

**Child Care Health Consultation Summit Two**  
**Small Group Notes**  
**3-27-19**

For the small group sessions, participants were asked to sort themselves into three groups, two different times. Each time we explored the same questions in a peer group with similarity on a particular demographic characteristic. Participants were first grouped into race and/or ethnicity, and then grouped by role. Our intention was to see different and additional things each time we consider the same questions.

**\*\*These notes were captured by the table facilitators at Summit Two. Please excuse brevity and/or lack of clarity. We will have a chance to further review findings at Summit Three.**

<b>Group: People who identify as a person of color</b>	
<p><b><i>Who are the different <u>types of caregivers</u> you think the system must support to ensure conditions in which all children, families, caregivers and providers thrive?</i></b></p> <ul style="list-style-type: none"> <li>• All types, anyone who comes into contact with children</li> <li>• Those in the foster care system: reuniting with the family</li> <li>• Emphasis on the outskirts</li> <li>• Parents who might be “resistant” to the western system</li> <li>• How is this going to affect the communities? Particularly with Native American, Southeast Asian, Latinx, Trans, LGBTQ+, urban, rural, generational and immigration status, extended families</li> <li>• SES levels</li> <li>• Systematic racism explored</li> <li>• Those who are impacted by trauma</li> <li>• Think of titles, self-identification (e.g., coaches, mentors, etc.) especially males involved in kids' lives</li> <li>• FFN who do not identify as FFN — “are you someone who helps take care of kids?” e.g., brothers and grandma</li> <li>• Churches have programs to assist families, Sunday school is not formal</li> <li>• Religious school with different cultures, go to where they are at</li> </ul>	<p><b><i>What <u>services and supports</u> help caregivers and providers promote a healthy and safe environment and practices where all young children can learn and grow?</i></b></p> <ul style="list-style-type: none"> <li>• Access to continuing education</li> <li>• Financial support</li> <li>• Mental health and wellness support for the caregivers</li> <li>• Redistribution of funds and resources—Who gets the funds? How are they allocated?</li> <li>• Limited resources that are “fought” amongst marginalized communities</li> <li>• How do we communicate “radical” changes to get buy-in from dominant community (e.g. White)?</li> <li>• Begins at the ground level at the communities—folks who provide services need to be at the table</li> <li>• How are the supports provided? So that we support your work hours</li> <li>• Consider where kids are at—If in home: fire escape, CPR coaching, food, nutrition</li> <li>• Slumlords, how do you advocate for healthy housing?</li> <li>• Immunization, community outreach</li> <li>• Ages and stages/developmental milestones trainings for providers (ASQ) more widespread</li> <li>• Child profile information is really helpful- helped a mom identify speech delay</li> <li>• Cultural awareness, parents may not want to share about issues</li> <li>• Needs to be same language</li> <li>• Normalize- nervous about services and stigma</li> <li>• If CPS involved, real risk about being vulnerable</li> </ul>
<p><b><i>What <u>education, experiences, and personal characteristics</u> best support consultants in helping caregivers and providers to ensure a healthy and safe environment and helpful practices?</i></b></p> <ul style="list-style-type: none"> <li>• Someone who values the work and is passionate/excited about the work</li> </ul>	<p><b><i>What <u>services and supports</u> help caregivers and providers <u>ensure the inclusion</u> of children with disabilities, health conditions, and mental and behavioral health needs?</i></b></p> <ul style="list-style-type: none"> <li>• Ability to determine and screen the needs of the caregivers and providers</li> <li>• Information, resources about ACES and trauma</li> </ul>

<ul style="list-style-type: none"> <li>• Culturally and language appropriate or cultural match to the providers</li> <li>• Self-awareness, reflective capacity</li> <li>• Team base-line knowledge</li> <li>• Great and supportive supervisors</li> <li>• Who can build relationships: trustworthy, compassionate, empathy, willing and open to learning, patience, flexibility, communication skills</li> <li>• Generationally we were raised in different era</li> <li>• Providers should have some level of education, but a higher degree is not necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Basic information about how this might impact child’s development</li> <li>• Historical trauma</li> <li>• Societal “-ism” and internalized</li> <li>• More training needed for providers e.g., kid in corner alone and teacher says, “he likes to play alone”</li> <li>• Find better ways to be inclusive so they don’t think they are less than their peers</li> <li>• Partnership between child care and early intervention</li> <li>• If child working with therapist, can therapist info share with child care provider</li> </ul>
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Group: People who identify as White	
<p><b><i>Who are the different <u>types of caregivers</u> you think the system must support to ensure conditions in which all children, families, caregivers and providers thrive?</i></b></p> <ul style="list-style-type: none"> <li>• Family, friends, and neighbors (not just licensed care) – parents, siblings, and grandparents</li> <li>• Special education preschools</li> <li>• School districts</li> <li>• Licensed in-home/Family Child Care Home</li> <li>• Pediatricians</li> <li>• Home visitor</li> <li>• Community health workers</li> <li>• What is the role of formal system to support adults in children’s lives?</li> <li>• All staff, i.e. teachers, assistants—not just directors</li> <li>• Head Start, ECEAP</li> <li>• Resources, culturally appropriate to all providers</li> <li>• For all ages of children (beyond the infant room)</li> </ul>	<p><b><i>What <u>services and supports</u> help caregivers and providers promote a healthy and safe environment and practices where all young children can learn and grow?</i></b></p> <ul style="list-style-type: none"> <li>• Need it all- business supervision and support</li> <li>• Collaborative and multidisciplinary delivered in different way: skype, in person, electronic, conferences</li> <li>• Frequent support: Hubs, helpline and live help</li> <li>• Trainings: individualized, comprehensive, free, STARS, community of practice</li> <li>• Care service coordination, cultural navigator, time to take within community, prefer conversation</li> <li>• Cultivate community centers</li> <li>• Relationship between consultant and provider: consistent and predictable, formalized follow-up</li> <li>• Grass-roots activism to make legislative change</li> <li>• Social emotional (providers and kids)</li> <li>• Intentionally moving beyond infant room</li> <li>• Provider mentality of job vs. career- making it worth it (better wages and benefits, less stigma, more incentives)—feel valued in the system</li> <li>• FFNs and informal caregivers: more opportunities to come together</li> </ul>
<p><b><i>What <u>education, experiences, and personal characteristics</u> best support consultants in helping caregivers and providers to ensure a healthy and safe environment and helpful practices?</i></b></p>	<p><b><i>What <u>services and supports</u> help caregivers and providers <u>ensure the inclusion of children with disabilities, health conditions, and mental and behavioral health needs?</u></i></b></p> <ul style="list-style-type: none"> <li>• Money—Increase subsidy rates for those who enroll children with special health needs</li> </ul>

<ul style="list-style-type: none"> <li>• Cultural humility, culturally same background/ community</li> <li>• Degree in nursing—content area expert has to be somewhere accessible</li> <li>• Basic training, understanding of model regulations</li> <li>• Professionalized training and support</li> <li>• De we need a nurse for safer service?</li> <li>• Personal, nice, relatable, collaborative, attunement, high Q, skilled in adult learning, responsive partner</li> <li>• Wears socks (infant room)</li> </ul>	<ul style="list-style-type: none"> <li>• Training, mentoring, technical assistance</li> <li>• Convey that it is doable</li> <li>• Address fears</li> <li>• What can we do to be more confident?</li> <li>• Family child care providers, no system of support now</li> <li>• Business decision vs. serving the child</li> <li>• Child care providers need support navigating all the system requirements- EA, WACs etc.</li> <li>• Additional staff</li> <li>• Additional support for families, providers serving families experiencing homelessness</li> </ul>
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<b>Group: Coaches and consultants</b>	
<p><b><i>Who are the different <u>types of caregivers</u> you think the system must support to ensure conditions in which all children, families, caregivers and providers thrive?</i></b></p> <ul style="list-style-type: none"> <li>• Family, friends, and neighbors: older siblings, neighbors, grandparents, aunts and uncles, intergenerational, nannies and babysitters</li> <li>• Families with parents experiencing incarceration, addiction, trauma, military families</li> <li>• Focus on who historically has been underserved/not had access: LGBTQ, Native American, etc., outside of Seattle</li> <li>• Licensed providers, facilities</li> <li>• Early Head Start, ECEAP</li> <li>• License exempt, outdoor preschools</li> <li>• Developmental preschools</li> <li>• Opportunity for inclusion, who has the right to receive the service</li> <li>• All types of staff. Not just directors. Also cooks, parents, liaison; who is interacting with children</li> </ul>	<p><b><i>What <u>services and supports</u> help caregivers and providers promote a healthy and safe environment and practices where all young children can learn and grow?</i></b></p> <ul style="list-style-type: none"> <li>• In home consultation, group training (health, developmental, mental health)</li> <li>• Virtual hub (access to the content) tele-conferencing, remote options</li> <li>• Financial support and low to no-cost supports</li> <li>• Networking</li> <li>• Keeping them up to date</li> <li>• Consistent and predictable follow-up</li> <li>• Multidisciplinary content experts</li> <li>• Grassroot activism</li> <li>• Mandated training provided for the providers</li> <li>• More collaboration, sharing of information, EA and licensors need to be more connected to health consultants</li> <li>• More accessible language, literacy and culture relevancy</li> <li>• Hear and learn from providers, what do they need? No “one size fits all”; needs assessments, individual needs</li> <li>• Personal supports for adverse experiences (trauma, homelessness, etc.)</li> <li>• Resources (time, energy, \$) to provide translation</li> <li>• Allocated resources, equity includes physical space, environment, this can be expensive</li> </ul>

***What education, experiences, and personal characteristics best support consultants in helping caregivers and providers to ensure a healthy and safe environment and helpful practices?***

- Reflective practices
- Reflective of the culture you serve- language
- Content area expertise, comes with degree and experience—"health" consultant needs the content expert
- Using the experts to problem solve, multidisciplinary team (degrees: bachelors, masters, etc) as resources for people "on the ground"—"holistic" services
- Organized system for the consultants
- Network across organizations
- Centralized system that have information about the organizations
- Defining the scope of services
- State-level coordination
- Personal characteristics: kind, nice, supportive, come in as a helping member, prioritize, good judgment, perspective taking
- Communication skills, lens to understand others' perspectives, lived experiences, acknowledgement of own privilege, check your bias
- Reflective practice, be humble, be open
- Relationship building
- Approach each setting with a fresh lens
- Value Community Health Worker model—sanctioned and appreciated
- Doesn't have to be professional- informal systems in community
- Experience with children and families, family members, helps to know how other families of similar culture operate

***What services and supports help caregivers and providers ensure the inclusion of children with disabilities, health conditions, and mental and behavioral health needs?***

- Caregivers: more training, consultants, shadowing to gain skills
- More money/increase subsidies for caregivers who enroll CSHCN (Children with Special Health Care Needs)
- Trust between parents and caregivers- get supports and knowledge to caregivers
- More targeted training and teaching

**Group: Systems planners**

***Who are the different types of caregivers you think the system must support to ensure conditions in which all children, families, caregivers and providers thrive?***

- FFN, licensed caregivers, Family Child Care Home, Child Care Centers, preschool, license-exempt
- There is a gap. License numbers in Somali community are down.
- Need different approaches to caregiving.
- How do we tap into caregivers who are “out” of the system?
- Like how BSK divided public health and community- focus approach

***What services and supports help caregivers and providers promote a healthy and safe environment and practices where all young children can learn and grow?***

- Relationships built and nurtured
- Trusting
- Multidisciplinary team at ready
- Community organizations from community
- Community liaison and ambassador
- Not top down
- Don't limit to current evidence-based (informing, promising)
- Be able to respond organically, like home visits
- How can we help them to be in an atmosphere where they are totally present
- Outcome- strategy and money
- People may equate “consult” and “coach” with money- this is a barrier, people won't access
- There are too many programs! Community don't know where to go. One place with clear roadmap of where to go
- Find and acknowledge holistic approach and support with business partners
- Increase incentives for providers
- Someone may not access “consult” when they are focused on meeting margin
- Community does not know what consultation and mental health is
- “Hub” could be good for smaller family businesses and that can help with system navigation
- FHCC (family home child care) sub pool to access training
- Consultation is largely unknown, misunderstood and no system to explain it
- Large scale classroom space (i.e., ECEAP 75 slots)
- Reg's (regulations) might deter smaller counties from accessing money (and rural)

***What education, experiences, and personal characteristics best support consultants in helping caregivers and providers to ensure a healthy and safe environment and helpful practices?***

- Mental health support
- Staff sustaining
- Train the trainers
- Fund scholarships

***What services and supports help caregivers and providers ensure the inclusion of children with disabilities, health conditions, and mental and behavioral health needs?***

- Higher subsidies for children with disabilities, multi-learning stages training, sign language, collaboration
- More trauma informed care (e.g., homeless families), incarcerated families, building family agency smoother

<ul style="list-style-type: none"><li>• Pathway to more education</li><li>• Personal characteristics: of various abilities</li><li>• Model for relationship building to help community navigate programs</li></ul>	<ul style="list-style-type: none"><li>• How do we ensure all voices and perspectives in system when most system planning is pre-determined by “White”?</li><li>• More parents from community, with them sharing their experiences to increase trust and access of other parents</li><li>• Increase investment in provider education as an ongoing process and consistent way</li><li>• Increase self-care trainings for providers</li><li>• Training quality: supportive attuned relationship, can relate to providers experiences</li></ul>
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