

## Infants – Toddlers Framework Local Listening Forums Community Feedback Report February 2008

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### 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. This report represents the voices of over 440 people that participated in these discussions.

### 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 ten forums and the sponsor for each forum:

Location	Sponsor
Bridgeport	Bridgeport Alliance for Young Children (BAYC)
Bridgeport (2)	ABCD, Inc. (Forums were held in English and Spanish)
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)
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 the forums as well as from the online comments. Detailed comments by the six questions listed above can be found in Appendix A.

## 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, affordable screenings especially for depression and asthma, and early assessment for infant and toddlers for special needs. 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
- Lack of career focused job training
- Limited child care support for single working mothers
- Lack of affordable child care
- Sufficient wages relative to cost of living
- Transportation
- Lack of dental services available for low income individuals (Norwich)

During the forum with the homeless families in Norwich, the participants discussed the hard choices they have had to make, such as having to decide between having heat or food. One participant talked about the expenses they have no control over (oil, health insurance, housing) and then trying to pay for food. Another noted the reality that for these families living paycheck to paycheck, one catastrophe will devastate the family.

## 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

#### ***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:***

- BPEST – Bridgeport
- 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

## Appendix A

### Forum Results by Question

#### What do Families Need to Raise Healthy Children?

##### Healthcare Issues

###### ***Access to Healthcare***

- HUSKY
- Access to preventive care
- Community health centers
- Healthcare and insurance for undocumented families
- Affordable screenings for depression and asthma, etc.
- Access to oral healthcare.
- 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 care.
- Many parents report that there are not enough mental or behavioral health consultants, social workers and health services available for children.

###### ***Healthcare Information and Education***

- Information about the importance of oral healthcare
- Information on nutrition as parents are often unaware of the nutritional needs of their children.
- Information on the importance of physical activity
- Information on physical development, the importance of proper sleep and preventive care

###### ***Standards for Screening***

- A standard of care for pediatric development screening. Clinicians often must respond to crises rather than promote positive, preventative environments

##### Basic Needs

###### ***Access to basic needs***

- Community understanding of the many economic barriers that exist for families, including affordable housing, lack of education, lack of employment opportunities, sufficient wages relative to cost of living, and transportation.
- Understanding the challenges that working single parents face to meet basic needs and provide a safe, healthy environment for their children.
- Information on where to find safe, stable, affordable housing.

###### ***Stable Communities***

- Violence prevention in the community and in the home

###### ***Recreational Programs***

- Recreational facilities and playgrounds
- After-school programs
- Sports programs

##### Education

###### ***Education Issues***

- Families and teachers need to communicate better about expectations, developmental milestones and concerns

- Parents of children with special needs often are unaware of resources to help their children reach their full potential when needs are not being met in the classroom.
- Literacy programs for parents so that they can act as effective advocates for their children.
- Help parents understand the importance of reading to children
- All High School students should be required to take child development course which include: what to do to stimulate your child's development; what is normal development; what is an appropriate early childhood educational program; etc.
- A school system that is more flexible in its hours of operation and services it provides to meet all educational needs of children & parents; i.e. teen moms, parental involvement

## Parenting Support

### ***Parenting Support and Education***

- Parental awareness of healthy behavioral, mental and physical development, including brain development milestones, attachment, how relationships are formed, trust, healthy environments and the impact of adult behavior (i.e. smoking, drinking) on their children.
- Parental training before the birth of their children and hands on support following the birth.
- Fatherhood initiatives w/ good outreach services.

### ***Access to Childcare***

- Access to quality and affordable childcare services. Families often cannot afford and do not benefit from expensive childcare that might provide services from 8:00 am to 4:00 pm because of inflexible work schedules or inadequate transportation. As a result, children are often in “underground care” where family members are forced to look after their siblings or relatives.
- Access to high quality preschool education for the entire day, regardless of income, as well as summer and after-school programs.
- Teachers who create structured learning environments necessary for the healthy development of children.
- Infant and Toddler centers

## Community Resources

### ***Access to Current Resources***

- 2-1-1
- WIC
- Community Clearing House – one stop access to all community/family needs, cultural sensitive outreach & staffing of agencies, reliable public transportation that has “connected” points of service

### ***Where to Find Needed Resources***

- Families need to know the resources that are available in the community
- Coordination of services between agencies
- Access to advocacy, mentoring, translator services and parent support groups.

## What are the Barriers Families Face in Caring for Their Children?

## Personal Challenges

### ***Parental Education Levels***

- Low education levels of parents
- Lack of English language proficiency
- Lack of parental knowledge of the importance of developmental milestones

### ***Basic Needs***

- Adequate employment that pays a living wage
- Lack of reliable public transportation and very disconnected point of services
- Need more transportation for doctor's appointments

### ***Healthcare Needs***

- Lack of quality healthcare providers that accept Husky insurance.
- Husky patients get appointment several months down the road to discourage patients
- Limited agencies to work with Husky insurance
- Access to mental health services for pregnant women and young mothers is needed
- Need for infants and toddlers to be assessed earlier for special needs

### ***Societal Issues***

- Violence, drugs and teenage sex are "real life issues" that are often ignored despite their impact on families trying to raise healthy children.
- 2,200 women in 2006, 10 percent of births in Connecticut were of undocumented pregnant women. Recommend adequate funding for pre-natal care for undocumented pregnant women.

### ***Family Issues***

- Lack of family structure
- Parents should get funds to stay home for the first 6 months of their child's life.
- Lack of support for fathers & mothers within child support system i.e. job training
- Lack of initiatives to help fathers get employment, work training, life skills internships

## **Resource Challenges**

### ***Challenges within agencies***

- Services should be more bilingual
- Lack of cultural sensitive social service programs
- Discrimination/low expectations set by agencies
- Literature on childhood development that is easy to understand
- Competent health and mental health workers
- Help coordinating services
- Services available in their town at times that are convenient for parents.

### ***Loss of Funding/Threatened Loss of Funding***

- Even Start is really threatened. The local effect of flat funded federal budgets is being seen – federal budget squeeze coming home to us and affecting our families and our children.
- Early Head Start – people are working in the community to find another agency to take it on. Want a local agency or several taking different parts of the program. It will go out to bid soon after the first of the year. Feds will try to put in interim administrative agency to oversee the program.
- WIC – is there a group statewide that is working on the WIC issue? Middletown is working with End Hunger CT to get a campaign going for state funding for WIC. Other states put state funds into WIC under very specific conditions – not into DPH offices.

## **Childcare Challenges**

### ***Infant/Toddler Child Care – Demand Exceeds Supply***

- The demand for infant/toddler care is far greater than the supply. There are only an estimated 700 slots for 6,000 infants/toddlers. Some organizations have lost slots for 0-3 year olds over

- time (the New Haven Child Development Center, for example, has gone from 14 sites to just 6 sites). (New Haven)
- There is only one DCF therapeutic nursery school (Bridgeport)

#### ***Deterrents to Infant/Toddler Child Care***

- Home-based providers felt caring for more than two infants and toddlers is not economically viable for family child care since regulations require an assistant.
- Home-based providers find it draining and challenging to coordinate a developmentally appropriate mixed-age group program and therefore they sometimes do not accept infants and toddlers.
- The cost of infant/toddler care is quite high (due to high staffing needs, required materials, and other program expenses).
- 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).

#### ***School Readiness funds are not available for infants and toddlers***

- This is a significant problem for New Haven's most needy families, particularly those who are required to work in order to receive welfare but cannot find affordable child care for their youngest children. Several participants noted the sense by providers and parents that there is a disconnect between the welfare-to-work system and what DSS supports in terms of child care. The Infant Toddler Committee (ITC) agreed that this should be a key focus of our advocacy efforts with legislators. (One participant provided the example of a client who could not find affordable child care for her child(ren) under the age of 3, and therefore could not work and, in turn, was unable to receive welfare. The family ended up in a homeless shelter; DCF got involved and the children were removed.)
- It was noted that the State of Connecticut is beginning to address infant/toddler needs through its strategic planning process (e.g. Infant/Toddler Committee of the Early Childhood Research & Policy Council). Guidelines for Infant/Toddler programs have been drafted. It was suggested that the State needs to get School Readiness funding on track for preschoolers before it can tackle the additional challenge of funding infant/toddler slots.
- The ITC also believes that political will needs to be leveraged to increase public demand for more high-quality, affordable infant/toddler care programs.

#### ***Impact of Universal Pre-K***

- The potential impact of universal pre-K on community-based programs was discussed. (One participant noted that a state mandate has been issued for universal pre-K in CT by the year 2015; this was new information for the rest of the group; and there needs to be a better understanding among professionals).
- It was suggested that community-based programs would not be impacted greatly because there is such a need in the community for full-day, year-round child care (vs. part-day, part-year child care offered by NHPS).
- It was also noted that many communities in CT still do not have full-day Kindergarten; and suggested that legislators may want to focus more on this issue than on universal pre-K.

#### ***Childcare Subsidies***

- Home-based providers felt that policymakers should raise the Care-4-Kids subsidy for 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.
- Some participants expressed a concern that Care for Kids funding may decrease as New Haven Public Schools increase their preschool slots (offered free of charge to families). It was noted that only NHPS magnet schools are free (the rest are on a sliding scale).

### ***Perceptions of Early Childhood Educators***

- The salaries of early childhood educators (for infant/toddler programs, as well as preschool) are very low compared to most other careers, which ultimately discourages people from entering the field.
- Daycare providers are not even listed as “educational institutions” according to the U.S. Labor Department. We need to educate the public that caring for young children is not simply babysitting-it is an educational profession that deserves recognition and respect.
- Often, infant/toddler programs receive less attention and financial support than programs serving children over the age of three.

### ***Professional Development Challenges***

- More quality enhancement (QE) workshops and training sessions should be geared toward Infant/Toddler issues (vs. preschool only).
- There should be more incentives for teachers to work with infants and toddlers (i.e. loan repayment options.)
- It is a challenge for infant/toddler teachers to receive appropriate training for ages 0-3. It was noted that there is a dearth of college preparation courses specific to infant/toddler needs; only four instructors (e.g. Carmelita Valencia-Daye) throughout Connecticut provide this training. Gateway only offers week-long courses specific to infant/toddler issues on an occasional basis.
- As the demand for early childhood educators rises, it has become ever more challenging to be certified as a teacher because of state requirements and/or employer expectations.

## **What Should Policy Makers Know about "Real" Life Issues?**

### **Current Economic Challenges**

#### ***Self-Sufficiency***

- Challenges of living on a minimum wage budget
- There is a large percent who cannot pay for health care
- Food stamp eligibility levels should be reconsidered
- WIC does not provide enough support.
- Job training programs need to be career focused.

#### ***Basic Needs***

- Need to be able to use food stamps to buy diapers

#### ***Housing Issues***

- Housing costs average about \$1200 for a two bedroom (Norwich)
- Limited housing options often keep families living amidst street gangs and child abusers
- Landlords should be held accountable for maintaining property (one participant mentioned a landlord's refusal to remove lead paint in an apartment.
- Parents stay unemployed because housing will take 75% of paycheck.

#### ***Childcare Issues***

- The cost of accessing child care for infants and the lack of available, affordable care
- More infant and toddler programming is needed
- Challenge of single working mothers to afford child care.

#### ***Healthcare Issues***

- Biggest job growth is at the Casino where no health insurance is offered (Norwich)
- Lack of availability of local dental care. Have to go to Hartford for care at the clinic. (Norwich)
- Undocumented persons will not seek healthcare.
- HUSKY recipients have challenges getting referrals to healthcare specialists.
- Generic medications covered by HUSKY do not always work as well as the brand name medications that are not covered by HUSKY.

## Resource Challenges

### ***Accessing resources***

- Even when available, families need help accessing and coordinating services
- Agencies don't work together
- Schools need one-stop resource centers that are available during day and evening programs.
- It takes a long time to gather all the required documentation in order to qualify for WIC.

### ***Needed Resources***

- More programs for disabled children, specifically, help with motor skills.
- More programs for those with language barriers. These children are often placed in special education classes.
- More after-school programs for middle school children

## Social Service Policy

### ***State and Local Issues***

- Families are not a priority. This is not a family friendly state.
- Social service system is stretched and more families need help
- Local elected officials are focused on downtown development not on families or quality of life issues. (Norwich)
- There is no integration or coordination between state service providers such as housing services or the judicial system.

## What is Working?

### Local Programs

#### ***Bridgeport***

- Family resource centers and parent organizations
- Child FIRST
- Family-centered care
- Support groups
- Teen father/fatherhood programs -Teen mother and motherhood training programs
- Home based mental health services
- School based health center

#### ***New Haven***

- All Our Kin has supported improvements in the quality of home-based child care for infants and toddlers through dedicated resources and hands-on consultative services to assist home-based providers working with infants/toddlers in mixed-age groups. All Our Kin has offered infant/toddler-specific workshops and on-site consultation and has participated in a pilot with DSS to test the draft infant/toddler guidelines. It secured funding from Yale for Spanish/English resource kits (books, curriculum, materials) for 100 home-based providers.
- Through the Early Learning Success (ELS) grants from the U.S. Department of HHS, the NH School Readiness Council offered workshops and consultation through NH's Multi-Disciplinary Team (ACES) to home-based providers struggling with challenging children (mental health, challenging behaviors, speech/language issues).
- The NH School Readiness Council designed and offered "The ABCs of School Readiness" which focuses on what adults should know about children getting to kindergarten door "ready".
- The CT Children's Museum offered "Mornings at the Museum" to NH home-based providers.
- Children and Parents Succeeding (CAPS) is encouraging families to raise healthy children.
- Access to HUSKY at New Haven-based clinics

- “Minding the Baby” at Yale Child Study Center uses clinical social workers to conduct intensive home visitations with teen mothers

### **Norwich**

- Great collaboration between Head Start and the shelter. They are co-located in one building and families and children have access to programs to improve health, parenting and children’s cognitive and social/emotional development.
- Children First in Norwich and New London have formed a strong coalition to identify needs of families and expand services.

### **State Programs**

- 2-1-1
- HUSKY
- Immunization programs
- Head Start
- Birth to Three is exceptional, but limited to those families with referral.
- Community Colleges
- State Funded Early Care and Education Centers. These Centers are statewide and provide quality care. They are required to be NAEYC accredited and have been funded by DSS since the late 1960s. They are an excellent model.

### **Federal Programs**

- Food Stamps
- WIC requirements that mandate well-child visits.

## **What Should be Done Differently ?**

### **State Level**

#### ***Service Coordination***

- Hooking families in at birth or before through pediatricians, OB's, hospitals so they can start thinking of quality services
- EPSDT (Early Periodic Screening, Diagnosis, and Treatment Program)

#### ***Communication Issues***

- Rewrite DSS letters to be understandable. Remove legalese
- Non judgmental communication between social services and families

#### ***Data Issues***

- Currently, Connecticut does not have an ongoing, population based system for collecting health outcome data for women and children in a coordinated manner. Many states have received CDC funding for conducting the PRAMS Survey as a quality assessment tool for monitoring outcomes; others are funding their own survey system.
- Fund and implement the national PRAMS-like Survey, as the state’s data collection system to obtain data on experiences and behaviors of women monitor health outcomes of women before, during and after pregnancy and children cross a wide spectrum of outcomes.

#### ***Insurance Issues***

- Reduce/eliminating HUSKY copay
- Recommend 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.
- Recommend Healthy Start and Medicaid providers review the current assessment tool to determine the best possible assessment to serve the needs of pregnant women.
- Recommend expanding Healthy Start to serve more Medicaid pregnant women.

### **Assistance**

- TANF not flexible -opportunities needed for individuals to go back to school, college, and work training without being penalized from TANF
- Expand Healthy Start sites and adequately fund existing sites. Healthy Start does care coordination, HUSKY applications and case management for pregnant women and children. The lack of Healthy Start accessibility across the state needs to be addressed.
- All families should receive services between birth and three to potentially head off issues and provide interventions that could result in less special education or special resources needed at the elementary level

### **Childcare Issues**

- Checklist for quality centers should be given out when parents research centers.
- High quality childcare needs subsidies to make it worthwhile for the provider and affordable for the parents.
- Communities need support to develop additional space and programs for infants/toddlers. Need to be sure that State Licensing is involved in this process and assists in making licensing possible for this age group!
- Income levels for Care 4 Kids and other State programs are too low.
- Reimbursement levels from DSS for State Funded Centers for infant/toddler care is too low.

### **Oral Health**

- Good oral health for women of child-bearing age to ensure babies are not impacted by oral disease during pregnancy.
- Educate staff in all programs that serve women and children on the importance of oral health; including, WIC, Healthy Start, Nurturing Families; and health providers in all settings.
- Train parents as peer advocates for oral health
- Co-locate dental hygienists in each WIC site
- Expand EPSDT to include dental visits by age 1 year ( note recent survey of children found 32% of children in Kindergarten and Third grade surveyed had dental carries )
- Enhance DSS program that reimburses physicians for dental screens and application of fluoride varnish- prove to prevent dental carries.

### **Breast Feeding**

- Expand support system for new moms to sustain breastfeeding.
- Expand lactation consultants in birthing hospitals
- Expand the peer counseling program

### **Family Planning**

- Investment in the health of women of child-bearing age avoids the cost of high risk pregnancies and children born with developmental delays.
- Provide pre-conception and family planning education to women of child-bearing age.
- Educate health providers on the importance of pre-conception check up as part of women's health care.
- Ensure reimbursement in Medicaid and private insurance for pre-conception health care.

## **Local Level**

### **Waterbury**

- More funding in the community
- City buses should run longer hours and evenings
- All teachers need more training
- More progress reports to enhance communication between school and home
- Better supervision of programs and services – staff oversight, especially at DSS
- School system needs to motivate kids
- After-school programs not working because they are too expensive

- Childcare providers work long hours for low pay – subsidy too low
- Childcare providers need more professional skills and education
- There is a need for more educational materials like books and toys
- Nutrition education needed
- There is not enough opportunity for training and bilingual training

### ***Middletown***

- Agencies that run programs need to do outreach by going door to door
- Organizations need to provide transportation
- Not enough shelters available. Having housing is essential for stability.
- Town needs to be accountable for condition of Section 8 housing.
- Family Wellness Center would host the Breastfeeding support group. Healthy Mothers Healthy Babies worked on these issues for years. They are now grinding to a halt.
- Breastfeeding drop off rate in first few days is huge. Don't have support. Need it from another mom. Need to be able to refer out to somebody in the community. Hospital can't do this. Need to connect with La Leche League. FWC organized a support group immediately after hospital support group. FWC and hospital and any others can work together.

### ***Norwich***

- More parenting classes and home visiting programs. Parents need help in understanding child development and how children learn, especially language development.
- Need additional child care facilities and pre-K classes. Head Start is at capacity.
- Need transportation, families find it difficult to get to center-based care.
- TVCCA buildings are old and in need of a lot of renovation.
- Funding streams often pose barriers to towns working together. This needs to be changed.
- Starting to talk to legislators about area needs; housing, jobs, health care, and child care.
- The Casino has child care but only for the children of the Tribe, not the employees.
- TVCAA's health insurance cost for its employees went up 11%.

### ***New Haven***

#### ***Increase the supply of infant/toddler programs***

- Financially support teacher certification college courses (to help staff earn their CDAs and eventually their Bachelor's degrees).
- Encourage students in higher education to pursue the field of early childhood.
- Increase fundraising efforts to support early childhood programs (e.g. scholarships for teachers, subsidies for infant/toddler slots, "Adopt an infant/toddler program").
- Promote a public awareness campaign to educate the general public, as well as legislators, about the great need for – and importance of – high-quality infant/toddler programs in NH.
- Advocate for higher teacher salaries in the early childhood field.

#### ***Subsidize slots for infants and toddlers from low-income families:***

- Advocate for School Readiness funds to be allocated toward slots for infants and toddlers.
- Advocate for a resolution to the welfare-to-work disconnect.
- Help families find affordable infant/toddler child care.

#### ***Support teacher training and professionalization of the field for infant/toddler educators:***

- Secure funding for additional teacher mentoring opportunities; cross-site sharing of best practices can be transformative. Many child care centers are willing to share best practices, but need to connect with other sites to get teacher mentoring programs off the ground.
- 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.

- Offer additional CDA courses and training sites.
- 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 ELLs.
- Parents, teachers and administrators can conduct monthly meetings to assess the challenges/successes of programs and identify way to resolve issues/programmatic deficits.
- Advocate for public recognition of the educational work that child care programs are providing for our smallest children.
- Educate legislators and the public that caring for young children is not simply babysitting, it is an educational profession that deserves recognition and respect.
- Advocate for greater financial support for teacher training.

***Partner with home care providers:***

- Offer some way to link home-based providers with center-based providers, in order to advocate for change on a more systemic level (since home care providers offer the bulk of care for children ages 0-3).
- Work with All Our Kin, Casa Otonal, and other organizations that serve home care providers to determine ways to reach out to home care providers and determine what their needs are, specific to infant/toddler issues.

***Partner with non-traditional organizations in order to address the welfare-to-work/lack of affordable child care dilemma:***

- Partner with the DOL to expand the availability of child care slots for infants and toddlers.
- Partner with CT Works.
- Determine who to partner with in order to advocate for JobCorps students to qualify for Care for Kids if not on TANF.

***Educate politicians and the general public about the importance of the early years and the need for affordable, available quality care.***

- Hold a legislative breakfast or other events for legislators to help them learn more about child care issues in New Haven and strategies for change.
- Encourage businesses to share in childcare needs and celebrate businesses that currently support early childhood education work.
- Create a city-wide accountability system for early childhood so that the city is ultimately accountable for early childhood success.
- Launch a targeted, coordinated public outreach by developing consistent, evidence-based messages about child health and development across programs and produce available materials (tailored by literacy levels of intended audiences) and offer parents “toolkits” at key points/developmental stages.
- Increase university partnerships to continue providing training and advanced degrees for early childhood education teachers.
- Aggressively collect data to serve as a needs assessment for policymakers. Parents could provide information about practices at home to help identify the needs and challenges of raising healthy children.

***Advocate for the creation of an early care and education/child development union.***

- Increase connections and collaborations by increasing communication between preschool and kindergarten programs/teachers and looking holistically to create an inventory of all programs across all agencies. Through increased communication, for example, a child’s transition into kindergarten can be improved.
- Coordinate work of existing outreach workers who reach out to parents of young children.
- Offer home-based providers access to medical/nurse consultant centers.

***Work with family child care providers to increase their capacity as community health educator and support them with access to nurses who regularly visit their programs.***

- Note: A Yale pediatrician, recently completed a study revealing the intersection of family child care providers and community health education and awareness. She found that families rely on their family child care providers to supply them with basic health information from diagnosis to referring/urging parents to seek appropriate medical care.
- Create more public places for families to congregate and learn appropriate developmental behaviors through play while feeling safe and supported.
- Separate busing by grade level and implement effective transportation for children living in homeless shelters.

## **How are We Preparing Our Young Children for Effective Parenting?**

### ***Bridgeport***

- Modeling good parenting skills ourselves
- Setting achievable goals
- Motivating and educating parents
- Home visiting/nurturing parents
- Institutionalize life skills into school curriculum – budgeting, parenting

### ***Waterbury***

- With a good education
- With lots of love/tough love
- Showing them proper work skills
- Need a lot of sex education
- Good examples of parenting
- Giving children a good, secure home
- Good values

### ***Norwich***

- Teens are having babies and don't have the skills to take care of infants and toddlers
- The school has a program that gives teens life like dolls to care for.
- Head Start has a great infant/toddler home visiting program that needs to be expanded.
- Head Start has a high school program that provides home visiting and peer counseling for teens.

### ***Middletown***

- High School students need a parenting course – for all parents not just low-income parents.
- Create a parent mentoring program.
- Not enough education in the school systems. Platt HS has it. Meriden has a network through New Opportunities and there is one at Spencer School in Middletown.
- Teenage moms had in common - no other vision but to have a baby. They are failing at school. No support. No vision of college.

### ***New Haven***

- Expand opportunities for Family Play Dates (through the ABCs of School Readiness) for families with infants and toddlers.
- Make research on brain development available to parents, to raise awareness and understanding about the importance of the earliest years.
- Help parents gain access to workshops and trainings, to increase their knowledge about parenting skills and child development.
- Link parent education opportunities with prenatal care, so that new parents can receive essential information as early as possible.
- Link parent education opportunities with workforce development programs.

- Encourage child care centers to sponsor parent workshops at night.
- Encourage child care centers to jointly offer parent education opportunities.
- Teach parents that effective parenting begins in healthy homes.
- Focus efforts on parents whose children are not enrolled in child care programs.
- Offer information about child development, parenting skills and other educational opportunities, and suggest ways to get involved in advocacy opportunities related to early childhood. It was noted that parents could be contacted via program waiting lists, and through outreach workers who are not able to find child care for their clients.