

Infants – Toddlers Framework Local Listening Forums Preliminary Community Feedback Report (DRAFT) January 2008

Malia Sieve & Maria Dynia

OVERVIEW

Between December 2007 and January 2008, ten Local Listening Forums were held throughout Connecticut to provide an opportunity for local communities to learn more about and comment on the Infants - Toddlers Framework put forth by the Governor's Early Childhood Cabinet.

Sponsorship

At the request of the Governor's Early Childhood Cabinet, the United Way of Connecticut and the Commission on Children were responsible for ensuring Listening Forums were conducted across the state. The United Way of Connecticut and the Commission worked with local United Ways and other sponsoring organizations to organize forums in their areas. The following is a list of the locations of the nine forums and the sponsor for each forum:

Location	Sponsor
Bridgeport	Bridgeport Alliance for Young Children (BAYC)
Bridgeport	ABCD, Inc. (<i>notes not provided in time for this report</i>)
Hartford	Maternal and Child Health Advisory Committee
Plainfield	Northeast School Readiness Council
New Haven	United Way of Greater New Haven and the New Haven School Readiness Council
New London	Thames Valley Council for Community Action (TVCCA)
Meriden	(<i>notes not provided in time for this report</i>)
Middletown	Middlesex Coalition for Children
Middletown	CT Parent Power
Waterbury	United Way of Greater Waterbury

LOCAL LISTENING FORUM PROCESS

While the format of each forum varied slightly, the forums generally began with an introductory PowerPoint presentation and continued with small group moderated discussions and concluded with a large group wrap-up. Each forum was also provided the December 2007 version of the Infants-Toddlers Framework for possible dissemination.

The forums focused on the following six questions:

1. What do families need to raise healthy children?
2. What are the barriers families face in caring for their children?
3. What should policy makers know about "real" life issues?
4. What is working?
5. What should be done differently?
6. How are we preparing our young people for effective parenting?

The United Way of Connecticut also developed a website (<http://ecforums.communityresultscenter.org>) that gave citizens another means to provide feedback on the Framework.

The recorded notes from these forums and the website were given to the United Way of Connecticut for aggregation and analysis. This report incorporates the feedback from eight of the forums as well as from the online comments.

PRELIMINARY FORUM RESULTS

The goal of the Infant Toddler Workgroup is for all infants and very young children to be optimally healthy and developmentally on track, meeting their full potential. In order to address its work, the Committee formed work groups in seven key areas. Comments from these Listening Forums have thus been organized by those key areas. Prevalent comments that fall outside of these areas are also listed, as are community programs and initiatives that were identified as effective during the Listening Forums.

The Committee's area of focus includes:

1. **Maternal Health** – All women will be healthy and ready for pregnancy and parenthood.
2. **Family Support** – All families will be stable, secure and knowledgeable for effectively raising and ensuring the well-being of their children.
3. **Physical and Mental Health** – All children 0-5 will live in strong and supportive families that will help them reach their optimal social/emotional and physical health and development.
4. **Child Poverty Reduction** – Child poverty will be reduced by 50 percent within the next ten years.
5. **Early Care and Education** – All families have access to high quality care and education that meets the families' and their children's needs.
6. **Early Literacy** – All children will be reading by third grade.
7. **Systems Innovation** – Create a comprehensive, coordinated system that partners with and supports families to promote optimal development of their children.

Additional themes heard during the Listening Forums:

8. **Additional Barriers to Raising Healthy Children**
9. **Effective Federal, State, and Local Programs and Initiatives**

1. Maternal Health

Aside from general consensus about the importance of pregnant women to have access to appropriate healthcare, several participants made several specific recommendations with regard to the health of pregnant women and new mothers:

- Co-enrolling women in Medicaid and WIC at point of contact whenever possible. Many WIC sites are co-located and this provides easier access for women.
- Review the Healthy Start assessment tool to determine the best possible assessment to serve the needs of pregnant women.
- Expand Healthy Start to serve more Medicaid pregnant women.
- Expand support systems for new moms to sustain breastfeeding.
- Expand lactation consultants in birthing hospitals

Participants also focused on the importance of investing in the health of women of child-bearing age in order to avoid the cost of high-risk pregnancies and children born with developmental delays.

Participants suggested:

- Providing pre-conception and family planning education to women of child-bearing age.
- Educating health providers on the importance of pre-conception check up as part of women's health care.
- Ensuring reimbursement in Medicaid and private insurance for pre-conception health care.

2. Family Support

Supporting Effective Parenting

Participants discussed the need to introduce effective parenting practices to children. Discussions identified two approaches to this end. One focuses on helping parents model good parenting skills and the other on including curricula focused on life skills and effective parenting in the school systems.

Parent Support Programs

Participants said that children need to have good parenting skills modeled by their own parents or primary caregivers in order to become good parents. Therefore programs are needed to help parents further develop their parenting skills as well as their knowledge of child development. Several suggestions were offered about how to reach parents and encourage participation in parent development programs. Among them were:

- Linking parent education with prenatal care to disseminate parenting information early.
- Linking parent education opportunities with workforce development programs.
- Encouraging child care centers to offer parent education opportunities.
- Reaching out to parents whose children are not enrolled in child care programs.
- Raising parental awareness about brain development to increase understanding about the importance of the earliest years.
- Raising parental awareness of the need for healthy environments and the impact of adult behavior (i.e. smoking, drinking) on children.
- Creating initiatives that focus on fathers.

High School Parenting Curricula

Participants said that one thing some teenage mothers had in common was that they saw no other vision but to have a child. This was said to be especially true if the teens were struggling in high school and had no vision of going to college. They also said that these teens do not have the skills to care for infants or toddlers. It was thought that it may be necessary to create high school curricula that revolves around both sex education and prevention of teen pregnancies as well as the development of parenting skills. Basic information on child development could also be included.

3. Physical and Mental Health

When participants were asked what families need to raise healthy children, one of the first responses often concerned health and health care. The discussions focused on several issues including: access to physicians who accept HUSKY, the need to educate parents on various healthcare issues, access to healthcare for undocumented individuals, and the overall availability of care.

- ***HUSKY*** – Participants said that while HUSKY can be an effective program, it continues to be a challenge to find dentists and doctors who accept the coverage. It can also be a challenge to get an appointment in a reasonable amount of time.
- ***Parent Education on Healthcare*** – It was suggested that parents need education in order to understand the importance of oral healthcare, good nutrition, physical activity, proper sleep and preventive care for their children.
- ***Undocumented Individuals*** – Participants cited the need for healthcare to be available to undocumented individuals.
- ***Availability of Preventive Care*** – Participants focused on the need for preventive care and affordable screenings especially for depression and asthma. It was also suggested that there are often an insufficient number of mental and behavioral health consultants, social workers and health services available for children.
- ***Establishment of a Model of Comprehensive Care*** – One forum discussed universal access to a medical home, which is defined by The American Academy of Pediatrics as a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.

4. Child Poverty Reduction

Discussions around the impact of poverty on young children revolved around the many economic barriers that exist for families. Among these barriers are:

- Affordable housing
- Lack of education
- Lack of employment opportunities
- Sufficient wages relative to cost of living
- Transportation

5. Early Care and Education

Shortage of Infant/Toddler Slots

A shortage of slots dedicated to infant and toddler care was mentioned prominently when participants discussed the barriers that families face in caring for the children. One example given was that in New Haven there are only an estimated 700 slots for 6,000 infants/toddlers. There were a number of deterrents to infant/toddler care mentioned, among them:

- The cost of infant/toddler care can be high due to staffing needs, required materials, and other program expenses.
- Home-based providers can find it challenging to coordinate a developmentally appropriate mixed-age group program and therefore they sometimes do not accept infants and toddlers.
- Tuition often does not cover the full cost of running the program (which in turn reduces the incentive for centers to continue to provide infant/toddler care).

Raising the Professionalism of the Infant/Toddler Field

Participants also talked about barriers that discourage people from entering the Infant/toddler field. It was said that the salaries of early childhood educators, for Infant/toddler programs, as well as preschool, are very low compared to most other careers and that child care providers are not listed as “educational institutions” according to the U.S. Labor Department. It was suggested that the public and legislators need to be educated about the importance of professional early education.

Participants also said that there are few college programs focused on infant/toddler education. It was suggested that a concerted effort is needed to offer more training and support for those currently in the infant/toddler care field. Several suggestions were offered:

- Create an infant/toddler support network, or a mentoring network, for providers.
- Offer more trainings and workshops focused on infant/toddler issues (e.g. developmental issues, challenging behaviors, cognitive development, age-appropriate games, science and math for infants and toddlers, etc.).
- Offer more support for staff undergoing CDA training.
- Partner with professionals to identify additional teaching opportunities for early childhood educators to take college-level courses related to Infant/toddler development and education.
- Provide “cultural competency” trainings to assist teachers to better understand English language learners.

6. Early Literacy

The importance of helping parents understand childhood development was stressed during many of the forums. It was suggested that easy to understand information be disseminated to parents and pregnant women about brain development and the importance of reading and speaking to children from the earliest days of life.

It was also suggested that literacy programs are needed for parents so that they can teach their children and also act as effective advocates for their children.

7. Systems Innovation

Coordination of services

While participants acknowledged the existence of numerous resources at the state and local level for parents, children, and families in general, it was mentioned that these services are seldom coordinated. Often there is no integration between State agencies, such as DSS, the Judicial System, and DCF. It was also noted that there are often missed opportunities to refer parents to various agencies when agencies do not work together. One example offered was encouraging pediatricians, obstetricians, and hospitals to understand the resources available in the community so that they can make appropriate referrals.

Communication Issues

It was suggested that any communications written for public consumption, be written in language that is easy to understand. An example offered was to remove the "legalese" from letters distributed through DSS.

Data Issues

Participants said that Connecticut needs an ongoing, population-based system for collecting health outcome data for women and children in a coordinated manner. Some states have received CDC funding for conducting the PRAMS Survey as a quality assessment tool for monitoring outcomes. It was suggested that Connecticut fund and implement a PRAMS-like Survey, as the State's data collection system to obtain data on experiences and behaviors of women, to monitor health outcomes of women before, during and after pregnancy, and to monitor children across a wide spectrum of outcomes.

8. Additional Barriers to Raising Healthy Children

- Several other issues were identified when participants were asked what families need to raise healthy children. Among them were:
 - The need for violence prevention in the community and in the home
 - Recreational facilities, playgrounds, sports programs
 - After-school programs
- Participants also cited the impact of flat-funded federal budgets on programs that service children and families. Several programs whose funding is threatened were mentioned. They include Even Start and Early Head Start.
- It was also noted that many communities in Connecticut still do not have full-day Kindergarten; and suggested that legislators may want to focus more on this issue than on universal Pre-K.
- Home-based providers felt that policymakers should raise the Care-4-Kids subsidy for licensed home-based providers so it is viable for them to hire an assistant. With an assistant, licensed family child care providers can accept more than two children under the age of two.

9. Effective Programs and Initiatives

Community Assets

Participants were asked to name initiatives that are working effectively in the realm of early childhood. Participants named specific organizations as well as concepts that have proved effective. One of the recurring themes involved programs collaborative relationships between agencies. Throughout the forums, participants suggest that what is needed are better relationships between agencies and more co-location of various services.

At the federal level, participants named the following programs:

- Food Stamps
- WIC requirements that mandate well-child visits.
- Head Start's Infant/toddler home visiting program

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At the state level, participants named the following programs:

- 2-1-1
- HUSKY
- Immunization programs
- Birth to Three
- Community Colleges
- State Funded Early Care and Education Centers.

Local programs cited by participants include:

- Child FIRST – Bridgeport
- All Our Kin – New Haven
- Children First – Norwich
- Dental Van – Plainfield
- New Haven School Readiness Council workshops and consultation for home-based providers
- The New Haven School Readiness Council's "The ABCs of School Readiness"
- The CT Children's Museum offered "Mornings at the Museum" – New Haven
- Children and Parents Succeeding – New Haven
- "Minding the Baby" at Yale Child Study Center – New Haven

Effective concepts include:

- Family resource centers
- Parent organizations
- Play groups
- Family-centered care
- Support groups
- Teen father/fatherhood programs
- Teen mother and motherhood training programs
- Home based mental health services
- School based health center
- Access to HUSKY at clinics
- Collaboration between Head Start and a homeless shelter