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EXECUTIVE SUMMARY

Creating a Common Vision

Over the past year and a half, the Success By 6 and Nurturing Youth Vision Councils at Trident United Way (TUW) have been developing a plan to create sustained community impact for children and youth in Berkeley, Charleston, and Dorchester counties. The Vision Council members represent all facets of our community, including professionals in the education and health and human services fields, as well as community and business leaders. Their collective purpose has been to create a plan that will serve as a road map for positively changing the conditions for children in our community, and will define the strategic direction for TUW's Children and Youth Services Department for the next several years. This *Children and Youth Services Impact Agenda* is part of a larger organization-wide agenda that TUW will implement over the next few years. The plan is comprehensive and integrated and designed to help all children in the Trident area successfully transition into adulthood by ensuring that they have the supports necessary to graduate from high school.

For youth transitioning into adulthood, graduating from high school creates the pathway that defines just about every aspect of that individual's success as an adult, from how much money they earn to numerous social and emotional consequences (e.g., homelessness, incarceration, literacy, etc.).

From a community perspective, the high school dropout rate is one of the most troubling issues facing our community, with South Carolina consistently ranking at the bottom of the annual national studies. For these reasons, we determined that this issue demanded our full attention and deserved to be the primary focus of our work over the years to come. In doing so, it would necessitate that we create a high-level action plan that integrated our staff, volunteers, and financial resources to have a focused impact on one our community's most pressing problems. To begin this process, we created a single global outcome and a way of measuring our success with an ultimate outcome indicator.

Ultimate Outcome

All children in the Trident Area will successfully transition into adulthood.

Ultimate Outcome Indicator

Percent of youth in the Trident area who earn a high school diploma or equivalent

Creating Community Impact

For those individuals who have been familiar with the work of TUV over the past several years, helping children successfully complete high school will not seem like a revolutionary concept. The past work of Success By 6 has focused primarily upon preparing young children to enter school ready to be successful. Likewise, a primary outcome under Nurturing Youth has focused upon youth achieving academic success. As such, many of Trident United Way's most visible projects have centered on our consistent commitment to improving our region's high school graduation rate.

Over the past several years, TUV has evolved into the community leader in helping programs clearly define their short- and long-term outcomes and effectively measure their success in achieving them. As we move into the next phase of our impact agenda, performance measurement will remain a core component for our funded partners, as well as for larger-scale community initiatives that we will create. Our ability to effectively track our success in achieving community outcomes and indicators will be further enhanced by a comprehensive knowledge integration system that TUV will be developing as part of the organization-wide impact agenda.

While we are quite proud of the accomplishments of our funded partners, annual reports of graduation rates for our region indicate that we have fallen short in successfully improving outcomes for a large number of our community's children. Each year, as many as 40% of our youth fail to complete high school and many others engage in risky behaviors, limiting their potential to successfully transition into adulthood.

In reviewing our successes and shortcomings over the past several years, we came to realize that we would need a comprehensive plan with multiple strategies if we were to be successful in moving beyond our current plateau. Through a series of volunteer/staff planning retreats, we waded through an overwhelming amount of information, including plans that have been implemented by other United Ways, successful national and local programs, and an abundance of research describing models and services with strong outcomes. We also talked to school administrators, other professionals, and community leaders to understand more fully the complicated issues that our community needed to overcome.

The culmination of this effort is the new *Children and Youth Services Impact Agenda* that will focus on a much broader perspective toward a goal of creating positive, sustained community change. To achieve success, it will be necessary for us to address the systemic issues and conditions in our community that have functioned as barriers to ensuring that children are successful. It will also be necessary for us to improve our success rate by implementing strategic initiatives and pilots that employ evidence-based best practices.

The Plan for Community Impact

The new *Children and Youth Services Impact Agenda* has two primary components:

- New Model of Community Outcomes and Indicators to Measure Success
- Multidimensional Strategies to Create Sustained Impact

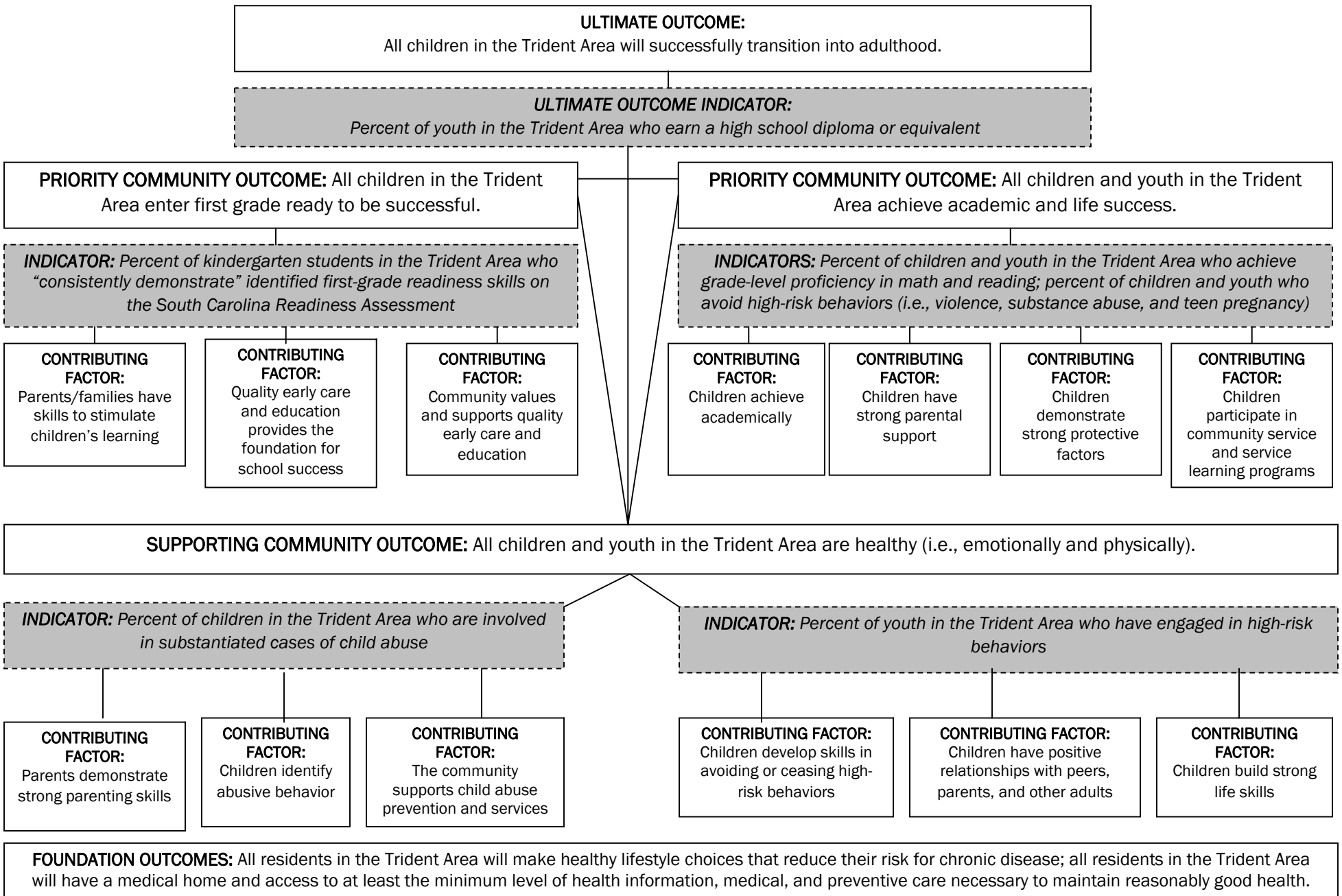
Community Priority and Supporting Outcomes and Indicators

Measuring success is a hallmark of Trident United Way's philosophy, and under the new agenda we have created a more comprehensive model to measure community outcomes and indicators. Consistent with our current policy, applicants for funding will need to demonstrate their ability to link to one of the identified outcomes and effectively measure specified indicators. To help programs more effectively do so, we have created a model that is both global and specific, defining community outcomes and indicators as well as identifying the contributing factors and performance measures to be utilized by individual programs offering services. The model is also comprehensive, beginning at birth and continuing through high school graduation, focusing upon the mitigation of risk factors commonly associated with school failure. The plan is based upon the premise that services to support each of the priority and supporting outcomes must be readily available to all children to ensure that they will graduate from high school and successfully transition into adulthood.

The schematic on the following page summarizes the key components of our community outcomes model for Children and Youth Services.

As shown in the new model, we believe that achieving academic success necessary to graduate from high school requires a multifaceted approach. It begins with the fundamental premise that children must have access to services necessary to keep them physically and emotionally healthy. Research clearly indicates that children who do not have access to dental and health care, children who are neglected or abused, and youth who engage in high-risk behavior run a greater risk of being unsuccessful academically and in life. Therefore, we created supporting outcomes and indicators that would allow us to strengthen our community's efforts to provide quality programs in each of these areas.

Together with building this fundamental base for all children in our community, our primary focus will be on creating new initiatives to achieve our priority outcomes to ensure children enter first grade ready to be successful and that all children achieve academic success.



Multidimensional Strategies

To successfully achieve our vision, it will be necessary for us to broaden our focus beyond the funding of individual programs. Therefore, the most significant focus of the new *Children and Youth Services Impact Agenda* will be on the creation of multidimensional strategies to effect sustained community change, including:

- Systemic Change
- Public Policy Advocacy
- Strategic Initiatives
- Program Strategies
- Pilots

The schematics on the following pages summarize the key strategies for the two priority and supporting outcomes. To fully understand the scope and complexity of this part of the new agenda, the reader is encouraged to review the multidimensional strategies for each of the outcomes as detailed in the full agenda.

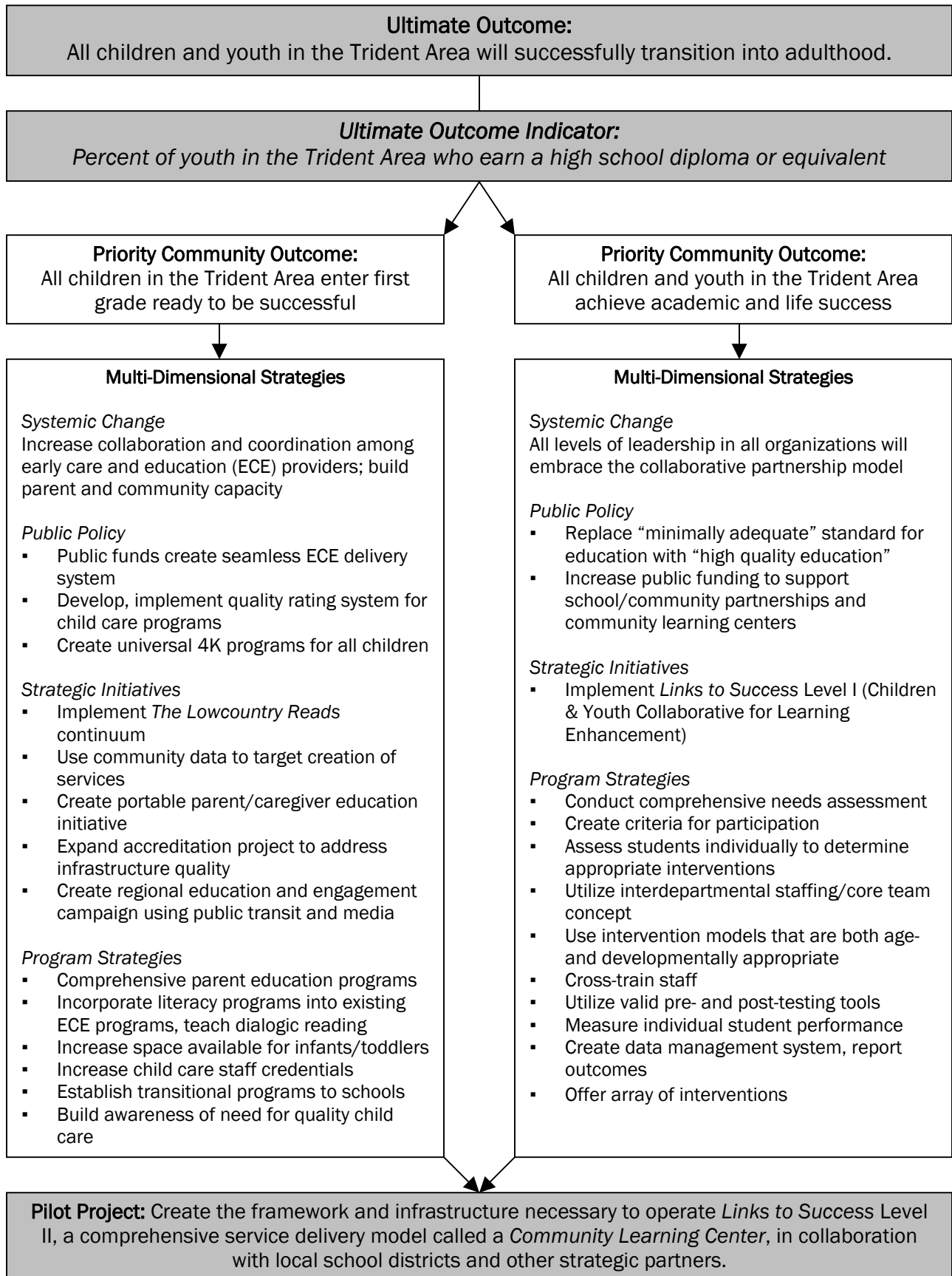
Much of the work for the next year under Success By 6 and Nurturing Youth will center on building the infrastructure for strategic initiatives and new pilot programs. Success By 6 began implementing a bold and innovative initiative earlier this year called *The Lowcountry Reads*. This strategic initiative was created to fill current community gaps in the availability of parent education and early literacy services. Using national evidence-based models, we are creating a continuum of services for parents and young children beginning at birth and continuing through school entry.

Likewise, a new model of intervention to enhance academic success has been created under Nurturing Youth called *Links to Success*. There are two levels of service delivery under *Links to Success*. *Links to Success* Level I is based upon a collaborative partnership between a school and a community-based provider to create a comprehensive service delivery system focused upon academic and life skills success.

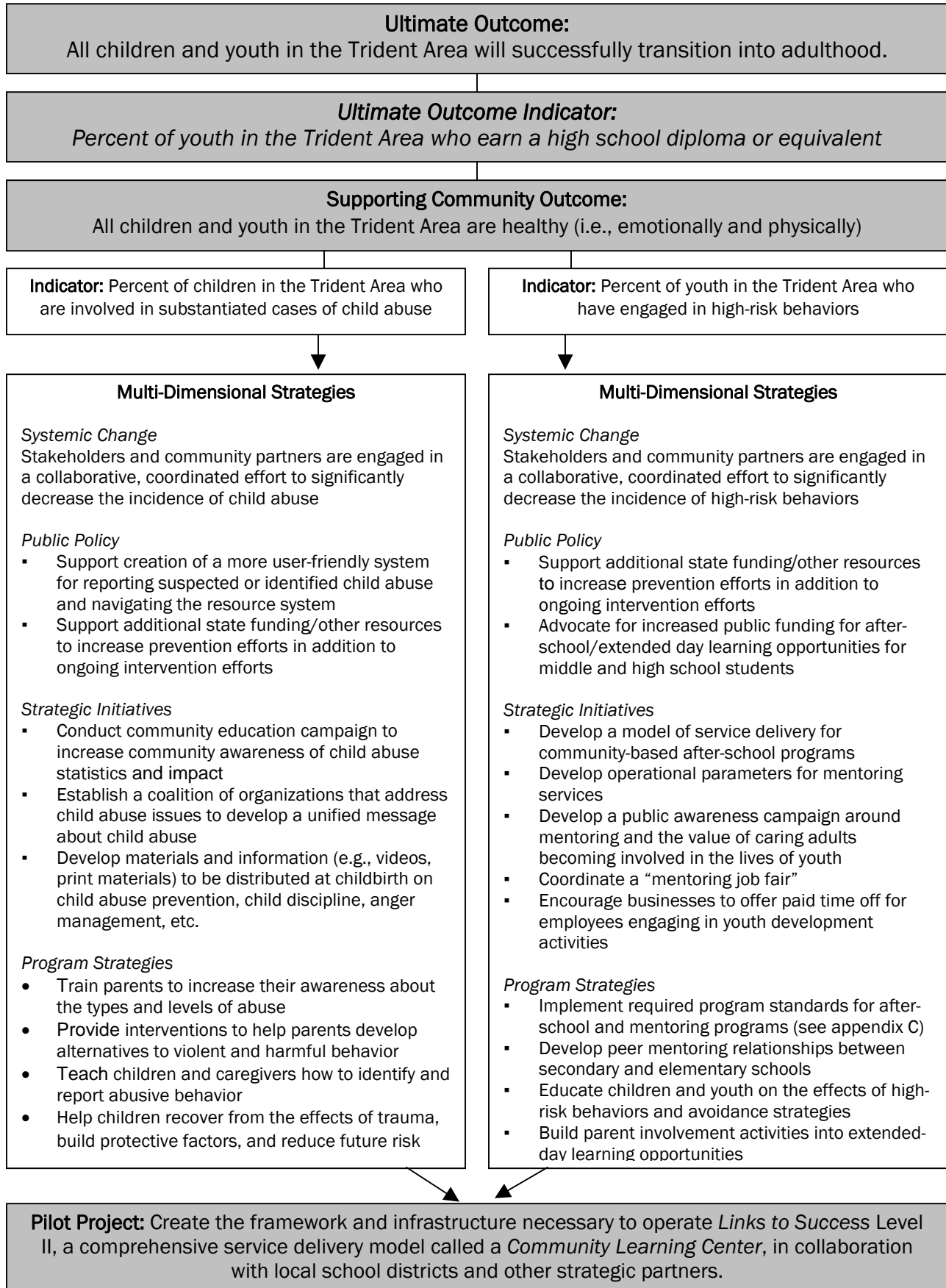
Links to Success Level II is a more comprehensive service delivery model, called a Community Learning Center (CLC). The CLC provides all of the components of *Links to Success* Level I and also offers expanded hours to serve as a learning center for parents and other community members. Working in collaboration with local school districts and other community organizations, a model for service delivery will be created and implemented as a pilot in 2007-08.

As TUW begins implementing the identified multidimensional strategies, it will be entering uncharted territory. Our new way of doing business will necessitate that we look beyond our traditional funding models to fund collaborative partnerships across multiple years. It will also require that we create more sophisticated coalitions and leverage additional community resources to support the new initiatives. A separate ad hoc committee is currently working on a new funding methodology to support our new vision.

IMPACT AGENDA—CHILDREN AND YOUTH SERVICES



IMPACT AGENDA—CHILDREN AND YOUTH SERVICES



Executive Summary Conclusion

As part of a larger organization-wide impact agenda, the Success By 6 and Nurturing Youth Vision Councils have created a comprehensive plan to integrate the work of both groups into a single shared vision. In doing so, they have identified two priority outcomes and one supporting outcome, all of which have measurable community indicators. They have also identified multidimensional strategies to move beyond our current plateau of success.

The research that supports each component of the plan, the current status, and the rationale for why we chose the strategic direction identified are detailed in the full agenda.

As the natural evolution of the work of Trident United Way over the past several years, it is anticipated that our planning and strategizing will not end with the publication of this new agenda. We live in a vibrant and dynamic community whose record growth brings new challenges and opportunities on a regular basis. It is our intent that our work will continue to evolve in concert with the complexities and needs of our community.

INTRODUCTION

History

Following a comprehensive community needs assessment conducted in 1998, Trident United Way (TUW) created a task force to determine the long-term strategic direction of the organization. The end result of this process was the identification of five priority areas that would become the primary issues that TUW would focus upon to effect sustained community change.

Two of these priority areas focused upon children and youth, leading to the formation of the Success By 6 and Nurturing Youth Vision Councils. Over the past several years, these two Vision Councils have helped define the strategic focus and funding priorities for TUW as they relate to services for children and youth.

Although both Vision Councils are committed to improving the well-being of our community's children, they have been working independently of each other, focusing upon services that are age-specific: 0-5 years of age (Success By 6) and 6-18 years of age (Nurturing Youth). Each Vision Council created Community Outcomes to define their priority focus:

Current Community Outcomes

| Success By 6 | Nurturing Youth |
|--|---|
| <ul style="list-style-type: none"> • All children ages 0-5 in the Trident Area will have quality, comprehensive health care. • All children ages 0-5 in the Trident Area will have quality early care and education. | <ul style="list-style-type: none"> • All youth ages 6-17 in the Trident Area will achieve developmentally appropriate academic goals. • All youth ages 6-17 in the Trident Area will avoid behaviors that result in pregnancy, violence and/or substance abuse. |

The Vision Councils have also created successful strategic initiatives to advance these community outcomes. Success By 6 has focused upon the creation of medical homes to service low income and uninsured children, as well as the coordination and improvement of the quality of child care with the creation of a Child Care Resource and Referral program and a child care accreditation project. Nurturing Youth has focused primarily upon after-school programming, helping to form an alliance called "School's Out."

Building the Infrastructure for Success

In the fall of 2004, TUW decided to place all services and initiatives related to children and youth under one administration with the creation of a Vice President of Children and Youth Services position. Since that time,

internal services that were once fragmented and segregated have been unified into a comprehensive Children and Youth Services Department that is fully integrated while still retaining multi-specialty areas of expertise. In addition to these changes in the Children and Youth Services Department, the Community Building Department as a whole has created a more comprehensive definition of community impact to help guide the process for the next phase of our strategic planning.

As the graphic on the following page demonstrates, TUW improves lives using two approaches. The first approach is the traditional **direct impact** approach of mobilizing the financial resources of businesses and donors to support direct services through program funding and the community investment process, with a goal of improving the lives of individual program clients. The second approach focuses on mobilizing the community's people, time, talent, relationships, expertise, technology, financial assets and other resources to change the conditions in communities that create problems for individuals and families. This approach is driven by the strategic community building activities led by our Vision Councils and seeks to improve not only the lives of program clients, but also those of entire community populations. These efforts influence community attitudes, networks, neighborhoods, organizations, systems, and improves lives by changing community conditions, thus creating **community impact**.

Two Vision Councils Create One Vision

Concurrent with the development of these internal processes and staff supports, the Success By 6 and Nurturing Youth Vision Councils embarked on the creation of a plan that will define the next phase of our strategic direction and the work of Children and Youth Services for the next several years. Through a series of work groups and volunteer/staff retreats, we have successfully created a comprehensive and integrated plan for all children and youth in the Trident Area. In doing so, we borrowed heavily from the work and success of other United Ways across the country, particularly the United Way of Greater Cincinnati.

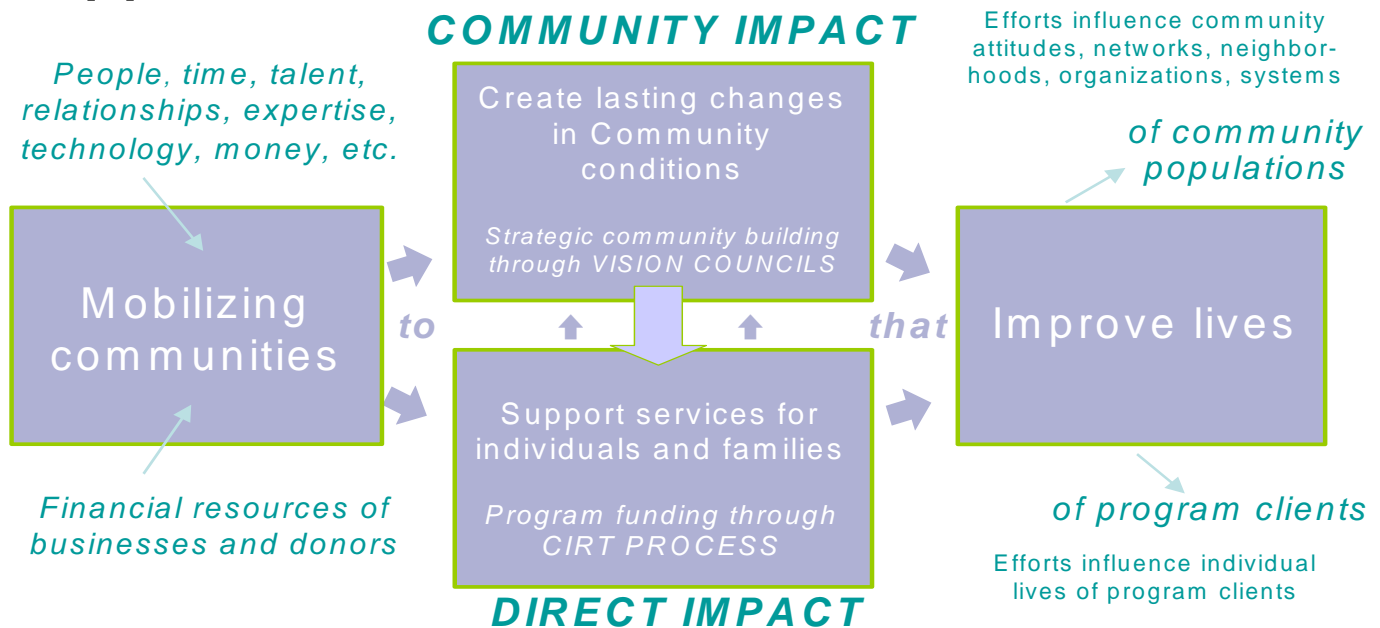
By taking a holistic view of how we would ultimately define success for our community's children, we were able to create a single, global vision:

Vision: All children in the Trident Area will successfully transition into adulthood.

While we discussed multiple ways to effectively measure our success in achieving this vision, we ultimately decided upon one seemingly narrow, but significantly important, indicator of success:

Vision Indicator: Percent of youth in the Trident Area who earn a high school diploma or equivalent

TUW Improves Lives Using Two Approaches



what matters.

For youth transitioning into adulthood, this milestone creates the pathway that defines just about every aspect of that individual's success as an adult, from how much money they earn to numerous social and emotional consequences (e.g., homelessness, incarceration, literacy, etc.).

From a community perspective, the high school dropout rate is one of the most troubling issues facing our community, with South Carolina consistently ranking at the bottom of annual national studies. For these reasons, we determined that this issue demanded our full attention and deserved to be the primary focus of our work over the years to come. In doing so, it would necessitate that we create a high-level action plan that integrated our staff, volunteers, and financial resources to have a focused impact on one of our community's most pressing problems.

Creating the Building Blocks to Achieve Our Vision

In reviewing the past work of the Success By 6 and Nurturing Youth Vision Councils, it was apparent that these two groups had already identified the key outcomes to evaluate our effectiveness. Toward the goal of creating an integrated approach to positively impact high school graduation rates, we created a plan with two primary community outcomes focused upon academic, and ultimately life, success:

Priority Community Outcomes:

- (1) All children in the Trident Area enter first grade ready to be successful
- (2) All children and youth in the Trident Area achieve academic and life success.

While specific educational experiences factor heavily in how successful a child will be in school, research clearly identifies life and family circumstances that also significantly impact academic success. To ensure that our plan was comprehensive, we also identified supporting community outcomes known to have an impact on academic success: medical and dental care, childhood trauma, and high-risk behavior.

Supporting Community Outcome:

All children and youth in the Trident Area are healthy (i.e., emotionally and physically).

In determining how we would measure our success on these outcomes, we reviewed dozens and dozens of community data sources. We are fortunate that the state of South Carolina enjoys a partnership between the State Budget and Control Board, the South Carolina Department of Health and Human Services, and the Annie E. Casey Foundation, the purpose of which is to capture essential information about our children's well-being with an annual report called South Carolina Kids Count that traces state-level and county-specific data. From the myriad options

available, we identified key indicators that we could measure to evaluate our success on both priority and supporting community outcomes. From there, we also detailed essential contributing factors that needed to be addressed by programs linking to each outcome. Performance measures for each were also identified.

The end result of this process has been the development of a comprehensive and fully integrated Impact Agenda that will define the work of Children and Youth Services for several years to come. The schematic on the following page summarizes the key components of this plan, including the outcomes and indicators.

Philosophical Framework

In reviewing the Children and Youth Services Impact Agenda, it will be important to keep in mind the following philosophical beliefs that guided our development of our strategic direction:

- Trident United Way (TUW) believes that academic success is one of the most important components of achieving life success, and as such, has been designated as the primary focus for Children and Youth Services
- TUW is committed to providing resources that help children determined to be “at risk” for school failure
- Helping at-risk children achieve academic success requires a multi-faceted approach that focuses on
 - o Creating a comprehensive approach that serves children and their families from birth to age 18
 - o Creating services for children ages 0-5 and their parents to ensure school readiness
 - o Enhancing academic skill development for the school-aged population
 - o Reducing risk factors and increasing protective factors for all children
 - o Utilizing school-based, integrated programs that demonstrate the strongest outcomes
 - o Ensuring that services are available to improve family and life circumstances that impact academic success (e.g., medical/dental health, child abuse, high risk behavior)
- Success is dependent upon a strong collaborative partnership between schools, TUW, and service providers, in which all partners are working toward commonly held goals

Conclusion

Over the past several months, we have successfully combined the work of our Success By 6 and Nurturing Youth Vision Councils into a single vision for the children and youth of our community. Recognizing that both groups had historically shared a primary focus on academic success, we were able to realign the community outcomes and indicators into a fully integrated Impact Agenda. In doing so, it provides us with the opportunity to combine the talents of these two groups into one Vision Council, while

preserving the multidimensional expertise of the members of the separate groups, creating a very strong and diverse base for the future. The TUW Children and Youth Services Department mirrors this same structure, with an integrated department staffed with individuals who have experience working with children and youth from birth through age 18 in multifaceted settings.

This Impact Agenda for Children and Youth Services must be viewed as an integrated whole, rather than independent outcomes or goals. As such, all of the work related to Children and Youth—strategy development, resource development and investment, accountability, collaborative partnerships and initiatives—will be designed to advance this agenda. All staff, volunteer, and financial resources will be focused upon a single vision, with all parts working together toward common outcomes. We believe that by integrating all of our resources in a focused direction, we have created the greatest opportunity for success.

IMPACT AGENDA—CHILDREN AND YOUTH SERVICES

ULTIMATE OUTCOME:

All children in the Trident Area will successfully transition into adulthood.

ULTIMATE OUTCOME INDICATOR:

Percent of youth in the Trident Area who earn a high school diploma or equivalent

PRIORITY COMMUNITY OUTCOME: All children in the Trident Area enter first grade ready to be successful.

INDICATOR: *Percent of kindergarten students in the Trident Area who “consistently demonstrate” identified first-grade readiness skills on the South Carolina Readiness Assessment*

CONTRIBUTING FACTOR:

Parents/ families have skills to stimulate children’s learning

CONTRIBUTING FACTOR:

Quality early care and education provides the foundation for school success

CONTRIBUTING FACTOR:

Community values and supports quality early care and education

PRIORITY COMMUNITY OUTCOME: All children and youth in the Trident Area achieve academic and life success.

INDICATORS: *Percent of children and youth in the Trident Area who achieve grade-level proficiency in math and reading; percent of children and youth who avoid high-risk behaviors (i.e., violence, substance abuse, and teen pregnancy)*

CONTRIBUTING FACTOR: Children achieve academically

CONTRIBUTING FACTOR: Children have strong parental support

CONTRIBUTING FACTOR: Children demonstrate strong protective factors

CONTRIBUTING FACTOR: Children participate in community service and service learning programs

SUPPORTING COMMUNITY OUTCOME: All children and youth in the Trident Area are healthy (i.e., emotionally and physically).

INDICATOR: *Percent of children in the Trident Area who are involved in substantiated cases of child abuse*

CONTRIBUTING FACTOR: Parents demonstrate strong parenting skills

CONTRIBUTING FACTOR: Children identify abusive behavior

CONTRIBUTING FACTOR: The community supports child abuse prevention and services

INDICATOR: *Percent of youth in the Trident Area who have engaged in high-risk behaviors*

CONTRIBUTING FACTOR: Children develop skills in avoiding or ceasing high-risk behaviors

CONTRIBUTING FACTOR: Children have positive relationships with peers, parents, and other adults

CONTRIBUTING FACTOR: Children build strong life skills

FOUNDATION OUTCOMES: All residents in the Trident Area will make healthy lifestyle choices that reduce their risk for chronic disease; all residents in the Trident Area will have a medical home and access to at least the minimum level of health information, medical, and preventive care necessary to maintain reasonably good health.

IMPACT AGENDA—CHILDREN AND YOUTH SERVICES

Ultimate Outcome

All children in the Trident Area will successfully transition into adulthood.

Ultimate Outcome Indicator

Percent of youth in the Trident Area who earn a high school diploma or equivalent

Background—Why It Matters

One of the most critical issues facing the Trident Area is the high rate of school dropout, with South Carolina consistently having one of the highest rates in the nation. Failure to complete high school negatively impacts the ability of youth to enter adulthood successfully by placing significant limitations on their post-school options. Youth who do not graduate from high school face a lifetime of limited opportunities professionally, socially, and economically. Their earnings potential is dramatically reduced, the likelihood that they will be incarcerated increases, and their health is more likely to be compromised. As a result, they suffer—and society suffers as well.

The economic impact of the estimated 1.25 million dropouts nationally from the class of 2004 is estimated to include lost lifetime earnings of over \$325 billion. U.S. Department of Labor data indicate that if even one-third of current dropouts would graduate from high school, the federal government would save nearly \$11 billion each year in public assistance costs, including food stamps, housing assistance, and temporary assistance to needy families. In South Carolina alone, the estimated impact of a five percent increase in male high school graduation rates on the state economy is over \$150 million – \$105 million in annual crime-related savings and \$45 million in additional annual earnings. (Alliance for Excellent Education, 2006)

However, there are significant opportunities to stem the tide of school dropout and improve both individual and community outcomes. Research shows that the decision to drop out of school is often based on the complex interaction of multiple, interrelated variables that are unique to an individual youth and his/her family. Many of these variables can be directly and positively impacted through prevention and intervention programs that connect education programs and community-based resources through an integrated systems approach. These variables include

- availability and utilization of quality early care and education programs
- level of readiness for success upon school entry

- presence of academic and behavioral supports that enhance protective factors and reduce risk factors
- family strengthening supports that enhance positive parenting and reduce risk of child neglect and maltreatment
- availability of, and access to, medical and dental care.

Research Tells Us

Research has identified four primary categories of factors that might influence a student's decision to drop out of school—school-related, family-related, community-related, and student-related factors. As these factors increase and combine, the likelihood that a student will drop out of school also increases.

Among school-related factors, the strongest predictor of dropping out is poor academic performance. Studies conducted by the United States Department of Education (USDOE) have shown that students who repeated at least one grade were twice as likely to drop out as those who had never been retained, while those repeating more than one grade were four times as likely to leave school before completion. (Woods, 1995)

Family-related factors are comprised of home life (including the presence of family violence and substance abuse); socioeconomic status; minority group membership; parent and sibling education levels; single-parent households; and speaking a primary language other than English. These factors combine to determine both the degree and the nature of family/parental support.

With regard to community-related factors, a 1987 report issued by the Urban Superintendents Network of the USDOE Office of Educational Research and Improvement (OERI) indicated that poverty is the strongest predictor of dropping out. "When socioeconomic factors are controlled, the differences across racial, ethnic, geographic, and other demographic lines blur" (OERI Urban Superintendents Network, 1987, p. 5)

Finally, student-related factors are comprised of primarily risk-related issues such as substance abuse, early sexual involvement/pregnancy, school nonattendance, disciplinary actions, and legal system involvement. These factors may be independent of a student's social or family background.

Current Status

The importance of achieving a high school diploma or recognized equivalent cannot be overstated. Individuals who are unable to earn this basic educational credential often experience significant limitations in terms of their ability to become and remain self-sufficient. Economic and additional educational opportunities are limited, as are the possibilities of military service and meaningful employment.

While graduation and dropout rates vary somewhat based on the measures utilized, and their calculation often encounters limitations (see “A Note About Capturing Dropout Rates”), they remain one of the most important and frequently quoted community indicators. These rates often serve as barometers of the social and economic health of the broader community.

The South Carolina Department of Education (SCDOE) uses an event rate to calculate the state and district dropout rates, defined as the proportion of students who leave high school in a given year without completing graduation requirements or transferring to another school or district. Based on this definition, the state’s dropout rate for the 2003-2004 school year was 3.4 percent.

South Carolina Kids Count (SCKC) utilizes a status rate for calculating county dropout rates, examining the number of students in an 8th grade cohort who are not enrolled in grade 12 four years later. Using this formula, SCKC calculated an average state dropout rate of 31.2 percent for the 2002-2003 school year.

We have chosen to utilize status rate data for reporting both the current status of school dropouts and for measuring future progress of our efforts. This decision was made in order to be consistent in methodology with the primary national and state data sources on dropout rate, including the National Center for Education Statistics, the Annie E. Casey Foundation (which reports national Kids Count data), the Manhattan Institute for Policy Research, and SCKC.

A Note About Capturing Dropout Rates...

In the state of South Carolina, a significant impediment to the quality of data available to measure both graduation and dropout rates is the lack of an individual student identifier that would enable the measurement of outcomes for specific students. Instead, aggregate enrollment data, based on average daily attendance for a school year, are used to calculate these rates. Additionally, there is no evident process for removing from the calculation methodology any students who are retained between 8th and 12th grades; as such, a student who is retained in 10th grade would impact the dropout rate for his or her 8th grade cohort, because he or she would not be enrolled in 12th grade four years following enrollment in 8th grade.

The SCKC data show that, among the three counties in the TUW service area, dropout rates range from 24.4% to 35.6%, based on the number of eighth grade students who are not enrolled in twelfth grade four years later. Graduation rates in all three counties lag behind the statewide rate of 75.4%. Based on data reported by school districts statewide, the most common reasons for school dropout—accounting for nearly 80% of all dropouts—were “status unknown” (students who failed to report to school at the beginning of the year as expected) and “poor/non-

attendance.” These reasons are typically related, as students who experience academic failure often choose to leave school, rather than continue to experience academic difficulties.

Target Population

The target population to be served in achieving this vision is children and youth from birth through 18 years of age. The continuum of services developed in support of this vision addresses early literacy development and school readiness of children, parental involvement and education, and the enhancement of protective factors and mitigation of risk factors designed to help children and youth maximize their academic and social development.

A particular area of emphasis will be the delivery of services to children and youth in poverty. Research clearly indicates a correlation between socioeconomic status and negative educational outcomes, including achievement gaps in reading and mathematics and higher dropout rates. Nationally, as well as locally, child poverty rates for African Americans and Hispanics are more than twice as high as poverty rates for Whites; this is consistent with national data on high school dropouts for these groups. Likewise, research also indicates that helping children develop protective factors or social-emotional competencies can mitigate some of the effects of poverty.

CONTRIBUTING OUTCOMES AND INDICATORS

Priority Community Outcome

Children enter first grade ready to be successful.

Community Indicator

Percent of children in the Trident Area who “consistently demonstrate” identified skills on the South Carolina Readiness Assessment (SCRA) for first grade

Research Tells Us

The National Education Summit convened in 1990 by then-President George H.W. Bush established eight national educational goals, the first of which sought school readiness for all children by the year 2000. The National Educational Goals Panel, the working group established to measure achievement of these national educational goals, identified three critical components of school readiness—the readiness of the child, the readiness of the school, and the family and community supports and services that contribute to the child’s readiness. (Bruner, 2003)

Subsequent research has identified five dimensions of a child’s school readiness (Child Trends, 2000):

- **Physical well-being and motor development**—includes health status, growth, and disabilities, as well as motor skills
- **Social and emotional development**—includes both a child’s ability to interact socially (e.g., taking turns, cooperating); the child’s perception of him- or herself; and the ability to understand and express feelings
- **Approaches to learning**—refers to the inclination to use skills, knowledge, and capacities
- **Language development**—includes both verbal language and emerging literacy
- **Cognition and general knowledge**—includes understanding of numerical and print concepts; the ability to analyze, evaluate, and associate objects; and existing knowledge regarding persons, places, and objects

Many children experience academic challenges as a result of starting school unprepared to be successful, as measured by these five dimensions. Children who demonstrate competence in all five of these dimensions are more academically successful in first grade than children who demonstrate competence in only one or two of these dimensions. (Hair, Halle, Terry-Humens, & Calkins, 2003)

These dimensions are significantly influenced by several fundamental and universal needs of children, including confident, competent, and loving parenting; health and

nutrition; guidance and instruction; and constant, stable, and appropriate supervision. Research shows that the adverse effects of failing to meet these needs are interactive – i.e., the greater the number of unmet needs, and the more severe the degree to which the needs are not met, the greater the risk to the child. (Bruner, 2003)

Additionally, school readiness and early success is associated with certain demographic and socioeconomic variables. The population of children who start school not ready to be successful is disproportionately poor, minority, disabled, and/or has parents that have low literacy, low educational levels, or are emotionally detached or unstable. Lower rates of readiness and success at kindergarten entry have been linked with four family background characteristics: (1) having a mother with less than a high school education; (2) having a family receiving Temporary Assistance for Needy Families (TANF) or food stamp benefits; (3) living with a single parent; and (4) having a parent whose primary language is not English. (Zill & West, 2001) Of these four characteristics, socioeconomic status and language spoken in the home were identified as the strongest predictors of school readiness. (Vandivere, Pitzer, Halle, & Hair, 2004) Further studies have also linked younger age at kindergarten entry, minority race/ethnicity, and male gender with poorer outcomes in many of the school readiness dimensions: cognitive skills and knowledge, social skills, physical health and well-being, and approaches to learning. (West, Denton, & Germino-Hausken, 2000)

It is clear that children who start school not ready to be successful are usually unable to catch up to their peers by the end of first grade. (Vandivere, Pitzer, Halle, & Hair, 2004) The achievement gap typically widens as these children progress from grade to grade, and their academic performance often remains below grade level. Consequently, these children account for a large percentage of the students who ultimately do not complete high school.

Not surprisingly, a child’s level of academic achievement is directly related to a number of life outcomes. Academic achievement affects the probability that children and adolescents will be successful and healthy in adulthood, and that they will raise successful and healthy children. (Straus, 2003) For example, the amount of education completed is the single most important determinant of occupation and income. (NAB, 1998) Additionally, an individual’s level of education affects his or her health status and health-related behaviors (e.g., smoking, seat belt use, diet, preventive health care).

Research has shown that school readiness can be significantly influenced through quality early care and education. The High/Scope Perry Preschool Study (HSPPS), a well-known study of 123 low-income African-American

children assessed to be at high risk for school failure, found that children in the study who participated in a high quality preschool program achieved significantly better educational outcomes than children in the study who received no preschool program. (Schweinhart, Montie, Xiang, Barnett, Belfield, & Nores, 2005)

Among the academic success findings were:

- Preschool program participants graduated at a higher rate than children who did not receive a preschool program (65% vs. 45%)
- Preschool program participants performed higher than children who did not receive a preschool program on
 - o intellectual and language tests from preschool through age 7
 - o school achievement tests at ages 9, 10, and 14
 - o literacy tests at ages 19 and 27

The HSPPS longitudinal study also found that the post-school outcomes for individuals who received the high-quality preschool program were more positive than those of individuals who did not receive a program. As measured at age 40, those receiving the program were more likely to be employed; had higher rates of home and car ownership; were less likely to receive social services; and had lower arrest rates, particularly in the areas of violent crime, property crime, and drug-related crime. In summary, the HSPPS concluded that the long-term economic impact of high quality early education resulted in a \$17 return on each dollar invested.

Current Status

Many students who experience academic failure begin school unprepared to be successful. In an effort to gauge school readiness, individual elementary schools administer the South Carolina Readiness Assessment (SCRA) to rising first- and second-grade students to determine their readiness for their new grade level. The SCRA provides educators with a tool to assess student skills on 14

indicators in the areas of English/Language Arts, Mathematics, and Personal and Social Development.

From this evaluation, student performance is rated as “Consistently Demonstrates,” meaning that the student has been successful in classroom tasks related to the particular indicator being evaluated; “Sometimes Demonstrates,” meaning that that the student has not always been successful in related classroom tasks; or “Rarely or Never Demonstrates,” meaning that the student has shown little or no evidence of successful classroom work related to the indicator.

The most current available results, from the 2002-2003 school year administration of the SCRA, show that significant numbers of kindergarten students (30 percent or more) in the Trident Area did not consistently demonstrate required skills in:

- communication
- mathematical processes
- measurement
- self concept
- approaches to learning

The areas in which Trident Area kindergarten student performance was highest were:

- interaction with others
- self control
- patterns, relationships, and functions
- writing

Complete results from the 2002-2003 administration of the SCRA are provided in the following table. Performance among the counties in the Trident Area closely matches statewide performance. For a detailed breakdown of results by county in the Trident Area, see appendix A.

| Skill Area | Consistently Demonstrates | Does Not Consistently Demonstrate |
|--|---------------------------|-----------------------------------|
| Communication | 66% | 34% |
| Reading | 70% | 30% |
| Writing | 76% | 24% |
| Mathematical Processes | 59% | 41% |
| Numbers and Operations | 74% | 26% |
| Patterns, Relationships, and Functions | 78% | 22% |
| Geometry and Spatial Relations | 75% | 25% |
| Measurement | 67% | 33% |
| Data Collection and Probability | 64% | 36% |
| Self Concept | 62% | 38% |
| Self Control | 78% | 22% |
| Approaches to Learning | 67% | 34% |
| Interaction with Others | 79% | 22% |
| Social Problem-Solving | 73% | 27% |

Notes: Sum of percentages may equal 101 due to rounding to nearest whole percentage. The column “Does not consistently demonstrate” includes the SCRA measurements “Sometimes Demonstrates” and “Rarely or Never Demonstrates.”

Rationale for Strategic Direction

Established in 1999, the Success By 6 (SB6) Vision Council has played a key role in identifying community needs and implementing strategic action plans to solve the most pressing problems for children 0-5 years old. In 2000, the SB6 Vision Council conducted a targeted needs assessment of the tri-county area titled *Community Needs Assessment of Children: A Report on the 0-6 Population*. The results of the study painted an alarming picture of the social, economic, and educational problems faced by too many children and their families in our community. The following is a summary of these findings:

Family Life

- Over 16% of our households were single-headed.
- Over 22% of our adult population was functioning at an amazingly low literacy level.
- Over 17% of our infants were born to mothers who did not complete 12th grade, and the numbers continue to increase.
- Over 18% of our children under the age of 18 lived in poverty.

Readiness/Academic Success

- The risk of poor school readiness was highest among families with the lowest socioeconomic status.
- Over 11% of children in our region failed the 1st, 2nd, or 3rd grades.
- By 4th grade, over 25% of our students were at or below the 25th percentile statewide in math, reading, and language.

Health

- Approximately 12% of the women in the region received no prenatal care and 21% received less than adequate prenatal care.
- More than 21,000 children in the region were without health care insurance.
- The infant mortality rate was 11.8%, as compared to the 7.6% national average.
- Fifteen percent of two year olds seen in public health clinics were not fully immunized.

This study concluded that despite what is known about the conditions needed for success in school and later life, the children in our region live and go to school in environments that limit their potential. Too many children in our region are not receiving the basic elements of good nutrition, a positive and stimulating environment, and access to quality health care, all of which are important to early development. For the children in the tri-county area, the “odds are stacked against them from the beginning.”

Based upon the findings of this study, the SB6 Vision Council successfully implemented strategies to effect three primary goals: (1) Improve the access and quality of health care for children under the age of 6, particularly those from low-income families by creating more medical homes; (2)

create a Child Care Resource and Referral service to help parents select quality child care settings; and (3) create an accreditation project to help child care centers improve the quality of the care they provide.

With the successful launch of these three initiatives, the SB6 Vision Council contracted with the Institute on Family and Neighborhood Life at Clemson University in 2003 to conduct an in-depth study of the issues families are facing in providing quality early care and education. The scope of this study was immense, producing a wealth of information on critical issues such as the accessibility and affordability of quality child care, the changes in family structure, and the environmental supports conducive to school readiness.

Highlights from the study include:

- If, as national studies indicate, poverty is the single factor most closely associated with lower cognitive and school outcomes for children, then the children in the Charleston area are at significant risk. This risk is greatest for children living in single-parent households and African-American families.
- Racial disparities in the region are evident in every indicator of school readiness scores, school achievement, high school completions, and household earnings.
- In South Carolina, adults who had tested “not ready” in first grade were found trailing further behind by middle school, with 25% behind in reading. Literacy deficiencies carried into adulthood, with almost 48% of 19-24 year olds and 44% of 25-39 year olds scoring in the lowest two levels of literacy, where Level 3 is thought to be minimally required for most entry-level jobs.
- The 40% of 9th graders who typically pursue an unskilled job because they dropped out of school or do not have the skills will find that only 15% of the jobs available are unskilled.

The researchers who conducted the Clemson study made the following recommendation: **“We encourage Success By 6, in its capacity as the region’s catalyst for change, to articulate a community vision for a system of needed supports, in partnership with others.”** They defined this “system of supports” to include the following:

- (1) Family Environment Supports—Develop new and different service approaches to address the changes in family structure by designing resources with core educational components for parents and children. At a systems level, conceptualize methods to comprehensively deliver services to families and children living in poverty.
- (2) Learning Environment Supports—Improve and expand learning opportunities for children to enter school equipped with the basics (reading) and ready to be successful. Make needed connections among service providers, employers, schools, and parents to form consistent and multiple pathways to success.

- (3) **Community Environment Supports**—Bring together all partners interested in creating a systems approach to early care and education, including a long-term financing strategy. TUW should serve as the convener of this forum.

The recommendations from the Clemson study are carried forward in the multi-dimensional strategies identified in this impact agenda. A primary focus of the agenda is to solidify the collaborative partnership to articulate a community vision with common goals.

Consistent with the findings of this study, our agenda focuses upon three primary areas of impact:

- Helping parents develop the skills to enhance their children’s learning
- Ensuring that high quality early care and education programs exist to provide the foundation for school success
- Creating the “community will” that values and supports quality early care and education

In reviewing our accomplishments to date, we have been particularly successful in building the infrastructure around which new initiatives can be created and closely managed. These include the creation of two medical homes in Charleston and Berkeley counties that have become the “hubs” for comprehensive services to the low-income and Hispanic populations, as well as the creation of the Child Care Resource and Referral (CCR&R) system. Throughout the multi-dimensional strategies, there are many references to using existing programs to create new initiatives. The medical homes will play a key role in providing literacy and parenting services in places where “at-risk” families already have an established relationship. Likewise, CCR&R will be a vital partner in helping to advance our public policy agenda and implement new initiatives to enhance the quality of child care in the region.

Multi-Dimensional Strategies

Systemic Change

The overarching systemic change will be to **increase the level of collaboration and coordination among early care and education service providers, with a focus on building both parent and community capacity**. Specific systemic change opportunities include:

- Solidifying the community collaborative partnership under Success By 6 to garner the resources and expertise of key early learning professionals in the community to articulate a community vision with common goals
- Creating an integrated service delivery system for the delivery of early literacy and parent education services
- Ensuring that strategic initiatives are targeted by conducting community-wide assessments to identify

assets and gaps in service, particularly in the areas of child care and family needs

- Reducing duplication of services through community-wide collaboration and global coordination/planning efforts, rather than creating new programs
- Utilizing existing nontraditional community-based partners to
 - o fill identified gaps in service in communities where such needs exist
 - o build parents’ capacity to enhance their children’s learning
- Ensuring that all children and families have access to a continuum of quality early care and education services by bringing programs to parents rather than having parents search for resources
- Implementing a quality rating system with clearly defined measures of quality and supporting child care programs to ensure their quality by becoming outcomes driven programs
- Increasing workplace/business family friendly practices (i.e., time off for involvement/participation in education activities)

Public Policy Advocacy

- Generate community support for the use of public funds to address gaps and create a seamless early care and education service delivery system
- Support the development and implementation of a statewide quality rating system for child care programs including enhanced ratios and group size limits
- Support the creation of quality universal 4K programs for all children in South Carolina

Strategic Initiatives

- Implement *The Lowcountry Reads* (see appendix B), a comprehensive service delivery system based upon national best practices that is age-specific and designed to enhance early literacy and parent education services, including:
 - o *Born to Read*—A partnership between Charleston County Public Libraries, Friends of the Library, the Medical University of South Carolina (MUSC), and TUW, in which volunteers talk with new parents giving birth at MUSC about the importance of early literacy and positive child development. Resource materials are given to all parents for use when they leave the hospital. MUSC provides Medicaid services for the majority of the low-income and Hispanic population in the area.
 - o *Reach Out and Read*—Provides family literacy and parent education services in established medical homes caring for low-income and Hispanic populations.
 - o *Parents Play*—Provides community-based parent/caregiver education services using play and interactive literacy activities to enhance parents’ skills.

- o *Raising a Reader*—A turnkey early literacy program implemented in child care programs to promote reading and parent/child bonding.
- o *Countdown to Kindergarten*—A community-wide awareness campaign and services to help parents prepare their child for public school success. Services focus upon kindergarten registration, school readiness activities, and parental involvement in school.
- Work with the State Budget and Control Board and the Kids Count office to utilize community data to identify and proactively serve parents and families that may be most at risk (i.e., low levels of literacy, school completion, poverty, etc.)
- Create a community-based caregiver/parenting initiative that is portable and can be implemented in a variety of community locations (e.g., churches, county parks, schools, health clinics)
- Form a public policy strategy group with other advocacy partners across the state to implement a quality rating system and universal 4K for all children
- Expand the Accreditation Project to work with child care providers in building the infrastructure to improve quality (e.g., staff credentials, recognized curricula, etc.)
- Create a region-wide community education and engagement campaign using the media and public transit advertising as a means for sharing critical information regarding early care and education with those who might benefit most from this information

Program Strategies

- Provide comprehensive parent education programs to provide parents with the skills to enhance their young child's development and learning
- Incorporate literacy programs into existing early care and education services and teach parents dialogic reading techniques
- Increase the number of quality programs and/or amount of space available in early care and education programs for infants and toddlers
- Increase the credentials of staff in child care programs and utilize recognized criteria to promote early learning
- Establish transitional partnerships between child care programs and schools
- Build awareness of and commitment to address parents' need for increased access to quality child care

Goal Area: Successful Transition into Adulthood

Priority Community Outcome: All children in the Trident Area enter first grade ready to be successful

| Key Strategies First Grade Readiness | Community Indicator: Percent of children in the Trident Area who “consistently demonstrate” identified skills on the South Carolina Readiness Assessment (SCRA) for first grade | | |
|--|---|---|--|
| <p>Provide comprehensive parent education programs to provide parents with the skills to enhance their young child’s development and learning</p> <p>Incorporate literacy programs into existing early care and education services</p> <p>Increase the number of quality programs and/or amount of space available in early care and education programs for infants and toddlers</p> <p>Increase the credentials of staff in child care programs and utilize recognized criteria to promote early learning</p> <p>Establish transitional partnerships between child care programs and schools</p> <p>Build awareness of and commitment to address parents’ need for increased access to quality child care</p> | <p>Parents/families have skills to stimulate children’s learning</p> | <p>Quality early care and education provides the foundation for school success</p> | <p>Community values and supports quality early care and education</p> |
| | <p>Parents demonstrate an understanding of healthy child development and important milestones</p> | <p>Early care and education providers have certification or degrees related to child development or early education</p> | <p>The general public understands the importance of quality early care and education</p> |
| | <p>Parents support children’s social, emotional, physical, and cognitive development</p> | <p>Early care and education providers receive ongoing quality professional development</p> | <p>Policymakers promote and support legislation to improve the quality and funding of early care and education</p> |
| | <p>Parents demonstrate effective, age-appropriate parenting skills</p> | <p>Early care and education programs meet established quality standards</p> | <p>The community develops and implements a quality rating system for child care</p> |
| | <p>Parents are knowledgeable about what constitutes quality early care and education and choose quality learning experiences</p> | <p>Early care and education programs use recognized curricula that promote early learning</p> | <p>Businesses support the child care industry as a critical component of the economic vitality of the region</p> |
| | <p>Parents regularly read to their children at home</p> | <p>Early care and education programs incorporate early literacy into program services</p> | |
| | <p>Parents use interactive literacy, dialogic reading techniques, and play activities with their children to stimulate learning</p> | <p>Early care and education programs evaluate children’s progress through regular assessments</p> | |
| | <p>Parents engage with their child’s school</p> | <p>Early care and education programs establish transition partnerships with public schools</p> | |

Priority Community Outcome

Children and youth achieve academic and life success.

Community Indicators

- Percent of children and youth who achieve grade-level proficiency in reading and math
- Percent of children and youth who avoid high-risk behaviors (i.e., violence, substance abuse, and teen pregnancy)

Research Tells Us

A number of variables influence the decisions of individual students to drop out of school. While many of the variables associated with dropout are considered *status variables*, meaning that they are less subject to being affected by change efforts (e.g., age, ethnicity, gender, family structure), others are *alterable variables*, meaning that they can usually be influenced by students, parents, educators, and/or the community (e.g., grades, absenteeism, behavior, retention). (Lehr, Johnson, Bremer, Cosio, & Thompson, 2004)

Not surprisingly, studies of alterable variables show that students with poor grades and those who have been retained are at greatest risk for dropping out. Retention remains a strong predictor of dropout risk even when controlled for behavioral problems and family background. (Cairns, Cairns, & Neckerman, 1989) A study of multiple predictors—school, family, social, behavioral, and psychological measures—found that the overall school experience of a student is the best predictor. (Janosz, LeBlanc, Boulerice, & Tremblay, 1997)

Student engagement in learning is also a significant component of school completion. Along with behavioral and psychological engagement, Christenson (2002) cites academic engagement (time on task, academic engaged time, credit accrual, etc.) and cognitive engagement (processing information, becoming a self-regulated learner) as essential elements of a multi-dimensional construct of overall school and learning engagement.

Life skills, sometimes referred to as social skills, also influence academic performance. Well-developed life/social skills can establish a foundation for academic success, while poorly developed skills can negatively impact academic performance. In addition, life/social skills are linked to the quality of the school environment and school safety. (NASP, 2002)

The broad category of social and emotional learning (SEL) includes the acquisition of life/social skills such as self-awareness; self-management; responsible decision-making; relationship skills; social awareness; and conflict resolution skills. Other life/social skills include problem solving, active listening, and effective communication. Development of

these skills, also referred to as protective factors, is a particularly important target of intervention, as these skills can significantly mitigate risk factors such as parenting and improve academic success.

In addition, the National Dropout Prevention Center at Clemson University has identified 15 effective strategies for reducing the dropout rate (Schargel & Smink, 2001). Services provided by or coordinated through community-based organizations in a comprehensive manner can aid in the implementation of many of these strategies; in particular, such services can impact the:

- degree and quality of school-community collaboration
- level of family engagement and parental involvement
- provision of early childhood education and early literacy development services
- availability and quality of programs providing mentoring, tutoring, service learning, and after-school or extended day programs (see appendix C for after-school and mentoring program standards)
- level of support provided through alternative educational environments for students who are unsuccessful in a traditional classroom environment.

Research has also identified common elements of successful dropout prevention programs. These elements include:

- Early identification and intervention efforts
- Flexible programming and scheduling
- Collaborative partnerships between schools and community-based programs that are integrated and systemic in nature
- Promotion of business partnerships and community learning collaborations
- Family involvement and parental assistance
- Involvement of adult and peer role models
- Student assistance services to address concerns such as substance abuse, teen pregnancy, suicide prevention, and other mental and physical health issues. (Woods, 1995)

Current Status

The most current results from the statewide Palmetto Achievement Challenge Test indicate that much work remains to be done to enable all students in the Trident Area to reach proficiency in the core academic subjects of English/Language Arts, Mathematics, Science, and Social Studies. Considerably less than half of the students in each of the four districts in the Trident Area are currently considered proficient in each of these subject areas. A score at the “Basic” level indicates that a student minimally met standards and is prepared to work at the next grade level, while a score at the “Proficient” level or higher indicates that the student met or exceeded the standards and is well-prepared for the work of the next grade level. The goal of the No Child Left Behind Act of 2001 is that all

students will demonstrate proficiency in core subject areas by the end of the 2013-2014 school year.

English/Language Arts

| District | % of Students Scoring at Basic Level | % of Students Scoring at/above Proficient Level |
|--------------|--------------------------------------|---|
| Berkeley | 44.1 | 29.0 |
| Charleston | 39.3 | 35.7 |
| Dorchester 2 | 40.2 | 41.2 |
| Dorchester 4 | 41.7 | 20.7 |

Mathematics

| District | % of Students Scoring at Basic Level | % of Students Scoring at/above Proficient Level |
|--------------|--------------------------------------|---|
| Berkeley | 45.2 | 30.3 |
| Charleston | 40.5 | 33.9 |
| Dorchester 2 | 41.5 | 40.5 |
| Dorchester 4 | 43.8 | 18.0 |

With regard to the prevalence of high-risk behavior, South Carolina Kids Count reports the following data:

Violence

Carried Handgun or Knife as a Weapon

| County | Middle School | High School |
|------------|---------------|-------------|
| Berkeley | 4.9% | 8.6% |
| Charleston | 4.8% | 6.9% |
| Dorchester | 4.0% | 5.4% |

Been in a Fight With Someone

| County | Middle School | High School |
|------------|---------------|-------------|
| Berkeley | 33.2% | 31.1% |
| Charleston | 31.7% | 24.9% |
| Dorchester | 32.7% | 27.4% |

Substance Abuse

Alcohol Use within Previous 30 Days

| County | Middle School | High School |
|------------|---------------|-------------|
| Berkeley | 22.6% | 38.2% |
| Charleston | 21.0% | 37.1% |
| Dorchester | 19.1% | 37.9% |

Drug Use within Previous 30 Days

| County | Middle School | High School |
|------------|---------------|-------------|
| Berkeley | 10.5% | 23.8% |
| Charleston | 9.5% | 20.1% |
| Dorchester | 10.0% | 20.7% |

Teen Pregnancy

| County | White | African-American/Other |
|------------|-------|------------------------|
| Berkeley | 11.7% | 15.0% |
| Charleston | 5.7% | 20.9% |
| Dorchester | 9.7% | 15.4% |

Rationale for Strategic Direction

In contrast to Success By 6, which has led the successful implementation of several community-based strategic initiatives, the Nurturing Youth Vision Council has primarily focused upon improving services provided by funded partners to youth. Almost one-third of all community investment funds have been granted on an annual basis to programs in this impact area.

To create an integrated impact agenda, we began by looking at currently funded programs that were consistently demonstrating the strongest outcomes related to academic success. Consistently high performing programs created fully integrated services within a school setting, offering tutorial instruction, homework help, intervention services to enhance protective factors (e.g., conflict resolution and decision-making skills, anger management, service learning, etc.), and family involvement among numerous other special programs and services. They consistently were programs that effectively anchored traditional community-based services in the schools, helping students improve their social-emotional learning skills, which, in turn, improved academic performance.

We also spoke with school district administrators to determine what programs offered the best outcomes. The repeating theme in these discussions was that many community-based organizations were offering selected services to specific schools; however, rarely were the services fully integrated into the school, and most were fragmented without a central coordinating entity. From there we attempted to identify what resources were currently available, and to which schools, but in many cases had limited success substantiating direct links between community-based program outcomes and specific school success. Community-based programs that did not have clearly defined relationships with schools tended to show more inconsistent and less well-defined positive outcomes.

Finally, we turned to the research, which shows that overall school experience is the best predictor of school dropout. Overall school experience encompasses a wide array of issues that include academic instruction, as well as social and emotional learning opportunities. Among the effective dropout prevention strategies identified by the National Dropout Prevention Center/Network, several present opportunities for involvement by collaborative partnerships of community-based organizations:

- improving school-community collaboration
- increasing parental involvement/family engagement
- offering high quality programs providing mentoring, tutoring, service learning, and after-school or extended day programs (see appendix C)
- providing support through alternative education environments

Utilizing these lessons learned, the Nurturing Youth Vision Council spent a concentrated amount of time developing a

model of intervention/prevention services that would form the basis for the academic success portion of the impact agenda. The primary strategic initiative will be to create a service delivery model to be used in low-performing schools selected by the school districts that engages schools, service providers, and the community in a comprehensive, coordinated, collaborative school-based system that addresses the elements that create positive school experiences – academic success, development of protective factors, parental involvement, and mental and physical health services.

The Vision Council carefully crafted the systemic changes that would be necessary by all entities, including T UW, to make this model successful, as well as the program strategies to be employed, as demonstrated by (a) successful existing programs, and (b) best practices.

Multi-Dimensional Strategies

Systemic Change

The overarching systemic change will be that ***all levels of leadership in all organizations will embrace the collaborative partnership model.***

Community

- Building collaborative partnerships between all stakeholders by identifying and working toward common goals/shared vision
- Engaging all collaborative partners in ongoing communication and process-building and providing training in collaboration to help build capacity

Schools and School Systems

- Enlisting the support of leadership at all levels – superintendent, principals, school staff, school boards – for the collaborative partnership model
- Creating a systems approach to change that focuses on asset and capacity building at the school level
- Building partnerships between schools and their surrounding communities to increase resources and integrate the provision of services

Programs

- Building capacity to enable programs to function at a higher (macro) level as coordinators of comprehensive, school-based service delivery systems that address issues related to academic success, development of protective factors, and mitigation/amelioration of risk factors
- Establishing collaborative partnerships with coordinating programs to provide needed support services within the framework of a comprehensive, school-based service delivery system

Trident United Way

- Creating more flexible funding approaches (e.g., multi-year funding, strategic initiative funding)
- Leveraging Trident United Way resources to expand funding through partnerships with other organizations (e.g. foundations and businesses)
- Moving away from impact area silos and integrating vision/impact areas
- Creating a community impact model based on systemic and community change
- Building community awareness of the need for systemic change and securing the community’s endorsement to lead the change

Public Policy Advocacy

- Work with members of the legislature to eliminate current state statutes calling for the state to provide for a “minimally adequate education” and replace with “a high quality education”
- Advocate for increased public funding to support collaborative school/community partnerships and community learning centers

Strategic Initiatives

Links to Success Level I

Building upon the collaborative partnership model described under systemic change, Trident United Way has created a new model of intervention to enhance academic success, called *Links to Success*. *Links to Success* is based upon a collaborative partnership between an individual school and community-based service provider to create a comprehensive service delivery system that addresses the specific needs of the school and student population. To meet the criteria of being a *Links to Success site*, services must be coordinated by a community-based organization and provided directly in the school. Pulling together resources from multiple sources, the community-based organization is responsible for being the “hub” by brokering and overseeing the provision of a comprehensive array of services designed to improve academic and life success.

Selection Criteria for Links to Success

Schools: Selected schools will demonstrate having a significant population of children identified as “at risk” for school failure. Selection criteria include:

- Identified as a “low performing” school
- High incidence of low test scores
- High rate of school drop-outs
- High percentage of children receiving free or reduced lunch
- High incidence of single parent homes or families living in poverty

- High incidence of community risk factors such as crime, drug, and gang activity

Schools will provide grades and test scores (i.e. MAP, PACT) on program participants for outcome reporting purposes. They will also establish a formal agreement with the community service organization.

Community-Based Organizations: Selected providers will demonstrate the ability to function as a(n):

- Integrated Service Provider (ISP) by providing or coordinating the delivery of an array of school-based services to address both academic achievement and mitigation of risk factors by enhancing skills that function as protective factors (see menu of services described below under Program Strategies); or
- Linking Partner (LP) by linking to an ISP to provide one or more specific services that enhance academic skills or protective factor development (as described in the list of Program Strategies)

Program Strategies

Links to Success will employ the Program Strategies identified below. Integrated Service Providers will be responsible for creating and implementing the program strategies and providing or brokering with a Linking Partner to provide the services. Staff from Trident United Way and other organizations will be available to provide technical assistance to create *Links to Success*.

- In partnership with the school, conduct a comprehensive school/community assessment (i.e. school, student, parent, business input) to identify both needs and assets that will serve as the basis for program development.
- Create specific criteria for program participation and conduct individual assessments on students to determine appropriate interventions to enhance academic, social and emotional functioning.
- Utilize the interdepartmental staffing/core team concept in assessing children and determining the appropriate interventions.
- Develop intervention models that are appropriate both chronologically and developmentally as well as target population specific.
- Cross train staff to expand knowledge of all programmatic services and functions.
- Utilize valid pre/post testing tools to measure individual performance of participants.
- Create data management system to collect data and report outcomes.
- Offer an array of interventions that include:
 - Tutoring
 - Individualized/differentiated instruction
 - Mentoring (see appendix C for standards)
 - Leadership development
 - Service learning
 - Family education and engagement
 - Life skills development

- Risk behavior reduction
- Structured time use
- Constant cueing
- Literacy development
- Career orientation
- After school programs (see appendix C for standards)
- Case management

Pilot

LINKS TO SUCCESS Level II (Community Learning Center)

The LINKS TO SUCCESS concept described previously will create the framework and necessary infrastructure to pilot an even more comprehensive model called a *Community Learning Center*.

Trident United Way will work with the tri-county school districts to develop a Community Learning Center at a school that includes all of the components of *Links to Success* but also serves as a learning center for parents and other community members with extended weekday hours and weekend access.

Community Learning Centers across the country are based upon a wide range of models and approaches; however, most provide an integrated focus on academics, services, supports, and opportunities that lead to improved student learning, stronger families and healthier communities. Positioned at a public school, they typically become the center of the community and are open to everyone all day, every day, evenings and weekends. Features and benefits associated with community learning centers include:

- The initiative is operated jointly through a partnership between the school system and community organizations.
- Services are provided to the whole community, in addition to focusing on the educational needs of the children.
- At the school, a site team comprised of parents, teachers, principals, neighborhood residents and service providers marshal resources and implement activities that promote high educational achievement and use the community as a resource for learning.
- The whole school is oriented toward the community and encourages learning through service and community involvement.
- Before and after school learning programs help students build on classroom experiences and expand their cultural and athletic horizons.
- The family support center helps parents with positive parenting techniques, employment, housing, and other services.
- The co-location of medical, dental, and mental health services make these services readily available to everyone in the community.

Communities that have created community learning centers have found that student learning increases significantly, parent and family involvement is greater, and instructional time increases because of the presence of community partners who are able to effectively address non-academic barriers to learning.

Undertaking such a large and complicated project will require much planning, expanding collaborative partnerships, and garnering additional resources. As a result, it is anticipated that this project will take a significant period of time to fully develop and implement.

Goal Area: Successful Transition into Adulthood

Priority Community Outcome: All children and youth in the Trident Area achieve academic and life success

| Key Strategies Grade Level Proficiency | Community Indicators: Percent of children and youth in the Trident Area who achieve grade-level proficiency in math and reading; percent of children and youth in the Trident Area who avoid high-risk behaviors (i.e., violence, substance abuse, and teen pregnancy) | | | |
|---|--|---|--|--|
| <p>Children are assessed and interventions are identified from a menu of services that includes mentoring, tutoring, case management, leadership development, career orientation, family engagement, service learning, after-school programs, structured time use, life skills, literacy development, risk behavior reduction, constant cueing, and individualized/differentiated instruction (see appendix C for standards for after-school and mentoring programs)</p> <p>Program providers use strategies such as cross-training, interdepartmental staffing, and core teams to enhance service quality</p> <p>Children are assessed for both school readiness and school motivation</p> <p>Intervention models are age-appropriate, developmentally appropriate, and target population-specific</p> | Children achieve academically | Children have strong parental support | Children demonstrate strong protective factors | Children participate in community service and service learning programs |
| | Children demonstrate a commitment to learning | Parents are actively engaged with school programs and activities | Children resist negative peer pressure and dangerous situations (including the avoidance of bullying, drugs, drinking, smoking, and sexual activity) | Children demonstrate positive values such as caring about others and their community |
| | Children maintain grades at or improve grades to passing levels | Parents demonstrate capacity to support their child's academic success | Children accept and take personal responsibility for their actions | Children practice acquired skills in real life situations in their community |
| | Children demonstrate proficiency on standardized tests (e.g., PACT, MAP) | Parents have high (developmentally appropriate) expectations for their child's academic achievement | Children demonstrate strong conflict resolution and decision-making skills | Children's efforts are recognized by those served, including their peers, the schools, and the community |
| | Children are promoted to the next grade | Parents support their child's social and emotional development | Children display appropriate behaviors at home, in school, and in the community | Children are engaged in school and community activities |

Supporting Community Outcome

Children and youth are healthy (i.e., emotionally and physically).

Community Indicator

Percent of children involved in substantiated cases of child abuse

Research Tells Us

School failure is among the many problems experienced by children and adolescents who have been maltreated. (Kelley, Thornberry, & Smith, 1997) Several studies have noted that maltreated children and adolescents exhibit intellectual and academic delays and lower scores on intelligence tests. Additionally, maltreated children often display a number of difficulties in adapting to the task demands of school, and were more likely than their non-maltreated peers to need special assistance, perform poorly, and be inattentive. (Kelley, et al., 1997)

Maltreatment has been demonstrated to have an adverse effect on brain development as well. (Goldman, Salus, Wolcott, & Kennedy, 2003) For example, a neglected infant or young child may not experience stimuli that activate important regions of the brain and/or strengthen cognitive pathways. As a result, the neural connections in these regions may diminish, impeding later cognitive functioning.

It is important to note that research has shown that the negative effects of maltreatment on intellectual and cognitive development can be influenced by other factors, such as the child's age, developmental status, and problems occurring concomitantly with the maltreatment. (Goldman, et al., 2003) Additionally, there are certain *protective factors* that may mitigate the effects of maltreatment. These factors, also referred to as developmental assets, may be internal or external. Internal assets are personal characteristics that demonstrate the individual's positive values and identities, social competencies, and commitment to learning, while external assets result from the positive experiences that children have with the world around them in areas such as offering support and empowerment, setting of boundaries and expectations, and providing opportunities to use time constructively. (Search Institute, n.d.) The types of protective factors that appear to serve as a buffer against the negative effects of maltreatment are both internal (personal characteristics such as optimism, high self-esteem, high intelligence, and a sense of hopefulness) and external (social support and a relationship with a supportive or caring adult).

Research has identified a number of long-term consequences of child abuse, neglect, and maltreatment. While the impact of child abuse is frequently discussed in terms of physical, psychological, behavioral, and societal consequences, it is impossible to separate these

consequences completely. (HHS, 2005) These consequences are affected by a number of factors, including the child's age and developmental status when the abuse occurred; the type of abuse; the frequency, duration, and severity of the abuse; and the relationship between the victim and his/her abuser. (Chalk, Gibbons, & Scarupa, 2002)

As noted, the consequences of child abuse, neglect, and maltreatment can be categorized in four dimensions. These dimension are listed below, along with examples of each.

Physical Health Consequences

- Shaken baby syndrome
- Impaired brain development
- Poor physical health

Psychological Consequences

- Poor mental and emotional health
- Cognitive difficulties
- Social difficulties

Behavioral Consequences

- High risk behavior(s) during adolescence
- Juvenile delinquency and adult criminality
- Alcohol and other drug abuse
- Abusive behavior

Societal Consequences

- Direct costs associated with maintaining a child welfare system, law enforcement, judicial system activity, and physical and mental health systems; estimated at \$24 billion per year (Prevent Child Abuse America, 2001)
- Indirect costs associated with the long-term economic consequences of abuse and neglect, including juvenile delinquency and criminal activity, mental illness and substance abuse treatment, and domestic violence, as well as lost productivity due to unemployment and underemployment; estimated at \$69 billion per year (Ibid.)

Current Status

Statistics from the U.S. Department of Health and Human Services (HHS) publication *Child Maltreatment 2004* show that child abuse is reported statewide at a rate of approximately 10.1-15.0 cases per 1,000 children. There were 911 substantiated cases of child abuse, with 1,577 victims, reported in the Trident Area in 2004. Among the victims, 31 percent were in Berkeley County, 57 percent were in Charleston County, and 12 percent were in Dorchester County. HHS (1996) has estimated that actual incidences of abuse are up to three times greater than the number reported.

The characteristics of Trident Area children who are victims of child abuse are identified in the table at the top of page 28.

| Characteristic | Berkeley | Charleston | Dorchester | Total |
|------------------------|-------------|-------------|-------------|-------------|
| Gender | | | | |
| Female | 258 (52.5%) | 476 (53.1%) | 104 (54.5%) | 838 (53.1%) |
| Male | 233 (47.5%) | 420 (46.9%) | 86 (45.6%) | 739 (46.9%) |
| Total | 491 | 896 | 190 | 1,577 |
| Race/Ethnicity | | | | |
| African-American/Other | 171 (34.8%) | 594 (66.3%) | 61 (32.1%) | 826 (52.4%) |
| White | 320 (65.2%) | 302 (33.6%) | 129 (67.9%) | 751 (47.6%) |
| Total | 491 | 896 | 190 | 1,577 |
| Age | | | | |
| 0-5 | 179 (36.5%) | 336 (37.5%) | 65 (34.2%) | 580 (36.8%) |
| 6-12 | 182 (37.0%) | 318 (35.5%) | 70 (36.8%) | 570 (36.1%) |
| 13-17 | 130 (26.5%) | 242 (27.0%) | 55 (28.9%) | 427 (27.1%) |
| Total | 491 | 896 | 190 | 1,577 |
| Type of Abuse | | | | |
| Physical Neglect | 88 (17.9%) | 547 (61.1%) | 80 (42.1%) | 715 (45.3%) |
| Threat of Harm | 318 (64.8%) | 90 (10.1%) | 60 (31.6%) | 468 (29.7%) |
| Physical Abuse | 25 (5.1%) | 154 (17.2%) | 22 (11.6%) | 201 (12.7%) |
| Educational Neglect | 26 (5.3%) | 49 (5.5%) | 1 (0.5%) | 76 (4.8%) |
| Sexual Abuse | 22 (4.5%) | 20 (2.2%) | 14 (7.4%) | 56 (3.6%) |
| Medical Neglect | 9 (1.8%) | 25 (2.8%) | 6 (3.2%) | 40 (2.5%) |
| Other Abuse/Neglect | 2 (0.4%) | 11 (1.2%) | 7 (3.7%) | 20 (1.3%) |
| Mental Injury | 1 (0.2%) | 0 (0.0%) | 0 (0.0%) | 1 (0.1%) |
| Total | 491 | 896 | 190 | 1,577 |

Source: South Carolina Kids Count. Data represent 2003-04. (Note: Some percentages may add up 99.9% or 100.1% due to rounding issues.)

Rationale for Strategic Direction

Among the funded partner programs that consistently demonstrate strong program design and outcomes are those that provide intervention services to children who have been neglected or abused. These programs tend to be staffed with highly credentialed and skilled professionals who are successful at helping to mitigate the long-term effects of child maltreatment and trauma. Administratively, they tend to be programs with strong infrastructure, such as fiscal/personnel management, policy and procedures, effective fundraising, and a propensity for developing outcomes-driven programs.

While these programs have typically been rated very favorably by the volunteers during our funding process, they have not taken a position of high visibility with TUW. This is most likely because the current outcome design did not designate these services as a focus area. However, given the strong empirical evidence that links childhood trauma to poor school and life success, under the new design, child abuse will become one of the new supporting outcomes.

Given the strong design of our community programs, we decided not to focus on methods of service delivery in our strategic initiatives. Instead, we chose to focus upon the need to increase awareness about the impact of abuse and to establish a zero tolerance policy within the community around all facets of family violence. To effectively launch such a campaign, it will be necessary to create a collaborative partnership between programs providing

these services and develop a consistent message to be used in the community.

Multi-Dimensional Strategies

Systemic Change

Stakeholders and community partners are engaged in a **collaborative and coordinated effort to significantly decrease the incidence of child abuse**. These stakeholders and community partners will ensure that children are in nurturing and safe environments, perform to their highest academic potential, participate in cultural and other extracurricular activities, and have at least one caring adult as an integral part of their lives.

Community

Systemic change opportunities in the broader community include:

- Zero tolerance—schools, businesses, and communities implement policies and practices exhibiting zero tolerance for child abuse and family violence, bullying, and other peer abuse issues
- Creating community demand (engagement at a level beyond support, acceptance, or tolerance) for the safety of children and youth

Programs

Systemic change opportunities for programs include:

- Increasing efforts aimed at prevention of abuse, in addition to intervention efforts based on best practices for traumatized children

Trident United Way

Systemic change opportunities for Trident United Way include:

- Identifying and requiring the use of common assessment tools to gather data on program participants and evaluate the performance of providers addressing child abuse

Public Policy Advocacy

- Support the creation of a more user-friendly system for reporting suspected or identified child abuse and navigating the resource system
- Support additional state funding and other resources aimed at increasing prevention efforts in addition to ongoing intervention efforts

Strategic Initiatives

- Conduct a public relations/community education campaign to increase community awareness of child abuse—not only statistics, but also the impact on children, adults, and the larger community, as well as the warning signs of abuse
- Establish a coalition of organizations that address child abuse issues to develop a unified message about child abuse
- Develop materials and information (e.g., videos, print materials) to be distributed at childbirth on child abuse prevention, child discipline, anger management, etc.

Program Strategies

- Provide training to parents to increase their awareness about the types and levels of abuse
- Provide effective interventions to help parents develop alternatives to violent and harmful behavior
- Provide instruction to children and caregivers on how to identify and report abusive behavior
- Help children recover from the effects of trauma, building protective factors and reducing future risk
- Conduct a community awareness campaign around adults taking responsibility to prevent abuse

Goal Area: Successful Transition into Adulthood

Supporting Community Outcome: All children and youth in the Trident Area are healthy (i.e., emotionally and physically)

| Key Strategies Child Abuse | Community Indicator: Percent of children in the Trident Area who are involved in substantiated cases of child abuse | | |
|--|---|--|--|
| <p>Provide training to parents to increase their awareness about the types and levels of abuse</p> <p>Provide effective interventions to help parents develop alternatives to violent and harmful behavior</p> <p>Provide instruction to children and adults on how to identify and report abusive behavior</p> <p>Help children recover from the effects of trauma, building protective factors and reducing future risk</p> <p>Conduct community awareness campaign around adults taking responsibility to prevent abuse</p> | Parents demonstrate strong parenting skills | The effects of trauma are mitigated | The community supports child abuse prevention and services |
| | Parents demonstrate an understanding of healthy child development | Children are able to identify inappropriate or abusive behavior | Parents have strong social and community support |
| | Parents demonstrate effective parenting skills and age-appropriate disciplinary skills | Children are empowered to report abuse to a trusted adult | All adults take responsibility for protecting children from abuse |
| | Parents gain knowledge of activities to support positive child development | Children learn and express feelings of hurt, anger, fear, and guilt related to violence or abuse | All adults know how to identify and report suspected child abuse |
| | Parents create a positive, warm parent-child relationship | Children demonstrate appropriate behaviors when expressing feelings of hurt, anger, fear, or guilt | The community supports campaigns and services to prevent child abuse |
| | Parents demonstrate alternatives to violent behavior | Parents and children have access to confidential interventions and services when needed | |

Supporting Community Outcome

Children and youth are healthy (i.e., emotionally and physically).

Community Indicator

Percent of youth who have engaged in high-risk behaviors

Research Tells Us

Research shows that youth engagement in high-risk behavior and academic failure is intricately related. Failure to support the academic achievement of students is related to students' disengagement from school and increased risk-taking behavior. National longitudinal data show that, regardless of ethnic background or social class, youth who have problems with schoolwork are more likely than others to be involved in every health risk studied, including alcohol, sexual intercourse, and weapon-related violence. (Blum, Beuhring, & Rinehart, 2000)

Conversely, research indicates that student substance abuse often precedes, and is a risk factor for, academic problems such as lower grades, absenteeism, and high dropout rates. (Dewey, 1999) High school students who use alcohol or other drugs are up to five times more likely to drop out of school, while students who use marijuana before the age of 15 are three times more likely to have left school by the age of 16.

Teen pregnancy has a considerable impact on the ability of both the mother and the father to complete high school. (Ehrlich & Vega-Matos, 2000) Research shows that 70% of young mothers do not complete high school, and only 30% of teen mothers complete high school by age 30, compared with 76% of their counterparts who delayed having a child until age 21 or later. (Ibid.) Further, researchers have suggested that preventing teen pregnancy would increase the high school completion rate by 40% for females. School-age fathers, on average, complete one less semester than their peers who delay having a child until age 21 or later – often the difference between completing high school and dropping out. The aftermath of teen pregnancy often includes school dropout, poverty, and ultimately, greater risks of academic failure and engagement in high-risk behavior for the children of these teen parents.

The following table provides data on the rate of births to teen mothers in the Trident Area versus the state as a whole:

| County | White | African-American/Other | Total |
|-----------------------|--------------|------------------------|--------------|
| Berkeley | 11.7% | 15.0% | 12.6% |
| Charleston | 5.7% | 20.9% | 11.7% |
| Dorchester | 9.7% | 15.4% | 11.4% |
| South Carolina | 10.3% | 18.8% | 13.3% |

One of the strongest weapons against teen pregnancy is academic achievement. Research on adolescence shows consistently that students who believe they are academically successful and are engaged in their school communities are less likely to participate in risky sexual behaviors that may lead to pregnancy. Conversely, poor academic performance is a significant risk factor for teen pregnancy. Students who are identified as “low achievers,” who have been retained one or more grades, or who are performing in the lower third of their class may be at risk.

It is important to understand the root causes of these high-risk behaviors. A recent study of over 90,000 school-age adolescents (the Add Health study mandated by the U.S. Congress and implemented by the National Institutes of Health) identified several protective and risk factors that are associated with high-risk behavior. “Independent of race, ethnicity, family structure and poverty status, adolescents who are connected to their parents, to their families, and to their school are healthier than those who are not” (Blum & Rinehart, 1998, p. 2). The protective factors identified in the Add Health study centered around adolescents' sense of connectedness to parents and schools, as well as their own values and beliefs. (Resnick, Bearman, Blum, Bauman, Harris, Jones, et al., 1997) Adolescents were found to be more likely to be involved in multiple risky behaviors when their social context was negative. Elements of a negative social context include a recent history of family suicide attempts/acts, working more than 20 hours per week, and being a victim of abuse or violence, in addition to a lack of connectedness with home and/or school. (Erickson, 1998)

A specific type of prevention program that has been shown to positively influence academic performance is mentoring. Mentoring has been defined as a sustained relationship between a young person and an adult in which the adult provides the young person with support, guidance, and assistance. (Jekielek, Moore, Hair, & Scarupa, 2002) An analysis by Child Trends of ten mentoring programs showed that overall, young people participating in mentoring programs experienced positive academic returns. These returns were most clearly seen in the areas of school attendance, increased likelihood of entering postsecondary education, and improved attitudes toward school. (Jekielek, et al., 2002) The study acknowledged that further evaluation is needed to determine the specific impact mentoring may have on grades.

The positive influence of adult role models in mentoring programs often strengthens protective factors and reduces risk factors in the lives of children, thereby mitigating the potential for these children to engage in high-risk behaviors. One specific mentoring program, Big Brothers/Big Sisters, reported that mentoring service recipients (called “Littles”) who are in mentoring relationships for 12 months or longer felt more confident about doing their schoolwork, skipped fewer school days, had higher grades, and were less likely to start using drugs

or alcohol. With regard to specific high risk behaviors, mentoring programs:

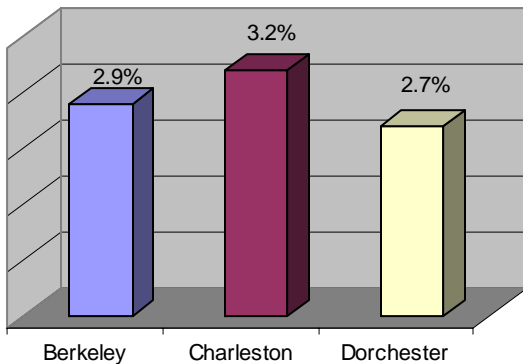
- Show promise in the prevention of substance abuse, most prominently in the lives of minority youth
- Appear to reduce negative behaviors related to delinquency and violence
- Promote positive social attitudes and relationships

Current Status

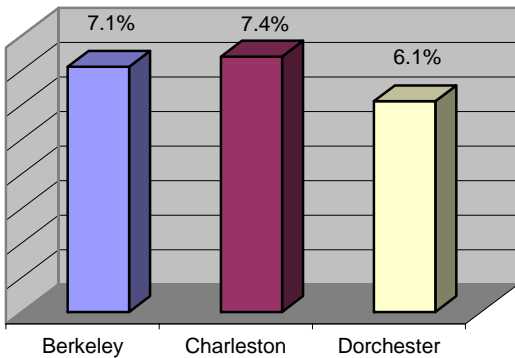
Many youth in the Trident Area are engaging in significantly high-risk behavior, which may have a severe negative effect on both their school enrollment and regular school attendance. Data collected by South Carolina Kids Count show that nearly 40% of both male and female students report being sexually active currently. At the time of the survey, over 47% of male students and 43% of female students reported that they had consumed alcohol within the previous 30-day period. In the same time period, 28.4% of males and 20.8% of females smoked marijuana, while 37.7% of males and 34.2% of females smoked cigarettes.

Other critical behavior indicators, in terms of sexual activity and violence, are reflected in the following graphs. These data are from the 2005 South Carolina Kids Count report.

Teen Pregnancy Rates (state average = 3.1%)



Juvenile Court Referral Rate (state average = 6.0%)



Rationale for Strategic Direction

Strategies developed to help in the prevention of high risk behaviors have typically focused upon creating safe and nurturing places for school-aged youth in the hours between school dismissal and parents' returning home from work (i.e., 3:00 pm – 6:00 pm). This focus has led to the development of a wide array of programs generally referred to as “after-school programs.”

After-school programs vary greatly in terms of their structured activities, identified intervention/prevention services, and ability to measure success using standardized performance measures. These issues have led to multiple problems for after-school programs under TUV’s outcomes-driven funding model.

Consequently, as we began to develop our strategic initiatives, we decided to develop a model of service delivery that would help community-based after-school programs create the program structure to be successful. This model will include minimum standards (see appendix C) and examples of assessment measures shown to be effective measures of performance.

We also decided to focus upon a core component of all programs that are successful in decreasing risky behaviors – the presence of a caring adult mentor. Most of the programs in the community that provide services to children and youth incorporate some aspect of mentoring services into their programs. Again, the standards around screening, matching, and monitoring mentoring relationships vary greatly from program to program.

Because mentoring services hold significant promise for helping youth prevent high-risk behaviors, as well as the greatest risk for increasing trauma in children, we have adapted standards (see appendix C) for the use of mentors in youth-serving organizations. Our strategic initiative will also focus upon a community-wide campaign to enhance the safe use of volunteer mentors, as well as strategies for “building” adequate supplies of volunteers willing to be mentors to the children and youth who need them most.

Multi-Dimensional Strategies

Systemic Change

Stakeholders and community partners are engaged in a **collaborative and coordinated effort to significantly decrease the incidence of high-risk behaviors**. These stakeholders and community partners will ensure that children are in nurturing and safe environments, perform to their highest academic potential, participate in cultural and other extracurricular activities, and have at least one caring adult as an integral part of their lives.

Community

Systemic change opportunities in the broader community include:

- Creating community demand (engagement at a level beyond support, acceptance, or tolerance) for the safety of children and youth
- Increasing the number of adults willing to provide mentoring services to children who need them

Schools and School Systems

Systemic change opportunities in local schools and school systems include:

- Developing formal relationships with community-based providers to offer prevention and other school programs within the schools

Programs

Systemic change opportunities for programs include:

- Increasing efforts aimed at prevention of risky behaviors, increasing protective factors, and decreasing risk factors
- Improving program design using best practices and effective measurement tools

Trident United Way

Systemic change opportunities for Trident United Way include:

- Creating clear performance standards for after-school and mentoring programs (see appendix C)
- Identifying and requiring the use of effective assessment tools to gather data on program participants

Public Policy Advocacy

- Support additional state funding and other resources aimed at increasing prevention efforts in addition to ongoing intervention efforts
- Advocate for increased public funding for after-school and extended day learning opportunities for middle and high school students

Strategic Initiatives

- Develop a model of service delivery for community-based after-school programs, including program standards (see appendix C) and assessment measures to evaluate program effectiveness
- Develop operational parameters for mentoring services, including:
 - What constitutes mentoring

- Standards for mentoring programs (see appendix C)
- Training in case management and monitoring
- Assessment of program success by all stakeholders
- Develop a public awareness campaign around mentoring and the value of caring adults becoming involved in the lives of youth with the goals of increasing
 - the involvement of caring adults in children's lives
 - the prevalence and profile of mentoring relationships and quality programs
 - the presence of positive adult role models in programs that serve youth at risk for engaging in high risk behaviors
 - mentoring capacity across all programs
- Coordinate a "mentoring job fair" at which organizations and prospective mentors can meet
- Engage businesses to develop and implement programs that offer paid time off for employees to serve as mentors or engage in other youth development activities

Program Strategies

- Implement required program standards for after-school and mentoring programs
- Provide educational services and supports geared toward children and youth on the effects of high risk behaviors and strategies for avoiding them
- Develop formal mentoring relationships between secondary and elementary schools that focus on peer mentoring and older youth/younger children mentoring relationships
- Emphasize parental involvement in extended day learning opportunities by building in benefits to parents (e.g., access to computer centers, job skills workshops, etc.)
- Utilize best practices in establishing mentoring and after-school services and measuring program effectiveness

Goal Area: Successful Transition into Adulthood

Supporting Community Outcome: All children and youth in the Trident Area are healthy (i.e., emotionally and physically)

| Key Strategies High Risk Behaviors | Community Indicator: Percent of children and youth in the Trident Area who have engaged in high-risk behaviors | | |
|---|---|---|--|
| <p>Provide educational services and supports geared toward children and youth on the effects of high risk behaviors and strategies for avoiding them</p> <p>Develop formal mentoring relationships between secondary and elementary schools that focus on peer mentoring and older youth/younger children mentoring relationships</p> <p>Emphasize parental involvement in extended day learning opportunities; build in benefits to parents (e.g., access to computer centers, job skills workshops, etc.)</p> <p>Develop operational parameters for mentoring and after-school programs, including prevention strategies, definitions, standards, training in case management/monitoring, and assessment (see appendix C)</p> | <p>Children develop skills in avoiding or ceasing high-risk behaviors</p> | <p>Children have positive relationships with peers, parents, and other adults</p> | <p>Children build strong life skills</p> |
| | <p>Children are able to practice skills and knowledge in real life situations in their community</p> | <p>Children demonstrate the ability to communicate positively with their parents</p> | <p>Children demonstrate planning and decision-making skills</p> |
| | <p>Children resist negative peer pressure and dangerous situations (including the avoidance of bullying, drugs, drinking, smoking, and sexual activity)</p> | <p>Children demonstrate willingness to seek advice and counsel from their parents</p> | <p>Children demonstrate social competencies (including empathy, friendship skills, cultural sensitivity, and nonviolent conflict resolution)</p> |
| | <p>Children demonstrate understanding of the dangers of abusing alcohol and other drugs</p> | <p>Children demonstrate the ability to have positive relationships with peers</p> | <p>Children learn how to manage personal resources (e.g., time, money)</p> |
| | <p>Children demonstrate understanding of the benefits of delaying sexual activity</p> | <p>Children have positive relationships with one or more caring, non-parent adults</p> | <p>Children demonstrate a sense of caring and respect for others and their community</p> |
| | <p>Children demonstrate understanding of appropriate alternatives to violence toward self or others</p> | <p>Children express and articulate feelings in appropriate ways and empathize with others</p> | <p>Parents ensure that their children are in safe and supportive environments during high-risk times (3-6 p.m.)</p> |

Foundation Outcomes

In creating the impact agenda, TUW has identified certain outcomes that are seen as critical to the achievement of identified priority and supporting outcomes across the life span. These are referred to as **foundation outcomes**. As with both priority and supporting community outcomes, the approach to achieving these foundation outcomes will utilize multi-dimensional strategies that may vary with the age group being addressed.

Foundation outcomes that support the impact agenda are focused on health and wellness issues. This relationship is depicted graphically in the schematic on page 4. The multi-dimensional strategies to be utilized relative to these foundation outcomes will be detailed in a separate section of the agenda.

Foundation Outcomes—Children & Youth Services

- All residents in the Trident Area will make healthy lifestyle choices that reduce their risk for chronic disease.
- All residents in the Trident Area will have a medical home and access to at least the minimum level of health information, medical, and preventive care necessary to maintain reasonably good health.

**Appendix A: Kindergarten Assessment of Readiness for First Grade by County, Trident Area
Percent of Students Assessed Less than “Consistently Demonstrates” on the South Carolina Readiness Assessment**

| Readiness Assessment Skill Area | Berkeley County | | | | | Charleston County | | | | | Dorchester County | | | | |
|--|-----------------|------|------|------|-------|-------------------|------|------|------|-------|-------------------|------|------|------|-------|
| | WF | WM | AAOF | AAOM | Total | WF | WM | AAOF | AAOM | Total | WF | WM | AAOF | AAOM | Total |
| English/Language Arts | | | | | | | | | | | | | | | |
| Communication | 22.7 | 35.9 | 33.3 | 48.2 | 34.4 | 15.2 | 25.1 | 31.5 | 45.5 | 30.3 | 22.9 | 33.7 | 31.3 | 54.2 | 34.1 |
| Reading | 22.5 | 32.5 | 29.8 | 40.7 | 30.9 | 11.1 | 20.2 | 24.3 | 34.4 | 23.2 | 14.9 | 23.7 | 25.7 | 39.1 | 24.5 |
| Writing | 12.9 | 23.2 | 19.6 | 33.2 | 21.8 | 9.0 | 17.7 | 20.0 | 31.1 | 20.1 | 12.0 | 21.8 | 20.9 | 36.4 | 21.6 |
| Mathematics | | | | | | | | | | | | | | | |
| Mathematical Processes | 37.8 | 39.9 | 51.5 | 55.5 | 44.8 | 21.3 | 23.3 | 38.0 | 45.8 | 33.2 | 33.2 | 33.2 | 43.0 | 51.0 | 38.5 |
| Numbers and Operations | 20.4 | 26.1 | 31.2 | 35.8 | 27.5 | 11.7 | 18.4 | 23.4 | 32.3 | 22.2 | 19.1 | 21.3 | 27.0 | 36.0 | 24.6 |
| Patterns, Relationships, and Functions | 15.1 | 20.9 | 24.1 | 31.3 | 22.1 | 9.3 | 14.8 | 18.1 | 24.7 | 17.3 | 14.6 | 20.1 | 20.5 | 29.6 | 20.5 |
| Geometry and Spatial Relations | 20.9 | 27.7 | 31.0 | 39.6 | 28.9 | 9.7 | 14.7 | 22.6 | 32.8 | 20.8 | 19.7 | 24.0 | 27.4 | 36.0 | 25.7 |
| Measurement | 28.8 | 30.4 | 35.7 | 44.5 | 33.9 | 12.1 | 19.8 | 27.3 | 36.3 | 24.8 | 24.7 | 24.5 | 27.8 | 39.1 | 28.1 |
| Data Collection and Probability | 31.9 | 37.6 | 37.2 | 47.2 | 38.0 | 14.2 | 21.3 | 27.5 | 36.5 | 25.7 | 25.8 | 28.8 | 30.0 | 36.0 | 29.6 |
| Personal and Social Development | | | | | | | | | | | | | | | |
| Self Concept | 30.9 | 42.2 | 29.8 | 45.6 | 37.4 | 22.7 | 35.7 | 32.0 | 46.1 | 34.7 | 34.8 | 47.2 | 38.7 | 58.1 | 44.2 |
| Self Control | 12.1 | 26.2 | 17.0 | 33.7 | 22.1 | 7.2 | 23.8 | 18.0 | 35.4 | 21.8 | 14.4 | 30.3 | 19.1 | 45.5 | 26.6 |
| Approaches to Learning | 22.5 | 32.6 | 27.1 | 42.0 | 30.7 | 14.9 | 27.6 | 28.5 | 43.1 | 29.4 | 23.9 | 37.0 | 30.4 | 54.5 | 35.5 |
| Interaction with Others | 12.3 | 22.0 | 17.6 | 32.1 | 20.6 | 9.7 | 20.5 | 20.3 | 28.3 | 20.2 | 17.6 | 24.2 | 18.3 | 36.8 | 23.7 |
| Social Problem Solving | 14.7 | 30.5 | 28.9 | 40.2 | 27.9 | 10.6 | 22.6 | 22.6 | 36.2 | 23.7 | 18.9 | 27.1 | 21.7 | 42.3 | 26.7 |

Key: WF = White Female; WM = White Male; AAOF = African American and Other Female; AAOM = African American and Other Male

Source: South Carolina Kids Count

Appendix B: *The Lowcountry Reads* Continuum

A Continuum of Early Literacy and Parent/Caregiver Support Services to Ensure 

| | Prenatal/Birth | Infants | Toddlers | Preschool Literacy | Kindergarten Prep | All Ages |
|-------------------------|--|--|--|---|---|---|
| Service | <p>Born to Read Program</p> <p>Distribution of early literacy and child development materials to new parents in health care settings</p> <ul style="list-style-type: none"> ○ <i>Born to Read</i> Kits/Books ○ Videos to play in waiting areas & parents' rooms ○ <i>Born Learning</i> printed materials & key rings ○ Help magnets | <p>Reach Out and Read at MUSC Children's Care</p> <ul style="list-style-type: none"> ○ Doctors talk to parents about reading; give books during well baby visits ○ Create reading/education corners in waiting areas ○ Coordinate volunteers to read to children/help parents ○ Offer parent education literacy classes on-site ○ Make referrals to other community based services | <p>Parents Play</p> <ul style="list-style-type: none"> ○ Teach positive parenting techniques ○ Teach interactive literacy skills ○ Provide parent support & opportunities to learn from other parents | <p>Community-wide Raising A Reader Program</p> <ul style="list-style-type: none"> ○ Create lending library system in individual classrooms ○ Allow children to take books home ○ Train parents how to read to their children ○ Train teachers how to incorporate early literacy activities into classroom ○ Promote use of public libraries | <p>Community-wide Countdown to Kindergarten Program</p> <ul style="list-style-type: none"> ○ Create parent education materials related to school entry ○ Create activities at community events to help with transition to school and how to use play to teach children ○ Recruit businesses to participate in "Kindergarten Days" during summer months ○ Launch book club for all 4 yr. olds in tri-county area ○ Provide intensive summer instruction to at-risk children ○ Organize reading opportunities for children | <p>Media sponsored parent education</p> <ul style="list-style-type: none"> ○ Business sponsored TV ads providing parenting tips ○ Cable television show called "Success by 6" ○ Public television special interest programs ○ Special newspaper articles |
| Target | <p>Clients of:</p> <ul style="list-style-type: none"> ○ Public Health Clinics ○ MUSC Children's Care ○ MUSC OB Clinic ○ MUSC Children's Hospital | <p>Clients of MUSC Children's Care in North Charleston & Moncks Corner</p> | <p>Parents of all backgrounds across tri-county area</p> <ul style="list-style-type: none"> ○ Services offered in community based organizations such as churches, schools, community centers, libraries | <p>Children attending:</p> <ul style="list-style-type: none"> ○ Child care centers ○ Child development and 4K classrooms in public schools | <p>All children in tri-county area entering kindergarten</p> | <p>All parents in TV viewing/newspaper distribution area</p> |
| Partners | <p>Lead: Charleston County Public Library / Friends of the Library</p> <p>Collaborating:</p> <ul style="list-style-type: none"> ○ DHEC WIC Program ○ MUSC Children's Care ○ MUSC OB Clinic ○ MUSC Children's Hospital ○ Volunteer organizations | <p>LEAD: MUSC Children's Care</p> <p>Collaborating:</p> <ul style="list-style-type: none"> ○ Exchange Club Center ○ Community parent education/literacy organizations ○ Volunteer organizations | <p>Community Partners:</p> <ul style="list-style-type: none"> ○ Faith-based organizations ○ Tri-county libraries ○ Parks & Recreation Departments ○ Children's Museum ○ Non-profit organizations ○ Schools | <p>Lead: Child Care Resource & Referral of the Lowcountry</p> <p>Collaborating:</p> <ul style="list-style-type: none"> ○ Child care centers ○ Area School Districts ○ Area First Steps programs | <p>Lead: TUV Success by 6</p> <p>Collaborating:</p> <ul style="list-style-type: none"> ○ Municipal Offices of Cultural Affairs ○ Mayor's Office for Children, Youth and Families ○ Parks & Recreation Departments ○ Berkeley, Charleston, & Dorchester County School Districts ○ Berkeley, Charleston & Dorchester County First Steps ○ Children's Museum ○ Faith-based organizations ○ Child care providers ○ Volunteer organizations | <p>Lead: TUV Success by 6</p> <p>Collaborating:</p> <ul style="list-style-type: none"> ○ Charleston viewing area commercial television stations ○ Charleston viewing area cable television stations ○ SC Educational TV ○ Tri-county newspapers |
| Donor Opportunities | <ul style="list-style-type: none"> ○ Purchase "Born to Read" materials, books, magnets & videos ○ Sponsor printing of <i>Born Learning</i> materials and key rings | <ul style="list-style-type: none"> ○ Purchase books, education materials, videos, furniture for waiting areas ○ Sponsor printing of curriculum materials and class workbooks ○ Sponsor cost of food and childcare for classes | <ul style="list-style-type: none"> ○ Sponsor printing of curriculum materials; purchase workbooks ○ Sponsor cost of food and childcare for classes ○ Purchase books & materials for children | <ul style="list-style-type: none"> ○ Purchase of books & materials for one or more classrooms ○ Sponsor the purchase of replacement materials | <ul style="list-style-type: none"> ○ Sponsor the purchase of backpacks, books, tee-shirts, printed materials and materials for community events ○ Host a community event ○ Participate in "Kindergarten Days" offering school & reading materials at local businesses | <ul style="list-style-type: none"> ○ Sponsor paid ads providing parenting tips on commercial TV ○ Sponsor the creation of special interest programs ○ Sponsor filming of video segments for all productions |
| Volunteer Opportunities | <ul style="list-style-type: none"> ○ Assemble "Born to Read" kits ○ Pick-up and distribution of materials to all locations ○ Meet with new parents in health care settings to discuss the importance of reading and healthy child development | <ul style="list-style-type: none"> ○ Help design reading and education corners in waiting areas ○ Read to children; help parents in waiting areas ○ Train parents to read to their children ○ Facilitate parent education classes ○ Provide childcare during classes | <ul style="list-style-type: none"> ○ Facilitate parent education classes ○ Train parents to read to their children ○ Offer childcare to siblings during classes | <ul style="list-style-type: none"> ○ Read to children in child care centers ○ Train parents to read to their children | <ul style="list-style-type: none"> ○ Provide activities for parents & children at community events ○ Help create printed & instructional materials ○ Help recruit businesses to participate in "Kindergarten Days" ○ Assemble & distribute backpacks ○ Organize book club ○ Teach parents/caregivers the basics of reading to children ○ Organize reading opportunities for children | <ul style="list-style-type: none"> ○ Create special interest programs ○ Videotape segments for productions ○ Create & develop branding package for <i>The Lowcountry Reads</i> |

Appendix C: After-School and Mentoring Programs Standards

After School Program Standards

Organizational Standards

1. The Program Provides an Orderly, Safe, and Healthy Environment

Required

- Program environment is free of safety hazards, accessible, and clean
- Written and approved safety policies are shared with staff, parents, and participants
- Fire drills and safety drills are conducted
- Safe transportation is provided to and from the program and program-sponsored field trips
- Program collects accurate registration information for all participants
- Emergency information is accurate and readily available
- Program schedule has been clearly communicated to staff, parents, and participants
- Clear procedures are in place for arrival, dismissal, and transportation
- Mechanism exists to capture participants' arrival, departure, and on-site location
- Program provides one nutritious snack and/or meal per day
- Mechanism exists to record and inform staff regarding special physical and mental health needs of participants
- Behavior system guides participant behavior and offers consistent rewards and consequences for behavior
- Program utilizes appropriate staff/participant ratio
- Participants and staff are made aware of expectations for program behavior and behavior is monitored
- Mechanism exists to guide positive interactions among participants

Recommended

- Indoor space meets the needs of participants
- Outdoor play area meets the needs of participants, and equipment allows them to be independent and creative

2. The Program Utilizes Qualified and Diverse Staff and Volunteers

Required

- All staff and volunteers are subject to appropriate background checks and educational qualifications verification
- Staff and volunteers are oriented to their jobs before working with participants
- Staff and volunteer training needs are assessed and relevant trainings are offered
- Staff members
 - relate to participants, their families, and other staff members in positive ways
 - respond appropriately to the individual needs of participants
 - encourage participants to make choices and develop personal responsibility

Recommended

- Staff and volunteers are representative of the diversity of the community being served
- Employee handbook describes program policies and procedures
- Program holds regular staff meetings
- Appropriate salary structure is in place
- Opportunities exist for staff to engage in career planning and advancement
- Staff engage in team-building exercises to foster mutual respect and positive relationships
- Community members, including former participants, are invited to serve as volunteers or staff

3. The Program Ensures Consistent Participant Attendance

Required

- Mechanism exists to record and monitor attendance
- Attendance policy and goals have been clearly communicated to staff, parents, and participants

4. The Program Engages in Effective Program Administration

Required

- Program has policies that protect and enhance the health and safety of all participants
- Program administration provides sound management of the program

- Mechanism exists to provide sound financial management of the program

Recommended

- Program builds links to the community
- Program offers suitable activities that are consistent with the program's philosophy
- All staff are professionally qualified to work with children and youth
- Program policies and procedures are responsive to the needs of participants, families, and the community

Programmatic Standards

1. The Program Builds Active Family and Community Partnerships

Required

- Program has a working system for regular communication with families
- Program climate is comfortable and inviting to parents
- Program has a plan for parent involvement

Recommended

- Parent/community advisory committee exists and meets regularly
- Program has a working system for regular communication with schools, businesses, and community-based programs
- Informal and formal feedback are collected from all stakeholders
- Community collaborations enhance program activities and sustainability
- Program offers educational experiences for families
- Staff are provided sensitivity training as needed to enhance positive relationships with parents and the community

2. The Program Encourages Greater Personal Responsibility in Participants

Required

- Participants generally interact with one another in positive ways

Recommended

- Participants have opportunities to
 - make choices among many activities
 - take part in program development activities
 - showcase their work

3. The Program Supports Improved Academic Achievement

Required

- Time is allotted for homework assistance to support school-day activities
- Program creates and measures outcomes as required by Trident United Way

Recommended

- Program provides tutoring services
- Program staff collaborate with school-day personnel
- Materials and resources include academically-related books, computer hardware and software, and intellectually stimulating activities (e.g., board games, puzzles)

4. The Program Offers Diverse Opportunities for Learning and Development

Required

- Program specifically addresses one or more areas of high-risk behavior
- Participants have opportunities to develop confidence in their abilities, essential life skills, and a sense of belonging with peers
- Program creates and measures outcomes as required by Trident United Way

Recommended

- Activities are provided to develop participant skills in the arts, technology, and health and safety
- Participants have opportunities to engage in activities that allow them to demonstrate creativity and self-expression (e.g., fine arts, performing arts, creative writing)

- Books, materials, and other resources teach and stimulate interest in the arts, personal health, and safety
- Participants have opportunities to engage in
 - independent learning
 - interactive, group-based activities
 - learning activities off the program site
 - peer mentoring, service learning, community-based projects, and (as appropriate) internships

Mentoring Program Standards

Recruitment

Required

- Written policies regarding eligibility to participate as a mentor or a mentee
- Written position descriptions for each role

Recommended

- Appropriate diversity among all participants
- Written recruitment plan

Screening and Assessment

Required

- Uses a written application for all participants
- Conducts appropriate criminal background, sex offender, and child abuse registry checks
- Personally interviews mentor candidates and checks references
- Uses system for acceptance/rejection of potential mentors
- Conducts parent interviews for potential mentees in one-on-one mentoring relationships
- Re-screens volunteers on a regular basis regarding criminal background, sex offender status, etc.
- Requires potential mentors to agree to complete training/orientation and meet all identified program expectations

Orientation and Training

Required

- Written program orientation
- Skilled staff to provide orientation
- Written procedures for reporting abuse, neglect, and/or emergency situations
- Information on accountability and liability issues for staff and volunteers
- Expectations of time and energy commitment
- Ongoing training and interaction with program staff as needed, including at a minimum:
 - Relationship management, crisis management, and problem-solving skills
 - Do's and don'ts of the mentoring relationship
 - Cultural sensitivity and diversity
 - Suggested lists of mentoring activities
 - Communicating with mentees and families

Matching Strategy

Required

- Utilizes documented criteria for each match
- Requires that mentors and mentees/families sign off on the match and agree to all conditions

Monitoring Process

Required

- Consistent communication between agency/program staff and mentors, mentees
- Maintenance of appropriate documentation for each match, including applications, screenings, staff notes, and mentor/mentee feedback
- Protocols for addressing grievances/complaints
- Process for determining continued participation of all parties

Recommended

- Oversight of the match by agency/program staff, with appropriate provision for written records

Support and Recognition

Recommended

- Recognition of mentor efforts
- Ongoing support from peers and staff
- Networking opportunities for all participants

Match Closure

Required

- Exit interviews with mentor and mentee, if possible
- Clearly stated protocols regarding future contact and re-matching of each party
- Official notification to all parties involved in the match

Evaluation

Required

- Creates and measures outcomes as required by Trident United Way

Recommended

- Refines the program as necessary based on the evaluation results
- Communicates the evaluation results to the community and all stakeholder groups

Appendix D: Membership Rosters

Integrated Success By 6 / Nurturing Youth Vision Council

Lynne Barber
Dr. Virginia “Jinny” Bartel
Barbara Brown
James Ella Collins
Dr. Charles Darby
Julia-Ellen Davis
Dr. Virginia DeRoma
Barbara Kelley Duncan
Dr. Paula Egelson
Jane Farrell
Carol Fishman
Susan Gaston
Dr. Maria Goodloe-Johnson
Vanessa Goodwin
Thomas Hood
Bob Howard
Dr. Candace Jaruszewicz
Jacquie Kennedy
Amanda Lawrence
Jane Lurie
Robert Lurie
Elsa McDowell
Bill Moody
Debbie Mullins
Georgina Ngozi
Nancy Osborne
Sherry Osborne
D. Ashley Pennington
Jane Riley
Ethel Rutledge
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Charles Stinson
Catherine Threadgill
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