Executive Summary

Early in 2016, a diverse group of over 40 early childhood leaders gathered at the Starting Strong Summit: Working Together for Early Social Emotional Development to identify challenges and find new solutions for improving early childhood mental health and developing critical social emotional skills in children in Massachusetts.

This paper presents the ideas, solutions and policy recommendations developed by Summit participants. We respectfully submit this paper to the Legislature and the Governor’s office as a report of the Summit proceedings and with the hope that our recommendations will inspire action to better align services, improve programs, increase funding and create necessary initiatives to foster the early social emotional development of children.

The Need to Improve Early Social Emotional Development

A growing body of multidisciplinary research provides strong and compelling evidence that the development of social emotional skills is pivotal to a child’s success in school and in life (Durlak, Weissberg, Dymnicki, Taylor & Schellinger, 2011). CASEL, the Collaborative for Academic, Social, and Emotional Learning, enumerates 5 Core Competencies of social emotional skills: self-awareness, social awareness, self-management, relationship skills, and responsible decision making (www.casel.org). Related to this, the field of Early Childhood Mental Health (ECMH) focuses on supporting young children’s development of a core set of social emotional competencies (Center on the Developing Child, 2013). Early childhood educators in all settings make use of a range of programs and approaches that support the development of social emotional competencies, regardless of mental health status (see http://csefel.vanderbilt.edu/).

The first five years of a child’s life are the ideal time to develop these competencies. Research shows significant and long-lasting effects on an individual’s health and well-being, income potential and academic outcomes when social emotional skills are successfully cultivated early in life. One longitudinal study from New Zealand, the Dunedin Multidisciplinary Health and Development Study, demonstrated that over 95% of children exhibiting high levels of self-control early in life successfully completed their secondary education (the equivalent of high school graduation in the US). In contrast to this, children lacking these skills successfully completed their secondary education only 58% of the time, and were three times more likely to be convicted of a crime at some point in their lives (Moffitt et. al, 2011). A US study similarly showed that socially competent kindergarteners were more than twice as likely to graduate from college as peers lacking these skills (Jones, Greenberg and Crowley, 2015). Recent reports from two Massachusetts-based educational policy organizations—the Rennie Center and Transforming Education—provide additional well-organized reviews of the literature on the necessity of developing early social emotional competency in all children.

Over the past decade various state, federal, and privately funded initiatives have helped Massachusetts parents, early educators, and child welfare workers understand and promote healthy social emotional development in young children. These initiatives have been critical in developing awareness of the issue among agencies and professionals, and in supporting the social emotional development of thousands of children statewide. Unfortunately, most of these initiatives were of
limited geographic and systemic scope. Their time-limited funding resulted in uneven pockets of impact throughout the state with little or no potential for sustainability.

Given the limited reach of these initiatives, the need in Massachusetts remains critical for statewide programs and services that support the social emotional growth of children. Many parents, early educators and other providers have little or no access to ongoing services that address the social emotional and mental health needs of young children. Of even greater concern are the increasing reports from early educators, superintendents, and elementary school principals that children entering kindergarten, preschool, and other early childhood settings lack developmentally appropriate social emotional skills. Evidence of this includes teacher reports of high numbers of disruptive student behaviors related to impulsivity and poor self-regulation as well as increasingly poor academic participation. Similarly, the number of pre-K and kindergarten suspensions illustrates the dire need for educator training to more effectively deal with the underlying causes of disruption.

This regional anecdotal data is mirrored by alarming nationwide data released in an early 2015 report by the federal departments of Education and Health and Human Services, showing that large numbers of preschool children continue to be expelled and suspended from preschool, and that African American, Latino and male students are disproportionately represented in these numbers (US Department of Education Office for Civil Rights Data Snapshot: Early Childhood Education. Issue Brief No. 2, March 2014).

The evidence is clear that the social emotional skills deficit negatively impacts students’ ability to learn and succeed in school and in life. This is of serious concern and has real implications for the future of the Massachusetts workforce and long-term negative ramifications for Governor Baker’s various initiatives related to workforce development, including the Workforce Skills Cabinet, New Skills for Youth, and other programs meant to strengthen and create more opportunity for Massachusetts workers.

**History and Structure of the Starting Strong Summit**

The Starting Strong Summit was conceptualized by a group of statewide Summit Planning Partners, who recognized this urgent need to improve and align programs, services, and funding streams to support the social emotional development of young children in Massachusetts.

Educational leaders from the Collaborative for Educational Services (CES), the organizers of the Summit, convened 20 Summit Planning Partners in July of 2015 to hone the focus, develop goals and identify anticipated outcomes for the Summit. The Summit was envisioned as a working meeting in which key stakeholders would map out solutions and policy recommendations for a systemic, statewide approach to promoting early social emotional competency of all children. In addition to CES, Planning Partners included early childhood and education researchers, early childhood mental health experts, and representatives from the Massachusetts Departments of Public Health (DPH), Mental Health (DMH), Elementary and Secondary Education (ESE), and Early Education and Care (EEC).

At the Summit, facilitated breakout groups in workforce development; service gaps and alignment; family support and engagement; and data and measurement focused on critical areas for improving
the state’s response to early social emotional development. These four breakout groups met throughout the day to identify and prioritize challenges to ensuring all children develop social emotional competency in Massachusetts. The groups brainstormed solutions to the top challenges and evaluated their proposed solutions according to whether they were feasible, powerful, scalable, or measurable, criteria that the groups defined as follows:

- Feasible – Is it possible to design and implement the solution?
- Powerful – Will the solution have a deep and lasting impact?
- Scalable – Is it possible for every child to benefit from the solution (as needed)?
- Measurable – Can the solution’s impact be measured to determine its effectiveness?

Each breakout group then developed action steps and policy recommendations for the most promising solutions.

**Highlights and Common Themes**

Several common challenges and solutions emerged simultaneously in different breakout sessions, including the need for:

1. **Significant investment in early childhood (EC) social emotional development**
   In all breakout groups, participants noted that more robust and sustained state funding for early childhood and ECMH initiatives was essential to establishing a strong statewide response to developing and measuring social emotional competency in young children. In addition, many participants spoke to the need for a legislative Task Force to develop a statewide approach to ensuring early social emotional competency that spans and integrates the work of various state and non-profit agencies.

2. **A comprehensive public awareness campaign**
   This is meant to focus on the necessity of social emotional skills in young children; and on the critical role parents, early educators, and caregivers play in that development. The Workforce Development breakout group also highlighted the need for the public and employers to understand how the continuing low compensation and high job stress of the early childhood workforce negatively impacts workers, young children, their families, and our communities.

3. **Programs, services and training that support the social emotional needs, awareness, and competency development of parents, teachers, and other caregivers for young children**

4. **Cultural competency** within all aspects of programs, services, and initiatives designed to support social emotional competency in young children and their adult caregivers.

**Key Findings and Discussion from Breakout Groups**

The breakout groups were organized to focus on four areas: Workforce Development, Family Engagement and Support, Service Gaps and Alignment, and Data and Measurement. Summaries of the recommendations from each group follow. For more detail and information on the discussions and findings of the breakout groups, please refer to Appendix A.
Service Gaps and Alignment

In order to support a systemic approach to improving early childhood social emotional development, we must connect early childhood professionals across the mixed delivery system and various governmental departments; to align programs, services, and funding sources supporting young children. There are inherent challenges to achieving this goal. In Massachusetts, as in many other states, the early childhood service delivery system is diverse and disparate. Public elementary schools, private and non-profit early education and care centers, family child care providers, and mental health and child welfare professionals work under the jurisdiction of different governing bodies with separate funding streams and regulations. Governmental leadership is needed to address systemic disparities. This group envisioned a permanent state level commission with interdepartmental representation responsible for the social emotional health of children and families.

Connecting diverse agencies to maximize collaboration and align funding and regulations is an important step in ensuring that all children have access to preschool and elementary teachers, early education and care professionals, child welfare professionals, and therapists who are well equipped to understand and respond to all domains of their development, including their social emotional needs.

A major focus of this group was the need for a strategic plan to create a trauma-informed culture among early childhood educators and providers of healthcare and social services for young children and their families. Recommended steps to increase awareness of and improve responsiveness to childhood trauma among the early childhood workforce and primary health care providers (PCPs) include replicating the Project Launch and My Child ECMH toolkit and model to integrate ECMH clinicians and family partners into primary care settings statewide. This group also prioritized identifying state budget and private funding sources to support ECMH services; appealing to the Division of Insurance to advocate for private insurance plan payment for Infant and Early Childhood Mental Health (IECMH) services; and using data to make the case to the public, employers, and state decision makers, about why their active support of ECMH initiatives matters.

Workforce Development

Solutions in the Workforce Development breakout group focused on increasing opportunities for early childhood professionals to gain skills in developing their own social emotional competencies, in addition to fostering the social and emotional health and well-being of children and families.

The group prioritized developing effective strategies to increase compensation and lower job stresses in this workforce. Action steps to achieve these aims would start with conducting a statewide needs assessment of early childhood educator pay levels; job stress; and impacts; and identifying the most effective and immediate solutions, such as funding in the form of grants and scholarships to subsidize training; vendor incentives to reduce costs; and a state mandated living wage for early childhood educators and caregivers.

Finding ways to provide uniform, affordable and accessible cross-discipline training to the diverse early childhood workforce was another key consideration. Solutions included implementing statewide trainings that would bring together all levels of the hierarchy of the early childhood workforce, from professors of higher education, to classroom assistants and family childcare providers. The incorporation of the highest quality competency guidelines into the Massachusetts licensure program
were recommended, as were specific changes to the Department of Higher Education’s educator preparation policies to include more social emotional content and improve alignment with state licensure requirements.

**Family Engagement and Support**

The Family Engagement and Support breakout group focused on how to support and engage parents by meeting them where they naturally gather, developing parent leadership, and finding new ways to involve them in initiatives designed to promote early social emotional development. The group identified as a top priority the need to increase the availability and accessibility of community-based opportunities for families with young children to gather, support one another, and learn together about parenting and community resources; with the guidance and support of professionals. Funding for early childhood parent education and support initiatives, including culturally competent and strength-based family centers, parent peer networks, and parent cafes was identified as essential.

Key goals in implementing such programs would include gathering measurable data from family centers to establish an accurate picture of the current state of social emotional skills development and parent education; using this information to measure growth and/or impact of new programming; statewide implementation of best-in-nation family center models shown to impact social emotional development in children; connecting family centers to the KidsFirst statewide coalition to improve accessibility of high-quality early education and care for all at-risk children; and lastly, understanding and addressing the disparities in existing services between communities.

Other priorities for engaging parents included improving the availability and SEL training of public school early educators who conduct home visits; replicating the practices of successful districts conducting home visits; training and supporting staff at all levels to work from a uniform understanding of successful family engagement; and building a network of SEL trained community social service providers including those from the Department of Children and Families, Department of Mental Health, and other community-based social service agencies delivering early intervention and counseling. Additional recommendations include adapting the Head Start family engagement frameworks to inform and measure family engagement in other settings; providing trainings designed to improve early educator-parent collaboration; mandating a parent voice in decision-making bodies; and creating cultural competency at a policy level by providing legislators and policy makers with appropriate training.

**Data and Measurement**

Accurate data is essential to understanding the scope and breadth of the problems reported by early educators and care providers related to a lack of social emotional competency in young children. Measuring the impact of programs designed to address these problems is essential to determining their effectiveness.

Baseline data in this area is negligible in Massachusetts. Like many other states, we have a dearth of information about how well young children are developing social emotional skills, such as how many children lack social emotional competency; what skill sets are lacking; and how often exclusionary discipline measures, such as expulsion and suspension, are used in early childhood settings; as well as the impact of their use on young children and their families.
The disparate ways in which early childhood services are delivered through a variety of private, public, and nonprofit schools and early education centers governed and regulated by different agencies and bodies, makes collecting data and measuring program effectiveness inherently difficult.

To address these challenges, the Data and Measurement breakout group recommended action and policy steps including defining the five core SEL competencies and clarifying how best to measure them; prioritizing which competencies are the most important; and agreeing upon a comprehensive assessment system for childhood development of social emotional skills. The group recommended mandating measurement of SEL by all early childhood providers using key measures; supporting the development of training in observational assessment; using a family council model similar to the one developed by the Urban Child Institute to help parents develop skills and strategies to use at home to support social emotional competencies in children; and aligning licensing with Quality Rating and Improvement System regulations.

Other recommendations included developing a local and regional participatory process to build consensus around the measurement of early social emotional competency and coordinate the rollout of critical and feasible uniform measurements across multiple related policy and practice domains. These would include public health, education, and public safety, which all have an investment in positive social emotional competencies to prevent adolescent and adult criminality, health crises and trauma, and poor educational outcomes. The Data and Measurement breakout group advocated for a process to identify leadership for this participatory process, and suggested two existing statewide programs that might be well-positioned to lead. Finally, this breakout group strongly supported a requirement that all core courses in teacher preparation programs develop students’ understanding of the early educator’s vital role in connecting with parents in supporting the social emotional development of children.

Conclusion

The solutions, action steps, and policy recommendations developed by Starting Strong Summit participants and presented in this paper address some of the key challenges to ensuring that all Massachusetts children develop early social emotional competency.

Summit participants and Planning Partners have repeatedly raised the critical need in Massachusetts to extend the progress and collective work of all stakeholders committed to early social emotional development through a legislative Task Force dedicated to this issue. The vision for this Task Force is to establish a multi-disciplinary, cross-sector working group that can oversee the development of a comprehensive statewide framework for prevention, promotion, intervention and measurement of early social emotional competency.

We present these findings with the hope that the Summit conversations will inspire action to develop a Task Force that may further the collective work of the many agencies and individuals in Massachusetts who are dedicated to improving the lives of young children. The research shows that investing in early social emotional development is a sound and necessary strategy that will strengthen our Commonwealth by producing more competent and productive citizens.
Sources


Michigan Association for Infant Mental Health (2014). Competency Guidelines for the MI-AIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health (IMH-E)


STARTING STRONG SUMMIT: Working Together for Early Social Emotional Development
Overview and Recommendations