished by a fine not exceeding one thousand dollars ($1,000) or by imprisonment for a term not exceeding ninety (90) days, or both. A separate offense shall be deemed committed on each day during or on which a violation occurs or continues.

In the event that the Division of Health receives a complaint alleging the presence of lead-based paint at a premises, the inspector shall inspect not only the dwelling unit which is the subject of the complaint but, in the case of multifamily dwellings, the inspector shall inspect all common areas and all other dwelling units within the same building, the cost to be assessed to the owner pursuant to § 351-5.