Supporting Whole Child Health in Early Childhood

Community Priorities to Support and Improve Early Care and Education in Monroe County
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BACKGROUND

Early childhood development is critical for later positive developmental, social, physical health, and mental health outcomes (National Scientific Council on the Developing Child, 2007). During these early years, brain development is incredibly rapid; by age 6, children have developed 95% of their peak cerebral volume (Giedd et al., 2009). Healthy early relationships play a key role in laying the architecture of the brain and influence a range of outcomes for years to come – from cognitive skills and school performance to socio-emotional well-being and mental health (see National Scientific Council on the Developing Child, 2004). Fostering the relationships of young children with their caregivers is thus an important area of focus for early childhood service delivery.

Responsive to this research, the Greater Rochester Health Foundation has launched its Healthy Futures strategy. This initiative takes an integrative approach to improve the health and well-being of children 0-8. They have identified four whole child health components:

1) **Healthy relationships**: Sustained, caring, and responsive caregiving lays the groundwork for the development of a child’s social, emotional, behavioral, and physical health and strong brain architecture. Positive adult relationships, parenting, and peer relationships build connection and belonging.

2) **Safe and secure environments and psychological safety**: Safe, secure, pleasant, and stimulating environments and psychological safety prevent physical injury and exposure to violence, traumatization, and re-traumatization, and provide opportunities for healthy development and well-being.

3) **Healthy habits**: Predictable, sustained everyday routines and education promote healthy choices and behaviors in the areas of nutrition, physical activity, sleep, hygiene, safety, and general well-being.

4) **Skills and competencies**: Instruction and activities foster cognitive, literacy, and social-emotional competencies. This includes experiences that are stage and age appropriate, build skills and mastery, challenge and engage, are culturally appropriate and authentic, encourage self-agency and choice, and promote peer interaction and collaboration.

In support of this initiative and to inform funding strategies, in 2018 the Greater Rochester Health Foundation engaged Coordinated Care Services, Inc. (CCSI) to conduct a scan of ECE settings in Monroe County. Through this scan, three core recommendations and two supplemental recommendations emerged:

1) Fund large-scale expansions of existing approaches, for extended periods of time, to under-resourced providers across Monroe County. Fund approaches rather than pilot programs.
2) Increase the accessibility of training and coaching opportunities.
   - Trauma-informed care
   - Provider-parent communication
   - Infant Mental Health/reflective supervision.

3) Support advocacy efforts that value early care and promote equity and inclusivity. Advocacy areas may include:
   - Increasing staff pay to sustain longevity and staff expertise
   - Subsidies for families
   - Improving reimbursement rates for service providers
   - Increasing availability of UPK and Head Start programs
   - Supporting direct programming and promising practices.

4) Engage community coalitions, seeking their input, buy-in, and support for these efforts.

5) Look beyond childcare settings toward other systems that serve young children ages 0-5 (e.g., home visiting, child welfare, pediatrics, etc.).

See Appendix 1: 2018 ECE Scan – Executive Summary for more detail on the original findings.

Following the completion of the 2018 Early Care and Education (ECE) Scan, the Greater Rochester Health Foundation engaged CCSI to identify community priorities to further define the three core recommendations. Topic areas were explored through the common frameworks of: Equity, Advocacy, and Supporting Children with complex needs.

Table 1. Areas of Exploration and Common Frameworks

<table>
<thead>
<tr>
<th>Areas of Exploration</th>
<th>Common Frameworks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Advocacy</td>
<td>Advocacy, Equity, Supporting Children with complex needs</td>
</tr>
<tr>
<td>2. Training/Coaching; Organizational Culture</td>
<td></td>
</tr>
<tr>
<td>3. Quality Improvement/Data Collection</td>
<td></td>
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<tr>
<td>4. Parent/Caregiver Voice; Engagement</td>
<td></td>
</tr>
<tr>
<td>5. Legally Exempt/Family Care</td>
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</tbody>
</table>

These data including procedure, participant demographics and findings will be described in detail through this report.
CURRENT PROJECT

The purpose of the Early Care and Education Stakeholder meeting was to disseminate and discuss findings from the report prepared by CCSI in Fall 2018 and funded by GRHF entitled “Supporting Whole Child Health in Early Childhood: A Scan of Early Care and Education Settings in Monroe County” and to identify community-based priorities. The goal was to obtain input from a broad range of key stakeholders while building upon existing community collaborations.

To meet this objective, CCSI engaged in collaborative planning with GRHF and identified partners, implemented a comprehensive recruitment strategy, and designed an agenda to foster participation and mitigate potential barriers.

Procedures

Recruitment

A comprehensive and culturally responsive approach to communication and engagement around this event was designed and conducted. Invitations were extended to a diverse range of key informants including parents/caregivers, administrators of ECE settings, frontline staff, and collaborative professional partners who support early childhood initiatives. Invitations were sent electronically to individuals and organizations from the following sources:

- 2018 ECE Scan Participant List
- ECE Provider Networks
- Parent/Caregiver/Community Engagement Networks
- Organizational list-servs

In addition to electronic communication, CCSI staff circulated among ECE provider locations and community settings to share information, extend personal invitations, and foster empowerment through participation.

Strategies to Address Potential Barriers to Participation

To create an inclusive environment, potential barriers to participation were identified in order to apply mitigating strategies to minimize or eliminate these barriers. These included a thoughtful development process from marketing to registration to the event structure and location.

Registration

Preparations were made to assure that questions about the event and registration could be completed in a variety of ways to suit multiple needs/preferences:

- Phone registration
  - Available in English or Spanish
  - Available to all, but most important for those without internet access
Staff assisted in the completion of registration and aided in the participants’ understanding and preparation for the meeting.

- **Electronic registration (Google Form Survey)**
  - Accessible on mobile phone and computer
  - Phone number provided for questions or challenges

- **Paper registration; in-person assistance**
  - Utilized Community Partners (e.g. Freedom Market, Caring and Sharing Childcare, ABC Head Start) at locations where individuals naturally congregate and seek early childhood care and education
  - Universal precautions were employed to anticipate Limited Reading Skills (LRS) needs.
  - One-to-one assistance with completing the registration was provided as needed

**Marketing and Communication**

Culturally responsive engagement and communication materials supported high participation rates:

- Cultural brokers from diverse communities were key in promoting the event
- “Word of Mouth” or relational invitations provided the greatest response
- Flyers advertising the event were created in consideration of target audience
  - Provider Staff and Administrators
  - Parents/Caregivers

- Materials included accommodations available and offered:
  - Childcare available
  - Meal served
  - Bus passes/bus route information
  - Language access

- Print and electronic materials included details about the event as well as how information gathered would be shared

**Event Location**

The location of the event was secured to remove many barriers that can disrupt community involvement. The chosen location provided:

- Central location for urban and suburban participants from across Monroe County
- Accessible bus route (Route number was indicated on the flyer and email)
- Available parking
- Ample space for large group discussion and two childcare spaces
  - Experienced supervision was provided, and well-stocked childcare spaces were designed for children with games and activities for varying age groups

**Transportation**

Bus passes for adult and child participants were made available through the registration process.
**Language**

In community forums, it is essential that all participants have equal opportunity to contribute. Best practices were followed as part of planning the event:

- Language needs and preferences assessed as part of registration
- Spanish interpreters available for those with Limited English proficiency (LEP)
- Materials and instruction offered at accessible literacy levels
  - Oral communication was primarily used
  - Handouts included definitions of common terms and acronyms
- Paper was provided for all participants to write notes or communication for facilitators
- Participants were actively encouraged to share their stories, using their chosen method (e.g. in preferred language and style, spoken, written)

**Childcare**

For professionals and parents/caregivers alike, having access to capable childcare fosters participation. At the event:

- Childcare was available through qualified subcontract to serve multiple age groups
  - Toddlers
  - School-Age
- Parents/Caregivers were encouraged to meet the providers, explore the designated rooms, and were allowed the opportunity to keep their child(ren) with them per preference

**Community Atmosphere**

Physical and psychological safety are essential components in creating a forum where authentic voice may be raised. Safety, trust and community were supported by:

- Music being played as the participants arrived
- Dinner was served to all participants, including children
  - Menu presented ethnic food options that would be familiar and welcome
  - Round tables allowed for conversation
  - Special dietary needs were assessed at registration and accommodated to include vegetarian and non-pork options.
- Mobility accommodations were available
- Clear pathways were present in the meeting room
- Volunteer/facilitator attention and assistance was readily available
- Discussion and conversation etiquette were defined; fostered diverse perspectives
- Participants were empowered to participate to their comfort-level and to move as needed from group to group or within the space
- Small group discussions were facilitated by CCSI staff, collaborative partners, and experienced community volunteers
- Small group findings were shared with the large group by community participants who emerged as leaders within the discussion
Visibility of Staff

Community forums have multiple moving parts. Adequate staff to facilitate, welcome and address emerging needs demonstrates responsiveness and respect:

- Community collaborators and facilitators were involved in ongoing planning and development. Orientation prior to the event was provided and included a standardized facilitator guide to assure consistency with project goals.
- Staff established a concierge approach to welcome and assist each participant.
- Volunteers, facilitators, and staff identified themselves at the beginning of the event and were readily available to interact socially, assist, answer any questions and welcome feedback.

Format and Agenda

To assure successful achievement of the defined goals, the ECE Stakeholder Event had four key component activities:

1. Community Building
2. Event Program
3. Small Group Discussion
4. Community Priority Consensus

These activities created an arc within the experience that built from establishing safety to shared knowledge to authentic voice and culminated with identifying common priorities.

Community Building

As described in the Community Atmosphere section, community was fostered through a welcoming atmosphere, open check-in period, dinner and conversation. Participants and facilitators moved freely throughout the space and conversed during this time. Circular tables and seating provided ease of interaction and a more family-style environment.

Event Program

The formal program was offered to participants to transparently share information, develop common language and frameworks, and to establish group norms. CCSI program staff provided an overview of the original 2018 ECE Scan and its Key Findings. The shared frameworks were introduced and defined. To assure collective understanding, Equity and Advocacy were highlighted and developed through facilitated discussion including the presentation of clear definitions, relatable explanations and visual cues. Finally, participants were prepared for the small group discussions by learning the topic areas, format, and goals.

Small Group Discussions

Small group topic areas were determined by GRHF and their collaborative partners based on the original 2018 Scan and include:
1. Advocacy  
2. Training and coaching; Organizational culture and practice  
3. Quality Improvement and data systems  
4. Parent/Caregiver voice and engagement  
5. Legally Exempt; Family, Friend, Neighbor care

Participants were invited to join the topic area of most interest and were charged with brainstorming priorities to support or improve Early Care and Education experiences within that topic area. Each group then identified 3-5 priorities to share with the group at large. Selection criteria included identifying priorities that would provide the biggest impact or those that are necessary antecedents to other strategies.

Community Priority Consensus

Following small group discussions, a group champion shared out the main identified priorities to support or improve Early Care and Education experiences in Monroe County. The group at large were invited to ask questions and/or provide additional input to assure accurate understanding. Following each topic area presentation, participants were given five stickers and asked to vote by placing their five stickers on the priorities across all areas that were most valuable given the above selection criteria.

PARTICIPANTS

A total of 54 parents/caregivers, providers, and administrators, and key stakeholders participated in the Early Care and Education Stakeholder Meeting. Of these, the majority (91%, n = 49) were parents/guardians, 9% (n = 5) were direct care providers, and 14.8% (n = 8) were administrators or other key informants. In addition, there were 5 group lead facilitators and 5 co-facilitators who also took notes at each group and represented early child-care and education-related community organizations including the Children’s Institute, Common Ground Health, CPI, and CCSI.

Of the 54 participants who attended and participated in the meeting, 64.8% (n = 35) completed the participant demographics survey and returned to CCSI staff. A QR code was available on all tables for participants who preferred to take the survey electronically; however, all participants who completed the survey did so through paper copies that were provided to all attendees.

Participant Survey Data

Role

When gathering community voice and priorities, it is important to gain understanding of the general perspectives offered by participants roles in relationship to the topic. It is recognized that individuals frequently have more than one perspective that informs their contribution. Therefore, participants were given the option of indicating if they had ever been a parent, provider, or administrator of young children, then asked their
primary role currently (see Figure 1). This was requested in part to understand the breadth of experiences and expertise of participants. The majority of participants identified as parents and primary guardians/caregivers to young children. About 11% of participants identified as providers and an additional 11% identified as administrators or other key stakeholders.

**Figure 1. Participants by Role | Perspective**

Age of Children

An important aspect of the participant relationship to Early Care and Education is the age of children and type of ECE setting in which they are connected. Age ranges of children were largely in toddler and prekindergarten, with representation from all forms of early child-care and education settings. Figure 2 provides the age ranges of children represented by adult participants as well as the form of ECE experience.

**Figure 2. Percentage of Age Ranges and Program Types of Children Represented by Participants**
Demographics

Of the participants who completed the survey, predominant characteristics include identifying as female (88%), Black/African American (53%) or White (35%), under 40 years old (52%), English-speaking (97%), from urban areas (88%), and of household income less than $40,000 (60%). About half of participants were from household with two adults (51.4%) and about a quarter were from households with 1, 2, or 3 children; about 75% live with 1-3 children. Table 2 offers the full demographic data as shared collected through participant survey.

Table 2. Demographic Information of ECE Stakeholder Meeting Participants

<table>
<thead>
<tr>
<th>Values</th>
<th>#</th>
<th>%</th>
<th>Number adults in home</th>
<th>#</th>
<th>%</th>
<th>Number children in home</th>
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<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>4</td>
<td>11.8</td>
<td>1</td>
<td>13</td>
<td>37</td>
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<tr>
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<td>88.2</td>
<td>2</td>
<td>18</td>
<td>51.4</td>
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</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black/African American</td>
<td>18</td>
<td>52.9</td>
<td></td>
<td>3</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td>Latin/Hispanic</td>
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<td>11.8</td>
<td>1</td>
<td>9</td>
<td>25.7</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>12</td>
<td>35.3</td>
<td>2</td>
<td>9</td>
<td>25.7</td>
<td></td>
</tr>
<tr>
<td>Multi-racial</td>
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<td>2.9</td>
<td>3</td>
<td>9</td>
<td>25.7</td>
<td></td>
</tr>
<tr>
<td>Choose not to answer</td>
<td>1</td>
<td>2.9</td>
<td>4</td>
<td>1</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>19-29</td>
<td>5</td>
<td>14.7</td>
<td>6+</td>
<td>2</td>
<td>5.7</td>
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<tr>
<td>30-39</td>
<td>13</td>
<td>38.2</td>
<td>Did not answer</td>
<td>5</td>
<td>14.3</td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td>8</td>
<td>23.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>50-59</td>
<td>4</td>
<td>11.8</td>
<td>Under $20,000</td>
<td>11</td>
<td>35.5</td>
<td></td>
</tr>
<tr>
<td>60+</td>
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<td>11.8</td>
<td>21 – $40,000</td>
<td>8</td>
<td>25.8</td>
<td></td>
</tr>
<tr>
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<td>41 – $60,000</td>
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<td>16.3</td>
<td></td>
</tr>
<tr>
<td>Language</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>34</td>
<td>97.1</td>
<td>$81,000+</td>
<td>4</td>
<td>12.9</td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td>5</td>
<td>14.3</td>
<td>Location</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Suburban</td>
<td>4</td>
<td>11.8</td>
<td></td>
</tr>
</tbody>
</table>

Values

Through the survey completion and dinner discussion, initial values emerged. Five specific value-themes were identified and include:

1. Cultural Responsiveness & Relationship Building

Survey Participants answered the question:

“In my opinion, the most important thing that an early child care or education setting can do to support Whole Child Health is...”
1. Family/Child as a Whole/ as Center of Care
   a. Safety
   b. Power dynamics
2. Communication
   a. Parent-provider, provider-provider, administrator–parent
   b. Method (e.g., spoken word, flyers, electronic), language
3. Academics/Curriculum
   a. Professional development
   b. Training for providers
4. Meeting needs of all children, particularly special or complex needs
   a. Speech and language, social-emotional needs
5. Addressing Barriers to Accessing Quality Care
   a. Language, transportation, safety
   b. Access to information about care options

These qualitative value themes further enhance the data obtained through the consensus building and community priority identification process.

See Appendix 2: Participant Survey Data – Values Question Responses for full transcription and evaluator coding of qualitative responses.

COMMUNITY PRIORITIES

Following the topic area presentations as described in the Format and Agenda section, participants were invited to identify their top five priority areas to support Whole Child Health across all categories of exploration. For reference these included:

- Advocacy
- Training and Coaching, Organizational Culture
- Parent/Caregiver Engagement
- Quality Improvement; Data Collection
- Legally Exempt; Friend, Family, Neighbor Care

Prior to beginning, participants were reminded to consider the shared frameworks of Advocacy, Equity, and Supporting Children with Complex Needs. As well as those priorities that may provide the most significant value or those that may be an important first step in more long-term practice change strategy.

It is important to acknowledge that feedback from each of these areas may provide important insight to strategies related to Whole Child Health. These should be reviewed and considered carefully. Among participants in this event, five emerged with the strongest endorsements and are presented in more detail here. To further contextualize
these priorities, crosswalks are made with findings from the 2018 ECE Scan, Qualitive Survey Responses, the adopted components of Whole Child Health, alignment with other categories of exploration and/or shared frameworks.

See Appendix 3: Community Priorities – Consensus Building for full detail on responses and results.

**Community Priority Area #1: Increase effective communication**

**Primary Exploration Area: Parent/Caregiver Engagement**

Participants strongly endorsed the importance of effective communication in support of Whole Child Health. When done well, participants viewed communication as essential in establishing effective partnerships, addressing concerns or challenge areas, and increasing engagement. However, discussion indicated inconsistencies in communication.

Some specific challenges include:

- **Skill-level:** Among individual staff and administrators there is a variety of skill and comfort in establishing trust, remaining consistent and informative in communication, and engagement around needs, questions or concerns.

- **Cultural Responsiveness:** Staff members aren’t always reflective of the children and families they serve, e.g. racially/ethnically, socioeconomically, parent status, etc... This cross-cultural difference could be addressed in efforts to engage and hire staff that reflect the community; an established best practice to promote engagement and communication. ECE settings and staff can demonstrate cultural humility in their engagement and communication -both formal and informal through incorporation of cultural attributes into the learning environment and within interactions with students, parents/caregivers, community members and fellow staff.

- **Time and Transitions:** Informal communication at pick-up or drop-off were viewed as positive foundations to improved engagement. At ECE settings these are typically busy times where many children and families are coming and going. This can create a natural challenge for meaningful connection with each. Similarly, ECE setting schedules don’t always allow for private time and space to communicate concerns or attempt shared problem-solving.

Effective Communication was defined by participants as including: Being polite, consistent, respectful, informative, inclusive, and revisited over time.
This community priority received the strongest endorsement with 31 votes during the event and is in strong alignment with the Whole Child Health framework and prior findings.

Table 3. Effective Communication Priority Crosswalk

<table>
<thead>
<tr>
<th>Whole Child Health Strategy</th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Healthy Relationships</td>
<td></td>
</tr>
<tr>
<td>• Safe &amp; Secure Environments and Psychological Safety</td>
<td></td>
</tr>
</tbody>
</table>

| 2018 ECE Scan Recommendations | Recommendation #2: Support training and coaching of early care and education staff, including trauma-informed care, provider-parent communication, and Infant Mental Health |

<table>
<thead>
<tr>
<th>Qualitative Value Themes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cultural Responsiveness &amp; Relationship Building</td>
<td></td>
</tr>
<tr>
<td>• Communication</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Shared Framework</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Equity</td>
<td></td>
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</tbody>
</table>

Support could include:

- Consistent and accessible training:
  - Communication strategies
  - Cultural responsiveness | Cultural humility
  - Trauma-Responsive practices including establishing safety and trust
  - Unconscious biases
- Coaching and Consultation:
  - Following training
  - Reflective Supervision
  - Practice change efforts
  - Contextual opportunities to mitigate practical barriers on time, transition, privacy challenges
- Opportunities for inclusive training or education; parents and professionals
- Availability and promotion of use of a moderator or cultural broker to support positive communication
- Reflective supervision to support practice change
Engagement and recruitment supporting a culturally diverse workforce

Community Priority Area #2: Expand access and transportation options to childcare for 3 & 4-year-olds.
Primary Exploration Area: Advocacy

As one participant identified, “if there is an attendance problem, there is probably a transportation problem.”

Finding ways to improve access to quality early care and education experiences through increased availability of transportation support is an important part of achieving equity. Participants also expressed that expansion of high-quality Pre-K programs to community-based locations would also improve access and engagement in these educational experiences.

Some specific challenges include:

- **Transportation provision is limited**: Some transportation is provided. However, it is currently age or program specific and may also be determined by slot or space allocations. There is currently no provision for transportation for children ages 3 or 4. Inaccessibility of transportation inhibits some families from engaging in early care and education experiences due to practical or financial constraints (i.e., lack of personal car, work schedule, location of center, etc.)

- **Pre-K availability**: High quality Pre-K programming is most frequently available through the public school district. However, districts structure access and location of these programs differently. Districts may be large geographically, increasing distance between a family’s home and location of the program. Participants identified a blend of in-district and community-based options as ideal to improve access.

This community priority was endorsed by 22 participants and is in alignment with prior findings. Related activities may be more indirect rather than direct local enhancements, however, leveraging resources and lending support to advocacy efforts to improve systems at high levels is an important theme that has been re-visited throughout the two-phases of this ECE exploration.
Table 3. Transportation Priority Crosswalk

<table>
<thead>
<tr>
<th>Whole Child Health Strategy</th>
<th>Safe &amp; Secure Environments and Psychological Safety</th>
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</thead>
<tbody>
<tr>
<td>2018 ECE Scan Recommendations</td>
<td>Recommendation #3: Support advocacy efforts including those including those to increase staff pay, subsidies, and reimbursement rates for service providers.</td>
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<tr>
<td>Qualitative Value Themes</td>
<td>Addressing barriers to accessing quality care</td>
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<tr>
<td>Shared Frameworks</td>
<td>Equity</td>
</tr>
<tr>
<td></td>
<td>Advocacy</td>
</tr>
</tbody>
</table>

**Support could include:**

- Direct Advocacy or Support for Advocacy related to supporting access to high quality early care and education experiences such as:
  - Universal transportation
  - Expansion of programs such as Head Start and Universal Pre-K
- Incentives for and/or investment in the establishment of programming in community-based locations

Community Priority #3: Recognize and intervene in behaviors/problems earlier before they get worse

Community Priority #4: Make resources available (training and coaching, services) to help each child and their family get their needs met (understanding trauma, poverty and mental health)

Primary Exploration Area: Training & Coaching; Organizational Culture

Priorities 3 and 4 showed strong alignment with each other in challenges and potential support and fell under the same exploration area.

Parents and caregivers, administrators and direct staff all value early intervention. Parents may rely on teachers to provide feedback around regulation, as well as social, cognitive and skill development. Yet staff in early care and education settings are inconsistently prepared to identify, collaborate,

“Update the parent(s) about any issues, concerns and even questions. Be sure that all children feel safe and nothing is bothering them.”

– Parent Participant
and intervene with effective strategies when signs of difficulty emerge. When present, challenges related to unconscious biases, weak communication structures or skills, or lack of trusting relationship between parent and provider further complicate a complex issue.

It is widely recognized that early identification and accurate intervention mitigate a full range of health, development, and social-emotional concerns. Increasing capacity to recognize, communicate, and provide effective interventions for children showing signs of difficulty across these critical domains increases the likelihood of improved health and behavior outcomes for children and families.

Specific challenges include:

- **Skill-level:** Among individual staff and administrators, there is wide variety in quality preparation and training in holistic child development, trauma, cultural responsiveness/cultural humility, and recognizing indicators of concern. Without this foundational knowledge, signs of concern may be misinterpreted as willful or behavior-based leading to the misapplication of less effective discipline or consequences rather than help or support. These areas are then compounded if lack of trust or communication barriers exist concurrently.

- **Assessment:** Without a solid preparation in what is typical for holistic age or developmental stage, it is hard to identify what may be signs of difficulty or difference. There is inconsistency of awareness and use of universal or targeted screening.

- **Intervention Strategies:** Not all staff or settings have training or access to high quality strategies, trauma-responsive approaches, and best practice/evidence-based interventions. As noted in the 2018 ECE Report, many of these programs are available but expensive or inconsistently applied. In addition, some programs have related services of a psychologist, speech/language, OT/PT, or mental health specialist but these supports are rare.

Community Priority #3 was also endorsed by 22 participants and Community Priority #4 by 20 participants. In addition, they demonstrate the strongest alignment with Whole Child Health Strategy, the 2018 Scan recommendations, Qualitative Values, and Shared Frameworks indicating areas of high value across stakeholder groups.

"Make sure all of my child's needs are met. Support with language and speech therapy."

-Parent Participant
### Table 4. Shared Recognition, Intervention, Training and Coaching Priorities Crosswalk

| Whole Child Health Strategy | • Healthy Habits  
|                            | • Safe & Secure Environments and Psychological Safety  
|                            | • Skills and Competencies  
| 2018 ECE Scan Recommendations | Recommendation #1: Use funding to expand promising programs and practices, especially those focused on:  
|                            | • supporting children with behavioral, social-emotional, mental health, cognitive, and physical needs (e.g., mental/behavioral health consultants and on-site pediatric nurses);  
|                            | • supporting parents (e.g., parent support staff, parent training, and emergency/back-up care); and  
|                            | • supporting legally exempt providers (e.g., Staffed Family Child Care Networks).  
|                            | Recommendation #2: Support training and coaching of early care and education staff, including trauma-informed care, provider-parent communication, and Infant Mental Health  
| Qualitative Value Themes | • Cultural Responsiveness & Relationship Building  
|                            | • Communication  
|                            | • Academics/Curriculum/Classroom environment  
|                            | • Meet needs of all children, particularly special or complex needs  
| Shared Frameworks | • Equity  
|                            | • Supporting children with complex needs  

**Support could include:**

- Consistent training on:
  - Communication strategies  
  - Cultural responsiveness | Cultural humility | Unconscious biases  
  - Impact of Trauma and Trauma-Responsive practices  
  - Impact of poverty  
  - Child Development including indicators of concern  
  - Assessment, Intervention, and Progress Monitoring  
- Training Accessibility  
  - Free or reduced cost
- Convenient modality:
  - Web-based platforms
  - Short sessions responsive to schedule constraints
  - On site delivery
- Coaching and Consultation:
  - Following training
  - Reflective Supervision
  - Practice change efforts
    - Use of trauma-responsive organizational self-assessment
    - Application of assessment, intervention, and monitoring skills
- Support creation of ECE networks inclusive of Legally Exempt/Family Care to share training and implementation support
- Expansion of promising practices, best practice, and/or evidence-based programming beyond pilots

**Community Priority #5: Consistency of ratings across systems; consolidation on providers’ end; consolidation of quality measures (standardize)**

**Primary Exploration Area: Data and Quality Improvement**

This priority area emerged as a potential support to three of the four priorities previously discussed. Through the establishment of standardized rating scales and data collection, transparency and communication could be improved. Similarly, the ability to identify challenges early would be enhanced as well as enfold the ability to consistently monitor progress in response to applied interventions. Standardization of metrics would improve understanding and consistency across transitions in settings or teachers, including upon entry to Kindergarten or with providers such as Pediatricians and related services.

**Specific challenges include:**

- **Lack of Data Management Systems:** There is inconsistent ability to access or implement effective data management systems. The technology itself, software, and ongoing maintenance are cost prohibitive to even larger ECE settings and nearly unreachable for small or independent providers.

- **Data Collection and Use:** There is widespread confusion about what data is important, how it may be collected or stored, analyzed and applied. Some
programs, such as Head Start, require standardized data collection and reporting, however, the usability of this data to inform care can be limited to meeting reporting requirements.

- **Rating Scales, Assessment Tools, and Progress Monitoring:** Knowledge of effective, valid, free or low-cost tools for identification, assessment and intervention monitoring is limited. Resources may be available, but there is lack of clarity about which are most helpful. When in use there may be inconsistency from level to level or even staff to staff about use and value of these tools.

Community Priority #5 was endorsed by 15 participants who recognize an opportunity for growth and sophistication in meeting children’s needs. Establishing data metrics, convenient data platforms, and the ability to apply to improve learning and outcomes relates to multiple aspects of supporting and improving early care and education.

**Table 5. Consistency of Rating Across Systems Crosswalk**

| Whole Child Health Strategy | • Healthy Relationships  
| • Skills and Competencies |
| --- | --- |
| **2018 ECE Scan Recommendations** | Recommendation #1: Use funding to expand promising programs and practices, especially those focused on:  
• supporting children with behavioral, social-emotional, mental health, cognitive, and physical needs (e.g., mental/behavioral health consultants and on-site pediatric nurses);  
• supporting parents (e.g., parent support staff, parent training, and emergency/back-up care); and  
• supporting legally exempt providers (e.g., Staffed Family Child Care Networks). |
| **Qualitative Value Themes** | • Communication  
• Academics/Curriculum/Classroom environment  
• Meet needs of all children, particularly special or complex needs |
| **Shared Frameworks** | • Equity  
• Supporting children with complex needs |

**Support could include:**

- **Data Management Systems:** Increasing access and removing practical barriers to technology and data management systems could increase their use. Data
management systems that include ease of data analysis and extraction would support increased application and communication of findings.

- **Increase Knowledge of Quality Data Tools:** Guidance on or a compendium of high-quality identification, assessment, intervention monitoring tools would assist in consistency of use internally at a site and across systems. Those tools that are free or low cost and able to be implemented by staff of multiple backgrounds and communicated easily would have the most value.

- **Convene Multi-Stakeholder Group to Establish Shared Metrics:** Different organizations or settings may have different regulations about the full breadth of data collection. A multi-stakeholder, cross-system group would be able to identify commonalities or additions that could be adopted to improve consistency, cross-system communication, and in some cases, reduce data collection burden.

**RELATED RESEARCH**

The established focus of this project was to engage a diverse, community-based audience of stakeholders in order to identify community priorities to further define the three core recommendations from the 2018 Early Care and Education (ECE) Scan. The findings in this report are therefore intended to supplement and enhance the research base and findings previously documented in the original report. The authentic voice of the community shared through this report represents the most powerful ratification of priority areas for the support and improvement in Early Care and Education. However, a brief review of the literature indicates support in the literature for these identified values.

**Cultural Responsiveness and Relationship-building**

Through their feedback, the community participants voiced that cultural responsiveness extends beyond the classroom environment and curriculum. It lays the groundwork for and encompasses the development of strong parent/caregiver-staff relationships and positive communication. This is supported in the research where there is an established focus on cultural responsiveness in the curriculum, learning, and child-teacher relationships (González, 2016; Purnell et al., 2007). Further support may be gained from the growing body of evidence that relationships are the environment and catalyst for early learning (National Scientific Council on Developing Child, 2004, 2007; Sosinsky et al., 2016) as well as general support for primary caregiving and the continuity of care (Theilheimer, 2010).
Communication

The most strongly endorsed community priority of community participants was focused on improving positive communication between parent/caregiver and staff. There is a small body of research has begun to explore this aspect. This research suggests that positive communication leads to more effective coordination of care (Lang et al., 2016). The National Association for the Education of Young Children (NAEYC) supports this value with an established accreditation criterion of Family Engagement (NAEYC, 2009). It should be noted, however, that not all ECE settings are accredited.

Academics/Curriculum

It can be understood even anecdotally that exposure to enriching settings and well-prepared teachers and staff would lead to improved curriculum and outcomes. This is born out through research that establishes that the quality of Pre-K curriculum is directly related to qualifications of teachers (Edwards & Greata, 2012). Early learning standards in such programs as Early Head Start, Head Start, and state funded Pre-K programming such as UPK and EPK exist with the primary aim of supporting learning and kindergarten readiness (Edwards & Greata, 2012). Similarly, NAEYC has ten program standards for accreditation to support consistency in delivery of high-quality early care and education experiences. As previously noted, not all ECE settings are NAEYC accredited, and many exist through different models than those programs listed above which limits the accessibility of these standards and curriculum.

Supporting the Needs of Children with Special or Complex Needs

Available research suggests the value of trauma-responsive and inclusionary practices, but also highlights the persistent inconsistency in implementation. The expanding body of research around trauma, its impact, and intervention approaches clearly establishes the necessity of addressing and mitigating the impact of trauma on development (Bartlett et al., 2017). Trauma-responsive early care and education experiences would be a stopgap in reducing risk for negative health, relationship, and academic outcomes.

Children with physical, developmental, and intellectual challenges face similar barriers in engaging in early care and education that is responsive to their needs. Many students with disabilities experience inclusion as desired, but “intangible” given the limited access to quality inclusive early education classrooms in the United States (Barton & Smith, 2015).
**Addressing Barriers to Accessing Quality Care**

Social Justice, equity, and community health research all reinforce aspects of the importance of removing barriers to access. Specific to early care and education, there is support for addressing the need for a comprehensive system. This system should include shared planning and decision-making with public and private sectors as well as inclusive of a wide range of stakeholders (Zero to Three, 2012).

**SUMMARY**

Authentic community voice is essential in supporting important change initiatives that will be implemented locally. Engaging with the community to understand their values, priorities, concerns, and solutions increases support and implementation, while also focusing efforts. Through this project, the Greater Rochester Health Foundation sought to obtain community feedback on the recommendations of the 2018 Early Care and Education Scan.

An extensive and culturally responsive recruitment and planning process resulted in high numbers of participants who identified primarily as parents/caregivers, but also ECE staff, and administrators. Through the frameworks of advocacy, equity, and supporting children with special or complex needs, community participants were invited and supported in giving voice to their values, experiences and priorities in supporting and improving early care and education experiences. While careful consideration of the entirety of their feedback should be applied to inform future strategies, this community identified 5 areas of highest priority:

1. Increase effective communication
2. Expand access and transportation to care for children ages 3 and 4
3. Recognize and intervene with behaviors/problems before they get worse
4. Make resources available (training and coaching, services) to help each child and their family get their needs met (understanding trauma, poverty and mental health)
5. Consistency of ratings across systems; consolidation on providers’ end; consolidation of quality measures (standardize)

These priorities represent the beliefs and values of the community of participants. They are further supported by their strong alignment with 2018 Early Care and Education Scan, Whole Child Health Strategy, and related research. Common challenges and opportunities for continued growth were similarly offered for consideration. The community of participants clearly value high quality care and support, positive relationships including effective communication, early intervention, and ability to support ECE settings through data collection. Participants recognize that due to
barriers of time, training, and resources as described in this report, early care and education settings remain largely untapped resources in powerful prevention and intervention efforts that could improve Whole Child Health for children across Monroe County.
REFERENCES


APPENDICES

Appendix 1: 2018 Supporting Whole Child Health in Early Childhood: A Scan of Early Care and Education Settings in Monroe County

EXECUTIVE SUMMARY

With its Healthy Futures strategy, the Greater Rochester Health Foundation has launched an initiative to improve the health and well-being of children ages 0-8. They have identified four whole child health components: healthy relationships; safe and secure environments and psychological safety; skills and competencies (e.g., social-emotional, literacy and other core academic skills); and healthy habits (e.g., around healthy eating, physical activity, and sleep).

Foster healthy relationships. Consistent, supportive relationships with caregivers, families, other adults and peers lay the foundation for the development of strong brain architecture and support learning, social-emotional well-being, and resilience.

Create safe and secure environments and psychological safety. Safe environments limit children’s exposure to violence and other trauma, physical injury, environmental risks, and other threats to healthy development, and enable children to fully engage in learning and play.

Cultivate skills and competencies. Through play as well as developmentally and culturally appropriate instruction, children develop the social-emotional competencies, literacy and other core academic skills that foster achievement and well-being throughout life.

Build healthy habits. Effective teaching and modeling as well as access to healthy food and spaces for play foster healthy eating, physical activity, adequate sleep and other habits that contribute to lifelong physical and mental health.

This scan, conducted by Coordinated Care Services, Inc., sought to identify potential programs and practices, training and coaching needs, and policy changes to support whole child health in early care and education (ECE) settings across Monroe County.

Monroe County Data

Publicly available data and data from the Child Care Council were obtained and interpreted to support the scope of understanding of ECE settings in Monroe County. Key findings from demographic, health, and education indicators include:

- In Monroe County, an estimated 6% (n = 41,381) of the population were under age five in 2016.
- Of all children under age five in Monroe County, approximately 24% (n = 9,899) were living in poverty.
• While almost all (98.6%) children under age six in Monroe County have health insurance, there is pronounced disparity whereby Black/African American mothers have the lowest rates of prenatal care and highest rate of infant mortality.

• **Kindergarten readiness is a significant area of need** in the City of Rochester. By the end of prekindergarten, approximately half (53%) of all children in Rochester public pre-K programs passed the kindergarten readiness screening.

• There are 28,833 child care spots available for the approximately 41,381 children under five in Monroe County. This gap does not take into account families who choose not to utilize formal care.

**Interviews and Focus Groups**

Fourteen interviews and focus groups were conducted with ECE experts, administrators, direct care staff, and parents of young children (ages 0-5) in care. The goal was to learn how ECE settings are supporting whole child health, challenges to doing so, and recommendations for future funding from the Greater Rochester Health Foundation. Focus groups represented a range of ECE settings, including child care centers, prekindergarten/nursery schools, summer learning programs, Head Start/Early Head Start, universal prekindergarten (UPK), expanded prekindergarten (EPK), family child care, and legally exempt care. Interview and focus group participants reported the following:

• Many promising programs and practices (PPPs) that support whole child health are currently utilized in Monroe County, or have been in the past.

• These PPPs have been **underfunded** and **need expansion** to additional settings and in **length** of implementation.

• The largest perceived gaps are in **supporting children with intensive behavioral, social-emotional, mental health, cognitive, and physical needs**.

• There are **significant training and coaching needs**, including a need for training on trauma-informed care (TIC) and provider-parent communication.

• **Parent engagement** is a challenge; few providers are able to offer home visits and parent support staff.

• Recruiting and retaining high-quality staff is a barrier, especially due to the **low pay of ECE staff**.

• Providers face multiple **challenges to using data systems** to record, monitor or evaluate whole child health, including the cost of these systems. Outside of Head Start, UPK, and Pyramid Model pilot sites, few providers are using data systems to track this information.

• Participants recommended the following for future funding:
  
  o Use funding to expand PPPs, especially those focused on:
    
    ▪ **supporting children with intensive behavioral, social-emotional, mental health, cognitive, and physical needs** (e.g., mental/behavioral health consultants and on-site pediatric nurses);
    
    ▪ **supporting parents** (e.g., parent support staff, parent training, and emergency/back-up care); and
- **supporting legally exempt providers** (e.g., Staffed Family Child Care Networks).
  - Fund the training and coaching of ECE staff, including TIC, provider-parent communication, and Infant Mental Health/reflective supervision.
  - Support advocacy efforts, including those to increase staff pay, subsidies, and reimbursement rates for service providers.

### Recommendations

As the Foundation seeks to support whole child health in children ages 0-5, three primary strategies are recommended:

1. **Fund large-scale expansions of existing approaches, for extended periods of time, to under-resourced providers across Monroe County. Fund approaches rather than pilot programs.**
   - As participants described, there is no need to “reinvent the wheel.” There are many evidence-supported PPPs that need expansion, as described above. There is simply a lack of funding.
   - Funding for pilot programs is often short, and providers spend a great deal of money, time, and energy training and implementing programs for which funding ends. Long-term and sustainable funding would help providers to fully implement initiatives with fidelity and give time for children to reap the benefits.
   - The scan also uncovered a need for additional resources for providers who do not benefit from federal or state funding streams but serve children from low-income families and children who have experienced trauma. This includes home-based/legally-exempt providers located in the City of Rochester as well as some providers in rural/suburban areas. This should include supports for children ages 0-3, as much focus is on programs for children ages 3 and older (e.g., Head Start and UPK).

2. **Increase the accessibility of training and coaching opportunities.**
   - There is also a need for more training and coaching opportunities as described above. Training opportunities are limited not only based on expense, but also the ability for staff to attend. Participants identified strategies such as providing training components on-site with providers or web-based modules. Funding of training and coaching should focus on accessibility for all providers.

3. **Support advocacy efforts that value early care.**
   - Participants highlighted several policy issues to support (i.e., increased staff pay, subsidies, reimbursement rates for service providers, and availability of UPK and Head Start programs). Funding should include support of these advocacy efforts to promote high-quality early care.

To successfully implement these strategies, it is recommended that (4) community coalitions be engaged to seek their input, buy-in, and support for these efforts; and (5) other systems that serve young children ages 0-5, beyond child care settings, also be considered. Integration of existing supports for young children will be essential for a whole child health approach to take root and flourish in the community.
Appendix 2: Participant Survey Data – Values Question Responses

Coding Key for Themes:

1. Cultural Responsiveness & Relationship Building
   a. Family/Child as a Whole/ as Center of Care
   b. Safety
   c. Power dynamics

2. Communication
   a. Parent-provider, provider-provider, administrators – parent
   b. Method (e.g., spoken word, flyers, electronic), language

3. Academics/Curriculum/Classroom environment
   a. Professional development
   b. Training for providers

4. Meet needs of all children, particularly special or complex needs
   a. Speech and language, social-emotional needs

5. Addressing Barriers to Accessing Quality Care
   a. Language, transportation, safety
   b. Access to information about care options

<table>
<thead>
<tr>
<th>Response</th>
<th>Coder A</th>
<th>Coder B</th>
<th>Coder C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update the parent(s) about any issues, concerns and even questions. Be sure that all children feel safe and nothing is bothering them. Make sure you have the right child for all things like dismissal and bus routes.</td>
<td>1, 2, 5</td>
<td>1, 2, 5</td>
<td>1, 2, 3, 5</td>
</tr>
<tr>
<td>Support the caregiver/parent-child relationship</td>
<td>1, 2</td>
<td></td>
<td>1, 2</td>
</tr>
<tr>
<td>Make sure all of my child's needs are met. Support with language and speech therapy. Also, caring and compassion.</td>
<td>1, 4</td>
<td>1, 3, 4, 5</td>
<td>1, 2, 4</td>
</tr>
<tr>
<td>Support the parent. Ask for the needs of the family as a unit.</td>
<td>1, 2, 4</td>
<td>1, 2, 4</td>
<td>1, 2</td>
</tr>
<tr>
<td>Being in communication with parents all the time. It's very important that communication between the teachers and other persons that work directly with the child like T.S., T.O for example</td>
<td>1</td>
<td>1, 2</td>
<td>1, 2</td>
</tr>
<tr>
<td>Parents and teachers (Staff, daycare providers, etc.) to be on one accord for the benefit of the child. Offer resources, advocates, programs for areas where the parents or caregivers may lack or need assistance.</td>
<td>1, 4</td>
<td>1, 2, 3, 4, 5</td>
<td>1, 2, 4, 5</td>
</tr>
<tr>
<td>Safety of my child and providing education to them before they start school.</td>
<td>1, 3</td>
<td>1, 3, 5</td>
<td>1, 3</td>
</tr>
<tr>
<td>Building health relationships with families. Hearing and supporting the child's entire health (mental, physical, spiritual, emotional).</td>
<td>1, 4</td>
<td>1, 2, 3, 4</td>
<td>1, 2, 3, 4</td>
</tr>
<tr>
<td>Recognize a problem at an early age</td>
<td>4</td>
<td>1, 3, 4</td>
<td>2, 3, 4</td>
</tr>
<tr>
<td>Help engage the child's family in their education</td>
<td>1</td>
<td>1, 2, 3, 5</td>
<td>1, 2</td>
</tr>
<tr>
<td>Keep teaching the children educational things</td>
<td>3</td>
<td>1, 3</td>
<td>3</td>
</tr>
<tr>
<td>Maybe transportation for 3 year olds and pre-k and more transportation for 4 year old instead of limited space</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Pay strong attention to the social/emotional needs of the children.</td>
<td>4</td>
<td>1, 2, 3, 4</td>
<td>1, 3, 4</td>
</tr>
<tr>
<td>Communicate with parents and stakeholders transparent with data, at a community county and state level</td>
<td>1, 2</td>
<td>1, 2</td>
<td>1, 2</td>
</tr>
<tr>
<td>Transparency</td>
<td>1, 2</td>
<td>1, 2</td>
<td>1, 2</td>
</tr>
<tr>
<td>Consolidate methods to collect, rate and disseminate information. All else (advocacy, engagement, quality) follows from that.</td>
<td>1, 3</td>
<td>1, 2, 5</td>
<td>1, 2, 3</td>
</tr>
</tbody>
</table>

Note: Coding was done independently. Coded items rated by at least 2 coders were highlighted.
Appendix 3: Community Priorities – Consensus Building Results

Advocacy
- Expand transportation options/access for 3 & 4 year-olds to childcare. Need both district and community-based locations for Pre-K: 22 votes
- Improve parent engagement and safe ways for parents to provide feedback; consult parents in decision-making: 8 votes
- Eliminate disparities in cost and quality of care (ex. Federally funded programs currently get more resources): 4 votes

Training/Coaching Organizational Culture
- Create environments that make space for parent/family/community voice. Address policies and hire from community being served: 12 votes
- Recognize and intervene in behaviors/problems earlier before they get worse NFP/PAT-Pre-K: 22 votes
- Make resources available (training and COACHING, services) to help each child and their family get their needs met (understanding trauma, poverty and mental health): 20 votes

Parent/Caregiver Engagement
- Increase effective communication that includes: 31 votes
  - Polite
  - Consistently
  - Respect
  - Mediator/Regulator help
  - Revisiting
  - Resources (social events, training for parents or including parents in training, interpretation)
- Support:
  - Accountability from parents/caregivers: 4 votes
  - Funding: 6 votes
  - Tutoring programs (children, but parents too so that they can help their children at home): 2 votes
  - Agenda for both children and parents: 1 vote
  - Providing basic supplies ages 0-3 especially (diapers, wipes): 1 vote
    - Speech/language services in class longer: 3 votes
    - Mental Health Services: 9 votes

Data & Quality Improvement
- Transparency and accessibility of data and ratings to community: 8 votes
- Consistency of ratings across systems; consolidation on providers’ end; consolidation of quality measures (standardize): 15 votes
- Clarity of “what” data and what data systems are available: 8 votes

Legally Exempt/Friend, Family Care
- Data exploration of where L.E.C. providers are located and what story this may tell: 5 votes
- Bring Pyramid Model to L.E.C. (support children and families around trauma and kids with social, emotional needs): 9 votes
- Training - business and other like cultural understanding: 6 votes