

using data to improve outcomes

NORWALK, CONNECTICUT



Cover photo:
The Maritime Aquarium is one of the must-see attractions in Norwalk, Conn.

introduction

The StriveTogether Cradle to Career Network is a national network of nearly 70 communities working to improve outcomes for kids by bringing together cross-sector partners around a shared community vision and accountability for results. One network member, Norwalk ACTS, has worked with StriveTogether to improve outcomes for children in Norwalk, Conn., by

empowering parents to track early childhood development using a standardized Ages and Stages Questionnaire (ASQ). This case study shows how Norwalk ACTS and its members took part in StriveTogether's Prenatal to 3 Impact and Improvement Network (IIN) to develop strategies, partnerships and a continuous improvement model to engage the community.



The Norwalk community prioritizes early childhood education.

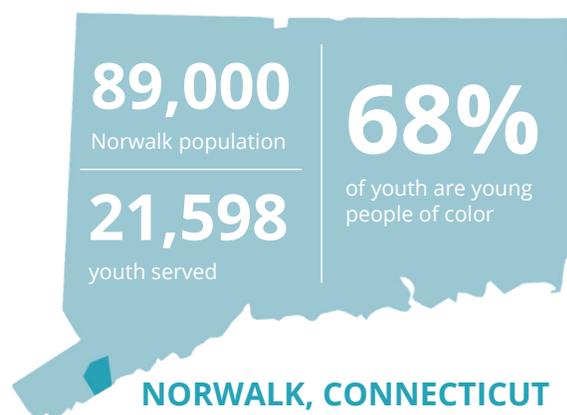
Norwalk

Norwalk is Connecticut's sixth-largest city with a population around 89,000. Situated between Stamford and Bridgeport, the city is celebrated for its rich diversity and maritime, small town feel. Changing demographics over the last decade have led to an increase in Latinx families, who now make up more than half of Norwalk's public school student population.

The region surrounding Norwalk includes some of the wealthiest pockets — not only of Connecticut, but of the entire country. As a result, there is often a misconception that Norwalk shares that wealth.

"In reality our state has an extremely large disproportionality of wealth and poverty, and Norwalk is a relatively under-resourced city positioned in the middle of several incredibly wealthy communities," said Jennifer Barahona, who has served as CEO of Norwalk ACTS since April 2019.

In Connecticut, counties serve as geographic distinctions and do not provide government structure; instead, each city is responsible for governing itself.



Source: 2020 Civic Infrastructure Assessment

"There are advantages and disadvantages to the structure. On the one hand, having smaller infrastructures creates a powerful ecosystem for collective impact work. Collaboration is easier for us because we are dealing with a relatively small and focused group of partners. But because school funding depends heavily on the local property tax base, wealthier towns are able to fund their schools at higher levels," said Barahona.

Strong partnerships within the social services community are particularly remarkable. Despite a large pool of agencies and nonprofits, the sector works cohesively and in support of one another.

"There are very few tensions between service systems in Norwalk. In other cities, agencies may feel the need to compete for families and dollars, but in Norwalk, there's a real effort to work together. That is especially true of organizations who focus on early childhood," said Marcia Hughes, a research and evaluation analyst at the University of Hartford's Center for Social Research.

Norwalk also has been known historically in Connecticut for its leadership in early childhood.

"In Norwalk, we prioritize strong cross-sector relationships and collaboration when it comes to early childhood. We're not just focused on early care and education. That's part of the puzzle, but it's not what early childhood means to us," said Mary Kate Locke of Family & Children's Agency. "We care about you when you're pregnant, when you give birth and when you're raising your children."

Norwalk ACTS

Chief among the organizations noted for excellence in early childhood leadership is Norwalk ACTS.

Norwalk ACTS is an organization focused on building partnership infrastructure and capacity, convening qualified and committed cross-sector community teams, and collecting, connecting and analyzing multiple data points, over time, across the cradle-to-career continuum. Founded in 2005, its original purpose was to proactively address disproportionate discipline and suspension rates in Norwalk Public Schools, aspects of No Child Left Behind, and Connecticut's designation of having the largest achievement gap in the nation between children experiencing poverty and their more affluent peers.

Throughout the years, Norwalk ACTS has continued its focus on child outcomes. In 2011, the organization was introduced to the StriveTogether Cradle to Career Network and

adopted principles of collective impact. It did not become a staffed organization until 2015.

"We are the backbone organization among cross-sector partners who maintain an interest in improving outcomes for children," said Barahona. "That means co-creating common agendas, shared measurement tools and consistent, open communication."

One of its member organizations, Family & Children's Agency (FCA), serves children and families, youth, adults and seniors. Part of FCA's work addresses early childhood through positive parenting support, guidance and family-based programming.

"Our services are available to any Norwalk family to better create systems of support for parents and their children. Given the disparities families face at different life stages, it is important to provide a continuum of care," said Locke.

We are the backbone organization among cross-sector partners who maintain an interest in improving outcomes for children.

— Jennifer Barahona, CEO of Norwalk ACTS

partnership with StriveTogether

StriveTogether's Impact and Improvement Network (IIN) offers cities special support to tackle common issues. IINs support StriveTogether network members and their partners to incubate and accelerate their work to improve outcomes for children by building their knowledge and skills in StriveTogether's continuous improvement methodology, collaborative improvement.

what's collaborative improvement?

Collaborative improvement is a continuous improvement methodology designed to support collective impact and place-based partnerships to achieve population-level impact by transforming systems and improving outcomes for Black, Indigenous, Latinx, Asian youth and families or youth and families experiencing poverty.

Collaborative improvement is different from other continuous improvement approaches (Six Sigma, Lean, Model of Improvement) because it is:

- Designed for cross-sector and multi-organization improvement work tailored for use at multiple levels of a system (executives, practitioners, youth and everyone in between)
- Focused on racial and ethnic equity to target and improve the system in partnership with youth, families and residents
- Supportive of leaders to collaboratively navigate both technical and adaptive work to sustain changes in systems

Cross-sector, multi-organizational teams from six cities come together for eight sessions, both in person and virtual, to learn about the tools and techniques of continuous improvement. Throughout the engagement, StriveTogether offers coaching and support. As a member of the Cradle to Career Network, Norwalk ACTS engaged in the Prenatal to 3 Impact and Improvement Network series between March 2018 and June 2019.

"We came in focused on outcomes for children — specifically the need to focus on healthy beginnings, supported families, early care and education. And we knew that it didn't just happen in the classroom, but within families and between community organizations and city officials," said Locke. "You can't look at creating better outcomes for children in a vacuum. The IIN gave us the opportunity to step back and look at the whole picture."

Norwalk ACTS began the IIN sessions focused specifically on developmental screening using the Ages and Stages Questionnaire (ASQ), a developmental screening tool that pinpoints developmental progress in children between the ages of one month to five-and-a-half years. Norwalk ACTS' goal was to increase the use of ASQ to support early childhood development. A core component of their efforts was working alongside parents to support them and having parents administer the ASQ instead of a home visitor.

The process included studying data to better understand the challenges parents of young children faced in completing developmental screenings and designing steps for intervention. Norwalk received coaching in Plan-Do-Study-Act (PDSA) cycles, building continuous improvement directly into its culture.

“Over 18 months, the IIN helped accelerate the body of work that already existed in Norwalk by using the methodology of collaborative improvement. In Norwalk, our goal was to implement ASQ from birth to [kindergarten] across as many sectors as possible (pediatrician, preschool, WIC office, etc.), and to use data from those screenings identify support needed, provide early intervention, track children over time and centralize all screening data,” said Locke.

Being part of a national working group helped Norwalk ACTS learn from other communities tackling similar issues.

“It widened our perspective. In talking to other communities, we recognized ourselves and our work. It reinforced that what we were trying to do is on point. That’s what reinforced our planning and really helped when it was time to bring everyone back to the table to build a better system in Norwalk,” said Hughes.

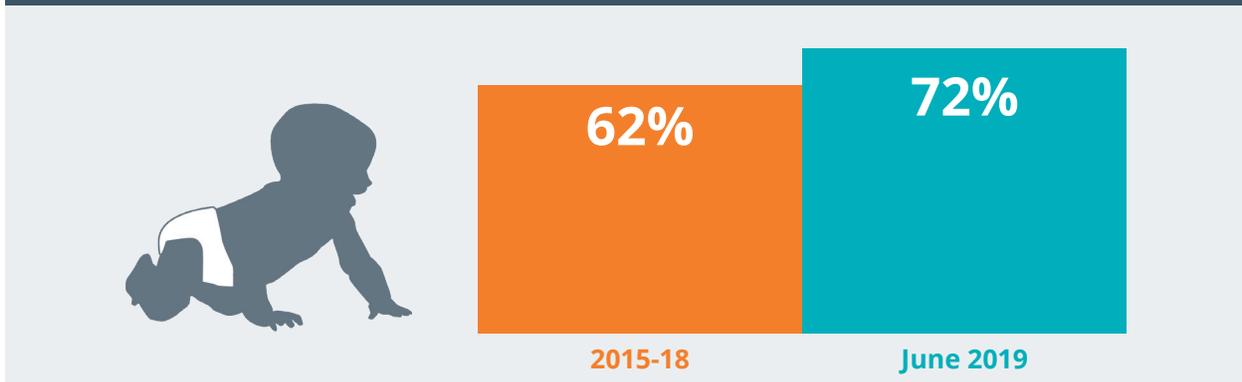
Historically, there was little infrastructure or system for consistently screening young children

in Norwalk across different sectors from birth to when they enter kindergarten. The IIN gave the Norwalk team an opportunity to evaluate effectiveness and change practices by implementing a standardized process for screening, tracking and promoting child development across early childhood service sectors.

“We really looked at how we were completing developmental screenings in our early childhood home visiting programs, as well as how we were using data to support children and educate parents, and collectively, we had the chance to shift our process,” said Locke. “We were spending a lot of time as providers doing the screenings, but we asked, ‘What if parents were screening their own children with the support of providers?’ It seems simple — we as providers are not the ones who will shift a child’s development. We must empower parents to help their children develop.”

With parents taking the lead on developmental screenings, the team found that there was an increase in the number of children who either stayed on track developmentally or who had a reduction in risk for developmental delay. Specifically, the percentage of children in home visiting, birth to 3, who remained on track developmentally or had a reduction in potential or strong risk for delay increased from a baseline of 62% (2015-18) to 72% (June 2019). The IIN team reached out to other sectors and shared these exciting findings.

The percentage increase of children in home visiting, birth to 3, who remained on track developmentally or had a reduction in potential or strong risk for delay:



prenatal-3 initiative

Out of the IIN sessions came the prenatal-3 initiative. The initiative, as described above, accelerated an already existing effort in Norwalk.

In 2014, Norwalk received a private grant embedding Connecticut's Child Development Infoline in their local community to create a Birth to Age 5 cross-agency, cross-sector system for reaching children and families as early as possible, conducting regular developmental screenings, tracking results and progress, and providing intervention where necessary. The overall purpose is to create an infrastructure for generating a common understanding of individual children's development and progress and promoting conversations between parents, early childhood providers and pediatricians in an intentional, systematic way.

For this initiative, Norwalk ACTS engaged FCA's home visitation program. Home visitation is an in-home, one-on-one service for families with young children, designed to help parents better understand their child's development skills.

"Home visiting is part of Norwalk's early childhood system and exists on a continuum that is available for every family, meaning it is universal. We have home visiting programs that offer parenting support and programs that are more specific to families with emotional or behavioral difficulties, or dealing with situations of domestic violence, mental health and substance abuse," said Locke. "If we have a system of care based on need, we have a strong chance at creating better outcomes for our kids."

If we have a system of care based on need, we have a strong chance at creating better outcomes for our kids.

— Mary Kate Locke

Following the IIN convenings, the Norwalk team returned to the City and engaged families and home visitors in discussion on implementing a more intentional process for developmental screening and promotion. Home visiting consisted of five different programs, each with a different model. The programs — Nurturing Families Network, Parents as Teachers, Child First, MOMS and Minding the Baby — were part of Family & Children's Agency and Mid-Fairfield Child Guidance Center.

To create true systems change, Barahona describes a focus on both small-scale and large-scale change.

"We wanted to see micro systems level change with parents taking the lead on screenings. In order to be successful, it was something we had to do with the community instead of for the community. It was important to hear from them directly. That led to us dedicating two full-time positions for community engagement," she said.

On a macro level, Norwalk ACTS turned its sights to policy work, promoting its strategy and continuous improvement model to transform local and statewide practices.

The PDSA method for initiating the new practice — parents taking the lead on screening their children — was implemented with all five home visiting programs in Norwalk. The team met with all five program leaders to discuss the prenatal-to-3 initiative, explore the ways in which each program was completing ASQs with families, and compare differences in ASQ results between the different program models.

"We found that, among the five programs — as well as within each — there was no standard screening procedure. Some home visitors would

fill it out without engaging a child's parents, others would leave it in the mailbox, and then we saw home visitors who were more actively engaging parents in completing the ASQ," said Hughes.

One of the five models, Child First, presented unique issues with regard to ASQ screening. Families involved in Child First were largely referred by the state's Department of Children and Families, and ASQs are part of a battery of six or seven assessment tools designed to track progress from pre to post intervention.

For example, care coordinators generally take the lead with the child, perhaps even completing the ASQ in another room, while the child's parent completes a different assessment with the clinician.

"We determined we had to change the protocol around that. It was better to have the care coordinator engage the parent directly and collaborate on the screening. Essentially, the ASQ became a parent tool, and not a provider tool," said Hughes.



More children start kindergarten ready to learn in Norwalk because the community tracks development progress from birth.

protocol in practice

When Maya Donald was pregnant with her first child in 2015, she threw herself into parenting books and apps in preparation for her new role as a single mother. But in the hospital after delivering her baby boy, Jeremiah, reality set in.

"I prided myself in understanding that I'd be a single parent. I felt our bond when he would kick, I read all the books, and I thought I was prepared. But then I held him, and everything changed," Donald recalls.

That's when a Family & Children's Agency outreach worker stopped by her hospital room to talk about support for Donald and Jeremiah in navigating their new life together. Donald agreed to home visiting services for herself and Jeremiah and began meeting with an FCA home visitor, Yadira Morales, on a weekly basis.

"It was reassuring. For someone to be willing to meet with me often in my home so I didn't have to travel — it's something that I am forever grateful for. You can download all the apps, but nothing beats someone to talk to," said Donald. "Being in new mom mode, it's natural to talk about your baby, but Yadira was also there to check in on me. There was immediate trust. She was one of the only people I'd let hold my baby."

Donald began to treasure her one-on-one time with Morales. Not only did it provide an opportunity to ask questions without judgment or bias, but it clued Donald in to Jeremiah's developmental stages.

"Yadira brought professional expertise and personal experience as a mother herself. I had no idea what to look for in Jeremiah, but she did. For each stage, she taught me about toys that I could make at home to jumpstart his learning,



Watch a video of Maya Donald's story here.

stimulate his motor skills and bond together," said Donald. "And most of all, she took time. She didn't just come in, ask questions and leave.

We shared stories and built a friendship — and eventually she became a family member to me."

Morales considers her role essential in reducing misinformation and ultimately empowering mothers. She comes into each situation armed with facts and care — and without judgment.

"I always let parents know that no question is a dumb question. Parents sometimes don't want to ask because they feel they should know. But how could they?" said Morales. "There's a reason as to why children do certain things depending on age. Knowing the reasons babies do what they do makes you feel less alone."

Despite living with her caring family, Donald found it easier at times to accept advice from someone outside the family circle.

"Everyone thinks they know how to raise your kid," said Donald. "But Yadira and her team help you raise your kid the way you want to."

Jeremiah is now 5 and thriving in his role as big brother to his infant brother. He will begin kindergarten in fall 2021.

When you look at the success of collective impact, **having a city structure and government** that understands and values early childhood makes all the difference. — Mary Kate Locke



Mary Kate Locke, second on the left, at StriveTogether with community partners building new skills as part of the Prenatal to 3 Impact and Improvement Network.

community partnerships

Building trust and cooperation among community-based organizations was crucial to the prenatal-to-3 mission and outcomes.

“People underestimate how long it takes to establish trust within collective impact structures. When I came into my role as CEO, our local and community partnerships were already strong,” said Barahona.

Norwalk’s mayor and superintendent of schools sit as ex officio board members for Norwalk ACTS, helping to improve buy-in. The mayor fully supports city services that focus on early childhood including a designated position, Norwalk’s early childhood coordinator.

“There was no social services department in Norwalk for many years. Mayor Rilling’s recognition of the need to create a Community Services Department has made a huge difference in our relationship with the City. In

addition, having Mary Oster as early childhood coordinator has been instrumental in the early childhood work,” said Barahona.

Oster has been a champion for Norwalk ACTS and rethinking childhood development, while the City’s chief of community services is restructuring services to provide extra support to residents and centralizing resources for families. The school district also recently created similar positions around student support and early childhood coordination, showing the commitment of the superintendent and school system.

“If we know that kids are behind the starting line at kindergarten, we know how hard it is to catch up. And finding successful, sustainable solutions requires buy-in across the board. When you look at the success of collective impact, having a city structure and government that understands and values early childhood makes all the difference,” said Locke.

data

The use of data has been critical to the success of the prenatal-to-3 initiative from the beginning, and Norwalk ACTS has always been an active steward of data.

“Norwalk ACTS does an incredible job of collecting data that provides family and neighborhood context and helps us better understand our birth-to-age-5 population. Knowing where they live and knowing more about who they are informs our outreach, strategies and practices and gives us data to track progress towards community-level outcomes,” said Locke.

The introduction of Marcia Hughes to the team allowed Norwalk to expand its research and tracking. Hughes is a research and evaluation analyst at the University of Hartford’s Center for Social Research, known for its multi-method approach in both quantitative and qualitative data. Hughes’ work follows socially or economically marginalized groups, taking theory to practice and evaluating outcomes.

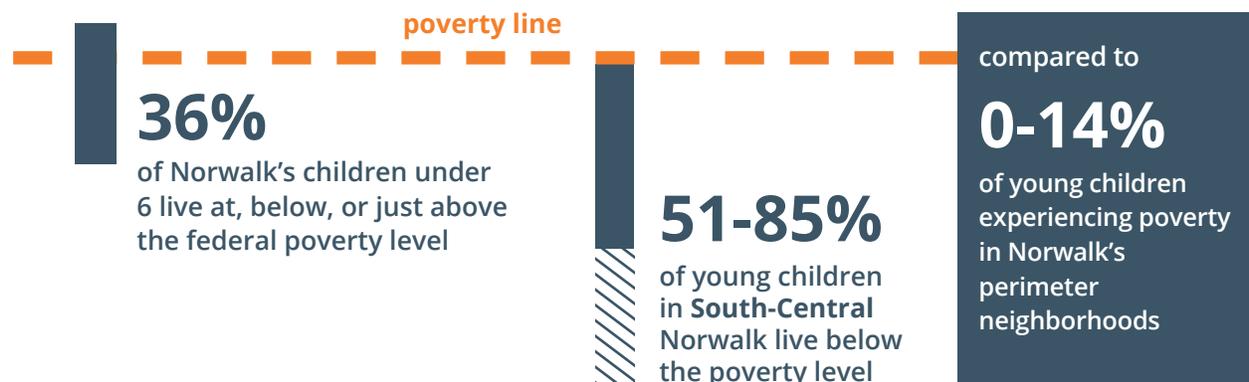
“A lot of what we know about Norwalk’s young children, we gleaned from a community profile compiled by Marcia Hughes. She dug deep into the neighborhood data to provide a picture. In a relatively smaller city, you have neighborhoods of great wealth bordering on great poverty — what does that mean when you know the disparities that exist, when you know what that is going to

mean for pregnant women and young children?” said Locke.

The community profile compiled neighborhood-level data on youth and families, instances of poverty, systems-level involvement and risk factors to show gaps in child well-being. Identifying specific neighborhoods that are home to the most vulnerable families and their young children made it possible to be more strategic in improving outreach, better organizing delivery of services and evaluating progress. It also helped make the case for more robust services.

“The data in the community profile were not a big surprise, but when you see the numbers on paper, that’s where you can start the conversation. It’s an easier rallying call than just saying, ‘Look at the difference in these neighborhoods in terms of where the families of color live, their income, or the neighborhoods’ percentage of homeowners,’” said Hughes.

Analysis of neighborhood-level data found that 36% of Norwalk’s children under 6 years of age live at, below or just above the federal poverty level, just slightly higher than Connecticut’s rate of 33%. But, out of Norwalk’s 22 neighborhoods, there are eight contiguous neighborhoods in south-central Norwalk that form an area with highly concentrated rates of poverty and low income among young children ranging





Showing trends is eye-opening. We would remove the names, but seeing percentages and how they apply to specific children and neighborhoods — that's when everyone involved started saying, **'Oh, this is serious. If it's being tracked, I'm being held accountable.'** — Marcia Hughes

from 51-85%. That is a sharp contrast with young children living in Norwalk's perimeter neighborhoods, who experience a rate of poverty ranging from 0-14%.

The neighborhoods with the highest rates of children experiencing poverty are also the neighborhoods with the highest percentage of people who are Black or African American or other/multiple races, while those with very low rates are neighborhoods with 95% or more people who are white. In other words, racially concentrated areas of poverty are adjacent to racially concentrated areas of affluence.

"It's hard to hide from that reality, especially when we know what that means for raising young children in these circumstances. We've got these segregated, centralized pockets of poverty. That's not uncommon in Connecticut, but in Norwalk, it's distinct because usually you have a few layers between extreme poverty and extreme wealth. Norwalk has eight neighborhoods that have very high rates of child poverty — it's concentrated poverty next to concentrated wealth," said Hughes.

The initiative tracks how many children are screened by home visitors, preschool teachers,

parents, pediatricians and other early childhood service providers. A centralized data system allows the Norwalk community to track children's trajectories at an individual level, neighborhood level, program level and community level, including evaluating developmental outcomes at kindergarten as measured by the ASQ.

"Showing trends across programs and service sectors is eye-opening. We would remove the names, but seeing percentages and how they apply to specific children and neighborhoods — that's when everyone involved started saying, 'Oh, this is serious. If it's being tracked, I'm being held accountable,'" said Hughes.

Not only did the team look at quantitative data, but it held focus groups among parents to gather anecdotal data to incorporate into the findings.

"As a community, we had an abundance of quantitative data to work with, but for this initiative, we also focused on collecting qualitative data gathered in parent focus groups. Additionally, with guidance from StriveTogether Norwalk's IIN team, we created a quality assurance tool to ensure the ASQ was completed with parents taking the lead," said Locke.

tracking progress

Collaborative improvement is a continuous improvement method designed to support collective impact and place-based partnerships like Norwalk ACTS to achieve population-level impact. The goal is to transform systems and improve conditions for Black, Indigenous, Latinx and Asian youth and families, as well as youth and families experiencing poverty.

Collaborative improvement sets itself apart from other continuous improvement models with its cross-sector and multi-organization improvement work tailored for use at multiple levels of systems. It also uses an explicit racial and ethnic equity lens to target and improve systems, in partnership with youth, families and residents, and supports leaders to collaboratively navigate both technical and adaptive work to sustain long-term change.

“The IIN changed the game for me personally and professionally,” said Hughes. “I no longer had to convince people that PDSA cycles were important and that they work.”

Once the team developed its prenatal-to-3 model through planning and focus groups, it began implementation. As with most successful cases of continuous improvement, the work started small to identify points of failure and pivot accordingly.

“We started small, introducing the new practice in one home visiting program, with just two of

the home visitors, each of whom introduced the new ASQ protocol. The protocol was for visitors to review the ASQ, walk through it with the parent. Then parents were given the opportunity to observe their child during the week and complete the ASQ the following week with the home visitor,” said Hughes. “But even this wasn’t without its issues.”

As the organization tracked progress with implementing the new protocol, some of the challenges led to small shifts in procedure. Home visitors were instructed to bring another ASQ for follow-up visits, and not to push back if parents took steps to complete the questionnaire without assistance. If, for any reason, parents went several weeks without a visit, the home visitor would simply pick up the screening on the next visit with the same ASQ or, if applicable, the next ASQ developmental interval.

The team similarly implemented the new developmental screening practice from one home visiting program to the next. All five home visiting models were on board in six months.

“We took everything we learned through our PDSA cycles in home visiting and began to engage preschools, pediatric offices and city agencies like the housing authority to scale out,” said Locke. “It’s easier to do in Norwalk than in larger cities. To be a city of our size, you can more easily wrap your arms around the population.”



Small changes are leading to big results for children in Norwalk.

results and lessons learned

Data is paramount...

Through the community profile — as well as the ability to track children from birth to school age — it is clear that data is essential when it comes to true systems change. Without data, stakeholders may be attached to a false narrative. Data that tells a different story can shift the narrative, challenge assumptions and create the will to change.

“Everyone around the table had been working and living in Norwalk. What they saw in the community profile — they knew it, but never saw it spelled out. It’s one thing to know something on the ground, but when you have numbers to show it, it’s very empowering,” said Hughes.

Managing a centralized data system through an early childhood monitoring system also helps to coordinate all partners.

“You can’t tell the story of how Norwalk’s children are developing without having a system in place for collecting, analyzing and reviewing ASQ data. Across sectors, data tell the story of whether children in Norwalk are developing and, if not, what we can do to help,” said Locke.

...but it helps to remember the context.

Data is a powerful tool. But when it comes to measuring human behavior and outcomes, it is important that the story include more than just hard numbers.

“One of the things we were tracking along the way was, who’s the screener? And what’s the context for the screening? In comparing parents’ and teachers’ ratings on the same children at the same developmental stage, we have found parents always rate children higher than teachers. Parents are understandably protective, and teachers are understandably more cautious. That tells the whole story. You can’t compare the numbers unless you take context into account. Different perspectives contribute to the conversation. This is an important nuance,” said Hughes.

Empowered parents are powerful parents.

“Parents are their child’s first and best teacher. If we don’t bring parents in and give them the tools to understand and support their child’s development, how can we talk as a community about creating better outcomes for kids?” said Locke. “Providers have a role, but giving parents the tools to take the lead in their child’s development is the key to success.”

Particularly when families are involved in child protective services, parents may not feel that their autonomy has been respected. Instead of prescriptive, one-sided conversations, the ASQ allows parents to take the leadership role they deserve.

“When parents are engaged in conversation using a tool they can understand, it changes everything. They’re talking about their child together with a third party, and they’re being treated like an equal partner,” said Hughes.

results and lessons learned

Everyone has a place at the table...

One thing that can be lost in early childhood conversations is involving sectors that do not see themselves with a place at the table. Key partners, such as the Norwalk Housing Authority, belong at the table to contribute data, information and findings.

“It was natural for us to reach out to organizations and personnel that were used to providing ASQ screenings. For those that didn’t have screenings as part of their procedure, it was a little harder. For example, when we engaged Norwalk’s housing authority, the goal wasn’t to have them involved in ASQ screenings; it was to have an understanding of how many kids under 5 live in public housing. From there, a housing authority representative became involved in our initiative and asked us to talk with administrators to expand the office’s partnership with our work.” — Locke

..but you can’t force involvement.

When reaching out to cross-sector partners, the process can be slow. Building trust and relevance—even when strong partnerships exist — takes time.

“When you invite people to the table, they have to be willing. Over time, you can connect organizations that see children across many sectors. As you begin to get results, more providers want to be part of it. That’s when you must build the infrastructure to support member organizations — make sure they have the right tools and resources to be successful.” — Locke

Starting small leads to big change.

When approaching the pediatric community, the group also chose to start small.

“I came into the IIN with a ‘go big or go home’ mentality, that every early childhood provider should be a part of this movement right away. But I quickly learned my lesson. You need to start small and study practices. From there, you can create protocols, tell the story of your work, and then get buy-in.”

“We couldn’t approach all pediatricians in the community, so we have started with a federally qualified health center. With a large community health center on board, we’ve been successful in helping many Norwalk families screen and track their children’s progress in conjunction with the well-child visit at their pediatric office. Our hope is that with successful implementation at the community health center, that we will be able to similarly engage other pediatric practices in Norwalk.”

— Locke

“We could have talked until we were blue in the face about the literature and research on early development. And we did and we still do but having the national presence and support from the (StriveTogether) IIN gave our initiative so much credibility. It changed it. People became more serious and more attentive at the table. The IIN gave us a larger perspective and made us more determined. We learned from others. That’s very important to our work. There’s so much to learn from one another, and that kind of humility was important.” — Hughes

impact

With a goal of ensuring that children enter kindergarten ready to learn, Norwalk has engaged 23 community partners at each developmental touchpoint to complete ASQ screenings with children and their parents and provide tiered interventions to ensure that children are developmentally on track or have a reduction in risk for delay.

Partners include Norwalk Public Schools (at kindergarten), all school readiness and state funded infant-toddler sites, all home visiting programs, Head Start, Norwalk Housing Authority and Norwalk Community Health Center. Other partners mobilizing to implement ASQ include All Our Kin (family child care), Malta House (shelter for mothers and their children) and All Saints Catholic School.

Since the entire community focused on the same and shifted practices accordingly, kindergarten readiness increased 7% over the course of two school years. More children in Norwalk are not only ready for kindergarten, they are on the road to lifelong success.

impact of the birth-to-age-5 initiative



7,263 ASQs *(and counting)*

have been completed and entered into the database



3904 children *(and counting)*

have been screened



1497 children *(and counting)*

are being tracked over time through repeat ASQ screenings



increase of 67% to 74% of children*

who are developmentally ready to learn at kindergarten entry

*67% 2018-19 to 74% in 2020-21

ABOUT STRIVETOGETHER

StriveTogether partners with nearly 70 communities across the country, providing, coaching, resources and rigorous approaches to create opportunities and close gaps in education, housing and so much more. Together, the StriveTogether Cradle to Career Network impacts the lives of more than 11 million youth, including 7 million children of color.

StriveTogether[®]

Every child. Cradle to career.

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