INFANTS AND FAMILIES CONNECTING – STATEMENT OF PURPOSE

VISION: Parents & caregivers* nurture their infants and toddlers so that their children will be socially, emotionally, and cognitively ready for school at age five. (*other relatives, foster parents, or informal childcare providers)

MISSION: BVF promotes programs that help parents & caregivers cope with stress by building connections with each other, their communities, and supportive local services. Confident, informed parents & caregivers can develop strong attachment to their infants and toddlers that results in healthy emotional and cognitive development.

FOCUS POPULATION AND GEOGRAPHICAL AREA: Low-income pregnant mothers and other primary caregivers of infants and toddlers ages prenatal to three in Marin, San Francisco, San Mateo, and Santa Clara Counties.

GOALS:
- Parents & caregivers are able to cope with their own stress and protect their children from the effects of toxic stress
- Parents & caregivers effectively nurture their young children
- Children develop healthy emotional, social, and cognitive functioning

THEORY OF CHANGE:

If Bella Vista Foundation:

Supports agencies committed to their own continuous improvement that provide well-designed or proven services that promote primary caregivers' emotional health, help caregivers develop parenting skills, and create peer networks. and Encourages and advocates for increased engagement of public and private funders:

a) to support programs that help strengthen caregiver skills, and that help to inform program development, program improvement, and provider capacity building, and

b) to collaborate with funders and service providers to increase resources that support early attachment and nurturing

Then the number of children who are socially, emotionally, and cognitively ready for kindergarten (as measured by proven assessment tools) will increase gradually from 50% to 90% or better.

STRATEGIES:

Grants to agencies to support direct services to parents & caregivers of infants and toddlers prenatal to three (90% of grantmaking) that:

- Are targeted, research-informed, and well-implemented
- Show cultural competency
- Help caregivers help children
- Focus on caregivers’ self-care
- Focus on building relationships and community among caregivers
- Encourage nurturing skills of caregivers
- Build sense of self-confidence of caregivers
- Are organizations that use data for continuous improvement of programs

and Grants and activities such as convenings, participation in affinity groups, and investments in countywide collaborations (up to 10% of grantmaking) that:

- Create awareness and encourage investment from other funders around healthy attachment because of it mitigates the effects of toxic stress on caregivers and their children
- Encourage and engage other public and private funders to determine a baseline of service needs and services available, identify gaps and overlaps, and develop priorities in collaboration with service providers who are committed to continuous improvement
FACTS, BELIEFS, AND POTENTIAL MITIGATION STRATEGIES:

Facts:

1. As many as half of children in some population segments are not socially, emotionally or cognitively ready to be in Kindergarten.

2. Up to 60% of low income caregivers suffer from emotional distress and have difficulty nurturing kids effectively and avoiding exposure to toxic stress for their children or themselves.

3. A survey of low income families in San Mateo and Santa Clara counties indicated that caregivers most value the advice of medical providers (after family members).

Beliefs:

4. Strong parent-child interaction and attachment are the most important drivers of healthy social/emotional and cognitive development in children ages prenatal to three.

5. Prenatal to 3 years old is a critical time for social, emotional and cognitive skill development since skills beget skills, and it is very difficult to fully backfill for skills not developed in these earliest years.

6. Treatment of diagnosable mental illness is best in medical facilities paid for by insurance or publicly-funded programs.

7. The cost of one-on-one treatment, psychotherapy and/or medication, is beyond the resources of many private funders in terms of either temporary or on-going funding; the private sector can focus on less intense, “light touch” interventions that emphasize prevention.

8. Many agencies would like to help primary caregivers better cope with stress or depression but have difficulty reaching and retaining clients, and getting funding for the programs.

Potential Mitigation Strategies:

9. Leveraging scarce resources by having professionals work with primary caregivers to help them help their very young children could impact more children more effectively and efficiently than services offered later in children’s lives.

10. Many people eventually diagnosed with a severe mental health condition such as major depression might have been able to avoid the severity if they had received earlier preventive services such as facilitated groups.

11. Bringing people together in facilitated groups, where lasting relationships develop and people support and learn from each other, can mitigate linguistic and geographic isolation that adds to stress and can lead to emotional challenges.

12. If caregivers participate in groups with trained facilitators, then the facilitators should be able to identify those who need more help and steer them into appropriate levels of care.

13. In order to make successful referrals to clients, services need to be convenient and accessible, and referrals should be made personally (with “a warm hand-off”) by a trusted advisor.

14. Embedding light touch approaches with medical providers might be the most effective way of reaching more caregivers.

15. Social service providers have difficulty engaging and retaining caregivers, so embedding support services for parents/caregivers in a medical facility might be most effective.

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1 From Kindergarten readiness assessments in San Mateo and Santa Clara counties, 2012
3 Parent Story Literature Review, WestEd, January 2013
4 The First Year http://ngm.nationalgeographic.com/2015/01/baby-brains/bhattacharjee-text
6 Bella Vista Foundation’s board members and trustees have learned this directly from conversations with and reports from our grantees.
7 “The Case for Investing in Disadvantaged Young Children,” James Heckman http://www.heckmanequation.org/content/resource/case-investing-disadvantaged-young-children
8 “Pediatricians Take On Toxic Stress” http://developingchild.harvard.edu/resources/stories_from_the_field/tackling_toxic_stress/pediatricians_take_on_toxic_stress/