

**Illinois Early Learning Council
Family and Community Engagement
All Families Served Subcommittee**

Conference Call:
Phone Number: 1-866-802-6672
Access Number: 247437

November 6, 2015 • 1pm – 2:30pm

Minutes

Attendance: Leah Pouw, IAFC; Carie Bires, the Ounce; Vicki Hodges, ISBE; Dalila Alegria, SPARK Aurora; Madelyn James, Voices; Shauna Ejeh, Head Start Collaborative; Donna Emmons, ISBE; Sandy Deleon, the Ounce; Shenora Montgomery District 148, Bryan Stokes OECD, Susan Staples, Mt. Vernon; Tracy Occomy, COFI; Lorena Vaughan, DuPage Federation; Sheila, Family Focus; Tom Layman, IAFC; Renee Tetrick, IAFC; Christine Nicpon, Latino Policy Forum; Janet Vargas, COFI

Goal: contribute the feedback from our committee Early Childhood Block Grant FY17 and 18 Planning Discussion about risk and possible supports, structures, and resources to ensure highest need children and families access highest quality programs

1. **In your community, do you feel that you are enrolling the highest risk children in your early childhood programs now?**
 - a. Mt. Vernon: Parent advocates are going out into low-income housing; also using word of mouth, helped us reach a different clientele

2. **How does the weighted eligibility form help you identify and enroll these children?**
 - a. D148: It has helped tremendously to find parents with part time job, get word out for us. Helped us reach a different clientele; really helped us with the screening process to ID most at risk families and provide supports for stability to provide all day service and child care vs half day which contributed to instability; allowed parents to find full day employment.

 - b. Tom, IAFC: May need more experience before we can answer

3. **How are your families different with in PFA classrooms compared with children served in preschool expansion classrooms?**
 - a. D148: Yes, families are different. More low income working parents are in full day now; and others have been able to find full time employment; many in deep poverty but now able to

seek full time employment; PEG allowed families to find full-day care rather than half day care so they can find more fruitful employment

4. What factors contributed most to your success?

- a. Aurora: our biggest ah-ha was sharing a GIS map with data about poverty and early learning programs with principals in the school district; the districts are working on shifting PEG classrooms from places where they had a building to locations where the families in deep poverty live. They also have an intake specialist to facilitate enrollment from the homeless shelter, food pantry and refugee programs into early learning programs.
- b. Aurora: Working closely with World Relief, homeless shelter, and food pantry to identify families; Helped to screen most at risk and helped to identify needed services.

5. Who do you consider the highest risk children?

- a. D148: incarcerated parents could be a separate category on the weighted eligibility form. It captures a lot, but not all parents. The child may be part of the foster care system.
 - i. Tom: Do we know why this was left off?
 - ii. Carie, Ounce: not selected for the weighted eligibility form because it was not one of the main factors the research showed as a strong predictor for school outcomes
 - iii. Bryan, OECD: communities may add incarcerated parents as an optional tier 2 category
- b. Christine, Latino Policy Forum (LPF): Let's add language to reflect caregiver role in family

6. What populations does your community define as most at risk, regardless of the weighted eligibility form?

- a. LPF, Madelyn, Voices; Aurora: immigrant families, and refugee families
- b. Susan, Mt Vernon: Teen pregnancies or parents who have education not above 8th grade; students who live with extended family (grandma, aunt or great grandma)
- c. Shenora D148: homeless; displaced children living with grandparents or foster situation
- d. Tracy from COFI: families in deep poverty; IEP
- e. Suggestion on PEG weighted eligibility: currently worded, "English not spoke at home." Suggested to try "limited English" or "non-fluent English spoken at home." Bryan and Donna said they'd follow up on this.
- f. Related to PFA and PEG weighting, questions about the need for very high risk to receive comprehensive full day as in PEG, and regular PFA which is for at-risk families. Bryan: top four or combo of secondary merit comprehensive services. We observe most served in PEG are from the first four. One from the secondary list wouldn't be sufficient for PEG.

7. Any surprises different from community needs assessment and using weighted eligibility?

- a. Mt Vernon: Aligned with population we thought we'd reach. Opened door for parents to go from part-time to full-time care if they working a minimum wage job.

8. What supports and services do you need when working with highest risk children (recruitment, enrollment retention, or quality instruction). ISBE Goal: Move towards an enhanced and coordinated model of service delivery designed to meet the needs of the children most-at-risk to be healthy and ready to learn at kindergarten, and continue on a trajectory toward college and career readiness.

- a. **Language services** are important for immigrant and refugee families; translation services. For example for refugee families, it is a concern that when a report card is received to really understand the materials and instructional supports available and needed when not in their home language.

- i. Could this language support be a part of the community systems work and provided or coordinated on a regional level?

- ii. Equip children with cultural, linguistic resources

- b. it is important to have **screening availability**, and also following through with families about what supports and services the child need based on assessment. Issue in Englewood and other communities about "push out" of children with behavior issues from Prek.

- i. Could use more resources, aides in classroom. Donna Emmons is going follow up and connect with early childhood special ed.

- ii. **Who at the state level could look into implementing recommendations from the DoE on "push out" and how to address this; racial disparities on expulsion?**

- 1. There is a leadership group with IL Mental Health Partnership, IDHS, and ISBE looking at this and responding to **statement around expulsion**.

- iii. Issue not just child behavior. Resources need include what are professional development of teachers to resolve dissonance between expectations and perspectives.

- iv. Policy is one part; other possible **supports over time related to family engagement, PD**; assess existing resources and need to develop or modify

- v. **ISBE family engagement framework** is to inform districts and program show to engage like a blueprint. A few screening components; resources attached.

- vi. Part of our **PEG implementation support** to programs in building systems all use the framework as a model, and bring in other resources

- vii. Data from national Head Start meeting showed strong correlation with prek expulsion and teacher stress. **Need to provide cultural and linguistic support and also trauma informed; understanding poverty; serving different populations;**

programs are seeing more behavior issues than in the past; more children experiencing domestic violence, food insecurity; there is a **real need to equip teachers with tools and resources to serve high need children and families**

- viii. Would be valuable to also look **data and the impact of poverty and community violence in planning**. There are high levels of interpersonal and community violence in these PEG and IZ communities; a data point to collect; if there are **communities with deep poverty without high levels of violence**.
- ix. If we could **build community level supports around the problem**; create solutions that are broader than at the program level; throughout the community.
- x. **Making sure that those who are serving our most at-risk children have supports, knowledge, and skills to support this population of children including teachers, parents, and caregivers.**

9. What might make it easier for retention when serving more vulnerable families?

- a. Removing transportation barriers providing bus passes to get to location to enroll and/or
- b. A stipend to pay for certain documents needed at enrollment such as birth certificate;
- c. Helping get medical records or bring service bus to bring physical on site at same time as enrollment;
- d. Someone to do physicals at the time of enrollment and screening;
- e. Dental and vision care at time of registration. (Want to also ensure families also establish a medical and dental home for future and continuous care).
- f. IZ principles to make it easier for families to enroll.
- g. In Aurora, the IZ used CSD approaches to ID, recruit and enroll. Step 1 is to build highest quality. Step 2 pilots with three agencies including shelter, refugee center, and food pantry do intake and see how they could connect parents to their choice; that has been really helpful in helping school districts fill slots with families of highest need children;
- h. In North Lawndale IZ: most successful strategies focused on homeless shelters to make sure families in shelter know about early learning and the community support and to help them get enrolled; also Lawndale Christian Health Center has added "medical referral" for preschool services if preschool child and a number to refer to a place
- i. Janet Vargas COFI/Pilsen and Little Pilsen and Little Village IZ: peer-to-peer outreach with the parent ambassador program, finding parents where they are at door-to-door or at different events to give info; big piece in PLV has been hesitancy about child's age or distrust around systems or agencies; the peer-to-peer messaging and sharing personal experience and benefits helps to reduce distrust and give program credibility and helps parent feel more comfortable. Developed a database where all agencies are share, call back and make

referral where families want to go even if not their agency. No \$ for this has forced us to be more collaborative and that has worked as well.

10. What recommendations would you make to ISBE in designing a service delivery system to identify, recruit and enroll more children from priority populations?

- a. Look at characteristics of families enrolled; look at language; if need help around trauma and build those supports in; once we understand who are finding and enrolling, we could answer more specifically
- b. Communities can design a clear plan do define what are the pieces of the systems and show they collaborating effectively as part of the application. Trying to model this with PEG by spurring conversation with PEG and nonPEG or HS grantees so that there is not competition but intentional collaboration to try to find all of the kids and place them in an appropriate options.
- c. We need tool to help us allocate resources based on risk
- d. Require use of data in application. Look at community level data, and census data, then look at the characteristics of the children currently served. Right now, the vast majority of children served in ECBG do not fit into top four of PEG. While we want to give priority to highest need first, we need more local level data to understand if community served all of the highest risk, or if the issue is trouble ID, recruit and enrolling.
- e. In the RFP process be sure communities know what is need and how need is being served across systems. Don't want only top four served in preschool, does it make sense to begin to classify risk i.e to four, very highest need and what do those families need; level 2 very HN before we can map on to services.
- f. Grants are made because we described need in communities. But the data systems have not been used to show if community has high risk families, and if programs are serving those high risk families. Last application cycle, had to give data on low birth weight children. Risk factor yes, but then what? Not instruction to seek out and help those. Should include that, if asking for this data.
- g. A recommendation could be at least anyone applying for PFA needs to have conversation in community including health department; i.e. if risk factor low birth weight etc. then commitment to work with health dept. Mandating evidence of collaborations or intention to work in a CSD way to build cross system and cross sector partnerships, in the application stage. Would keep in mind that is many highest risk communities, there is not a collaboration in place; thinking about capacity building in CSD where there are deep pockets of poverty and are isolated.
- h. A recommendation on using census data to plan where to distribute resources. Not just who is in need, but where they are; and place more points for people who did the planning thought about transportation barriers, how well does your proposal match the need in the community, not being compared to other communities but to your own community

- i. Data is not always used to place new classrooms in places of deep poverty, and it should be more intentional; an application would be more competitive if placing slots where there is a desert of early learning programs and not next to an existing early learning site
- j. Points if proposal matched an outreach plan to those identified as high risk; initial proposal and tracking of outcomes based on priority populations and if they shift
- k. Using kindergarten demographics to define or understand need in communities.

11. What are the downsides to prioritizing only at-risk and high-risk children in early childhood programs?

- a. Sometimes we miss those who may not have a lot of risk factors and need to look for them as well.
- b. Each community would like to reach every child, incorporate every child to be ready for school; then give service priority for highest need families. Most at-risk have tended to be left out.
- c. Students who don't have high risk bring more to the conversation. At-risk allows them to be exposed to new learning experiences and peers.
- d. Limited resources are why ELC made a decision to look at highest priority populations. Still working on our vision that every child would have access to preschool; not that we don't want every child to have access; but given the very limited resources we have, we have to give a priority to those with those very at-risk experiences to get a good start
- e. ECBG is not only funding stream; need to build effective local community coordination with Head Starts, private centers, CBOs, schools and to prioritize to our goal for more kids served; the block grant will always only serve some; the other systems that make up a funding base – more of the all. Our goal is to serve all of the kids and make sure all of the kids have access to early learning; not all of this will come from PEG, not all will need the same in intensity of services.

Next steps

1. Will share notes with group for any additional comments, which will be integrated into the recommendation draft
2. Survey sent today 11/6/15 to AFS subcommittee to further weigh-in with week or less turn around
3. Week of November 16 - draft recommendations to share with AFS with a few days to review and approach
4. Send final recommendation to ISBE by end of November