

Partners in Prevention

Thematic Analysis of Community Listening Sessions

The YMCA of San Diego County, Childcare Resource Service (CRS) is overseeing the implementation of the Partners in Prevention (PiP) initiative in partnership with San Diego County Child Welfare Services (CWS), San Diego State University Social Policy Institute (SPI), and Harder+Company Community Research (Harder+Company). Over the next four years, the PiP initiative is implementing a cross-sector, systems-level coordination of services and partnerships to support families with children between the ages zero to five, strengthen protective factors, and align community-based prevention services to reduce the likelihood of child maltreatment. Critical to this initiative is ensuring the voices of those with lived experience are consistently captured and incorporated into the initiative design and implementation.

During July and August 2020, YMCA CRS staff conducted 10 virtual community listening sessions of 60-minute duration with community service providers, child care providers, and parents/caregivers. The community listening sessions were an intentional opportunity to hear directly from those with lived experience and use input gathered to inform the PiP project design and implementation. The focus of these listening sessions was to ask targeted questions that support in understanding the participant's experience in accessing prevention services and thoughts on general prevention efforts across San Diego County. Additionally, a subset of the listening sessions focused on participant's experiences with preschool suspensions and expulsions. As providers and caregivers have very different experiences with these two topics, listening sessions were divided by topic area as well as stakeholder type (i.e., provider sessions and caregiver sessions). Listening session participants were also asked to complete a survey following the listening session in order to capture participants' demographic characteristics and to give them another format to provide additional input. Exhibit 1 provides a detailed breakdown of the 10 listening sessions conducted.

Defining *Lived Experience*

Partners in Prevention is committed to engaging **those most impacted by the issue and proposed solutions** to ensure initiative strategies and activities are representative of the communities' experiences.

Exhibit 1. Breakdown of Community Listening Sessions

Topic	Provider	Parent/Caregiver
General Prevention	2	3
Preschool Expulsion	2	3

Participant Characteristics

Of the 123 total attendees¹, 33 participants joined a community listening session and completed the follow-up survey. Nearly half of participants were a parent or caregiver (45.5%) while 54 percent of participants were either a community provider or child care provider. In terms of geographic distribution, there was representation of participants from across San Diego County Health and Human Services Agency regions. Participants largely identified as White/Caucasian (41.4%), followed by Hispanic/Latino (34.5%), and Asian (10.3%). Seven percent of participants identified as being of two or more races and the same amount declined to state. A vast majority of providers who attended a community listening session indicated serving children ages birth to five years old and typically serve between 3 and 5 children at a time across these age ranges. Across all the listening sessions, over 70 percent of participants (71.4%) had not had any experience with Child Welfare Services (CWS).

¹ 123 people (duplicated) participated in the ten community listening sessions.



Overall, participants found the community listening session experience meaningful (78.1%). Thirty-one percent of participants enjoyed being able to hear from others, 22 percent enjoyed sharing their own thoughts and perspective, 22 percent enjoyed connecting with others, and 21 percent of participants enjoyed learning more about the PiP initiative. As the quote to the right demonstrates, participants recommended additional listening sessions be held as they found them personally helpful to their experience.

Key Insights

General Prevention

Child Abuse Statistics

As a way to begin the conversation on general prevention, participants were provided with the following statistics: "According to the County of San Diego Health & Human Services Agency, last year there were 43,779 reports made to the child abuse hotline. Of those, 79% of substantiated reports for children under age 5 involve neglect." Participants were asked to reflect on these data, think about the factors that contribute to child abuse and neglect, and identify what services or supports are needed for families after they have become involved with CWS.

Caregivers and providers reacted differently to this data. Caregivers perceived the rates of neglect as very high and found the data surprising. Caregivers also recognize that neglect is a broad term and can encompass many things, which would account for the perceived high rates. On the other hand, providers were not as surprised to see this data. One provider shared how they would expect the rate of abuse to be higher for children under age 5 because the child is not able to protect themselves from neglect like older children may be able to. Additionally, many providers reported being familiar with these statistics because of their past professional-work with CWS.

When asked about the factors that contribute to child abuse and neglect, both caregivers and providers cited mental illness, substance abuse, unmet basic needs, and historical trauma as key factors that contribute to high rates of abuse and neglect. Caregivers and providers reiterated a critical need for more awareness on how to access services that are coordinated, family driven, and strengths based.

Providers shared how the timing and delivery of current services does not frequently meet the needs of families which results in families ending up back in the child welfare system. Providers stated that a vast amount of services offered to families end prematurely. This issue is described by providers as a critical gap in the current service delivery approach. Once the services and supports go away, families often relapse because those supports are still needed. Additionally, there is a perception by the provider participants that services are not being delivered with a trauma informed approach, which means underlying trauma goes un-addressed and families often end up back in the system.

Programs and Services

Although only 29 percent of listening session participants indicated having experience with CWS, caregivers and providers reflected on family support programs or services that they or someone they know have used. Some of the programs or services mentioned by participants are as follows: WIC (Special Supplemental Nutrition Program for Women, Infant, and Children), Foster Family Agency Stabilization and Treatment (FFAST), various support groups (e.g., parenting, post-partum, kinship, healing from trauma, etc.), Mi Escuelita, Regional Center, Jewish Family Services, Triple P (Positive Parenting Program), First 5 Healthy Development Services, Early HeadStart, YMCA, respite child care, among others.

*"Keep holding the listening sessions, **the information is invaluable.** I appreciate hearing what others had to say. I could have talked with people on this call all day about how to **better our work and support each other in working with families**".*

-Listening Session Participant



Providers hold the belief that CWS services do not fully address the needs of families and contribute to reentry into CWS services.

Helpfulness of services/programs. Both caregivers and providers had mixed feelings about the helpfulness of family support services/programs in San Diego County. One caregiver shared how a parent support group was not the most helpful because they did not have things in common with the other participants. One provider session had a conversation about how the helpfulness of services (or lack thereof) is tied to the underlying currents of systemic racism that exist within CWS. They shared how there is an overrepresentation of Black and Native American children in all points of CWS and the service model falls short in supporting these populations because there is a lack of culturally specific community services. Providers shared having tough conversations to address racism is critical and should be a top priority within their organization and CWS.

Challenges accessing services. Both caregivers and providers recognize there are an abundance of supports available to families in San Diego County; however, these can be hard to access or navigate. Providers and caregivers spoke about how many families are often reluctant to ask for help, or access needed supports, because of fear, guilt, shame, or stigma associated with doing so. Accessing services through 2-1-1 and the use of *promotoras* (trusted community members) were cited as two avenues that reduce stigma when accessing services. Providers also discussed how eligibility criteria used in programs often perpetuate stigma. They shared how eligibility criteria are often grounded in “counting” or assessing negative elements that would make a person eligible for services instead of taking a strengths-based approach and assessing the positive attributes of families. One solution to addressing this would be to change the ‘lenses’ of eligibility criteria to communicate an idea of hope rather than propagate trauma. One provider explained an additional challenge with accessing services that often prohibits families from accessing needed services. They shared,

“The complexity of processes are sometimes a barrier. My own organization is both state and federally funded. Their regulations require a sophisticated demonstration of need – not simply the criteria, but demonstration of one’s ability to meet the criteria.”

Another challenge shared by both providers and caregivers is the inability to access services due to waitlists, eligibility criteria, and other logistical hurdles. It can be challenging for a family in need of support to access services when both parents work 50-60 hours a week and are unable to walk into a service agency during work hours to satisfy requirements. One person shared,

“I was on food stamps for several months about 10 years ago and I was surprised that you had to go, during the day, to an out of the way government agency and it took hours to complete the training and paperwork. It all seemed so inefficient and didn’t make sense since it took people away from work for the day.”

Additionally, caregivers shared how insurance and income eligibility and cost of services are also barriers many families face when accessing family support and strengthening services. One caregiver expressed an interest in basing income eligibility off state standards opposed to federal. They shared, “I think that the federal income requirements aren’t realistic - it should be based on each state. California is extremely expensive.”

Needed services. Both caregivers and providers cited a plethora of services and supports that are needed to improve family well-being, especially for families with children ages 0-5 years. Examples include: additional subsidized child care/preschool, preventative mental health services, housing support, affordable health insurance, parent education classes or groups, infant mental health clinicians, and consistently screening children for neglect at birth and regular intervals thereafter. Several caregivers mentioned a need for a universal



Providers and caregivers identified eligibility criteria and procedures as significant barriers to families accessing needed services

application for services that prompts service providers to call the client instead of the other way around. Another caregiver shared the need for consistently updated resource lists because it can be frustrating when they call a service and it is no longer available.

Services and the COVID-19 Pandemic

The COVID-19 pandemic and corresponding public health crisis are having tremendous impact on service delivery organizations in San Diego County. Providers shared how it took them a while to decide how to move forward with virtual service delivery in the most appropriate way. Additionally, once the new procedures to operate under COVID-19 were in place, there was a learning curve that both providers and families experienced when adjusting to the new approaches. Providers explained how their approach to virtual service delivery requires much more coordination and is on a case-by-case basis because of families' access to technology, their ability to navigate the platforms, and the fact that many families are under a tremendous amount of stress which impacts how and when a provider can interact with the family. One provider shared, "We have to learn to be patient and take baby steps. It can be frustrating to not go in the same rhythm as usual."

Another challenge associated with service delivery during the pandemic is the disparities that exists among families in terms of access to technology – specifically for vulnerable populations and low-income families. Providers shared how vulnerable populations are having trouble engaging in services due to the inability to obtain the technology needed to participate in virtual sessions. Additionally, many are having a challenging time navigating the various platforms and troubleshooting technology problems as they arise. One provider shared, "COVID is causing a lower capacity for our services; the virtual model doesn't reach everyone; there are technology inequities; and some services do not translate to virtual delivery to serve the special needs of children/families."

Conclusion and Next Steps

During the planning year of PiP, partners have been intentional about thinking through many of the findings and insights stated above and incorporating these considerations into the design and implementation of PiP initiative. The listening sessions also surfaced various considerations that the PiP team has yet to consider within the planning phase and will be helpful to think about moving forward as the work progresses into implementation. During listening session debrief sessions, the YMCA CRS staff reflected on the takeaways of each session and discussed what implications they have on the work ahead as part of PiP. During these debrief sessions, PiP staff identified various ways to incorporate participants' insights into the initiative activities and implementation. The following points provide recommendations for the PiP implementation team and PiP partners to consider as implementation begins:

- **Engaging those with lived experience:** In the first round of community listening sessions, only 29 percent of participants indicated having experience with CWS. To ensure initiative activities are representative of the target population, increase outreach to those with CWS experience when conducting the next round of community listening sessions.
- **Culturally responsive community supports:** Listening session participants shared how there is an overrepresentation of Black and Native American children in all points of CWS and how the service model falls short in supporting these populations because there is a lack of culturally specific community services, yet there were minimal listening session participants who identified as Black or Native American. Consider more

tailored outreach to Black and Native American populations when conducting the next round of community listening sessions to ensure their thoughts, perspectives, and experiences are elevated up and incorporated into PiP.

- **Helpfulness of services/programs:** In addition to understanding what services or programs are helpful to families, also seek to understand what is not helpful and how providers could work to make them more helpful. During the next round of community listening sessions, be intentional about understanding the non-helpful aspects of services/programs in San Diego County and have a dialogue about what could be done to improve them.
- **Equitable eligibility criteria:** Stringent, inequitable eligibility criteria are a common barrier families face when engaging with services/programs. Continue to work with partners to bring light to the detriments of deficit-based eligibility criteria and work to promote ways to address eligibility in a way that is equitable for all. This could include reconsidering/clarifying how partners think about poverty and self-sufficiency.

The PiP partners will continuously leverage the feedback gathered during these listening sessions to ensure the early implementation of activities are in alignment with the feedback and needs of the community. It is expected that additional rounds of Community Listening Sessions will be conducted throughout the duration of the grant period to ensure initiative activities are informed by the community.

Preschool Expulsion

Expelling children from early care and education settings can begin a domino effect affecting school readiness, early grade literacy, high school graduation, family stability, and involvement with the child welfare and criminal justice systems. Among the ten focus groups, five groups focused on caregiver and/or provider experiences with early educational and/or child care needs of children, specifically those working with or parenting children 0-5 years of age. Within these five groups, a total of 54 participants provided their insight on the following topics: caregiving needs, family engagement, cultural humility, learning environment, and resources. The purpose of these focus groups was to understand the experiences of both caregivers and providers and how they align with early education best practices.

Caring for Children

To begin this discussion, both providers and caregivers shared their positive and challenging experiences, as well as the rewards of caring for children.

Caregivers and providers described their ability to provide children with a safe and caring environment, to witness their growth, and to learn from and alongside them as some of the most positive experiences working with children. Caregivers expressed how rewarding it is to witness their children grasp new ideas and skills, learn how they communicate, and create and respect boundaries as their children learn how to do things on their own. As part of the discussion, providers generally concurred with the belief that building relationships and consistency with families has been one of the most rewarding aspects of their work. Uniquely, providers shared how grateful they are when they can stay connected with and continue to build relationships with children after they leave the program.



Providers and caregivers agree that misalignment in communication approaches is a common problem in working together.

"[Some of the rewards we see as providers] is that the work bridges home/school connection, parents can build on and become familiar with what the children are learning in the classroom, it contributes to children

developing their skills, parents become knowledgeable about child development and their role in being their child's first teacher, and it creates the foundation of parents being involved in their child's education."

Providers and caregivers also shared their experiences with challenging behaviors. Some common challenging behaviors that providers have witnessed while caring for children include anger and violence, biting, sleep deprivation, poor listening skills, and refusal to eat. Additionally, both providers and caregivers discussed challenges with building relationships between providers and caregivers. Providers have been challenged by inconsistent communication with families, misalignment between parenting/caregiving strategies used at home and those applied in care settings, changes in family structure/dynamics/routine, difficult adjustments from in home family care to child care settings, challenges with maintaining individualized care and understanding nuances to a child's development in a group care setting. Alternatively, caregivers shared that providers' lack of understanding around their family background and communication style pose challenges and can make partnering with providers around their child's challenging behaviors difficult. Several caregivers also noted their misalignment with providers regarding general child development expectations. For instance, several caregivers expressed frustration that the education system and society in general do not provide space for children to develop at their own pace. Caregivers also noted that providers are underpaid, under-resourced, and required to abide by very strict child development frameworks, rules, and policies that are not necessarily aligned with individualized, culturally sensitive, and trauma-informed care. As a result, caregivers noted that child care programs are often quick to address issues, label and diagnose children with disabilities and/or challenging behaviors, but do not have the resources or tools to provide appropriate care to these children and their families. Without the necessary tools, these patterns can lead to provider, caregiver, and child frustration/hurt/miscommunication, heightened challenging behaviors, and potential removal from services or child expulsion.

Family Engagement

Providers detailed the family engagement strategies they use in their child care settings. Most of the providers shared that they use their programs' curriculum to engage families. To note: Data collection activities were conducted amidst the COVID-19 pandemic. As a result, many family engagement strategies were forced to shift virtually, as programs began to close or those that remained open adjusted their in-person social distanced safety protocols in order to prioritize the safety and wellbeing of families, children, and staff. Although app-based communication between providers and caregivers is common practice within many programs, several mentioned their heightened use during the pandemic. Providers encourage families to use the Learning Genie application to maintain communication, share information about the activities/curriculum their children are engaging in, and to help them to feel connected to what is going on in the classroom. Others also use the Ready Rosie application for modeled moments/activities that families can do with their children when they can. A few providers also emphasized the importance of daily interactions and consistent communication with families as well as the patience to meet families where they are. Most programs also engage families in monthly parent meetings, encourage families to participate in their program's policy council, and are offered opportunities to volunteer during events and inside the classroom (e.g. decorate the classroom walls with family pictures, participate in "read-alouds" and birthday celebrations).

Caregivers similarly detailed their daily interactions with and vision for engagement and partnership with providers. Like providers, caregivers shared their value for consistent communication and approachability. They emphasized the importance of providers' having a warm, positive, and welcoming presence. Caregivers expressed that although it can be challenging to address language barriers or open up to

providers when they feel upset about something regarding their child’s behaviors or care, they are grateful for providers’ presence and commitment to this work.

Providers shared their perspectives on the impact of teacher/family engagement on students’ success both inside and outside of the classroom. Teacher/family engagement bridges home/school connection by creating the foundation for parents to be involved in their child's education. Parents become knowledgeable about child development and their roles as their child's first teacher. Engagement also allows parents to become familiar with and build upon what the children are learning in the classroom. Additionally, by building this relationship, it allows for both families and teachers to be honest when they see potential issues or concerns.

Participants were also asked about the biggest and most common challenges or barriers to building authentic partnerships with families. The challenges providers listed include parents’ time/availability and unwillingness to be involved in their child’s learning, families’ misunderstanding of or taking personally their children’s behaviors or potential issues in the classroom, and the common misconception of child care as babysitting. Alternatively, there was a lack of consistency in the challenges caregivers listed. Some shared that they needed to remove their child from a facility in the past because there were too many incidences of harm and delayed or poor communication from teachers. Others have appreciated the steps their child’s providers took to address challenges in the classroom (i.e., setting up a meeting to talk with the family, discussing ways the family can help mirror positive reinforcement strategies happening in the classroom at home, and providing resources that the family can access to build skills). Several families also addressed the limited resources and support child care centers have to accommodate the needs of children with disabilities, medical issues, or challenging behaviors. As a result, families have found themselves out of options for care if the child care center cannot accommodate their child’s needs.

Identity Reflection and Culturally Responsive Practices

When participants engaged in conversation around how well their child care setting (i.e., teachers, supervisors, program directors, classroom, etc.) reflects their student/family cultural identities, some caregivers and providers shared that they have more work to do in order to better demonstrate cultural responsiveness and cultural humility and integrate culturally centered practices into their programs. Others believe their setting and providers’ cultural backgrounds are very diverse and reflect their student population well, strengthening relationships between families and teachers. Several providers detailed ways that their programs engage in this work. To celebrate and uplift all cultures in the classroom, providers ask families about their native food, cultural traditions, holidays and observances, learning styles, family dynamics and incorporate those learnings into the curriculum. One provider shared that several of the parents she works with have expressed eager interest in having bilingual learning in both Spanish and English in the classroom and another appreciated the number of African/African Americans in the leadership/supervisory positions in their program.

Current research on school expulsion argues for the need to train providers on bias that may impact their discipline approach (e.g., Black children tend to be disciplined more harshly). Bias is most likely to be present when providers do not share common identities with the children and families they serve (e.g., ethnicity, language, economic status) from backgrounds different from theirs. Providers were asked if there are opportunities to address biases or trainings/support for them to mitigate bias in their workplace. One provider noted that their program is doing extensive ongoing training on implicit bias; others expressed interest in offering these trainings to their staff moving forward.



Providers and caregivers recognize the importance of positive cultural identity formation in the social emotional development of children and see a need to better demonstrate cultural responsiveness and humility and integrate culturally centered practices into child care.

Based on what was heard in these discussions, there also appears to be some provider misalignment between what practices are considered culturally responsive and what anti-bias curriculum truly entails. For instance, some providers noted that one way they engage in culturally responsive practices is by celebrating every holiday in the classroom in order to more authentically engage in this work and build trusting relationships with children and families. Current best practices instead asks providers to invest in family wellbeing by asking families where they come from, what they honor in their traditions, etc.

Learning Environment

Research shows socially and emotionally responsive learning environments are critical protective factors for those impacted by poverty, trauma, and other adverse experiences.

To support positive student behaviors in the classroom, several providers use the Teaching Pyramid model, a conceptual framework of evidence-based practices for promoting young children's healthy social and emotional development. To engage in this practice, providers emphasized the importance of preparation, having both a plan and backup plan, modeling and highlighting positive behaviors through the curriculum and by sharing examples and experiences, and gaining reciprocal respect and trust between students and teachers. In order to intentionally implement socially and emotionally responsive learning environments, it takes proper planning, evaluations, preparation, and collaboration and engagement with parents to understand their culture/family dynamics and their child's individualized learning style and development.

Providers detailed specific activities that they engage in with their students to help promote socially and emotionally responsive learning environments in their classrooms/programs. One provider shared that they use mirror interactions to discuss emotions and feelings while associating them with expressions. Others have curriculums centered on social and emotional learning and follow their students' progress through skills and activities like a reading corner, small group playtime, value sharing, and turn taking during routines (snack, lunch, group-meeting time). Providers also encourage students to help or complement one another in their daily interactions.

Caregivers also shared ways in which they have seen their child care providers impact their child's ability to establish positive relationships both inside and outside of the classroom. Caregivers appreciate the providers' use of the treasure chest for rewards and positive reinforcement, the shift in language to describe a time out as a safe space, the schools' ability to establish social skills and refocus student attention, and family/teacher communication and resource sharing.

When asked to describe the ideal child care setting for their child, caregivers highlighted the importance of a clean environment, welcoming staff, great communication, social/emotional intelligence, play based learning, international focus, and opportunities for children to experience and be exposed to learning in other languages beyond English. Many also expressed interest in a routine schedule, potty training, and outside activities.

Lastly, providers engaged in conversation around the challenges they experience with promoting a positive behavior environment in the classroom. A common challenge many of the participants shared is the lack of resources, education, and support for providers in the classroom. Several would like to see more services available when there are children that could greatly benefit from support/services (e.g., observations and assessments). Without the resources within their own programs, providers are often forced to refer parents to agencies for services where parents often do not even attempt to access them. Without the support in

place to provide resources internally, providers are also challenged with finding alternative ways to remove (“expel”) families from their programs if they do not have the capacity to provide one-on-one service for children who require more individualized care. For programs that do have other internal resources available, many noted the slow turnaround of comprehensive service requests. Providers expressed frustration that staff often do not respond within established timelines and as providers implement strategies in their classrooms, their requests often sit in their improvement plan and are not followed up on. Providers expressed that because of this emotional taxing work, sometimes it is difficult to leave their feelings outside of the classroom.

“As a private center, I wish we had more services available to us to use when we have children that could greatly benefit from support/services (ie: observations, assessments, etc). We always have to refer the parent to agencies for services and more often than not the parent does not even attempt to access them.”

Resources

Providers and caregivers were both asked what services or resources have been made available to them that support their child or their work with children and families. Providers noted some available resources: comprehensive services, training and staff development, coaches/mentors, support meetings with other providers, and participation in the Quality Rating and Improvement System (QRIS). Some resources that have been offered to them but could be improved: IT infrastructure that communicates seamlessly across all program options (EHS/HS, CDE) and allows staff to work smarter and not harder. Other providers shared that their staff must seek out their own trainings and learning opportunities and expressed that it would be wonderful to have more resources for linking early childhood learning with home experiences.

Caregivers expressed the need for resources and support. Some would like bilingual or multi-lingual activity books. A few have felt excluded from support resources due to making over a certain income per month while still struggling financially to make ends meet. One caregiver expressed the need for a program that can help families stay united, prevent children from being removed/taken away, and help fathers reunite with children and families and advocate and elevate a child’s right to having equitable access to both biological parents; challenging the system to acknowledge, educate around, and overcome systemic bias.

Conclusion and Next Steps

During the planning year of PiP, partners have been intentional about thinking through many of the findings and insights stated above and incorporating these considerations into the design and implementation of PiP initiative. The listening sessions also surfaced various considerations that the PiP team has yet to consider within the planning phase and will be helpful to think about moving forward as the work progresses into implementation. During listening session debrief sessions, the YMCA CRS staff reflected on the takeaways of each session and discussed what implications they have on the work ahead as part of PiP. During these debrief sessions, PiP staff identified various ways to incorporate participants’ insights into the initiative activities and implementation. The following points provide recommendations for the PiP implementation team and PiP partners to consider as implementation begins:

- **Establish a shared understanding across key concepts.** The findings of the community listening sessions suggest there is provider misalignment between what practices are considered culturally responsive and what anti-bias curriculum truly entails. Additionally, there were varying levels of

understanding of how to implement socially and emotionally responsive learning environments. Continue to support and inform providers on current and emerging best practices in these critical areas as a way to establish a common understanding among all San Diego County ECE providers.

- **Continue to explore caregivers' needs.** Caregivers provided little information on specific types of supports or resources needed to best care for their children. During subsequent community listening sessions, prioritize understanding the concrete supports caregivers need to best support their children.
- **Build creative strategies for family engagement.** Providers noted that some of the biggest barriers to family engagement are caregivers' time/availability, their unwillingness to be involved in their child's learning, and the common misconception of child care as babysitting. Build in dedicated time for providers to create strategies for individualized and authentic relationship building with families.
- **Provide the resources to create more robust integrative service programs.** Providers who expressed having specialized support teams within their programs, emphasized a lack of follow-up, support, and collaboration from these teams, specifically around areas of behavioral health, speech and language, and development. Without the integration of services internally, providers are often forced to refer families to external resources that families may be less apt to access or worse, forced to find creative ways to remove families from their programs. Strengthening the integration of services internally to better support providers in the classroom and children's complex needs.

The PiP initiative and partners will continuously leverage the feedback gathered during these listening sessions to ensure the early implementation of activities are in alignment with the feedback and needs of the community. It is expected that additional rounds of community Listening Sessions will be conducted throughout the duration of the grant period to ensure initiative activities are informed by the community.