What We Know Today About Guilford County's Young Children and Families

These pages include a snapshot of quantitative and qualitative data gathered as of November 1, 2017. The data align with each element of the *Ready for School, Ready for Life* framework.

A Note About Disaggregated Data: Disaggregated data tells an important story about our community. It also requires context in order to use it responsibly. During our work together, we will use disaggregated data by race/ethnicity, income and other factors. This is reflective of and critical to the systems-building work and our commitment to address racial and economic inequities in this work.

GUILFORD COUNTY BACKGROUND

To understand the data, it helps to have some background about our county.

DEMOGRAPHICS

POPULATION AND NUMBER OF HOUSEHOLDS[1]

	Population	Households
Total	506,763	199,540
Children age 5 & under	37,512	24,261

POPULATION BY RACE & ETHNICITY[1]

	White Alone	Black/ African American Alone	Asian Alone	American Indian/ Alaska Native Alone	Other Alone	Two or more races	Hispanic/ Latino (of any race)[2]
Total Population	287,617	169,138	22,445	2,328	13,986	10,968	38,207
% of County Population	56.8%	33.4%	4.4%	< 1%	2.8%	2.2%	7.5%

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[1] American Community Survey 5-Year Estimates, 2015.

[2] This category designates an ethnicity; is not counted toward 100% of total population.

INCOME[3]

MEDIAN HOUSEHOLD INCOME

	Median Income[4]
All Households	$45,651
Households with children under age 18	$51,107

POVERTY[3]

POVERTY LEVEL AND RATIO OF INCOME

	Total Living Under Federal Poverty Line	Total Living Under 200% of Federal Poverty Line
Total	86,808 (17.1% of population)	194,483
Children age 5 & under	10,096 (26.9% of children age 5 & under)	20,432 (54.5% of children ages 5 and under)

SUBPOPULATION POVERTY LEVELS

	Total number	Percent of Family Type Living Under Federal Poverty Line
All families	126,562	13.0%
Families with children <18	63,273	21.0%
Grandparents responsible for own grandchildren <18	4,033	21.7%
Female householder, no husband present, with children <18	21,184	42.4%

POPULATION UNDER POVERTY LINE BY RACE/ETHNICITY

	White Alone	Black/ African American Alone	Asian Alone	American Indian/ Alaska Native Alone	Other Alone	Two or more races	Hispanic /Latino (of any race)[5]
% population below poverty line represented by each group	35.0%	49.5%	6.0%	0.4%	6.0%	3.0%	14.0%

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[3] American Community Survey 5-Year Estimates, 2015.

[4] In 2015 inflation-adjusted dollars, American Community Survey 5-Year Estimates, 2011-2015.

[5] This category designates an ethnicity; is not counted toward 100% of total population.

DATA ALIGNED WITH EACH ELEMENT OF THE FRAMEWORK

HEALTHY BIRTHS		
FRAMEWORK ELEMENT	**PRIORITIZED OUTCOMES**	**WHAT WE KNOW TODAY**
Well-timed Births	• Fewer **teen births**	<table><tr><td>**Most recent available data**</td><td>**Trend**</td></tr><tr><td>**Teen pregnancies.**[6] **24.7 pregnancies per 1,000 young women** ages 15 - 19 (2015)</td><td>Getting better</td></tr></table>

Teen births[7, 8] 91 births to women under age 18 in 2015	Trend Getting better
White women: • 22.0% of teen births (20) were to white women; 56.8% of the total population of Guilford County is white	Getting worse
Black/African American women: • 50.6% of teen births (46) were to Black/African American women; only 33.4% of the total Guilford County population is Black/African American	Getting better
Hispanic/Latina women: • 23.1% of teen births (21) were to Hispanic/Latina women; only 7.5% of the total Guilford County population is Hispanic/Latino	Getting worse
Other women: • 4.4% of teen births (4) were to women identifying as "other" in terms of race (non-Hispanic); 2.8% of the total population in Guilford County identifies as "other" alone.	Getting worse

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[6] NC State Center for Health Statistics - Vital Statistics, 2013.
[7] NC State Center for Health Statistics: County Health Data Book - Birth Indicators Table, 2014.
[8] American Community Survey 5-Year Estimates, 2011-2015.

Healthy Births	• Lower **infant mortality rate** • More **full-term births** (37+ weeks of gestation) • Fewer **low birth weights** (<5.5 lbs.) • Fewer newborns with **narcotics or other substances** in system		

Most recent available data	Trend
Infant mortality rates.[9] 8.3 infant deaths per 1,000 live births	Getting better
White infant deaths: 2.9 per 1,000 live births	Getting better
Black/African American infants: 14.7 per 1,000 live births	Getting worse
Hispanic/Latino infants: 6.0 per 1,000 live births	Getting better
Pre-term birth rates.[10] 10.7% of births in 2014 at 37 weeks or less	Getting better
8.8% of births to white women were pre-term	Getting better
13.3% of births to Black/African American women were pre-term	Staying the same
8.9% of births to women of other races (non-Hispanic) were pre-term	Getting better
9.4% of births to Hispanic/Latina women were pre-term	Getting worse
Low birth weights. [9] 9.6% of children born < 2,501 grams (5.5 lbs).	Getting worse
7.0% of births to white women were low birthweight	Getting better
13.1% of births to Black/African American women were low birthweight	Getting worse
8.4% of births to women of other races (non-Hispanic) were low birthweight	Getting better
7.3% of births to Hispanic/Latina women were low birthweight	Getting worse

• National data indicates that more newborns have traces of narcotics (including opiates), antidepressants or alcohol in their systems. Local data were not available at print deadline.

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[9] NC State Center for Health Statistics: County Health Data Book, 2012-2016.
[10] NC State Center for Health Statistics: County Health Data Book - Birth Indicators Table, 2016.

INFANTS & TODDLERS DEVELOPMENTALLY ON TRACK		
FRAMEWORK ELEMENT	**PRIORITIZED OUTCOMES**	**WHAT WE KNOW TODAY**
Infants & Toddlers Developmentally on Track	• More children demonstrate age-appropriate **social & emotional development** • More children demonstrate **age-appropriate emerging literacy skills** • More children demonstrate **physical well-being and appropriate motor development**	• Available data is primarily programmatic, applies to a small population of infants and toddlers, and can't be generalized across the population. Other data may be available, but were not accessible at print deadline. • Several developmental screening tools are used currently in Guilford County, including Ages and Stages Questionnaire (ASQ), Ages and Stages Questionnaire: Social Emotional (ASQ:SE), Parents' Evaluation of Developmental Status (PEDS), BRIGANCE, and Child Development Inventory (CDI). • Of the five domains related to school readiness, families report feeling least confident in preparing their children in the area of social and emotional development.

4-YEAR-OLDS READY TO TRANSITION TO KINDERGARTEN

FRAMEWORK ELEMENT	PRIORITIZED OUTCOMES	WHAT WE KNOW TODAY
4-Year-Olds Ready to Transition to Kindergarten	More children are **developmentally on track** with the 5 school readiness domains: • Approaches to Play & Learning • Emotional & Social Development • Health & Physical Development • Language Development & Communication • Cognitive Development	• At least 2,009 4-year-olds participated in NC Pre-K program in 2016-17. Data were available for between about 1,700 and about 2,000 children (differing by objective assessed), and these data show that **most children entering the program in the fall were below widely held expectations in every domain**.

Most recent available data[11]	Trend
Approaches to play & learning. Skills within this domain are not assessed in single category in Teaching Strategies GOLD®	No trend data
Social-emotional development. 67.4% below widely held expectations for age.	No trend data
Physical development. 60.9% below widely held expectations for age.	No trend data
Language development. 62.7% below widely held expectations for age.	No trend data
Literacy 60.7% below widely held expectations for age. (Note: Skills within this Teaching Strategies GOLD® objective fall within Language Development & Communication domain)	No trend data
Cognitive development. 66.5% below widely held expectations for age.	No trend data
Mathematics 81.6% below widely held expectations for age. (Note: Skills within this Teaching Strategies GOLD® objective fall within Cognitive Development domain.)	No trend data

• End-of-year assessment shows significant student growth with 89-93% of students meeting the expected growth range.
• No data is available at this time for children who do not participate in the NC Pre-K program and who may be in other care settings (e.g. childcare center, family child care home, in-home care).

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[11] Teaching Strategies GOLD® Growth Reports, 2016-2017

5-YEAR-OLDS READY FOR SCHOOL		
FRAMEWORK ELEMENT	**PRIORITIZED OUTCOMES**	**WHAT WE KNOW TODAY**
5-Year-Olds Ready for School	More children **ready for school.**	<table><tr><td>**Most recent available data**[12]</td><td>**Trend**</td></tr><tr><td>**Kindergarten readiness (DIBELS).**[13] 42% of children did not meet benchmarks on DIBELS assessment at kindergarten entry for 2016-17.</td><td>Getting worse</td></tr><tr><td>**Kindergarten readiness (DIBELS).** 25% of children were well below benchmarks on DIBELS assessment at kindergarten entry for 2016-17.</td><td>Getting worse</td></tr></table> • New formative assessment tool for kindergarteners has been partially implemented. This assessment aligns with the five domains of school readiness and will provide further local data.

[12] Guilford County Schools, 2017.

[13] DIBELS only assesses successful beginning reading including: phonemic awareness, phonics, fluency, vocabulary, and comprehension.

SUPPORTIVE FAMILIES

HEALTHY FAMILIES		
FRAMEWORK ELEMENT	**PRIORITIZED OUTCOMES**	**WHAT WE KNOW TODAY**
Healthy Pre-natal & Post-natal Behaviors	• Sexually active teens **use safe sex practices** more often • More women receive **adequate prenatal care** • More children **breastfed for at least 6 months**	<table><tr><td>**Most recent available data**</td><td>**Trend**</td></tr><tr><td>**Safe sex practices among teens.** 64.8% of teens who had sex in the last 3 months reported using a condom. [14]</td><td>Getting better</td></tr><tr><td>**Adequate prenatal care.** 27.2% of women giving birth had sub-adequate prenatal care. [15]</td><td>Getting worse</td></tr><tr><td>**Breastfeeding rates.** 33.2% of children under age 5 were breastfed for at least 6 months. [16]</td><td>Getting better</td></tr></table> • Families report information overload and/or lack of quality information related to healthy pre-natal and post-natal behaviors.
Socially & Emotionally Healthy Parents	• Adults report **fewer poor mental health days** • All pregnant women & new mothers **screened/ referred for maternal depression** • Parents who need mental health/ substance abuse treatment **receive quality services**	<table><tr><td>**Most recent available data**</td><td>**Trend**</td></tr><tr><td>**Poor Mental Health Days.** Adults report, on average, 3.9 poor mental health days/ month (top US performers, 3.0 days) [17]</td><td>Unknown</td></tr></table> • Many families with young children report isolation and feelings of loneliness. • Some families report a lack of social supports, such as extended family living nearby.

[14] Cone Health Youth Risk Behavior Survey, 2011-2012. Data collection discontinued; data from this source will not be included in future versions of this report.

[15] NC State Center for Health Statistics: County Health Data Book – Birth Indicators Table, 2015. The Kotelchuck Index used by this source rates care as Inadequate, Intermediate, Adequate, or Adequate Plus based on when prenatal care began and how many prenatal visits were received, not on quality of care or services. Data should not be compared to previous version of this report, which used the Kessner index.

[16] Pediatric Nutrition Surveillance System (PedNSS), a program of the Centers for Disease Control & Prevention (CDC), 2011. Data collection discontinued; data from this source will not be included in future versions of this report.

[17] Robert Wood Johnson Foundation County Health Rankings, 2017. Source uses 2015 data, and cautions that data should not be compared to prior years.

Ready for School, Ready for Life, 11/01/2017

Healthy Eating & Living	• More children live in **food secure** homes • More families **eat fruits, vegetables & lean protein** in recommended amounts • More **children play outside** every day	• 11% of adults in greater Greensboro and 13.9% of adults in greater High Point self-reported eating 5 or more servings of fruits and/or vegetables daily.[18] • The Greensboro-High Point metropolitan statistical area recently ranked #9 in the nation for food hardship; 22.2% of county residents say there have been times in the past 12 months when they have not had the money to buy needed food.[19] • Twenty-six census tracts in Guilford County have been designated "food deserts." [20]

SAFE & SECURE FAMILIES

FRAMEWORK ELEMENT	PRIORITIZED OUTCOMES	WHAT WE KNOW TODAY
Strong, Positive Parent Child Relationships	• More families report being **attuned to their child's needs** • More parents/children have **strong, positive bonds**	• Families of all demographics say they lacked basic parenting knowledge, skills, and confidence upon becoming parents for the first time. • Families report a lack of awareness of parenting supports and education that would help them develop strong relationships with their children. • Fathers report a lack of supports for learning parenting skills, and often feel excluded. • Families across all demographics report struggling with how to build parent-child relationships, especially when it comes to communicating with their children.
Safe & Stable Home	• Fewer **families move** more than one time each year • Fewer families experience **homelessness** • Fewer families experience **severe housing problems**	<table><tr><td>**Most recent available data**</td><td>**Trend**</td></tr><tr><td>**Household mobility.** 12% of children ages 1-4 moved within the county during the past year. [21]</td><td>Getting better</td></tr><tr><td>**Quality Affordable Housing** 17.5% of occupied housing units have at least one of the following severe housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities. [22]</td><td>Getting worse</td></tr></table>

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[18] Guilford County Community Health Assessment, 2015-2016.
[19] Food Research & Action Center (in partnership with Gallup polling), 2014-2015.
[20] US Department of Agriculture Food Access Research Atlas.
[21] American Community Survey 5-Year Estimates, 2011-2015.
[22] U.S. Department of Housing & Urban Development (HUD) Comprehensive Housing Affordability Strategy (CHAS) data, 2009-2013.

		Most recent available data[23]	Trend
	• More children and families live in **safe neighborhoods** • Fewer **children live below 200% of the federal poverty** level	**Poverty rates.** 26.9% of children age 5 and under live below the federal poverty level	Getting better
		Poverty rates. 55.2% of children age 5 and under live below 200% of the federal poverty level.	Getting worse

• Data related to children under age five experiencing homelessness were not available at print deadline. In 2017, 94 children under age 18 experienced homelessness on any given night in Guilford County[24]. This number has decreased over the past three years.
• Families from all backgrounds report that they have significant safety concerns for their children.
• Some families report living in unsafe neighborhoods and say they stay inside to preserve their safety and the safety of their children.

Fewer Instances of Child Abuse & Neglect	Fewer **substantiated child abuse cases**		

Most recent available data	Trend
Substantiated child abuse cases. 89 child abuse and neglect reports substantiated for children ages 5 and under [25]	Getting better

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[23] American Community Survey 5-Year Estimates, 2011-2015.
[24] Partners Ending Homelessness: Point in Time Count, 2017.
[25] UNC Jordan Institute for Families website (manages NC Child Welfare data), SFY 2015-2016.

EMPOWERED & ENGAGED FAMILIES		
	PRIORITIZED OUTCOMES	**WHAT WE KNOW TODAY**
Confident in Preparing Children for School Success	• More families **knowledgeable about the five readiness domains** • More families **confident in supporting the five readiness domains** for school	• Regardless of their child's age, parents of young children identify kindergarten readiness as a primary concern. • Families primarily identified cognitive skills as the key to kindergarten readiness. • Of the five domains related to school readiness, families report feeling least confident in preparing their children in the area of social and emotional development. • Families report that they do not receive consistent messages about the importance of the first five years • Families across all demographics report a lack of knowledge and connection to credible information about what they can do to help their children prepare for school success. • Educated, upper/middle class families report feeling under-served due to possible external perceptions that they have the knowledge, resources and skills to prepare their children for school.
Support Literacy and Learning at Home	• More families **read to their child daily** starting at birth • More parents **actively engage child in learning** at home	• Some programmatic data available, but cannot be generalized across the population. • Some families report having adequate tools and time to support literacy and learning at home. • Other families report that a lack of time due to other obligations (work, school, etc.) poses a challenge in supporting their child's learning. • Some families report a lack of knowledge and connection to resources to support literacy and learning at home.
Effective Partner with Providers and Teachers	• More families have the **skills to effectively partner** with providers and teachers. • More **providers and teachers report** that families are effective partners.	• Some programmatic data available, but cannot be generalized across the population. • Some parents reported frustration as a result of not feeling listened to when working with providers and/or teachers. • Families report a desire for childcare professionals, providers and teachers to take a strengths-based approach to working with their children, and view current practices as focused on their child's deficits. • Some families report feeling discouraged in attempts at partnership by perceptions that early childhood professionals/ teachers are dismissive of parents.

		• Families with older children reported significant challenges during the Pre-K to kindergarten transition for their children and for themselves. • Some families report feeling discouraged in attempts at partnership by perceptions of unconscious or conscious bias among service providers, childcare professionals and teachers. • Some refugee/immigrant and lower-income families, report that they are ignored (in person and by phone) when seeking services that would help their child prepare for school. • Parents who have experienced incarceration report being unable to fully participate in their child's education, i.e. by volunteering in classrooms. • 61% of direct service providers say they know how to have conversations with families so they feel like partners in the change process. [26] • Kindergarten teachers report barriers to creating effective partnerships with families. • Families have diverse interpretations of what "effective partnership" means.
Effective Advocates for Child/Family & Community Needs	• More families have the skills to **effectively advocate for the needs** of their child and family. • More families are **empowered and advocating** within the community.	• Upper/middle class families report needing to advocate strongly to overcome possible assumptions made that their children do not have unmet needs. • 38% of service providers say they know how to engage families as change agents within their organization's/agency's efforts. [27]

[26] ABLe Change survey, April 2015
[27] ABLe Change survey, April 2015

SUPPORTED FAMILIES

SUFFICIENT, QUALITY SUPPORTS AVAILABLE FOR CHILDREN		
FRAMEWORK ELEMENT	**PRIORITIZED OUTCOMES**	**WHAT WE KNOW TODAY**
Children Have Yearly Wellness Checks & Developmental Screenings	• More children have **annual wellness checks** • More children have **appropriate developmental screenings** • More medical providers are **conducting developmental screenings** during annual wellness checks.	**Most recent available data[28]** — **Trend** **Wellness checks.** 78% of children age five and under enrolled in Medicaid received a well-child exam. — No trend data • Few families reported knowing that free developmental screenings are available in Guilford County. • Several organizations in Guilford County conduct developmental screenings such as Ages and Stages Questionnaire (ASQ), Ages and Stages Questionnaire: Social Emotional (ASQ:SE), Parents' Evaluation of Developmental Status (PEDS), BRIGANCE, and Child Development Inventory (CDI). All rely on self-reporting by parents/caregivers. • Families report difficulty in connecting with resources to address developmental delays for toddlers and 3- or 4-year-olds, particularly speech delays. • Some families report that they are unsure how developmental screening results will be used and are afraid to be honest when answering questions.
Children in High-Quality, Affordable Early Learning Settings	• **Sufficient quality early learning programs exist** to meet local needs • **Sufficient quality early learning tools and supports exist** for families whose children are not in early childcare settings	**Most recent available data[29]** — **Trend** **High-quality childcare centers.** 65% of childcare centers in Guilford County have a 4- or 5-star rating. — Getting better **High-quality family childcare homes.** 39% of family childcare homes in Guilford County have a 4- or 5-star rating. — Getting better

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[28] Guilford County Partnership for Children: Smart Start Performance-Based Incentive System (PBIS) final report, 2012-2013.
[29] Child Care Services Association, 2017.

Market Rates for Childcare at a 5-Star Center in Guilford County [30]

Level	Rate	Trend
Infant/toddler	$901	Getting worse
2-year-old	$814	Getting worse
3- to 5-year-old	$808	Getting worse

- 61% of Guilford County families with children age 5 or under need childcare because the sole parent or both parents are working or in school.[31]
- Many families report that one parent (or the sole parent) is unable to work due to lack of affordable childcare.
- Some families report sending their child to kindergarten before he/she is ready because they could not afford childcare for another year.
- Families from all backgrounds report significant barriers to accessing affordable, high-quality care.
- Some families and early childhood professionals report concerns about the accuracy of the system that designates the quality of care provided in centers and family childcare homes.
- Families report spending significant time on the waitlist for childcare subsidy.
- Some families who receive childcare subsidies are unclear if the childcare options they are offered are of the same quality as non-subsidy programs.
- An average of 10,276 children ages 0-5 were enrolled in center-based early childhood care & education programs in 2016.[32]

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[30] North Carolina Division of Child Development and Early Education, 2017.
[31] Child Care Services Association, 2016; American Community Survey 5-Year Estimates, 2011-2015.
[32] NC Division of Child Development and Early Education, 2016.

SUPPORTED FAMILIES

SUFFICIENT, QUALITY SUPPORTS AVAILABLE FOR FAMILIES		
FRAMEWORK ELEMENT	**PRIORITIZED OUTCOMES**	**WHAT WE KNOW TODAY**
Basic Needs are Met	• More parents report that their family's **basic needs are met** • **Sufficient quality programs exist** to meet local needs for basic necessities	**Livable Wage** • The median earnings level for workers in Guilford County is $28,482 per year. [33] • Many low and middle-income families report working multiple jobs (or working/going to school) to make ends meet. • Families report a vicious cycle around earning more income and losing benefits that help cover basic needs, i.e. food, housing, and childcare. **Food** • Families with lower incomes who do not qualify for food stamps report difficulty in knowing how to get food assistance. • Some refugee/immigrant families report struggling to understand how to access food in our community. • Some families receiving food assistance report difficulty obtaining healthy food options. **Housing** • Safe, affordable and healthy housing is in short supply within Guilford County. **Transportation** • Families report difficulty accessing available services and supports without personal transportation; public transportation routes are limited and hours of service are limited, particularly during evening hours. • Working families who depend on public transportation report that they sometimes turn down services that would help their children prepare for school (i.e. NC Pre-K)

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[33] American Community Survey 5-Year Estimates, 2011-2015.

		because transportation isn't available or the time of services doesn't align with work schedules.
All New Parents Connected to Parenting Supports	• All new parents are **referred to parenting supports** • **Sufficient quality programs and supports** exist to meet local needs of new parents	• Families across all demographics report lacking basic skills, knowledge and confidence when they brought their child home from the hospital. • Families of newborns reported not knowing what services and supports are available to support them during the first few months of their child's life. As a result, some families utilize the Emergency Department for their newborn's non-emergency needs. • Exception: Families with at-risk newborns reported having access to needed supports and services, which continued after they left the hospital. • Many fathers report feeling excluded from the parenting process starting at birth and continuing through childhood; few supports in place for fathers who want to be involved.
Families Connected to Preventive Health/Mental Health Services	• More families are **referred to preventive health/mental health** services • **Sufficient quality programs** around preventive/mental health services exist to meet local needs	• Families report difficulty in connecting with quality mental health services/ counseling for themselves and for their children.

REPSONSIVE & INNOVATIVE EARLY CHILDHOOD SYSTEM

ALIGNED & ACCOUNTABLE POLICIES & PROGRAMS		
FRAMEWORK ELEMENT	**PRIORITIZED OUTCOMES**	**WHAT WE KNOW TODAY**
Easy Access to Needed Programs	• **Common applications & centralized intake** processes • **Eligibility restrictions reduced** to accommodate more families in need • Service **navigation support available** to all families	• Many programs have a unique application, and families must fill out the same information multiple times when seeking services. • Both families and providers report challenges in navigating eligibility requirements. • Families with lower incomes report that the time it takes to access services hinders their ability to become self-sufficient. • Families report long waitlists for some programs and services. • Families report that, when current programs are full, few alternate options exist/are presented. • Families and providers report that parents who identify as undocumented immigrants face significant barriers to accessing services that will help prepare their children for school. • 55% of service providers report that their organization ensures that families have the supports they need to access their services and supports. [34] • Only 8% of service providers say that it is easy for all families with young children to access programs and services. [34]
Effective Coordination & Referral Network	• More **providers assess family needs & make effective cross-sector referrals** • More providers across organizations **work together to seamlessly address family need**s • More families have **smooth transitions** across	• Families report being passed from agency to agency without getting connected to services/programs. • Families report that pediatricians are their most trusted resource for getting children ready for kindergarten; some pediatricians report significant barriers to making effective referrals (i.e. available programs/services change frequently, long waitlists, etc.) • Many service providers who refer families say they lack confidence that referrals will result in connecting families to services, i.e. dropped

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[34] ABLe Change survey, April 2015

Ready for School, Ready for Life, 11/01/2017

	agencies/programs & into kindergarten	referrals by receiving service providers or families will not follow up.
		• Service providers report cross-sector/cross-organization referrals are cumbersome; many depend on relationships to complete referrals.
		• Families and providers report difficulty transitioning across programs. Specifically, they cite these transitions at age 3 and from Pre-K to kindergarten.
		• Families of children with special needs report significant challenges during the transition to kindergarten.
		• 72% of service providers say their organization currently refers families with young children to other organizations/agencies in town that can meet their needs. [35]
		• Only 33% of service providers say that organizations/agencies are effective at referring and connecting families with young children to the services they need. [35]
Capable Formal & Informal Providers	• More formal and informal providers are **culturally competent, knowledgeable** about early child development • More formal and informal providers are skilled at using a **client-centered, strengths-based** approach	• Few supports for informal providers, i.e. grandparents/relatives/friends caring for children.
		• Some service providers say they do not have the skills needed to work with parents/caregivers from cultures different from their own.
		• Some service providers say they are not adequately trained to work with families who are mentally ill.
		• Some service providers say they are not adequately trained to work with families who have faced significant trauma.
		• Despite demand, cost of childcare and higher education levels of professionals in the field, the median pay for early childhood professionals is $9.45/hour. [36]

[35] ABLe Change survey, April 2015
[36] Center for the Study of Child Care Employment, 2016.

Equitable, Aligned Policies & Practices	• Early learning **curriculum aligned with school readiness definition** across all settings • **Professional development aligned** with school readiness • **Funders support shared outcomes** • More **work environments are family-friendly** • More **local programs aligned with shared outcomes**	• Multiple early learning curricula are used in childcare/preschool settings. • Early childhood teachers report that professional development is not fully aligned with school readiness definition. • Some families and service providers report that current policies in local workplaces are not family-friendly (with regard to breastfeeding, time off, maternity and paternity leave, etc.) • Some families report that perceived unconscious or conscious bias around race, ethnicity and/or income keep them out of programs and services that would benefit their children.
Responsive to/Respectful of Family Voice	• More **programs offered at times & places convenient for families** • More programs **seek & use family input** • More **culturally competent practices** in place • **Trauma informed care** engaged in every touch point	• Service providers, leaders, teachers, and families report that the current system does not meet the needs of modern families. • Some service providers report challenges in gathering feedback from families and using it to make changes to services provided, or to the way those services work. • Families and providers report lack of culturally competent practices in many care settings for families with young children. • Families whose second language is English report significant issues when it comes to respectful interactions with service providers. • Families and service providers report that written materials often do not match the literacy needs of families (language, reading level, etc.). • Families and direct service providers report that translation and interpretation services are not always available when needed. • Families who have experienced trauma report being re-traumatized when seeking services avoiding further contact with providers. • Teen mothers report that they are often treated with lack of respect/disregarded. • Some families report not accessing services and programs because they fear judgment about their parenting. • 57% of service providers say that their organization currently adjusts the times and

		locations of their programs and efforts to better fit the needs of diverse families. [37]
		• 45% of service providers say that their organization currently includes parent voice and parent concerns when making decisions.[37]
Local Resources Leveraged & Expanded to Meet Needs	• **Sufficient subsidies & funded slots** meet needs across 0-5 continuum • **Expanded prevention (vs. crisis) efforts**	• Families and direct service providers report long waitlists for programs and services. • Families and direct service providers report that resources are skewed toward crisis response instead of prevention. • Only 32% of service providers say there are currently a sufficient number of programs and services available to meet the needs of young children and their families. [37]

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[37] ABLe Change survey, April 2015

REPSONSIVE & INNOVATIVE EARLY CHILDHOOD SYSTEM

FOUNDATION FOR COMMUNITY ACTION		
FRAMEWORK ELEMENT	**PRIORITIZED OUTCOMES**	**WHAT WE KNOW TODAY**
Shared Vision & Goals	• Increased **cross-sector support for shared vision, goals, and outcomes** • Greater **shared accountability for action, learning and change** • More **consistent messages** across sectors about effective parenting & school readiness	• While local organizations and agencies have distinct goals, shared outcomes are being developed for some cross-organizational efforts. • 20% of service providers say the community understands what needs to be done to create an effective early childhood system. [38]
Public Demand for Kindergarten Readiness	• **Increased understanding of importance of early childhood** & school readiness • More **parents developed as advocates** for their children • Growing **active base of local leaders** championing targeted goals	• Guilford County has an active base of local leaders in the early childhood space. • Many families, practitioners, service providers, and other partners agree that early childhood is important, but haven't had specific targets as a focal point. • 54% of providers say that the community has a real sense of urgency to improve conditions for young children and their families. [38]
System Awareness & Understanding	• Increased **provider & family awareness of existing community services/supports** • More providers & families have access to **real time information on program availability & eligibility requirements** • All providers **aware of role in supporting school readiness** • More providers aware of **how to use a systems approach** to promote change	• Families from all backgrounds & providers report low awareness of existing community services/supports. • The extent to which providers are aligned with supporting school readiness based on the five domains is unclear. • 78% of service providers say they understand the role they play—and their organization plays—in helping children become ready for school. [38] • Only 14% of providers believe that families with young children know what early childhood programs and services are available to them. [38]

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[38] ABLe Change survey, April 2015

Continuous Improvement Orientation	• More **quality outcome and program reach data** available across 0-5 • More **decisions made using data** • More **real time input and feedback available and used to improve programs and system functioning**	• Quality outcome and program reach data is not easily accessible across programs serving children birth to age 5. • The extent to which real time input and feedback is used to improve programs and system functioning is unclear. • Families report completing multiple surveys but rarely seeing changes implemented as a result. • 54% of service providers report that their organization currently uses real-time feedback from families, staff, and community partners to continuously improve efforts. [39] • 67% of service providers report that their organization currently tracks data on the outcomes programs or efforts are having for children and families. [39]

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[39] ABLe Change survey, April 2015