

when a **NEED** meets an **OPPORTUNITY** strengthening families and mental health consultation in Illinois

Research confirms what our own experience tells us: the stresses facing the families of young children truly have, over the past several decades, changed in both quantity and nature.

But there is something we can do.

We may not be able to fully remove the challenges these families face, but we **can** arm them with tools that can help them overcome those challenges. We can build the Protective Factors that keep families strong. And one powerful way of doing this is to provide mental health consultants who work with childcare providers to help parents with the difficult and crucial work of raising children.

Protective Factors

Families have always faced stress. Why is it, though, that some families thrive while others struggle, even when facing similar life challenges? Why do abuse and neglect occur in one household and not the next, side by side on the same street?

One line of thought points to risk factors, those life circumstances a family may face that identify it as "at risk." Lack of financial resources, isolation and lack of social support, parental substance abuse, depression or other mental illness, community violence, poverty, and unemployment all have been shown to impact family functioning. Lessen the risk factors and you will probably see improved outcomes in the families that have faced those risks.

But not always. Why?

In order to complete the picture, another set of factors must be looked at: the strengths and resources a family can bring to bear on the risks they face.

The following six Protective Factors are at the heart of Strengthening Families Illinois:

- Be Strong and Flexible
- Parents Need Friends

strengthening families THROUGH EARLY CARE & EDUCATION ILLINOIS

This paper is a project of the Building Resiliency Workgroup of Strengthening Families Through Early Care and Education Illinois (see page 10 for contact information and list of members). It was written by John Roope, M.Ed., Project Manager of Caregiver Connections' Early Childhood Mental Health Consultation Project.

EARLY
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- Being a Great Parent is Part Natural and Part Learned
 - We All Need Help Sometimes
 - Parents Need to Help their Children Communicate
 - Give Your Children the Love and Respect They Need
- More and more, research is showing that the presence or absence of these Protective Factors can make all the difference.

Childcare and Strengthening Families

Concurrent with changes in family circumstances, more and more parents are by necessity turning to non-family members to help care for their children while they are employed. Early care and education (ECE) programs now serve approximately 60 percent of children younger than kindergarten age. So great is this need that in Illinois, early care and education has become our third-largest industry. Herein lies opportunity!

Engaged with parents and children on a nearly daily basis, childcare centers and family childcare home providers have a unique ability to impact the Protective Factors in the families they serve. Often, the childcare provider is viewed as a partner in the parenting process and a trusted honorary family member who has shared a child's developmental milestones, hurts, and triumphs with the family over time. Relationships such as these are powerful, providing an ideal means of nurturing families through the Protective Factors and connecting them with supports they need.

Mental Health Consultation

One such meaningful support is to provide those who care for our children a new kind of partner: the children's mental health consultant (MHC). Just as children thrive best in the context of loving, safe, and reciprocal relationships with their care givers, and just as families can grow stronger within secure and trusting relationships with their childcare providers, so too can providers grow

in their practice and feel reassured when they have trusted resources to help them with this most difficult and crucial work, the care of children.

The MHC, bringing a strong background in both mental health and child development, provides a new set of eyes, ears, and experiences for parents and childcare providers alike. The MHC, the provider, and the family become a team in assessment, problem solving, and planning. Each brings his or her own unique expertise to the effort. Together, new strategies can be developed to help each child (and family) be successful.

Finally, the MHC can help link families to those services in the community that can best support the family's needs and the child's social-emotional development. Navigating the web of mental health and social services can be a daunting task for even the most capable family. The skilled MHC can help.

Whether we call it attachment, best practice, or building Protective Factors, people thrive best within relationships. The child is nurtured and protected by the parent, who is sheltered within the family, which is supported by the caring provider, who is supported in turn by the consultant.

Relationships like these protect children and strengthen families. Through Strengthening Families Illinois and mental health consultation, we have the vehicle, the relationships, and the plan to make them happen.

Public policy actions are needed if we are to take full advantage of this opportunity; these are described below. Making the required shifts in public policy will mean finding dollars. It will mean blending dollars (or, if you prefer, braiding them). It will mean dissolving barriers and changing old mindsets. It will mean encouraging the "silos" to talk with each other and share. The Illinois Department of Children and Family Services and Department of Human Services, for example, are both stakeholders in the development of children and

strengthening of families, and both are partners in Strengthening Families Illinois.

Most of all, it will require your leadership and courage in supporting Strengthening Families Illinois and early childhood mental health consultation in our state.

Policy Recommendations

1 First, support those programs that support family well-being in basic, concrete ways. Health care, childcare, housing, employment, and transportation may be givens to some portions of our population, but they are critical survival points to many struggling families.

2 Support early care and education, including childcare, Early Head Start / Head Start, and pre-school for all. These programs can help level the playing field for thousands of children. Please make sure the teachers and families involved have the tools and resources needed to achieve this huge accomplishment.

3 Support the statewide expansion of Strengthening Families Illinois. No reinvention of wheels here. The strategies and principles of SFI are effective and have been proven so.

4 Support early childhood mental health consultation wherever our children are. In childcare, in Early Head Start / Head Start and pre-school, in Early Intervention, in home visiting programs, and yes, in our treatment system as well. The hardworking professionals and families who care for our youngest children need and deserve all the help they can get. There are initiatives serving all of these settings. All are needed, and many are currently pilots that need to be brought to statewide scale.

5 Expand and solidify these much-needed efforts by:

- Expanding Caregiver Connections (the Illinois Department of Human Services consultation initiative serving childcare) to fully cover the state
- Continuing the development of mental health consultation within the Illinois State Board of Education system
- Supporting the efforts of the Illinois Children's Mental Health Partnership to build treatment capacity as it provides consultation to mental health agencies seeking to serve young children
- Encouraging coordination among these varying initiatives (including Early Intervention). Each serves a unique purpose and populations. Each will generate unique lessons learned that can benefit all.
- Supporting continued quality enhancement within childcare with a tiered quality-incentive system that can recognize and encourage programs that provide more than just "a place" for our children
- Continuing and expanding support for programs that keep teachers and caregivers strong and growing. Programs like Great Start, TEACH, and Gateways to Opportunity live and die on your watch.

6 When children and families do need treatment, they often come up against the cruelest of financial and bureaucratic barriers in a system that insists on treating and children and families as separate entities. After all, the system can only get paid for treating the "identified patient." Fix this, and let our mental health system treat and support what is really in front of them: a family.

Fulfill the promise of the Illinois Children's Mental Health Act. Truly create the integrated and comprehensive system called for. Prevent every pitfall that can be prevented. Intervene early and aggressively when prevention isn't enough. Ensure access to the best treatment we can give when our children and families need it.

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Research confirms what our own experience tells us: the stresses facing the families of young children truly have, over the past several decades, changed in both quantity and nature.

These stresses are very real. They are also very complex. Addressing them is not easy. Period. But there is something we can do. We may not be able to fully remove the challenges these families face that place them so very much at risk (risks include the tragedy of child abuse and neglect), but we can arm them with tools that can help them overcome, or at least survive, those challenges.

Please journey with me—through the numbers, the rhetoric, and most importantly the intimate experience

of real families—to a place of understanding, solutions, and meaningful action for the families and children of Illinois. We will start with one family facing its own unique challenges:

DODGE AND DAKOTA

Each morning, six-year-old Dodge is awakened by his very hardworking mother at 6:00 AM. Thirty-five minutes later, on a neighbor's porch, he and his two-year-old sister, Dakota, say good-bye to her for the day. They will not see her again until nearly midnight.

After a substantial bus ride, Dodge will breakfast at school. He will go through his school day much like any other first-grader, although he sometimes struggles to keep up socially. As the school day ends, Dodge will not board the bus that brought him. Instead, he will climb on the van to his childcare center. As the van pulls out, he watches as other children run to meet Mom or Dad picking them up from school.

5:30. Closing time. As the childcare center ends most of its operations for the day, parent after parent can be seen moving in and out of the doors with children

strengthening families THROUGH EARLY CARE & EDUCATION I L L I N O I S

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in tow. It has been a long day for the children. They haven't seen Mom and Dad since breakfast. For the second time today, Dodge watches other children reunite with their parents. His day at the center is not over. He is one of the "late-night kids".

Dodge's center has a program for families whose parents work evenings. His mom works three part-time jobs. Dakota is here too. The neighbor dropped her off at the center on her way to work. Dodge and Dakota will spend their evening with the other late-night kids. They will eat supper, play, learn, and fall asleep on their cots.

Dakota cries each night as she falls asleep.

Somewhere between 11:15 and 11:45, a very exhausted mom will awaken her two children and load them into the cab for the ride home, where she will try to get them back to bed so they can do it all over tomorrow.

Dakota cries again. Dodge hits his mother as she tries to awaken him.

Where once the word "family" meant, almost automatically, an extended network of caring relatives sur-

WHERE WE'RE GOING

- The support families need is not as easy to get as it once was.
- When present, certain Protective Factors can help prevent child abuse and neglect.
- We have a vehicle to promote those factors in many families—childcare!
- We have a vehicle to help childcare promote those factors—mental health consultation!
- We have a plan to make this happen—Strengthening Families Illinois!

MORE THAN A WORK SUPPORT

Historically, the very existence of childcare programs has been a response to a single, employment focused need. From the welfare and reform movements of the nineteenth century through the federally sponsored daycares of the Great Depression and WWII, society has seen childcare primarily as a work support. Even today, when Illinois provides financial assistance for families to access childcare, it does so through the "Work Related Child Care Subsidy."

rounding and interwoven with the "nuclear" group in a household, it now too often means something much more isolated and limited to that nuclear group. Even the picture of that nuclear group has changed. While our collective psyche may hold the image of what we now term the "intact" family (two parents lovingly raising 2.2 children), the reality is that now, more than half of marriages end in divorce, more than half of mothers who have preschool age children are employed outside the home, and nearly an equal number are single parents.

Family constellations are now as varied as the imagination can handle, with each household bringing the unique strengths and values of its members to bear on the care of children. With the usual mix of successes and frustrations, grandparents are raising grandchildren, single fathers are taking on challenges once associated only with single mothers, and those single mothers are facing more and more pressure to work. Even so-called "intact" families are often forced to seek two incomes in order to survive economically. Parenting in isolation, often without the support and resources once synonymous with "family," has become all too common.

"Family" doesn't always mean safety and security in the face of challenges such as these!

Where can we step in to help?

Research and experience also tell us that, concurrent with these changes in family circumstances, more and more parents are by necessity turning to non-family members to help care for their children while they are employed. Where do they turn? Early care and education (ECE) programs now serve approximately 60 percent of children younger than kindergarten age. So great is this need that in Illinois, early care and education has become our third-largest industry.

While for some families this is a matter of choice as they seek out documented benefits of high-quality early education, for most parents, out-of-home care is driven by the simple economic necessity of needing a place for the children while the parents work (see sidebar).

As vital and valuable as this “place for the children” is, it is clearly not a replacement for the full range of supports that families need and which “family” once meant to most parents.

Regardless of childcare’s pragmatic origins, however, perhaps no single entity has as much potential to impact the families of young children today.

Driven by the often remarkable people who choose to make the care of children their work, what some still call “daycare” has matured into something much richer and more powerful than a simple employment support, and herein lies opportunity!

Risk Factors vs. Protective Factors

Families have always faced stresses. From the simple day-to-day trials of parenting or meeting basic needs to crises of man-made or natural causes, families have long been the central line of defense for weathering life. Why is it that some families thrive while others struggle, even when facing similar life challenges? Why do abuse and neglect occur in one household and not the next, side by side on the same street?

CLOSEUP ON CHILD ABUSE & NEGLECT

Child abuse and neglect represent a major social problem that threatens the basic health and well-being of an estimated 2.8 million children annually. (Horton, 2003)

In federal fiscal year 2004, an estimated three million children were alleged to have been abused or neglected and received investigations or assessments by state and local child protective services. (National Child Abuse and Neglect Data System, 2005 report)

Now you have a number—a big one.

In Illinois 111,837 children were reported as being abused and neglected in 2005, with 27,165 of these being indicated (confirmed). (Illinois Department of Children and Family Services, 2006)

Now you have a number closer to home.

Before being allegedly beaten to death by his grandmother on Friday, four-year-old Jeremiah had suffered two elbow fractures—the first in August, the other two months later. (*Express News*, 2007)

A Carpentersville woman was sentenced Wednesday to eight years in prison for violently shaking her infant son in 2003, leaving him brain-damaged and unable to move without assistance. The boy, Desmond Anderson, now three, appeared in court propped up in a wheelchair. He is not expected to live to adulthood. (*Chicago Tribune*, January 2007)

Now you have names. Is it personal yet?

PROTECTIVE FACTORS

The Center for the Study of Social Policy spent two years researching and identifying a set of Protective Factors that prevent child abuse and neglect. Research also shows that quality early care and education enhances these factors!

1. Help parents deal with stress.
2. Surround the family with people who care.
3. Help parents learn about parenting and child development.
4. Offer families concrete support when they need it.
5. Promote children's social and emotional development.
6. Promote healthy parent-child relationships.

These factors make up the heart of Strengthening Families Illinois.

One line of thought points to risk factors, those life circumstances a family may face that identify it as “at risk.” Lack of financial resources, isolation and lack of social support, parental substance abuse, depression or other mental illness, community violence, poverty or unemployment, societal acceptance of violence, and reluctance to “interfere” in the private lives of others all have been shown to impact levels of abuse and neglect as well as overall family functioning. Lessen the risk factors and you will probably see improved outcomes in the families that faced those risks.

But not always. Why?

In order to complete the picture, another set of factors must be looked at: the strengths and resources a family can bring to bear on the risks they face. We need

to know what “family” needs to mean in order to make the necessary difference.

Six Vital Protective Factors and the Childcare Opportunity: The Strengthening Families Illinois Approach

With the above in mind, the Center for the Study of Social Policy (CSSP) has identified five factors that, when present in a family, have been shown to reduce child abuse and neglect. Together they form the core of an initiative called Strengthening Families. Four of these factors relate primarily to parents, while a fifth addresses the developmental needs of children and the quality of their primary relationships. In Illinois, early childhood experts have added a sixth factor—promoting healthy parent-child relationships—to the original five (see sidebar).

More and more, research is showing that the presence or absence of these Protective Factors can make all the difference.

When “family” is a reassuring source of strength, risks and stresses can be faced with more confidence.

When “family” surrounds and holds a young parent with wise and loving arms, then that young mother can hold her child in the same manner.

When “family” fills young parents with reliable knowledge about those mysterious little challenges called children, those young parents can move forward with more certainty and less anxiety.

When “family” offers an ever-present helping hand, a place at the table, and shelter from the storm, then those young parents and their children can more readily bounce back from adversity with grace.

When “family” gives children responsible heroes to grow up like and loved playmates to practice with, those children develop into resilient, remarkable people.

GRANNY DI

Words and music © Roope, J. (2000)

G C G
It's six AM, I wake him up to face his day
C G
He's my best friend, and I hate to go away
C G Em
But I can't take him with me, so I take him to you
C D G
And you're the one who gets to see him through

We get there early. You meet him at the door.
I'm in a hurry, just like a hundred times before
(I say)
"There's Pop Tarts in his book bag, sorry but his
hair's not even combed"
And he smiles at you, and I know he's come home

CHORUS:

C G
(He says) Daddy I'm safe now, Daddy it's OK
C G
I'm with my friends now, where I can run and play.
C G Em
I'll be right here waiting Daddy, when you end
your day.
C D G
Daddy I'm safe! Daddy it's OK.

I'm on my lunch break. I call him up to just say, "Hi!"
He says "Hi, Daddy!" Then he says "Daddy,
Granny Di
is reading us a story, could you please call back
again.
Goodbye, Daddy—I wanna see how it ends!"

CHORUS

He's eight years old, but he was just a brand new
tiny baby
when we first brought him to you.
And you shared his first words with us, and you
saw his first steps
He loves you Granny, and we have no regrets.

CHORUS

In short, when "family" provides children with a context of safe, attentive, and loving relationships in which to thrive and trust (some experts call this the "attachment process"), then those children will very likely do just that.

Childcare and other ECE environments have a unique ability to impact these Protective Factors in the families they serve.

Childcare centers and family childcare (home-based) providers interact with parents and children on a nearly daily basis. When the parents work full time, it is not uncommon for a child to spend forty-five to fifty-five hours per week in care, with the caregiver gaining an intimate knowledge of and relationship with the child. Unlike some other venues where a family might receive support, the childcare setting is frequently a place of trust and comfort, free of even the hint of the stigma that sometimes accompanies being "helped." Parents come to childcare as equals, consumers in a business transaction, rather than as clients or recipients of "social service." Childcare providers are often viewed as partners in the parenting process, helpful experts who can demystify children's behavior and help in solving problems.

In some cases, a trusted childcare provider may even be seen as a sort of honorary family member, having shared a child's developmental milestones, hurts, and triumphs with the family over time. In the sidebar titled "Granny Di" is a song written for just such a provider, who to this day is still referred to as "Granny Diane" by the now-15-year-old boy who is the child in the song.

Relationships such as this can be a powerful vehicle for change and growth. Even when the relationship is more formal, the sheer quantity of time the family is engaged with their childcare provider presents myriad opportunities for family growth and enhancement—when the proper strategies are in place!

EARLY CARE & EDUCATION OUTCOMES

“... research findings on child outcomes in the early care and education field have been impressive. Extensive research over many years shows that high-quality ECE programs have a positive impact on virtually all measures of child development, including cognitive skills, school achievement, social skills, and reduced conduct problems.”

Horton (2003)

Strategies Childcare Providers Can Employ to Strengthen Families

While it is probably beyond the capacity of childcare providers to do much in the way of eliminating or reducing the many risk factors facing families, there is much they can do to promote and strengthen the Protective Factors. Much research has supported the idea that participation in high-quality ECE programs can enhance both child development and family functioning (see sidebar).

Beginning with 100 programs nominated by national experts and state early childhood leaders, CSSP examined the practices employed by high-quality programs to determine specific strategies that promote and support the Strengthening Families Protective Factors. The many strategies found in common across these programs provide a blueprint that all programs can use to help instill the Protective Factors.

Some of these strategies will inherently seem very familiar to ECE providers. Arranging physical space to promote children’s development, for instance, is a well practiced skill for most childcare providers. Adapting space to promote friendships and support among parents is a natural extension of this skill base. Adaptation

of other strategies may be more elusive at first. However, part of the Strengthening Families model involves the formation of core groups of ECE providers for the purposes of study, self-assessment, and mutual mentoring. As each program increases its capacity to literally strengthen families, all programs in the group can benefit from that experience. (If this sounds to you like relationships at work again, give yourself a pat on the back.)

Remarkably, these strategies can be readily developed and refined within the existing partnerships between providers and the families they serve! On yet another level, both families and childcare programs will

PROGRAM STRATEGIES

- Facilitate Friendships and Mutual Support
- Strengthen Parenting
- Respond to Family Crises
- Link Families to Services and Opportunities
- Facilitate Children’s Social and Emotional Development
- Observe and Respond to Early Warning Signs of Child Abuse or Neglect
- Value and Support Parents

BUILDING PROGRAM CAPACITY TO STRENGTHEN FAMILIES

- Build a Respectful Staff Culture
- Customize the Physical Space
- Engage Men
- Form Relationships with Child Welfare Agencies
- Provide Family Support Services
- Employ Mental Health Consultation
- Offer Support for Families with Children with Special Needs

WHAT IS INFANT MENTAL HEALTH?

Infant mental health is the developing capacity of the child from birth to age three to:

- Experience, regulate, and express emotions
- Form close and secure interpersonal relationships, and
- Explore the environment and learn,

all in the context of family, community, and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development.

(ZERO TO THREE)

be able to benefit from new or enhanced linkages to other resources and services within their communities.

A trusted childcare setting provides an ideal vehicle for families to connect with support services that may have seemed intimidating or confusing otherwise. One such avenue of support is the utilization of mental health consultation.

Mental Health Consultation in Childcare and Other ECE Settings

The importance of children's health and well-being, physical, mental, and emotional, has been extensively researched and documented. In 2003, the Illinois General Assembly responded to this important mental health need by passing the Illinois Children's Mental Health Act, which paved the way for a unified and comprehensive system of prevention, early-intervention, and treatment options to address children's mental health in our state. One of the most effective tools for addressing both prevention and early intervention is to provide those who care for our children a new kind of partner:

the children's mental health consultant (MHC).

What should the ECE provider expect from the mental health consultant? From the start, the MHC should engage the provider in an ongoing, reciprocal, equal relationship! Just as children thrive best in the context of loving, safe, and reciprocal relationships with their caregivers, and just as families find opportunities to grow stronger within secure and trusting relationships with their childcare providers, so too can providers find growth and reassurance in the knowledge they have a trusted resource to help them with this most difficult and crucial work, the care of children. Childcare, to be somewhat obvious, is about caring for children. The parallels with parenting are obvious and meaningful.

Parenting, childcare, and mental health consultation are first and foremost about relationships!

Within the relationship among these three partners, the MHC provides a new set of eyes, ears, and experiences for parents and childcare providers alike. MHCs have a strong background in mental health and child development and are skilled at working with children and the adults who care for them. They may be called mental health consultants, social-emotional specialists, or some other title, but they bring a core set of skills and competencies that can be recognized regardless of the title. Sometimes, consultation is offered by a multi-disciplinary team made up of several professionals along with the MHC. Such a team might include social workers, occupational therapists, developmental therapists, nurses, and others.

Over the course of this relationship between MHC and provider, three services typically are provided:

- Consultation
- Technical assistance
- Referral and linkages

First, the MHC should provide both:

- Case-level consultation (centered around a particular child) and
- Program-level consultation (centered around the practices of the program)

Consultation will usually involve on-site observation of children (both individuals and groups), teachers and other staff, the physical environment, and program elements such as curricula and expectations. The ECE provider and the MHC become a team in assessment, problem solving, and planning. Each brings unique expertise to the effort. Together, they can develop new strategies to help each child be successful, whether the definition of success is school readiness, better peer relationships, or changes in disruptive behaviors. The MHC may assist the ECE provider with screening tools or may provide screening directly. The MHC may help the provider communicate with families or may do so directly. In some cases, the MHC may also do some direct service with a child or family, or instead may refer them to other services in the community (see below). In some cases, both may occur.

Second, the MHC should be available to provide simple technical assistance—think in terms of quick answers to quick questions—perhaps just a phone call away. Frequently, as the relationship matures, these quick questions become springboards for deeper reflections on how to best support children and families.

Finally, the MHC should be available to help the provider link families to those services in the community that can best support the family’s needs and the child’s social-emotional development. Perhaps a family would benefit from family therapy, or the child would benefit from a thorough assessment for language delays that have not been identified previously. Perhaps there are concrete services such as housing assistance that would alleviate pressures on the family which are impacting the child’s development. Navigating the web of mental

“EVERY CHILD FORMS A RELATIONSHIP WITH EVERY PERSON WHO TAKES CARE OF HER.”

...

“AS I AM CARED FOR, THIS IS HOW I AM.”

(ZERO TO THREE)

health and social services can be a daunting task for even the most capable family. The skilled MHC can help.

Beyond these typical core activities, there are many other benefits that consultation may bring about, but the central tenet is simple:

Whether we call it attachment, best practice, or building Protective Factors, people thrive best within relationships. The child is nurtured and protected by the parent who is sheltered within the family, which is supported by the caring provider, who is supported in turn by the consultant.

BOTTOM LINE: Relationships like these protect children from abuse and neglect.

Now—please go back and take another look at the story of Dodge and Dakota that began this journey.

WHAT HAPPENED TO DODGE, DAKOTA, AND THEIR MOM?

An evening meal program at the center allowed parents working nearby to eat with their children at a nominal cost.

From this meal program, a car-pool sprang up, and the late-night cab ride became a ride home with friends.

From this car-pool, a phone tree sprang up, and parents now had two places to vent, talk, cry, and laugh.

The parents and teachers got to know each other much better, and the teachers learned to see Mom with more understanding.

This center had an on site mental health consultant. With her help, Mom and the teachers were able to see Dodge's aggression toward Mom (and others) as his way of acting out hurt and anger. The hitting stopped.

The MHC and the teachers found more ways to give Dakota and Dodge nurturing when they needed it. Where Dodge had lagged behind his peers socially, he began to catch up.

The MHC connected Mom with a group in town that could help her with some physical needs facing the family. She was eventually able to cut back her hours at work. She became a frequent drop-in volunteer at the center when her schedule allowed.

Essentially, this childcare center:

- Provided a place for Mom to find reassurance within her stress
- Connected this family with people who cared
- Helped Mom understand her children's behavior from a child's point of view
- Facilitated concrete help
- Gave Dodge help to progress developmentally
- Helped Mom and Dodge heal their relationship

Yes—those are the six Protective Factors—carried out in the context of a trusting relationship with a childcare center—augmented by the presence of mental health consultation.

Along the way, the culture of the center became more accepting and honoring of parents, and the center gained a fine volunteer. The outcome was a team effort, with Mom, the teachers, and the MHC all contributing. Everyone learned. Everyone grew.

Is this replicable?

MENTAL HEALTH CARE OUTCOMES

In his groundbreaking study *Prekindergartners Left Behind: Expulsion Rates in State Prekindergarten Systems*, Yale researcher Walter Gilliam observed that:

“the lowest rates of expulsion were reported by teachers that had an ongoing, regular relationship with a mental health consultant.”

Strengthening Families Illinois, along with participating childcare providers and mental health consultation initiatives across Illinois such as:

- Caregiver Connections' Early Childhood Mental Health Consultation
- The Illinois State Board of Education (ISBE) Prevention Initiative
- Early Intervention Social and Emotional Specialists
- Illinois Children's Mental Health Partnership's Mental Health Consultation Pilot

and others are already making the vision of stronger families and safer children a reality.

Implications for Policy

Policy makers and advocates: as you juggle and balance the many early childhood initiatives that cross your desks, weave one all-important thread throughout—children exist in the context of families and caregivers. Make those families and caregivers strong!

1 First, support those programs that support family well-being in basic, concrete ways. Health care, childcare, housing, employment, and transportation may be givens to some portions of our population, but they are critical survival points to many struggling families.

This paper is a project of the Building Resiliency Workgroup of Strengthening Families Through Early Care and Education Illinois (SFI).

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Marlita White, Chicago Safe Start Initiative / Dept. of Public Health
Laurie Wiley, CFC
Letchia Williams, Illinois Family Partnership Network
Marcia Zumbahlen, Consultant/Infant Mental Health Specialist

Strengthening Families Illinois is a collaboration among the Illinois Department of Children and Family Services and more than 40 partner agencies and organizations. SFI is working to build the capacity of early childhood providers and families, and to build the Protective Factors that keep families strong (see over for contact information).

The Illinois Children's Mental Health Partnership is a collaboration of state agency leaders and 25 members appointed by the governor to develop a strategic plan for building a children's mental health system in Illinois. The Early Childhood Committee provides the partnership with guidance for all efforts related to young children and their families.

For more copies or more information, contact:

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2 Support early care and education, including child-care, Early Head Start / Head Start, and pre-school for all. These programs can help level the playing field for thousands of children. Please make sure the teachers and families involved have the tools and resources needed to achieve this huge accomplishment.

3 Support the statewide expansion of Strengthening Families Illinois. No reinvention of wheels here. The strategies and principles of SFI are effective and have been proven so.

4 Support early childhood mental health consultation wherever our children are. In childcare, in Early Head Start / Head Start and pre-school, in Early Intervention, in home visiting programs, and yes, in our treatment system as well. The hardworking professionals and families who care for our youngest children need and deserve all the help they can get. There are initiatives serving all of these settings. All are needed, and many are currently pilots that need to be brought to statewide scale.

5 Expand and solidify these much-needed efforts by:

- Expanding Caregiver Connections (the Illinois Department of Human Services consultation initiative serving childcare) to fully cover the state
- Continuing the development of mental health consultation within the Illinois State Board of Education system
- Supporting the efforts of the Illinois Children's Mental Health Partnership to build treatment capacity as it provides consultation to mental health agencies seeking to serve young children
- Encouraging coordination among these varying initiatives (including Early Intervention). Each serves a unique purpose and populations. Each will generate

unique lessons learned that can benefit all.

- Supporting continued quality enhancement within childcare with a tiered quality-incentive system that can recognize and encourage programs that provide more than just “a place” for our children
- Continuing and expanding support for programs that keep teachers and caregivers strong and growing. Programs like Great Start, TEACH, and Gateways to Opportunity live and die on your watch.

6 When children and families do need treatment, they often come up against the cruelest of financial and bureaucratic barriers in a system that insists on treating children and families as separate entities. After all, the system can only get paid for treating the “identified

patient.” Fix this, and let our mental health system treat and support what is really in front of them: a family.

This will mean finding dollars. This will mean blending dollars (or, if you prefer, braiding them). This will mean dissolving barriers and changing old mindsets. This will mean encouraging the “silos” to talk with each other and share. The Illinois Department of Children and Family Services and Department of Human Services, for example, are both stakeholders in the development of children and strengthening of families.

Most of all, this will require your leadership and courage.

Support Strengthening Families Illinois and early childhood mental health consultation in our state.

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This paper is a project of the Building Resiliency Workgroup of Strengthening Families Through Early Care and Education Illinois (see page 10 for contact information and list of members). It was written by John Roope, M.Ed., Project Manager of Caregiver Connections' Early Childhood Mental Health Consultation Project.