

Connecting Social and Emotional Health and Literacy:

Critical for Early School Success

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IMPACT

Ideas and Information
to Promote the Health of
Connecticut's Children

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About the Child Health and Development Institute of Connecticut:

The Child Health and Development Institute of Connecticut (CHDI), a subsidiary of the Children's Fund of Connecticut, is a not-for-profit organization established to promote and maximize the healthy physical, behavioral, emotional, cognitive and social development of children throughout Connecticut. CHDI works to ensure that children in Connecticut, particularly those who are disadvantaged, will have access to and make use of a comprehensive, effective, community-based health and mental health care system.

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Connecting Social and Emotional Health and Literacy: Critical for Early School Success

OVERVIEW

The Connecticut Peer Learning Pilot on Social-Emotional Development and Early Literacy

Strengthening the Connection Between Social-Emotional Development and Literacy

In 2014, nine communities in Connecticut assessed their resources and explored researched-based strategies to link supports for social-emotional and literacy skills through an initiative called *The Connecticut Peer Learning Pilot on Social-Emotional Development and Early Literacy*. Experts agree that there is a deep connection between social-emotional development and literacy in children's early school success including achieving reading proficiency in the early grades.

Reading proficiency by the end of third grade is a strong predictor of high school graduation and later student success. In Connecticut, 57 percent of 4th graders, including 80 percent of low-income children, failed to achieve reading proficiency by the end of 3rd grade posing serious consequences for their future.

Community strategies to promote school success should reflect the understanding that literacy and social-emotional development build on and reinforce each other. Promising strategies used by communities since their participation in the peer learning initiative, include the following:

- **Raise community awareness and reinforce community efforts** to integrate social emotional and literacy skills fundamental to success in school and life
- **Promote nurturing parent-child relationships**, which are essential to children's social-emotional development and can simultaneously stimulate literacy learning
- **Screen for social-emotional competencies**, with appropriate follow up and intervention
- **Enhance home visiting and book distribution programs**
- **Incorporate professional development related to the connections between social-emotional development and literacy for those working with young children**
- **Promote attendance in early education programs and the early grades**
- **Support special populations**, particularly children living in poverty, dual language learners or those faced with potentially unstable environments (foster care or homelessness)

Recommendations for state action to advance the linkage and integration of supports for children's social-emotional health and learning include the following:

- Align systems that address social-emotional development and literacy
- Increase support and education for parents
- Invest in professional development for those working with young children
- Institute universal and routine screening for social-emotional development and appropriate follow-up
- Expand the reach of evidence-based practices and programs
- Focus attention on special populations



IMPACT

I. INTRODUCTION

When young children are learning, they are weaving skills together like strands of a rope. Just like a rope, the child's rapidly developing brain weaves together cognitive, emotional and social skills. Together, these intertwined skills reinforce one another to form the basis of children's capacity to socialize and learn.

This report explores the interplay between young children's social-emotional development and early literacy and language skills. It seeks to elevate awareness of the connections between these essential competencies and accelerate actions by states and communities to advance children's readiness for school and successful educational achievement.

The report addresses the following:

- the knowledge base about social-emotional development, language and literacy development, and the connection between the two.
- strategies for successfully integrating supports for developing children's competencies across both sets of skills.
- the process and outcomes of a peer learning experience designed to assist nine Connecticut communities to develop strategies linking social and emotional development with language and literacy learning.
- steps to foster community adoption and implementation of these strategies.
- policy recommendations for Connecticut.

In 2014, through the *Peer Learning Pilot on Social-Emotional Development and Early Literacy*, nine Connecticut communities explored strategies to promote the relationship between social-emotional health and language and literacy development. Peer learning fosters awareness and understanding about critical issues and their connections, exchange of experiences in addressing the issues and inspiration to test and adapt approaches other communities are using successfully.

The nine communities were participants in the William Caspar Graustein Memorial Fund's Discovery Initiative and seven of them were also part of the Campaign for Grade-Level Reading, a national initiative to increase low-income children's reading proficiency by the end of third grade. The Campaign for Grade-Level Reading, in partnership with the National Center for Children in Poverty, designed the peer learning opportunity with support from the Irving Harris Foundation, the Graustein Memorial Fund, the Children's Fund of Connecticut and the Grossman Family Foundation. Policy recommendations in this report build on the pioneering framing and focus of this initiative as well as the experiences of these communities.

The Campaign for Grade-Level Reading

The Campaign for Grade-Level Reading is a collaborative effort by foundations, nonprofit partners, business leaders, government agencies, states and communities across the nation to ensure that more children in low-income families succeed in school and graduate prepared for college, a career, and active citizenship. The Campaign focuses on an important predictor of school success and high school graduation --grade-level reading by the end of third grade. The Campaign works with more than 240 communities, representing 42 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands with 2,100 local organizations and 250 state and local funders, including 130 United Ways.

The Campaign has set a bold goal: by 2020, a dozen states or more will increase by at least 100 percent the number of children from low-income families reading proficiently by the end of third grade. The Campaign provides support to the local public officials and civic leaders who recognize that many children from low-income families miss the reading milestone because they arrive at kindergarten behind their more affluent peers, miss too much school due to chronic absence, and fall further behind every summer. To overcome these challenges, the Campaign identified social-emotional development as one of seven critical health determinants of children's school success in the early years and early grades. For more information about the Campaign for Grade-Level Reading, see www.gradelevelreading.net.

Discovery Initiative

In 2001, the William Caspar Graustein Memorial Fund established a strategy to achieve a common goal: *Connecticut children of all races and income levels are ready for school by age five and are successful learners by age nine.* The Memorial Fund invested in 52 Connecticut communities to develop local collaboratives comprised of a wide range of stakeholders, including parents. Drawing on shared decision-making, these collaboratives have developed and implemented plans to build early childhood systems focused on early learning success.

The Memorial Fund augmented its community investments with support for regional and statewide networks designed to develop and advocate for policy that would promote success for the State's early learners and their families. With leadership from the Memorial Fund, more than a fourth of the Discovery communities drew on the congruence between their mission and the goals of the Grade-Level Reading Campaign, and also enlisted in the Campaign network. For more information about the Discovery Initiative, see: www.wcgmf.org.

II. Early Social-Emotional and Cognitive Development Are Intertwined

The most successful strategies to support children on the pathway to early school success reflect the understanding that the domains of cognitive development and social-emotional development are interactive, build on, and reinforce each other.¹ They are woven together like strands in a rope.

Research tells us that young children's social-emotional skills are powerful predictors of outcomes in education in both the short and long term. In the short term, children rated by their parents as having higher levels of emotional regulation score higher on assessments of math and literacy.² Positive social-emotional development in the preschool years is predictive of children's academic success in the early grades.³ One longitudinal study found that children with higher levels of social-emotional competencies in kindergarten are four times more likely to graduate from college. These skills in early childhood also predict other positive adult outcomes, including higher rates of employment, reduced incidence of substance abuse and better mental health.⁴

As their cognitive skills mature, children are increasingly able to regulate their emotions and control their behavior and social engagement. Their capacity to comprehend words, label emotions and communicate feelings significantly alters children's ability to participate in relationships with peers and adults, to solve problems and exercise curiosity. The deep connection between social-emotional development and literacy is a critical component of what is necessary to promote children's early school success including achieving reading proficiency in the early grades.



III. How Social-Emotional Development is Connected to Language and Literacy Development

“An infant who joyfully participates in “conversation” with parents is acquiring a capacity for strong social relationships while learning language and the patterns of communication. A toddler shows positive mental health by actively investigating her environment while gaining new cognitive and motor skills during play and exploration. A preschooler who helps his friend build a robot, shares his favorite markers, and rebuilds his block tower after it tumbles is learning social and problem-solving skills that will fuel learning in preschool and beyond.”⁵

The deep connection between social-emotional development and literacy is a critical component of what is necessary to promote children’s early school success including achieving reading proficiency in the early grades.

– Ralph Smith, Managing Director, The Campaign for Grade-Level Reading

Emotional health plays a significant role in preparing young children for cognitive tasks.⁶ From the moment of birth, babies are interacting with others. Before they develop language, they hear sounds, experience sensation and begin to form foundational attachments to parents and caregivers through back and forth interactions. As infants become toddlers, they engage in increasingly complex “serve and return” communication with adults. These interactions between young children and their caregivers are key to stimulating trusting positive engagement, a sense of safety, social interactions, and curiosity. Imagine the child-caregiver relationship as a tennis game, in which the back and forth interaction serves as a vital role in brain development. The quality of this relationship has implications on all phases of a child’s development.

Nurturing and affirming interactions between young children and their parents and other adult caregivers introduce children to sounds and feelings, build vocabulary and associate sounds with words and words with meaning. For example, building vocabulary that includes emotion words helps children identify and express their emotions and learn self-regulation. As young children mature into preschoolers, social-emotional health, dependent on and stimulated by secure attachments, enables them to listen to other children and adults, share toys and supplies, play and work cooperatively with others and assist caregivers and peers in various tasks.⁷

Over time, children build an increasingly complex set of social-emotional skills that fall into several key areas:

Social-Emotional Skills

- Creating and sustaining relationships with adults and peers
- Managing and regulating one’s emotions and behavior
- Developing curiosity and openness to exploration
- Understanding one’s own emotions
- Understanding others’ emotions and social cues
- Developing empathy for others
- Communicating one’s thoughts and feelings

Developing emotional regulation and social skills are essential for every child’s success in learning. Lagging in skills such as understanding one’s own and classmates’ emotions, playing cooperatively with peers, paying attention and concentrating on what one is doing, is likely to get in the way of building literacy skills. Experiencing unmitigated frustrations, fears or stresses can introduce serious learning barriers. Similarly, lacking vocabulary and ways to express oneself makes it more difficult to manage one’s own feelings and play, collaborate and problem-solve with others.

Yet a significant percentage of young children, from 9-14 percent, face challenges in developing their social-emotional skills. Among children in poverty, the prevalence of behavior and mental health concerns reaches 30 percent.⁸ With this many children encountering significant obstacles to the development of their social-emotional skills, a high percentage of children will also risk serious impediments to learning.



Children’s social-emotional capacities are influenced by family challenges and home and community contexts. For example, children from low-income families are at higher risk of behavior issues than are children from more affluent families; children living in lower-income neighborhoods are more susceptible to behavioral challenges than children living in moderate or higher wealth neighborhoods; and children of color are at higher risk than their white peers. In addition, exposure to adult substance abuse, domestic violence, or mental illness, such as maternal depression, may place children at higher risk of social-emotional delays and behavioral difficulties.⁹

Extreme stressors, including poverty and extreme poverty, unsafe or chaotic environments, family or

community trauma, and homelessness, can pose daunting hurdles for children to overcome in order to stay on a positive pathway for learning and relationship building. Without a parent or caregiver’s nurturing response to ameliorate these severe stressors, children begin to experience feelings at a level of intensity often referred to as “toxic stress.” These children often block listening and do not pay attention, which impairs cooperative play and decision-making.¹⁰

Children in the child welfare system and homeless children are among the most vulnerable groups who face learning challenges. Nearly 40 percent of the children in foster care are under age six. Their need for supports for their emotional and behavioral health significantly exceeds that of children in the general population.¹¹

Another indicator that some children, even at a young age, face behavioral difficulties that may hinder their learning emerges from research and federally collected data about children's suspension and expulsion from preschool and kindergarten. In 2005, close to seven children per 1000 were expelled from state-funded pre-kindergartens in 40 states.¹² Recent data from the U.S. Department of Education's Office for Civil Rights, found suspension of at least one preschool child occurred in six percent of school districts that serve this age group.

Racial disparities in the use of suspension are prominent: while black children comprise 18 percent of preschool children, 42 percent of preschool children suspended once and 48 percent of those suspended at least twice were black.¹³ This raises concerns about children's social and emotional competencies and the environments in which they are living and learning, underlying attitudes toward children of color and the teaching strategies used to foster their learning, and caregivers' and teachers' lack of training.

The Center for the Social and Emotional Foundations for Early Learning (CSEFEL) has developed a framework for advancing young children's social-emotional skills that recognizes the spectrum of children's needs. Its Pyramid Model, premised on a trained and nurturing workforce, presents a tiered approach to enable families, caregivers and teachers to understand and implement strategies that teach these skills at different levels of intensity.

The framework's fundamental assumption is that interpersonal interaction and communication and regulation of emotions are skills that all children need and can learn, through play and routine activities, and in their natural environments, whether at home, in classrooms, or in their communities. This universal need for supportive and nurturing relationships and



Pyramid Model

environments constitutes the base of the CSEFEL pyramid. For children who have difficulty learning some of these skills, more targeted activities can be designed (the middle tier of the pyramid). A much smaller number of children with persistent challenging behaviors comprise the top of the CSEFEL Pyramid and they require intensive and individualized treatment approaches.¹⁴ Findings from rigorous research show that children in early childhood classrooms using this intervention model have strengthened social skills and fewer negative behaviors.¹⁵

IV. How Language and Literacy Development is Connected to Social-Emotional Well-Being

Even before children learn to read, they are developing a set of language and literacy skills that have a significant effect on their social-emotional development. Seeing adults speak and hearing soothing language with clipped words, shortened phrases, repeated words, and higher pitched sounds, contribute to infants' understanding of language. As their social and

By the time low-income children reach age three, their vocabularies are dramatically smaller than those of their more affluent peers. Research has shown that this is because children younger than three hear as many as 30 million fewer words than their peers living in more affluent families, putting them at an early disadvantage.

emotional skills evolve, young children also acquire skills that build on one another, creating the capacity to learn and to read. These skills form the basis of children's capacity for communication and the way in which they interpret and interact with context and culture.

Young children also gain foundational language and pre-literacy skills primarily through their interactions with parents and caregivers. Introducing children to sounds, words and letters is most successful through stories, songs, musical activities and play in the context of warm and supportive relationships. The social interaction and language and literacy development are mutually reinforcing very early in life.

The American Academy of Pediatrics' (AAP) recent policy statement, *Literacy Promotion: An Essential Component of Primary Care Pediatric Practice* (see box), highlights this important interaction. It recognizes the value that reading to children contributes to both children's brain development and positive parent-child relationships, and how that translates into strengthening both cognitive and non-cognitive skills with lifelong effects. The AAP Policy recognizes that "parents ... reading aloud with young children can enhance parent-child relationships and prepare young minds to learn language and early literacy skills" and recommends that child health providers include this advice to all parents. Thus, parents' and caregivers' "serve and return" exchanges with their children, in addition to reading with them, stimulate positive engagement, a sense of safety, social interactions, and curiosity.

"... Reading regularly with young children stimulates optimal patterns of brain development and strengthens parent-child relationships at a critical time in child development, which, in turn, builds language, literacy, and social-emotional skills that last a lifetime."

– American Academy of Pediatrics
Policy Statement, August 2014

Disparities in Language and Literacy Development

Far too many children are at a disadvantage in their development because they lack the language and literacy competencies they need to enter kindergarten, significantly hobbling their success in reading proficiently by the end of third grade. Disparities begin as early as infancy and become more pronounced in the toddler years, with children from families below 200 percent of poverty scoring lower than children from higher income families on measures of cognitive development.¹⁶ Differences in language processing also show up in children's earliest years.¹⁷

By the time low-income children reach age three, their vocabularies are dramatically smaller than those of their more affluent peers.¹⁸ Research has shown that this is because children younger than three (from families receiving public assistance) hear as many as 30 million fewer words than their peers living in more affluent families, putting them at an early disadvantage. The focus on early literacy must begin at birth.¹⁹

While children's competencies on measures of cognitive and literacy readiness improved significantly between 1993-2012, still only 38 percent of 3-6 year olds recognize letters of the alphabet, 68 percent can count to 20 or higher, 58 percent can write their names, and an estimated 22 percent can read words in books. On these measures, Hispanic children generally fall behind their black and white peers. Black children exceed both white and Hispanic children in their capacity to read words in books.²⁰

At kindergarten entry age, only 48 percent of poor children are ready for school, compared to 75 percent of children from families with moderate or high income.²¹ By the end of third grade, these disadvantages mount. More than 80 percent of children from low-income families did not score "proficient" in reading on the National Assessment of Educational Progress, the nation's education report card.²²

V. Engaging States and Communities in a Peer Learning Initiative Can Help Promote the Connection Between Social-Emotional Health and Literacy

To help communities explore ways to examine and design strategies to promote the important relationship between social-emotional health and language and literacy development, the Campaign for Grade-Level Reading, in partnership with the National Center for Children in Poverty and supported by the Irving Harris Foundation, created a community-focused peer learning opportunity. Peer learning offers ways to exchange, enhance and expand on community efforts and expertise.

The partnership selected Connecticut after a review based on a set of criteria and commitments. The review looked for:

- Participating coalitions' commitment to the learning experience and ongoing activities;
- Assistance from the Campaign's state lead for coalitions in developing and sustaining diverse five-member community teams;
- State lead's help in mobilizing communities around awareness-building opportunities, providing guidance as communities integrate social-emotional development strategies into their Campaign Community Solutions Action Plans, and assisting in drawing lessons from community activities to strengthen relevant state systems and policies;
- Support from local funders.

State and Local Participants in the Peer Learning Experience

Through this initiative, nine Connecticut communities agreed to participate in the peer learning pilot.²³ They recognized that linking supports for social-emotional and literacy skills could help address the fact that in Connecticut, 57 percent of 4th graders, including 80 percent of low-income children, failed to achieve reading proficiency by the end of 3rd grade.²²

Participating teams were from Bridgeport, Colchester, Danbury, Enfield, Norwalk, Torrington, Vernon, West Hartford, and Winchester. Teams included a diverse set of stakeholders, including representatives of infant-toddler programs, such as Home Visiting, Early Head Start, Early Intervention (Birth to Three); reading initiatives; developmental screening programs; the early care and education community; public health and primary care; pre-k and kindergarten programs; community-based organizations that support parenting programs/preventive services; libraries and afterschool programs. The teams came together three times over a period of nine months for an intensive learning experience.

Led by its Healthy Readers Team, the Campaign and the National Center for Children in Poverty also created a Design Team to advise about the State context for the Peer Learning Initiative and help identify promising Connecticut-based programs and strategies. The Design Team consisted of key Connecticut leaders from the



CT Office of Early Childhood (OEC), the State Head Start Collaboration Office (within OEC), the Connecticut Association for Infant Mental Health and the Child Health and Development Institute of Connecticut (CHDI). They were joined by the Campaign state lead (the William Caspar Graustein Memorial Fund), and two other funders supporting the initiative, the Children’s Fund of Connecticut and the Grossman Family Foundation.

Useful Tools for Participating Communities

The National Center for Children in Poverty and the Campaign for Grade Level Reading/Healthy Readers Team shared a set of tools to illuminate the importance of social-emotional development and

its relevance to school readiness and attendance and to determine each community’s unique map of related resources.

The Healthy Readers Resource Guide, “Supporting Children’s Healthy Social-Emotional Development,” one of a series on seven health determinants of early school success, served as a core resource for participants. The guide highlights key ways in which health and learning are linked, describes evidence-based models and strategies, suggests ways that coalitions can get started on action steps, and offers information about specific funding and other resources.²⁴

A “community planning tool” (see tool on page 15) enabled community teams to assess their landscape of child and family-serving programs,

Using the community planning tool brought awareness of which components were being utilized by our community, and how social-emotional and literacy skills supports can go hand in hand.

– Peer Learning Pilot Participant, Michelle Hill, Vernon Children’s Network/KIDSAFE, Vernon

supports and strategies promoting literacy and social-emotional skills and to determine opportunities for integrating and linking these supports. This tool enabled teams to determine not only the array of programs, services and strategies currently in their community, but also the program features and reach.

Local teams used the planning tool to inventory their community programs and strategies and listed their existing literacy and social-emotional learning programs. They then assessed these

current community assets in terms of the children they serve, as well as the age span, scale, intensity and evidence-base for these strategies. The planning tool also provided opportunities to set out which competencies each program addresses (e.g., social-emotional, language acquisition and/or pre- and early literacy) and several other characteristics. With this planning matrix, teams also considered the extent to which their programs maintain fidelity to the evidence-base and are amenable to or are already linking social-emotional dimensions and those related to literacy skills.

Community Planning Tool							
Program or support (Cluster by age of children targeted)	Age of children served/Percent eligible children/ Parents served	Is primary focus on Literacy and Language (LL) or SE learning?	Are parents supported to play key role in children's learning?	Is program evidence-based or evidence-informed?/ Are fidelity or outcome data collected?	Is there integration of supports for SE and literacy learning or linkage?	Note potential for integration or linkage (SE/ literacy learning)	Is there alignment with a state initiative?
Prenatal							
Infant-Toddler							
Preschool							
School-age							
Cross-age							

Community teams laid out a wide range of programs and strategies currently operating in their locales within age groups, from prenatal through third grade, and within types of programs, such as book distribution, multi-component programs such as family resource centers, and transitions between preschool and kindergarten. This exercise stimulated some community teams to identify the need for additional supports. The Collaborative for Colchester's Children, for example, used the community planning tool to lay out community assets and pinpoint gaps in services and in the populations they sought to reach. Among the groups they recognized were underserved were infants and toddlers. As a result, they took action to address this gap. Using the community planning tool enabled the Torrington Early Childhood Collaborative to identify serious gaps in offerings for new parents and the need for OB-GYNs to engage with parents prenatally. Others noted that sharing this information about the continuum of available community services and programs would enhance the capacity of pediatric primary care providers and their nursing staff to make appropriate referrals for parents and their children.



Opportunities to Learn Together

The relationship between social-emotional health and literacy framed the agenda for three all day in-person meetings. Teams were exposed to research about the connections between social-emotional development and language and literacy for children from birth through grade 3 – the

period during which children's competencies in these areas advance quickly and are fundamental to achieving reading proficiency. They explored in-depth within their own teams, and shared across the teams, what their communities could bring to bear to promote and intertwine social-emotional development and language/literacy supports.

We need to talk with parents about how books can help feed their child’s brain just as much as we talk with parents about feeding their child’s body with nutritious foods.

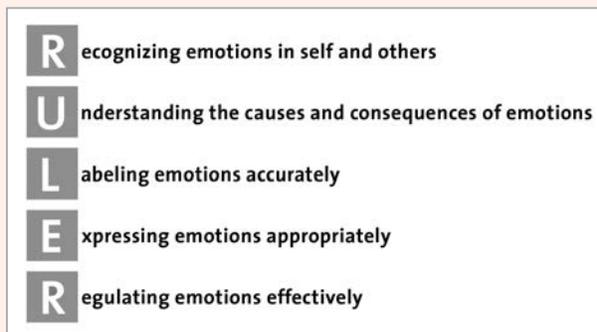
– Cliff O’Callahan, M.D., Pediatrician, Middletown, Reach Out and Read Member

Leaders of pioneering programs presented strategies and engaged participating teams in considering steps for initiating or expanding these

approaches in their communities. The following are some of the programs and strategies that the Peer Learning communities learned about:

RULER (Developed by the Yale Center on Emotional Intelligence)

RULER is a strategy to help teachers and students – including preschool children– gain social and emotional competencies. The acronym stands for:



Through this strategy, teachers and caregivers are introduced to how emotions affect their own teaching and interactions with children and then receive professional development and tools that enable them to practice new strategies for engaging with children in early childhood and early grades settings. The Preschool RULER approach includes a Feeling Words Curriculum, a “mood meter,” and other tools including stories that are woven throughout a child’s entire day, fully integrating language and literacy development and development of emotional and social skills. The mood meter, for example, helps a child (or an adult) answer the question, “How are you feeling?” by considering where she/he fits on an “energy” axis and a “pleasantness” axis and the relationship between these points.

Preschool RULER is taking hold: in Connecticut, it is underway in 16 preschool, Head Start and other early childhood centers, and in Seattle, Washington, it is being implemented in every pre-k and Head Start program operated by the public schools. Preschool RULER also leads directly into RULER, which is designed for kindergarten through 12th grade. More than 1000 schools across the country currently employ RULER.

To learn more about RULER, see: <http://ei.yale.edu/ruler/>

Educating Practices In the Community (EPIC)

Pediatricians hold both authority and esteem in the eyes of parents. Their routine well-child services use developmental surveillance and parental guidance, per American Academy of Pediatrics policies, and support the direct links between infant and early childhood health, mental health and early learning. Educating Practices In the Community (EPIC), a program of the Child Health and Development Institute (CHDI) is designed to train pediatricians and their entire office staff – receptionists, nurses, physicians’ assistants - about a variety of child development-related strategies, provide them with tools and protocols, and connect them to community resources and up-to-date clinical information. EPIC trainings are free and conducted by professional moderators. CHDI offers 17 training topics to help pediatric practices across Connecticut better meet the needs of children. Through 10 years of EPIC training, CHDI has

built a database of over 300 pediatric practices statewide and has helped 80% of pediatric practices improve the quality of their care.

The following EPIC modules address issues related to young children’s social-emotional development:

- Developmental Surveillance Screening & Help Me Grow
- Social and Emotional Health and Development in Infants
- Behavioral Health Screening: Integration into Pediatric Primary Care
- Addressing Postpartum Depression: Opportunities in the Pediatric Setting

To learn more about the EPIC program, visit: <http://www.chdi.org/our-work/health/educating-practices-community-epic/>

Reach Out and Read

Reach Out and Read is a program based in health clinics and pediatric offices to promote literacy development with young children and their parents. Health professionals distribute books to children from age six months to five years, especially children from low-income families, at each well-child visit to reinforce the importance of reading and expand children’s own libraries. “We talk about books feeding brains,” noted Dr. Cliff O’Callahan, a Middletown pediatrician whose practice embeds Reach Out and Read.

Pediatricians can observe and monitor children’s social and emotional as well as physical development through the process of giving the book to the child during a well-child visit. Dr. O’Callahan also promotes use of the program as an assessment tool, to enable observation of fine motor and other physical skills, social and emotional interaction, attention and memory, and expressive and receptive language.

In a setting in which trusted professionals, such as pediatricians, develop a relationship with parents, these observations provide the basis for modeling and providing anticipatory guidance to parents about “serve and return” interactions, creating warm and nurturing environments by reading with their children and ways to stimulate their children’s learning and practice social-emotional skills. For example, a trusted pediatrician modeling how to bring an infant or toddler onto an adult’s lap, place a book in her hand, turn pages, look at pictures, and tell stories creates a pathway for boosting parent-child attachment and sense of security. It also shows how to create a comfortable environment that supports development of oral language and vocabulary in the context of an affirming interaction. Nearly 400 pediatric providers in Connecticut “prescribe reading” through participation in Reach Out and Read, touching an estimated 40,000 children.

To learn more about Reach Out and Read, visit: <http://www.reachoutandread.org/>

CHILD FIRST: Reaching the Most Vulnerable

Child First is a home-based, two-generation strategy to support the most vulnerable families in developing nurturing relationships with their children so that their children are able to learn and relate securely to others. Adverse experiences such as extreme poverty, substance abuse, maternal depression and domestic violence create toxic levels of stress on parents. Child First intervenes with families suffering from these extreme stresses, beginning prenatally and with their children up to age six, to reduce emotional and behavioral challenges and stem developmental and learning delays.

Originated locally in Bridgeport, Child First now provides free and low-cost services in 15 Connecticut communities. A rigorous evaluation found that, among families participating in Child First, children showed a 68 percent reduction in language problems and 42 percent less aggression and defiant behavior problems. Participating mothers had 64 percent lower levels of depression and/or mental health issues.

To learn more about Child First, visit: <http://www.childfirst.com/>

Throughout the three sessions, community teams shared their most promising approaches to literacy and social-emotional development from prenatal to early grade initiatives. They were designed to stimulate teams to identify strategies and opportunities that could fill identified gaps in their own communities. State agency leaders informed community representatives about state policy supports that address social-emotional development and language and literacy, including Connecticut's Early Learning and Development Standards (CTELDS) for children birth through age five. They also previewed "K-3 Social and

Intellectual Habits Documents," a related set of standards under development for children in the early grades. These pioneering standards adopt the principles used in CTEDLS to recognize the importance of social-emotional development for school-age children.

To cap the peer learning experience and provide a basis for moving forward, teams set specific six-month benchmarks in one to three priority areas that would enable them to measure progress. These plans included goals and concrete action steps.

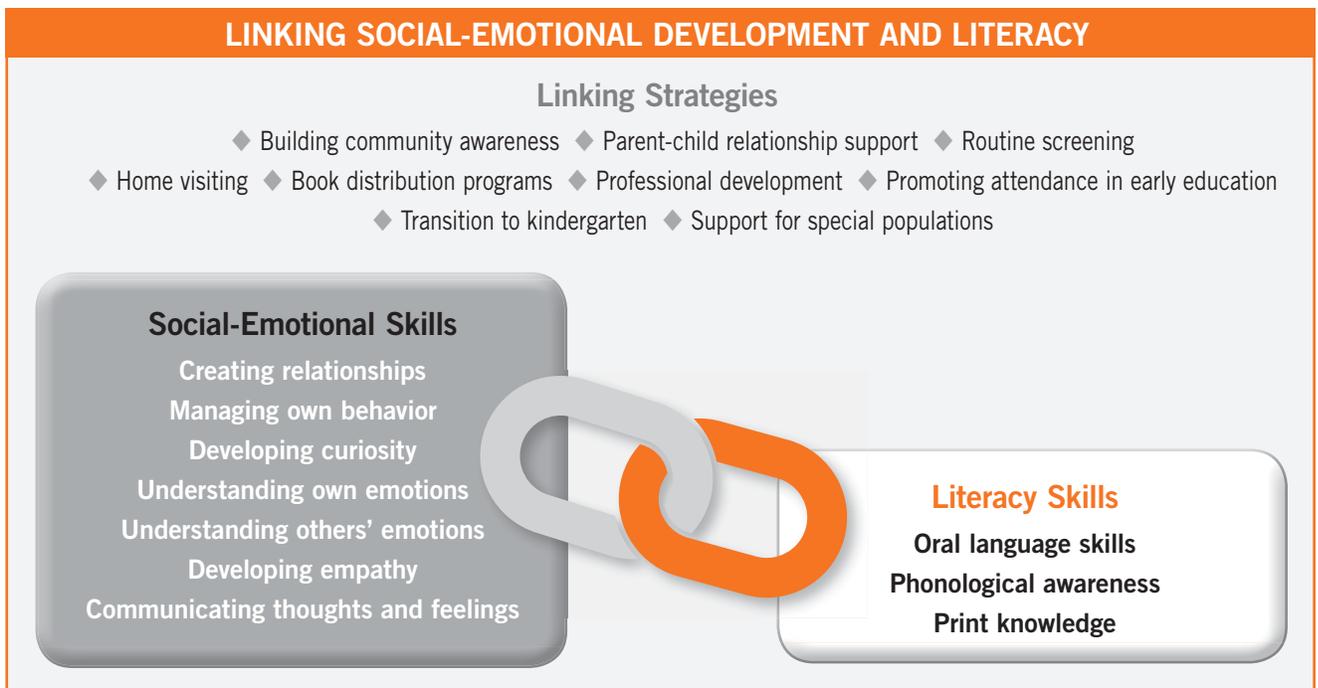
VI. Strategies for Success in Linking Supports for Social-Emotional Development and Literacy

Recognizing the ways in which language and literacy learning and social-emotional skills are interwoven suggests the importance of finding ways to embed strategies that connect them. Such approaches can be used in children’s everyday environments – at home, in early care and education settings, in primary health care, and in family support programs. Given the evidence that learning and social-emotional skills development occur together in the context of children’s relationships with parents, caregivers

and teachers, strategies to support the adults are equally important.

Below are approaches that support both children and adults:

Building Community Awareness: Deploying a range of outreach and communication strategies can strengthen public understanding of the fundamental link between children’s earliest years and early grades on their future school and life success. Accessible messages, information, dialogue, community forums, and mobilization around specific issues all have the capacity to generate awareness, create a climate of openness to new strategies and accelerate momentum for change.



We continue to work on strengthening relationships between providers who conduct screening and schools, and creating mechanisms for schools to share key data about children’s development and learning with primary care providers.

– Peer Learning Pilot Participant Amy Witbro, Key Initiatives for Early Education (KITE), Enfield

Parent-Child Relationship Support: Children’s brain development and critical skills, including language, literacy and social and emotional competencies, are built through interactions with parents and caregivers. Nurturing and affirming responses from adults to children, beginning at birth and through their early years, stimulate children’s cognitive processes and promote attachment and a sense of security. Without these warm, predictable and responsive interactions, especially during infancy and toddlerhood, disruptions may occur not only in the fundamental shaping of brain architecture, but also in children’s capacity to form relationships, and understand and manage their own emotions.²⁷

Strategies to promote these positive back and forth interactions between children and adults may involve providing adults with coaching and feedback, peer support and learning and reinforcements for parents’ self-efficacy. Interventions may also be designed to reduce the stress or address mental health issues that parents and caregivers may face so that they are more available and have increased capacity to engage with and nurture their children.

Screening for Social-Emotional Competencies, with Appropriate Follow-Up and Intervention: Screening children starting at nine months of age, on a schedule outlined by the American Academy of Pediatrics, is best practice to ensure

early identification, diagnosis and intervention for children who may not be on track to achieve expected developmental milestones.²⁸ Engaging parents in screening and follow-up processes recognizes and reinforces their knowledge of their child, strengthens their sense of self-efficacy as a parent, and supports their navigation to referrals and intervention. In addition to screening in primary health care settings, there is an increasing effort to utilize early childhood education settings as well as other venues where children can receive screening and parents are engaged in the process.²⁹ Both Head Start and the evidence-based Maternal, Infant and Early Childhood Home Visiting programs require developmental screening.³⁰

A variety of valid and reliable standardized developmental screening tools are available, such as Ages and Stages Questionnaire (ASQ) and Parents Evaluation of Developmental Status (PEDS). While these tools address personal-social and problem-solving domains generally, recognizing the fundamental role of social-emotional competencies for learning indicates the value of instituting specific screening for social emotional development on a routine basis.³¹ Recent federal guidance for child care programs supported by the Child Care and Development Fund recommends developmental and behavioral screening for all children.³²



Using a specialized social-emotional tool such as the ASQ:SE provide a fuller portrait of children’s competencies that are entwined with learning.³³ The ASQ:SE assesses seven areas of behavior: self-regulation, compliance, communication, adaptive functioning, autonomy, affect and interaction with people. For certain age groups, the DECA (Devereux Early Childhood Assessment) also considers the climate of the classroom to promote social-emotional growth as well as relationships among staff and children. In the future, there may also be an opportunity to use a free comprehensive tool, the Survey of the Well-being of Young Children (SWYC). The SWYC captures a broad picture of children’s development, emotional/ behavioral development and family risk and is brief, accessible and easily scored.³⁴

Connecticut is a state affiliate of *Help Me Grow*, a national strategy that promotes pediatric surveillance and screening, a centralized information call-in line that links children to screening and community services, and regular data collection and evaluation. Connecticut’s 211 Child Development Infoline, for example, directs parents to the online ASQ and ASQ:SE screening tools and helps them to interpret the results.³⁴

Home Visiting: Evidence-based home visiting includes a variety of models for supporting parents with young children, from before birth through age five. Home-visiting is designed to assist parents to understand child development, learn appropriate ways to promote their child’s

Among the most prominent literacy initiatives are a wide range of book distribution programs (like Reach Out and Read) that are designed to elevate the importance of reading, enable especially children in low-income families to bring books into the home, and to connect children to books in places that are part of children and their families' regular routines.

development, including the basics of feeding, connecting to health care, engaging directly with the child, and increasingly, introducing the child to sights and sounds, language and vocabulary in ways that build strong attachment and a child's sense of safety and security. The evidence-based home-visiting approaches vary in their emphasis on fostering nurturing and affirming parent-child relationships, including modeling "serve and return" interactions; their outcomes vary as well.³⁵

Parents as Teachers (PAT), for example, orients its home visiting to strengthen parent-child interactions, increase parents' knowledge of their children's developmental progress across a range of domains (including intellectual and social-emotional), and promote parenting behaviors that contribute to children's literacy and language. It also requires regular use of developmental screening. Participating parents read, talk and sing with their children more than non-participating parents. Children whose families participated in PAT are more highly rated by teachers on several dimensions of school readiness, language, social competence and emotional well-being.³⁶ Given the importance of parent-child attachment in creating a positive environment for fueling literacy learning and social-emotional skill development, it is important to assess, and improve, the strength of supports for parent-child relationships in home visiting programs.³⁷

Book Distribution Programs: Among the most prominent literacy initiatives are a wide range

of book distribution programs that are designed to elevate the importance of reading, enable especially children in low-income families to bring books into the home, and to connect children to books in places that are part of children and their families' regular routines. The books made available through these programs can intentionally include age-appropriate stories that incorporate emotion words and characters that express feelings. Further, book distribution programs can provide parents and caregivers advice about techniques for shared reading with children that foster positive relationships and social-emotional skills. (See box on page 18: Reach Out and Read)

Professional Development: There are a wide range of training needs for health providers as well as caregivers and teachers of young children. Only one in five child care providers and early childhood teachers report that they have been given professional development opportunities in the previous year to learn strategies to promote social-emotional health and address children's behavioral issues.³⁸

The CSEFEL Pyramid Model provides the basis for professional development for caregivers and teachers as well as families. Its training modules and *What Works* briefs offer strategies to embed social-emotional skills in play and daily routines and lessons. They also enable users to target specific skills. The model offers a process for establishing intensive individualized plans to help children with the most challenging behaviors learn

alternative strategies to handle their relationships and regulate their emotions. Taken together, the approaches enable teachers to integrate their social-emotional and language/literacy teaching styles.

Several states have recognized the importance of professional training to promote knowledge, skills and competencies related to young children's mental health and to strengthen family capacities and children's early development. Michigan, and subsequently 24 other states, have significantly advanced this approach by providing competencies that are recognized by endorsement. In Connecticut, the CT Association for Infant Mental Health (CT-AIMH) trains a wide range of specialists who work with infants and toddlers in home visiting, early care and education, primary health and pediatric settings and child welfare in competencies pertaining to infants' mental health.³⁹ Thirty-four professionals in Connecticut have earned an Endorsement® in the infant mental health competencies from CT-AIMH.

Guidance from the U.S. Department of Health and Human Services also suggests various strategies to ensure that child care providers and others in early childhood settings receive professional development focused on promoting children's social-emotional competencies.⁴⁰ Teacher professional development focused on language and early math offers an important arena to integrate training and coaching to show teachers how to create social-emotional learning opportunities across the curriculum.

In Connecticut, the Child Health and Development Institute's Educating Practices In the Community (EPIC) initiative informs pediatric primary care providers, including pediatricians and all of those who provide services in the office or clinic on a range of child development, health and mental health issues. This onsite training model focused on a full office team is designed to promote practice changes that will advance attention to young children's interconnected development and learning. (see box on page 18)

Promoting Attendance in Early Education and School: Increasing evidence highlights chronic absence (missing more than 10 percent of school days annually, usually 18 days) as a serious impediment to learning and academic success, especially for low-income children and children of color. New studies have found that chronic absence is even higher in preschool, kindergarten and the early grades.⁴¹ As noted earlier, all too often, young children in these settings are also suspended or expelled for behavior problems; black children are suspended disproportionately.⁴² Yet attending early education programs and school regularly is essential if children are going to stay on a positive learning pathway.

Deeper understanding of the reasons behind children's absence points to a variety of health-related reasons, including stress (often reported

Kindergarten and early grades teachers require understanding of child development, opportunities to coordinate with the entering children's early education and pre-k providers to align their programs and curricula, and strategies to integrate supports for the next stages of children's social-emotional development throughout their school days and years.

as stomachaches), mental health and exposure to community violence.⁴³ Excessive absences negatively affect children's development of social skills and executive functions, such as persistence.⁴⁴ Children need to be present and engaged in early childhood programs, school classrooms and other school-based activities to acquire these important skills.

Absence reduction programs provide a valuable opportunity to support parents to ensure that their children are attending their early childhood programs and early grades. The programs are designed to help identify issues that hinder children's getting to school and link parents to parenting programs and other assistance, including mental health supports, that can help overcome obstacles. Targeted efforts to overcome children's chronic absence in preschool programs have succeeded in Tulsa, Oklahoma, where the percentage of young children missing more than ten school days a year dropped from 64 to 48 within one year. In addition, Montgomery County, Maryland, where many immigrant and low-income children reside and residential mobility is high, instituted regular review of attendance data, interventions when children miss too many days of pre-kindergarten and support for families.⁴⁵

Transition to Kindergarten: Entering kindergarten presents both children and families with new expectations, new experiences and new environments. While some children have had the benefit of preschool programs or attended pre-k and are more familiar with early literacy skills,

classroom settings, and playing and learning in a group, others arrive at school with very limited experience. Some transition programs begin in the school year preceding kindergarten; many are offered in the immediately preceding summer.

Multiple large-scale studies have demonstrated that providing intentional activities to prepare children and their parents for this transition have valuable effects. They improve children's social competence and diminish their stress when they enter, strengthen their achievement and parents' engagement over the kindergarten year, and provide enhanced advantages for children from families in poverty.⁴⁶

Just as children need to be ready for school, schools need to be ready to receive, welcome and engage the children. Kindergarten and early grades teachers require understanding of child development, opportunities to coordinate with the entering children's early education and pre-k providers to align their programs and curricula, and strategies to integrate supports for the next stages of children's social-emotional development throughout their school days and years.

Support for Special Populations: Some groups of children have significant challenges in literacy and learning and evidence significant lags when they enter kindergarten and the early grades. Young children in foster care, children who experience homelessness or move residential locations frequently, and children with special needs may especially benefit from strategies that integrate social-emotional supports and pre-literacy skills



development. For example, finding ways to shore up time and comfortable environments that enable homeless families to participate in shared book reading, or increasing foster parents' awareness and capacity to read regularly to their foster children, may strengthen these children's readiness for and adjustment to formal schooling. Connecticut's Child First program, which works with families significantly stressed by poverty focuses on strengthening the parent-child relationship to promote children's social-emotional and cognitive development. (see box on page 19)

VII. How Connecticut Communities Took Action

The Peer Learning Pilot experience catalyzed notable progress in most participating communities, building on significant efforts their collaboratives had undertaken before engaging in the initiative. Teams joined the Peer Learning Pilot at different points in their development. Some collaboratives had begun to focus on supports to build children's literacy skills, some emphasized the importance of social-emotional development, some were addressing children's transition to kindergarten, and others focused on helping pregnant and parenting

mothers strengthen their capacities for successful parenting. The intensive peer learning sessions enabled teams to assess their own strengths, the assets in their communities, promising strategies from other communities, and ways to advance the literacy-social-emotional health connections.

Based on interviews with representatives of the nine collaboratives a year after the Peer Learning initiative ended, we heard what action steps they took to build on what they learned. In the interim, the context has changed, affecting the organizational structures, leadership, resources

and direction of several of the coalitions that fielded participating teams. In some cases, merger strengthened their early learning focus; in other instances, focus shifted. Despite these challenges, most of the community teams that engaged in the Peer Learning experience found reinforcement, inspiration and impetus to pursue as vigorously as their circumstances allowed strategies that recognized and promoted the relationship between children’s social-emotional health and literacy and language skills. The chart below captures community examples of progress in implementing these strategies.

Community Examples of Linking Strategies		
Strategy	Community	Progress
Community Awareness	Norwalk	STRIVE conducted workshops, in English and Spanish, for parents and child care providers to increase understanding of connections between literacy, literature and social-emotional development.
	West Hartford	Based on community-level survey results, Great by 8 conducted extensive community engagement to promote understanding and consider interventions related to areas for young children’s growth, including prosocial and helping behaviors and communication and general knowledge.
	Torrington	Torrington Early Child Collaborative initiated a weekly group for new parents to promote peer support and address social-emotion development in parent-child interaction.
Parent-child Relationship Support	Torrington	The local hospital instituted a post-natal wellness group to aid mothers experiencing depression or other perinatal mental health issues.
	Vernon	Intentionally integrating pre-literacy and literacy activities into programs promoting attachment and bonding support.
	Bridgeport	Registered more children for Help Me Grow.
Screening	Colchester	Use of BESS (screening tool that identifies behavioral and emotional concerns) in kindergarten and now grades 1 through 5.
	Enfield	Promoting developmental and social-emotional screening at child care centers.
	Norwalk	Every preschool administered social-emotional screening to representative samples of children entering kindergarten.
Home Visiting	Torrington	Torrington Early Childhood Collaborative reached out to pediatric and OB-GYN offices to make them aware of local home visiting and other support programs for parents.
	Winchester	Undertaking a variety of strategies to increase credibility for home visiting programs (to get more utilization) by garnering endorsements from local health professionals and moving play groups and other community offerings to places where parents feel more comfortable so they are more open to being recruited for participation.
Book Distribution Programs	Norwalk	Books distributed to 3-5 year olds by Norwalk’s two community health clinics as part of Reach Out and Read now intentionally include those that speak to emotions or situations that can elicit discussion of emotions.

Community Examples of Linking Strategies

Strategy	Community	Progress
	Norwalk	Incorporated social-emotional skills emphasis in book clubs promoting shared reading and early literacy.
	Norwalk and Vernon	Created and distributed bookmarks promoting social/emotional skills as foundational to literacy.
Professional Development		
• RULER	Bridgeport	RULER has trained school administrators and is rolling out in the early grades in all elementary schools. Preschool RULER is beginning to be utilized in Bridgeport's preschools and has also provided training to family child care providers in the community.
	West Hartford	RULER was piloted in two community preschools, and offered introductory trainings for both early childhood educators and parents. The public school system also purchased and introduced into preschool classrooms a variety of books recommended by the preschool RULER staff that includes emotion scenarios, raising emotion issues and using emotion words.
• EPIC	Danbury	Brought Addressing Postpartum Depression: Opportunities in the Pediatric Setting module to some Danbury pediatric practices, and set a goal of reaching all pediatricians with EPIC modules.
	Enfield	Enfield's Key Initiatives to Early Education's behavioral health committee, with the leadership of a retired pediatric provider, engaged civic leaders, the superintendent of schools and local pediatricians in understanding the value of EPIC and has successfully brought the training to four of the five local pediatric practices.
• Infant Mental Health Competencies	Enfield	The CT-AIMH trained pre-K providers serving 3-5 year olds through the local Family Resource Center.
	Vernon	The CT-AIMH provided free training to an estimated 25 caregivers including home visitors, child care providers and home care providers.
• Other	Colchester	Conscious Discipline (an evidence-based classroom curriculum that integrates social-emotional learning, discipline and self-regulation) was introduced into the community's pre-k classrooms; professional development for pre-k teachers emphasized adult skills required to help children learn emotional self-regulation and the importance of these skills to children's academic success. Elements of the curriculum were also used in training child care center staff serving infants and toddlers.
	Bridgeport	Using Preschool Development Grant to focus on coaching teachers on social-emotional development.
Promoting Attendance	Enfield	Working on mechanisms for sharing data on attendance, academic and disciplinary issues with primary care providers.
Pre-K and Transition to Kindergarten	Bridgeport	Infused emotional skill-building into pre-k curriculum focused on literacy, math and science.
	Enfield	The Family Resource Center initiated summer sessions for children entering kindergarten without pre-k experience to orient them to the school social-emotional environment, among other aspects of kindergarten.
Support for Special Populations	Danbury	Kindergarten screening tools were revised to move away from yes/no questions to a rubric which provides more nuanced information about where a child is on a spectrum of development within multiple domains. Through these now-formative assessments, teachers, principals and social workers feel better equipped to identify appropriate interventions where necessary.

VIII. How Other Community Coalitions Can Begin to Implement These Strategies*

Community coalitions can take the following actions to promote integrated supports to strengthen children's social-emotional and literacy skills to advance their grade-level reading success.

1. Bring together local early education partners, schools, health care providers, community organizations and parent groups to understand existing community supports for children's social-emotional development and literacy and gaps in programs and provider training.
2. Use the community planning tool (see page 15) to provide a snapshot of existing community supports, program reach and quality, gaps in services, and strengths and challenges posed by current community assets. For example:
 - Does the local family resource center or child care resource and referral program provide training and support for teachers and home-care providers?
 - Is developmental and social-emotional screening easily accessible for parents and providers, along with help to navigate referrals to appropriate follow-up assessment or services?
 - Where do parents go for information and support concerning children's social-emotional development?
3. Gather additional information about indicators of need for services.
 - Are there opportunities for peer support and exchange for parents who are interested in promoting their children's social-emotional skills and for parents who face serious adversity or mental health issues?
 - Are there waiting lists for children's mental health intervention and family support programs?
 - Are children suspended or expelled from early care and early grades programs?
 - Do pediatricians see a high rate of behavior issues?
4. Identify strategies to integrate supports for children's literacy/reading and social-emotional growth with other supports and activities.
 - Do programs that give parents books to read with children offer guidance about teaching children emotional vocabulary and positive social behavior during storybook reading?
 - Is information about screening and interventions for child and parent mental health concerns widely available in a variety of settings, including WIC clinics, preschools, elementary schools, libraries and summer reading programs?

As a state, Connecticut has recognized the imperative of addressing children’s early development. Yet much more needs to be done to accelerate awareness, and advance the integration of children’s social-emotional and literacy skills.

- Are pediatric providers promoting early literacy and providing guidance to parents about the connections between children’s social-emotional health and learning during well-child visits?

5. Engage leaders in community organizations, schools, public agencies and health networks to promote interest and generate ideas for implementing strategies in your community.

- Are there visible champions for this work?
- Can a community-wide organization, such as the United Way or a community foundation, or an existing coalition take the lead in convening key leaders from several sectors?
- Is there a need to raise public awareness about the importance of social and emotional learning and its links to literacy and school success?

6. Learn about effective programs in other communities.

7. Determine what financing strategies are available in your community and in your state.

IX. Recommendations to Advance Supports for Weaving Together Social-Emotional Development and Literacy

As a state, Connecticut has recognized the imperative of addressing children’s early development. State agencies as well as state and local organizations and private foundations have provided leadership and investment to support families and young children’s healthy development and learning. Yet much more needs to be done to accelerate awareness, and advance the integration of children’s social-emotional and literacy skills.

Through the Peer Learning Pilot, community team representatives and design team members identified several policies and strategies that can significantly advance young children’s readiness for kindergarten and the early grades and aid in moving them toward reading proficiency by the end of third grade. Many of these recommendations may have implications for other states as they build on the evidence that social-emotional and cognitive skills are intertwined and are both essential for children’s early educational success.

* Adapted from the Campaign for Grade-Level Reading Healthy Readers Resource Guide on Social-Emotional Development, <http://gradelevelreading.net/resource-guide-supporting-childrens-healthy-social-emotional-development>.

1. Align the Two Systems That Address Social-Emotional Development and Early Literacy

- a. Develop systemic strategies and approaches aligning and making seamless the promotion and integration of social-emotional development and literacy.
- b. Continue to integrate Early Learning and Development Standards into services and supports for children birth through pre-k.
- c. Establish “Social-Emotional Learning Standards” with indicators for specific grade levels through grade 3 and align them with Early Learning Standards.
- d. Incorporate the Pyramid/CSEFEL framework into early childhood professional training and development efforts.
- e. Develop a deeper collaboration between pre-k and kindergarten teachers ensuring a smooth transition to kindergarten. Ensure that social-emotional skills assessments are included in transition communications.

2. Promote Parent Support and Education

- a. Create opportunities for social connections and peer support for expectant parents to strengthen understanding and provide guidance about parent-child attachment and nurturing relationships, and their fundamental contribution to children’s learning.

- b. Engage OB-GYNs, pediatric providers, and others working closely with pregnant women, young parents and caregivers of young children in modeling and guiding approaches that support children’s social-emotional and early literacy skills.
- c. Expand and give priority for technical assistance to school districts and early care and education settings to help the families they serve promote attachment in their homes as well as conduct early literacy and language learning activities.

3. Establish Routine Social-Emotional Screening, Surveillance and Follow-Up

- a. Institute universal screening for social-emotional development, using a validated specialized (e.g., ASQ:SE) or comprehensive (e.g., SWYC) tool.
- b. Strengthen Help Me Grow and other community-based efforts to connect parents to needed screenings, evaluations and appropriate home-based, informal or formal interventions.

4. Support and Enhance Evidence-Based Practices

- a. Expand Reach Out and Read so that more pediatric providers are aware of the program and are utilizing the books in their practices. Consider third party reimbursement for this intervention.

- b. Expand the availability of evidence-based home visiting for at-risk families with young children as well as children identified through universal screening as needing home-based supports to stay on track developmentally. Deepen home visitors' focus on parent-child attachment and relationship building through "talk, read, sing" strategies.
- c. Identify and reinforce evidence-based and evidence-informed strategies that promote early childhood social-emotional skill development and literacy. Invest in these strategies and take them to scale rather than relying on well-intentioned but not-necessarily-successful programs.

5. Promote Professional Development

- a. Enhance training for families and all staff working in home visiting, pediatrics, early childhood, and staff serving at-risk children to include: the importance of early relationships; the value of talking to infants as a way to promote literacy; the promotion of social-emotional skills; and the link between reading to infants and future educational success.
- b. Increase investment in Infant Mental Health Competencies training and endorsements for center and home-based child care providers, EPIC modules for pediatric practices, and Pyramid models for pre-k and kindergarten teachers.

- c. Support and enrich training for administrators, teachers and staff in k-3 settings to include: promotion of social-emotional competencies for adults and children; tools and strategies that integrate social-emotional skills throughout other curricular areas, including reading; and approaches to creating school climates that recognize and foster children's collaborative social interaction and emotional self-regulation.

6. Elevate Attention to Special Populations

- a. Target more supports, including developmental and social-emotional screening and appropriate early interventions, on the needs of special populations, (e.g., families dealing with autism, children in the child welfare system, homeless children, children with disabilities).
- b. Ensure that providers and caregivers working with special populations receive professional development focused on strategies that integrate children's social-emotional development and literacy skills.

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