



# City of Cambridge

Communication # 1

IN CITY COUNCIL

June 12, 1989

VICE-MAYOR WOLF

ORDERED:

That the Human Services and Human Rights Committee forward to the City Council its recommendations and request acceptance of said report along with supporting the efforts of this committee in order that when the final reports are presented that they be forwarded to the appropriate departments for response and recommendations for immediate and long-term action along with responses from the community and agencies-based providers prior to said implementation of recommendations.

In City Council June 12, 1989.

Adopted by the affirmative vote of 9 members.

Attest:- Joseph E. Connarton, City Clerk.

A true copy:

ATTEST:-

*Joseph E. Connarton*

Joseph E. Connarton  
City Clerk.

In City Council June 12, 1989

The Committee on Human Services and Human Rights conducted a public hearing on Thursday, June 1, 1989 beginning at 5:35 p.m. in the Ackermann Room, second floor of City Hall.

Vice-Mayor Alice K. Wolf, Chair of the above-referenced Committee, opened the hearing by stating the purpose of this session was to receive recommendations by (1) the Advisory Committee on Alcohol and Drug Abuse, (2) the Advisory Committee on Health Care and Nutrition, (3) the research report on healthy child development; and, (4) the research report on childhood poverty. Vice-Mayor Wolf further stated that these presentations were the results of a Fall meeting between service providers, citizens and the Committee to determine and identify those categories to be included in a comprehensive policy on children and youth in the City of Cambridge. (Attached to this Committee Report for informational purposes is a copy of the twelve categories identified by this working group, along with a goal statement, comments and background).

At this time, the Committee heard from Chris Collins of the Kennedy School of Government, who presented the findings of his report entitled Childhood Poverty in Cambridge. (A copy of said report is on file in the Office of the City Clerk). Mr. Collins' findings included: (1) children in the City are growing up in increasingly severe economic conditions (by 1986, almost one in four children in the City were living below the federal poverty line); (2) many immigrant families are presently cut-off from the network of benefits and services, and poverty rates for these families remain high; (3) concentration of childhood poverty is multiplying the risk factors faced by many children who are growing up poor, and; (4) housing costs represent the largest expense in the budgets of most poor families with children. Mr. Collins also made some recommendations to the Committee that include, but are not limited to, the following: (1) publicity campaigns to raise public awareness of the severity of the problems facing children; (2) stronger relationships between service providers by both the private and public sectors; (3) enforcement of the Cambridge Employment Plan to marginally expand job opportunities, and; (4) developing a comprehensive approach to address the needs of the linguistic community.

Ms. Elise J. Fong, also of the Kennedy School, presented to the Committee her report entitled Healthy Child Development in the City of Cambridge: Recommendations for Improvement of Services. (A copy of the report is on file in the Office of the City Clerk). Ms. Fong's report examined Categories 2 (Health Care and Nutrition), 3 (Child Care) and 4 (Early Childhood Education). Although there are many fine services in Cambridge, her basic findings included: (1) lack of a comprehensive approach to services; (2) limited number of slots in programs that teach parenting skills; (3) lack of space for additional early childhood development programs, and; (4) limited outreach to families. Recommendations offered included: (1) the City should facilitate comprehensive service delivery to families; (2) the City should increase services that teach parenting skills in the home; (3) the City should explore the conversion of space in senior housing or centers for early childhood development programs; (4) increased outreach, and (5) re-examine the delivery of services that have limited capacity for child-care, drop-in care, etc.

The Committee then heard from Gloria Palladino, Grants Manager/Planner for the Department of Human Service Programs, who outlined the preliminary summary report of the Substance Abuse Study Committee. The report highlighted such topics as substances used by youth, drug use trends among adolescents, illicit drugs, tobacco and alcohol use. Recommendations offered included planning and programs for three key components: (1) schools; (2) community, and (3) families.

Vice-Mayor Wolf commented that the emphasis employed by this Committee was on prevention. The final report will be completed by the end of June.

Geraldine Zetzel made the final presentation to the Committee, dealing with the subject of health care and nutrition. Ms. Zetzel explained the approach that was taken in order to study how a child's health and nutritional needs are met during their development in Cambridge. To illustrate the various developmental stages, the model employed was the tracking of a hypothetical individual from birth to age 18 and noting the various points, situations and pathways by which this person would grow up healthy. The final report and recommendations of the Study Committee will be submitted by the end of June.

At the conclusion of the presentations, Councillor David E. Sullivan thanked the participants for their efforts and noted that the two underlying problems facing the City and other providers is coordination and outreach.

Vice-Mayor Wolf then offered the following motion:

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The motion carried.

The hearing was adjourned at 6:59 p.m.

For the Committee,

Vice-Mayor Alice K. Wolf  
Chair.



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## CATEGORIES

1. PRENATAL CARE
2. HEALTH CARE & NUTRITION
3. CHILD CARE
4. EARLY CHILDHOOD EDUCATION
5. EDUCATION K-12
6. RECREATION
7. ALCOHOL & OTHER DRUG ABUSE
8. SEXUALITY
9. CAREER DEVELOPMENT & EMPLOYABILITY
10. MENTAL HEALTH
11. SAFETY/VIOLENCE
12. PROVISION OF BASIC NEEDS

Revised 12/88

## PRENATAL CARE

### GOAL:

ALL PREGNANT WOMEN IN CAMBRIDGE SHOULD RECEIVE EARLY, CONTINUOUS & HIGH-QUALITY PRENATAL AND PERI-NATAL CARE.

### COMMENTS:

Such care should include...

- ...access: information, outreach, transportation
- ...regular visits to an obstetrician or nurse-midwife beginning in the first trimester
- ...culturally sensitive, multi-lingual services
- ...preparation for childbirth & parenting
- ...counselling about nutrition, drugs, alcohol & smoking
- ...post-partum follow-up care for mother & baby, including family planning information
- ...health care for any identified problems & referral to appropriate services for infants & mothers at risk

### BACKGROUND:

o Early, continuous, high quality prenatal care significantly reduces infant mortality & low birthweight. Nationally, the number of women receiving little or no prenatal care has been increasing since 1980.

o The United States ranks 11th (below most other Western nations) in preventing infant mortality. Deaths of infants occur in the U.S. at twice the rate of Japan. The Children's Defense Fund reports that the black-white "mortality gap" in the U.S. has increased to the point where twice as many black infants are dying as whites--with black infants substantially more likely to die than white infants from causes considered preventable with timely, comprehensive care.

o Low-birthweight infants ( babies born at term, but weighing less than 5.5 lbs.) are 20 times more likely to die in the first year of life & are at significantly greater risk of lifelong disabilities. As of 1986, 5.8 % of babies in Massachusetts were born with low birth weight. 6.0% of births in Cambridge were low birth weight.

o In Massachusetts, 14.9 % of babies are born to mothers not receiving early prenatal care. In Cambridge, Healthy Start is one of several programs designed to serve pregnant women from high-risk populations; 110 births in Cambridge in 1986 (out of 1543 total births) were to mothers in this program. Births to teen mothers in Cambridge were 6.2% in 1986 for Cambridge, compared to 8.3% statewide.

Revised 12/88

## HEALTH CARE & NUTRITION

### GOAL:

ALL MOTHERS, INFANTS & CHILDREN IN CAMBRIDGE SHOULD HAVE THE BENEFITS OF PREVENTIVE HEALTH CARE AND GOOD NUTRITION.

### COMMENTS:

This should include...

- ...regular well-baby & well-child medical care
- ...timely immunization
- ...screening & early intervention for developmental problems
- ...services to pregnant & lactating women
- ...screening & treatment for lead poisoning
- ...nutrition education & food supplementation
- ...health education for children & parents
- ...family planning
- ...medical treatment
- ...school & neighborhood-based clinics

### BACKGROUND:

o In the U.S., the rate of hospitalization for infants under one year increased by more than one third between 1973 and 1983. Many children still do not receive routine preventive health care or screening for conditions which lead to serious developmental problems. The federal Early & Periodic Screening, Diagnosis & Treatment (EPSDT) program reaches only about one quarter of those eligible.

o The WIC program for pregnant or lactating women and children "at nutritional risk" demonstrates the effectiveness not only of actual food supplements, but to health care and nutrition. However, the program has never been fully funded.

o As of 1987, the WIC Program in Cambridge was serving 1,856 cases out of 4,470 eligible cases. WIC is not an entitlement program, so this was six cases above the assigned caseload for our area. This means only 41% of those eligible were being served, leaving over 3,000 of those eligible in our city unserved. -- Cambridge thus fell slightly below the statewide figure of 47%.

Revised 12/88

# CHILDCARE

## GOAL:

ALL FAMILIES WHO NEED CHILDCARE SHOULD HAVE ACCESS TO QUALITY, AFFORDABLE CARE.

## COMMENTS:

This should include. . .

- parental leave/family leave for caretaking
- daycare (center-or home-based) for babies, toddlers and preschoolers
- flexible amounts of care rather than "slots"
- access: transportation--near to workplace--available to children with special needs
- afterschool and vacation care for school-age children
- back-up care for children in case of illness
- safe, appropriate & inviting settings for teen-agers

## BACKGROUND:

• As more and more families are headed by a single working parent, or parents who have to bring home two incomes to make ends meet, the need for daycare has reached crisis proportions. The average cost per child is between \$9,000 and \$10,000 a year. In Massachusetts, it is estimated that daycare is really only affordable for families making from \$70,000 to \$200,000 a year. Low-to-moderate income families are the most hardpressed, since subsidized slots and scholarships are also in short supply.

• There are more than 30 childcare centers in Cambridge, and (as of June) 136 licensed family daycare homes--of which only 56 were listed as active. The supply of daycare openings for infants, toddlers and preschoolers, both center- and family-based, has not kept up with the demand. A recent survey shows that 54% of area families looking for daycare failed to find it. It is estimated that there may be as many as six unlicensed providers for each licensed one.

• So-called "latchkey" children--children on their own from the end of the school day to when a parent gets home--are at risk for safety reasons, as well as for depression, overweight and learning problems. School-age children and teen-agers need activities, companionship, and appropriate supervision after school and during school vacations.

## EARLY CHILDHOOD EDUCATION

### GOAL:

ALL FAMILIES WITH PRESCHOOL AGE CHILDREN SHOULD HAVE ACCESS TO  
QUALITY EARLY CHILDHOOD EDUCATION PROGRAMS

### COMMENTS:

This should include...

- ...support & guidance for parents about their child's developmental needs, enhancing early learning
- ...programming that takes into account the needs of working parents
- ...supportive services for program staff around children who have cognitive, social or emotional problems
- ...information & referral to services for families

### BACKGROUND:

o With the changes that have taken place in family life, many children are now at risk of not getting the kind of stimulation and early learning which is crucial for later success in school.

o The ages 2 to 5 are a critical period for the cognitive and emotional development of children. It is a particularly crucial time for children from low-income, minority, single parent or teen parent families. Headstart and other preschool programs provide a needed foundation for young children in the areas of socialization, language, and intellectual development. Such programs also provide support and guidance to parents. However, access to preschool education is often limited by availability and affordability. Nationally, only about 20 % of those eligible participate in Headstart.

o Studies such as the Perry Preschool Project (in Michigan) have shown the long-term effects of quality preschool education in reducing dropout rates, welfare dependence and increasing employability and self-sufficiency. It is estimated that every dollar spent for preschool saves \$6 in remedial education and later social costs.

Revised 12/88

EDUCATION, K--12

GOAL:

EVERY CAMBRIDGE CHILD SHOULD HAVE EQUAL ACCESS TO QUALITY  
EDUCATION FROM KINDERGARTEN THROUGH HIGH SCHOOL.

COMMENTS:

This should include...

- developmentally & culturally appropriate school placement for each child
- ...focus on basic skills
- ...early identification & remediation of academic, social or emotional problems
- ...parent involvement in their child's educational process
- ...support services for school personnel in dealing with non-academic issues
- ...a system for providing comprehensive support for school-age children & their families
- ...linkage between the community's resources, the family & the school in behalf of children

BACKGROUND:

o Success, or failure, in school can provide the basis for future positive or negative self-image. Now, more than ever, the child's school environment provides the stability, nurturance and community of an extended family. Thus school climate can affect the well-being of children more deeply than ever. With the societal changes we are experiencing, school personnel are now called upon to assume roles and responsibilities beyond the traditional ones for which they were prepared as educators.

o Currently, there are 7,674 students enrolled in the Cambridge School system, while other children are enrolled in independent or parochial schools. Not all children attend school on a regular basis. Absenteeism and truancy can have many reasons, but poor attendance or truancy are often the underlying cause of school failure.

o The potential for school drop-outs can be fairly well predicted by the 4th or 5th grade. Most school failure is preventable. It has been estimated that it costs \$600. a year to fund compensatory education services, whereas it can cost more than \$2400 to finance a repeated grade for a teen-ager; the cost for long-term welfare or other income support is very large.

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## RECREATION AND ENRICHMENT

### GOAL:

ALL CHILDREN AND YOUTH SHOULD BE OFFERED RECREATION AND ENRICHMENT PROGRAMMING THAT FOSTERS POSITIVE SELF-ESTEEM, SKILL BUILDING, CREATIVITY, AND DEVELOPS GOOD HABITS IN CURRENT AND FUTURE USE OF LEISURE TIME.

### COMMENTS:

This should include...

- ...physical, social, emotional, and mental development
- ...skill building and development of creative expression
- ...activities that promote an understanding of various cultures
- ...exposure to various disciplines
- ...after-school and week-end activities for kids of all ages
- ...youth directed and initiated activities
- ...activities that bring different cultures together
- ...appropriate neighborhood-based programs
- ...programs for kids with special needs

### BACKGROUND:

\*According to Action for Children's Television, American children watch on the average, about 28 hours of television a week.

\*If all the out-of-school time is added up, it amounts to 80% of a child's waking time in an average year.

\*Some barriers identified by the city's youth programming staff to offering quality youth programming in Cambridge are lack of space for after-school programming and more skill building activities for 10-14 year olds.

\*In a recent survey by the Needs Assessment Task Force of the Somerville-Cambridge Teen Pregnancy Prevention Coalition of ninth graders and use of their free time, one of the clearest messages was that teens wanted privacy, time to think, a place to be with their friends away from adult authority, and control over how they spend their time, what they say and how they act.

Revised 12/88

## ALCOHOL AND OTHER DRUG ABUSE

### GOAL:

ALL CHILDREN AND YOUTH IN CAMBRIDGE HAVE THE RIGHT TO AN ENVIRONMENT THAT PROMOTES RESPONSIBLE DECISION MAKING AND SUPPORTS THEM IN THEIR DECISION NOT TO USE OR ABUSE DRUGS OR ALCOHOL.

### COMMENTS:

This should include...

- ...understanding and recognition of the needs of children of alcoholics
- ...school-based education about alcohol and drug use, beginning at an early age
- ...family services
- ...consultation, evaluation, support and referrals
- ...treatment, in-patient and out-patient
- ...education about the dangers of cigarette smoking
- ...peer education and counseling
- ...parent education
- ...recognition of how the culture promotes drugs (i.e. advertising)

### BACKGROUND:

\*According to staff of a leading substance abuse program in Cambridge, 1 out of 3-4 children in Cambridge has a parent(s) with a substance abuse problem

\*A state-sponsored survey of 2,283 Massachusetts secondary school students found that use of drugs declined from 1984 to 1987. However, 24.5%, or one-quarter of the sample population, reported current use of drugs.

\*This same study found that although use of illicit drugs declined, there was an increase in current alcohol use from 58.6% of the student population in 1984 to 60.5% in 1987.

\*In a 1988 survey by the U.S. Conference of Mayors on the status of children in 52 American Cities, substance abuse was the most frequently identified problem affecting all children and low-income children.

Revised 12/88

## SEXUALITY

### GOAL:

ALL YOUTH IN CAMBRIDGE SHOULD HAVE THE KNOWLEDGE AND RESOURCES TO MAKE HEALTHY DECISIONS AND RESPONSIBLE CHOICES ABOUT HIS OR HER SEXUAL BEHAVIOR.

### COMMENTS:

This should include...

- ...family life curriculum in the schools
- ...enhanced parent-child communication on issues of sexuality
- ...family planning information and services to males and females
- ...strategies to prevent sexually transmitted diseases
- ...sex education
- ...helping youth to define their values

### BACKGROUND:

\*73 teens in Cambridge gave birth in 1986. Actual pregnancies are calculated to be three times the number of births, or 219 teen pregnancies in 1986.

\*Linguistic and cultural minorities are bearing the load of teen pregnancies in Cambridge. In 1986, 71% of students in the Cambridge Adolescent Parenting Program were from minority backgrounds. In that same year, 43% of the pregnant teens seen by the Nurse's Office were of linguistic minority background.

\*\*Teen pregnancy appears to be rising among younger teens in Cambridge. 35% of Cambridge Adolescent Parenting Program clients in 1986-87 were 14 and 15 years of age, increasing from 21% two years earlier.

\*\*Hispanics have a higher fertility rate than either whites or blacks. Hispanic teenagers and girls under age 15 are 4 times more likely to become pregnant than whites or blacks.

## CAREER DEVELOPMENT/EMPLOYABILITY

### GOAL:

ALL CHILDREN AND YOUTH IN CAMBRIDGE SHOULD RECEIVE THE RESOURCES THEY NEED TO MAKE THE TRANSITION FROM SCHOOL TO WORK AND TO ACHIEVE ECONOMIC SECURITY.

### COMMENTS:

This should include...

- ...job readiness training
- ...helping youth to define and follow a career path
- ...collaboration with the business community
- ...opportunities to gain work experience
- ...intensive services to at-risk youth

### BACKGROUND:

\*According to forecasts by the United Way of Massachusetts Bay, many of Massachusetts' high-growth jobs are low paying and lack opportunities for advancement, while the desirable, higher paying jobs with better advancements require a higher level of education and training. While many drop-out youth have an easy time finding jobs, they will not find jobs that pay well enough to support a family or from which they can advance to better jobs.

\*A recent report by the U.S. General-Accounting Office that examines the Job Training Partnership Act (JTPA), states that the program's limited funding can only serve 6% of the eligible economically disadvantaged adults and youth who need training to obtain a job. This same report indicates that a substantial percentage of JTPA resources are going to preparing individuals for low paying occupations with limited resources.

\*Employment opportunities and family income in Cambridge are sharply divided along racial/ethnic lines. According to the 1980 U.S. Census, the average family income for Whites is \$24,642, \$15,949 for Blacks, and \$13,171 for families of Hispanic origin.

Revised 12/88

## MENTAL HEALTH

### GOAL:

ALL CHILDREN AND PARENTS IN CAMBRIDGE SHOULD HAVE ACCESS TO TIMELY AND APPROPRIATE MENTAL HEALTH CARE.

### COMMENTS:

This should include...

- ...early identification of children & families at risk for mental health problems
- ...supports for families undergoing stress
- ...parenting education to foster healthy child-raising practices
- ...early intervention in response to diagnosed psychological or developmental problems
- ...treatment for identified conditions in children or family, such as depression, substance abuse, or other emotional problems
- ...long-term supports for families of children with serious emotional disturbance
- ...crisis intervention

### BACKGROUND:

The Mental Health Task Force, convened by EOHS, estimates that approximately 190,000 children in the Commonwealth are in need of mental health services. As of March, 1987, only 63,000 were receiving services. The needs of these children (and their families) are closely connected, and demand comprehensive, multi-disciplinary types of services, which must be coordinated in order to be effective.

Children living in poverty, children of adolescent mothers, homeless children, children born to substance-abusers, children with seriously depressed or mentally ill parents are at special risk for the development of mental health problems--and these populations are on the increase locally as well as nationally.

The number of Cambridge children referred at the preschool(3-5) level to the 766 special education system because of early symptoms of emotional problems has been on the increase in recent years, as has the number of children with medical diagnoses that include significant behavioral problems. Child care workers also report serious difficulties in meeting the needs of young children who are showing developmental delays and impaired social/emotional functioning.

## SAFETY/VIOLENCE

### GOAL:

ALL CHILDREN AND YOUTH HAVE THE RIGHT TO A LIVING ENVIRONMENT THAT IS FREE FROM VIOLENCE, ABUSE AND NEGLECT.

### COMMENTS:

This should include...

- ...intervention to families in which a youth is at-risk of abuse/neglect
- ...out-of-home placement, when necessary to protect the child
- ...mental health counseling to children at-risk of suicide
- ...rehabilitation services for juvenile delinquents
- ...adequate identification, reporting and response to child abuse and neglect
- ...education about common environmental safety issues
- ...prevention of sexual abuse and rape

### BACKGROUND:

\*Between 1.2 million and 1.5 million children run away from home each year. It is estimated that one-third of these youth are running away from physical or sexual abuse at home, and 40% from other family problems.

\*Nationally, suicide is the third leading cause of death among teenagers.

\*Marie Matava, Mass. State Commissioner of the Dept. of Social Services testified on August 30, 1988 that there has been a 30% increase in child abuse reports. According to Commissioner Matava, the Department is receiving 3,700 calls a month reporting child neglect and abuse.

\*According to the Mass. Dept. of Public Health, at least one out of five children in Massachusetts sustains an injury each year severe enough to require hospitalization.

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For the Committee,

Vice-Mayor Alice K. Wolf  
Chair.

1. S-456

Comm. from John E. Flynn, Deputy City Clerk,  
transmitting the report of Vice-Mayor Alice  
K. Wolf, Chair, Committee on Human Services  
& Human Rights Re: recommendations of the  
Advisory Committee on Alcohol & Drug Abuse  
and the Advisory Committee on Health Care &  
Nutrition & research reports on both healthy  
child development & childhood poverty. Said  
report includes an order adopted in Committee  
requesting the report's acceptance & support  
of its efforts.

*6/12/89 Report accepted  
and Placed in file  
Order adopted*

In City Council,

June 12, 1989