

Early Learning Hub Community Engagement Highlights



Summaries of *Raise Up Oregon: Second Edition* community input from four Early Learning Hubs:

Eastern Oregon
Northwest
Southern Oregon
Washington County

Prepared for the Early Learning Council
April 26, 2023

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EARLY LEARNING WASHINGTON COUNTY

SECTOR FOCUS: HEALTH

ENGAGEMENT WITH FAMILIES

FAMILY DEMOGRAPHICS

- Thirty-two parents participated in three focus groups.
- They spoke English, Spanish and Arabic; and the sessions were conducted in those languages.
- Some families:
 - were multicultural families;
 - were first-time parents;
 - had two or more children;
 - had children with a developmental delay or disability; and
 - had parents who immigrated to the United States or came as refugees.

FAMILY CONCERNS: TOP ISSUES

1. Siloing participant responses to the assigned sector, Health. Families expressed a vision that closely ties **health equity and social determinants of health**: income and social protection, education, work life conditions, food insecurity, housing, early childhood development, social inclusion, access to affordable health services of decent quality, amongst others.
2. Families' **basic needs are not being met**.

FAMILY SOLUTIONS: TOP IDEAS

1. **Scaling up (and easier referral process) for health services** in general: expansion of Oregon Health Plan, dental care, mental health services, and prenatal services. Include recreation access as part of health benefits.
2. Increase the number of **qualified interpreters and translators**.
3. Scaling up **mental health services/support with a multicultural view**.

ENGAGEMENT WITH COMMUNITY PARTNERS

COMMUNITY PARTNER DEMOGRAPHICS

- Seventy-two community partners participated in four focus groups.
- Three focus groups were conducted in English and one in Arabic.
- Staff came from professional home visitors, community health nurses, Early Learning Family Resource Coordinators, Early Intervention staff, Public Health staff, and Child Care providers from the Arabic-speaking Focused Child Care Network.

COMMUNITY PARTNER CONCERNS: TOP ISSUES

1. Community partners also expressed a **vision that closely ties health equity and social determinants of health**.
2. Access to **cultural training and supports across provider types**.
3. **Staff burnout** and retention.

4. **Lack of specialized care** by practice or cultural supports.

COMMUNITY PARTNER SOLUTIONS: TOP IDEAS

1. Create a **cohort of cultural service navigators** that connect families with resources and specialized care with cultural support (i.e. decolonize mental health).
2. **Simplify and expand eligibility of programs** until universal programs are available.
3. Develop a **pipeline of high-quality interpreters** that understand health and early childhood.
4. **Early childhood mental health should be expanded.**
5. **Address social determinants of health.**

SOUTHERN OREGON EARLY LEARNING HUB

FOCUS: HOUSING

ENGAGEMENT WITH FAMILIES

FAMILY DEMOGRAPHICS

- 15 attendees
- 73% White, 13% Hispanic/Latina/o/x, 13% Black
- 53% from Jackson County, 47% from Josephine County
- 38% report transportation challenges
- 100% at or below 200% FPL
- 87% Mothers, 13% Fathers

FAMILY CONCERNS: TOP ISSUES

1. Finding **affordable housing that meets family's needs** and is close to services.
2. **Losing housing assistance with a small increase** in wages. Set up to fail.

FAMILY SOLUTIONS: TOP IDEAS

1. **Increase HUD vouchers** to match increase in rentals
2. More **access to HUB Family Self Sufficiency Program (FSS)**

ENGAGEMENT WITH COMMUNITY PARTNERS

COMMUNITY PARTNER DEMOGRAPHICS

- Access (Jackson County's Community Action Network)
- Maslow Project (serving homeless youth and families)
- Salvation Army
- OnTrack (substance use disorder partner providing housing)
- Family Nurturing Center (relief nursery providing housing)
- Housing Authority Jackson County
- Unete Center for Farm Worker Advocacy

COMMUNITY PARTNERS CONCERNS: TOP ISSUES

1. **Workforce Shortage**, especially case management.
2. Lack of **all types of housing supply**.

COMMUNITY PARTNERS SOLUTIONS: TOP IDEAS

1. More **long-term supportive housing with case management** will increase successful transitions rather than focusing so much on short-term transitional housing, which often destabilizes families once that established deadline arrives, regardless of family circumstances or complexity.
2. **Affordable housing development**. Home builders associations navigating barriers/restrictions to building housing; remove those burdens/barriers from builders so they can build affordable housing.

3. **Exempt child care facilities located within affordable housing** from the commercial space exclusion.

EASTERN OREGON EARLY LEARNING HUB

SECTOR FOCUS: HUMAN SERVICES

ENGAGEMENT WITH FAMILIES

FAMILY DEMOGRAPHICS

- Three parent engagement sessions were held in three different and unique Eastern Oregon rural communities.
- All ten of the parents that attended are female between the ages of 27 and 40.
- Eight of the ten parents access human services such as SNAP, Section 8 Housing, OHP, Behavioral Health, Head Start, EI/ECSE, child care/Relief Nursery.
- One parent's first language is Spanish and neither she, her husband (not in attendance), or 4-year-old child spoke English.
- Two-parents are bilingual, and the rest speak English.
- Six of the 10 work either full-time or part-time; one works virtually from home; one works in a local church's office; four work for community agencies as home visitors or parent engagement facilitators; one provides child-care for family members.
- Five of the parents are single parents.
- Education levels included high school graduation, high school equivalency and bachelor's degree.
- Interesting to note that two of the participants employed by community agencies shared they do not make a livable wage and must access some services.

FAMILY CONCERNS: TOP ISSUES

1. It is difficult to narrow down to the top issues as referrals, transportation, housing, and food security were all seen as uppermost concerns.
2. **Referral processes and coordinated services:** they are hard to find even with professional support or they are not there. Insurance often does not cover medical, dental, and behavioral health costs.
3. **Transportation to get to services from remote areas** to where the services are can take hours by car or not accessible at all (even close by) if you do not have a vehicle and money for fuel.

FAMILY SOLUTIONS: TOP IDEAS

1. **Coordinate systems, group services that fit together and provide a local navigator** and case managers who are up to date on provider services in the area and can help troubleshoot.
2. **One eligibility application.**

ENGAGEMENT WITH COMMUNITY PARTNERS

COMMUNITY PARTNERS DEMOGRAPHICS

- A total of fifty-three individuals attended the three sessions; one was held in Wallowa County, two in Malheur County, and two in Baker County.
- Five listening sessions were held with community partners representing: County Health Departments, Home Visitors (public health nurses, family advocates, family support specialists,

etc), Head Start/Early Head Start, Early Intervention/Early Childhood Special Education, Relief Nurseries, Eastern Oregon University, Education Service Districts, Child Care Resource and Referral, Oregon Department of Human Services (various roles) Philanthropy organization, Immigrant and Refugee Community Organization, Business, Coordinated Enrollment, Early Childhood Mental Health, Early Learning Centers, Director of private nonprofit child care center, Preschool Content Specialists, Parent Educators, Professional Development Specialists, Community non-profit health clinic supervisor.

COMMUNITY PARTNER CONCERNS: TOP ISSUES

1. **Issues navigating support systems and referral processes.** This ties in with onboarding and professional development; and leads to stress and burnout because they cannot meet the families' needs.
2. **Workforce issues;** pipeline, onboarding, training, paying a livable wage for the community, and providing support to employees.

COMMUNITY PARTNER SOLUTIONS: TOP IDEAS

1. **Local navigators (Super Navigators)** that a professional/provider can call to find out what current services are available and how to make the referral.
2. **Coordination of Services where trauma informed practices are the norm.** Some services grouped together or mobile services in remote areas.

Note: in every session both for professionals and families, affordable housing, a living wage, and transportation were discussed.

NORTHWEST EARLY LEARNING HUB

SECTOR FOCUS: EDUCATION

ENGAGEMENT WITH FAMILIES

FAMILY DEMOGRAPHICS

- Seven families attended the first listening session.
- Four from Columbia County, two from Tillamook County, one from Clatsop County.
- Five identified as white, one identified as Hispanic/White, and one identified as Native American/White.
- Five identified home language as English and two identified home languages as English & Spanish.
- Four families receive services from Early Intervention and Early Childhood Special Education.
- Four families have one or more children under the age of 5; and three families have one child under and additional children over the age of 5.

FAMILY CONCERNS: TOP ISSUES

- 1. Lack of affordable and diverse options for child care and preschool**
 - a. Families noted that overall there is a lack of options that are affordable and available for child care and preschool. This is particularly amplified if your child is medically fragile or has a developmental delay.
 - b. Families also noted that it is challenging to find what options are available and how what is available could fit their needs. One parent shared that information is limited and not in a universal place for families to access easily. This comment was also extended to resources beyond just child care & preschool - families felt it was hard to know what resources existed that could support them and how to best access them.
- 2. Families also touched on the importance of the transition process into pre-K and from pre-K into Kindergarten.**
 - a. Some families noted they had access to a summer camp or other transition programming like Ready Freddy, and these resources were incredibly helpful for easing the concerns and worries of their child who is transitioning to kindergarten. One family who has been supported through Early Intervention and Early Head Start, shared they had staff from both programs help them transition to Early Childhood Special Education and Head Start and they felt very supported through that process, and they wished all families had the same kind of support. Families expressed a desire to have these kinds of programs universally available to all families.

FAMILY SOLUTIONS: TOP IDEAS

- 1. Increasing inclusion opportunities for children with developmental delays and disabilities really resonated with all of the families we spoke with.** They shared that this includes opportunities for parents to connect to one another and community. A parent used the example of the parent cafes that she attended before COVID that she found very helpful and supportive as a parent. Another parent brought up libraries as community spaces where many families with young children go and connect to both programming and one another.
- 2. Creating alignment with preschool and kindergarten also resonated with families** - particularly with a focus on the transition. Families shared that the transition is particularly important time for

children who haven't had access to preschool because of the current limited availability of preschool opportunities.

ENGAGEMENT WITH COMMUNITY PARTNERS

COMMUNITY PARTNER DEMOGRAPHICS

- Nineteen providers total, with twelve from Early Intervention and Early Childhood Special Education that included occupational therapist, physical therapist, consultants to community programs and Principles of early childhood centers.
- Seven were from school district programs with early learning programs.
- Twelve were from Washington County; seven were from Clatsop, Columbia or Tillamook Counties.

COMMUNITY PARTNER CONCERNS: TOP ISSUES

1. **Separate Systems:** It is time-consuming and challenging for practitioners to navigate multiple systems (early learning and K-12) to provide services to students.
 - a. PD requirements and systems are separate and make it challenging to provide aligned PD for early learning and K-2 providers.
 - b. Services for students, such as transportation, special education supports, speech supports, etc are separate between preschool and K-12 which puts providers in a position of a lot of back and forth and negotiation to try to service young children.
 - c. Paperwork is a challenge for systems and for families. It would be helpful to have a common application for services.
 - d. The lack of connection between the background check systems is a constant hurdle for programs.
2. **Workforce Challenges:**
 - a. Workforces issues are urgent and necessary for meeting many of the strategies and objectives.
 - b. It is essential to have a culturally responsive, and linguistically diverse workforce in order to do social, emotional learning appropriately.
 - c. "And not enough IA's to support our most highly impacted children especially in community programs"
 - d. Compensation limits the availability and diversity of the workforce; people need to make enough to live and stay in the field.
 - e. In more rural counties filling positions is very challenging and they stay open for a long time.
 - f. Community connections are really valuable for inspiring future educators and keeping people in the community.
 - i. More systematic connections between high schools and early learning sites and colleges and school districts could help in creating opportunities for these connections.

COMMUNITY PARTNER SOLUTIONS: TOP IDEAS

1. **Create more educational alignment between preschool and kindergarten;** (*see notes above about the two systems not being aligned*)

2. **Increase inclusion opportunities for children with developmental delays and disabilities;**
 - a. Developmentally appropriate should be named in the plan.
 - b. Moving toward more inclusive classrooms in K-12, there needs to be more support for educators to support students in those models.
 - c. The services available through EI/ECSE and in K-12 programs are different and that transition can be challenging. Examples: “The Child Care ratios are fair if not great, then the abrupt change to ‘school age’ ratio could be 1:25-30.”
 - d. “There are very few options for our most medically fragile and physically challenged children.” Programs don’t feel equipped to support medically fragile children and then they fall through the cracks of the system and aren’t able to be with their peers.
 - e. Physical space is a challenge. Many classrooms are not designed to accommodate mobility devices.