



First Words, First Steps The Importance of the Early Years

I. Parents as First Teachers and Advocates

Parents and guardians are a child's first and most important teachers. No institution, public or private, can replace the primary functions of a family, which include nurturance, providing a loving attachment, and values development. Families want their children to succeed, and they rely on the information and skills acquired in child rearing to ensure that success.

In order for parents to support their children, they need the support of their own communities. Some families need information on child development and parenting as well as how to access care for their children while they work. Others need fulfillment of certain basic needs, such as safe and affordable housing, health care or transportation. Children perform the best in creativity and learning when their parents fully guide them, and their families are strong. Involved parents and families are the backbone of a child's development.

FACT: When parents are engaged in children's learning, children from all backgrounds tend to adapt well to school and attend regularly. They have better social skills and behavior and earn higher grades. (Anne Henderson)

Policy directions:

- Promote family access to information regarding optimal child development and how parents can serve as partners in children's programs and policies throughout Connecticut;
- Ensure that families with newborns and young children have access to home visitation and family supports;
- Ensure that the Workforce Development Plan for professionals working with young children focuses on culturally competent services for families with diverse linguistic and cultural needs;
- Enhance and increase opportunities for the development of family literacy skills to support children's readiness for school and family self-sufficiency;



- Support the important role of fathers in their young children’s lives and address policy obstacles that impede participation;
- Help parents with unmet basic needs – such as food security, transportation, and medical care – that can unnecessarily impede family functioning and turn a strong family into a family at risk;
- Ensure that parents have ways to reach and utilize the community resources they seek for their family; and
- Coordinate and distribute materials on early childhood development to parents through child care centers health departments, hospitals, nutrition programs, community health and school-based health clinics, and other neighborhood based organizations.
- Promote paid family leave so that parents can bond and develop the vital connection with their infant that impacts lifelong ego development, emotional stability and family relations.

II. Early Screening and Prevention Services

Learning is a cumulative process that begins at birth. A child’s ability to love and learn is well-rooted in the first three years of life. Curiosity, values, and the capacity to share take shape before age six. If an infant

or toddler shows signs of developmental delay or a risk of one, appropriate services can head off later difficulties and help families learn how to nurture children with special needs. Infants and toddlers receiving early intervention services gain developmental skills, while their parents gain confidence and competence in their ability to meet their children’s needs.

FACT: In Connecticut, only 50% of infants or toddlers with disabilities or developmental delays who receive appropriate early intervention services need special education at kindergarten. Since the per-pupil cost of special education is twice the cost of regular education, the savings can total as much as \$255,000,000 per year statewide. (Department of Mental Retardation)

Policy directions:

- Ensure that families with newborns and young children receive family home visitation services and support;
- Enhance the efficacy of the Birth to Three systems by including environmental risks and mild developmental delays in the eligibility criteria and increase access to preschool special education; and
- Test children for lead toxicity to ensure that infants and toddlers do not receive environmental toxins that severely impact cognition and learning behaviors.



III. Healthy Expectations: Health Care and a Medical Home

Good health is basic to a child's optimal growth and development. And, a mother's health strongly influences prenatal health and delivery. During the early years, routine physical and dental health checkups help children thrive. This includes monitoring height, weight, nutrition, hearing, and other aspects of infant and early childhood development, along with giving vaccines to prevent unnecessary illness and serious disease. In some instances, early behavior problems may indicate mental health issues that can be identified and addressed early in a child's life. Routine health care serves as an opportunity to inform families on parenting in different stages child development – and as the primary detector of problems. If a health problem is detected early, there is greater chance for intervention and improvements.

FACT: One out of eight children entering kindergarten without school readiness skills is in poor health. (Boyer)

Policy directions:

- Ensure health care access and coverage for women of child-bearing age to promote safe and healthy pregnancies.
- Expand Medical Home pediatric practices to enhance outreach, health care coordination and support for families. Align with early care settings;

- Expand information and referral services such as 211, Child Care INFOLINE and Help Me Grow programs;
- Expand the ability of federal qualified health clinics (FQHCs) to support training programs for community health practitioners, including advance practical registered nurses and dental practitioners;
- Improve access to nutritious foods and physical activity opportunities and promote healthful behaviors to support healthy living and to prevent obesity
- Expand community-based mental health services and develop a system of mental health consultation for young children;
- Ensure proper oral hygiene through public information on children's oral health care; and
- Expand dental hygienists access to child care settings.

IV. Quality Early Care for Infants, Toddlers, and Two-year-olds

The brain develops to 90% of its capacity in the first five years of life. What an infant or toddler does in the course of a day influences lifelong learning patterns. Quality early care provides children with nurturance, comfort, and appropriate interaction with adults and peers, along with fun and an



active play environment. Quality early care meets the child at his or her level and follows infant-toddler standards with keen attention to safety, health, and language development. Children who have traditionally been at risk of failing in school are more affected by the quality of child care experiences than other children. The quality of early care is related to children's cognitive development. The closeness of the adult-child relationship influences social development through the early years.

FACT: High-quality child care continues to positively predict children's performance well into their school careers. (Kagan and Howes)

Policy directions:

- Expand supply and capacity for quality infant and toddler care;
- Provide quality and accessible training in early childhood development for all caregivers, both formal and informal; and
- Implement the new guidelines for quality infant/toddler care as developed by the Connecticut Department of Social Services (DSS) and partners.
- Align the reimbursement rates of state funded centers providing care for infants, toddlers and two year olds with school readiness programs to promote universal access to quality early care of for the youngest children.

V. Every Child a Successful Reader

Familiarity with the sounds of language and exposure to words and text bring the universe to a child. Reading opens doors to new worlds and probing questions. When a child has the capacity to speak, listen, and eventually read, the opportunities become limitless. When a child has difficulty learning to read and falls behind in literacy skills, it becomes difficult to catch up. More than one-third of children from low-income communities enter formal kindergarten classes behind their peers. By fourth grade more than 50% of these children will not meet the standard for reading proficiency. Yet, brain research teaches us that reading is teachable to 95% of our students. Before entering formal education, children should have been exposed to more than 1,000 hours of experiences with books, alphabet games, storybook reading and activities. Parents and caregivers can all help ensure, through proven teacher practices, that all children learn to read.

FACT: Of every 100 children who leave first grade as poor readers, 88 will still be poor readers at the end of third grade, limiting their chances of academic and future workforce success. (NLC Institute for Youth, Education and Families)

Policy directions:

- Include parents as partners in their child's education through support of



opportunities and enhancement of family literacy skills such as Reach Out and Read in pediatric practices;

- Develop pre-literacy training opportunities on how children acquire language and emergent literacy skills for parents and care providers of infants, toddlers, and two-year-olds. Inform parents on best practices to enhance and expand children's language development, including the role of play and relationships in the early development of sound and language;
- Align and coordinate for dissemination of best early practices through pediatricians, home visitation programs, children's libraries, child-care centers, and birth-to-three programs;
- Ensure that teachers of kindergarten through Grade 3 are taught how to teach reading using the standards delineated in the Connecticut Blueprint on Reading.
- Integrate the role of early care and education programs with the public libraries to create public engagement in joyful participation with books; and
- Expand the responsibility of the Workforce Development Plan to include all staff involved in the care and education of infants, toddlers and two-year-olds, and ensure that it provides for training either through pre-service training or professional development in

stages of child development, best practices in early childhood education, strategies for working with families in diverse linguistic and cultural needs, and research-based pre-literacy strategies.

VI. Reduce Child Poverty

Family poverty creates child poverty. About one quarter of Connecticut children, and 26% under the age of six, live in low-income families below 200% of the federal poverty level. Children in poverty are more likely to have poor health, infectious disease, low birth-weight, stunted growth and hunger. Children growing up poor in Connecticut perform much lower on educational test than do higher income children. Children in poverty are up to three times more likely to die during childhood.

FACT: Each year that a child spends in poverty costs \$11,800 in lost future productivity. (Connecticut Policy and Research Council)

Policy directions:

- Implement the Child Poverty Council recommendations to reduce child poverty by 50% by the year 2014;
- Develop a leadership training model, across multiplied sectors, to implement the Child Poverty Council objectives;
- Enhance supportive housing to decrease the 2000 homeless children



under the age of 6 now living in shelters; and

- Develop models that specifically address the needs of homeless children in child care settings.

VII. Coordinating a Seamless Early Care and Education System

Children's programs are spread out across many different agencies. They utilize varied funding streams, standards, eligibility criteria, and policies that are not aligned. This fragmentation creates a complicated system for parents with limited time juggling work and family obligations. Improved coordination of services would improve efficiencies, consumer utilization, enhance customer service, and engage families more substantively in service and policy opportunities. Many families stop utilizing desired services for their children because they cannot navigate the multiple paths and rules for usage. A coherent system of care and learning helps create coherence for the child and the family.

FACT: Fragmented programming impedes customer service and consumer utilization. This can lead to children missing out on immunizations and health care check ups, along with early care and education opportunities. (Charles Bruner, introduction to "Reinventing Common Sense," published by the National Center for Service Integration)

Policy directions:

- Create a sustainable community system for infants, toddlers and two year olds that is the front-end and seamlessly coordinated with the school readiness councils or other designated sites;
- Identify regional or local entities as hubs in order to provide a seamless system and better access to resources, services, information and referrals for families and their young children, infancy through age two; and
- Create a coherent child care system, across state and federal departments and funding streams, with each agency taking responsibility for their part and discrete functions in making the state system work for the family.

VIII. Accountability and Governance for the Public Trust

Data-driven decision making with public awareness will improve product, service delivery, and child outcomes. Benchmarks and outcome measurements in early care and education would offer the public and policy leaders a transparent view of trends, issues, and ways to address policy gaps facing families. Policy leaders will be better able to determine policy strengths and areas of need for the next generation. The family needs to see the state's commitment to oversight and excellence to utilize and partner on best



practices and policies for the next generation.

FACT: Data-driven decision making improves outcomes and offers the public and policymakers a clear view of what is and is not working for children in our state. (Mark Friedman)

Policy directions:

- Enhance quality and tracking of child health outcomes in HUSKY and KidCare as measured by Early Periodic Screening and Detection Treatment (EPSDT) guidelines or other proven measures;
- Identify funding to establish common standards, requirements and child outcomes including a reporting mechanism on key child outcomes in all contracts with funded providers of services;
- Develop a Results Based Accountability (RBA) approach that uses a system of child and program outcomes in determining the results; and
- Establish a state leadership entity with explicit responsibility to guide the implementation of a coordinated early childhood system with broad stakeholder representation.

- Minimize fragmentation and promote customer satisfaction through efficiencies in financing that maximize consolidated funding and seamless grants for services.
- Create Baby Zones where parents can come for information, networking and services with safety and quality.
- Embed as a key principle of governance that parents are equal partners in decision making concerning core components of the system of family support.

Important Notice

This is a working draft, written by the Department of Social Services and the Commission on Children. We welcome feedback and comments, especially to those areas you have expertise. Send information and document feedback to peter.palermينو@ct.gov.

