“So many dreams at first seem impossible. And then they seem improbable. And then when we summon the will, they soon become inevitable.”
---Christopher Reeve

**INTRODUCTION**
On May 24, 2006 over 150 policy makers, community leaders, practitioners and other advocates for children and families gathered at Wheelock College, a year after the Early Education for All Act was enacted by the Massachusetts legislature, to discuss next steps for further developing a system of early education and care for all children.

The day, funded by Wheelock College, the United Way of Mass Bay, and an anonymous donor, was filled with structured and informal dialogue among participants and invited experts. People came from across and outside the state to share their expertise. The audience included representatives from higher education, family child care, head start, center based care, after school care, family support, advocacy, public education, and legislative as well as state administrative officials. It was a day of reflection as well as planning for the future.

**MORNING SESSION HIGHLIGHTS**
The Early Education for All Act enacted by the Massachusetts legislature in 2005 stated specific mandates when it established the new Department of Early Education and Care (DEEC), including: developing a workforce development plan; streamlining eligibility guidelines for families; streamlining procedures for providers and bringing all parts of early education and care together to form a unified system that can be accessible to all families, supportive of the providers and staffed by quality teachers and workers.

In the morning keynote, DEEC Commissioner Ann Reale shared a synopsis of the activities of the new Department in its first year.
- Convened a leadership team with expertise in the field and versed in current policy.
  Unfortunately, she reported, that though she did try, her team is not yet racially diverse;
Provided the new Board of Early Education and Care with information about how the current system works and identifying the gaps needing attention;

Engaged the diverse community and practitioners in dialogue especially through the Transition Team.

“The new department and board are focused on trying to change the paradigm in Massachusetts in order to move forward a system that has been fragmented by funding policies for decades; a system that has been led by multiple state agencies in the past and guided by federal policy decisions to a large extent.”

A walk down memory lane reminded us of the following:

- 1996---Welfare Reform was passed by the Massachusetts legislature. In 1998 Congress passed Welfare to Work and child care expansion occurred with multiple agencies managing diverse pots of money with varying regulations.

- 1996—Community Partnerships for Children were created under the Education Reform Act, in efforts to provide preschool education to all four year olds in the state.

- 2000---Efforts to consolidate child care funding streams resulted in the creation of the Office of Child Care Services under the Executive Office of Health and Human Services. The Community Partnerships (CPC) funding created by the legislature under the Education Reform Act in 1996 remained at the Department of Education.

- 2005---The Early Education for All Act was enacted creating the Department and Board of Early Education and Care in Massachusetts.

An assessment conducted by DEEC in 2005 identified the following challenges:

- 256 different provider rates across the state;
- 14,000 eligible children on the state’s subsidized wait list;
- A diverse workforce with varying skills and no identified career pathway;
- Multiple quality standards;
- Multiple regional and local entities implementing policies, not always consistently.

“There is a need to build consensus around a plan so that together we can ask for the same things and leverage our buying power at the legislative and administrative levels. There is a need to pay providers the real cost of the care and education they are providing; a need to reduce the administrative hassles in dealing with the state and a need to make services more affordable and accessible for families.”

During the first year of the new department several items took priority, including:

- Identified new office space to ensure that early education and care staffs, especially those from the Department of Education and Office of Child Care Services, work out of the same space;
- Increased provider rates by 3%. Work will continue on the rate issue.
- Began market survey.
- Managed the Early Educators Scholarship Fund which provides funds to those seeking higher levels of education.
- Created framework for workforce development.
- Created Transition Team, made up of diverse participants from the field.
• Changed eligibility reassessment for families to one year instead of every six months thanks to the voucher study and its recommendations.
• Began to streamline paperwork and improve eligibility via a process of identifying priorities of need and triaging families in high risk categories.

According to Commissioner Reale many challenges remain: accessing new funding; connecting with public schools; integrating a mixed system of early education and care; improving management of the system; connecting to all family support services and ensuring that all stakeholders stay at the table.

In addition, DEEC has been looking at quality, building a framework for new approaches to standards and regulations; creating a framework for workforce development that integrates education with care, standardizes credentialing and measures ability to care for children in meaningful ways.

Key questions remain unanswered: What does it mean to be a great teacher? How do we articulate quality? How do we design a good evaluation system? How do we align a career pathway so that it includes the current diversity in the workforce? How do we ensure that family child care providers are able to participate in academic degree programs for credentialing, especially considering the breadth of language diversity in family child care? How do we build a registry that captures the entire workforce?

Commissioner Reale closed by saying, “The goal of the department is to meet the legislative mandate of building a five year plan due to the legislature in the next 6-9 months; to continue to engage everyone in the effort. And the primary agenda is to help children and families.”

The keynote address was followed by a moderated panel of Community Respondents.

Anne Mitchell, Senior Associate and State Technical Assistance Specialist Region I National Child Care Information Center, served as moderator. The respondent panel included: Wendy Luk, Director Family Child Care Programs, Boston Chinatown Neighborhood Center; Yvette Rodriguez, Deputy Director Inquilinos Boricuas en Accion; Roy Belson, Superintendent Medford Public Schools; Kyle Dodson, Principal Boston Lee Academy; Anita Handy, Director Tartt’s Day Care Center; and Pat Xavier, Director Boston Child Care Alliance.

Panelists engaged in a discussion that included the following highlights:
• Care and Education go hand in hand.
• Building a system takes a larger targeted investment and more resources. We need to create unity of purpose and demand.
• If we focus on consolidation, our common cause ensures that no child is left behind.
• Poor, working families need more resources. “Let’s learn from the mistakes of welfare reform where we make families already overwhelmed by issues of poverty jump through hoops. We ask the most of them and give them the least, in order to receive assistance. The ability to provide a continuum of services from pre-school to school is critical for all families, particularly those with low and moderate incomes. We need to move beyond bureaucracy to a system— a 21st century system— that encompasses more consistency, quality standards, ingenuity and innovation. We need education that is provided to everyone, a full agreement for K-12.”
There is an urgent need to strengthen support systems for linguistically diverse families and children. We need emphasis on familiarity with diverse cultures and languages in workforce development efforts for all who get trained and educated.

- It is important to maintain local decision making that helps families. Flexibility is better than rigid standards.
- The goal is to move forward toward serving all families -- universal access.
- Engaging families is key-- we are the professionals, but parents are their child’s first teacher; therefore we need to retool our thinking in regard to parents as partners.

“The goal in Massachusetts has to be to get to a place where there is universally accessible early education for the entire local population, community by community. We are not there yet.

System building ought to engage people with expertise across race, geography, class and income. We need to make strong alliances with other people. A big challenge that is not being addressed is, how do education and care practices align with racial differences across the economic strata? What strengths and needs does the child bring in social-emotional development and health, how do the differences in language and culture impact learning for the child and engagement for the family? “

The morning concluded with nine break-out facilitated dialogue sessions on nine cutting edge topics. Each group discussed issues and made recommendations for future follow-up. The topics were:

- Dialogue 1: Finance System
  How will our financing system extend our values of diversity and accessibility?
- Dialogue 2: Workforce Development System
  How will our workforce development system address goals of quality, diversity and accessibility?
- Dialogue 3: System for Quality and Regulations
  What standards and regulations will be implemented in our system for quality?
- Dialogue 4: Access and Eligibility System---
  Who will have access to and eligibility for early education and care in the new system?
- Dialogue 5: System of Care and Education
  What are new ways to focus on children and families?
- Dialogue 6: System for Measuring Quality and Evaluation
  What will be the system to evaluate the quality of programs and measure progress?
- Dialogue 7: New Ways of Thinking about Language Development
  What are new ways of thinking about language development?
- Dialogue 8: Higher Education Collaboration
  What are the key roles of higher education in assuring that the new workforce development system succeeds in Massachusetts?
- Dialogue 9: Moving the Agenda Forward.
  What can we do collectively to build and sustain the momentum?

LUNCH PRESENTATION
A national update was given by Steffanie Clothier, Program Director of Child Care and Early Education Project, National Conference of State Legislatures. She opened by saying,

“Massachusetts is leading the way for other states. States like Washington are looking to Massachusetts for ideas on how to better organize early education and care services. From the
discussion this morning, using the fixer-upper metaphor, I see you going from homeowner to architect to leaders in policy innovation around the country.” (You can view her entire presentation on line at http://www.wheelock.edu/massearlyed/massearlyed_Steffanie_Clothier.pdf)

AFTERNOON SESSIONS
An afternoon panel discussion titled Building a System, once again moderated by Ann Mitchell, included: Commissioner Harry Spence, Mass Department of Social Services; CEO Milton J. Little Jr., United Way of Mass Bay; Vice President of Academic Affairs Dr. Suzanne Pasch, Wheelock College; Senior Associate Dr. Wanda Newell, Center for the Study of Social Policy; and Ms. Cheryl Vincent, Child Care Specialist, Child Care Bureau, US Administration for Children and Families. Each panelist made a brief presentation in response to a set of questions, after which they talked with each other and with the audience.

The following highlights summarize key points of the discussion.
1. Moving from Programmatic Funding to a System:
   • The interconnectedness of funding streams and their programs obscures our focus. When building a system, the focus is the common good. Establish a common vision, develop a common language. In the end, it comes down to reaching clarity of vision. Then you can push for how to make the available dollars work.
   
   • Keeping your eyes on the prize: what is the system for, who is it for, what difference is it going to make? What is a system? An idea; a theoretical practice that drives how we come together; a network of ideas; an organizing process weaving across programs. A comprehensive system is what you want to end up with.
   
   • The definition of how we use federal dollars varies from state to state. Different lawyers interpret the law, so it varies. If the goal is about what is best for children, we need to keep children always in the center.

2. Building the System:
   • It is important to understand and be aware of the dynamics of change in moving forward with integrating systems. “Everyone thinks that innovation is about seeing the future but it comes out from seeing deeply into the present.”
   
   • It is about strategic planning: understanding what in the current system holds us back and what holds promise. It is a mistake to spend energy on visioning - it is critical to understand the current reality—from that the vision emerges.
   
   • Identify the top three things to get done; analyze the project and what you need to know; organize advocates; work together.
   
   • The work has to be grounded in real-world situations and solutions. You cannot build on theory - broad visions are grounded in a set of interventions upon which you can then build the theory. It is an interactive process.
   
   • We all know what children need. Yet when we get together, EEC people get intimidated by other disciplines. We are a value to other peoples disciplines. We must be true to our discipline. As you are shaping the system "listen to the field".
• Systems have to remain flexible. The interconnections need to remain lubricated. Relationships are the system.

• Higher education has a responsibility to get out of silos and better define the role it ought to play in building a system.

Difficulties in Implementing Change:
• Systems change should ensure that the all levels of the system move toward their potential. DSS has a three-tier system: clinical, front line and managerial/systemic. Any process of change in DSS has to focus on all three levels: interpersonal, management and, systemic interactions. If you make change at any level, they all have to change. We are need to transform all levels.

• Strong professional unity is key. As professionals we must stand together as a united front to influence public will. Our profession knows what children need, but as a society we have not decided to provide it. We all have the responsibility and knowledge of what works and what does not work. We simply need to mobilize the societal will to get it done.

• At the federal level we are trying to make flexible funding a reality so states can build their own systems. The federal level is trying to facilitate reorganization and building of systems. It is important to be on the ground interacting with families, making the structure work for families.

• Institutions struggle with system building because of requirements that may accompany funding. Change is political, especially when funders are involved. Accountability to financial providers, and the “strings attached,” create complexity. Established programs with dedicated backers are hard to change when a change in direction threatens funding. When change is being considered, think about whether that change is financially driven or institutionally driven and is it in the best interest of the children and families?

• A key question is how can we be inclusive of all children, all families when funding is categorical and defines what we do and whom we serve? There needs to be a movement to change the politics in the nation to focus on the whole child.

• The main battle is where to go as a field. We have created our own agency; we have shown the ability to create a vision and produce it in real life; now we need to fully fund it.

• Change is hard when it is extremely profound. There is need for alignment around our beliefs. No one does well for a sustained time if they do not believe in what they do. To get people to believe in the direction and the change don’t stop talking to anyone. Keep going back to the table, even when you are angry.

• As a leader, recognize that your staff may fear punishment if they disagree with you, create an open and safe environment.
Our Values:

- We need a set of guiding principles. Think about the “concept of ours” — not mine, by which we work together.

- Child welfare and early childhood is demeaned by people as “woman’s work”. “Not rocket science.” Affirm the vision; what is it that we want to be in the long term? The field is a powerful vocation; describe its detail with clarity.

- National and local early education and policy professionals need to take into consideration the whole child. We need child-centered policies and programs.

- Applaud our passion. Don’t apologize for where we want to get to. Enlist others and make it happen. Policy-program-procedures-people: all need to come together. It is important to build the relationship.

CLOSING SPEAKER

Dr. George Askew, Founder and Executive Director of Docs for Tots, began by telling a few stories about his encounters with the lives of children and their families outside the traditional health settings of his profession. He became interested in children’s emotional development and their learning. He found he needed to move beyond the clinical walls that separate specializations and professions. Eventually he created a broader, cross professional way of working, in Healthy Child Care Boston.

Dr. Askew shared that he now knows that experts in pediatrics and in early care and education have important reasons to share what they know. There are large knowledge gaps on all sides of the walls that divide us. We all need to know about the mental health of infants, and about children’s social-emotional fitness.

He described child-fitness as:

- Physically fit
- Confident
- Curious
- Desiring to have and impart new knowledge
- Self controlled
- Socially engaged
- Safe and protected by family and community
- Known and cared about

He emphasized that these characteristics are the most important prerequisites of school readiness, they all derive from relationships. He quoted from Neurons to Neighborhoods, a book on brain development, to emphasize that these early relationships and their effects on children are more important than everything that comes later.

Early education and care specialists spend much more time with a child than pediatricians, and sometimes more than working parents do. They form relationships, observe clues to children’s fitness, respond to curiosity, offer opportunities for social engagement, and model behavior.

We have to have vision beyond our traditional boundaries. “If you don’t know where you’re going, you won’t get there, and you will not know if you are lost.”
He urged participants to remember the working class family and the need to work for all families. If we focus only on the poor, we will have no chance of helping working-class families escape poverty caused by high child-care costs. If we focus only on the upper middle class, we will deprive most of the children in our country of what they need.

Think of the work with children and families as a wall, not just as your own brick. Let go of false dichotomies, like infants/toddlers and pre-kindergarten children.

Start early and don’t stop. These children belong to all of us.

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SUMMARY OF MORNING BREAK OUT DIALOGUES

Dialogue 1: Finance System

**How will our financing system extend our values of diversity and accessibility?**

Some Issues Raised

- There is a general lack of resources and a need for more funding.
- There is a need to think beyond the individual family paying for early education and care and start talking about the societal responsibility for the future.
- We need to invest in early learning programs because they result in future workforce success and economic benefits to everyone.
- There is a need to shift the paradigm from a focus on the individual to the community-- a tough sell, but crucial; we need to articulate why it pays to invest early.
- The debate needs to stop being about whether you care enough about children and start being about bang-for-the-buck: business language is compelling for legislatures.

Recommendations

- We need to place children at the top of the priority list.
- Make funding a priority not because of individuals lacking the capacity to pay but because it makes it possible to better fund child care and it is only quality care that benefits the economy.
- Consider funding early education and care holistically; not just child care, k-12, higher education, or even as education as a whole, but including also housing, health care, and other issues.

Dialogue 2: Workforce Development System

**How will our workforce development system address goals of quality, diversity and accessibility?**

Some Issues Raised

The Field

- The numbers of college students choosing the field of early childhood education is less than those choosing public school teaching.
- There is a declining number of ECE teachers entering 4 yr degree programs.
- The diversity of the ECE workforce and the need to respect and support that diversity.
• The Accuplacer Test (that is now in place) makes accessibility to college courses for many cultures more difficult.

The Early Educators Scholarship Fund
• Lack of support systems in place for the early childhood workforce to access the Fund.
• Information about the scholarships was only sent via email to programs (not all directors shared that information with their staff) and it was only in English.
• The short turn around time/deadlines to get all of the required information to both DEEC and the BHE Financial Aid office before the spring semester started created hardship.
• Applicants who were denied the scholarship were not given clear explanations of how to correct their mistakes/re-apply, etc.
• Since matriculation and completing a FAFSA were requirements for the scholarship, many applicants did not know how to begin the ‘matriculation’ process or complete a FAFSA. The process was intimidating for some teachers.
• Applicants needed additional support and some local programs/staff were able to provide that support, counseling and computer assistance while other programs did not/could not work individually with staff to help them access the scholarship.
• There were additional barriers for teachers whose first language was not English and for individual Family Child Care providers that may not have had a computer to get the information.
• The scholarship was only allocated for college courses and not for remedial courses that many teachers might need such as, college preparatory English/Math courses.

Recommendations
• A mentor/coaching/career counseling/community support program should be built into the scholarship program for next year.
• Scholarship recipients who were successful in navigating the system and completing college courses should have a more simple process in the new round (maybe a renewal instead of a new application) and/or be given priority for next year’s scholarship program.
• DEEC and BHE need to think systemically about how applications are processed, the acceptance/denial of applications, better communication to all applicants and more DEEC/BHE staff to answer individual questions.
• Scholarship money should pay for ESOL/remedial courses for non-traditional students.
• Develop articulation agreements. Formal agreements are needed with 2 year and 4 year institutions.
• Early Educators need support/mentoring/career counseling to design a professional development plan and financial assistance in following that path.
• There need to be multiple ways to access professional development, especially for FDC/CDA credential/Head Start parents, because college courses may not be the first step in a career path.
• Look at other models in other communities and states, for example, Pathways to College.
• College courses need to be consistent with requirements/course numbers, etc.
• Funding needs to be made available to convene partners in ECE/Workforce Development and Higher Education to create a Task Force to address some of these issues.
• Involvement at the community level is a critical piece of accessibility/diversity.
• There is a need for more infrastructures and a flexible bureaucracy that responds to it.
Dialogue 3: System for Quality and Regulations

**What standards and regulations for quality will be implemented in our system?**

Some Issues Raised
- Teacher certification system and licensing rules/qualifications need to be enforceable, attainable, and organized into levels of qualifications for levels of roles.
- Licensing rules and DOE have used the word “standards” differently. If the state adopts quality rating systems in any form, the assignment to a level must be by an accountable process.
- Quality Rating Systems identify different levels of quality, offer incentives and help for programs to move to next level.
- Quality Rating Systems are related to assessment of programs.

Recommendations
- All public schools and preschools need to meet the same standards.
- Convene a discussion group on levels of standards and their accountability.

Who will have access to and eligibility for early education and care in the new system?

Some Issues Raised
- Equity and support for diversity in languages; attention to race and ethnicity is key. How do we proceed to create equity that supports diversity?

- One provider’s experience: “Our organization is a fixer upper. Hopefully it is not the foundation that needs fixing. We reflect the population we serve: low income families that can not get by without what we provide. Parents do what they have to do to receive the type of child care they need. We provide care 7-5 p.m. and a separate program serves families 3 p.m.–midnight. It was discovered that children were in care at both sites for a total of 16 hours per day. It was further discovered that the parent was single, worked two jobs, and needed 26 hours of care.”

- Access: the notion of one waiting list is not accurate because in actuality people need to be on the list before conception. How can you reconcile a waiting list if emergency care is needed over the people who have been on the waiting list long term? What is the triaging; how is priority given? Actually people who are poor are in need of care. But who will receive care when income eligibility is at the bottom of the list vs. abuse/neglect or domestic violence. Who gets in and who doesn’t? “My city needs more access to child care. My concern is that the triage list will dominate; we have been given crumbs and asked to fight for them when what we really need is to demand enough for everyone.”

- It is important not to blame the children, but to make sure that they receive what they need -- a full year of care. The biggest problem today is children are losing care. A majority of children receive consistent care 114 days out of the year. We need to tell the legislature to hold children harmless and provide continuity of care. When funding comes in we need to hold the state accountable.

- How do we set priorities? The income cap puts families at a disadvantage. We are terribly under funded. There will not be enough money to provide care for all that need it.
• The voice of families and children is critical in promoting readiness in children ages 0-3. Let’s ask parents about needs for quality education.

• “No child left behind” children are expected to walk into classrooms prepared.

• When the voucher study was reviewed parents felt that they had no voice and had difficulty navigating the system.

• A majority of providers lack resources. And yet families need to be served. Centers are not accessible to parents, especially those who are not eligible for vouchers or contracted slots. We need a universally accessible set of programs; it is even more difficult for families who are not at-risk. It leaves us with unfair choice between children at-risk vs. low-income children vs. slightly upper-income children. We should not have policies that pit one group against the other. At-risk populations can benefit from separate funds from corporations, philanthropists, etc.

• We need government monies. If we track MA investment since 1996, how much money comes from the Commonwealth and how much from the federal government? The state has decreased support for early education and care; especially since 2001 and the transformation of welfare. 80% of funding for Early Education and Care comes from the federal government.

• Access: A centralized waiting list that will be accessed by local agencies-programs must have some flexibility within the waiting list. Currently eligible children sit on the state subsidized child care list for a number of years, many never enrolling. In addition, not all of the children eligible are on the wait list. Thus giving an inaccurate number of children who are not being served.

• Low state reimbursement rates are negatively affecting programs and they are closing. What are the consequences? Rates are so low that centers and homes need to take private monies and even give preference to children who can pay.

• Why can’t we develop systems to use technology to have centers/providers and Resource & Referral agencies interact efficiently in order to reduce parents losing jobs?

• Homeless children are in great need of services due to domestic violence. “When do we get to a place where everyone is in?”

• A plan needs to be implemented that allots dollars and incrementally increases those dollars.

• Eligibility criteria for children with disabilities: What are the implications when we need inclusion?

• We are heading down the road of access not being available if funding is cut. We need to think creatively about funding streams. How can we go forward and find alternative funding? How else can we generate money? We are being forced to fight over crumbs.
Recommendations

- Begin by being willing to share best practices across programs.
- In order to get more state and federal dollars we need to change government. Elect legislators that support early education and care; connect the field to legislators – they determine the funding.
- Look at other states for successful models.
- Use data outcomes to determine need.
- Organize a public awareness campaign.
- To serve diverse families we must blend multiple funding streams (if not we are forced to make unfair choices).
- If you don’t know someone on the waiting list it can be irrelevant; personalize it.
- We cannot keep going back to the same welfare dollars, we must develop new funding streams.
- Show the benefits to investing in the programs. i.e. If we invest in EEC we prevent homelessness; crime etc.
- Have business speak to government to make a difference in conjunction with donations.
- Ask the department to be transparent. For example, let us know how the waiting list will work.
- Cost out the whole system.

Dialogue 5: System of Care and Education

What are new ways to focus on children and families?

Some Issues Raised

- Reports of increased concern among ECE teachers about “challenging behaviors” and lack of knowledge about how to respond.
- A national study conducted by Walter Gilliam at Yale found that the expulsion rates are three times as high for preschoolers as for children in grades K – 12. Massachusetts has the ninth highest rate in the country.
- The body of knowledge about the types of resources and approaches to address these concerns is growing. As in early childhood, the mental health field has concerned itself not only with staff practices, but also with the system that funds and organizes what is available and what is paid for.
- Like early childhood, the children’s mental health field has developed organizing frameworks about system reform.
- One of the enduring and best-known frameworks that have come out of the children’s mental health field is known as “systems of care.” Although the System of Care concept was originally developed for children with serious emotional disturbances, particularly school-age children and youth, the concept has evolved over the years and has been adopted, and adapted, by the early childhood members of the children’s mental health field.
- Similar to principles in early childhood and human development, the “system of care” concept:
  - recognizes that children and families have needs in many domains
  - promotes a holistic approach in which all life domains are addressed
serves children in the context of their families, rather than addressing
children’s social-emotional or parents’ mental health treatment needs in
isolation.

- We – all early childhood advocates - believe that we can learn from this framework and
other systems as we work together to build the early care and education system.

- One key to system building and systemic change is to always see a child as a member
of a family in a community.

- Clear definition of “system”: A comprehensive set of mental health and other necessary
services

- Common values: easy access, child and family centered, community-based, culturally
competent, everyone has a case manager who coordinates services, integration of
services, placement and service in “least restrictive environment,” smooth transitions,
patient (including child) rights, early intervention, services available to all regardless of
race, disability, etc.

- Articulation of goals for systems change.

- Collect data on measurable systems to change outcomes
  - increasing service to minority and underserved groups
  - increasing provision of services in community-based settings
  - increasing use of evidence-based practices

- Retooling of the workforce.

- Ongoing emphasis on inter-relatedness of domains; can’t talk about mental health
issues in isolation from issues of poverty, education, culture, national events, etc.;
always see a child as a member of a family in a community.

Recommendations

- Whether we like it or not, early education and care is a mental health system: poor care
creates mental health problems; good care promotes mental health and can mitigate
problems in social/emotional development. Appropriately trained child care providers
can be a first line of defense against child abuse (Zero to Three has a new curriculum and
national training initiative for providers: Partnering with Parents: Preventing Child Abuse
and Neglect; http://www.zerotothree.org/ztt_professionals.html ). High quality child care
includes supports for families and help families support each other; it should also be
linked with mental health, early intervention, and family support services so that child
care providers can make referrals or seek consultation.

- Having a mental health consultant or developmental specialist available (preferably on
site) in child care reduces likelihood of child expulsions and improves mental health of
teachers and overall quality of classrooms.

- Co-locate mental health consultants, developmental specialists, and family support
specialists in resource and referral agencies to serve parents, in home and relative care
providers, and family child care providers as well as centers.

- Expand use of child care health consultants, as liaisons to pediatricians and resources
for child care programs; team them with family support and mental health specialists.

- Expand touch points in Massachusetts (Braselton Touch Points Center:
www.touchpoints.org )
• Redefine pediatrics to include oral health, child abuse identification and prevention, brain development, and mental health; treat appropriate inclusion of these subjects as a tracked quality indicator for a well child visit
• In managed care, focus on health promotion as well as problem prevention; start in pregnancy; extend length of well child visits to provide time for family support and relationship building as well as comprehensive assessment of the child
• Reach pediatricians in medical school with mental health training; use Healthy Steps model (of placing a psychologist or developmental specialist in a pediatric practice) in residency training.
• Tap into the “power of pediatrics” to deliver messages to parents, e.g. Reach Out and Read has been spectacularly successful in promoting reading aloud to very young children, contributing to gains in literacy
• Commitment to building a system that:
  o is “strength-based”,
  o promotes responsive, caring relationships and continuity of care,
  o supports the healthy development of the whole child in the context of family in the context of community,
  o embodies a real sense of partnership with families,
  o reflects (and continues to actively seek) cultural competence at all levels,
  o provides community-based and accessible service delivery (including co-location of services for “one stop shopping”),
  o offers universal services (non-stigmatizing, everyone eligible, normatively used, available everywhere),
  o is characterized by collaboration across disciplines, agencies, and organizations to meet comprehensive child and family needs,
  o provides predictable funding to participating organizations,
  o encourages a flexible approach to service delivery, allowing for professional discretion and avoidance of an “it’s not my job” mentality (with some flexible discretionary funds for use in emergencies),
  o uses, disseminates, encourages, and refines effective (research-informed, evidence-based) practices, tailored to the needs of,
  o embodies and develops professionalism – with ongoing supports for professional education, advancement, and collaborative learning, (including opportunities to visit each others’ sites and regular forums in which to share ideas, research, strategies, and policy concerns)
  o promotes equity in both access and outcomes,
  o assumes and encourages broad responsibility for supporting all young children and their families,
  o tracks, publicizes, and holds itself accountable for progress toward the above goals.
Dialogue 6: System for Measuring Quality and Evaluation

*What will be the system to evaluate the quality of programs and measure their outcomes?*

**Some Issues Raised**

- The last thing we worry about should be measurement. We must first address programs, especially what they need in terms of quality.
- The leadership must focus on what needs to be done to insure high quality.
- We need to use the data. It all too often is collected and that is the end of the process. Or it is discounted.
- The field is not doing the best it can. Too many programs, especially those that serve low-income children, are not of the best quality.
- We need to better define: Why measure? How will the data be used?
- Measuring program quality can be done in so many ways. Little or no data has been collected, at present, for example from the CPC program.
- We should be able to track teacher education levels and core competencies; we do not currently. We should also be able to evaluate teacher/child interactions.
- Key outcomes should be identified:
  - Measuring developmental levels over time
  - Measuring developmental levels at Kindergarten entry
  
  At Jump Start a single teacher checklist is used over the course of the year. Their data shows children making gains and those gains are similar for English Language Learners also.
  - Measuring program quality is a controversial subject.
- There must be other data taken into consideration besides only using children’s outcomes.
- The National Reporting System in Head Start creates another layer of testing.
- Currently we are putting children through multiple assessments.
- We need to articulate if the results are valid, especially when language and culture are considered.

**Recommendations**

We must recognize that we are where we are because of the politics. Set aside a specific amount of funding for measuring program quality and the work that comes out of this process.

- Need to identify: What do we measure? What will the state use the data for? What tools should/must be used? How will the assessments be done? How often?
- Teacher educators are frustrated about the lack of focus on what is really important: what children are going to learn, how children are going to learn; what do we mean when we say “care and education?”
- There must be core values that are shared by programs, children and families.
- While voices may be heard, they must be heeded. How will the input of the state’s Parents Advisory be used? It should be a process done in public. This cannot be stressed enough in order for the system to be responsive to and respectful of diversity.
- Inclusion and cultural competence are crucial: cultures, language, all types of families.
- English Language Learners should be seen as assets, not deficits.
- We need to define what is the provider role in the assessment process? What should be assessed? How should it be assessed?
Dialogue 7: New Ways of Thinking about Language Development
What are new ways of thinking about language development?

Some Issues Raised
Being literate, being bilingual is an asset and should be supported in early education and care settings; how can we change attitudes to acceptance of bilingualism as an asset?

- Children need to be exposed to “cognitively challenging talk” (extended de-contextualized discourse) in preschool years that puts them on a fast track to academic success. For English Language Learners (ELL), “cognitively challenging talk” most effectively occurs in the child’s home language.
- Language is more than communication; it contains the shared experiences, feelings, history and art of a culture and therefore needs to be conserved.
- The relationships between families and staff need to be of equality and respect that result in the creation of mutually beneficial partnerships.
- Families are assets. Programs need to build upon the strengths of families to support their children’s language development.
- English-only will not be a competitive skill in the global market place when compared to bilingual and multilingual skills other nations naturally have or encourage.

Recommendations
- Any “New Ways of Thinking about Language Development” must include 0-3 age group, especially in view of vocabulary development research.
- Discussions must incorporate the needs of “all” children such as African Americans, Latinos, gifted children, and children with developmental delays or special needs.
- New ways of thinking about language development need to begin with professional development. Not only are early care and education/early childhood professionals charged with developing children’s language and literacy, they also need to understand the importance of “cognitively challenging talk” and how to scaffold that during their time with children. They should
  - See bilingualism as an asset;
  - Accept families as having a “fund of knowledge” to be incorporated into learning;
  - Involve families as partners in the education of their children;
- Institutions of higher learning need to standardize how they prepare early childhood professionals by
  - Requiring course work on first and second language acquisition and the research that supports learning one’s home language in order to learn English well;
  - Creating course modules on culture and language as they do in California; and training teachers how to talk to parents;
  - Requiring in-service training for teachers on vocabulary development – oral language development;
  - Offering early care and education/early childhood education in other languages or providing ESOL classes using early care and education/early childhood as the content.
Dialogue 8: Higher Education Collaboration

*What are the key roles of Higher education in assuring that the new workforce development system succeeds in Massachusetts?*

Some Issues Raised

- Three major points: create career continuum; compensation; preparation for diversity and cultural competency
- How do colleges work collaboratively when we are fundamentally competitors? -- Consider dual degree programs.
- Capacity: early education and care programs are underutilized. We need to agree on a system of credit for prior learning.
- Better joint articulation will lead to our ability to get into compensation issue.
- We have learned from the Building Careers Program about bringing non-traditional students to higher education.
- Potential students work full-time; they are parents; they need financial support for part-time education, and time to get a degree part time. (6 years or more)
  - Offer flexible hours of classes.
  - Cohort groups taught by teachers who think of themselves as more than content teachers.
- Barriers to people entering higher education: fear, compensation

Recommendations

- Create a higher education task force on early education and care.
- One Day conference on Building Careers in EEC and address the profession’s specific needs.
- Consider the need for full time faculty vs. adjuncts- otherwise you will have a variable quality higher education system trying to create quality Early Educators.
- Bring support services to the site: tutoring, library, transportation, etc.
- Need a paradigm shift:
  - Redefine what is expected of faculty working with adult students; Remember the strengths of adult students;
  - Traditionally higher education institutions compete. They now need to be a collective voice used in collaboration with the State to create a plan.
- Teachers who take courses in Spanish also need to also speak English as a core competency.
- A way to document all of the anecdotal things we do with students as a support system: what we do; how we do it;
- Solutions to connecting 2 and 4 year schools: Provide access to libraries at 4-year colleges for community college students to give them familiarity and comfort with college;
- Hire faculty with hands-on experience in the community.
- Examine and approve existing courses’ content as it relates to core competencies;
- Plan approval system.
Some Issues Raised

- Presenters shared their various areas of expertise and the challenges they face in moving the children's agenda forward from a variety of vantage points.
- Collaboration is key.
- The BPS was not ready for the elimination of bilingual education. Several years later need to look at what has happened to those children.
- Don’t forget that as we develop a system there are new immigrants coming in every day that do not manage the language or understand what to do. Parents who are here without documentation can not help with advocacy; don’t judge lack of involvement.
- Identifying unlikely allies; developing grassroots teams across the state; using terms like campaign and long term success and pushing very hard has worked. Reaching consensus in the field so that legislation comes from the bottom up has been difficult. But it can be done.
- Framing the message is important. Tapping into populations that can build the movement, mothers and more. We need to speak with language that the average person can understand. We need more resources for organizing to maintain the momentum.

Recommendations

- Engage parents; reach them through providers; include teachers.
- Ongoing engagement strategy should be campaigns within campaigns- each has a beginning, middle and end.
- May have a set of non-negotiable issues but we need a willingness to compromise for the greater good. Hold on to the vision.
- It is up to us to help the new department succeed.
- Be aware of the composition of the community.