

A Proclamation for Transforming the Lives of Children



ALLIANCE FOR TRANSFORMING THE LIVES OF CHILDREN

Envision a world where:

- every child is wanted, welcomed, loved, and valued;
- every family is prepared for and supported in practicing the art and science of nurturing children;
- adults respect children and honor childhood;
- children joyfully participate in the vital life of family and community; and
- dynamic, resilient life-honoring cultures flourish.

We will create this world by:

- recognizing that in nature's design there are *biological imperatives** that must be fulfilled to support optimal human development;
- identifying the evidence-linked principles that arise from these imperatives; and
- acting on these principles that are essential for transforming the lives of children.

Families today face unprecedented challenges— isolation, loss of the extended family, conflicting advice about how to parent, and the stress of modern-day life. Even with these challenges, some children are thriving due to the love and commitment of their families and communities. What can we learn from them?

It is the birthright of every human being to be conceived, carried, birthed, and nurtured in the best possible way. By recognizing and responding to these biological imperatives,* individually and collectively, we foster optimal human development and a

brighter future for our world.

A growing body of evidence now documents that the quality of a person's earliest experiences has a major impact on that person's entire life. It is therefore essential that we, as a society, give high priority to fully nurturing our children.

Children Are in Crisis

•
Solutions Abound

•
Education Is Key

•
Action Is Essential

The Alliance for Transforming the Lives of Chil-

dren is dedicated to ensuring that parents are supported in practicing the art and science of nurturing children and experiencing the joy of being parents.

Each of us is parent to every child.

How we treat the child, the child will treat the world

Our children are the future of our world.

* Biological imperatives range from those conditions required for mere physical survival (food, water, air, and shelter) to those that foster optimal human development. This document focuses on what children, thus our species, need to thrive rather than simply survive.

Children Are in Crisis

Pregnant women subjected to physical
or emotional violence

28%

DEPARTMENT OF WOMEN'S HEALTH, WORLD HEALTH ORGANIZATION

Infant circumcisions that are medically indicated or beneficial

0%

AMERICAN MEDICAL ASSOCIATION, COUNCIL ON SCIENTIFIC AFFAIRS

US Infants denied the benefits of breastfeeding for the one-year
minimum recommended by the American Academy of Pediatrics

86%

MOTHERS' SURVEY, ABBOT LABORATORIES, 2002

Children documented to have been physically struck
by age six months

25%

BEARING WITNESS: VIOLENCE AND COLLECTIVE RESPONSIBILITY, SL BLOOM AND M RICHERT

Number of infant and toddler facilities that fail to
meet minimum standards

92%

U. OF COLORADO, DENVER, ECONOMICS DEPARTMENT:
COST, QUALITY, AND CHILD OUTCOMES STUDY TEAM

Children living apart from biological father

40%

US BUREAU OF THE CENSUS, CURRENT POPULATION REPORTS, 1998

Children ages 6-12 who have not had a 10-minute conversation
with a parent in a month

20%

CHILDREN'S DEFENSE FUND

Number of murders witnessed on TV and computer games by
the average child before reaching school age

16,000

AMERICAN MEDICAL ASSOCIATION, PHYSICIAN GUIDE TO MEDIA VIOLENCE, 1996

Increase in suicide, ages 5-14 (5th leading cause of death) since 1979

200%

US NATIONAL CENTER FOR HEALTH STATISTICS, CDC, JULY 2000

US children under 18 estimated suffering from a psychiatric
disorder that compromises their ability to function

9 million

NATIONAL INSTITUTE OF MENTAL HEALTH

Number of children under 18 arrested in US per year

1.6 million

US DEPARTMENT OF JUSTICE

US pre-schoolers living below the poverty line

5 million

US BUREAU OF THE CENSUS, CURRENT POPULATION REPORTS, 1997

Never before has one generation of American children been
less healthy, less cared for, or less prepared for life than
their parents were at the same age.

—National Association of State Boards of Education

Never before has there been such a wealth of
information on keeping children healthy, caring for
them, and preparing them for life.

—Alliance for Transforming the Lives of Children

Solutions Abound • Education Is Key • Action Is Essential

aTLC is committed to:

- identifying the biological imperatives for optimal human development;
- defining the principles and specific actions that arise from these biological imperatives;
- making this information readily accessible and understandable to all parents and caregivers;
- supporting families in implementing the actions essential for transforming the lives of children and adults; and
- fostering dynamic, resilient, and life-honoring cultures.

aTLC invites you to join the Alliance by:

- becoming familiar with the Proclamation and Blueprint for Transforming the Lives of Children;
- implementing in your daily life many of the Actions such as those described in the aTLC Blueprint;
- sharing the vision of the Alliance with your family, friends, and colleagues;
- endorsing this Proclamation (see form below or website); and
- making tax-deductible contributions to support the work of aTLC.

Principles for Transforming the Lives of Children (abridged, see Blueprint* for full version)

aTLC's Philosophy: Children are innately good, cooperative, and whole in spirit. Parents do the best they can at any given moment, within their present situation and life circumstances. Agreement on a set of guiding principles by all family members promotes enjoyable, confident parenting and provides children with a consistent, supportive environment.

aTLC offers the following evidence-linked Principles for promoting optimal human development in postmodern cultures that have forsaken the support and wisdom of the extended family and village, instituted medicalized child-birth, and accepted as normal the isolation and sensory deprivation of infants. Our intent is to help you co-create with children a life that is practical, harmonious, and joyful.

- All children are born with inherent physical, emotional, intellectual, and spiritual needs that, when met, foster optimal human development.
- Recognize that a newborn is fully conscious, exquisitely sensitive, and needs to be securely bonded with at least one other person—optimally mother.
- The newborn is fully conscious, exquisitely sensitive, and requires a secure bond with at least one other person—optimally the mother.
- All children are by nature social beings, born with the drive to play, learn, cooperate with others, and contribute to their world.
- Each child carries within a unique a pattern of development designed to unfold in accordance with the child's own rhythm and pace.
- Young children communicate their needs through behavior that is strongly influenced by innate temperament, early experiences, the behavior modeled by others, and current circumstances.
- Parents' and caregivers' ability to nurture children is strongly influenced by their own conception, birth, childhood, and life experiences.
- Dysfunctional patterns—whether neglectful, abusive, or shaming—are passed from one generation to the next, until a member of the family is able to break the cycle.
- Children depend upon their parents and caregivers to keep them safe and to protect them from emotional and physical neglect, violence, sexual abuse, and other toxic conditions.
- A child who is nurtured in the womb of a healthy, loving, and tranquil mother receives the best possible start.
- A natural birth unmedicated birth in a supportive environment carries significant short- and long-term benefits to both mother and baby; therefore, potential benefits and risks of any intervention, especially cesarean section, warrant careful consideration.
- Breastfeeding, continual physical contact, and being carried on the body are necessary for optimal brain and immune system development, and promote the long-term health of the baby and mother.
- A father's consistent, meaningful, and loving presence in a child's life is significant to the child, father, mother, and the wellbeing of the family.
- Parents create a strong foundation for family life when they consciously conceive, foster, or adopt a child, and are committed to understand and meet the child's needs.
- Single parents have a special need for a strong emotional and financial support system to effectively nurture their children.
- Political, economic, and social structures either enhance or diminish parents' opportunities to nurture and sustain a secure bond with their children.
- When children live in socially responsive families and communities, they receive a foundation for becoming socially responsible themselves.
- Effective parenting is an art that can be learned, and is best facilitated with the support of others.

By implementing these Principles through Actions such as those suggested in the aTLC Blueprint,* societies can transform themselves into dynamic, life-honoring cultures where children are loved, protected, respected, valued, and encouraged to joyfully participate in the vital life of family and community.

* See next page for the abridged Actions. For the *Blueprint*, which contains the full Principles and Actions, see the *Blueprint* document that follows, or the aTLC website.

Actions for Parents, Caregivers and/or Society (abridged, see Blueprint for full version)

- Prospective parents carefully consider both their readiness to bring a child into the world, and their desire to assume the roles and responsibilities of parenting.
- Honor pregnancy as a biological process, not a medical condition, and recognize the importance of: the mother's emotional, mental, and physical wellbeing; the father as an active partner throughout the pregnancy; a safe and nurturing environment; and a strong support system.
- Consider all options—home, birth center, or hospital—recognizing that birth experiences are enhanced in settings that support parents' informed choices for the labor, birthing, and postpartum process.
- Select a birthing environment that clearly supports the infant-parent attachment process.
- Support secure infant-parent bonding through the early days, weeks, and months by respecting attachment-promoting behaviors.
- Assist in building additional support for the single parent.
- Recognize and nurture every child's innate goodness, desire to learn, and unique rhythm of development.
- Meet children's innate needs for parenting constancy, unconditional love, and security.
- Protect children from harmful environments.
- Enhance the ability of parents and caregivers to appropriately and compassionately nurture and connect with children.
- Foster children's sense of belonging to a responsive and responsible community.
- Provide ready access to education and support for parenting.
- Develop family-friendly economic, political, and social structures that clearly support bonding between parent and child during the early years.

aTLC Affiliates (partial listing—see website)

Academy of Certified Birth Educators, Olathe, KS
 American Homeschool Association, Anchorage, AK
 Association for Prenatal & Perinatal Psychology & Health, Forestville, CA
 Attachment Parenting International, Alpharetta, GA
 Birthing the Future, Durango, CO
 Canadian Soc. for Prevention of Cruelty to Children, Midland, ON
 Center for Effective Discipline, Columbus, OH
The Compleat Mother Magazine, Minot, ND
 Connection Parenting, Portland OR
 Doctors Opposing Circumcision, Seattle, WA
 Global Maternal/Child Health Association, Eugene, OR
 Infant-Parent Institute, Champaign, IL
 Midwifery Today Magazine, Eugene, OR
 Mothering Magazine, Santa Fe, NM
 National Association of Childbearing Centers, Perkiomenville, PA
 The Natural Child Project, Bend, OR
 Northwest Attachment Parenting, Seattle, WA
 Nurses for the Rights of the Child, Santa Fe, NM
Pathways to Family Wellness Magazine, Media, PA
 Santa Barbara Graduate Institute, Santa Barbara, CA
 Touch the Future, Ojai, CA
 The World Cafe, Mill Valley, CA
 Waterbirth International, Lighthouse Point, FL
 Wellness Associates, Asheville, NC

aTLC Board of Advisors (partial listing—see website)

Thomas Armstrong, PhD, *Seven Kinds of Smart*
 David Chamberlain, PhD, *The Mind of Your Newborn Baby*
 Larry Dossey, MD, *Healing Beyond the Body*
 Rahima Baldwin Dancy, *You Are Your Child's First Teacher*
 Gay Hendricks, PhD, *Conscious Loving*
 Jean Houston, PhD, *The Possible Human*
 Jean Liedloff, *The Continuum Concept*
 Gabor Maté, MD, *Hold On to Your Kids*
 Michel Odent, MD, *Birth Reborn, The Scientification of Love*
 Joseph Chilton Pearce, *Magical Child and Crack in the Cosmic Egg*
 James W. Prescott, PhD, Former research scientist, NIH
 John Robbins, *Diet for a New America, The Food Revolution*
 Michael and Justine Toms, New Dimensions Radio
 Fred Alan Wolf, PhD, *Taking the Quantum Leap*
 Thomas Verny, MD, *The Secret Life of the Unborn Child*

aTLC Board of Directors

Meryn G. Callander, President
 Kent W. Peterson, MD, FACPM, Treasurer
 Suzanne Arms, Durango, CO, *Immaculate Deception II*
 Pam Leo, Portland, ME, *Connection Parenting*
 Marilyn F. Milos, RN, San Anselmo, CA
 Dee Yoh, Marshall, MO
 John W. Travis, MD, MPH, *Wellness Workbook*

Send to: aTLC, 901 Preston Ave, S400, Charlottesville, VA 22903

Yes! I want to support aTLC

Name _____ I endorse the Proclamation/Blueprint (initials: _____)

Address _____ I will participate on a committee (see website for listings)

_____ My tax-deductible donation is enclosed \$ _____

Phone _____ Email _____ Visa/MC: _____ exp ____/____

Blueprint for Transforming the Lives of Children

Principles and Actions for Creating the Foundations for Optimal Physical, Emotional, Intellectual, Social, and Spiritual Development



A. Consciously Conceiving

Principles

1. Parents create a strong foundation for family life when they consciously conceive, foster, or adopt a child, and are committed to understanding and meeting the child's needs.

- a. Parents welcome children best when they consciously prepare their own bodies, minds, and spirits for pregnancy and birth, and think of conception as a deep commitment between themselves and the baby.
- b. Even when pregnancy is unplanned, parents can create a healthy, nurturing environment for their baby.

Actions

1. Prospective parents carefully consider both their readiness to bring a child into the world, and their desire to assume the roles and responsibilities of parenting.

Prospective parents can assess their physical, mental, and emotional readiness by considering these questions:

- a. Am I aware of the sensitivities and developmental needs of a newborn, baby, and child?
- b. Have I considered the value of having at least one parent serve as my child's primary caregiver through the primal, preverbal years?
- c. How do I feel about having to care for a totally dependent baby who will require many hours of my time, energy, and focused attention both day and night?
- d. In the event that neither of us is able to serve as the primary caregiver, are we able to find a person who can offer the constancy and consistency of care and loving attention necessary to develop a strong and healthy bond with our baby?
- e. Does having and raising a child fit with my temperament and lifestyle? What changes in my lifestyle and priorities am I willing to make in order to fully meet the needs of an infant and child?
- f. Am I able to allow a child to grow and develop as an individual, rather than according to my expectations?
- g. How will I relate to a toddler, and later an adolescent, striving to develop a sense of self separate from me?
- h. What physical and emotional support from family and community can I truly depend on?
- i. What do I need to know about the immediate and long-term risks and implications of any artificial measures (such as fertility drugs, sperm and egg donation, surrogacy, and adoption), if natural conception has not occurred after all available approaches—physical, emotional, intellectual and spiritual—have been explored?

B. Fostering an Optimal Womb Environment

1. A child who is nurtured in the womb of a healthy, loving, and tranquil mother receives the best possible start in life.

- a. The unborn child is a sensitive being who is aware of, and responsive to, the mother's feelings and experiences.
- b. A growing life is strongly influenced by the mother's physical, mental, and emotional wellbeing, as well as the quality of support she receives throughout pregnancy.

1. Honor pregnancy as a biological process, not a medical condition, and recognize the importance of: the mother's emotional, mental, and physical wellbeing; the father as an active partner throughout the pregnancy; a safe and nurturing environment; and a strong support system.

Fundamentals include:

- a. Activities that promote physical, emotional, and mental wellbeing such as walking, prenatal exercising, stretching, yoga, singing, meditation or prayer, and focusing on positive stories about natural, healthy birth.
- b. A lifestyle and environment with minimal stress, and free from toxic substances and conditions such as tobacco (including second-hand smoke), alcohol, over-the-counter medications, prescriptions and other drugs, as well as unsafe levels of air, noise and light pollution, impure drinking water, chemicals in hair and skin products, and chemical cleaning agents..
- c. A nutritionally-balanced diet supplemented with appropriate, carefully-selected prenatal vitamins and minerals.
- d. Active involvement of the father as a vital partner during pregnancy and childbirth preparation.
- e. Preparation for childbirth, breastfeeding, and the postpartum period through accessing the available educational and supportive resources and services.
- f. Education and preparation for meeting the needs of a newborn—both for parents and siblings.
- g. Communication with the unborn child through touch, music, singing, and visualizing a healthy and loving relationship.
- h. Supportive, sincere, and caring partnerships with prenatal care providers, including access to the midwifery model of care and information about potential risks and benefits of medical procedures (e.g., ultrasound, amniocentesis, or extended bedrest).
- i. Access to physical, emotional, and spiritual support from empathetic family, friends and community.
- j. The exploration of parents' individual attitudes and values on parenting and raising children.

Evidence-linked studies for many of these Principles and Actions can be found at our website.

C. Preparing for an Optimal Birth Experience

Principles

1. A natural, unmedicated birth in a supportive environment carries significant short- and long-term benefits to both mother and baby; therefore, potential benefits and risks of any medical intervention, especially cesarean section, warrant careful consideration.
 - a. A natural birth is much more likely to occur in an environment based on the midwifery model of care that: views labor and birth as a normal physiological process; offers individualized education; and fosters physical, psychological, and social wellbeing.
 - b. A birthing woman's state of mind, and her ability to relax and allow her body and her baby to labor, have a pronounced and direct impact on the length, ease, and normalcy of birth.

Actions

1. Consider all options—home, birth center, or hospital—recognizing that birth experiences are enhanced in settings that support parents' informed choices for the labor, birthing, and postpartum process. Birth experiences are enhanced by:
 - a. Childbirth education for the mother and father/partner that empowers both of them to trust in the mother's body's innate ability, wisdom, and instincts, as well as the natural process of giving birth.
 - b. Unrestricted access to the woman's choice of birth companions, including the baby's father or her partner, children, family members, and friends.
 - c. Unrestricted access to the emotional/physical support of a caring, skilled doula or labor-support professional.
 - d. Access to skilled midwifery care throughout the pregnancy and birth (as well as the postpartum period).
 - e. Access to accurate information about different birth approaches—e.g., medical vs. midwifery models of care—and practices and procedures likely offered or required, and the mother's legal right to accept or refuse any treatment.
 - f. Care that is sensitive and responsive to the specific beliefs, values, and customs of the mother's culture, ethnic background, philosophy, and religion.
 - g. Freedom of the birthing mother to be physically active during labor—to walk, move about, and assume the positions of her choice during labor and birth, unless a specific position is required to correct a complication.
 - h. The choice of a birth site (home, birth center, hospital) that follows clearly-defined policies and procedures for:
 1. collaborating and consulting with other maternity services, including communicating with the original caregiver if transfer to another birth site is necessary and the caregiver cannot accompany the woman.
 2. linking mother and baby to community resources and services, including prenatal care, postpartum mother and baby care, breastfeeding support, and caring for baby at home (especially if in intensive-care setting).
 - i. A birth facility that avoids practices and procedures that are not supported by scientific evidence. These include induction of labor, use of drugs to speed up labor, shaving, enemas, IVs, withholding nourishment or water, early rupture of membranes, requiring a laboring woman to be in a bed or on her back during pushing, electronic fetal monitoring, episiotomy, tying or clamping of umbilical cord before pulsations stop, premature removal of the placenta, and a cesarean rate below 10% (15% if a tertiary-care hospital). Interventions are acceptable when specifically required to correct a complication after less invasive methods have not been effective, or in a medical emergency.
 - j. In the event of a cesarean, supporting immediate skin-to-skin contact with either parent and waiting until the cord stops pulsating before clamping.
 - k. Relaxation practices and non-invasive labor aids, such as breathing techniques, warm baths and showers, massage, music, acupuncture, and aromatherapy, used as alternatives to painkillers or anesthetics.
 - l. A birth plan that details the informed choices of parents for their labor, birth, and postpartum experience; caregivers who agree to support the plan; and a contingency plan for parents' or designated support persons' active involvement in the events of unanticipated decisions to use technology, or any other deviation from their birth plan.

D. Protecting the Vulnerable Newborn-Parent Bond

1. The newborn is fully conscious, exquisitely sensitive, and requires a secure bond with at least one other person—optimally the mother.
 - a. The infant-mother bond is primary—the foundation for all future relationships.
 - b. Securing and maintaining a strong bond is essential for unwavering parental devotion/protection.
 - c. The quality and strength of the parental bond is key to a child's optimal health and development.

1. Select a birthing environment that clearly supports the infant-parent attachment process. Caregivers in an environment supporting this process will:
 - a. Facilitate immediate and uninterrupted contact between mother and infant 24 hours per day.
 - b. Understand that babies are always communicating feelings and needs and, when parents listen and respond, babies learn that they are valued and their needs will be met.
 - c. Recognize the significance of the father or partner's role in supporting the mother, and connecting with the baby during the birth and postpartum period.
 - d. Stabilize the heart rate and body temperature of a premature or sick newborn by placing on the mother's body, rather than in an incubator.
 - e. Support mothers in initiating breastfeeding within an hour of birth, and in sustaining lactation, even if separated.
 - f. Encourage mothers to respond to the baby's cues to breastfeed, and offer no artificial formula, teats/pacifiers, water, or liquid other than breastmilk.
 - g. Refer breastfeeding mothers to support groups (such as La Leche League) and a 24-hour breastfeeding hotline.
 - h. Nourish the baby with donor breastmilk, in the rare instance when a mother is unable to breastfeed.
 - i. Respond to the baby's attachment-promoting behaviors, including eyegazing, "body molding," suckling, etc.
 - j. Encourage parents and other adults to speak respectfully to the newborn about what is happening in their environment and tell them about anything that needs to be done to and for them.
 - k. Protect the infant from bright lights, loud noises, separation from mother, or circumcision.

E. Nurturing a Strong Parent-Child Bond

Principles

1. Breastfeeding, continual physical contact, and being carried on the body, are necessary for optimal brain and immune system development and to promote the long-term health of the baby and mother.

- a. Breastfeeding, on cue, for a minimum of two years, supports optimal bonding, immunity, and nutrition.
- b. Carrying infants in-arms or wearing them in slings throughout the day provides the near-constant movement that optimizes brain development as well as the touch, safety, and comfort essential to secure bonding.

2. A father's consistent, meaningful, and loving presence in a child's life is significant to the child, father, mother, and the wellbeing of the family.

- a. The father's role begins with preparation for conception and continues with the physical and emotional protection and support of mother and baby, as well as the development of a strong father-child connection.
- b. In the absence of the biological father, a bonded, ongoing relationship with a loving male caregiver is optimal for every child.

3. Single parents have a special need for a strong emotional and financial support system to effectively nurture their children.

- a. Self-confidence and self-value are enriched when a child's relationship with each parent is respected and supported.
- b. A support system that includes healthy-functioning adults of both genders and multiple generations provides balanced nurturing and role modeling.

Actions

1. Support secure infant-parent bonding through the early days, weeks, and months by respecting attachment-promoting behaviors.

Promoting a secure parent-infant attachment (bonding) includes:

- a. Valuing the father's/partner's role as protector of mother and infant and involving the partner in early bonding and the baby's care.
- b. Breastfeeding exclusively during the first six months by responding to the baby's cues, then providing breastfeeding until the baby is at least two years, as recommended by the World Health Organization.
- c. Weaning gradually, over a several-month period.
- d. Avoiding devices that substitute for human contact—strollers, plastic carriers, swings, cribs, playpens, pacifiers, bottles, dolls and stuffed toys.
- e. Providing abundant skin-to-skin contact, smiling, eye-gazing, hugging, gently stroking, making soothing sounds, singing to, and talking with the baby.
- f. Carrying infants in-arms or wearing them in slings, which provides the physical contact the baby thrives on and the movement essential for vestibular (inner ear) stimulation necessary for full development of the brain and central nervous system.
- g. Providing physical connection through a safe and shared sleeping arrangement (e.g., a family bed or adjacent co-sleeper).
- h. Recognizing babies are social beings who thrive on loving connections. Cries or other attention-seeking behaviors are expressions of valid needs, not attempts to "manipulate." Meeting those needs is not "spoiling" but rather the best way to ensure optimal emotional development.
- i. Arranging support—meals, childcare, housework, etc.—for the postpartum period, so parents can spend time connecting deeply with their newborn.

2. Assist in building additional support for the single parent.

Support includes:

- a. Developing a network of both genders, ideally including the biological extended family, family-of-choice, and parent support groups.
- b. Supporting a parent who cannot be physically present to maintain a consistent, meaningful presence in a child's life (e.g., visits, letters, photos, phone calls).
- c. Ensuring parents receive all their entitled social services and benefits.
- d. Alleviating social isolation through neighborhood and community programs that offer foster aunts, uncles, big sisters and brothers, grandparents, etc.

F. Honoring and Respecting Children's Intrinsic Nature

1. All children are by nature social beings, born with the drive to play, learn, cooperate with others, and contribute to their world.

- a. Children are most able to reach their full potential when treated with respect in a loving environment that meets their emotional and physical needs, and encourages and supports innate curiosity and spontaneous learning.
- b. Flexibility, clear thinking, age-appropriate problem-solving, and intuition are optimized in a child-led learning environment that offers clear, consistent and respectful boundaries along with creative, cooperative activities, interaction with nature, unstructured play, and time to simply be.

2. Each child carries within a unique pattern of development designed to unfold in accordance with the child's own rhythm and pace.

- a. All children deserve trust and respect for their own emerging learning styles and abilities.
- b. The better parents are able to recognize and understand their child's developmental needs, the better they are able to nurture their child.

1. Recognize and nurture every child's innate goodness, desire to learn, and unique rhythm of development.

Adults recognize and nurture a child's intrinsic nature when they:

- a. Accept and value each child's unique pattern of development and nurture the child in harmony with this pattern.
- b. Follow children's interests and abilities, rather than trying to control or direct their playing and learning.
- c. Value and support all styles of learning (e.g., kinesthetic, linguistic, spatial, interpersonal, intrapersonal, musical, and logical-mathematical).
- d. Provide support and ready access to materials for creative expression.
- e. Allow time for unstructured play—alone as well as with parents, caregivers, and other children.
- f. Recognize challenging situations as opportunities for both adults and children to learn to creatively resolve problems together, thereby avoiding the use of bribes, threats, or punishments to get children to do what is wanted of them.
- g. Trust the child's innate desire to learn and to experience harmonious relationships with others, offering choice, encouragement and support, and avoiding the use of rewards to motivate children to learn or to reinforce behaviors.
- h. Validate and acknowledge children through words and actions, and respect the child's communicating "no" or "I'm not ready."
- i. Remain calm, respectful, present, and supportive when children need to release feelings of stress, hurt, and trauma.

G. Identifying and Meeting Children's Innate Needs

Principles

1. All children are born with inherent physical, emotional, intellectual, and spiritual needs that, when met, foster optimal human development.
 - a. Innate needs are best met when at least one parent is present to offer unconditional love and care through the child's primal, preverbal years.
 - b. Emotional needs for unconditional love, touch, attention, and self-expression are as essential as physical needs.
 - c. Responding to crying, rather than leaving children alone to "cry it out," shows them that they are worthy of response and their needs are acknowledged, which deepens their trust, initially in their parents and ultimately in their world.
2. Young children communicate their needs through behavior that is strongly influenced by innate temperament, early experiences, the behavior modeled by others, and current circumstances.
 - a. Children naturally imitate those around them.
 - b. When adults discover what a child's behavior is actually communicating, they are better able to respond to the need rather than react to the behavior.
 - c. Babies and children who have experienced shock, trauma, or shame may be especially challenging to nurture because of the fear, anger, depression, or hopelessness they may express. Parents may need support in meeting their young ones' special needs.
3. Children depend upon their parents and caregivers to keep them safe and to protect them from emotional and physical neglect, violence, sexual abuse, and other toxic conditions.
 - a. Violence, such as spanking, shaming, emotional abuse, and circumcision, weakens or impairs children's sense of wholeness, trust, and security.
 - b. Toxic influences that can damage children's brains and nervous systems include over-stimulation from video games, computers, and television, as well as highly processed foods, environmental contaminants, and behavior-modifying drugs.

Actions

1. Meet children's innate needs for parenting constancy, unconditional love, and security.

Innate needs are met by:

 - a. Caregiving constancy (i.e., one or two principal caregivers, ideally the parents) through the preverbal years—or for an absolute minimum of six months—avoiding frequent or prolonged separation.
 - b. When care by parents is not possible, alternative care can be provided by (in decreasing order of preference):
 1. A warm, intelligent, and experienced person caring for the child in the child's home;
 2. The same quality of person caring for the child in that person's home;
 3. The same quality of person caring for no more than two children under 18 months or no more than three from 18–36 months in her own home;
 4. Non-profit center-based care with the same carer/child ratios as above, and the total number of children fewer than 10;
 5. Profit-oriented center-based care, carefully selected to match the above.
 - c. Unconditional love, i.e., love and acceptance that is not dependent on the child's behavior.
 - d. Support for every child to heal birth-related trauma through breastfeeding, holding, rocking, soothing, carrying, massaging, and loving, playful interaction.
 - e. Consistent and reasonable limits, communicated positively and respectfully, without punishments and threats ("You may do this," rather than "Don't you dare do that.>").
 - f. Parenting that creatively and compassionately responds to behaviors caused by unmet needs, e.g., sincere listening, defusing the situation with play or humor ("let's pretend"), offering choices, or replaying ("let's start over").
 - g. A healthy, nutritious diet of whole foods, avoiding refined sugars, processed foods, additives, colorings, and pesticides.
 - h. Abundant opportunities for spontaneous movement and exercise, along with access to safe outdoor play and direct experience with the natural world.
 - i. The communication of healthy, responsible values about the body and sexuality, including respect for the right of infants and children to explore their own bodies in healthy ways.
 - j. Honoring and respecting of every child's right to bodily integrity (i.e., intact genitalia).
 - k. Parenting that recognizes uncooperative behavior as an expression of unmet needs, temperament (e.g., highly sensitive or introverted), or unrealistic expectations of the child's current stage of development.
 1. Non-authoritarian, non-coercive learning environments that support the child's natural curiosity and desire to learn.
2. Protect children from harmful environments.

Protecting young children includes:

 - a. Protection, as much as possible, from exposure to loud noises, bright lights, too much direct sunlight, and toxic substances, including passive smoke and household chemicals.
 - b. No television, video games, computer programs, or other electronic media for children under two. For older children, no more than one to two hours each day of educational nonviolent, nonracist, nonsexist programs.
 - c. The right to quiet time for introspection and permission to refuse touch—including hugs and kisses—even from relatives.
 - d. Protection from physical or emotional violence (e.g., spanking, caregiver anxiety/conflict, or verbal abuse such as threatening or shaming, "timeout," or any other form of isolation).
 - e. Recognition of the need for the child's immune system to mature when considering the benefits and short- and long-term risks of vaccinations, especially live vaccines and those given at birth or before the baby is two years old.

aTLC invites you to join the Alliance by:

- sharing the vision of the Alliance with your family, friends, and colleagues;
- endorsing the Proclamation and Blueprint (see form with Proclamation or visit our website).

H. Healing the Trauma and Dysfunctional Patterns of Caregivers

Principles

1. Parents' and caregivers' ability to nurture children is strongly influenced by their own conception, birth, childhood, and life experiences.

- a. Adults who are not aware of unmet needs from their own childhood can easily hurt children in their care, often without realizing it.
- b. When adults understand and address the unmet emotional and physical needs of their own early years, they are better able to meet the needs of children, even when the child's behavior is challenging or provoking.

2. Dysfunctional patterns—whether neglectful, abusive, or shaming—are passed from one generation to the next, until a member of the family is able to break the cycle.

- a. Adults who experienced shock, trauma, or shame from conception through their early years can benefit from counseling or other supportive and therapeutic work, as well as nonjudgmental support from peers.
- b. Counseling and support can greatly enhance the ability of parents and caregivers to nurture and connect with children.

Actions

1. Enhance the ability of parents and caregivers to appropriately and compassionately nurture and connect with children.

Abilities to nurture and connect with children are enhanced when adults:

- a. Recognize that conception, prenatal, birth, and early childhood experiences, as well as family patterns of caregivers, directly impact the way they welcome, nurture and care for children.
- b. Understand that challenging moments in parenting arise when a child stimulates or “triggers” a caregiver's own unmet childhood needs.
- c. Seek positive role models as well as community care and support for healthy parenting.
- d. Observe their own behaviors without blame, shame, or attempting to punish themselves for what they don't understand or like in themselves.
- e. Recognize and address any repetitive, hurtful situations that negatively impact the child or caregiver by seeking counseling or therapy as necessary.
- f. Be willing to begin afresh every day, without blame, self-blame or shame, to understand the physical and emotional needs of babies and children.
- g. Trust that both child and caregiver can change learned patterns of behavior from negative to positive responses.

I. Cultivating Attitudes and Behaviors that Promote Children Contributing to Society

1. When children live in socially-responsive families and communities, they receive a foundation for becoming socially responsible themselves.

- a. Children learn to respect and respond to the needs of others when they are seen and heard, and their opinions and needs are recognized, respected, and met.
- b. Inviting children to participate in age-appropriate, creative, and compassionate problem-solving and decision-making within the family and the community fosters their becoming responsible members of a society.

1. Foster children's sense of belonging to a responsive & responsible community.

Responsive and responsible community involvement can be fostered by:

- a. A harmonious family environment that practices creative and constructive problem-solving.
- b. Age-appropriate opportunities to practice problem-solving and decision-making.
- c. Cooperative rather than competitive activities.
- d. Access to, and age-appropriate responsibility for, pets, plants, household tasks, etc.
- e. Community involvement and intergenerational relationships offering children opportunities for both services and connections with the wider community (e.g., visiting the sick, welcoming new neighbors with homemade gifts, volunteering, etc.).
- f. Opportunities for children to initiate and generate activities and celebrations with family and friends.
- g. Children seeing that every one of us can make a difference, such as responding to environmental issues with positive actions (e.g., planting trees, recycling, picking up litter) and by engaging in “random acts of kindness.”

J. Providing Access to Parent Education and Support

1. Effective parenting is an art that can be learned, and is best facilitated with the support of others.

- a. Information about children's developmental stages, temperament, and individuality helps parents make informed decisions and better serve as advocates of a child's wellbeing.
- b. Parents need support—physical, emotional, and practical—to implement the essential principles and actions that nurture a child's wellbeing.

1. Provide ready access to education and support for parenting.

Effective parent education programs include:

- a. Preparation of prospective and expectant parents for assuming the roles and responsibilities of parenthood.
- b. Accurate information about child development, as well as differing temperaments and learning styles.
- c. Classes and groups that promote and support the many benefits of fully meeting a child's developmental needs.
- d. Methods to empower parents to make fully informed decisions, and to advocate for their child's health and wellbeing, safety, and education.
- e. Age-appropriate information in elementary, middle, and high schools that help children understand stages of development, responsible sexuality, parenting, and family planning.
- f. Counseling and support for families requiring help.

K. Advocating Family-Friendly Workplace Practices and Social Policies

Principle

1. Political, economic, and social structures either enhance or diminish parents' opportunities to nurture and sustain a secure bond with their children.

- a. Support from the immediate community and society at large is essential if parents are to maintain a secure bond with their children, especially during the crucial early years of their children's development.
- b. Society benefits, and families can thrive, when healthcare and socio-political structures support all families in preparing for optimal prenatal, birth, and parenting experiences.

Action

1. Develop family-friendly economic, political, and social structures that clearly support bonding between parent and child during the early years.

Support structures include:

- a. A shared work leave totaling at least 450 paid days for the parents of each baby or newly adopted child, enabling them to serve as the primary caregiver for their preverbal child.
- b. A minimum wage sufficient to allow parents of preverbal children to work no more than one 36-hour job outside the home.
- c. Flexible time or part-time and job-sharing positions that include paid time to care for a sick child, as well as provisions to attend children's events and to volunteer at school.
- d. The welcoming of babies, breastfeeding mothers, and children in or near the workplace, as safe and appropriate.
- e. Small childcare centers offering consistency and constancy of care from warm, intelligent, and experienced staff, following the guidelines given above.
- f. Family, school, and work schedules that support at least one shared family meal each day, unstructured time with children, and minimal disturbances such as overwork, phone calls email, TV, and computers.
- g. Babysitting cooperatives within communities, with the option of exchanging time instead of money.
- h. Synchronized school breaks and vacations so that children of all ages, family, and friends can holiday together.
- i. Healthcare coverage for conventional and alternative medical treatment that promotes wellness.
- j. Health policies that accommodate and encourage informed consent as well as informed refusal for treatment.
- k. Community environments that encourage family and intergenerational activities that welcome children of all ages, breastfeeding mothers, and elders.
- l. Engaging, accessible parks and community gardens where people of all ages can interact freely & creatively.

Frequently Asked Questions

What is aTLC doing with the Proclamation and Blueprint?

We are disseminating our findings (and those of our Affiliates) via our website, online discussion group, and electronic newsletter. We also have a guide to children's and parenting books, public presentations, and soon will have a downloadable slide show, a speakers bureau, local networking groups, regional conferences, and an international congress. In addition, we continue to compile data supporting the Principles and Blueprint of actions and will be sponsoring research in areas where none exists.

Who is aTLC's initial audience?

Ultimately aTLC hopes to reach everyone. At this early stage of our work, we are addressing the approximately 26% of people in Western culture who are most ready to hear our message—the so-called "Cultural Creatives" or "Early Adopters."

As growing numbers of people embrace and implement aTLC's Principles and Blueprint of actions, we will make the information more accessible to ever-widening populations.

What do you mean by "evidence-linked"?

There is a large and growing body of scientific evidence supporting nature's design. aTLC cites this research wherever documentation is available and encourages research in areas where evidence has yet to be scientifically documented.

Are the Proclamation and Blueprint complete?

These documents are works-in-progress. aTLC's review process ensures that the documents are periodically refined. Please send feedback to our email address below.

What if I feel guilty when I learn that I didn't do everything "right"?

Don't confuse guilt with regret. Guilt results from doing something that we knew was "wrong" at the time. Regret comes

from later learning that we could have done something better. When we understand the difference between guilt and regret, we can move beyond blaming ourselves for what we didn't know or weren't able to do.

How can I deal with any regrets about things I wish I had done differently?

Few parents feel they have parented perfectly. None of us likes to think that there is anything we have done, or not done, that may have compromised our children's optimal development. We are all products of our time and culture, as were our parents and all those who preceded them. We could not act on information that we didn't have. Even when parents have the information, sometimes cultural and economic conditions limit parents' ability to implement what they know would be best for their children.

We can transform any regret we may feel into motivation to better understand and meet the needs of our children.

Recognizing that there are things I did or didn't do in the past, what can I do now with this new information?

Children never outgrow the need for the nurturing of being seen, heard, touched, and valued. When we honor the wholeness of our children's spirit and treat them with more love and respect for their unique rhythm, character, and ability, we can compensate for many of our children's unmet needs. When we nurture our children in these ways, we also heal ourselves. The most important thing we can do with this information is to implement as many age-appropriate actions as possible (such as those described in the aTLC Blueprint) to strengthen our bond with our children.