Prepared Statement of Elisabeth Schaefer

Mr. Chairman, and Members of the Committee: I am pleased to be here today to discuss strategies for getting from science to practice, from neurons to neighborhoods.

I would like to set the context for my remarks with a quote from Ibsen: "A community is like a ship; everyone ought to be prepared to take the helm."

In Massachusetts we have been successful in working with other agencies and groups to share the responsibility for taking the helm. Those of us in the early child-

hood community have a history of working within the confines of our programs to serve specific groups of children. We are currently working to move outside our boundaries to create a system of early care and education.

Our first attempt to create a system of early care and education in Massachusetts began within the Department of Education. When I came to Massachusetts to be the Director of Early Childhood Special Education in 1986 Massachusetts had been serving young children with disabilities for 10 years. At that time public schools did not have any funding for preschool children without disabilities and the classes were exclusively for children with disabilities. Schools did use Head Start programs and a handful of private programs for inclusion but eighty percent of the three- and four-year-old children with disabilities in the Commonwealth were educated in separate programs exclusively for children with disabilities. We knew that research supported inclusive programs and that children with disabilities would benefit by being placed in programs with their peers. We knew that their peers without disabilities were attending private preschools and child care programs. We worked to convince special education directors to place the children in community preschools and child care centers and a handful did, but most of the others felt that since they were responsible for implementing special education legislation they should keep the children in the public schools.

A wonderful opportunity presented itself when new funds became available with the passage of PL 99–457 the Education of the Handicapped Amendment of 1986 and at the same time Massachusetts funded a state pre-K program. The Department decided to coordinate the two programs and have them both focus on inclusion. We realized we needed special education and regular education working together. We combined early childhood and early childhood special education programs into one unit within the Department. We also combined program standards, teacher certification standards and funding.

While we initiated the joint program to promote the inclusion of young children with disabilities we found the quality of the programs improved for all children. Teacher expertise improved as they learned about early childhood and special education. And we now feel that we are operating programs that give children the opportunities to learn from each other. Currently in MA more than 80% of the three and four year old children with disabilities are in inclusive programs with their peers.

The development of a system took another step forward in 1990. The Early Childhood Advisory Council to the State Board of Education conducted a study that found that the existing local early childhood councils could be effective in planning across public school, Head Start and child care programs if they were allowed to function in different ways in communities based on differing resources and needs. In 1992, the Council, along with Early Learning staff, developed a proposal to the Legislature to expand the state-funded preschool program based on a more collaborative model to provide high quality, comprehensive early care and education that would support the state's Education Reform initiative that went into effect in 1993. The Governor and the Legislature awarded an additional $6 million to the existing $6.9 million program in fiscal year 93 for the proposed Community Partnerships for Children program (CPC). In 1996 the Massachusetts Legislature studied the program and began to grow it to the current program funded with $96.6 million this year and will serve 22,450 children.

The basic problems and facts that the CPC model was designed to address were identified by many researchers as well as the observations of people familiar with the Massachusetts system. Ten years ago the existing situation was this:

• Early care and education was a fragmented and duplicative system;

• Head Start, private preschool and child care, public school preschools and family child care providers already existed, providing similar services, although they differed in philosophical history, funding, eligibility criteria and cost, etc.;

• Every piece of the system was under-funded, significantly affecting program quality and equal access to high quality programs for children from different socioeconomic backgrounds; and

• Parents found early care and education programs primarily through relatives, friends, pediatricians and other local contacts.

The model that developed into the CPC program addressed these facts. The Department of Education funds grants to communities to develop local systems of early care and education for preschool-age children and their families. Each community or group of communities forms a local CPC council to conduct a needs assessment, plan for services that address the five CPC objectives in a way that is responsive to local needs and existing resources, and to oversee the ongoing program.

Each council selects a lead agency to manage the funds. Lead agencies may be public school districts, Head Start programs or licensed child care agencies. Cur-

rently there are 15 child care agencies, 33 Head Start agencies and 120 public school districts that serve as lead agencies. The 168 CPC councils oversee the local early care and education systems in 335 out of the 351 cities and towns in Massachusetts.

A goal of the CPC program is to involve those providing programs and services, along with family and community members, in designing and improving a local system of early care and education. Councils must include representatives of each sector of the early childhood community (Head Start, child care and public schools), parents, and members from the religious, medical, senior citizen and business communities, and representatives of other services or programs for children and families. Together, there are roughly 4,000 council members across the state involved in developing and improving local early care and education programs.

Each CPC is unique, varying according to community resources and needs as well as incorporating the creativity of council members and staff. Even so, each community must plan to meet the following objectives. The Department of Education convenes an interagency team to read and rate council proposals in years when additional funding is allocated by the Legislature.

CPC OBJECTIVES

1. Support children of working families in accessible and affordable early care and education programs:
- ⅓ of the children have to be in full day, full year programs.
- The community must provide options for families and scholarships for services with sliding fee scale.
- The community may create/renovate space.

2. Improve and support program quality through accreditation and professional development:
- Require programs seek national accreditation.
- Encourage college courses and career counseling.

3. Work collaboratively with many programs and services to develop a local system of early care and education:
- Joint outreach and screening.
- Coordinate staff development across programs.

4. Provide comprehensive services based on community and family needs:
- Health and mental health services.
- Family education and family literacy programs.

5. Conduct outreach to the community to identify families that could benefit from the program.

One concrete example of how Community Partnerships works to integrate services is in the area of mental health services. Several councils have added a mental health component to their programs as they identified children being expelled from early childhood programs due to behavioral problems. Mental health services allow children to stay in the context of their early childhood program while solutions are identified and implemented.

One example occurred in a small town in the middle of the state. An early childhood program in a public school asked a mental health consultant who was contracted by the CPC to observe a child who the teachers were having difficulty understanding. The staff was also having a difficult time communicating with the parents. The family initially felt that the problems at the program must be the result of something happening to the child at the program. The child's teachers were becoming increasingly frustrated with the lack of support from home and the challenge of safely containing the child in the program. The consultant observed the child and met with the teachers to discuss the observations and met with Mom to assess her sense of the child's experience in the program. The program wanted to provide the Mom with an outside view of the program and how the program was dealing with the child's social/emotional challenges. The Mom told the consultant that the child's Dad had recently left the state and his leaving seemed to trigger the child acting out at home.

The consultant observed twice in the classroom. Each time she was able to describe key behaviors she had observed in the child which helped staff think about how they were responding to the child how to reframe the teacher's response to achieve better results for the child. For example the consultant suggested that the traditional "time out" model that had worked well in the past was not working with this child. It appeared to be causing the child's troubling behavior to escalate. The consultant suggested that staff reframe "time out" as "time in". That if the child needed to take time away from the group that an adult would be with him to sup-

port him, and to reinforce the idea that his teachers were there to help him, no matter how challenging his behavior became.

Learning to accommodate a child with a high level of emotional need was a challenge to the program staff. Everyone experienced much stress as they struggled to overcome old habits and disciplinary patterns but they allowed the child to experience his emotions and search for creative ways to build the child's self esteem while holding clear limits and still challenging him cognitively. Program staff learned ways to talk to the other children about strong emotions and how they could all work with their feelings when they felt too big. The program stretched the limits of the classroom boundaries to include support from administrative staff when they needed to remove the child from the classroom. They also used an area near the guinea pigs in the next classroom as a good place to go to calm down. The teachers also helped the child develop a relationship with the janitor and together they built a bird condominium which now graces the entrance to the early childhood program.

Staff also received training on how to better understand what happens to children developmentally and psychologically when they are overcome with strong emotions. They also learned ways to problem-solve with all children and to teach strategies children could use to calm down.

The consultant also helped the program staff build a better relationship with the Mom. Staff are in close e-mail contact with the Mom and tell her how the child does each day in school and she keeps them updated on progress at home. The teachers have recommended to the Mom that the child is evaluated for special education and the Mom was open to the possibility. The child is now seeing a therapist regularly.

So, what are the elements of the CPC model that made it work in this example? First, CPC gives local communities the ability to take responsibility for children in their community. The concept of local responsibility resulted in the local CPC council members hiring a consultant to work with programs and families as mental health needs were identified. Recognizing this shared sense of responsibility, the consultant involved the teachers in the child's class, teachers in another classroom, the parents and even the custodian. The action steps taken with this particular child may have looked much different if the responsibility remained with a larger decision making body. With larger entities, rules and regulations for process and decision making guide how to respond any situation, limiting the flexibility needed to respond to individual needs. The local council members have the ability and flexibility to look at each individual situation, assess the circumstances and decide how much or how little is needed to best serve the child.

The second element focuses on the idea of looking at needs through a bigger lens. The consultant knew that this was not just a matter of addressing the child's needs in the classroom. She responded to the teachers' needs around adapting the environment and teaching strategies when the child needed it. She knew that a communication system needed to be established between home and school. She knew that additional training for staff needed to be developed to better understand children's development and behaviors within the context of stress and crisis. Looking at needs through this larger context ensures that all responsible individuals are prepared and ready to respond to a child's needs.

The third element highlights the importance of sharing resources and connecting families to those needed services. This consultant had been hired by another CPC council to assist in responding to mental health needs in a neighboring community. The neighboring CPC shared their resources (i.e., the consultant) with this local CPC. The Council hired the consultant. The consultant and the program teachers connected the mother to special education, another support to the child and the family. The CPC council also provided the mother with resources to local therapeutic services. If local agencies and service providers were not working together, service provision to this child would have been fragmented and potentially ineffective. Combining the resources of a local community ensures that the appropriate services will be identified and a seamless delivery of services will be provided.

But the last, and highly important element, is that this local approach makes way for the development of relationships. The council establishes relationships with programs. It is this relationship that made it possible for the program to open their doors and ask for help. The consultant helped to build the relationship between the teachers and the mother so that there would be a union, where all parties were working together in the interest of the child. The relationships made it possible for the teacher to approach the mother about having the child evaluated for special education services. It is the relationships that make this model work . . . trust that everyone is working together to take the helm and ensure that the needs of every child are met.

This is one example of how Community Partnerships helps to build a system of early care and education around existing programs. Community Partnerships has

also brought resources to the early childhood community that have allowed programs to make significant strides in improving quality. One of the objectives of the program is to build quality across the system of early care and education. As a result Massachusetts has gone from having 66 programs accredited by the National Association for the Education of Young Children in 1993, when Community Partnerships for Children started to 806 programs today. Massachusetts has led the country in the number of accredited programs for the last four years. Family child care programs are also working to improve program quality. Of the 1,574 family child care providers that participate in CPC, 608 are either accredited by the National Association of Family Child Care or have Child Development Associate Certification or have an Associate's or Bachelor's degree in early childhood education.

Creating a community that supports the development of quality programs has decreased the fragmentation of services. Many councils have directors' groups that meet regularly for support and service coordination.

Providing local communities with a role in supporting the development of young children has resulted in communities contributing 45 cents in in-kind contributions for every dollar of state funding received according to a study conducted by Tufts University in 1996. These in-kind contributions were defined as services, materials or space contributed by CPC partners to meet CPC goals that were not reimbursed by the grant. Some examples include the value of transportation services, or administrative support donated by a partner agency.

In 2000, the Department of Education contracted with the Wellesley College Center for Research on Women and Abt Associates to conduct a study of the cost and quality of early care and education in Massachusetts. The study is being implemented over several years and each year focuses on a different sector of the early care and education system. The report on the first year focused on center-based, full-day full-year programs for preschool children. Subsequent reports will focus on public school preschool programs, family child care programs and center-based full-day full-year programs for infants and toddlers. The study will not assess the cost and quality of Head Start programs in Massachusetts since there is a national evaluation currently assessing Head Start that includes Massachusetts sites.

The first study found that full-time early care and education for preschool children in Massachusetts is, on average high quality. Researchers used the Early Childhood Rating Scale (ECERS), a 7-point scale with a 5 being the "good" benchmark of care. A "5" is associated with later school success in young children. Massachusetts programs are on average a 4.94. While this finding made us confident we are moving the system in the right direction other findings identified issues we need to address if we are to develop a system that will prepare all children for school.

We found that Massachusetts' classrooms need to improve in the following ways:

• We need to improve the curriculum, since only 35% of the programs reached the "good" benchmark for language and reasoning and only 24% rated 5 or better on the activities subscale. To reach the good benchmark staff must integrate language and reasoning skills into all areas of the program. To reach a good benchmark on activities they need to provide a wide range of toys, art and science materials and puzzles and they must facilitate creative use of the materials and incorporate children's interests into the curriculum activities.

• Teacher qualifications are related to quality outcomes for children. The study found inequities in centers serving predominantly low-income families. Only 10% of classrooms serving low-income families have a two-year college degree or more, compared with 61% of staff at centers serving moderate to high-income families.

• Quality was also related to the amount of time teachers spent with children versus teacher assistants. Higher quality was associated with teachers spending more time with children than assistant teachers.

• The average turnover rate for teachers is 26%, with 41% of the teachers leaving their jobs and leaving the field entirely.

• The cost of raising the quality of the programs from a 3 (adequate) to 5 (good) would require a 27% increase in the cost, although simply increasing funding would not achieve higher quality automatically.

We have begun to address the issue of curriculum with the development of Early Childhood Program Standards that include health, safety and education components. The curriculum guidelines included in these standards are built around the Massachusetts Curriculum Frameworks so that the preschool curriculum articulates with the kindergarten curriculum.

CHALLENGES TO THE SYSTEM

Financing quality improvements to the system is complicated by the fact that 60% of the funding for the system is paid by parents. This fact is often ignored by policy

makers who typically try to address funding issues with increases in the subsidy rates. Subsidies cover such a small portion of the system that they cannot finance major system improvements, not finance improvements where or in the way they are most needed. The major funders of the system, parents, are already struggling to pay the current cost of care.

RECOMMENDATIONS

Based on our work with the Community Partnerships program over the years and an analysis of the results of the Cost and Quality Study in Massachusetts, the following recommendations can be formulated:

• Support early childhood teachers getting degrees. One primary key to high quality programs and good outcomes for children is teachers' educational level. In order to implement the kind of language-rich environment and a curriculum that enriches children's cognitive and social/emotional development, teachers need a college education with a focus on early childhood education and child development. Given the current circumstances, this will require a reasonable time to achieve. Massachusetts' new standards require that early care and education teachers will be required to have Associates degrees seven years from the effective date of the standards and Bachelor's degrees within fourteen years of the approval date. Funding to make this possible through a variety of routes will be essential.

• As expectations for teachers' rise, training opportunities and compensation need to become comparable to those available to public school teachers. It is clear that the amount of funding needed to accomplish this cannot come from parents and significant federal, state and/or local investments will be needed soon and over the long term.

• Flexibility must be built into funding to accommodate these differences and allow states to build on their own array of programs to achieve key benchmarks of access and quality. Just as local programs develop at different rates and have different needs and resources available, so do states have very different existing resources and populations.

• Target programs for moderate-income families and infants and toddlers. Several studies show they have the least access to high quality care.

• Continue to build on existing early childhood initiatives such as section 619 and Part C of IDEA, TANF, CCDF, and Head Start. Each of these programs has strengths and contributes to the overall system of early care and education. We should be proactive in coordinating these programs.

CONCLUSION

Putting local Community Partnerships Councils "at the helm" has been essential to the growth and improvement of quality in early care and education programs in Massachusetts. It is community members who care the most and reap the benefits from the progress and success of early childhood initiatives. Parents feel most comfortable contacting a local knowledgeable person or organization about their child care needs and other needs they might have for parenting education and family support. Using early childhood programs is about trust. The local flavor and flexibility afforded to CPC councils has promoted creativity in the way various services are implemented. The focus on collaboration has developed networks both within communities and between communities. Although it has taken several years, CPC's are starting to see themselves as part of a larger system and often take advantage of the larger network of programs to solve problems that come up in their own programs as well as share ideas with others about their successful initiatives. It is the local flavor and flexibility of the program that engages people in building a system out of fragmentation and in overcoming barriers of all kinds. The design of the CPC program works on several levels at once, from the individual to the program level to the statewide network. This is a primary strength of any program that really works and that can sustain itself into the future.