



# Community Report

Status of Branford Children

## Why a Community Progress Report?

The community status report is meant to be an effective tool for both taking stock and prompting action. It is an accumulation of public data on important factors influencing children in Branford including demographics, socio-economic information, safety, health and education.

Equal opportunity, quality resources and affordability for all, requires smart investments to support, promote, and enrich the health and development of very young children. These coordinated efforts have lasting consequences not just for children—but for their communities as well. Investment in early childhood pays dividends to local governments across time, and across systems as disparate as education, health care, and law enforcement.

Through ongoing research, education, and mobilization efforts, together we can inform our community's efforts towards improving outcomes for young children.

*“Every dollar invested in quality early childhood development for disadvantaged children results in a 7–10% return in investment through greater productivity and reduced social spending.”*

James J. Heckman, *Noble Laureate in Economics*

## Why Young Children?

Extensive research shows that the early years of a child's life are most important for his or her growth and development. **Children who are given the skills they need to successfully enter kindergarten are more likely to be reading well by age 8, less likely to drop out of high school, and more likely to attend higher education and eventually become productive citizens.** Furthermore, it has been widely established that significant investments in early childhood education will strongly reduce deficits and strengthen the economy. Every dollar invested in quality early childhood development for disadvantaged children results in a 7-10% return in investment through greater productivity and reduced social spending.

## Learning Begins at Birth

We can't wait for Branford's children to enter our school system before we, as a community, begin to support their learning. **Parents are a child's first and most important teachers, and the home environment provides the foundation for language and early literacy.** Parents must be connected with the resources they need to provide loving, nurturing, literacy-rich homes. Our community must also offer opportunities for children to have early learning experiences, through programs such as School Readiness. And, of course, children must be healthy—both physically and emotionally—in order to participate productively in a classroom.

## Branford’s Dynamic Population— Why Population Characteristics Are Important

The distribution of characteristics of the population may influence the health patterns in the region and the number and type of services and resources in the area. Like many communities, Branford is experiencing **significant demographic changes, which present both opportunities and challenges**. In this section, we report the most recent data available on key demographic indicators of race, country of origin, and socio-economic status.

Branford’s population has decreased by approximately 2% between 2000 and 2010. During this period, the proportion of residents who were at least 65 years of age increased by nearly 2.2%; this affected the median age of the town’s population, which increased to 47 years. Branford is becoming increasingly diverse by race, ethnicity and socio-economic status. In Branford, 89.4% of the population is white non-Hispanic and 11% is nonwhite and non-Hispanic (5.9% Hispanic, 1.9% black non-Hispanic, 3.7% Asian non-Hispanic, and 1.5% of another race or multi-racial background). The largest growth in population increases can be identified with Hispanic (59% growth increase in last four years) followed by Asian and African Americans.

*Branford is becoming increasingly diverse by race, ethnicity and socio-economic status.*

A Snapshot of the Branford Community & Its Families TABLE 1

- 27,988 << Total population (2013)<sup>1</sup>
- 1,120 << Number of children under age 5 (2010)<sup>1</sup>
- 1.9% << Children under 18 who are Black or African American (2010)<sup>1</sup>
- 5.9% << Children under 18 who are of Hispanic or Latino origin (2010)<sup>1</sup>
- 5.9% << Percent of population foreign born (2010)<sup>1</sup>
- 26.4% << Children receiving free and reduced lunch (2014-2015)<sup>1</sup>
- 9.1% << Percent of population with less High School Diploma (2010)<sup>1</sup>
- 1624 << Number of households receiving SNAP (2014)<sup>2</sup>
- 113 << Number of children 0-4 years of age living in poverty (2010)<sup>1</sup>
- 6.7% << Percent of population speaking a language other than English in the home (2010)<sup>1</sup>
- 31.9% << School breakfast participation rate (2014-2015)<sup>3</sup>
- 5.2% << Unemployment rate (2015)<sup>4</sup>

SOURCE:

<sup>1</sup> US Census Bureau (2010)

<sup>3</sup> CT Department of Education/Branford Public Schools (2014-2015)

<sup>2</sup> CT Department of Social Services (2014)

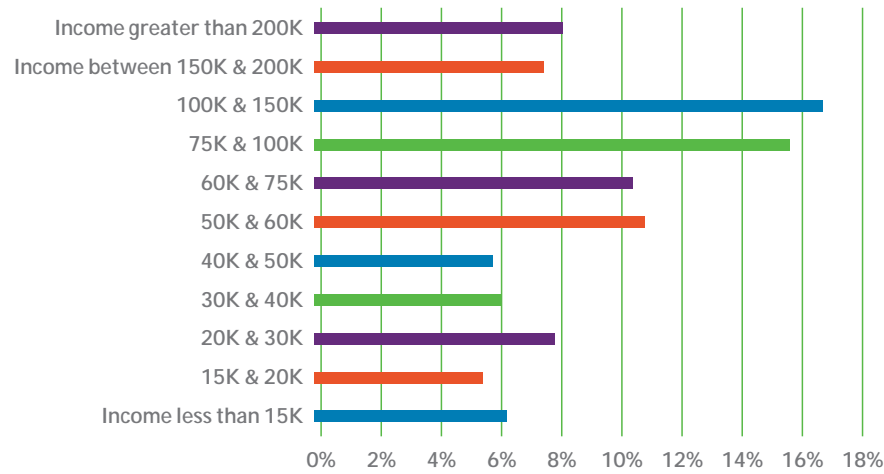
<sup>4</sup> CT Department of Labor (2015)



## Distribution of Wealth

Connecticut is the wealthiest state in the United States of America with a per capita income \$36,775 compared to Branford at \$41,540 (2010). Branford rates 59th amongst 169 Connecticut towns, with a median household income of \$70,640 compared to the state of Connecticut at \$67,740. Nevertheless, Branford’s ranking represents huge disparities from coastal to inland inhabitants that can be seen in figure 1 below.

Income Distribution (Branford, CT) FIGURE 1



SOURCE: All data is from the 2010 United States Census and the 2006-2010 American Community Survey 5-Year Estimates.

# \$67,740

MEDIAN HOUSEHOLD INCOME IN CONNECTICUT

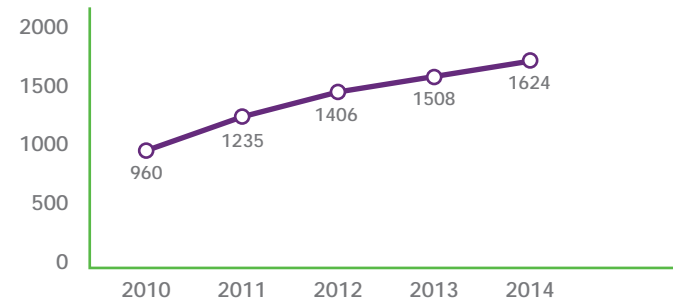
# \$70,640

MEDIAN HOUSEHOLD INCOME IN BRANFORD

## Branford’s Dynamic Population—Socioeconomic Data

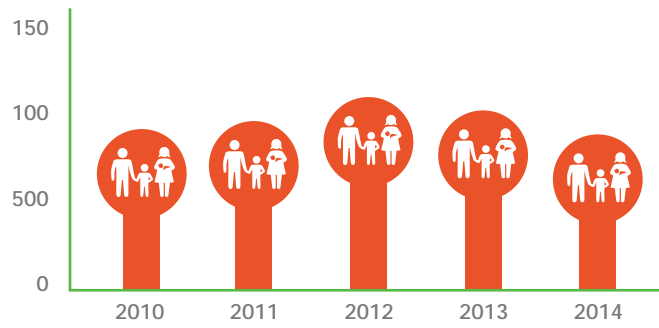
Formerly known as “Food Stamps,” the Supplemental Nutrition Assistance Program (SNAP) helps low income families to purchase food. SNAP cases are measured by “assistance units” which are roughly comparable to households and can include multiple recipients who prepare and eat food together. The data in figure 2 indicates the number of “households” receiving SNAP in Branford. As figure 2 illustrates, SNAP recipients have increased 71% since 2010.

SNAP Households FIGURE 2



SOURCE: CT Department of Social Services

Number of families receiving TANF FIGURE 3



SOURCE: CT Department of Social Services

### Free & Reduced Lunch

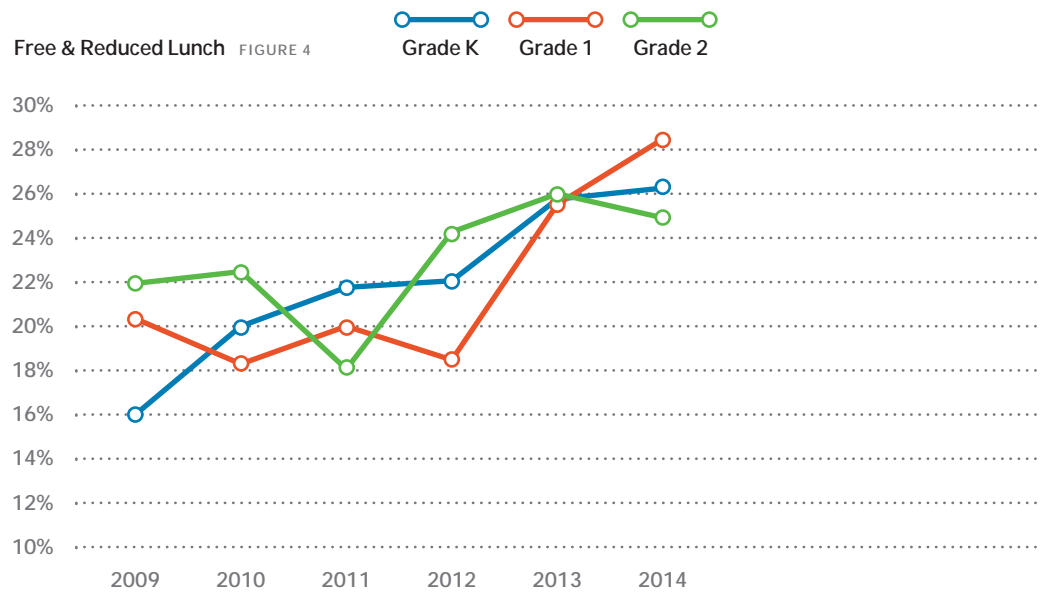
In the 2014-2015 school year, 26.4% of Branford students (K-4) were eligible for free and reduced lunch. Further to this, Branford has seen a 44% increase in free and reduced lunch since 2009. Eligibility indicates students from families whose total income is at or below 185 percent of the poverty level. Household income below 130 percent of the poverty level qualifies students for free meals. Household income between 130 and 185 percent of the poverty level qualifies students for reduced-price meals. Figure 4 investigates eligibility for free and reduced lunch in Branford 2009-2014 for children in grades K-2.

# 44%

INCREASE IN FREE AND REDUCED LUNCH SINCE 2009

The TANF (Temporary Assistance for Needy Families) program operated by the Connecticut Department of Social Services (DSS) provides assistance to low-income families with children and pregnant women meeting specific eligibility criteria. TANF is funded through a federal grant given to states to run their own welfare program that is combined with State funds. TANF cases are measured by “assistance units” which are roughly comparable to households and is considered a “short term” assistance with many rules which ensure that there are no long term clients.

Free & Reduced Lunch FIGURE 4



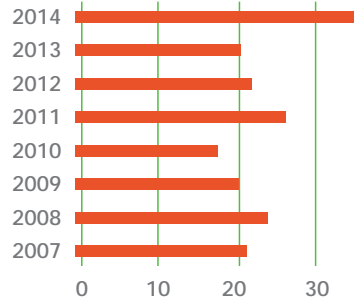
SOURCE: CT Department of Education/ Branford Public Schools

### New in the past year..

1. USDA's Summer Meals Initiative of Branford.
2. The school breakfast program, initiated in 2013, had a 31.9% participation rate in 2014-2015.
3. Feed Branford Kids, a voluntary elementary weekend food program served 70 children in 2014-2015.

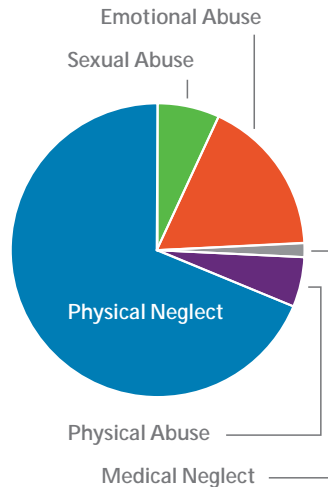


Total Number of Substantiated Cases  
FIGURE 5



SOURCE: CT Department of Social Services

Total Substantiated Allegations (2014)  
FIGURE 6



## Parenting that Supports Healthy Development and Learning

Parents and caregivers make sure children are healthy and safe, equip them with the skills and resources to succeed as adults, and transmit basic cultural values to them. Parents and caregivers offer their children love, acceptance, appreciation, encouragement, and guidance. They provide the most intimate context for the nurturing and protection of children as they develop their personalities and identities and also as they mature physically, cognitively, emotionally, and socially.

## Substantiated Abuse and Neglect Reports

Figure 5 investigates substantiated abuse and neglect reports in Branford that have increased 70% in the past 5 years. Substantiated cases represent all individual allegations of abuse and/or neglect contained in an accepted report where the investigation resulted in a finding of reasonable cause to believe that neglect and/or abuse had occurred. Of the cases submitted to the authorities, there was a substantiation rate of 25% in 2014, or 1 in 4 cases.

An increase in reporting could be correlated with the evolution of the “Mandated Reporting Requirements” that have expanded the criteria in reporting. Nevertheless, this does not explain the high substantiation rate. According to the Department of Children and Family Services (DCF), there is a strong correlation between the increase in substantiated cases with an increase in mobility and larger family size. Historically, DCF receives the highest amount of reports during the school year through referrals from the school system. **Alarmingly, the majority of these cases are five and six year olds who have recently entered the formal school system.**

As the figure 6 indicates, over 70% of the substantiated abuse and neglect cases were categorized as physical neglect. According to DCF, examples of physical neglect are:

- >> Failure to provide adequate food, shelter, and clothing appropriate to the climatic and environmental conditions
- >> Failure to provide, whether intentional or otherwise, supervision or a reliable person(s) to provide child care
- >> Leaving a child alone for an excessive period of time given the child's age and cognitive abilities
- >> Holding the child responsible for the care of siblings or others where beyond the child's ability
- >> The person responsible for the child's care displays erratic or impaired behavior
- >> The person responsible for the child's care is unable to consistently perform the minimum of child-caring tasks
- >> Death

Parents who are living in stressful, “toxic” environments are more likely to abuse and/or neglect their children. Parents who are connected with services and supports are much less likely to commit neglect and abuse<sup>1</sup>.

<sup>1</sup> Early Physical Abuse and Later Violent Delinquency: A Prospective Longitudinal Study. Lasford, et al.

# 3.8%

BIRTHS TO MOTHERS LESS THAN 20

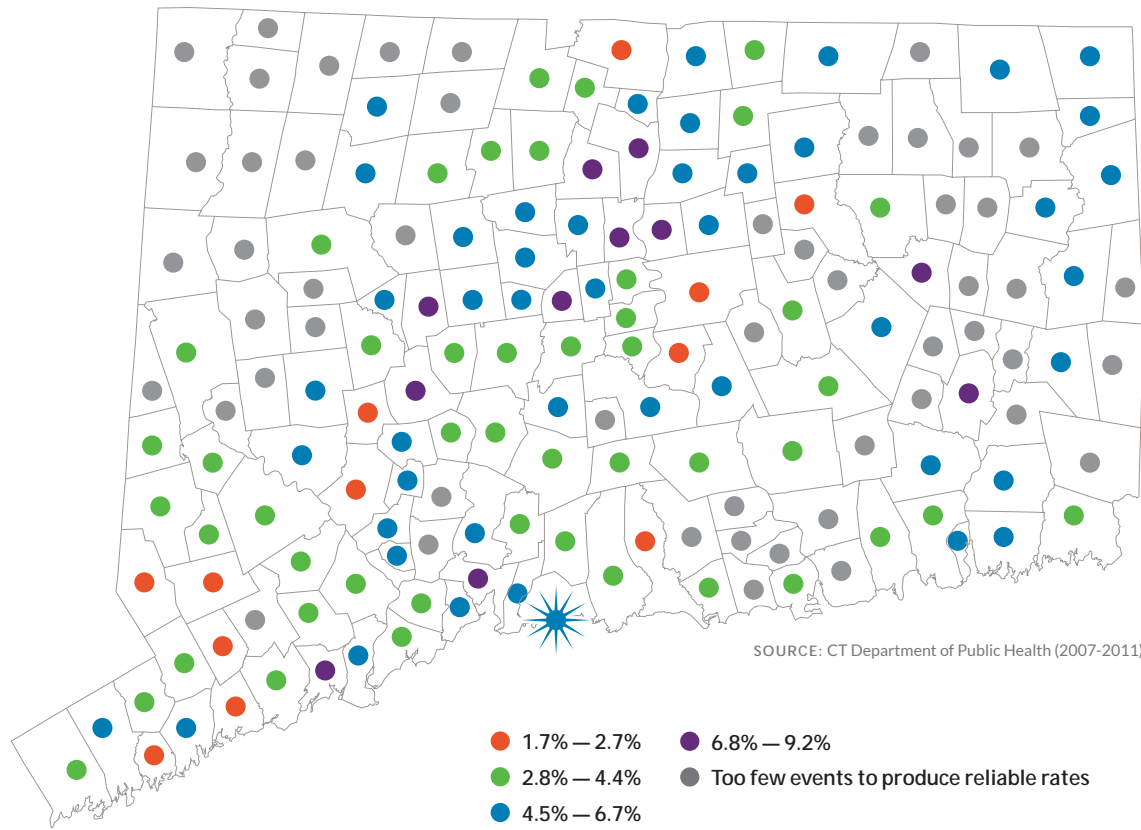
# 14.6%

LATE OR NO PRENATAL CARE

# 6.2%

BIRTHS, WEIGHT <2500 GRAMS

SOURCE: CT Department of Public Health (2007-2011)



## Healthy Babies, Healthy Branford

Preterm and low birth weight births are important predictors of infant survival, child development, and well-being. Preterm birth is the leading cause of infant deaths, accounting for approximately 35% of infant deaths in the United States. Infants born prematurely are also at risk for neurological disabilities, respiratory conditions, or developmental delays. Preterm birth costs the US \$26 billion annually. The risk for infant morbidity and mortality increases with lower birth weight, which is associated with gestational age. At the time of the DPH report, 6.2% of singleton births were low birth weight (<2500 grams) and 3.8% were teen moms in Branford. From 2007 to 2011 combined, preterm birth was more heavily concentrated in and around Waterbury, Hartford, and New Haven and in Northern areas in Connecticut. The towns that experienced the greatest proportion of low birth weight births from 2007 to 2011, combined, included Hartford, Waterbury, New Haven, Bridgeport, their surrounding towns, and towns.



## HUSKY

HUSKY A Enrollment reports the enrollment of young children (0-8) in the HUSKY A health insurance program. HUSKY A (Medicaid) is Connecticut's public health coverage program, providing free health insurance to eligible individuals. Of those Branford children enrolled in HUSKY A, 77.5% had taken part in a least one well-child visit. Further to this, 59.4% had enrolled in dental care. Finally, 11.4% had at least one developmental screening.

# 466

CHILDREN ENROLLED IN HUSKY

# 77.5%

CHILDREN ENROLLED IN HUSKY WHO HAD AT LEAST ONE WELL-CHILD VISIT (AGES 0-8)

# 59.4%

CHILDREN ENROLLED IN HUSKY WHO HAD DENTAL CARE (AGES 0-8)

# 11.4%

CHILDREN ENROLLED IN HUSKY WHO HAD AT LEAST ONE DEVELOPMENTAL SCREENING (AGES 0-8)

SOURCE: Department of Social Services provides HUSKY Program data to Connecticut Voices for Children for analysis (2012)

## New in the past year...

The East Shore District Health Department's federally funded Nurturing Families Network (formerly MIECHV) was expanded to service Branford at-risk families, using the Parents As Teachers Model, an evidence-based home visiting program. In 2014 and 2015 the MIECHV program served 8 families. Family Center Services of Ct., of New Haven, also serves Branford and is a prevention program for at-risk families referred from Yale New Haven Hospital has served 5 Branford families over the same time period. These two intervention programs combined represent additional opportunities for at-risk families to develop important parenting skills.

All mothers who receive WIC subsidies now have access to books, The Children's Resource Guide, health and literacy resources, as well as information on local playgroups and parent activities.

The Branford Healthy Smiles Initiative has developed a dentist referral process through the Branford Counseling Center for children who need dental care and has made 13 referrals from Oct. 2014 to June 2015.

**HUSKY A (Medicaid) is Connecticut's public health coverage program, providing free health insurance to eligible individuals.**



## Kindergarten Entrance Inventory

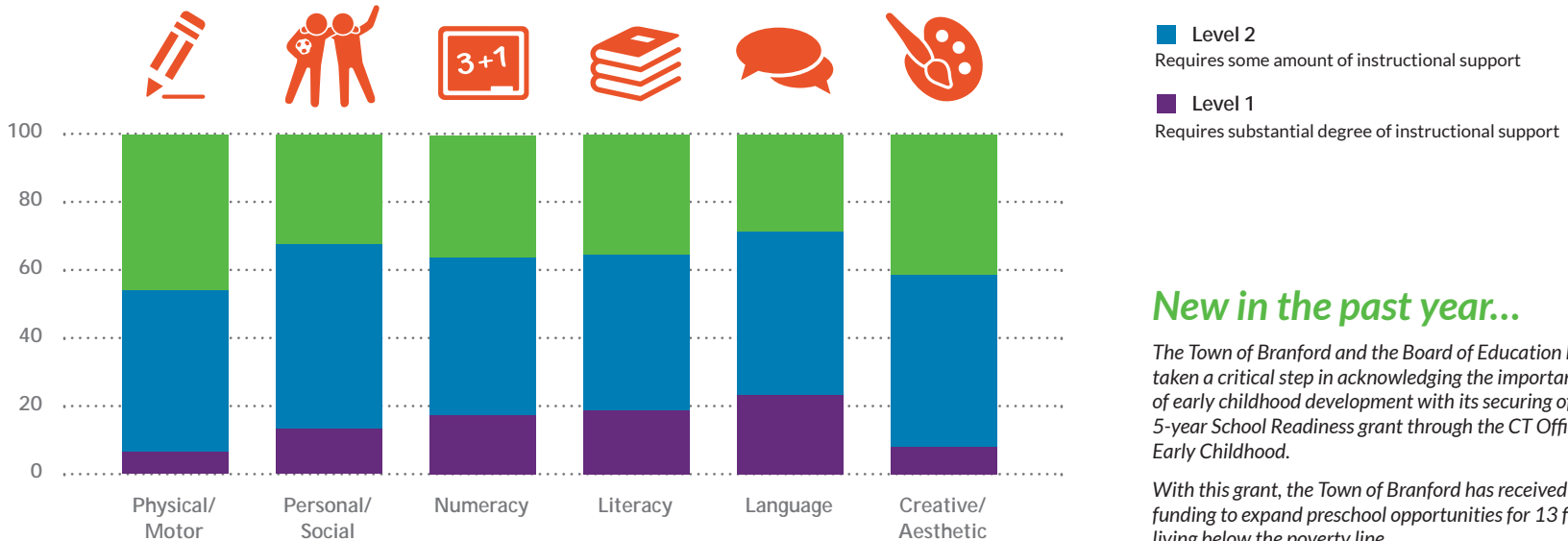
Research indicates that the ability to read by third grade is a key determinant of future success in school and in life. Scientists at Harvard's Center on the Developing Child assert that early experiences determine whether a child's developing brain architecture provides a strong or weak foundation for all future learning, behavior, and health.

As noted above, there is growing awareness that literacy starts at birth, not when a child enters school. Nor does learning for literacy happen only through a child's interaction with teachers. **Rather, a child's learning begins at birth and encompasses relationships with parents, other children, school personnel, and community members.**

The Kindergarten entrance inventory is a subjective test that gathers information about the academic skill and behavior of kindergartners. Six domains of early childhood development are collected: language skills, literacy skills, numeracy skills, physical/motor skills, creative/aesthetic skills and personal/social skills. Performance in each domain is measured from levels 1 through 3, with level 3 indicating that the student requires minimal additional support. As figure 7 indicates, nearly 1 in 5 children (18%) entering kindergarten in Branford do not have the literacy skills needed to participate in kindergarten without additional support. As figure 7 indicates, over 1 in 5 students require more than minimal support in language and literacy.

Branford Kindergarten Entrance Inventory (2011-2012) FIGURE 7

SOURCE: CT Department of Education (2011-2012)



### New in the past year...

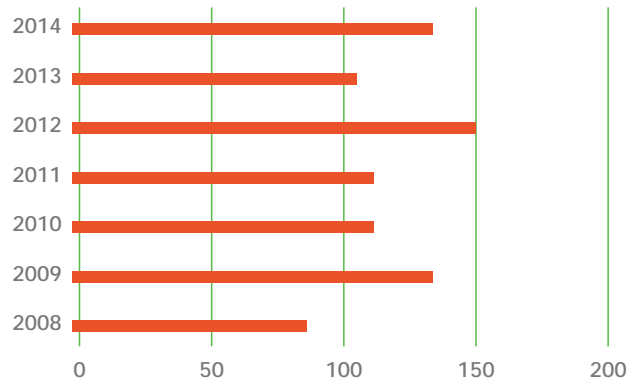
The Town of Branford and the Board of Education has taken a critical step in acknowledging the importance of early childhood development with its securing of a 5-year School Readiness grant through the CT Office of Early Childhood.

With this grant, the Town of Branford has received state funding to expand preschool opportunities for 13 families living below the poverty line.

### English Language Learners in Branford

Branford Public Schools has experienced a fluctuating ELL (English Language Learning) population over the past 5 years. As of June 2015, 131 ELL students enrolled in Branford Public Schools, spoke 40 languages other than English. Further to this, the ELL population is transient with over a quarter of its population (27%) having entered after the first day of school. Presently, 3 certified TESOL (Teacher of English to Speakers of Other Languages) teachers and 6 paraprofessionals are supporting the ELL students. Title III consolidated grants average \$20,000 a year and go directly to personnel to support the ESOL (English for Speakers of Other Languages) population.

Number of ELL Students FIGURE 8



SOURCE: Branford Public Schools

### New in the past year...

Branford Public Schools has identified the trending data and has hired an additional TESOL teacher and to continue the outreach to community members. This is conducted through a multi-pronged approach and in collaboration with East Shore Regional Adult Continuing Education, (ERACE).



**40** NUMBER OF LANGUAGES OTHER THAN ENGLISH BEING SPOKEN IN BRANFORD PUBLIC SCHOOLS

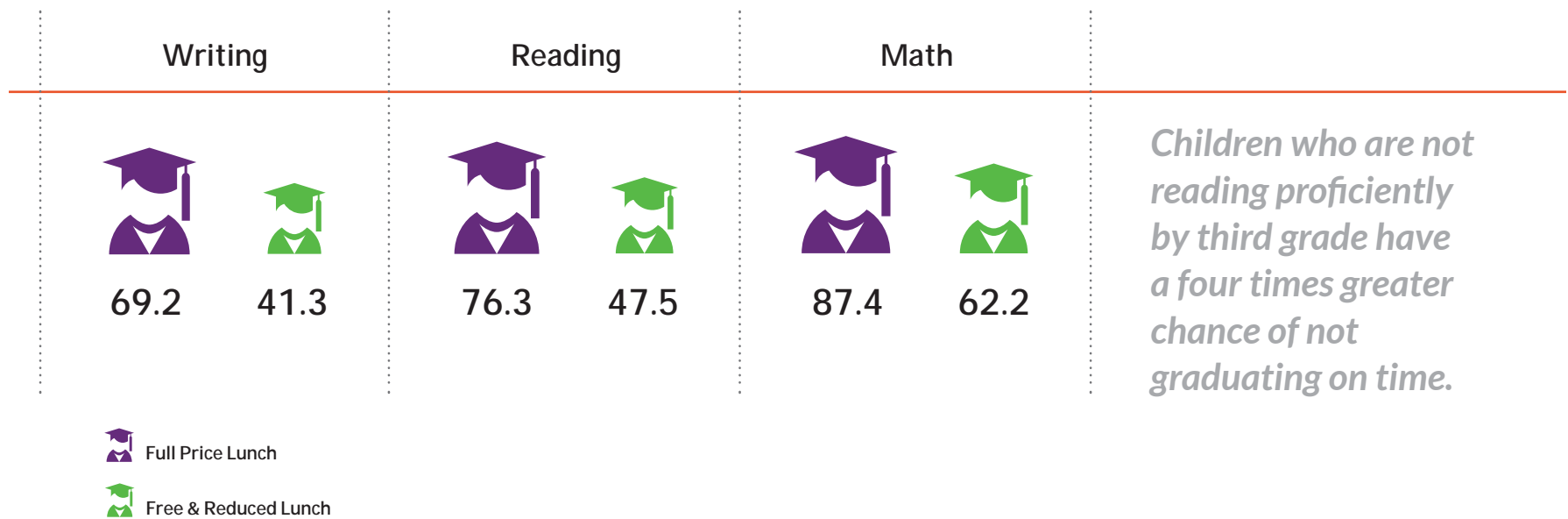
SOURCE: Branford Public Schools (2014-2015)



## Branford's Performance Gap

Throughout the United States and Connecticut, low-income and minority children are not performing as well as their higher-income peers. This difference in performance is referred to as the "Achievement Gap." Connecticut has the highest achievement gap in the nation which has put our public school system at a crossroads. The test scores of our low-income students are significantly lower than the state's non low-income students. This occurs despite the fact that our students overall score among the top five states in national math and reading tests. Taking action to help close this gap needs to be an economic and moral imperative for our state. Figure 9 investigates 2012 test scores of Branford third graders comparing test scores of those who are receiving free and reduced lunch and those who do not.

Third Grade CMT Scores at Goal or Above (2012) FIGURE 9



SOURCE: CT Department of Education (2012)

### New in the past year...

The Branford Public School System has recently completed a District Strategic Success Plan that prioritized the performance gap through careful data analysis at the district, school, and classroom level.

THIS WAS MADE POSSIBLE BY



*“A timely report that should be used as a starting point to rally the community around its youngest citizens and most precious resource. I look forward to the next steps...”*

Mr. Hamlet Hernandez , Superintendent of Schools

*“This document should be the catalyst for setting attainable goals and objectives to meet the health and development needs of Branford children.”*

James B. Cosgrove, First Selectman

#### THANK YOU

Meredith Gaffney, the project Accountability Coordinator, Robin Comey, Coordinator of Branford Early Childhood Collaborative and Dr. Kate Marsland for her special consultation help.

#### ADDITIONAL THANKS

Branford Counseling Center, Branford Police Department, Branford WIC, and Connecticut Department of Youth & Families, First Selectman Jamie Cosgrove, Superintendent Hamlet Hernandez and BECC's Executive Work Group.

#### SPECIAL THANKS

The Greater New Haven Community Foundation and the William Caspar Graustein Memorial Fund for making this project possible.

All data are publicly available and current to June 2015. "New in past year" are a sampling of community programs designed to address gaps and are not meant to be an exhaustive list of programs addressing the needs of children.

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