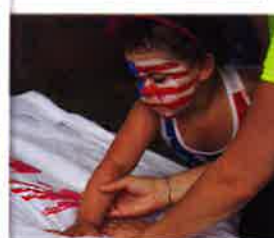


Stafford Community Plan for Young Children



From the Chair of the Stafford Early Childhood Collaborative

Stafford is extremely fortunate to have a dedicated group of community volunteers who desire to improve outcomes in health, development, safety and learning for young children. SECC is an advocacy partnership of parents, public schools, the library, elected officials, town agencies, clergy, medical professionals, school readiness programs, child care centers, home child care providers, DCF, the Village for Families and Children, local law enforcement, the family resource center, early head start, head start and others.

Through a funding partnership between the Graustein Memorial Fund, the Office of Early Childhood and the Children's Fund, we have been able to study the needs of Stafford's young children and develop a community plan that will address those needs. Implementation of the plan will improve outcomes by advocating for policies, programs and coordination of services to remove barriers to health, safety and learning. We will be partnering with local agencies to advocate for programs related to smoking cessation, improved reading ability by third grade, and greater safety and security at home and in the community.

In 2014-2015 we hope to expand our community efforts to include children through age 18. In that way we will be able to follow through over time on programs that may begin when the children are younger but which require constant diligence to yield a harvest of productive, capable, educated adults in the generations to come. Only through the commitment of the entire community can we be successful. All of us have a part to play, whether big or small. We thank you in advance for becoming a part of this great effort today by contacting us at the email listed on the back of this booklet.

LOCAL EARLY CHILDHOOD COUNCILS (LECCS)

Purpose to improve the delivery of services to all children, regardless of economics, race or social standing in order to improve the outcomes for education, health and development

Timeline evolution of LECCs parallels the evolution of SECC (Stafford Early Childhood Collaborative)

1995	William Caspar Graustein Memorial Fund (WCGMF) launched the Children First Initiative with 7 communities
1997	Enactment of School Readiness Program
1998	Stafford began receiving School Readiness Program funds and developed a School Readiness Council
2001	WCGMF launched Discovery Initiative with 46 community LECCs
2001	Creation of Stafford's Discovery Steering Committee working primarily to host events and parent / family training sessions in the community (usually through the schools)
2005	CT Early Childhood Education Cabinet established at state level
2006	Policy and Research Council releases "Ready by 5 and Fine by 9, Connecticut's Early Childhood Investment Plan (Part 1)" and calls for creation of LECCs to address needs of children age birth to 8. WCGMF offers to match state funds to build the capacity for LECCs to create community blueprints.
2006	Stafford's School Readiness Council (including representation from the town government, the school administration, Head Start, FRC, PTOs, public library, clergy, DCF, and healthcare providers) MERGED with Stafford's Discovery Steering Committee to form the Stafford Early Education Council (SEEC)
2007-2009	CT Early Childhood Education Cabinet committed 1.2M dollars to match WCGF's 600K; the Children's Fund of CT joined the partnership to add a health addendum and increase the total investment to 1.8M dollars
2010-2012	WCGMF, SDE (State Department of Education) and CFC (Children's Fund of CT) invite communities to develop a community plan and establish a single LECC by aligning Discovery and School Readiness Councils with a total investment of 4.3M dollars
2010	SEEC receives community planning grant from the funding partnership (WCGMF, SDE, CFC) and the changed the name to the Stafford Early Childhood Collaborative (SECC) to reflect the inclusion of more than education in its collective purpose

Function of LECCs

Cross-sector Engagement	shared decision making for the community by all members- parents, businesses, educators, childcare providers, etc.
Policy and Program Planning	develop a comprehensive community blueprint and financing strategy informed by community through local needs assessment
System Development	develop an effective accessible system of services that responds to family needs for early childhood in all respects
Leadership	provided leadership that advocates for early childhood needs at state and local levels
Public Accountability	track and report child and family outcomes, holding public and private programs accountable for results
Resource Allocation	align local, state, federal and private resources in support of the community blueprint

Interesting facts about the community of Stafford

Population
12,049
(2009)

Third largest town in
Connecticut by land area



140 births per
year

2,885 children under
age 18

18.4% of adults do
not have a high
school diploma

88.5%
preschool
attendance
(75% in CT)

721 children
under age 5

12.7% of children under 5
live in poverty
(11.3% of children in CT)

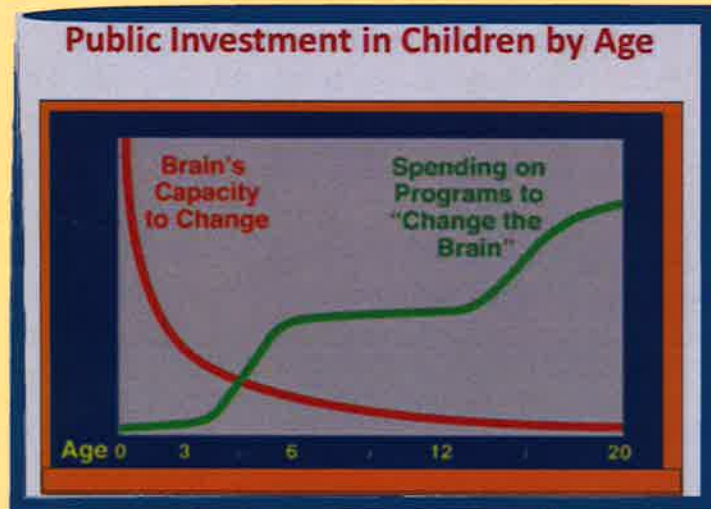
4,681
households

Median household
income \$67,056
(CT median
\$68,055)

7.2% of children in
Stafford do not speak
English as their first
language
(18.3% in CT)



The Benefits of Investing in Our Children During Early Childhood



"Race, Place and Who's Your Daddy: Health and the Social Gradient", Peter A. Gorski, MD, MPA, 4/23/2013

The diagram to the right shows the positive results that can be achieved through greater community involvement in the health and well-being of our children (green line) and the negative effects that result with diminished community involvement and concern (red line). A community that invests time, money and energy in promoting healthy, safe learners from the beginning reaps the benefits in the secure, productive adults those children become.

The diagram to the left demonstrates that the brain is the most moldable during the first 3 years, diminishing rapidly thereafter. However, most programs that are aimed at improving educational and social-emotional skills for children begin after age 4. **If we truly want to improve outcomes for all children, we need to make the investment early.**

Why Does Early Childhood Matter?



The Safety and Security of Stafford's Children

What is the problem?

The Centers for Disease Control and Prevention (CDC) show that **adverse childhood experiences (ACEs)** in childhood negatively impact children's sense of safety and security in their home and community.

National statistics show that at least 1 in 4 children will be abused by 18 years of age. 71% of children report exposure to one or more potentially traumatic events by the age of 17. * If it is possible that 71% of each graduating class at Stafford High School is so affected, it is critical to understand these ACEs.

What is an ACE? **

Abuse:

- Emotional
- Physical
- Sexual

Neglect:

- Emotional
- Physical

Household Dysfunction:

- Mother treated violently
- Household substance abuse
- Household mental illness
- Parental separation/divorce
- Incarcerated household member

What are we doing to support our families now?

Family Support and Parent Education

- Full time DCF case worker working closely with local law enforcement, town pediatricians, school personnel and the Family Resource Center (FRC)
- Family advocates through Early Head Start and Head Start
- Adult literacy program through a local church
- Job search information and free story times for children at the public library

Physical Health, Mental Health and Substance Abuse.

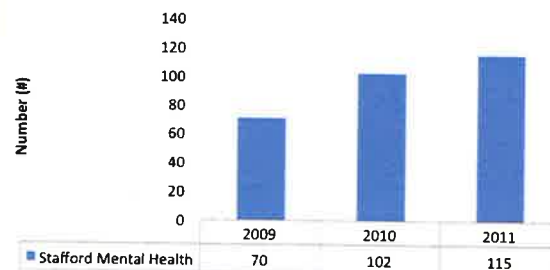
- Johnson Memorial Medical Center offering support groups for substance abusers and an inpatient mental health unit
- Stafford Family Services providing counseling on a sliding-scale basis
- A local pediatrician making house calls to those who need them

Basic Needs

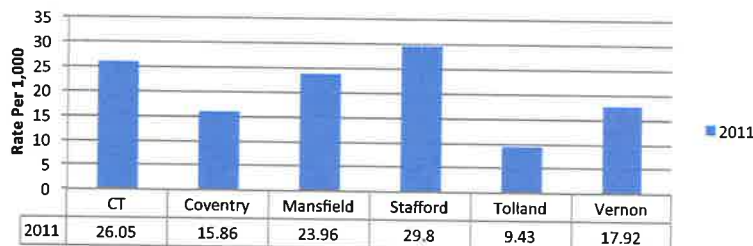
- Safenet Ministries providing food for those in need every two weeks
- Stafford Social Services addressing needs related to food, clothing, shelter and heating assistance and childcare assistance
- Foodshare, Inc., regularly distributing food to those in need
- Several churches in town providing free meals
- Schools stocking and distributing clothing for children in need

These charts demonstrate the significant number of households affected by these ACEs in Stafford. That translates to very many children who do not always feel safe or secure in their homes.

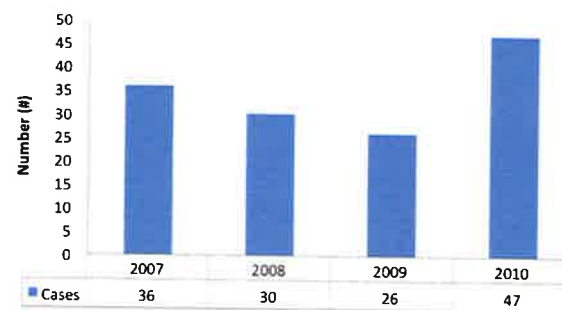
Stafford Residents 18 and Older in State Funded Programs for Mental Health



Child Abuse and Neglect, Children Age Birth - 9, Unduplicated, Rate per 1,000 in 2011
*Source CTData.org



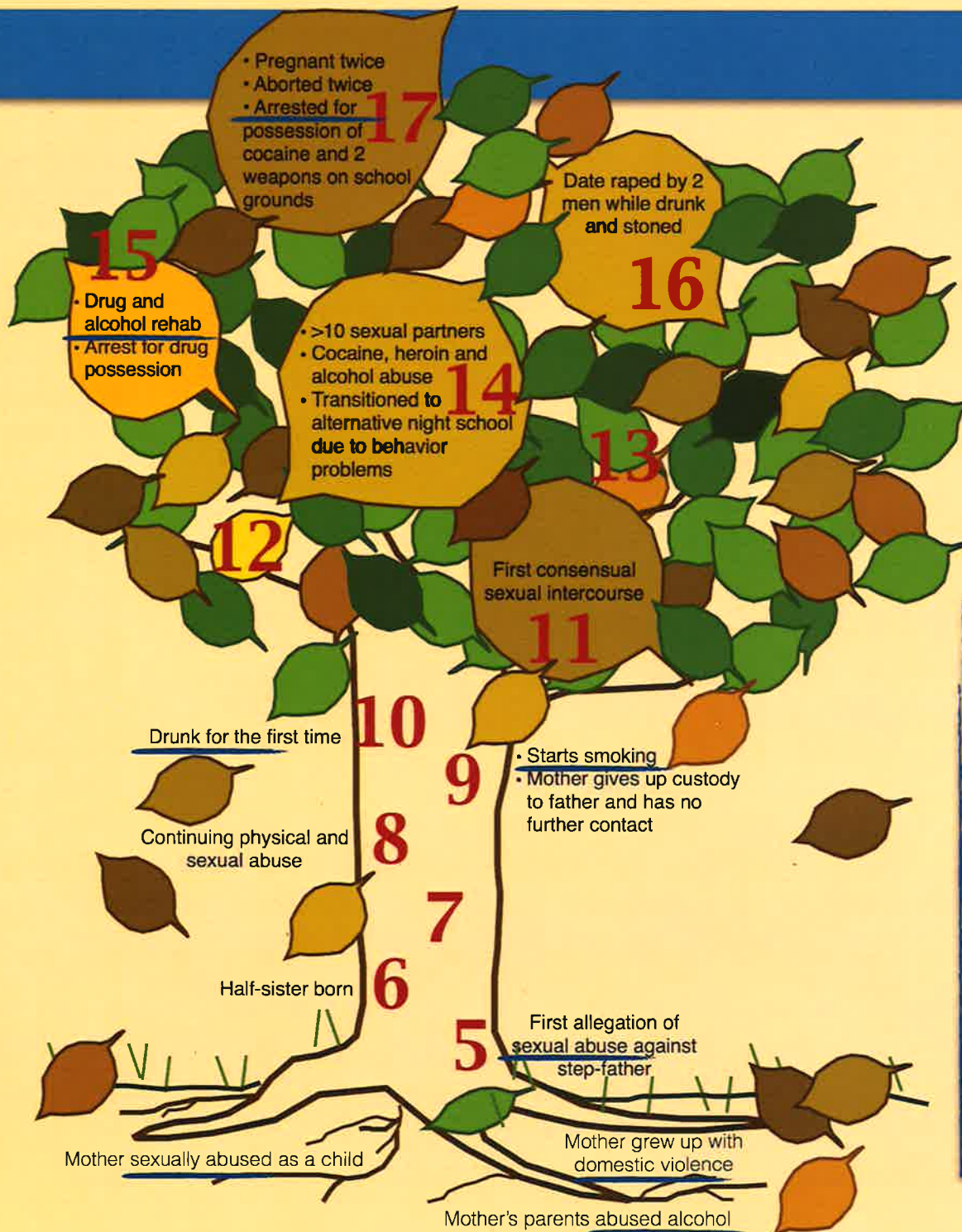
Incidents of Family Violence in Stafford



Graph data provided by:

- CTdata.org,
- CT Department of Mental Health and Addiction Services
- CT Department of Public Safety

Next Steps



M's Story

The image to the left represents the true cycle of family dysfunction and abuse for one of our Stafford children. This tree shows how the early violence, substance abuse and sexual abuse has been propagated forward into the life of this young girl. The hope is that we will be able to stop that from continuing. Through early intervention and appropriate use of programs we can prune the diseased branches out of this family tree and allow for healthy growth in the future.

What needs still exist?

The national model, **Strengthening Families**, developed by The Center for the Study of Social Policy (CSSP), has been adopted by more than 30 states. Communities work to put protective factors in place for families. It has been shown to decrease the likelihood of abuse by decreasing family stress.

Key goals in strengthening families are:

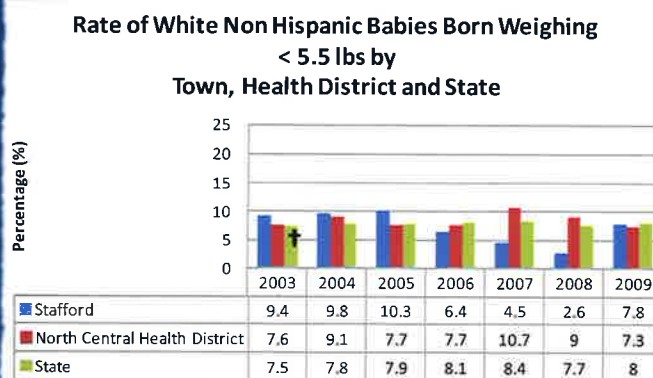
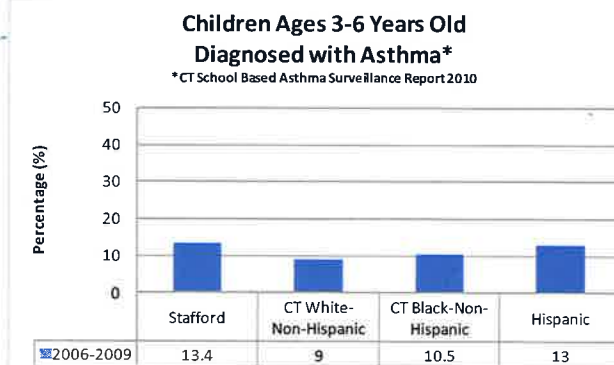
- meeting basic needs in food, clothing and housing
- increasing parental resilience
- increasing parenting skills
- providing emotional support to parents
- teaching children self-regulation & communication skills

The Health of Stafford's Children

What's happening right now?

The graph to the right shows that an average of 13.4% of Stafford children ages 3-6 were diagnosed with asthma in 2006-2009, much greater than the state average of 5.4%. It also demonstrates that, while Hispanics and Blacks account for most of the asthma in the state, Stafford's rate of asthma exceeds both, despite being 97% White.

Additionally, while low birth weight rates were higher than the state average from 2003 to 2005 and then decreased from 2006 to 2008, the rates resurged beginning in 2009.



Source: CT Health Department

Risk Factors that Contribute to Asthma **	Stafford's Statistics
Environment	
Traffic air pollution & Industrial emissions	Stafford scores a 103 on the air quality index. That level is moderate which means that it is harmful to sensitive groups like those with respiratory diseases, children and the elderly.
Smoking during pregnancy	An average of 17.7% of births are to mothers who report smoking during pregnancy.
Obesity	Of Stafford Public School children PreK - 1st grade, 16% are considered to be obese . 44% are considered to have a BMI that is not healthy.
Community & Society	
Poverty	30% of the children born to Stafford mothers qualify for free or reduced lunch in K - 3rd grades. 138 families are considered to be living below the poverty line.
Crime and Violence	Of the criminal charges filed in Stafford in 2009: 36% were assault charges, 11% were drug abuse violations, 1.25% were sex offenses.
Residential Segregation	Stafford is the third largest town in CT by land area with only about 12,000 inhabitants in < 5000 households. About half those people live in the densely populated downtown area, and the other half are widely scattered in the remaining rural landscape.
Access to health care	There are 47 physicians that practice in Stafford. One of those is a pediatrician. 1,245 individuals in 2010 were on Husky insurance.

**{Gold and Wright 2005, 97-104; Rosenbaum 2008}.

Current and Next Steps

What's happening right now?

A contributing factor to both asthma and low birth weight is **smoking during pregnancy**. Babies born to mothers who smoke during pregnancy are more likely to have low birth weight, develop respiratory illnesses such as asthma, and have an increased potential for developmental delays, learning delays and disabilities.

What are we doing to support our families now?

- Stafford Family Resource Center (FRC) and Early Head Start / Head Start programs promote healthy behaviors in families by offering support, information regarding the impact of tobacco use on children, and referrals to existing programs and potential resources
- Stafford Public Schools Health classes address the negative aspects of smoking and the effects on the body beginning in first grade.
- Several health professionals in Stafford provide patients with information, education, programs, medication for smoking cessation and asthma management, and outside referrals as needed.

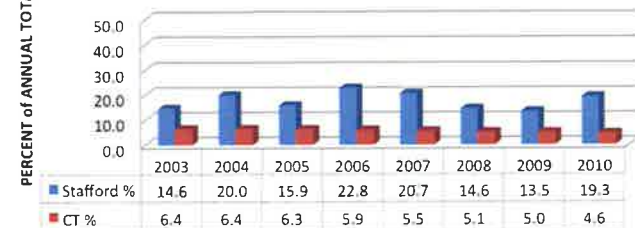
Mothers who smoke while pregnant are more likely to be: *	Stafford Mothers**
Young	7.3% under 20 years old
Less educated	11% less than high school education (no diploma)
Low income	30% of the children born to Stafford mothers qualify for free or reduced lunch in K - 3rd grades.
Non-Hispanic White	97% white
Unmarried	35.4% unmarried
Enrolled in HUSKY/Medicaid	31% of women who delivered in 2006

*Centers for Disease Control: Pregnancy Risk Assessment Monitoring System (PRAMS) (2004)

**CT Department of Public Health (2003 – 2009)

Mothers Who Reported Smoking During Pregnancy*

CT Department of Public Health



What needs still exist?

Smoking cessation or avoidance has been recommended in order to reduce the incidence and severity of asthma in children by the NIH, CDC, EPA, WHO, as well as the American Academy of Allergy and Asthma and the American Lung Association. The CDC offers publications that address smoking cessation, including information intended specifically for youth and pregnant women. We need to educate women before child-bearing age and offer cessation plans for women who do smoke.

The Education of Stafford's Children

Current Conditions

For a child to learn to communicate effectively, the family must encourage language and literacy skills including speaking, listening, singing, reading, writing, mathematics, and being able to read facial expressions and body language. Literacy is the foundation of future school success. In the early years children are learning to read, but by third grade children are reading to learn.

The KEI (Kindergarten Entrance Inventory) is administered to all children entering kindergarten to determine their school readiness. In Stafford, between 2009 and 2012, an average of only 47% of children demonstrated proficiency in literacy skills on the KEI.

Future reading success has been measured on the 3rd grade CMT reading test. Over the past 6 years an average of 40% of Stafford 3rd graders have not read at or above goal on that test.

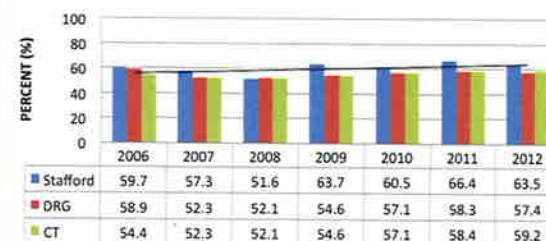
Students at Level 3 on Language, Literacy, Numeracy on the Kindergarten Entrance Inventory*

CT SDE CeDAR



Students Scoring At/Above Goal on 3rd Grade CMTs - Reading*

*Source: CT SDE CeDAR



Research spanning 100 years has proven that students lose ground academically when they are out of school for the summer. The problem is particularly acute among low-income students who lose an average of more than two months in reading achievement in the summer, which slows their progress toward third grade reading proficiency. It also exacerbates the achievement gap with their middle-class peers.

gradelevelreading.net/our-work/summer-learning-loss

What are we doing to help our children right now?

- Story times at the library
- Early Head Start Program
- Birth to Three Program
- NAEYC accreditation for Pre-K and Kindergarten in the public schools
- Home Reading Incentive Program at West Stafford School, Staffordville School and Stafford Elementary School which encourages all students to read (or be read to) at least 70 hours between September and May
- Family reading programs at the public library
- Governor's summer reading challenge

Next Steps

What a beautiful baby!
I'm sure you just love
snuggling with and
talking to him.

Talk to him? I didn't
know that babies could
understand at such a
young age!

Really? Let me show you the
recent research on brain
development and how you can
stimulate your child's language
beginning from birth.

Conversations like this could become more common in Stafford if parents are made aware of the need for early and constant language stimulation in order to promote early literacy, which is necessary for future reading success.

What can we do now?

Work to improve early literacy skills and promote early and lifelong reading through:

- Encouraging local healthcare providers to participate in the Reach Out and Read Program which begins at birth
- Creating and distributing Family Literacy Bags through local childcare providers, the public school, and town events
- Fostering a joint effort between the public school and the library to provide field trips to the library and increase the number of children and families making use of the library's summer reading program

Work to increase access to new and existing programs for reading development and maintenance through:

- Working with the library to create a mobile library van to service those who lack transportation by bringing the library to them
- Working with town government officials to secure public transportation

The Campaign for Grade Level Reading writes on its website "Education research recognizes that proficiency in reading by the end of third grade enables students to shift from learning to read to reading to learn, and to master the more complex subject matter they encounter in the fourth grade curriculum. Most students who fail to reach this critical milestones falter in the later grades and often drop out before earning a high school diploma."

(www.gradelevelreading.net)

Safety and Security

Health and Development

Learning

Strategy 1

Partnering with the community to implement CSSP's Strengthening Families initiative (6 protective factors)

Engaging all segments of the community to educate, increase awareness and promote smoking cessation

Engaging community partners to increase reading at home and decrease summer learning loss

Update community services flyer

- Prominently displayed in local businesses
- Sent home from school with children at start of each year

• **Social Connections factor**

• **Concrete Supports for Parents factor**

Place "worry boxes" in school classrooms and common areas

- Make children aware
- Check notes daily
- Respond appropriately to family/child
- **Social and Emotional Competence for Children factor**

Create a Parent Pals program through the school

- A parent can be connected with the parent of an older child
- Promotes parent involvement in academics and parent leadership as information is shared
- Each generation of parents leads the next
- **Social Connections factor**
- **Parental Resilience factor**

Create or purchase visual curriculum for abuse/neglect

- No people visible
- Puppet format with non-human characters
- Discuss several different safety topics, including abuse/neglect
- **Nurturing and Attachment factor**
- **Social and Emotional Competence for Children factor**

Flyer: local businesses, Stafford Public Schools
Worry boxes: Stafford Public Schools (teachers, social workers, psychologists)

Parent Pals: Stafford Public Schools, parents, PTOs, FRC, Headstart

Puppet show: existing show makers or local pediatrician for curriculum and delivery input, local artisans for puppets, Stafford Public Schools, local law enforcement

Educate pregnant women about the risks of smoking during pregnancy

- Create or obtain written education materials
- Distribute to local obstetrics providers
- Educate providers to ensure uniformity of message presented to pregnant women
- Create anti-smoking curriculum for Pre-K through high school

- Engage school administration and educators
- Engage local health care providers who treat children

- Uniform message to all children in town

Coordinate recurring smoking cessation programs

- Engage medical providers and local hospital
- Inform the community

Pregnancy education: local obstetrics providers
Anti-smoking curriculum: Stafford Public Schools, local health care providers
Smoking cessation programs: local hospital and healthcare providers, town leadership, local businesses

Library field trips through school

- Facilitate partnership between public schools and public library
- Provide children with library cards and the knowledge and desire to use them
- Encourage reading outside of the educational system

Reach Out and Read Program

- Educate local healthcare providers who treat children to become involved in this program

Family literacy bags

- Provide materials for children and parents and tips on how to read and interact with the materials
- Distributed through local childcare providers, school functions and other public gatherings where SECC has a presence
- Promote curiosity and interest in reading

Library field trips: Stafford Public Schools, Stafford library, parents
Reach Out and Read: local healthcare providers, parents
Family literacy bags: Stafford Public Schools, parents

Actions

Partners

Safety and Security

of families receiving information regarding available services
of families receiving services through community agencies
of children reporting significant needs/concerns/abuse/neglect
% families with repeat/recurrent needs
% families with active social service use
% repeat DCF referrals involving family violence, substance abuse where children were present

Health and Development

of providers participating in collaborating
of providers who follow up with patients
of pregnant women identified as smoking
of pregnant women informed of smoking risks
of pregnant women in cessation treatment
% of providers who agree to provide consistent anti-smoking information to pregnant women
% of pregnant women who stopped smoking during pregnancy
% of women reporting smoking during pregnancy

Learning

of children requiring reading assistance in school
of children checking books out of the library with their own card
of healthcare providers participating in Reach Out and Read program
% of third graders reading at or above goal on CMT (or equivalent testing)

Performance Measures

Strategy 2

Increasing access to existing and new programs for family support

Increasing access to existing and new programs for education/cessation

Increasing access to existing and new programs for reading development and maintenance

Public transportation

- Work with town law makers to see if public transportation would be available (e.g. Vernon bus line or Manchester bus line)
- Consider creation of "free taxi" service for qualifying families
- Consider transporting needs for young children

Mobile services

- Work with local agencies to increase the number of services that are offered in-home

Walking distance services

- Work with local agencies to provide more services within walking distance from the downtown

Public transportation

- Work with town law makers to see if public transportation would be available (e.g. Vernon bus line or Manchester bus line)
- Consider creation of "free taxi" service for qualifying families
- Consider transporting needs for young children

Walking distance services

- Work with local agencies to provide more services within walking distance from the downtown

Public transportation

- Work with town law makers to see if public transportation would be available (e.g. Vernon bus line or Manchester bus line)
- Consider creation of "free taxi" service for qualifying families
- Consider transport needs for young children

Mobile services

- Work with local library to create mobile library services for summer time

Walking distance services

- Work with local library to provide more services within walking distance of downtown

Actions

Public transportation: local government

Mobile and walking distance services: social service agencies, local law enforcement, parents

Public transportation: local government

Mobile and walking distance services: social service agencies, local healthcare providers, local hospital, parents

Public transportation: local government

Mobile and walking distance services: public library, Stafford Public Schools, parents

Partners

of people using public transportation to access social services
of mobile services offered
of families requesting mobile services
% of families using public transportation
% of families using mobile services

of women using public transportation to access OB care
of women using public transportation to access smoking cessation programs
of mobile services offered
% of pregnant women using public transportation to access smoking cessation programs

of people using public transportation to access the library
of people using mobile library services
of people with an active library card
% of families using public transportation to access the library
% of families using mobile library services

Performance Measures

When a community comes together, there are no limits to what can be accomplished.

We are fortunate to partner with many key stakeholders in our community, and we continue to enlarge our circle of collaborators to the benefit of our children.

Stafford Partners:

Stafford Public Schools
Stafford Public Library
The Office of the First Selectman
West Stafford School, School Readiness program
Red Balloon childcare center
World of Imaginations II
Stafford Head Start program
Stafford Early Head Start program
Stafford Family Resource Center
First United Methodist Church of Stafford
Johnson Memorial Hospital
Terry M Eccles, MD, LLC
PASS program

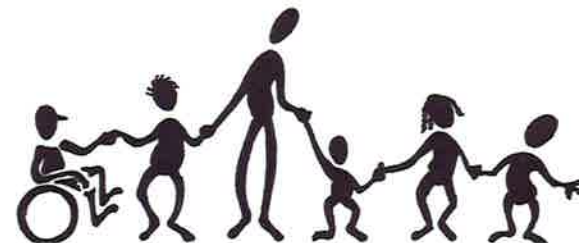
Statewide Partners:

CT Department of Children and Families
Eastern Highlands Health District
North Central Health District
Children's Health and Development Institute
Early Childhood Alliance

Funding, encouragement and direction provided by:

The William Caspar Graustein Memorial Fund
The Children's Fund
The Office of Early Childhood
The Stafford Library Association
The Stafford Board of Education
Terry M Eccles, MD, LLC

Stafford Early Childhood Collaborative



Contact: SECCcoordinator@gmail.com