

# **Maximizing Children’s Potential: The Somerville Five-Year Plan for Early Education and Care**

## *Executive Summary*

The purpose of this report is to guide Somerville’s creation of a fully integrated system that will best support families with children birth through age eight. We know that getting off to a strong start is one of the best ways to ensure lifelong success. By prioritizing children most in need of support, particularly those considered High Need, which includes low-income students, students with special needs, and English language learners, we believe that the entire community will benefit. We are not alone in this effort. Much work has been done nationally, in a number of states, and in selected municipalities to identify and implement the components of comprehensive coordinated mixed delivery early education and care systems.

This report begins in Chapter One with a vision for such a system within Somerville. Chapter Two follows with an overview of the widely agreed upon elements essential to a fully articulated, thriving system. Chapter Three places Somerville’s current resources within this context.

Chapter Four of this report summarizes the strengths and shortcomings of existing early education and care services in Somerville, and presents recommended next steps for moving us forward. Those recommendations, built upon the many perspectives and strengths of our community, promote:

- A shared commitment to optimal development and universal kindergarten readiness through a mixed delivery system, defined as one in which the City, School Department, Head Start, non-profit, private, and faith-based groups collaborate to provide a set of streamlined, coordinated, comprehensive services.
- The creation of a single point of entry, with both online and physical portals, where families with young children can easily access resources that meet their needs and receive answers to their questions, big or small.
- A universal learning design approach by which all families and children benefit through deliberate, pro-active responses to those with particular needs.
- A Somerville-specific plan that is informed by best practices throughout Massachusetts and around the nation, as outlined by Dr. Moncrieff Cochran (*Finding Our Way: The Future of American Early Care and Education*, 2007) and Dr. Kristie Kauerz (*Framework for Planning, Implementing, and Evaluating PreK-3<sup>rd</sup> Grade Approaches*, 2013).
- Increased investment, resourcing the recommendations outlined below on pages 14-15.
- A continued commitment to collaboration and partnership among City/School and community groups, recognizing that each group brings unique strengths and that no one single partner can accomplish these goals alone.
- Continued leadership by the Somerville Public Schools, built upon the existing commitment to and expertise in early learning and family engagement, as evidenced by the following: K-3 public school instruction and supports (including special education, ELL expertise, afterschool and summer programming); multifaceted education, outreach and engagement through SFLC; strong presence in serving many of the City’s four year olds through SMILE; multilingual capacity; and overall infrastructure.

## *Chapter One*

### **The Somerville Vision for Early Education and Care**

Somerville is a child-friendly city. It is also a city that has seen a mini baby boom in recent years, a growth in the preschool population that has strained some resources within the City while stimulating the development of other services. Our program strength reflects a deep commitment to the children in our midst, and to their parents, other family members, and guardians. Clear demonstrations of that commitment are manifested in the strong and evolving components of early education and care currently available. Somerville has a long history of leadership in providing supportive services to our youngest residents and their families, from prenatal supports for pregnant mothers to home visiting programs once the baby is born, play groups and child care for infants and toddlers, early intervention services for children with special needs, prekindergarten programs for 4-year-olds designed both to promote social-emotional skills and prepare children for school, and high quality full-day kindergarten aligned with the primary grades.

This continuum of services and supports is based on our belief that early education and care policies and programs should be designed to prevent family stress and developmental delays, and promote optimal development, including school readiness. The Somerville approach builds on family strengths rather than on remedying weaknesses. Especially important in this regard are the strengths inherent in cultural and ethnic differences. Flowing from this emphasis on identifying and enhancing strengths is our emphasis on empowering families by organizing our programs in a way that provides both parents and children with choices, and with the skills and supports they need to be successful. We recognize that all families go through stressful life transitions at one time or another, and therefore aim to provide access to community-based family support to all families. At the same time, we understand the shortcomings in a ‘one size fits all’ approach, and work to customize Somerville’s early education and care services to meet the needs of families from varying family situations, cultural and religious backgrounds, and economic circumstances.

Somerville has much to be proud of in its current offerings families with young children. But those offerings must continue to evolve in order to fully meet the needs of our youngest residents and their families. This evolution must be guided by a long-term plan based on the best information available, in close collaboration with our partners in the private and non-profit sectors. The beginnings of such a plan are presented in Chapter Four, following the description of what we consider a model system of early education and care (Chapter Two) and an overview of the supports and services for young children and their families presently available in Somerville (Chapter Three). This planning begins with an emphasis on those families with the highest expressed need, and extends over time to include all Somerville families with young children. A second change over time evident in the emerging plan is a transition from somewhat separate public school and private systems to a more integrated approach, in which public and private services collaborate in the provision of supports for young families. The outcomes of these new strategies are to provide universal kindergarten readiness and to bring greater consistency and higher quality to the experiences of Somerville children across the education and care settings of their early years.

## Chapter Two

### The Elements of a Model Early Education and Care System

The foundation for success in school is laid at the very beginning of a child's life. The brain is developing rapidly in utero, and by birth contains about 100 billion neurons.<sup>1</sup> This initial development is affected by the health, eating habits, environment, and behavior of the mother during her pregnancy. The various stressors associated with poverty have substantial impacts on child development during the first three years of life.<sup>2</sup> Recent research has shown that poor children are exposed to higher levels of family conflict and turmoil, family dissolution, maternal depression, violence, noise, crowding, toxins, and allergens than children in families with more resources. There is also growing evidence that childhood poverty does more than simply elevate stress levels; it also interferes with the regulatory systems "that enable children to manage the many environmental demands that typically accompany poverty" (Evans & Kim, 2012). These include the several components of self-regulation: attention control, working memory, inhibitory control, delay of gratification, and planning, all capacities central to school-based learning. Accompanying these constraints is often a relatively limited language environment at home; by the time a poor child is three years old s/he will have been exposed to far fewer words than a child reared in a middle-income household.<sup>3</sup> These and other research findings underscore the reason why, in order to maximize a child's potential, an ideal community-based early education and care system is designed to support parents beginning in pregnancy, rather than waiting until the child is three or four years old, and to provide enriched environments for children from birth through adolescence.

The creation of a strong early education and care system, particularly in communities like Somerville with significant number of low-income families, must recognize the importance of this research. The "Essential Elements in an Early Education and Care System" listed below, are based on this research:

- Information and Referral
- Family Leave
- Home Visiting
- Parent Education/Family Support
- Early Intervention/Special Education Services
- Prekindergarten/Child Care/Head Start
- Age 3 to 3rd Grade Public Education System
- Health and Mental Health Services
- Professional Development for Service Providers
- Systems oversight and management

In considering a plan for Somerville, we are also guided and informed by Kristie Kauerz's *Framework for Planning, Implementing, and Evaluating PreK-3<sup>rd</sup> Grade Approaches* (March 2013). This framework complements the Essential Elements by specifying the depth required to ensure high quality within each Element. The major categories within this framework are:

- Cross-Sector Work

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<sup>1</sup> See the Brain Map at <http://www.zerotothree.org/child-development/brain-development/baby-brain-map.html>

<sup>2</sup> Evans and Kim, 2012, Childhood Poverty, Chronic Stress, Self-regulation, and Coping.

<sup>3</sup> Hart and Risley, (1998). Meaningful Differences in the Everyday Experience of Young American Children; Hoff, Laursen and Tardif (2002), Socioeconomic status and Parenting

- Administrator Effectiveness
- Teacher [Provider] Effectiveness
- Instructional Tools
- Learning Environment
- Data-Driven Improvement
- Engaged Families
- Continuity and Pathways

Kauerz explains (p. 3 of Framework) that “The ultimate goal of PreK- 3<sup>rd</sup> grade approaches is to improve child outcomes and close achievement gaps. Child outcomes should always be kept front-and-center in planning, implementing, and evaluating PreK-3<sup>rd</sup> grade efforts. This Framework is based on the premise that there needs to be more intentional focus on the changes that need to occur in adult behaviors/skills, and to the system itself, before meaningful child outcomes will be realized.” A key assumption underlying this report is that the strategies, implementation indicators, depth of alignment, and evaluation approaches outlined in this Framework will be incorporated into our multi-year plan.

Each of the Essential Elements of and Early Education and Care system is summarized briefly below.<sup>4</sup>

**Coordinated Information and Referral (I&R)** This element of the EEC system, sometimes referred to as ‘single point of entry,’ provides parents and others with an overview of the services available in the community for parents and young children, advice regarding which of those services might be of particular value to them at any given stage in the child’s development, and referral to appropriate programs. The ideal I&R system is comprehensive (linked to all of the services discussed below), coordinated (linking the various services to one another and avoiding unnecessary duplication), and accessible for families benefiting from multilingual services and/or other reasonable accommodations. It is publicized through various media outlets in order to reach all parents and potential parents in the community, and designed in a way that makes parents and potential parents feel welcome.<sup>5</sup>

**Family Leave** New parents, both mothers and fathers, need sustained opportunities to bond with their infants, and for their infants to bond with them.<sup>6</sup> Both the federal government and the Commonwealth of Massachusetts have addressed family leave in law, as have a number of private companies and unions.<sup>7</sup> Although local municipalities typically exert little control over the family leave policies of the private employers within their jurisdictions, they can set examples through policies established for their own employees, and can project affirmative beliefs about the importance of time together for new parents and their very young children.

**Home Visiting** The most effective strategy for supporting parents and their very young children involves periodic home visits by health or child development specialists focused on the behaviors of the mother during pregnancy and parent-child interactions during the first two years of life.<sup>8</sup> These visits, every two to four weeks, are conducted by trained nurses, other professionals or paraprofessionals. Health care and nutrition are

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<sup>4</sup>The Commonwealth of Massachusetts has developed a state plan for development of a statewide system of early education and care, which is described at <http://www.mass.gov/edu/docs/eec/research-planning/state-planning/eec-strategic-plan.pdf>. The Somerville vision and plan are somewhat more comprehensive than that of the Commonwealth as a whole, including family leave for parents of infants and home visiting supports for families with infants and toddlers, and giving greater emphasis to health and mental health services.

<sup>5</sup> See family support principles at [http://www.seattle.gov/humanservices/children\\_families/support/FamilySupportPrinciples.pdf](http://www.seattle.gov/humanservices/children_families/support/FamilySupportPrinciples.pdf)

<sup>6</sup> See Gomby and Pei, at <http://www.paidfamilyleave.org/pdf/NebwornFamilyLeave.pdf>

<sup>7</sup> <http://www.mass.gov/mcad/maternity1.html>

<sup>8</sup> For a summary of the findings of reliable research studies on home visiting see [http://main.zerotothree.org/site/DocServer/HomeVisitssing\\_Mar5.pdf?docID=7889](http://main.zerotothree.org/site/DocServer/HomeVisitssing_Mar5.pdf?docID=7889)

emphasized during pregnancy, and positive face-to-face parent-child interactions along with preventive health care once the child is born. The largest evidence-based home visiting programs have a primarily health-oriented focus,<sup>9</sup> but other national models place greater emphasis on child development, parent education, and early childhood education.<sup>10</sup> Coordination of home visiting with a child's other providers is very important, to insure consistency and regularity.

**Parent Education/Family Support** Parent education strategies take many forms, ranging from parenting classes to home visiting. The emphases in parenting education programs are typically on teaching parents what to expect from their young children at various stages in their development and how to interact with their children in ways most likely to lead to positive development. Literacy through reading-related parent-child interaction has received a good deal of attention recently. Studies indicate that home visiting strategies may be the most effective means of parent education, but less intensive approaches have also been shown to have some impact.<sup>11</sup>

**Early Intervention/Special Education Services** Federal and state laws require communities to screen children for special needs and then implement early intervention plans for children needing special support and for their families. Early screening is essential, and home visiting programs can perform a vital role in this regard. Prekindergarten programs have taken center stage as sites for early screening and intervention, but programs focused on 0-3 year-olds are even better positioned to identify developmental delays early. Many communities rely on pediatricians to identify delays, but full screenings may not be possible.

**Child Care** Child care is a service needed for children starting as early as six weeks of age and extending up through the primary school years. The settings for these services fall on a continuum that ranges from a parent in their own home (while the other parent is employed outside the home) through family members and neighbors to licensed family child care and center-based services. Increasingly, center-based programs serving three- and four-year olds combine more structured part-day prekindergarten services with full-day child care. Funding streams for such programs often include a mix of public funds and parent fees.

**Pre-kindergarten** Pre-kindergarten services are publicly funded programs designed specifically to prepare three- and four-year-olds for success in primary school. These services may be regulated and funded by municipal school districts, state governments, and/or the federal government (Head Start). Most current State programs serve only 4-year-olds, but New York is considering the expansion of its Universal Pre-kindergarten Program to 3-year-olds. Many state programs now serve small numbers of 3-year-olds, and many federal Head Start programs now enroll 3-year-olds.<sup>12</sup> Although public school systems are almost always the conduit for state pre-kindergarten funds, and pre-kindergarten settings are often in public schools, the majority of the States with pre-kindergarten programs sub-contract with community-based programs to deliver some of their programs, and Head Start has a long history of delivering programs in non-school settings.<sup>13</sup> Although most states target their prekindergarten funds to at-risk children and their families, a number of states (NY, OK, GA, FL) and the District of Columbia provide or seek to provide universal services to 4-year-olds.

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<sup>9</sup> Nurse-Family Partnership, Healthy Families America

<sup>10</sup> Parents as Teachers, Home Instructions for Parents of Preschool Youngsters (HIPPY), Early Head Start Home Visiting

<sup>11</sup> <http://www.human.cornell.edu/pam/outreach/parenting/research/upload/Effective-20Parent-20Education-20Programs.pdf>; [http://www.parentsasteachers.org/http://cssr.berkeley.edu/bassc/public/EvidenceForPractice5\\_Parenting\\_fullReport.pdf](http://www.parentsasteachers.org/http://cssr.berkeley.edu/bassc/public/EvidenceForPractice5_Parenting_fullReport.pdf);

<http://futureofchildren.org/futureofchildren/publications/journals/article/index.xml?journalid=71&articleid=513>

<sup>12</sup> <http://nieer.org/sites/nieer/files/yearbook2012.pdf>

<sup>13</sup> <http://nieer.org/sites/nieer/files/yearbook2012.pdf>

**Health and Mental Health Services** Unlike most other highly industrialized nations, the United States has not provided universal access to health care for its citizens. This situation is changing gradually. Medicaid and CHIP services are now available to income-eligible families, and in Massachusetts most families can now buy health insurance at reasonable cost. Finding a ‘medical home’ for all families with children can be a problem however, due to a shortage of health care providers willing to accept new patients. Some early intervention programs (Nurse Home Visiting) and pre-kindergarten programs (Head Start) make a special effort to link the families they serve with health services. Mental health services and providers are in especially short supply.

**Professional Development for Service Providers** Early education and care is much, much more than ‘baby-sitting.’ Home visitors, caregivers, and early education teachers require specialized knowledge and supervised practicum experience in order to provide services that meet accepted professional standards. The ideal early education and care system monitors the qualifications of all non-parental program staff, supports the ongoing professional development of those staff, and provides integrated cross-program training and professional development where needed. Because the needs of young children and their families range from physical health to child development (sensory-motor, social, emotional, cognitive development) and mental health, a comprehensive professional development system addressing the needs of the full range of service providers requires oversight and guidance by a cross-disciplinary team of seasoned professionals. This team must be conversant with the program practices that have demonstrated well-documented positive impacts on children and families, and the professional development protocols that foster those practices.<sup>14</sup> An ideal professional development system recognizes that many early education and care paraprofessionals and professionals wish to assume increased levels of responsibility over time, and provides career ladders designed to support career advancement. The Massachusetts Department of Early Education and Care has developed a useful planning tool for development of career ladders in the early education and care arena.<sup>15</sup> Knowledge of the professional development programs and degrees offered by colleges and universities in the area is also important for providing guidance to program staff seeking opportunities for career advancement.

**Systems Oversight and Management** Effective oversight requires several components. Responsibility for monitoring the Early Education and Care (EEC) system and any further development of the system is typically vested in a single agency. Within a state or municipality this may be a specific department of early education and care, or oversight may be assigned to a department with broader responsibilities, like the School Department or the Department of Social Services. Because early education and care requires knowledge and expertise from a range of disciplines, the monitoring agency often sets up a multi-disciplinary advisory committee to assist in the establishment and monitoring of program content and delivery, professional development, impact assessment, and other strategies.<sup>16</sup> Data collection, analysis and dissemination are an integral part of effective oversight and management. Ten fundamentals of EEC data systems include developing a unique identifier for each child, developing child-level demographic, program participation, and

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<sup>14</sup> Examples of such professional development protocols and practices can be found at the following web sites:

[http://www.healthyfamiliesamerica.org/network\\_resources/training.shtml#prenatal](http://www.healthyfamiliesamerica.org/network_resources/training.shtml#prenatal)

[http://www.healthyfamiliesamerica.org/downloads/eval\\_NY\\_bb\\_exec\\_2004.pdf](http://www.healthyfamiliesamerica.org/downloads/eval_NY_bb_exec_2004.pdf)

<http://www.nursefamilypartnership.org/>

<http://www.nursefamilypartnership.org/nurses/program-education>

<http://www.mass.gov/edu/docs/eec/workforce-and-professional-development/professional-qualifications/20110620-guide2consultation.pdf>

<http://www.cdacouncil.org/the-cda-credential/about-the-cda>

<http://www.familydevelopmentcredential.org/Plugs/default.aspx>

[http://www.naeyc.org/GlossaryTraining\\_TA.pdf](http://www.naeyc.org/GlossaryTraining_TA.pdf)

[http://www.irle.berkeley.edu/cscce/wp-content/uploads/2013/11/FromAspirationtoAttainment\\_CSCCE2013-Full-Report1.pdf](http://www.irle.berkeley.edu/cscce/wp-content/uploads/2013/11/FromAspirationtoAttainment_CSCCE2013-Full-Report1.pdf)

<sup>15</sup> [http://www.eec.state.ma.us/docs1/prof\\_devel/20110512\\_career\\_ladder\\_table.pdf](http://www.eec.state.ma.us/docs1/prof_devel/20110512_career_ladder_table.pdf)

<sup>16</sup> For instance, the Massachusetts Department of Education and Care is overseen by a Board with members from education, health, and human services, an EEC provider, a business representative, a parent receiving EEC services, an evaluation expert, a pediatrician, and three members at-large.

developmental information, program-level data on structure, quality, and work environment, and alignment data linked to the K12 education system.<sup>17</sup>

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<sup>17</sup> <http://www.irle.berkeley.edu/cscce/wp-content/uploads/2011/03/DQC-ECDC-brochure-2011-Mar9.pdf>

## *Chapter Three*

### **Early Education and Care in Somerville: Current Status**

Chapter Two outlined elements of an ideal support system for 0-8 year-old children and their families. Chapter Three provides an overview of the supports currently available to Somerville families in the City of Somerville, using the ideal system outlined in Chapter Two as a template.

#### **Information and Referral in Somerville**

Somerville residents currently have a number of ways in which to obtain information about and referral to events, services, and programs that support and strengthen their families. There is, however, no clear first stop for obtaining information that is specific to the needs of families with young children. Child care information is often gained through word of mouth, as informal networks tend to be perceived as the most trusted means for connecting residents with information about available services.

*The Somerville Family Learning Collaborative (SFLC):*

- Serves as the primary local source for information and referral about services for children and families.
- Places families on centralized waiting lists for childcare subsidies.

*The Somerville Public Schools (SPS):* (particularly through the SPS website and the Parent Information Center (PIC)):

- Provide general information and referral for issues pertaining to school age children. For pre-K children, SPS provides information about the public pre-kindergarten program (SMILE) only.

*Individual early childhood and family programs* in the city serve as resources for information and referral to the families they serve.

*City of Somerville:*

- Provides a 311 call center that offers general information and referrals, often referring families to the SFLC and PIC.

*Regional Information and Referral:*

- A state funded Resource and Referral agency in Boston will soon have a satellite location in Cambridge. This agency provides information and referral for birth through three and after school child care programs in addition to determining family eligibility for vouchers. Its regional catchment is helpful for some yet not always as Somerville-specific or accessible as would benefit others.

#### **Family Leave for Somerville Families**

Family leave policies among employers within Somerville and among employers of Somerville residents most likely mirror the wide range of offerings – and lack thereof – that exist for families living and working throughout the U.S. Somerville families must make difficult decisions about the costs and benefits of staying home with very young children and/or returning to part- or full-time employment. Economics, health, logistics, and family stability all play roles in shaping these decisions.

## **Home Visiting in Somerville**

There are at least six separate home visiting programs in the city of Somerville, each with distinct priorities and different target participants. Home visitors have insights into the issues facing families at a level often not achieved by other providers and can serve as critical links to the larger community for isolated families. At the time of this writing, it is not clear that these programs collectively meet current need, either in number of slots available or in intensity of services.

*Somerville Early Head Start (EHS):* The Somerville chapter of Early Head Start provides comprehensive center and home based services for low-income families with infants, toddlers, or pregnant mothers. This program focuses on socio-emotional and educational outcomes by promoting prenatal health, supporting early childhood development, and fostering healthy family systems.

*Cambridge-Somerville Early Intervention:* Cambridge-Somerville Early Intervention provides family-centered and therapeutic interventions to help children reach their developmental potentials. This program serves children from birth to three found to demonstrate or be at risk for various developmental, behavioral, environmental, or socio-emotional delays or limitations.

*Parent-Child Home Program (PCHP):* The Somerville chapter of this national program is administered by the Somerville Family Learning Collaborative. It provides intensive literacy services at home visits to promote language skills and school readiness. This program is intended to serve the most at-risk children and focuses on low-income and isolated families for whom English is not their first language.

*Early Intervention Partnerships Program (EIPP):* This home visiting program, funded by the Department of Public Health, serves families with children at risk for poor developmental outcomes, often with children born prematurely or at a low birth weight. This program creates individualized family plans (IFPs) to educate parents on methods to address their child's specific issues and provide referrals to other early childhood services.

*Doula Program:* The Doula Program provides home-visiting to families with children prenatally through 4 weeks post-pregnancy. This program provides services to support maternal and child health and mental health.

*Healthy Families:* Jewish Family and Children's Services implements Healthy Families, a voluntary home visiting program for first-time parents under the age of 21. Home visits occur prenatally until the child turns three and vary in intensity depending on the age of the child and family need.

The profile of the current array of home visiting services in Somerville features child development and early education to a greater extent than health, in contrast with the picture at the national level, where home visiting tends to be primarily a public health strategy.

## **Parent Education and Family Supports in Somerville**

Parent education is yet another component of an ideal early childhood system that exists in Somerville in a variety of ways and through a variety of organizations, but which also lacks a fully cohesive, intentional approach to serving the needs of families, particularly those who could most benefit from additional support.

*The Somerville Family Learning Collaborative (SFLC):*

- Through parent workshops, playgroups, school-based family and community liaisons, parent support groups, and parent English classes, the SFLC is a primary provider of parent educational

services in Somerville. These programs support parents by providing social connections in the city, referring families to useful resources, educating families on issues of early childhood, school readiness, and leadership development opportunities.

- In addition, the following community organizations offer parent education and family supports: The Family Center, The Welcome Project, Early Head Start, CAAS Head Start, Somerville Recreation Department, Cambridge/Somerville Early Intervention, Adoption Journeys, WIC, The Growing Center, Shape Up Somerville, Cambridge Health Alliance, COPE (a program run at Somerville High School for parenting and pregnant teens) and many of the childcare centers.

## **Early Intervention and Special Education in Somerville**

### *Cambridge-Somerville Early Intervention:*

- Provides many services to children age birth to three and their families who may benefit from special education. Their programs include playgroups, evaluations and services.

### *The Somerville Public Schools:*

- SPS provides similar services for 3-year old children in the district, offering Early Childhood Intervention Program (ECIP), a school-based (Capuano Early Childhood Center) and publicly funded program for three- and four-year olds with special needs. Slots for typically developing peers are provided to approximately forty Somerville children on a lottery basis at no cost. The SFLC offers playgroups that are designed in conjunction with the Somerville Special Education Department to be inclusive to families of children with or without identified special education needs.

## **Pre-K/Child Care/Head Start in Somerville**

Somerville has a mixed delivery system of early childhood care, including public and private programs.

- *SMILE at the Somerville Public Schools:*

SMILE is a free, public preschool program that offers 6 hours per day of education and care to a maximum of 220 children. The program runs for the 180-day school year and is offered in classrooms at the Capuano, Argenziano, Winter Hill and West Somerville schools. School readiness is the primary emphasis of this pre-kindergarten program.

- *Center-based Community Child Care Programs:*

There are 23 center-based community child care programs in Somerville. Eleven of these programs provide services for infants and toddlers. This program category includes a combination of not-for-profit, profit and faith-based organizations. Head Start provides care for about 90 low income four year olds from Somerville with a school day of four and a half hours. Approximately 120 three year olds are served in Early Head Start.

- *Licensed Family Child Care and Informal Providers:*

There are 40-50 licensed independent Family Child Care providers in Somerville, along with Catholic Charities family childcare system. There is also a network of informal, “kith and kin” providers serving predominantly Somerville’s immigrant communities.

- *Afterschool Programs:*

The Mystic Learning Center (housed at the Somerville Housing Authority's largest public housing development), Boys and Girls Club (housed at the Arthur D. Healey School), Elizabeth Peabody House, Somerville YMCA and the Somerville Community Schools (run through SPS) offer afterschool services in Somerville. Many summer programs are offered through these organizations as well as through the City's recreation department and many other local and regional non-profit and private providers. There are also myriad enrichment opportunities year round and at all times of day for kids of all ages with particular interests, strengths, and needs. Affordability, accessibility, capacity, and quality vary.

## **Kindergarten – Third Grade Public Education – Somerville Public Schools**

The Somerville Public School system includes:

- Six K-8 Schools
- One K-6 School
- One Pre-K/K School.

The Prospect Hill Academy is a K-12 Charter School that serves all residents of Massachusetts, while providing admission preference to residents of Somerville and Cambridge. At present, approximately 450 Somerville children attend Prospect Hill.

## **Health and Mental Health in Somerville**

There are a variety of programs in Somerville that provide health and mental health services. The Cambridge Health Alliance offers free clinics at the Broadway Health Center and Union Square Family Health. The Doula program provides emotional support to women around childbirth, Riverside/The Guidance Center Mental Health, Women, Infants and Children (WIC), Food Pantries, the Somerville Homeless Coalition, Somerville Community Corporation (SCC), LIFT, and the Community Action Agency Somerville (CAAS) also provide services aimed at boosting health and wellness among Somerville's more vulnerable residents.

## **Professional Development for Service Providers**

To maintain quality service providers in Somerville, there are a variety of programs that offer professional development opportunities.

*The Somerville Public Schools, SMILE Program:*

- Provides a range of professional development programs for both its professional and paraprofessional staff

*Somerville Family Learning Collaborative:*

- Offers training, workshops and networking opportunities

*Massachusetts Department of Early Education and Care:*

- Offers training

### *The Early Learning Challenge Alignment Grant:*

- Beginning in the Spring of 2013, the grant has created a meeting place of public school and community-based early childhood professionals to align early childhood programs in Somerville. The grant has begun to provide professional development opportunities for teachers from several of the providers, aimed at providing a more cohesive, more consistently high quality program of instruction for Somerville's pre-school children.

### *Tufts University Department of Child Development:*

- Tufts has been a long-time partner of the Somerville Public Schools. The Child Development Department, under the leadership of Dr. Christine McWayne, has been an active participant in this planning effort. In addition to providing consultation and support for our work, the Child Development Department has a child care center (Eliot-Pearson) and that acts as both a teaching facility and professional development resource for SPS.

## **Oversight and Management**

The Somerville Public School system oversees the SMILE program. The Somerville Family Learning Collaborative functions as a connector between and among the participants in the mixed delivery system. In addition, there are standing meetings and groups that provide more formal organization and collective oversight to work that is occurring throughout the city. These points of intersection include the Somerville Public Schools administration team, the Early Childhood Advisory Council, the Child and Youth Study Team, the Community Leaders Resource Team, SomerPromise, and the Early Learning Challenge Grant's alignment activities. But as dedicated and effective as these individual programs and groups may be, the child- and family-related programs and services in Somerville currently operate as an informal system without a central point of organization and coordination or a clearly articulated mission.

Data collection and analysis is also a major gap. As a community, we don't have a systematic way of gathering and sharing data needed to identify gaps in student learning or to track children's progress towards kindergarten readiness.

Somerville benefits from the fact that Massachusetts' Department of Early Education and Care (EEC) is unique in providing a statewide strategic plan from which to work in strengthening all aspects of an early childhood system. This plan prioritizes: 1) Quality; 2) Family support, access and affordability; 3) Workforce; 4) Communications and; 5) Infrastructure.<sup>18</sup> Massachusetts EEC licenses day care centers, regularly visiting to assess the overall quality of programs with a required program of monitoring and assessment known as the Quality Rating and Improvement System (QRIS). This monitoring program is linked to an assessment system which, for the 2014 – 2015 school year, will be required of all licensed pre-schools in Somerville as well as Kindergarten. The assessment tool that the state will require is called Teaching Strategies Gold, and is designed to provide a comprehensive view of the child's social-emotional and academic development.

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<sup>18</sup> <http://www.mass.gov/edu/docs/eec/research-planning/state-planning/eec-strategic-plan.pdf>

## *Chapter Four*

### **Making the Somerville Early Education and Care Vision a Reality:**

#### **Next Steps**

Somerville is uniquely poised to play a leadership role in the creation of a robust and coordinated network of early education and care. Many of the needed elements are already in place. The array of child and family programs currently available in Somerville is impressive, especially compared to other American cities its size (77,000). Each of the categories of support identified in Chapter Two as essential elements of an early education and care support system for families with young children is represented in Somerville by at least two and often more service providers. Especially noteworthy is the number and variety of home visiting programs, a family support strategy often largely absent in American jurisdictions.<sup>19</sup> Equally important for the future is the strong and ongoing commitment from Mayor Joseph A. Curtatone, the School Committee and other elected officials to deliver on the promise of high quality early education for all Somerville children. This plan is evidence of that commitment: It was developed at the request of the Somerville School Committee based on a preliminary report from the Child and Youth Study Committee in June, 2013 (see attached) and is aligned with state and national priorities in early education, including those reflected in the cross-sector Pre-K alignment plan found in Governor Patrick's recent budget proposal. This plan also begins to address the long term financial sustainability of our current pre-kindergarten model.

Mayor Curtatone's vision of the City as "a great place to live, work, play and raise a family" has been his signature commitment from the beginning of his now ten years in office. Likewise, the Somerville School Committee, long a state-wide leader in funding quality pre-school, has moved to expand this opportunity in recent years. The FY14 School Department budget, for example, included funding for a nearly 20% increase for SMILE, increasing the number of seats available from 180 to 220. With this increase, and the City census indicating approximately 600 four year olds city-wide, a significant number of Somerville children are now being served in publicly-funded, high quality, full-day pre-K; including the 90 Somerville children served in Head Start, that number is about one half the total four year olds. At a time when many school districts in Massachusetts struggle to even provide Kindergarten without fees, Somerville's commitment to the education of its four year olds is notable and commendable.

Our review of the Somerville early care and education system has also uncovered a number of key service gaps and areas in need of immediate improvement. Six of these identified needs are outlined below. Each is followed by a recommendation that, if acted upon, would significantly improve our capacity to meet the needs of Somerville's young children and their families, and especially those children at highest risk for poor school outcomes. Together these recommendations represent Step One in development of a truly top flight early education and care system. These recommendations, and the identified needs they address, are all deemed top priority by the team that developed this report. We consider them prerequisites for the development of a longer-term plan for implementation of a comprehensive Somerville system of early education and care. We encourage readers to consider how each of these recommendations can be implemented in ways that best prioritize those children and families most in need of supportive care, education, and services. It is our ambitious goal to ensure that every child has an equal opportunity to have success as a student, beginning at the start of kindergarten and continuing through their long school career. It is incumbent upon us to reflect through

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<sup>19</sup> This assessment of the strengths in the Somerville early care and education system is anecdotal, a judgment based on 30 years of experience by Dr. Moncrieff Cochran with early care and education services in cities across the United States.

our initial and ongoing steps that decisions we make have the power to maintain, exacerbate, or close current achievement gaps. It is our collective responsibility to aim steadily and consistently for the latter. Intentional deliberation, inclusion of diverse perspectives, and affording ourselves the necessary time to tackle this complex and dynamic terrain are key approaches to our work.

***Identified Need #1:*** Somerville's Early Childhood Advisory Council membership needs to be broadened and provided with a comprehensive mandate to provide oversight and monitoring of the Somerville early education and care system. Such an advisory body and its accompanying roles are an essential element of oversight and management in a well-functioning EEC system. It is essential that its make-up reflect the diversity of the EEC service system found in the City as a whole.

**Recommendation #1:** Re-envision the Early Childhood Advisory Council, our current EEC advisory body. Determine whether we ought to expand its functions and make-up, re-focus its priorities or create a new body charged with overseeing the Somerville early care and education system as a whole and recommending improvements and changes as needed. Clearly state who is included, how decisions are made, and how this body engages with other stakeholders, including City and School leadership.

***Identified Need #2:*** A single point of entry into the Somerville EEC system for parents seeking information and services. Such a single point of entry, often called an Information and Referral service, is critical not only to insure that parents have maximum access to the information and expertise they need to make good decisions on behalf of their children, but also because of the opportunity it provides for the collection of accurate data about demand for services and the supply of services sought.

**Recommendation #2:** Expand the function of Somerville Public School's Parent Information Center (PIC) to include early education and care. The PIC currently serves as an accessible, convenient, centralized information and referral service for K -12 education in Somerville. It is logical to extend the PIC's reach to early learning, given its proven expertise, record of being accessible to families from a variety of ethnic and linguistic backgrounds, and ability to assist with the economic and financial issues facing many Somerville families.

***Identified Need #3:*** A convenient portal designed both to portray the scope of the Somerville Early Education and Care system as a whole and provide detailed information about specific EEC services in particular. Such a tool should be web-based, but capable also of producing useful print materials.

**Recommendation #3:** Development of a website designed to provide families with young children with an overview of the Somerville early care and education system as a whole, details related to specific programs within the system, and contact information for those in need of additional information. The funding for creation and implementation of such a resource is currently in hand, and the resource is currently in the initial planning stages. The target date for implementation is August, 2014.

***Identified Need #4:*** The absence of a person within the City of Somerville administrative structure tasked with providing leadership to the Somerville Early Education and Care system as a whole. The person in such a position would work in concert with the newly created EEC Advisory Council (Recommendation #1) to develop and implement a long-term plan for the EEC System and provide guidance, direction, and oversight for

those elements of the System falling under the direct purview of the Somerville Public School System (advocacy for the system as a whole, information and referral through PIC, general oversight and coordination of the system, oversight of the SMILE program and its collaboration with community partners, and alignment of the SMILE experience with the K-3 continuum).

**Recommendation #4:** Create a new position, Director of Early Education and Care, based in the School Department, with responsibility for providing leadership in coordinating city-wide Early Education and Care alignment and improvement efforts, as outlined above.

***Identified Need #5:*** A marked absence of data collection, analysis or dissemination related to the supply of and demand for early education and care services. A first-rate EEC data system should include assignment of a unique identifier for each child, collection of child-level demographic, program participation, and developmental information, the gathering of program-level data on structure, quality, and work environment, and provision of alignment data linked to the K-12 education system.

**Recommendation #5:** Provide the new Director of Early Education and Care with the resources needed to collect, track and interpret early care and education related data, trends, and emerging needs within the community. Development of this capacity should take into account and build upon the existing strengths of the City's SomerStat office, current SPS performance/data management work, and our ongoing progress with Tufts University at building an integrated data system (IDS) for Somerville. Support for existing professional development, curriculum, and alignment opportunities among cross-sector providers will also increase our likelihood of success in meeting data needs.

***Identified Need #6:*** The lack of a long-term plan for fully implementing a Somerville Early Education and Care System of the sort envisioned in Chapter Two of this report. The basic elements of such a system are in existence, and efforts to envision these components as a synergistic whole have begun (including the earlier Promise Neighborhood initiative), but a well conceived, realistic, long-term plan for full integration of the various elements and system-wide quality improvement does not exist.

**Recommendation #6:** A multi-year plan for a Somerville early care and education system be developed, that outlines benchmarks within each of the key service areas outlined in Chapters Two and Three, including a plan for financial sustainability. Included in the plan should be expansion of successful cross-provider professional development approaches and a multi-year strategy for further strengthening the qualifications of those staffing Somerville's network of programs for infants, toddlers, and preschoolers.

## **Designate SPS as Lead Agency for EEC System Development and Monitoring**

The Somerville Public Schools has a long history of providing early learning programs and services to the children of Somerville. Many other organizations also share in this history, but in our view none of the others have the capacity or the stability that SPS has been able to develop and sustain over the long term. The specific provision currently provided by the Somerville Public Schools include the Capuano Early Childhood Center, the SFLC, and the District's current lead role in overseeing the Early Learning Challenge Grant. For these reasons we recommend that the school district serve as the City's 'lead agency' for the next phase of this work.

At the same time, however, the School Department has neither the desire nor the capacity to provide all of the ten elements listed in Chapter 2 as comprising an ideal early education and care system for children 0 – 8 years. The District would provide direct provision and support in the following four key areas, and assume an affirmative position in collaborating with other agencies and organizations to systematize and deliver the remaining services:

- Advocacy for the overall vision
- Provision of oversight and management
- Creation and implementation of a single entry point for families
- The strengthening and support of pre-K and K-3 programs and services

In an effort to assist with a long-term plan for implementation of the Somerville Early Education and Care System, the team tasked with developing this report created a planning matrix that includes all ten elements of the EEC system. That matrix is provided in Appendix 1 as an example of how to go about long-term planning. If Somerville decides to move forward with a long-term EEC effort, this planning would need to be undertaken by groups of stakeholders involved with each of the ten system elements outlined in Chapters 2 and 3. Such a planning process would be coordinated and facilitated by Somerville's new Director of Early Education and Care.

## *Appendix 1*

### **A Matrix for Guiding Long-term EEC System Planning**

The matrix presented on the following page provides an example of what a planning tool designed to encompass the entire EEC system might look like, and how it might function. It is divided into three sections: A. elements with SPS as the lead agency; B. elements involving collaboration between Head Start and SPS; and C. elements provided by other service providers in the community (private, non-profit, City). Examples of steps to be taken in succeeding years are included only in Section A, as these are the elements envisioned to be provided by the School District.

We underscore again that long-term planning of this sort must be an ongoing collaborative process involving representatives of all key stakeholders. The composition of planning groups will necessarily vary in composition depending upon which element within the overall system is at focus. Care must also be taken to look for economies of scale and other efficiencies across the several planning sub-committees. This will be one of the functions of the new Somerville Director of Early Education and Care.

## EEC System Long-Term Planning Matrix

| A. Elements with SPS as Lead Agency                                                                                                                                 |                                                                                                                                                                                              |                                                                    |                        |        |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------|--------|--------------------|
|                                                                                                                                                                     | Year 1                                                                                                                                                                                       | Year 2                                                             | Year 3                 | Year 4 | Year 5             |
| Information and Referral/single entry point                                                                                                                         | Hire staff for PIC; develop new website                                                                                                                                                      | Evaluate initial response to new portals and adjust as necessary   |                        |        |                    |
| Pre-kindergarten                                                                                                                                                    |                                                                                                                                                                                              | Target enrollment                                                  | Universal, w/ fees     |        | Universal, no fees |
| Age 3 to 3rd Grade Alignment                                                                                                                                        | Create advisory body                                                                                                                                                                         |                                                                    |                        |        |                    |
| Provider Professional Development                                                                                                                                   | Expand coaching opportunities. and other PD measures                                                                                                                                         |                                                                    |                        |        |                    |
| Systems oversight/management                                                                                                                                        | Hire Director; create data system                                                                                                                                                            | Add data collection/tracking/analysis staff; collect Provider data | Child Development data |        |                    |
| B. Elements with SPS and Head Start in Partnership                                                                                                                  |                                                                                                                                                                                              |                                                                    |                        |        |                    |
| Head Start                                                                                                                                                          | Plan/pilot joint program between SPS and Head Start                                                                                                                                          | Implement joint program between SPS and Head Start                 |                        |        |                    |
| C. Elements provided by community groups, private providers, and city programs<br>In cooperation with SPS                                                           |                                                                                                                                                                                              |                                                                    |                        |        |                    |
| Family Leave                                                                                                                                                        |                                                                                                                                                                                              |                                                                    |                        |        |                    |
| Home Visiting*                                                                                                                                                      | To participate in Advisory Board conversations; to use work done in above elements as model for identifying which areas of Kauerz’s Framework to prioritize as strategies for moving forward |                                                                    |                        |        |                    |
| Parent Education*                                                                                                                                                   | See above      Also note: SPS, through SFLC, is currently developing, expanding and leading many playgroups and workshops for parents with young children                                    |                                                                    |                        |        |                    |
| Early Intervention                                                                                                                                                  | See above                                                                                                                                                                                    |                                                                    |                        |        |                    |
| Special Education Services*                                                                                                                                         | See above                                                                                                                                                                                    |                                                                    |                        |        |                    |
| Child Care*                                                                                                                                                         | See above                                                                                                                                                                                    |                                                                    |                        |        |                    |
| Health/Mental Health Services*                                                                                                                                      | See above                                                                                                                                                                                    |                                                                    |                        |        |                    |
| *As noted throughout report, SPS and a variety of other providers all support delivery of these services and should all play a role in aligning and improving them. |                                                                                                                                                                                              |                                                                    |                        |        |                    |