



# Starting Strong

## Supporting Early Learning in Grays Harbor County

September 2015

Prepared for the Grays Harbor Community Foundation Board of Directors





## **Contents**

<b>Background</b>	<b>1</b>
<b>Our Families</b>	<b>4</b>
<b>Our Services</b>	<b>7</b>
<b>Challenges and Opportunities</b>	<b>13</b>

October 2, 2015

Board of Directors, Grays Harbor Community Foundation,

This report responds to a set of questions posed by members of your board and staff. With increasing interest in early learning, they asked us to examine the topic, provide answers to basic questions and point the way to actions that the community can take to help the next generation grow up healthy, strong, and ready to learn.

In the following pages we have provided a first look at our children and families, our early learning environment, some of the challenges we face and potential directions for the future.

The information provided is intended as a basis for discussion. We look forward to participating in continued dialogue with you about our kids.

Karolyn Holden, Deputy Director  
Grays Harbor Public Health & Social Services

## Background

### Why is early learning important?

The human brain develops most markedly in the first five years of life; research suggests that 85% of the “sculpting” of the human brain’s neurological structure happens between birth and age 5. Over 40 years of research shows that high quality experiences in early childhood yield long-term positive benefits for children, families, and communities:



“Swinging Amy” by Brianne Probasco. All rights reserved.

- ▶ increased school readiness
- ▶ increased reading and math skills
- ▶ increased family wages
- ▶ increased community engagement
- ▶ less incarceration
- ▶ less dependence on public assistance programs ([Washington State Department of Early Learning](#))

According to James J. Heckman, Professor of Economics at the University of Chicago, “Quality early childhood education can close the income gap, reduce health disparities, and save taxpayers a bundle in lower health and social costs. It saves lives and saves money.” ([Heckman](#))

### What are ACES and why do they matter?

Adult health and well-being is shaped during a child’s first years in terms of reactivity to stimuli and the function of many body systems. Science is beginning to help us understand why.

In 1998, a landmark study called “Adverse Childhood Experiences” (or ACES) was published. The study is one of the largest investigations ever conducted to assess the associations between childhood maltreatment and later-life health and well-being. It looked at 10 categories of childhood adversity including emotional, physical, and sexual abuse, growing up in a home where there was substance abuse, having a family member who was in prison or who had a mental illness, and having parents who were separated or divorced. ([Centers for Disease Control and Prevention](#)) The findings suggest that:

- ▶ ACES are common: about 2/3 of the population has at least one; over a quarter of the population has three or more; over 5% of the population has six or more
- ▶ ACES are common in all socio-economic groups
- ▶ ACES tend to cluster; someone who has experienced one category of ACES is likely to have experienced others
- ▶ Accumulation of ACES matters - the higher the number of ACE categories experienced (ACE score), the higher the rates of many mental, physical, behavioral, and social problems

## ACES: Adversity becomes biology.

Since the publication of the ACES study, advances in neuroscience have begun to explain how this happens. Trauma leaves tracks in the developing brain. Stress literally gets under the skin, affecting the immune system, heart health, even the expression of our genes. The effects of these changes are life-long unless people engage in recovery, which often requires specific education and support. Parents and other care providers who experienced ACES themselves often repeat unhealthy patterns in their own lives despite their best intentions. In this way the effects of childhood adversity are passed from generation to generation. ([NEAR@Home Toolkit](#))

To mitigate the effect of ACES, children need exposure to a nurturing, attentive, caregiver. Our kids live in a variety of family situations, and most are not cared for exclusively at home by a parent. Many kids have single parents. Many have working parents. Most are cared for part of the time by child care providers or family members. Some receive early education services from public or private preschool programs. All of these early care relationships contribute to the child's development.

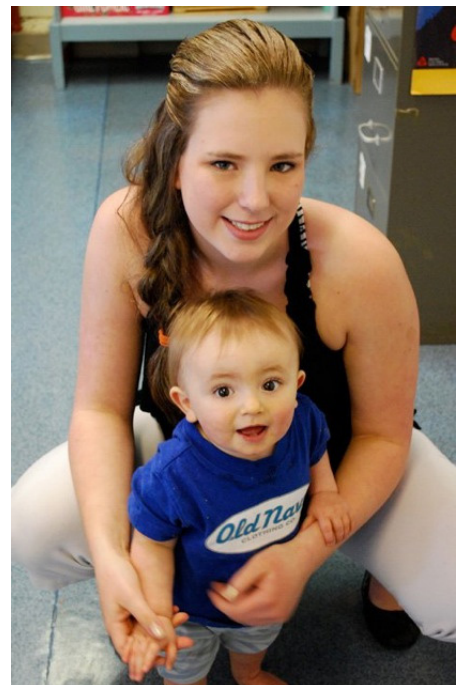
## Fostering resilience: Child, family and community.

The good news is that what is predictable is preventable. Although early adversity cannot always be prevented, ACES don't have to be destiny. Adults can be supported to understand their ACES history and can learn the skills they need to foster resilience in their lives and the lives of their children.

Resilience is the capacity to cope with stress, overcome adversity, and thrive despite (and even perhaps because of) challenges in life. People who are resilient see setbacks and disappointments as opportunities to grow. While some people may seem to be naturally more resilient, research shows that children, adults, and even communities can learn skills and ways of thinking that boost resilience. ([Community Resilience Cookbook](#))

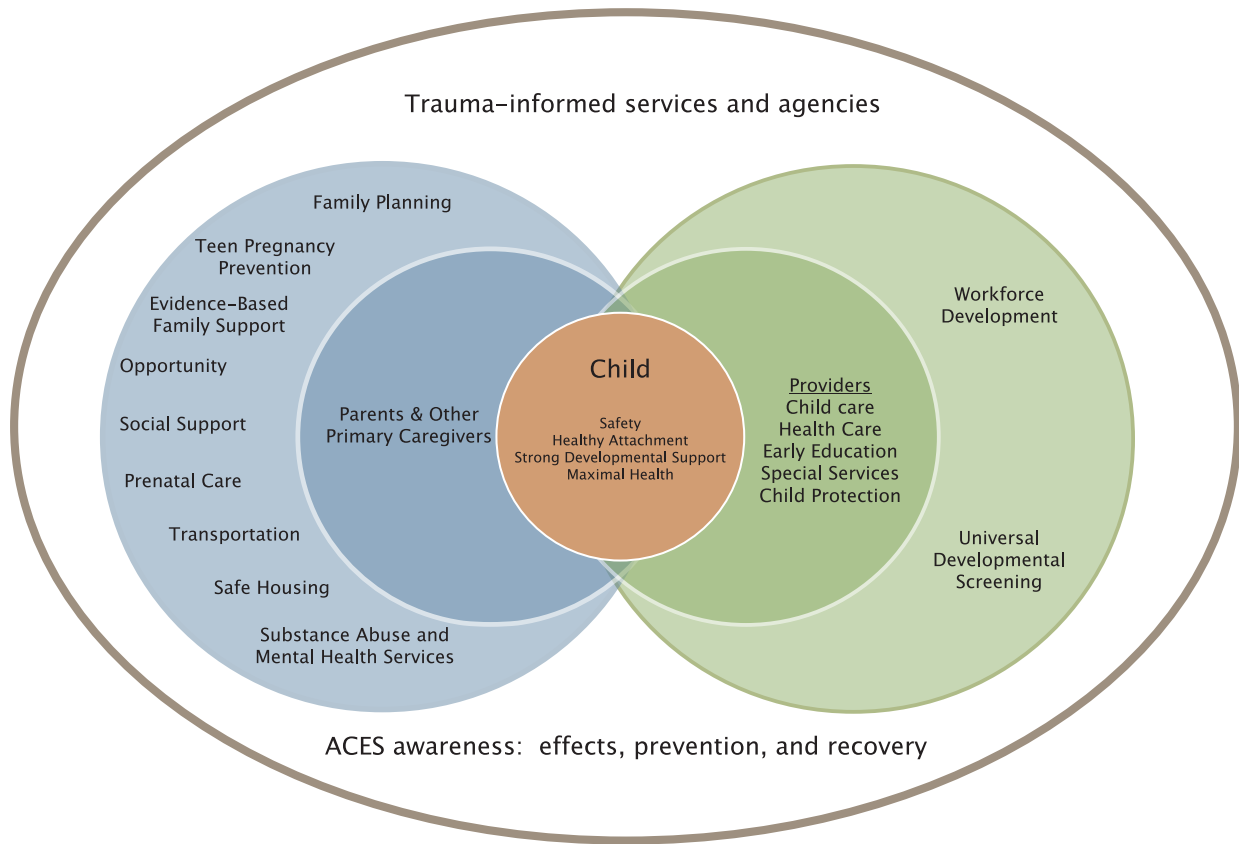
Resilience is a developmental process. It is the result not only of biological characteristics but of the development of individual capabilities, attachment and belonging in a family or other social group, and support based on community, culture, and spirituality. We can design programs, services, and agencies to foster the development of resilience for both children and parents.

Everyone who provides care during the critical early years affects the child's developmental path and contributes to the story of their life. In considering what communities can do to improve the early experiences of children, it is important to consider all of the potential caregivers in that child's life and the forces that influence those caregivers in their ability to provide attentive, quality care. The model on the next page demonstrates some of these factors and forces.



"Learning as Parents" by Province of British Columbia is licensed under [CC BY-NC 2.0](#)

## A Social-Ecological Model of Early Childhood Experience



### First do no harm: Vicarious Trauma.

Much of our resilience comes from community - from the relationships that allow us to lean on each other for support when we need it. Very often, families under stress are isolated and lack healthy supports. They may behave in ways that are likely to evoke a negative, frustrated response from others. If the effects of ACES are not understood, providers and agencies may respond in a punitive rather than helpful way.

The prevalence of ACES suggests that many of the people in the helping workforce have their own struggles related to early adversity. Workers who try to provide support are often exposed to difficult and stressful experiences in the course of doing their jobs, a situation referred to as “vicarious trauma.” Unfortunately, sometimes the very services and systems that are supposed to provide our vulnerable families with needed support are structured or delivered in a way that increases stress and anxiety on both sides of the relationship rather than alleviating it.

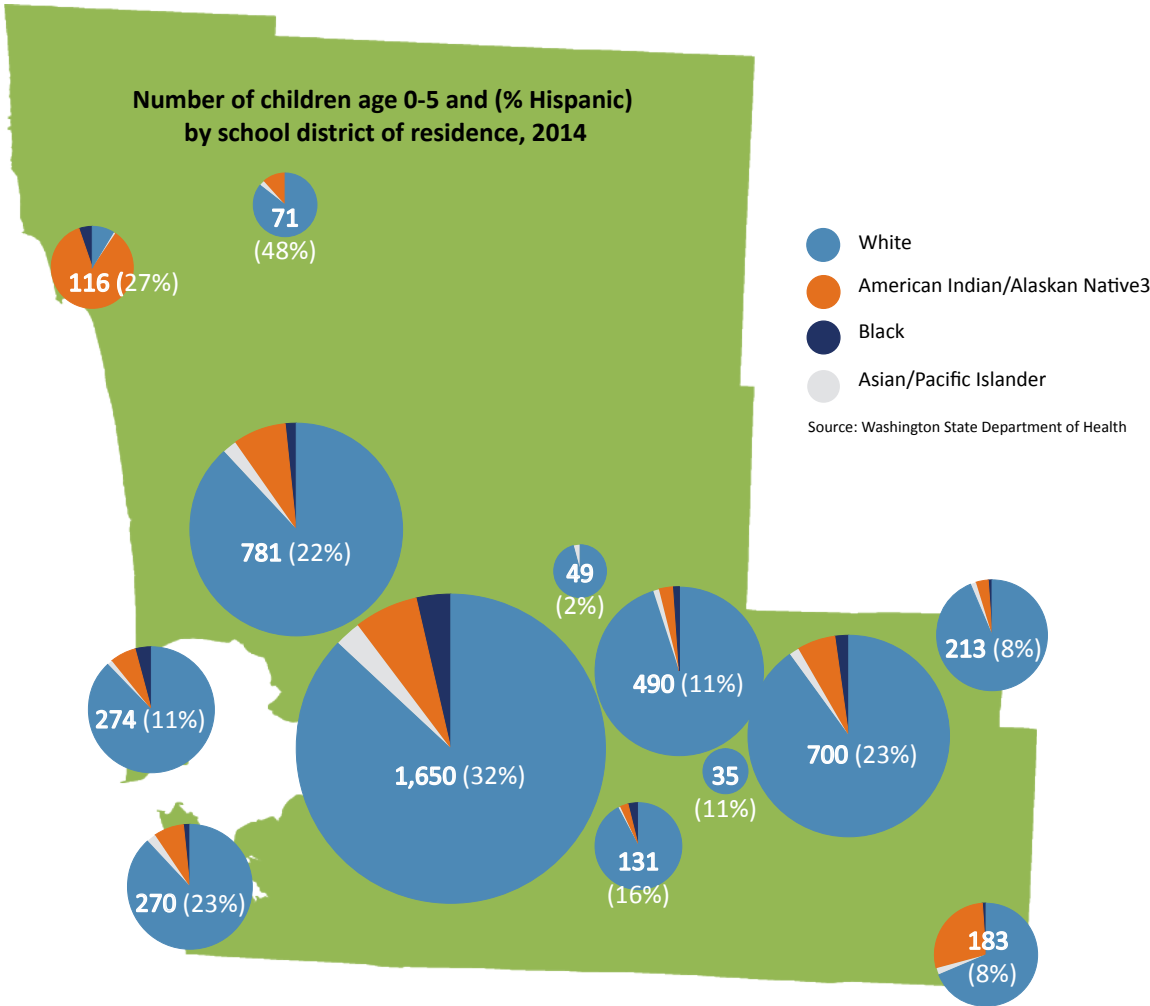
In response to the emerging science of early learning and the effects of ACES, providers, agencies, and communities are looking to become “trauma-informed.” A trauma-informed approach recognizes the role of trauma in clients’ and staff members’ lives. They work to build trust, provide supportive relationships, and work with clients as partners in healing. A trauma-informed agency asks, “What happened to you?” rather than “What is wrong with you?” ([NEAR@Home Toolkit](#))

# Our Families

On the next few pages we will briefly describe what we learned about our kids aged birth to 5. We will look at racial, ethnic, and language characteristics, income and parental education, and indicators of poor family function. All of these variables contribute to our kids' readiness for kindergarten, which is described at the end of this section.

## Race, ethnicity, and language

An average of 830 babies are born each year to residents of Grays Harbor County; approximately 4900 children age 5 and under currently live in our local communities. The map below demonstrates the communities where kids live (approximated by school district). Each circle indicates a different school district and the colored slices show the racial distribution of the kids. The number in bold is the approximate number of children under five years of age, and the number in parentheses is the percent of children who identify as Hispanic. (Washington State Department of Health)





During the 2014-2015 school year, students in these school districts received transitional bilingual services - an indicator that the language spoken at home is probably not English. ([Office of the Superintendent of Public Instruction \(OSPI\)](#))

District	Number of Students Served
Aberdeen	339
Elma	112
Hoquiam	53
Lake Quinault	33
Montesano	17
Ocosta	57

### Income, Education, and Poverty

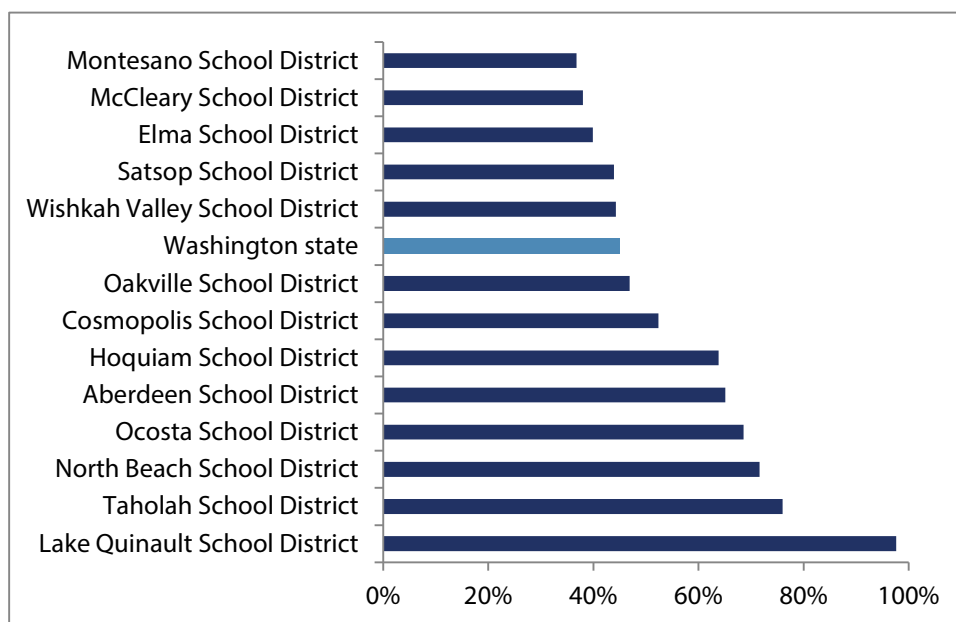
Children born to mothers with a low level of education and limited financial resources have a greater risk of entering kindergarten with educational problems. ([Guttmacher Institute](#), [Huffington Post](#))

Compared to the state, Grays Harbor’s mothers are younger and have less education. In 2013, 165 of the county’s kids (22% of births that year) were born to mothers with less than a high school diploma or GED. (Washington State Department of Health)

About 1 in 3 county households with children under the age of 18 have incomes at or below 100% of the Federal Poverty Level. This measure includes only people who live in extreme poverty; for example, a family of 4 would have a gross monthly income of less than \$2020 per month. Generally speaking, families are more likely to live in poverty if they are non-White or Hispanic, are headed by a single adult, and/or have a higher number of children under age 18. ([American Community Survey](#))

To see how economic deprivation is distributed geographically, we can look at the percent of children in each school district who are eligible for free or reduced-price meals. In order to be income-eligible for free and reduced meals, a family of 4 would have a gross monthly income of less than \$3738.

**Free & Reduced Price Meals Participation, 2014**



Source: [OSPI](#)

If more than 40% of the students in a school receive SNAP (family food assistance) benefits, the school may elect to participate in the Community Eligibility Program. This allows the school to provide free breakfasts and lunches to all students without the administrative work of verifying each student's eligibility. In Grays Harbor County, the Elma, Hoquiam (elementary schools only), Lake Quinault, and Oakville School districts participate in this program. ([OSPI](#))

## Family Problems/ACES

A child's ability to develop, learn, and adapt are fundamentally influenced by his first relationships and sense of safety. Attachment is a powerful biologically driven process that is at the heart of the human experience. To survive, infants and young children must be able to engage with a protective caregiver. Children adapt to their families as a way to keep the parent engaged and protective. In healthy families, adults prioritize the infant's needs and change their life to care for and protect the infant. In families who are coping with a lifetime of overwhelming stress, parents are sometimes so focused on survival that the infant's needs for protection and nurturing are unmet. If a child does not develop healthy and secure early attachments, it can be experienced as a life-threatening event. ([NEAR@Home Toolkit](#))

We don't have a measure of ACES on our local kids, but common indicators suggest that our families are stressed. Local families with children aged 0-17 are more likely to be involved in an accepted child abuse referral than is typical statewide. ([DSHS](#)) More than 1 in 4 local 8th graders report that they have been physically abused by an adult at some point in their life. Dating violence is reported more than twice as often among local 8th graders than the state average. Our youth initiate risky behavior, including substance abuse, at earlier ages than their peers statewide, and both youth and adults report higher rates of mental health and substance abuse disorders. ([Healthy Youth Survey](#))

## School Readiness

A number of high-needs elementary schools in Grays Harbor County have had state-funded all-day kindergarten for several years (Elma, Aberdeen, Ocosta, Hoquiam, Lake Quinault, Taholah, North Beach, and Oakville). Beginning with the 2015-2016 school year, all of the school districts in Grays Harbor County have state-funded all-day kindergarten. In the 2016-2017 school year, all schools across the state of Washington will have state-funded all-day kindergarten.



"Painting Squeak by Brienne Probasco. All rights reserved."

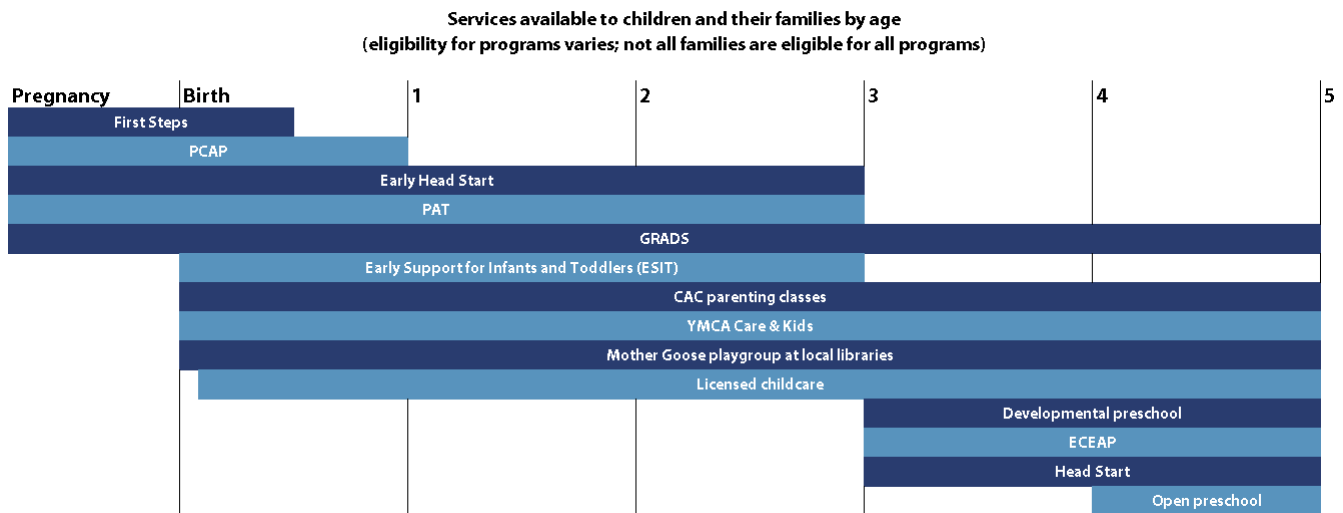
The Washington Kindergarten Inventory of Developing Skills (WaKIDS) requires that schools receiving state funding for all-day kindergarten complete a whole-child assessment of each kindergarten student at the beginning of the school year. Teachers take an inventory of each child's developing skills in six areas: Social-emotional, physical, language, cognitive, literacy, and mathematics.

In general, readiness for kindergarten in these six functional areas ranges from 53% to 100% among the county’s participating districts. The percentage of Hispanic children demonstrating readiness is significantly lower in math - an opportunity gap that is consistent across the state ([OSPI](#)).

Kindergarten readiness varies between school districts; a more in depth analysis of these district level results in the context of the district’s available early learning supports could be a next step in better understanding why gaps occur and how to reduce them.

## Our Services

The following diagram summarizes the early childhood services that were explored for this assessment. It shows the age of children served in each program.



For the purposes of this discussion, services are divided into several categories:

- ▶ **Parent-Child Interactive Programs** - programs that are designed to guide parents through planned, usually fun interactive activities with their child; parent participation is required
- ▶ **Childcare** - includes a variety of arrangements designed to provide supervision and care for children whose parents are occupied with other activities such as work or education
- ▶ **Classroom-Based Preschool Education Programs** - educational services that are delivered in a classroom setting; children typically attend independent of their parents for 2-4 days per week
- ▶ **Parent Support Programs** - programs that are targeted specifically to parents rather than to children; typically focused on educating parents to enable them to understand child development and health and to support high-quality parenting behaviors. Includes “2-generation approaches” which seek to improve the child’s outcomes by working intensively with the parents.

## Parent-Child Interactive Programs

The YMCA of Grays Harbor offers the Care and Kids program to children age 0-5 and their caregivers. The goal of the program is to provide children with high quality emotional, cognitive, and physical experiences and to equip their caregivers to be their child's first teacher. Participation is free to families and membership at the YMCA is not required.



"Reading Together" by [Timberlands Regional Library](#) is licensed under [CC BY-NC-ND 2.0](#)

The Timberland Regional Library System offers the Mother Goose Playgroup at its library branches. Stories, songs, rhymes, group games and free play are facilitated by library staff for children birth to 5 and their caregivers. Times and frequency vary by location.

## Child Care

Child care plays an important role in the economic well-being of many families – if families have affordable, stable, and reliable child care then the parents can work or continue their education. Child care also plays an important role in the academic readiness and overall wellness of many children – if children receive high-quality, nurturing child care they can develop the skills they need to be successful in school and life.

There are three different types of child care:

1. Child care center – child care services are provided for a fee in a nonresidential setting and are licensed by the state; typically, children may enroll once they are 6 weeks old
2. Family child care home – child care services are provided for a fee in a residential setting and are licensed by the state; typically, children may enroll once they are 6 weeks old
3. Friends and family child care – child care services are provided in an informal way by the parents' friends or family members; this type of child care is not licensed by the state.



"Lacey Legos - Snapshot Day 2013" by [Timberland Regional Library](#) is licensed under [CC BY-NC-ND 2.0](#)

## Number\* and Capacity\*\* of Licensed Child Care Providers in Grays Harbor County, 2014

	Child care center		Family child care home		Total	
	Providers	Capacity	Providers	Capacity	Providers	Capacity
Aberdeen	7	315	11	121	18	436
Cosmopolis	0	0	3	30	3	30
Elma	3	127	4	38	7	165
Grayland	1	47	0	0	1	47
Hoquiam	4	175	3	34	7	209
McCleary	0	0	5	48	5	48
Montesano	1	25	6	61	7	86
Oakville	1	125	0	0	1	125
Ocean Shores	1	30	2	14	3	44
Taholah	1	57	0	0	1	57
Westport	0	0	1	10	1	10
<b>Total</b>	<b>19</b>	<b>901</b>	<b>35</b>	<b>356</b>	<b>54</b>	<b>1257</b>

Source: Child Care Aware of Washington

\*The number of providers does not equal the number of child care staff. For example, 1 child care center provider may employ 6 (or 7, or 8) staff. The same is true of family child care home providers.

\*\* A provider's capacity may change depending on the age of children enrolled. Licensing regulations require that providers maintain strict staff to children ratios and these ratios are different for different age groups. For example, providers must maintain a staff to child ratio of 1:4 if the children enrolled are infants, but a staff to child ratio of 1:7 is permissible if the children enrolled are toddlers. So, if a provider has 6 infants enrolled, their capacity for older children may be reduced.

Each child care program is licensed for a maximum number of children that can be cared for at one time. Programs are also regulated on the number of infants that can be included in the daily total because they require more intensive care and interaction. Infant slots are harder for parents to find than care for older children. For example, only 11 of 18 providers in Aberdeen, 4 of 7 in Elma, 3 of 7 in Hoquiam, and 4 of 7 in Montesano accept infants.

Child care is a major expense in family budgets. If a family has more than one child in care, the cost can often exceed mortgage or rent expenses. (Source: Child Care Aware of Washington)

### Median Monthly Rates (and percent of median monthly family income) for Child Care, 2014

	Grays Harbor County		Washington State	
	Child Care Center	Family Child Care Home	Child Care Center	Family Child Care Home
Infant	\$693(20)	\$598(18)	\$975(20)	\$758(16)
Toddler	\$607(18)	\$587(17)	\$819(17)	\$715(15)
Pre-school	\$542(16)	\$520(15)	\$737(15)	\$637(13)

Source: Child Care Aware of Washington, Office of Financial Management

Working Connections Child Care (WCCC) provides child care subsidies to low-income families while the parents work or continue their education. When a family qualifies for WCCC, the state pays a portion of the child care costs; the parent is also responsible for a co-payment to the provider each month. To qualify for WCCC, the child must be a U.S. citizen or legal resident and the family income must be at or below 200% of the Federal Poverty Level (a family of 4 could earn up to \$4042 a month and qualify). Virtually all licensed child care providers in Grays Harbor County accept Working Connections subsidies. ([Child Care Aware of Washington](#))

## Classroom-Based Preschool Education Programs

Preschool programs for children aged 3-5 are delivered in a much less systematic and structured way than K-12 services. The type and amount of services available varies from community to community. Services are offered by a combination of providers: Public providers include school districts, Educational Services District 113, the Confederated Tribes of the Chehalis and the Quinault Indian Nation; private providers include the YMCA of Grays Harbor, and a variety of faith-based organizations and private businesses.

Private preschool programs are difficult to describe as a unit because they adopt their own standards, curricula, and teaching plans. These services are typically tuition-based and therefore may be out of reach for low income families. Required teacher qualifications vary. Some programs opt to participate in the Early Achievers Program, which assures a defined standard of care.

The various public preschool programs are described in the table below. The amount of service and the cost of attendance vary, and enabling services such as student transportation and meals may only be available for children eligible for specific programs. (Source: Key informant interviews with Cyndy Mitby, Aberdeen School District and Emily Knudtson, ESD 113)

Program	Eligibility Requirements	Delivered By	Cost	Capacity	Blended Classroom*
Early Childhood Education & Assistance Program	3-4 year olds at or under 110% FPL; 4 yo get priority	School Districts**	4 days/week - free	State funded; serves eligible children up to funded slots	Often
Developmental Preschool	3-5 year olds with identified developmental delay or disability	School Districts	4 days/week free/entitlement	According to need; mandated service per OSPI	As appropriate
Open Preschool	4 year olds	School Districts	2 days/week - free 4 days/week - tuition	Varies by district; determined by staffing plan and filled ECEAP and developmental slots	Usually
Headstart	3-4 year olds at or under 100% FPL; 4 yo get priority	ESD 113, Chehalis & Quinault Tribes	4 days/week - free	Federally funded; serves eligible children up to funded slots	No

\*A blended classroom serves children in a single classroom, regardless of their eligibility for special services.

\*\*Aberdeen School District holds the contract to deliver ECEAP services for the Aberdeen, Elma, Hoquiam, Montesano, Ocosta, North Beach, McCleary, Oakville, and Cosmopolis Districts. The Lake Quinault and Taholah Districts each have a separate ECEAP contract for their services.

Based on the information available, it is difficult to get an exact measurement of the amount of public preschool programs available in each community. We were able to make a rough estimate by approximating the total number of available public preschool slots (across providers) and compare it to the population of 3-5 year olds living in each school district.

Most school districts in Grays Harbor County appear to have services available for about 25-55% of the population of 3-4 year olds. Notable exceptions are noted for children living near Taholah or the Chehalis Reservation where Headstart services are available to essentially every American Indian/Alaska Native child.

Because of the fragmentation of public preschool services, a deeper assessment of each agency and district would be necessary to provide a clearer picture of where there is a shortage of services and how characteristics like family income affect access to preschool and associated enabling services.

## Early Achievers

Early Achievers, Washington’s quality rating and improvement system, provides a common set of expectations and standards to define and measure the quality of early learning settings. Participation in Early Achievers is voluntary (but will soon become mandatory for some providers - see discussion in the final section of this report). The programs, which is administered by the Department of Early Learning, focuses on several aspects of quality:

- ▶ Effective caregiver-child interactions
- ▶ A safe, clean organized learning environment with social and emotional support
- ▶ The use of appropriate learning materials
- ▶ Individualized teaching and learning
- ▶ Professional development and training for caregivers

As of August 2015, 46 (or 58% of) licensed child care and public preschool sites were participating in the Early Achievers program. ([Child Care Aware of Washington](#))



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## Early Start Act

The Washington State legislature passed the Early Start Act (HB 1491) during the 2015 session. The bill requires that ECEAP programs and child care providers who accept Working Connections Child Care subsidies achieve and maintain a specific rating in the Early Achievers system in order to continue to have access to their public funding sources. It also ensures that children who receive care via the



"March 26 - Obesity - Obesity Blog Image Preschoolers in Park" by US Department of Agriculture is licensed under [CC BY-NC 2.0](#)

Working Connections Child Care program receive benefits for a full 12 months.

The intent of the legislation is to ensure a set of standard competencies among all providers participating in publicly funded care. Providers will be required to complete professional training, document continuing education, adopt appropriate curricula, and demonstrate specific “learning environment” characteristics in order to achieve their rating.

## Parent Support Services

Parents are their child’s first and most important teacher. The effect of first relationships and family interaction in setting the stage for a child’s lifelong development cannot be overstated. There are a number of programs available in the community to support parents in understanding child



“Happy Squeak” by Brianne Probasco. All rights reserved.

development and behavior, setting and working toward family goals, accessing needed services, and developing healthy and supportive parent-child relationships. These services range from low-intensity/low-cost (parenting classes) to high-intensity/high-cost (evidence based home visiting/case management programs that are delivered over a 2 to 3 year period).

The type and amount of services currently available in Grays Harbor are summarized in the following table. Evidence-based practices are noted in blue.

Program/ Max Caseload	Target Population	Delivered By	Services	Outcomes	Cost/ Funding
First Steps	Pregnant women on Medicaid; high risk infants under 1 year	SeaMar (Elma), Public Health (Aberdeen)	Education-based services delivered via office or home visit	Reduction in low birth weight	Free/ Medicaid fee-for-service
Graduation, Reality, and Dual-role Skills (GRADS)	Pregnant teens and young parents	Aberdeen School District	On-site childcare Parenting classes	Completion of high school, practical parenting skills	Free to families/ K-12 funding
Parenting classes	Parents ordered by CPS	Children’s Advocacy Center (Montesano)	Classes offered under contract to families ordered to have parent education by CPS	Vary by curriculum	Free to parents/ Paid under contract by CPS
*Parent Child Assistance Program (PCAP) Capacity: 60 families	Pregnant and parenting mothers up to six months postpartum who abused alcohol or drugs during pregnancy	Children’s Advocacy Center (Montesano)	Home visiting and case management at least 2x per month for a period of 3 years	Abstinence from drugs and alcohol, pregnancy prevention, family self sufficiency, child abuse prevention	Approx \$5,000 per family per year/ grant funded
*Parents as Teachers Capacity: 78 families	Women in 3rd trimester of pregnancy and parents of children ages birth to 3 who have specific risk factors or are on TANF.	Public Health (Aberdeen)	Home visits one or more times per month depending on level of client need. Focus on child development, family well-being, and parent-child interaction.	Decreased child abuse, increased school readiness, increased family self-sufficiency, early identification and management of developmental problems	Approx \$5800 per family per year/ Federal MIECHV grant & TANF grant

\*2-generation approach

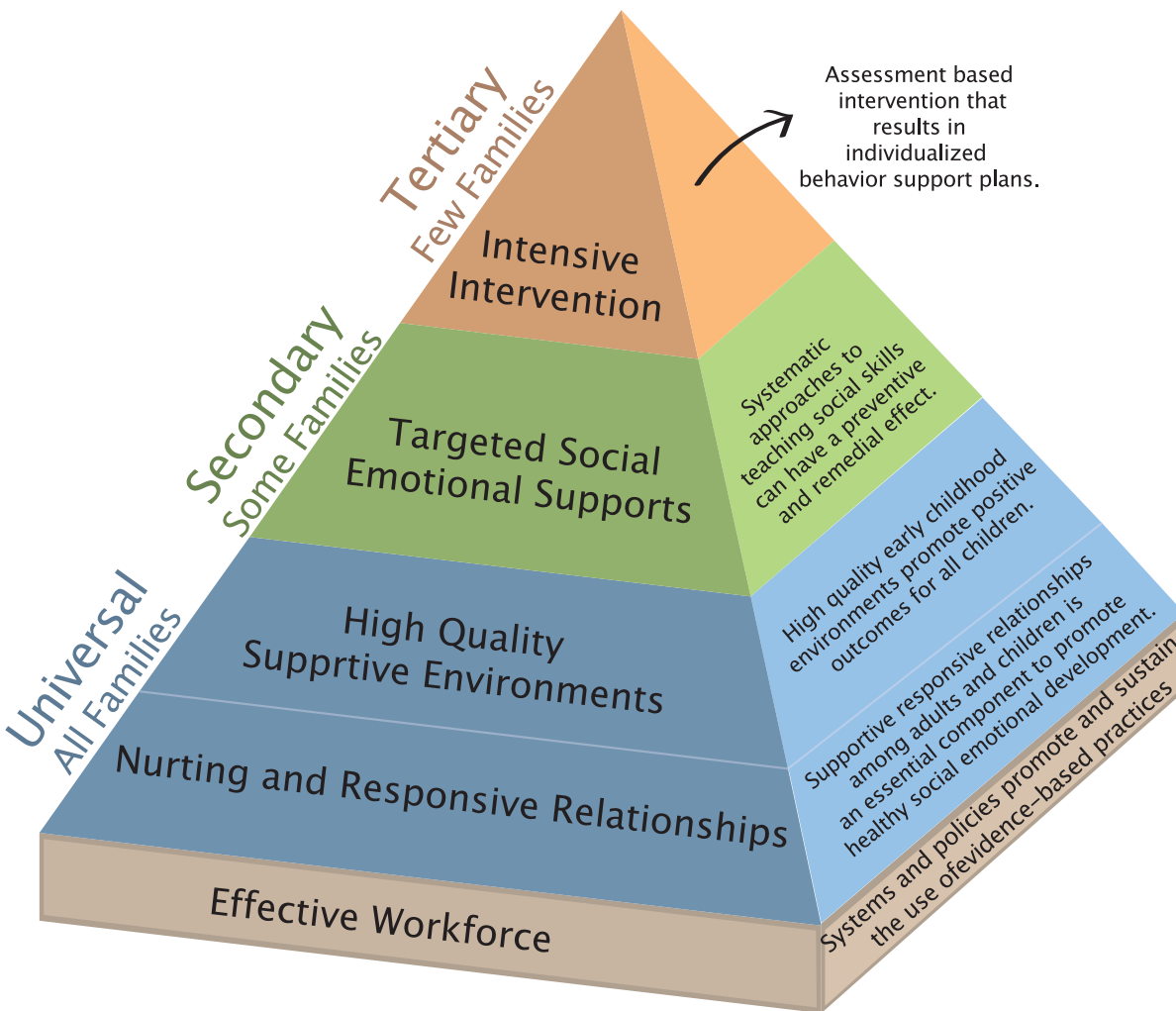
Source: Key informant interviews, Angela Coulter, Children’s Advocacy Center; Erin Schreiber Grays Harbor County Public Health



## Challenges & Opportunities

Changing outcomes for children and families requires intervention at many levels. A continuum of services is required to reduce learning gaps and improve the health and well-being of our children.

The pyramid model demonstrates how workforce development and trauma-informed agencies can provide the foundation for a continuum of support services that are targeted to families with various levels of need.



The following table summarizes the major challenges that emerged in this assessment of our early learning environment. Each challenge identified suggests many other questions. Our initial recommendations for further study are noted in the right-hand column.

<p><b>Fragmentation of Services</b></p> <p>Early learning opportunities and family support are provided in a much less systematic way than K-12 services. Services are provided by a variety of agencies as stand-alone efforts and are vulnerable to shifts in federal and state funding priorities.</p> <p>In order to realize improvements in early learning both children and parents need support. When the services provided are not coordinated it decreases our chance of success. Grays Harbor’s Early Learning Coalition provides a platform for providers to network and collaborate on training, but the capacity for inter-agency planning and coordination is limited.</p>	<ul style="list-style-type: none"> <li>▶ Support inter-agency planning, workforce development and service delivery.</li> </ul>
<p><b>Lack of Information/ACES Awareness</b></p> <p>The most powerful people for reducing ACE scores in the next generation are parenting adults. But parents must actually know about ACEs and their effects in order to understand their own experiences in such a way that they can realize this potential.</p> <p>Child abuse and developmental trauma are emerging as one of the most urgent public health issues of our time. When we avoid talking about ACES it may send the message that people should be ashamed of their childhood experiences. Shame can lead to avoidance, which can increase the chance that a parent will unconsciously recreate the emotional conditions of past adversity for their children. People need to have an opportunity appropriately and voluntarily share information as part of their healing process.</p>	<ul style="list-style-type: none"> <li>▶ Support training for agencies and schools to increase their awareness of ACES.</li> <li>▶ Support a public awareness effort to increase parents’ access to information about ACES and resilience.</li> <li>▶ Increase access to 2-generation approaches such as evidence-based home visiting programs. These programs are uniquely positioned to support parents in learning about ACES as they provide education about promoting healthy child development.</li> </ul>

**Mismatch: Capacity vs. Need**

Access to both classroom-based and parent support services is limited by the capacity of current systems. Vast social and economic changes in the past several decades have decreased traditional nuclear and extended family involvement our children’s early years, and vastly increased the number of children raised by working parents, in single-parent households, and by parents lacking adequate role modeling or social support. The public health, social service, and public education systems are only beginning to recognize and develop the capacities to provide the support necessary for families and children to experience healthy development in this social climate.

Access to parenting classes for parent not under mandate from CPS was a specifically noted gap, particularly for parents who need parenting classes for some other reason, such as court order.

- ▶ Support a district-by-district assessment of preschool availability.
- ▶ Examine kindergarten readiness data district by district in the context of preschool availability.
- ▶ Support increased access to free, high quality preschool services.
- ▶ Support increased access to 2-generation approaches such as evidence-based home visiting programs.

**Early Start Act/Vulnerable Systems**

Jobs in the care of young children are typically associated with low compensation. Many home-based child care providers are low-income and are without post-secondary education. ECEAP programs are often outside of the stream of resources that are available for K-12 programs. The requirements of the Early Start Act will present a challenge to our existing systems of care and will prove more attainable for some than others. Ensuring that providers have adequate resources, time, and technical assistance to successfully maintain the required ratings will be key to avoiding an unintentional decrease in access to services.

- ▶ Support a community plan to ensure that local preschool and child care providers have the support they need to navigate the new requirements.

**Exclusion from K-12 Funding Systems**

Although purchase and staff training for K-12 curricula is supported as part of a school district’s funding package, analogous costs for pre-K curricula are not. ECEAP programs may struggle to support the costs associated with adopting high-quality curricula and teaching materials, particularly in the context of meeting new Early Start Act requirements.

- ▶ Support purchase and training to curricula needed to meet new requirements for ECEAP programs.

### Compassion Fatigue/Agency Culture

It is part of the human condition to be affected by the pain of others, especially if one feels a responsibility to “make things right.” Over time - and as a result of cumulative exposure to suffering and vicarious trauma, helping professionals can experience overwhelming feelings that cause them to become vulnerable and reactive or, conversely, rigid and withdrawn. This reaction is referred to as “vicarious trauma” or “compassion fatigue.” Without appropriate support, workers and whole agencies can become organized around trauma and burnout.

In addition to adversely affecting employee health, performance, and turnover, this situation results in worker behaviors and agency practices that are not empathetic to the needs of those seeking help, in some cases adding distress rather than alleviating it.

- ▶ Support public education and awareness about ACES.
- ▶ Assist helping organizations to develop trauma-informed practices.

### Early Start Act/Co-Pay Tracking

The Early Start Act will require child care providers to begin documenting and reporting the payment of co-pays for children who are receiving services subsidized by Working Connections. Current practice varies among providers and some providers opt to forgo the co-payment if it is a hardship for the family. Providers will no longer be able to do this and this may result in increased financial pressure on low-income families to pay their portion of child care costs.

- ▶ Monitor the implementation of the Early Start Act. Collaborate with child care providers to document changes in access for families so that policy-makers can understand any unintentional consequences of the new policy.

There is no single, simple formula for improving early learning and preventing ACES, but there are many examples of communities that are successfully engaging in this work. The [Community Resilience Cookbook](#) features the stories of nine such communities. Although the leadership, approach, and path varies from community to community, there are some key ingredients for success.

- ▶ Leadership
- ▶ Collaboration
- ▶ Community Education
- ▶ A Backbone Organization
- ▶ Resources
- ▶ Data



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