



# Our Mission



LifeBridge Community Services is a social services agency whose mission is to empower people in the Greater Bridgeport area to build a brighter future. We inspire and empower people in crisis to acquire the resources, skills, and knowledge they need to achieve greater self-sufficiency and lasting change. Each client receives an individual plan of comprehensive services that are delivered through our core programs.

The Bridgeport Child Advocacy Coalition (BCAC): The Center for Research and Advocacy at LifeBridge Community Services is a coalition of organizations, parents, and other concerned individuals committed to improving the well-being of Bridgeport’s children and families through research, education, advocacy, and mobilization. Our coalition is grassroots and independent, diverse and motivated. Together, we advocate for policy and systems change that will clear a path to a better future, particularly for Bridgeport’s most vulnerable and disadvantaged children.

## Research.

Research is the foundation for everything BCAC does. Our reports provide objective data, identify best practices, and suggest practical steps to address the challenges our children face.

## Advocate.

Advocacy is at the heart of BCAC’s work. We empower community members by giving them the tools and information to effectively advocate for positive change.

## BCAC

## Educate.

BCAC educates the community by sharing information, ideas, and resources. By advancing a shared understanding of children’s issues, we can move forward as a cohesive community.

## Mobilize.

As a coalition of diverse members, BCAC harnesses the power of people to bring about systems change to improve the well-being of children and families.

# Executive Summary

It's common to reflect this time of year on what's happened over the last 12 months, over the last several years, and even over decades; the goals we've achieved, the challenges we faced, and in general, how we held up against our very own expectations.

The last several years have been some of the most challenging ones for all of us who care about ensuring that the people of Bridgeport get the healthcare coverage, food assistance, housing, education, and other assistance they need. There were probably moments when we weren't sure we could hold the line from day to day. It's not much different if we were to look back thirty, forty, or fifty years. Depending on the issues, there are always those tumultuous times fought with great perseverance and great strides. However, when reflecting back fifty years, there is one constant that remains steadfast; our values. Our values remain the same; a commitment to safe streets, affordable housing, affordable and quality healthcare, community & economic development, quality education, and an educated workforce to name just a few.

All too often, the unexpected hits hard...we can strive to control all that we can but when our ailing parents or children get sick, forcing us to choose between taking care of them or working; we have just enough money saved up to move our family into a better neighborhood and our job is eliminated, evaporating any plans for those savings; or we bring our neighborhood together to promote peace and prosperity, and a child gets hit by a stray bullet days later. The unexpected hits hard.

Despite the difficulties and setbacks, we never stop pushing for progressive change—personally, civically, or legislatively. Significant progress is being made within Bridgeport by hundreds of individuals and organizations. Individually and collectively, we approach this work holistically by addressing the child, the parent, and the whole family. As you will read, too many families, for too long, continue to be challenged.

1 out of every 3 children in Bridgeport are still living in poverty.

However, you'll also find points of promise throughout this report.

- Kindergarteners with Pre-K experience has risen to 74.8%.
- 76.4% of Bridgeport's Class of 2017 graduated within 4 years, the highest graduation rate in this decade.

We are passionate about Bridgeport, Connecticut's largest city—its past, its present and its future. If together, we consider the idea that we "become what we believe," then our beliefs and perceptions about our goals can have a significant influence in making it happen. We can make the seemingly impossible come true, for ourselves, for our children and for our families.

The 2018 State of the Child in Bridgeport report tells the story of our city as it is experienced by our 33,465 children; a story of struggle and hope. It also provides you with a roadmap with which to learn, understand, and act upon while honoring the rich diversity and resilience that is the Bridgeport community.



**Mary Pat C. Healy**  
BCAC Senior Director



**Alan J. Mathis**  
President and CEO



Sara Collimore-Photography

TOTAL  
BRIDGEPORT  
CHILDREN

33,465

TOTAL  
BRIDGEPORT  
POPULATION

146,582



CHILDREN  
AS PERCENT  
OF TOTAL  
POPULATION

22.8

%

## Bridgeport's Children and Youth

20,896

NUMBER OF  
STUDENTS IN  
BRIDGEPORT  
PUBLIC SCHOOLS

### Age Composition

AGE	POPULATION
UNDER AGE 3	5,376
AGES 3-4	3,238
AGES 5-8	6,912
AGES 9-11	6,586
12-14 YEARS	5,619
15-17 YEARS	5,689
18-19 YEARS	5,950
20-24 YEARS	12,189

Source: U.S. Census Bureau, 2017  
American Community Survey.<sup>1</sup>



### Racial and Ethnic Composition

RACE	UNDER 18	18-24
AFRICAN AMERICAN	30.1%	28.2%
ASIAN	1.3%	4.6%
LATINO	37.9%	28.6%
MULTIRACIAL	6.5%	4.6%
WHITE	24.1%	34%

Source: U.S. Census Bureau,  
American Community Survey  
average 2013-2017.



# Poverty

For children and families in an urban setting like Bridgeport, the conditions of poverty can be overwhelming and debilitating. The most crucial time for an individual's behavior, health, and cognitive skills to develop are from birth to five, and all can be negatively compromised by living a life in poverty. Furthermore, this type of volatility can compromise the development of basic physiological and safety related needs, resulting in challenges attaining shelter, food, clothing, and other basic needs. Growing up in poverty raises the risk of children being exposed to toxic stressors and inequality, which can ultimately compromise the child's success in becoming a well-adjusted and productive contributor in society. For children raised in poverty, the effects of low socio-economic status often persist into adulthood, affecting successes in relationships, employment and education.



In 2017, the percent of Bridgeport children living under the federal poverty level (FPL) was 28.3%, a slight decrease from 2016. Out of the 33,465 children living in Bridgeport, 1 out of every 3 continue to live in poverty.

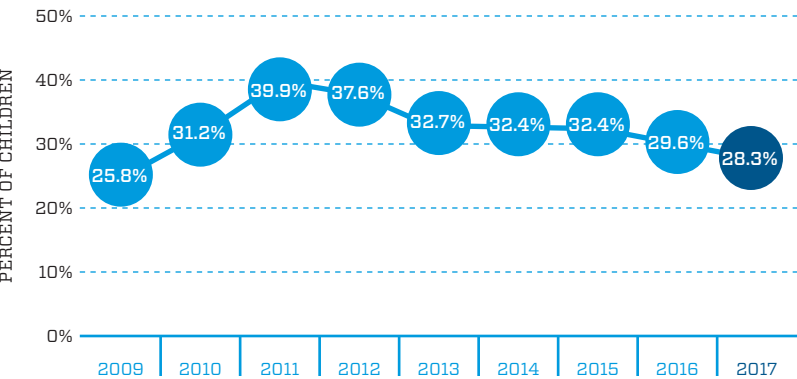
36.6% of Bridgeport children living under the FPL are under 5 years old, the highest rate of any age group in Bridgeport to exist below the FPL. The average rate of child poverty from 2013-17 in Bridgeport was 30.3% of African American children, 34% of Latino children, and 17.3% of White children.

Although Bridgeport's rate of child poverty decreased 4.3% in 2017, it is still more than double Connecticut's declining overall rate of children living below the FPL - 12.6%. Collectively, 20.4% of Bridgeport's population lives under the FPL, compared to a statewide rate of 9.6%.

In Bridgeport, the estimated living wage for a family of three is \$41.80 per hour, more than quadruple Connecticut's minimum wage pay. An adult (working full-time) with two children would need to make \$70,546 in annual income before taxes to pay for the expenses of transportation, child care, housing, food, and medical costs.<sup>ii</sup>

Connecticut's minimum wage of \$10.10 has not altered since January 2017. In recent years, attempts by the Connecticut General Assembly (CGA) to increase hourly wages to \$15 (an empirically-studied rate to meet 21st century cost of living standards<sup>iii</sup>), have failed. The federal minimum wage, \$7.25, has not increased since 2009. Increasing the minimum wage is an issue that continues to be debated by the CGA and the nation.

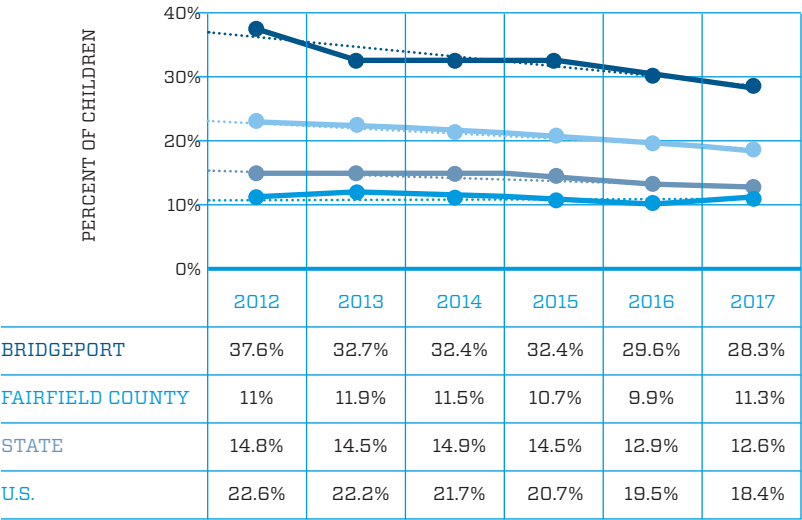
## Child Poverty Rate Decreasing at a Slow Crawl in 2017



PERCENT OF BRIDGEPORT CHILDREN LIVING BELOW THE FEDERAL POVERTY LEVEL

## Bridgeport Rate of Child Poverty Slopes Downward While Fairfield County's Rises

PERCENT OF CHILDREN LIVING BELOW THE FEDERAL POVERTY LEVEL, 2012-2017



In 2017, Bridgeport's child poverty rate continued its descent while Fairfield County's overall rate rose for the first time since 2012 (a 14.1% increase). Bridgeport's child poverty rate still surpasses that of Fairfield County, Connecticut, and the United States.

### Bridgeport and Fairfield County's Median Family Income Levels Rise, State's Decreases

	2013	2014	2015	2016	2017
BRIDGEPORT	\$46,296	\$48,388	\$45,244	\$51,010	\$52,768
FAIRFIELD COUNTY	\$101,721	\$104,987	\$105,514	\$111,950	\$112,574
STATE	\$85,563	\$88,819	\$91,388	\$94,449	\$93,870

Bridgeport's median family income increased 3.4% from 2016 to 2017. Over a five year time span, Bridgeport recorded the largest increase in median family income (13.9%) compared to Fairfield County (10.6%) and Connecticut overall (9.7%).

11.2



OF BRIDGEPORT  
FAMILIES MAKE  
UNDER \$35,000  
ANNUALLY



ANNUAL  
EXPENSES  
FOR ONE  
ADULT  
AND TWO  
CHILDREN

BASED ON A SALARY\* OF \$21,008

MINUS FIXED ANNUAL EXPENSES



HOUSING  
**-\$18,460**



FOOD  
**-\$7,680**



TRANSPORT  
**-\$7,828**



CHILD CARE  
**-\$13,819**

HOUSEHOLD DEFICIT: **-\$26,779**



\* Salary based on working full time at minimum wage, before taxes.  
Calculated for the Bridgeport-Stamford-Norwalk metro area.

## CHILD HUNGER

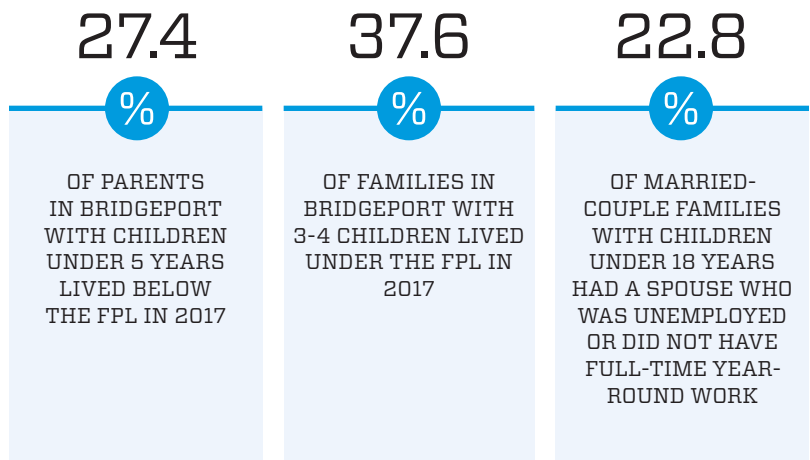
As of November 2018, 13,088 Bridgeport children lived in families enrolled in the Supplemental Nutritional Assistance Program or SNAP (formerly known as food stamps). Statewide, there were 134,374 children enrolled in SNAP.

An estimated 13.2% (29,370) of Fairfield County children suffered from food insecurity in 2016 compared to 15.6% of children statewide.<sup>iv</sup> Food insecurity is defined as the inability to afford or access enough food for an active, healthy lifestyle. 12.2% of Connecticut households were food insecure from 2015-17 with another 4.7% reporting very low food security.<sup>v</sup>

In December 2018, the United States government issued a shutdown affecting several federally-funded agencies and services, including SNAP services. The United States Department of Agriculture (USDA) announced that it would fund SNAP through February 2019, after which funds for SNAP would be eliminated, jeopardizing the livelihood of millions of families, should the government still be shutdown. On January 25th, 2019, the United States government fully re-opened, making it the longest government shutdown in history (35 days).

## FAMILY STATUS

In 2017, 49.2% of Bridgeport children under the age of 18 lived in single-parent families (37.8% with a single mother and 11.4% with a single father), compared to 31.1% of children statewide (23.4% with a single mother and 7.7% with a single father). In Bridgeport, the number of single male-headed households increased 38.2% in 2017.



In 2017, 31.9% of single female-headed households with children under the age of 18 in Bridgeport lived in poverty (declining 22.7% since 2016), compared to 15.8% of families under the FPL with children under the age of 18 headed by married couples.

In 2017, 1,817 Bridgeport children were cared for by a grandparent, an 80% increase from the 1,006 children recorded in 2016. From 2016-17, grandparents caring for their grandchildren without a parent present in the home increased 306%.



# Voter Engagement in Bridgeport

## From Election Season to Cultural Embedment

What happens when communities, especially low-income ones, vote? Studies conducted on increased voter turnout in low socio-economic areas recorded growths in: minimum wage, government funding towards health care, and overall greater happiness of residents in their communities.<sup>vi</sup> Paradoxically, individuals living in low-income areas are historically the least likely to vote and are impacted by the worst effects of social challenges. In 2018, Bridgeport, CT made a concerted effort to embed the importance of voting into everyday culture in an effort to improve the social and physical aspects of community environments.

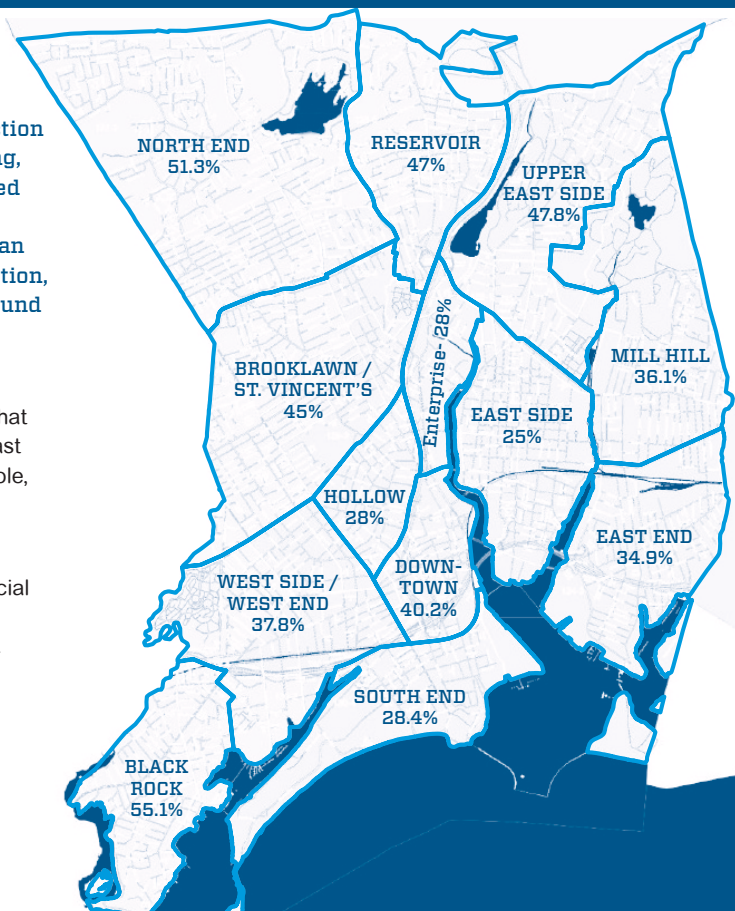
Bridgeport knows that communities who vote are more empowered and have a stronger presence within local and statewide government to make their issues and voices heard. During the 2018 General Election, countless Bridgeport social service agencies and advocacy and faith-based groups worked fervently to Get Out The Vote (GOTV). Such GOTV campaigns included voter registration at every community opportunity around the city (wellness/career fairs, parent events, community forums), as well as door-knocking, phone banking, education of rights, voting abilities when casting a ballot, and holding events and meetings centered around the magnitude of high voter turnout in a community.

In 2018, Bridgeport saw a 9% increase in voter turnout for its statewide general election compared to the last general election in 2014.

## 2018 GUBERNATORIAL AND LEGISLATIVE VOTER TURNOUT BY NEIGHBORHOOD

**GOTV efforts do not end after Election season. To build a culture of voting, Bridgeport must continue to embed the significance of voting into everyday culture. What do we mean by this? By making voter registration, education, and outreach a year-round conversation.**

- > Remind friends, families, clients, and fellow community members that if they've moved, changed their last name, or been removed from parole, they can re-register to vote.
- > Hold events and community conversations on voting as a special population, rights as a voter, and voter barriers/myths to challenge.
- > Address voting on a policy level to increase ease of access to vote and end policies that uphold voter suppression.



# Economic Insecurity

Connecticut ranks 18th overall in state-to-state comparisons of economic well-being. Indicators of economic well-being range from the percent of children and families living in poverty, to parents who lack secure, livable wages, to children living in households with a high housing cost burden. Such severe challenges, if properly addressed can bring economic security for the residents of Bridgeport. Left ignored, these indicators of economic insecurity compromise the social, mental and physical needs of Bridgeport residents. In order to establish a more consistent state of economic security for the residents of Bridgeport, we must approach these factors from a policy as well as best practice perspective.

## HOUSING

In 2018, the fair market rent (FMR)<sup>vii</sup> for a two-bedroom apartment in Greater Bridgeport was \$1,272 a month, an increase of 9.5% since 2014. The 2018 FMR in Bridgeport (\$1,272) was 72.6% of what a parent working 40 hours a week at minimum wage (\$10.10/hour) earned before taxes (\$1,750 a month). It is commonly held that households should spend no more than 30% of its income on housing.

There are 2,489 public housing units in Bridgeport, of which 1,794 (72%) are two bedrooms or more. As of January 2019, there were 1,390 families on the waiting list for public housing in Bridgeport.

As of January 2019, there were 2,818 Bridgeport individuals and families using Section 8 rental assistance vouchers, with 2,693 individuals and families on the waiting list.

46.4% of occupied housing units were owned by a White householder in 2017 compared to only 33.2% of houses owned by African Americans and 37.2% of homes owned by Hispanics or Latinos.

## HOMELESSNESS

Out of the 358 children who spent time in a Fairfield County homeless shelter in 2018, 43% of those children stayed in Bridgeport emergency shelters, a 5.5% decrease since 2017. Of these children, 77.2% were under the age of 13 years old. Statewide, 1,451 children stayed in an emergency shelter in 2018.

Out of the 154 children who spent time in a Bridgeport emergency shelter, 48.7% were African American, 46.7% were Hispanic, and 1.2% were White.

69 Bridgeport families and 873 families statewide spent time in a homeless shelter in 2018.<sup>viii</sup>

In 2016, Bridgeport was ranked third for the highest eviction rate in Connecticut at 5.0%, or 4.3 evictions per day.

FROM 2012-16

40



OF BRIDGEPORT  
HOUSEHOLDS  
RELIED ON STATE  
ASSISTANCE,  
COMPARED TO **12%** OF  
FAIRFIELD COUNTY  
HOUSEHOLDS

EMPLOYMENT

The unemployment rate in Bridgeport decreased from 6.5% in November 2017 to 4.5% in November 2018. Bridgeport continues to have the highest unemployment rate in Fairfield County and in 2018 was ranked third in the state for those out of work or unable to find a job.

In 2017, the unemployment rate for Bridgeport youth ages 16-19 who were looking for work was 35.9%, a 24.5% decrease from 2016 and a 4.7% decrease since 2007 (37.7%). The percentage of unemployed youth in Bridgeport remains higher than in Fairfield County (19.6%) and statewide (17.9%).

From 2013-17, 9.9% of Bridgeport youth were either not enrolled in school nor employed compared to 4.9% of youth statewide reportedly not enrolled in school, the labor force nor employed.

Only 2.3% of Bridgeport residents were recorded to be business owners (incorporated) in 2017, compared to 4.9% of Fairfield County workers.

TRANSPORTATION

In 2017, 19.2% of occupied households in Bridgeport did not have a car (a 4.4% decrease from 2016), compared to 7.7% in Fairfield County and 8.6% statewide. 11.3% of Bridgeport residents carpooled to work while 10.9% used public transportation.

An estimated 22.8% of Bridgeport workers using public transportation were living under 149% of the FPL in 2017, compared to 35.2% in 2016. 14.5% of Bridgeport residents work outside of Fairfield County and 6.5% travel outside of Connecticut for work. In 2017, 9.5% of Bridgeport residents moved but stayed within Fairfield County.



1  
IN  
3

CHILDREN IN  
BRIDGEPORT  
STILL LIVE IN  
POVERTY

THE LARGER IMPACT  
OF ECONOMIC INSECURITY



Beyond poverty, economic insecurity is the risk that working individuals and families face when met with unpredictable social events that threaten livelihood. These risks are inherently financial, but often exacerbate and affect a family’s emotional, mental, behavioral, and physical well-being. Consider:

- Evictions in Bridgeport occur on average 4.3 times per day.
- Bridgeport’s annual rate of unemployment remains troublingly high; in 2017 it was the 2nd highest unemployment rate in CT and has been the 1st highest in Fairfield County for over ten years.
- Slipping into poverty can feel inevitable: a Bridgeport resident working full time who has more than one child can easily accrue thousands of dollars of debt just trying to cover basic expenses.

How likely are you to invest in quality daycare for your children when you have \$200 left of your paycheck? What do you do when you have repeatedly been denied housing because background checks reveal you have been to prison before? How concerned are you with getting to the polls to vote if you’re homeless? Economic insecurity in Bridgeport means more than zero dollars in the bank.

# Early Childhood Development, Education & Child Care

Although parents are one of the most important influences on a child's early development, child care and early childhood education provide an opportunity to engage in a variety of social and educational activities. Research shows that children who are consistently exposed to supportive, comprehensive and structured environments reveal more effective cognitive, emotional, social and intellectual skills. Moreover, exposure to meaningful and positive relationships outside of the home encourages better understandings of social interactions, improved behavior at home and more limited behavioral issues in the future. In Bridgeport however, the number of children who attend early childhood education programs continues to fall short of Fairfield County and statewide rates. In an effort to increase the healthy development and subsequent success of Bridgeport's youth, we need to continue to advocate for accessibility, availability and affordability of high-quality child care.

## CHILD CARE CAPACITY AND NEED

In 2017, there were 14.2 childcare spaces per 100 children under the age of 3 in Bridgeport, compared to 15.1 spaces per 100 children under the age of 3 statewide.

In 2017, 47.5% of children under the age of 6 and 68.6% of children ages 6 - 17 lived in families in which both parents were in the labor force.

Out of the 773 Bridgeport children referred to the Connecticut Birth to Three System in 2017, 73.8% were actually served.<sup>ix</sup>

There are 6,949 families in Bridgeport with children ages birth-four. The four Bridgeport family resource centers serving these families closed in 2017 due to a lack of state funding and as of January 2019, three have re-opened.



## CHILD CARE COSTS & QUALITY

In 2018, the average cost for full-time licensed childcare for infants and toddlers was \$300 per week at a daycare center and \$214 per week at a family daycare. For preschool-aged children, the average cost per week was \$243 per week at a full-time daycare center and \$202 at a family daycare.<sup>x</sup>

In 2017, Connecticut was ranked 21st nationally for the least affordable center-based infant care (up 5 spots from 2016) and 29th for least affordable family child care for infants (up 1 spot from 2016). For single parent households, Connecticut holds the 13th spot in affordability of center-based care for infants to school-aged children (up one spot since 2016).<sup>xi</sup>

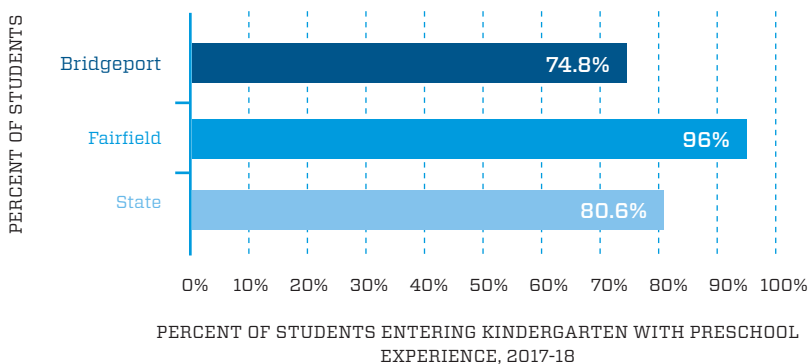
Over a five-year time-span (2013-17), children enrolled in Care4Kids, Connecticut's child care subsidy program, decreased 17.9% with a notable decrease from 2016-17 (42.4%) due to federal eligibility changes that cost Connecticut an additional \$33 million dollars in funding for the program.

2,686 children attend Bridgeport child care centers or preschool programs accredited by the National Association for the Education of Young Children (NAEYC) or its equivalent. Out of the 44 Bridgeport child daycare centers and group daycare homes licensed by the state of Connecticut, only 17 are NAEYC accredited. Approximately 1,008 children attend programs that meet standards established by Head Start.

## EARLY CHILDHOOD EDUCATION AND DEVELOPMENT

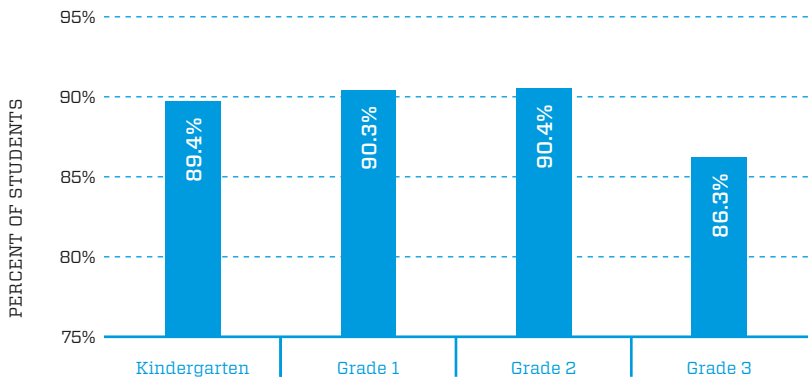
From 1986 to 2018, the highest percentage of funding allocated to early childhood care and education from the state's General Fund was 1.7% in 1999 and 2002. In 2018, 1.3% of Connecticut's General Fund was spent on early childhood care and education.

### Bridgeport, Fairfield, and Statewide Public School Kindergarteners with Preschool Experience



Bridgeport Public School (BPS) kindergarteners who have had the experience of preschool inches closer to statewide public school rates, from 36% in 2016-17 to 74.8% in 2017-18.<sup>xii</sup>





PERCENT OF BPS STUDENTS FOUND TO BE SUBSTANTIALLY DEFICIENT IN UNIVERSAL READING ASSESSMENTS, 2016-17

The BPS Universal Reading Assessments are a menu of research-based reading assessments that assist in identifying, in whole or in part, students at risk for Dyslexia or other reading-related learning disabilities for the K-3rd grade population. Statewide, the percentage of students found to be substantially deficient in Universal Reading Assessments in 2016-17 were: 30.1% of kindergarteners, 37.3% of 1st graders, 39.9% of 2nd graders, and 38.4% of 3rd graders.



IN 2016

28



OF CT AFRICAN AMERICAN AND HISPANIC CHILDREN EXPERIENCED TWO OR MORE ACES\*, COMPARED TO ONLY 15% OF WHITE CHILDREN

\*Adverse Childhood Experiences (ACEs)

IN A  
**2016  
 STUDY,**  
 CONNECTICUT  
 WAS RANKED  
 39TH NATIONALLY  
 FOR ITS  
 PERCENTAGE  
 OF CHILDREN  
 AGED 0-17 WHO  
 EXPERIENCED  
 TWO OR  
 MORE OF THE  
 FOLLOWING ACES  
 INDICATORS<sup>xiv</sup>:

PARENTAL DIVORCE OR SEPARATION: 49.2% OF BRIDGEPORT CHILDREN LIVE IN SINGLE-FAMILY HOMES.

DOMESTIC VIOLENCE WITNESS: 33.2% OF ALL DOMESTIC DISPUTES RESULTING IN AN ARREST IN BRIDGEPORT OCCURRED WITH A CHILD PRESENT OR INVOLVED.

PARENT SERVED TIME IN JAIL: 58.3% OF DETAINEES AT BRIDGEPORT, HARTFORD AND NEW HAVEN CORRECTIONAL CENTERS REPORT HAVING DEPENDENTS.

WHY DOES THIS MATTER? ACES ARE SEVERELY STRESSFUL OR TRAUMATIC EVENTS THAT AFFECT YOUTH BEFORE THE AGE OF 18 AND CAN HAVE ENDURING NEGATIVE CONSEQUENCES ON HEALTH AND WELL-BEING. EARLY EXPERIENCES, ESPECIALLY FROM AGES BIRTH TO FOUR, HAVE PROFOUND IMPACT ON A CHILD'S BEHAVIORAL, COGNITIVE, EMOTIONAL, AND SOCIAL DEVELOPMENT, POTENTIALLY LASTING WELL INTO ADULthood.

## THE LARGER IMPACT OF INADEQUATE EARLY CHILDHOOD CARE AND EDUCATIONAL EXPERIENCES



Heightened behavioral, social-emotional, and academic skills taught in quality childcare settings are essential for early school success and have long-term implications for children's mental health, behavioral functioning, and social standing.<sup>xv</sup> What is at risk when children receive inadequate care? Consider:

- The school readiness that quality pre-kindergarten daycare provides is critical to overall success in school. Early school failure has been linked to increased risk of truancy, dropping out entirely, and unhealthy/delinquent behaviors which often lead to justice system involvement.<sup>xvi</sup>
- High mobility in school (frequent enrolling and withdrawing from different schools) has been linked to negative child development<sup>xvii</sup>; BPS had an average mobility rate of 32.2% from 2014-17.
- Economic impact. Inflation-adjusted earnings in the United States declined 16% from 1979 to 2005 for youth without high school diplomas.<sup>xviii</sup>

What do we mean by quality early childhood care and education? Indicators of quality include stimulating and age-appropriate activities, safe and clean environments, and responsive caregivers who practice and teach social-emotional learning. When these characteristics are missing, a child's care and education take a backseat to a wide range of risks that not only hinder the child directly affected, but their peers as well.

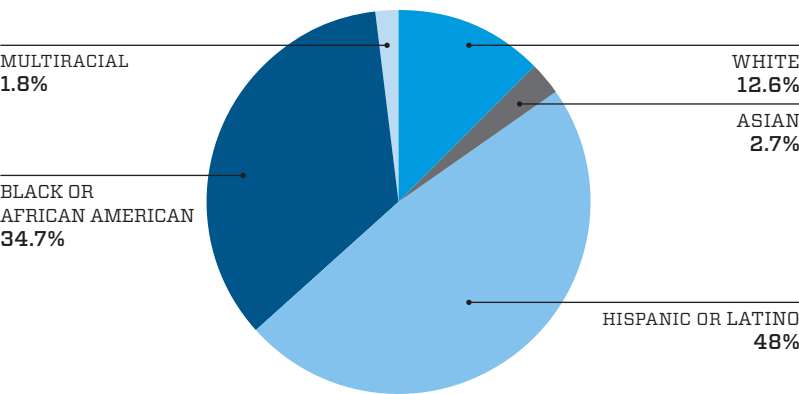
# Education

Growing up in an environment rife with shelter concerns, food and economic instability, and gun violence can profoundly affect a child’s educational success and may serve to inhibit their chances of achievement in other areas of their lives. Education is not just for academic purposes but also the starting point for establishing guidelines for responsibilities in higher education, healthy functioning as an adult, and ultimately navigating a career. From the amount of funding students in the Bridgeport Public School system receive compared to the rest of Fairfield County, to the diversity of educators and school staff, to fulfilling educational opportunities, the lessons and skills learned in a school setting can leave a permanent imprint, positive or negative, across the lifetime of a child. Teachers, administrators, community members and parents must continue to work in collaboration with advocates and legislators to continue this process-oriented approach to creating a more successful educational landscape for Bridgeport youth.

## BRIDGEPORT PUBLIC SCHOOL STUDENT PROFILE

As of December 1, 2018, there were 20,896 students in the Bridgeport Public School District.<sup>xix</sup>

### Racial and Ethnic Composition of Bridgeport Schools, 2017-18



During the 2017-18 school year, 100% of Bridgeport Public School students were eligible for free or reduced-priced breakfast and lunch, compared to 36.7% of students statewide. Free or reduced-priced school meals are given to students living in families who earn less than 185% of the FPL (\$37,297 for a family of three in 2017), though not all families in Bridgeport earn less than this percentage.

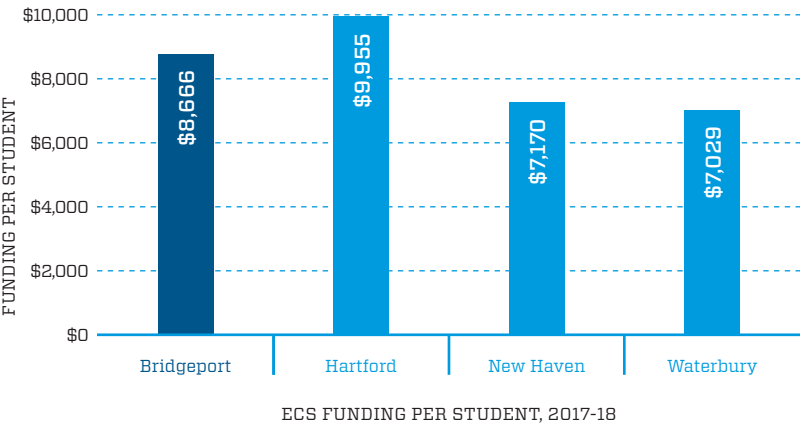
During the 2017-18 school year, 16.5% of Bridgeport students (3,430) were not fluent in English, compared to 7.1% of students statewide. Bilingual education is provided in Spanish and Portuguese for all students and English as a second language (ESL) services are available for all other languages.

### Breakout of Bridgeport Special Education Students by Category, 2017-18

AUTISM	9.0%
EMOTIONAL DISTURBANCE	7.1%
INTELLECTUAL DISABILITY	5.1%
LEARNING DISABILITY	43.2%
OTHER DISABILITIES	9.7%
OTHER HEALTH IMPAIRMENT	18.1%
SPEECH / LANGUAGE IMPAIRMENTS	8.0%

15.8% of Bridgeport students (3,276) received special education services in 2017-18, compared to 14.8% statewide (79,256). Over the 2017-18 school year, 332 students with special education needs were placed out-of-district, an 8.5% decrease from 2016-17.

### State Education Cost Sharing (ECS) Dollars Across Connecticut’s Largest Cities



Bridgeport recorded the second highest ECS aid out of CT’s largest cities in 2017, increasing insignificantly since 2016 (0.9%).

Over the last decade (2008-18), statewide funding for K-12 education has decreased 9.9%.

In the 2017-18 school year, out of 1,681 BPS teachers, 74.4% were White, 10.9% were Hispanic, 12.0% were Black or African American, and 2.5% were of Asian or Native American descent. In the BPS District, there are 2.4 minority educators for every 100 minority students.

Across 38 schools, the BPS District employed 106 full time counselors, social workers, and school psychologists, 60 paraprofessional instructional assistants, and 276 special education paraprofessional instructional assistants.

ONLY

35

%

OF PEOPLE IN CT'S  
 URBAN AREAS  
 BELIEVE THEIR  
 NEIGHBORHOOD  
 HAS FREE OR  
 LOW-COST  
 RECREATION  
 AREAS SUCH  
 AS PARKS OR  
 PLAYGROUNDS<sup>xx</sup>



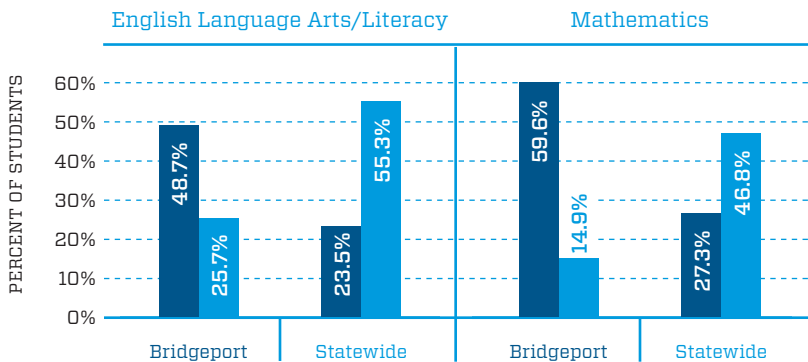
SOCIAL AND EMOTIONAL CLIMATE

Since Social and Emotional Learning has been introduced and integrated into the Bridgeport Public School system, BPS students surveyed in 2018 reported:<sup>xxi</sup>

90%	IMPROVEMENT IN STUDENT-TEACHER TRUST (3-5TH GRADERS)
64%	POSITIVE STUDENT PERCEPTIONS ON THE QUALITY OF PEER-TO-PEER RELATIONSHIPS (3-5TH GRADERS)
82%	IMPROVEMENT IN SELF-ASSESSED STUDENT BEHAVIORAL REGULATION (6-8TH GRADERS)
81%	IMPROVEMENT IN SELF-REPORTED STUDENT ACADEMIC ENGAGEMENT (9-12TH GRADERS)

STANDARDIZED TESTING RESULTS

Smarter Balanced Assessment Results, 2018



■ PERCENT AT LEVEL 1: DOES NOT MEET THE ACHIEVEMENT LEVEL  
■ PERCENT AT LEVELS 3&4 : MEETS OR EXCEEDS THE ACHIEVEMENT LEVEL

PERCENT OF BPS DISTRICT AND STATEWIDE STUDENTS ACHIEVING LEVELS 1, 3, AND 4 ON THEIR SBACS, 2017-18



WARREN HARDING HIGH SCHOOL, ANEW

Bridgeport’s Warren Harding High School has PRIDE...and a brand new building! On September 9, 2018, the new Harding opened its doors and welcomed its students for the 2018-19 school year. This beautiful new complex features an on-site daycare center, television studio, graphics computer labs, new science labs, a culinary arts suite and a student health center. This new Harding not only boasts state-of-the-art facilities but provides the youth of Bridgeport with a renewed sense of pride and confidence. Led by Principal Dane Brown, Assistant Principals Matthew Corcoran, Kathryn Silver, and Shaun Smith, and a dedicated staff of counselors, administrators, faculty and other support personnel, Harding High School works tirelessly to attend to the needs of Bridgeport youth.

In addition to addressing the academic needs of all students, the staff are in their fifth year of working to improve the overall school climate of the school by implementing a formal Social and Emotional Learning (SEL) framework to the curriculum. In an effort to mitigate issues such as the impact of poverty, teachers, administrators and students employ a variety of restorative practices such as circles, mediation and conferencing to address conflicts which occur both inside and outside of the classroom. “Our students called for a platform to express themselves and advocate for the changes they need to be successful,” remarks Carrie Ramanauskas, BPS District SEL Coordinator. With the commitment of the entire Harding community, this new school can be a place where students learn to better understand, address and cope with issues living in an urban environment and become part of the movement that’s bettering Bridgeport from the inside out.

COLLEGE READINESS

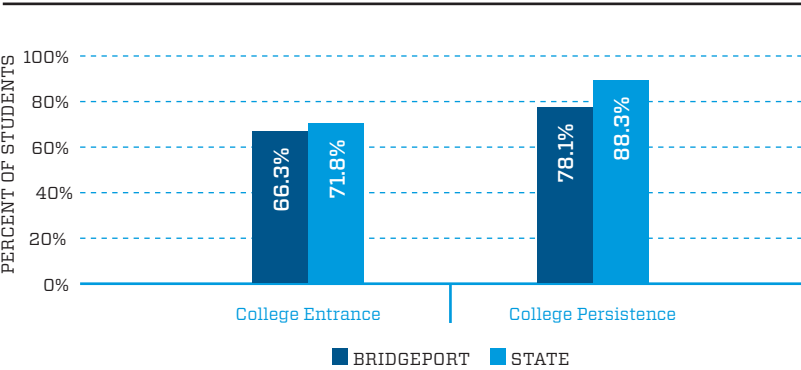
Over the past three school years, BPS students have improved 1.3% in English and Language Arts and 2.6% in Mathematics.

Bridgeport SAT Scores Compared to Statewide Scores, Class of 2018

	ENGLISH AND LANGUAGE ARTS	MATHEMATICS
BRIDGEPORT	445	433
STATEWIDE	516	503

During the 2017-18 school year, 43.8% of 11th graders and 62.4% of 12th graders were enrolled in college-and-career readiness courses, compared to 69.3% of 11th graders and 80.1% of 12th graders statewide.

Bridgeport Close to Statewide Numbers on College Readiness



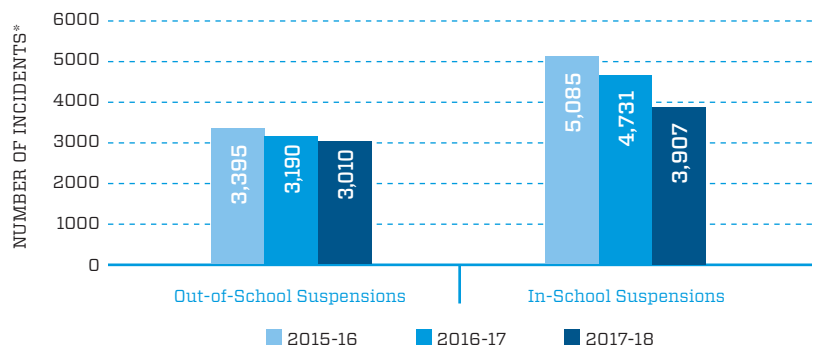
COLLEGE ENTRANCE AND PERSISTENCE, BRIDGEPORT AND STATEWIDE PUBLIC HIGH SCHOOLS, 2015-16

66.3% of Bridgeport’s class of 2016 enrolled in college within a year of graduating high school, compared to 71.8% of the class of 2016 statewide. A higher percentage of students statewide returned to college the following year (College Persistence; from freshman to sophomore) than Bridgeport students did (88.3% statewide compared to 78.1% in Bridgeport).

SCHOOL DISCIPLINE

During the 2017-18 school year, BPS students received 3,010 out-of-school suspensions (OSS), a decrease of 5.6% from the previous school year. 3,907 in-school suspensions (ISS) were given in 2017-18, a decrease of 17.4% from 2016-17.

BPS OSS and ISS Continue to Decrease



BPS OSS AND ISS RATES, 2015-18

\*\*Incidents' means the total number of suspensions given.

Students receiving special education services during the 2017-18 school year received 1,112 OSS, an 6% decrease from the 1,183 given in the previous academic year. The number of special education students with ISS also decreased, from 1,215 in 2016-17 to 1,139 in 2017-18 (a 6.2% decrease).

Expulsions have decreased 34.4% from 2016-17 (90) to 2017-18 (59).

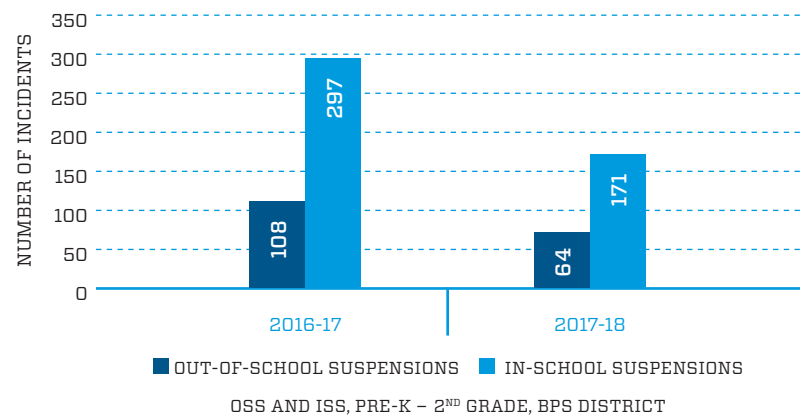
African American students represented 52.2% of all out-of-school suspensions given in 2017-18, compared to 41.7% of Hispanic students and 4.4% of White students.



PRE-KINDERGARTEN-2<sup>ND</sup> GRADE

In 2015, Connecticut was the first state to pass legislation (PA 15-96) to ban suspension or expulsion of children in preschool through 2nd grade, except in cases where the child’s conduct is “of violent or sexual nature” that endangers the child or others. During the 2017-18 school year, BPS ordered 64 out-of-school suspensions for children in preschool – 2nd grade, a decrease of 40.7% from the previous school year.

Out-of and In-school Suspensions; Our Youngest Students



Major Types of Violations for Out-of-School Suspensions

INCIDENTS	DAYS SUSPENDED
DISRUPTIVE BEHAVIOR	208
FIGHTING/ALTERCATION/ PHYSICAL AGGRESSION	606
INSUBORDINATION/DISRESPECT	339
PHYSICAL ALTERCATION	215
SERIOUS DISORDERLY CONDUCT	180

Elementary and high school students receive OSS for a wide array of violations. 50.8% of all OSS are for non-violent, minor incidents.

For more in-depth information on Bridgeport Public School suspensions, please see our 2019 report: “Suspensions and Schools: Why Bridgeport Continues its Pursuit of Social and Emotional Learning Integration.”

NEARLY

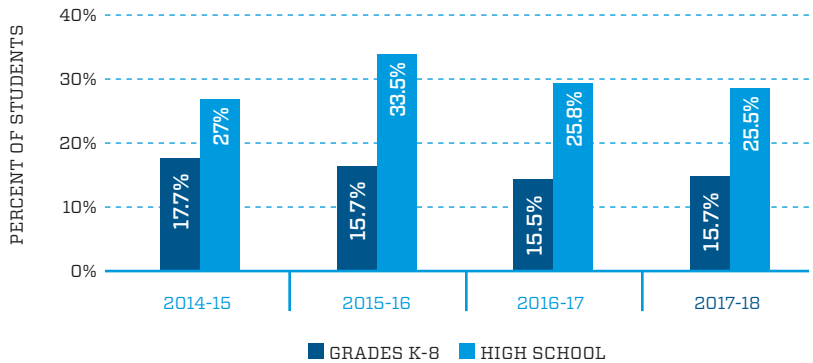
2  
OUT OF  
10

BRIDGEPORT  
ELEMENTARY  
STUDENTS WERE  
IDENTIFIED AS  
CHRONICALLY  
ABSENT IN  
2017-18

## ABSENTEEISM

Students who are chronically absent from school often have external issues preventing them from regularly attending classes. Studies show that students who do not receive early intervention for attendance problems are more likely to drop out of school and become involved in the juvenile and/or adult criminal justice system. During the 2017-18 school year, 19.1% of Bridgeport students were chronically absent.

### Chronic Absenteeism in Grades K-8 Increases Slightly in 2018



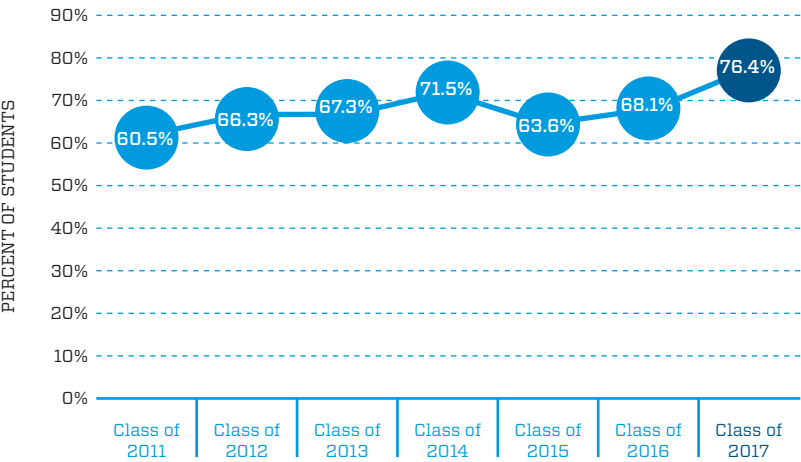
BPS DISTRICT, FOUR YEAR CHRONIC ABSENTEEISM TREND

From school years 2016-18, chronic absenteeism in grades K-8 increased 1.2% and decreased 1.1% in Bridgeport public high schools.

From 2017-18, 14.5% of pre-kindergarten to 2nd graders were recorded as chronically absent.



Bridgeport Graduation Rate Rises to its Highest in this Decade



BRIDGEPORT PUBLIC HIGH SCHOOL GRADUATION RATES

Since the Class of 2010-11, Bridgeport students who graduated high school within four years has risen 26.2%. Statewide, 87.9% of high school students graduated within four years in 2017.

English Language Learners (ELL) in the BPS District graduate at a lower rate than students with English as their primary language. 64.8% of ELL students graduated with a high school diploma in 2017, compared to 76.4% non-ELL students.

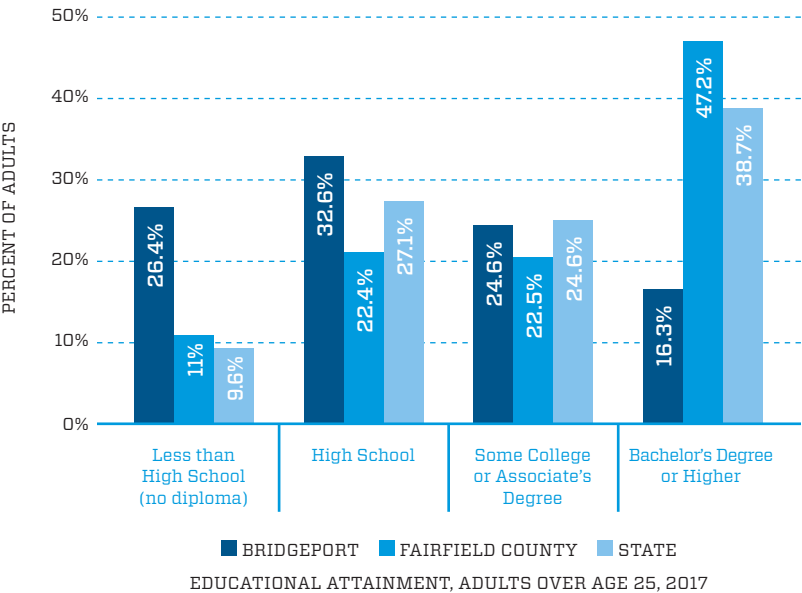
60.3% of Bridgeport students receiving special education services in 2016-17 graduated with a standard high school diploma (a 16.6% increase from 2015-16), compared to 66.7% statewide.

In 2017, the percent of Bridgeport residents over 25 years of age with a bachelor's degree or higher decreased 12.8%.





# Bridgeport Adults Continue to Have Lower Educational Attainment than Adults in the County and Statewide



27.5  
%

OF BRIDGEPORT  
ADULTS OVER  
THE AGE OF 25  
WITHOUT A  
HIGH SCHOOL  
DIPLOMA LIVE  
IN POVERTY, A

9.5  
%

DECREASE  
SINCE 2013

## THE LARGER IMPACT OF INADEQUATE EDUCATION



An inadequate education takes the form of not just a lack of equal funding but everything from available support staff, to low social-emotional school climates, to the absence of diverse learning opportunities. In an urban community like Bridgeport, these indicators serve to further hinder children and youth’s academic achievements as they grow up in an environment still struggling with toxic stressors such as poverty and violence. By promoting progressive change in schools, we highly increase the chances that our youth will mature into adulthood and, among other things, improve labor market outcomes and commit less crimes—affecting us all.

By influencing progressive change such as closing academic achievement gaps, improving social, emotional, and mental health, and altering traditional methods of suspension, we will be able to ensure that more of our community’s youth will go on to make significant contributions to the economy and world around them, benefiting everyone.

# Health

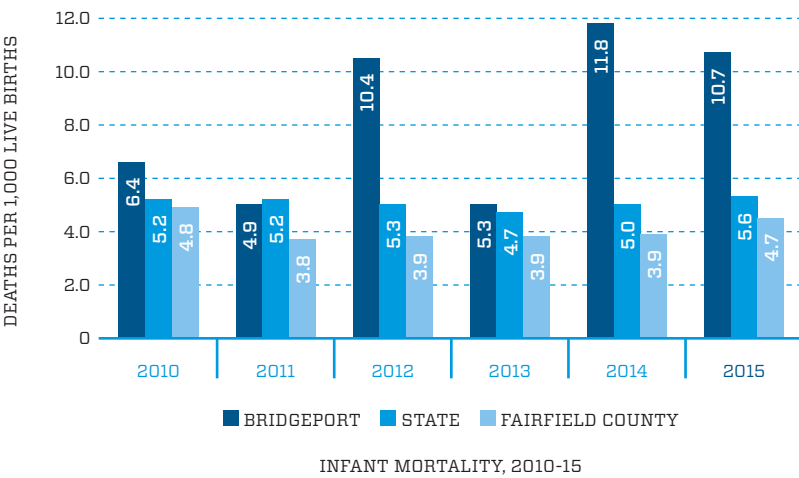
Paramount to the success and well-being of Bridgeport’s children is the access and affordability of high-quality health care. Children’s achievements, physical and mental health, and overall behavior are negatively affected by the lack of adequate, preventative health care. Children who are provided consistent and comprehensive healthcare have a higher capacity for cognitive, emotional and social development as well as stronger physical development. Although several of Bridgeport’s health care disparities continue to be highlighted and discussed by advocates, strategic advocacy and implementation action plans continue to be needed for reform.

## INFANT HEALTH

In 2015, 15.8% of Bridgeport mothers received late or no prenatal care during their pregnancies, an increase of 10.4% from 2014. Statewide, 11.7% of mothers received late or no prenatal care in 2015.

In 2015, the infant mortality rate in Bridgeport was 10.7 infant deaths in the first year of life per 1,000 live births, compared to 11.8 in 2014, a decrease of 9.3%. As Bridgeport continues to record high rates of infant mortality, statewide and Fairfield County rates have remained stagnant, despite each seeing a slight rise in 2015.

### Infant Mortality in Bridgeport Decreases, Yet Remains Hazardously High



In 2015, the rate of neonatal deaths in Bridgeport (those within the first month of life) was 7.3 deaths per 1,000 live births, a decrease of 28.5% since 2014.

In 2015, 10.0% of all Bridgeport babies were born with low birthweight (less than 5.8 pounds at birth), compared to 9.2% in 2014, and 7.9% statewide. Disorders relating to particular conditions originating in the perinatal period and a combination of short gestation and low birthweight are the leading cause of death for infants under one year of age in Connecticut.

Smoking has been correlated to premature births. In Bridgeport, 2% of mothers reported smoking during pregnancy, compared to 3.5% statewide.

## THE VALUE OF A VOTE

An often overlooked privilege of being a U.S. citizen is the ability to participate in the process of selecting political officials by way of voting, which affects everything from the availability of affordable childcare to whether or not those cracks on the sidewalk you've been staring at for years will ever be fixed. Each citizen's presence and contribution at the polls plays a significant role in furthering the various agendas which our country currently grapples with and most especially in our present day. For countless immigrants who have come to the U.S. and completed the necessary steps of naturalization, the power to have a voice by voting can be empowering and life-changing.

### Infant Mortality, Low Birthweight, and Prenatal Care By Race and Ethnicity in Bridgeport, 2015

	AFRICAN AMERICAN	LATINO	WHITE
INFANT MORTALITY (INFANT DEATHS PER 1,000 LIVE BIRTHS)	15.0%	10.2%	8.7%
LOW BIRTHWEIGHT	11.1%	9.2%	11.1%
LATE OR NO PRENATAL CARE	18.5%	16.0%	11.1%

### PREVENTATIVE HEALTH CARE

The percent of Bridgeport children born in 2015 and enrolled in the State Immunization Registry and Tracking System who were vaccinated against major vaccine-preventable diseases before they turned two remains unaltered since 2014 at 88% along with a statewide rate of 87%.

### PHYSICAL HEALTH

In 2017, Connecticut was ranked as having the 8th lowest obesity rate for youth ages 10-17 in the nation (11.9%). Obesity rates for high schoolers have not altered significantly; 12.7% of high schoolers were recorded to have body mass indexes (BMI) in the obesity range in 2017, compared to 12.2% in 2007.

15.3% of Connecticut children aged 2-4 years old in low-income homes are considered obese.

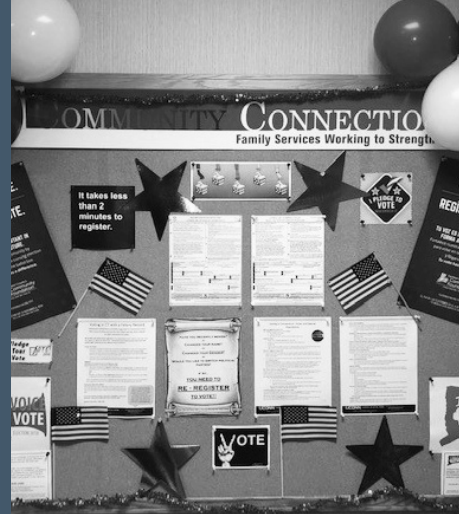
### BPS Students Compared to Students Statewide Reaching State Physical Fitness Health Standard

	GRADE 4	GRADE 6	GRADE 8	GRADE 10
BPS STUDENTS, % PASSED	48.1%	49.4%	48%	48.3%
CT PUBLIC SCHOOL STUDENTS, % PASSED	53.2%	51.4%	50.5%	45.6%

PHYSICAL FITNESS\* TEST RESULTS, BRIDGEPORT PUBLIC SCHOOLS VS. STATEWIDE, 2017-18  
\*Physical fitness is measured by Curl Up, Mile Run, Push Up, and Sit and Reach tests

In 2017, 35.4% of Connecticut youth without a high school degree were reportedly obese, compared to 21.2% of those who had graduated college. Connecticut's obesity rate for adults has increased, from 16% in 2000 to 26.9% in 2017.

A testament to the success of naturalization and the rights that being a U.S. citizen brings is highlighted by Bridgeport's own Lazaro Benitez. Lazaro exemplifies the American dream; he emigrated from Peru to the U.S., successfully became an official U.S. citizen in 2015, and regularly votes. "I was very happy and proud of myself voting the first time as a United States citizen" Lazaro reveals to BCAC. "I knew a couple of people that voted for the first time and their experience seemed to be as empowering as mine, they were very excited and felt a sense of importance. It is important for anyone who is a U.S. citizen to register and go out to vote. We must remember that as voters, we put politicians in office and as voters we can get them out of office if they do not meet expectations."



## ASTHMA

In 2015, 10.5% (294,997 persons) of Connecticut adults suffered from asthma, a 14.7% increase from the 9.2% (257,000 persons) of adults found with asthma in 2014. In 2016, 15.7% of adults without a high school diploma were found to suffer from asthma, compared to 7.9% of college graduates. In 2016, the rate of CT adult deaths due to asthma was 11.1 per 1 million. Connecticut is ranked 8th in the United States for the number of adults suffering from asthma.

In 2016, 11% (78,900) of children suffered from asthma, a 7.9% decrease from 11.7% (85,700) in 2015. Out of those children, 18.4% were African American, 14.1% were Hispanic, and 8.7% were White.

Asthma is triggered by a variety of factors, such as outdoor pollutants and tobacco smoke, which are found in high quantities in urban areas such as Bridgeport. Among CT students surveyed in 2015, 49.5% reported having an asthma attack due to secondhand smoke exposure at an indoor or outdoor public place.

## LEAD POISONING

In 2016, 261 Bridgeport children (4.7% of those screened) under the age of six had lead poisoning (based on a confirmed blood lead level  $>5$  ug/dL).<sup>xxii</sup> This is a 10.6% decrease from 2015 (292 children).

In 2016, 77.3% of Bridgeport children under the age of two were screened for lead poisoning, compared to 73.7% statewide. Bridgeport continues to be one of four cities that have the highest number of households with incomes below poverty level and the highest rates of childhood lead poisoning in Connecticut.

85.2% of Bridgeport occupied housing units were built before 1980, compared to 70.8% in Fairfield County and 70.3% statewide. 40.7% of Bridgeport's housing was built in 1939 or earlier. Lead paint was not banned nationwide until 1978.



HEALTHCARE AND ORAL HEALTH

According to the U.S. Census, 6.9% Bridgeport children were uninsured in 2017, compared to 2.7% in 2016. 16.2% of uninsured youth were ages 19-25 years old. Among all Bridgeport residents, 14.3% were uninsured in 2017, compared to 13.1% in 2016. 26.9% of Bridgeport residents without a high school degree are uninsured. Statewide, 3.1% of children and 5.5% of all residents were uninsured in 2017, showing a rise from those uninsured in 2016 (2.8% of children and 4.9% of the total population).

In 2018, 50,161 Bridgeport children and parents were enrolled in HUSKY A/Medicaid health insurance. In 2018, 1,882 children age 18 and younger were enrolled in HUSKY B.

Among Connecticut kindergarteners surveyed in 2017 by the CT Department of Public Health, 32% have experienced dental decay, 17% have untreated dental decay, and 16.5% needed early or urgent dental care. In 2017, one out of every three kindergarteners and two out of every five 3rd graders experienced tooth decay.<sup>xxiii</sup>

TEEN AND YOUNG ADULT HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE

In 2017, 430 Bridgeport adolescents under the age of 20 were treated for sexually transmitted diseases, compared to 521 in 2016, a decrease of 17.4%. 96.9% of STD cases in Bridgeport affected youth between ages 15-20. Bridgeport's rate of sexually transmitted diseases in 2017 was 19.8 cases per 1,000 adolescents, compared to 11.3 cases per 1,000 adolescents statewide.

In 2016, 6.7% of CT young adults under 30 living with human immunodeficiency virus (HIV) were 19 years old or younger. 46.9% of HIV cases affecting youth under 20 were classified as perinatal. 93.3% of persons under 30 living with HIV were between the ages of 20-29.

Throughout the state, 63.5% of female adolescents aged 13-17 were vaccinated against the human papillomavirus (HPV) compared to 52.7% of males vaccinated against HPV in 2017.

In a national study conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), 10.8% to 13.6% of Connecticut residents aged 12-17 were found to have used alcohol, the highest recorded use of alcohol among that age group in the country along with 9 other states. Approximately 44.8% to 53% of young adults aged 18-25 were recorded engaging in alcohol bingeing.<sup>xxiv</sup>

Between 8.1% and 14.5% of Connecticut residents aged 18-25 were found to have engaged in illicit drug use, excluding marijuana. Another 7.4% to 10.3% admitted to needing, but not receiving, treatment at a specialty facility for illicit drug use.<sup>xxv</sup>

In 2018, the CT Department of Mental Health and Addiction Services (DMHAS) recorded 2,297 Bridgeport residents 18 years and older who were admitted into substance abuse treatment programs and 2,711 who were admitted into mental health programs. There are 17 substance abuse facilities in Bridgeport, three of which have SAMHSA-certified opioid treatment programs.

In 2014, there were 5.9 suicides by adolescents aged 15-19 per 100,000 persons, an increase of 48% since 2013. In 2015, suicide was ranked fourth in deaths of 10-19 year olds in Connecticut; death by firearms was ranked fifth for 15-19 year olds.

BRIDGEPORT HAS

4

MENTAL HEALTH FACILITIES FOR CHILDREN AND ADOLESCENTS

ONLY

3

OFFER MENTAL HEALTH SERVICES IN SPANISH

AND

2

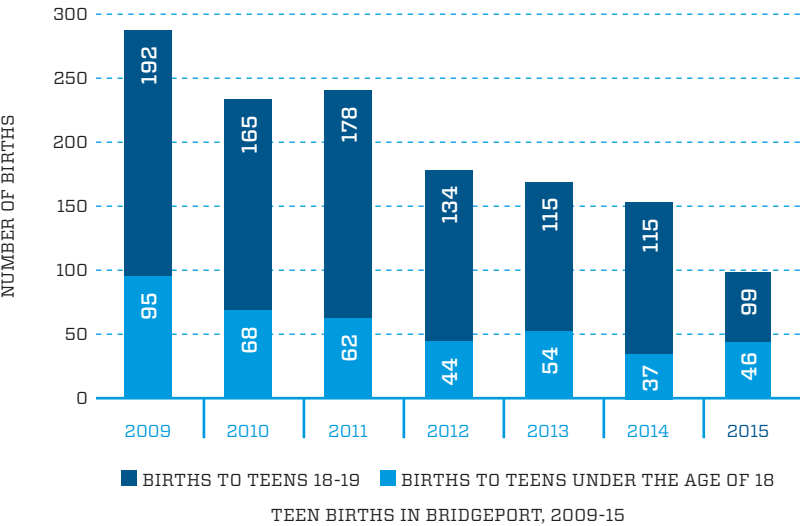
OFFER PROGRAMS SPECIFICALLY AIMED AT HELPING YOUTH WHO HAVE EXPERIENCED TRAUMA



TEEN PREGNANCY

In 2015, there were 46 births to teens under the age of 18, an increase of 24.3% compared to 2014, while births for teens between 18-19 dropped 13.9%. The 2011-15 birth rate for Bridgeport teens ages 15-19 was 31.7 births per 1,000 teenage girls, compared to the statewide rate of 13.2 births per 1,000 teenage girls.

Teen Pregnancy in Bridgeport Declines for One Population, Rises for Another



THE LARGER IMPACT OF POOR HEALTH



Poor health is not just isolated to a person’s physical environment, but their entire state of being. Low socio-economic status, poor mental health, and toxic stressors all play a part in the overall health and well-being of an individual, family and community. Poor overall health can trap communities into cycles of intergenerational poverty and chronic health conditions.

Consider:

- The economic impact. Poor health has somber economic consequences, from millions of tax dollars going to emergency room visits that preventative health care could have eliminated, to loss of productivity and lower earnings in adulthood.
- An estimated 7.4% to 10.3% of CT young adults report to needing, but not receiving, treatment for drug addiction.

Characteristics such as a high prevalence of brownfields or an increased risk in exposure to lead in old housing units describe unhealthy physical environments, but inconspicuous indicators such as ACEs or unhealthy coping mechanisms are all contributors to poor health. To effectively address such, all characteristics of poor health must be taken into consideration.

# Juvenile Justice

Over the past 5 years, Connecticut residents can find a range of juvenile justice reform bills introduced during the CT legislative session, and conversely, find diversionary programs such as juvenile review boards (JRBs) receive insecure or eliminated funding. Commendable legislation has been passed, such as instituting Youth Service Bureaus (YSBs) to coordinate service gaps and referrals for at risk juveniles, but communities struggle with implementation, fidelity, and little-to-no funding. In 2018 leading into 2019, advocates feel as though juvenile justice in Connecticut is, “moving one step forward and one step back.”

The information in this section is an update to the baseline analysis of the juvenile justice system in Bridgeport reported in the 2017 State of the Child in Bridgeport report: who’s affected, where they end up, and vetted suggestions for policy reform that serve to heal and repair harm, moving us from a punitive culture to a restorative one.

## JUVENILE JUSTICE IN CT: WHAT HAS HAPPENED IN A YEAR

Throughout 2018, the information below are some of the most notable juvenile justice system adjustments that have been made on an executive, political and field level in Connecticut.

### The Closure of the Connecticut Juvenile Training School (CJTS)

- > As of mid-2018, CJTS, which was a maximum-security correctional center for boys aged 12-20, closed its doors. By the end of 2017, there were fewer than 50 boys at the training school. Although state officials had over two years to plan for CJTS’s closure, no established alternatives were put in its place when the training school officially closed its doors.

Based on the severity of the crimes committed and absence of program placement, the youth remaining at CJTS’s closure were either referred to adult court, placed in pre-trial detention centers (Bridgeport and Hartford), sent to residential facilities or were released to their families/communities while remaining on probation.

### Transfer of Services from the Department of Children and Families (DCF) to the Court Support Services Division (CSSD)

- > During the 2018 CT legislative session, Public Act 18-31 was signed into law, transferring delinquent youth under the supervision of DCF to CSSD. This transfer of services involves:
  - The codification and further development of the state’s community and school-based diversion plans
  - School districts with youth who are held in juvenile detention centers, such as Bridgeport Public Schools, must ensure the youth’s continuously maintained school enrollment
  - The creation of a statewide information technology system that allows for real time sharing of education records

AT THE START  
OF THE 2018-19  
SCHOOL YEAR,  
YOUTH ARRESTED  
IN BPS WERE

56.5



AFRICAN  
AMERICAN

30.4



HISPANIC

13



WHITE

Juvenile Justice Policy and Oversight Committee (JJPOC)  
Goals & Objectives<sup>xxvi</sup>

In 2018, the JJPOC developed four key goals as part of the Committee's strategic plan:

- 1) Limit the number of youth which enter into the justice system. Although not yet fully accomplished, community-based and school-based diversion programs have now been established and will be utilized in lieu of adjudication in both juvenile and adult courts.
- 2) Reduce incarceration. Youth who are already incarcerated will be better assisted to reduce/avoid re-incarceration through evidence-based responses, individualized rehabilitative services, and community resources.
- 3) Reduce racial and ethnic disparities. The JJPOC will work to address and minimize the racial and ethnic disparities amongst juvenile system-risk and involved youth in partnership with communities of color.
- 4) Reform lower and upper age limits. Provide developmentally-appropriate responses for our youngest and oldest youth.

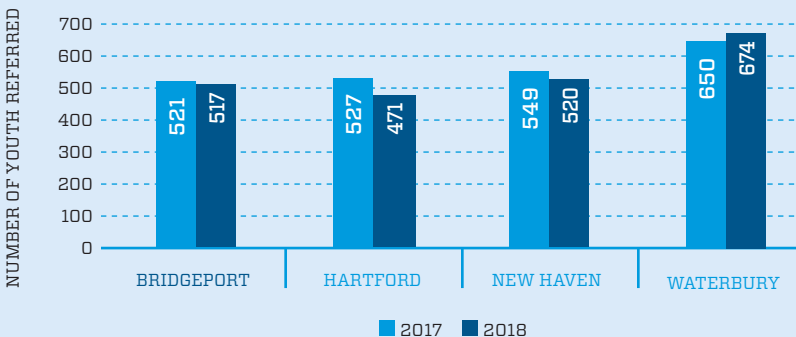
SCHOOL-BASED DELINQUENCY

During the 2017-18 school year, 63 school-based arrests were made in the BPS district, a 10% decrease from 2016-17 and a 65.9% decrease since 2012-13. From 2017-18, Bridgeport had the third highest number of school-based arrests out of the four major CT cities.

Between 2016-17, 12% of youth confined in the Bridgeport Juvenile Detention Center received an out-of-school suspension, compared to 7% of youth in Hartford's Detention Facility.

In 2017-18, 155 Bridgeport youth were referred to the JRB compared to 208 in 2016-17 and 228 in 2015-16. Out of the youth who have been discharged from the JRB program during 2017-18, 82% completed the program successfully. In 2018, DCF stopped funding for the 35 JRBs previously underneath them. Although these JRBs received gap funding from the Office of Policy and Management for the rest of the fiscal year (FY) 2018, they will no longer be funded through the state beginning FY 2019. Unless these JRBs come up with an alternative funding source, each location, including the Bridgeport JRB, will close.

Juvenile Court Delinquency Referrals<sup>xxvii</sup>



JUVENILE COURT DELINQUENCY REFERRALS FOR YOUTH UNDER 18 BY MAJOR CT CITIES, 2017-18

YOUTH WERE  
RESTRICTED IN  
A ROOM FOR 6+  
HOURS

15X

IN A BRIDGEPORT  
DETENTION  
CENTER,  
COMPARED TO 3X  
IN A HARTFORD  
DETENTION  
CENTER

BETWEEN 2016-18  
CONNECTICUT  
HAS DISINVESTED  
AN ESTIMATED

**\$42**

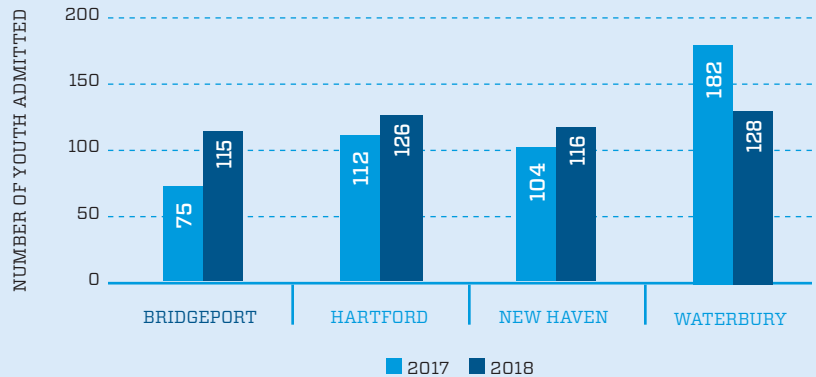
MILLION  
DOLLARS

FOR JUVENILE  
JUSTICE SERVICES,  
INCLUDING:  
JRB'S, FUNDS TO  
IMPLEMENT BEST  
PRACTICES, AND  
FULL FUNDING  
FROM THE CLOSURE  
OF CJTS<sup>xxix</sup> THAT  
CT OFFICIALS  
CLAIMED WOULD  
BE RE-INVESTED

Bridgeport juvenile court referrals decreased by less than 1% in 2018. African American youth made up 62.4% of all delinquency referrals to juvenile court. Hispanic youth accounted for 32.6% of referrals and White youth 4.8%.

From 2017-18, 27.7% of all juvenile court delinquency referrals were children age 15 years old or younger.

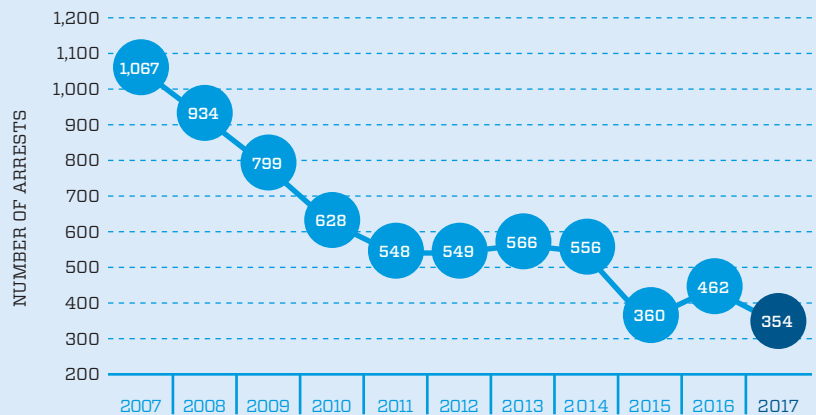
### Juvenile Detention Admissions<sup>xxviii</sup>



DETENTION ADMISSIONS FOR YOUTH UNDER 18 BY MAJOR CT CITIES, 2017-18

In FY 2017-18, 62.5% of all juveniles admitted to the Bridgeport Detention Facility were African American, 33% were Hispanic, and 4.4% were White.

### Arrests of Bridgeport Youth Decrease Again in 2017

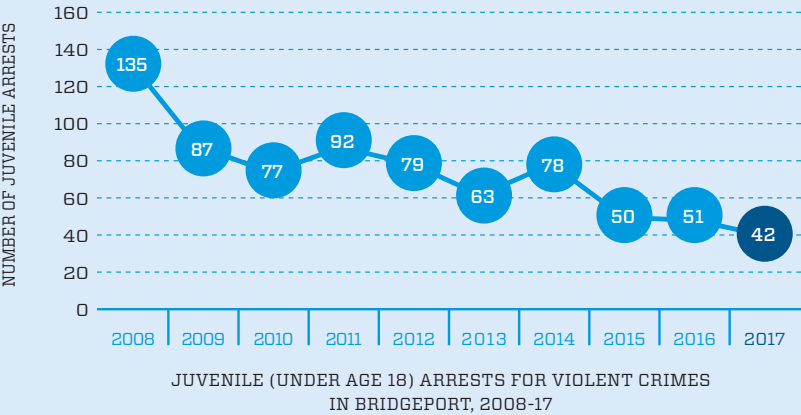


JUVENILE (UNDER AGE 18) ARRESTS IN BRIDGEPORT, 2007-17

In 2017, there were 354 juvenile arrests in Bridgeport, a 23.3% decrease compared to 2016 and a 66.8% decrease since 2007. In 2016, Bridgeport's juvenile crime arrest rate, at 22.5 arrests per 1,000 youth ages 10 to 17, was nearly identical to the state's rate of 22.4 arrests per 1,000 youth.

In 2017, 209 arrests, 59% of all juvenile arrests in Bridgeport, involved children 15 years of age or younger, compared to 255 arrests in 2016.

Juvenile Arrests for Violent Crimes in Bridgeport



From 2016 -17, juvenile arrests for violent crimes (defined as murder, manslaughter, rape, robbery, and aggravated assault) in Bridgeport decreased by 17.6%.

KEY CHALLENGES AND STRATEGIES FOR REFORM-  
WHAT PROGRESS HAVE WE MADE IN A YEAR?

IN THE PROCESS OF COMPLETION

Improving Data Collection and Accountability

- > With the passage of Public Act 18-31, the State Department of Education must develop a plan by January 2020 to create a statewide information technology platform that allows for real time sharing of education records.

Creating, Maintaining, and Ensuring Fidelity of District-Wide,  
School-Based Diversion Plans

- > Public Act 18-31 requires the codification of Public Act 16-147’s Community-Based Diversion Plan and priority strategies for the School-Based Diversion Plan. More work must be done on developing universal standards for diversion and understanding gaps in services.

NO SUBSTANTIAL ACTION HAS BEEN TAKEN

Raise the Age 3.0

- > Raising the age of juvenile jurisdiction from 17 to 20 (all youth who are of “teen” age).

Full Funding for Juvenile Justice Diversion

- > Funding for juvenile justice services, most significantly diversionary services, has fluctuated for years at the expense of our youth and social service providers.

Tailoring Juvenile System Policies, Programs, and Supervision  
to Reflect the Distinct Developmental Needs Of Adolescents

- > Involve youth in every stage of their own cases and engage youth’s families and other supportive adults in major system decisions and processes.



## BRIDGEPORT: A SECOND CHANCE IN ACTION

May 2019 will mark the 8-year anniversary for Victor Colon as Sales Associate at Paul Miller Nissan. Proud father of two and an inspiration to many of his friends and co-workers, Victor was once not so satisfied with the direction his life was taking him. Born and raised in a single-parent household, Victor struggled with the same challenges many other inner-city kids grapple with. At the age of 13, Victor entered the juvenile justice system and later spent time in both the state and federal justice systems and was incarcerated for five years out of state. Upon completion of his sentence, Victor was placed in a halfway house in Hartford where he established employment within three days of entering the facility. Based on his work performance and his ability to establish employment nearer to home, Victor was able to resume residency in Bridgeport and worked in various positions around the city. When a sales position opened up at Miller Nissan, Victor suited up, printed his resume, interviewed with management and was given a test-run opportunity the very next day. After proving his abilities and gaining the confidence of the team, Victor joined the ranks at Paul Miller Nissan.

## Safety

Many Bridgeport families are entrenched in intergenerational patterns of violence, poverty, discrimination and conflict. These adverse experiences have the capacity to compromise our children and family's ability to lead healthy and happy lives. Considering the embedded nature of violence, approaching these trends in a restorative, multi-generational way has shown to be a transformative alternative in helping our city choose peace over passion. As a community, Bridgeport must keep deconstructing issues of violence in an effort to continue transforming our community into a city of prosperity.

### ENVIRONMENTAL SAFETY HAZARDS

In Connecticut, a brownfield is defined as, "any abandoned or underutilized site where redevelopment, reuse or expansion has not occurred due to the presence or potential presence of pollution in the buildings, soil or groundwater that requires investigation or remediation before or in conjunction with the restoration, redevelopment, reuse and expansion of the property."<sup>xxx</sup> As of 2017, the city of Bridgeport had a reported 46 areas considered to be brownfields, the second highest number of brownfields out of all major CT cities.

Over 170,000 CT residents live within one mile of a facility storing large amounts of hazardous chemicals. CT ranks 5th worst nationally for children under 12 living in poverty who are more than twice as likely to live near these toxic zones compared to children above the poverty line.<sup>xxxii</sup>

18



OF PEOPLE LIVING  
IN CT'S URBAN  
AREAS

REPORT BEING  
UNFAIRLY STOPPED,  
QUESTIONED OR  
THREATENED BY  
POLICE, COMPARED TO

6



OF PEOPLE LIVING  
IN CT'S WEALTHY  
AREAS.<sup>xxxii</sup>

Upon the conclusion of his parole and in an effort to demonstrate their continued support of Victor, all 3 Millers (Paul, Kyle and Greg Miller) attended the Support Court Graduation ceremony which marked the completion of his incarceration and probationary period. “There wasn’t a dry eye in the house,” remarked Paul Miller, who went on to say that, “it was important for him.” “Loyalty is a two-way street and Victor’s transparency about his challenges and the ownership of his mistakes was paramount to the maintenance of our working relationship.” Paul Miller Nissan is a remarkable example of commitment to seeing individuals beyond their past transgressions and giving the opportunity for a second chance. Victor proudly lives by the saying that “you create your own success” and believes his story illustrates how things can change for the better when you invest in yourself.



## DOMESTIC VIOLENCE

In 2017, there were 1,207 arrests for family violence in Bridgeport, compared to 1,173 in 2016, an increase of 2.8%. Bridgeport’s rate of family violence arrests was 38.4 arrests per 1,000 families, compared to 32.0 statewide.

In 2017, 33.2% of all domestic disputes resulting in an arrest occurred with a child present or involved. 11.1% of all victims were under 18 years old—an increase of 35.5% since 2016. Arrests in Bridgeport are most likely to occur between the hours of 6PM and midnight. Sundays held the highest percentage of arrests in Bridgeport at 16.5%.

7.8% of Connecticut high school students reported being physically forced to have sexual intercourse against their will and 11.5% reported experiencing sexual violence in a dating relationship in 2015.

## INCARCERATION AND RECIDIVISM

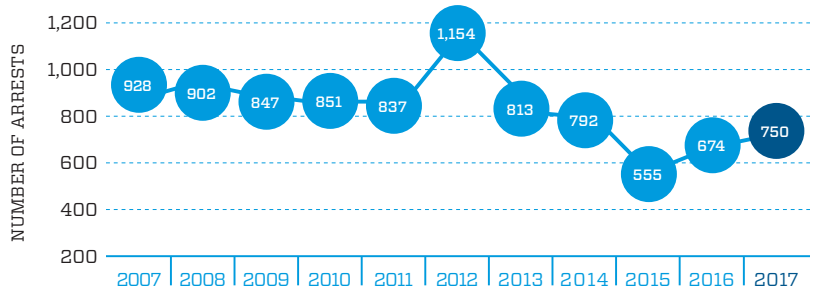
On any given day in 2018, there was an average of 757 inmates in Bridgeport’s correctional facility, a 19.9% decrease from the average daily population of inmates in a Bridgeport correctional facility a decade prior (946 in 2008). In 2018, Connecticut incarcerated 468 individuals per 100,000 people.

From 2005 to 2014, male recidivism rates within 36 months of release from a prison in CT decreased 26%. Between 2008-15, out of the 39% of CT prisoners released and re-arrested, over half (78.6%) were for non-violent crimes.

Out of the 262,000 federally-incarcerated individuals released from prison between 2002-06, 93% of those who found stable employment throughout their supervised release period did not return to prison, compared to 50% who were unable to secure employment and ended up re-incarcerated. In a 2016 Malta Justice Initiative study, 97% of CT respondents agreed that people with a non-violent criminal record deserved a second chance and that hiring them leads to positive outcomes.<sup>xxxiii</sup>

## CRIME

### Violent Offenses in Bridgeport Across a Decade



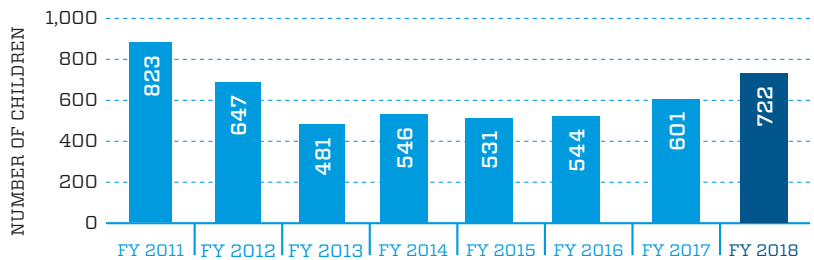
VIOLENT OFFENSES IN BRIDGEPORT, 2007-17

Violent offenses in Bridgeport increased 11.2% from 2016 to 2017. However, over the course of a decade, violent offenses have decreased 19.1%. Murder and rape were responsible for 13% of all violent offenses in 2017.

In 2017, there were 3,783 arrests made in Bridgeport, a 2.6% increase since 2016.

Firearms were involved in 22.5% of all aggravated assaults and 36.4% of all robberies in 2017.

### Bridgeport Child Abuse Cases Steadily Increase



CHILDREN SUBSTANTIATED AS ABUSED AND/OR NEGLECTED IN BRIDGEPORT, 2011-18

From 2016-17 to 2017-18, the number of children in Bridgeport substantiated as abused and/or neglected increased 20.1%. Statewide, there was a 12.3% increase over the last two fiscal years.

In 2017-18 in Bridgeport, there were 21.6 children substantiated as abused or neglected per 1,000 children, compared to 11.0 children substantiated as abused and/or neglected per 1,000 children state.

### Restraint and Seclusion

	ALL R/S INCIDENTS	EMERGENCY RESTRAINTS*	EMERGENCY SECLUSIONS**
	INCIDENT COUNT/STUDENT COUNT	INCIDENT COUNT/STUDENT COUNT	INCIDENT COUNT/STUDENT COUNT
BRIDGEPORT	61/26	***/**	59/26
HARTFORD	559/81	545/79	14/10

\* Emergency Restraint means any mechanical or personal restriction that immobilizes or reduces the free movement of a child's arms, legs or head.

\*\* Emergency Seclusion means the confinement of a child in a room, whether alone or with staff supervision, in a manner that prevents the child from leaving.

\*\*\* Data are suppressed to protect student confidentiality.

IN 2017, DCF  
RECEIVED

212

REFERRALS  
FOR CHILD  
TRAFFICKING,

23.1



OF WHICH WERE  
LOCATED WITHIN  
FAIRFIELD  
COUNTY

From 2016-17, 61 incidents of restraint and seclusion (R/S) in the BPS district were recorded, 89% fewer incidents than in the Hartford Public School district, a school district with similar enrollment counts and demographics as BPS. Emergency seclusions in the BPS district increased 25.5% from school years 2015-16 to 2016-17. R/S procedures are intended to isolate an individual in order to reduce the risk of injury/harm to themselves and others. Decades worth of research shows R/S is not effective in reducing the occurrence of problem behaviors and instead can result in lifelong trauma.

THE LARGER IMPACT  
OF VIOLENCE

Violence is a public health issue, affecting not just the individual or group that a violent act is aimed at, but entire communities. In exploring this perspective further, we look at why violence occurs more prevalently in urban areas, like Bridgeport, rather than trying to explain the isolated violent incidents themselves. Consider these vetted contributors towards the manifestation of communal violence:

- **Poverty.** Bridgeport’s child poverty rate of 28.3% is higher than the United States’ rate of 18.4%.
- **Unemployment.** Bridgeport continues to have the highest unemployment rate in Fairfield County spanning over a decade.
- **Power Imbalance.** When communities don’t vote, their political power stays at home. In 2018, 11 out of 13 Bridgeport neighborhoods recorded a voter turnout rate of less than 50%.

It is a myth that violence is inevitable. When we engage in activities such as best practice-setting when authoring policy and problem solving as a collective Bridgeport community, we can reduce risk factors of violence.

BRIDGEPORT, CT:  
More than What Meets the Eye

We are passionate about Bridgeport, Connecticut’s largest city – its past, its present and its future. Bridgeport continues the fight to rise above the setbacks that encompass so many urban environments and transform our community into a model of prosperity and peace. In 2019, we look at Bridgeport’s future through the eyes of our current reality- one of progression, promise, and resiliency. We do this work together.

## Notes, Definitions and References

- i Census data from the 2017 American Community Survey, unless otherwise noted.
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- iii Economic Policy Institute. Why America Needs a \$15 Minimum Wage. (2018). Retrieved from <http://www.epi.org/publication/why-america-needs-a-15-minimum-wage/>.
- iv Feeding America, Map the Meal Gap. Overall Food Insecurity in Connecticut by County in 2016. (2018).
- v United States Department of Agriculture (USDA). Household Food Security in the United States in 2017. (2017). Retrieved from <https://bit.ly/2NX5c5y>.
- vi Nancy A. Humphreys Institute for Political Social Work, University of Connecticut School of Social Work. Expanding our impact: Integrating voter engagement into service delivery and organizational culture. (2017).
- vii The U.S. Department of Housing and Urban Development (HUD) defines Fair Market Rent (FMR) as “the 40th percentile of gross rents (including utilities) for typical, non-substandard rental units occupied by recent movers in a local housing market.”
- viii Data accessed and analyzed from the CT Homelessness Data Dashboard. CT Homeless Management Information System (HMIS). (2018). Retrieved from <https://ctcandata.org/dashboards/emergency-shelter/>.
- ix The CT Birth to Three System guides families on how to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities.
- x Licensed full-time child care center and home prices are averages, as reported by individual providers to Connecticut 2-1-1 Child Care, 2018. Child care providers have the option not to report their fee for services to the state and some provider's exceptionally high costs can alter averages. Thusly, these averages should not be taken as the definite price of child care for all centers and homes in Bridgeport.
- xi Child Care Aware of America. The US and the High Cost of Child Care. (2018). Retrieved from <https://bit.ly/2U0j0SL>.
- xii Due to an expansion of the reporting universe, caution should be used when comparing the 2017-18 figures to prior years. Connecticut School Data Report (ED165) 2017-18 and Public School Information System (PSIS) Oct. 1 2017 collection.
- xiii As a Connecticut Priority School District, the BPS District is required by statute to submit K-3 reading assessment results multiple times per year. Districts have the option of selecting any number and type of assessment instruments out of CSBE's approved menu of research-based reading assessments. CT State Department of Education, EdSight. (2018).
- xiv United Health Foundation. America's Health Rankings analysis of Child and Adolescent Health Measurement Initiative. (2018).
- xv Engle, P. L., & Black M. M. The Effect of Poverty on Child Development and Educational Outcomes. Annals of the New York Academy of Sciences. (2008). Retrieved from <https://bit.ly/2W0EUXZ>.
- xvi Ibid.
- xvii Sandstrom, H., & Huerta, S. The Negative Effects of Instability on Child Development: A Research Synthesis. The Urban Institute. (2013). Retrieved from <https://urban.is/2MjWu4A>.
- xviii Engle, L. P., & Black M. M. The Effect of Poverty on Child Development and Educational Outcomes. Annals of the New York Academy of Sciences. (2008).
- xix Education data retrieved and analyzed from the Bridgeport Public School District Department and the Connecticut State Department of Education, EdSight database, 2018, unless otherwise noted.
- xx As participated in the 2018 DataHaven Community Wellbeing Survey. DataHaven and Siena College Research Institute. (2018). Received from <https://bit.ly/2UQkOu0>.
- xxi Panorama Annual Student School Climate Survey, BPS District, 2018.
- xxii According to the Connecticut Department of Public Health, children are considered lead poisoned when diagnosed with a confirmed blood lead level >5 ug/dL.
- xiii Connecticut Department of Public Health. Every Smile Counts. (2017). Retrieved from <https://bit.ly/2DeCfxP>.
- xxiv Annual percentages based on 2016 and 2017 NSDUHs.
- xcv Ibid.
- xxvi Juvenile Justice Policy and Oversight Committee. Connecticut General Assembly. (2018). Retrieved from: <https://bit.ly/2CJRb6Y>.
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- xxxii As participated in the 2018 DataHaven Community Wellbeing Survey. DataHaven and Siena College Research Institute. (2018).
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# Bridgeport Child Advocacy Coalition

*The Center for Research & Advocacy at LifeBridge Community Services*

## Center for Research and Advocacy Staff

Mary Pat C. Healy	<i>Senior Director</i>
Ashley R. Blanchard	<i>Public Policy and Research Analyst</i>
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Diana Planas	<i>PLTI Coordinator</i>

## LifeBridge Leadership

Alan J. Mathis <i>President and CEO</i>	Frank Faras <i>Chief Financial Officer</i>	Monica Rivera <i>Director of Human Resources &amp; Risk Management</i>
Dawn Hatchett, LMSW <i>Executive Vice President and Chief Operating Officer</i>	Kim Johnson, MPA <i>Vice President of Marketing and Fund Development</i>	

## LifeBridge Community Services, Board of Directors

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	Linda Goldenberg	Paul Timpanelli	
	Howard Greene	Thomas Travers	
	George Kasper, Esq.	Harold Trischman, Jr.	

## Member Organizations

ABCD, Inc.	Fairfield University School of Nursing
All Our Kin	GBAPP
American Association of University Women - Bridgeport Branch	Golden Hill United Methodist Church
Big Brothers Big Sisters of SWCT	The Kennedy Center
Boys & Girls Village, Inc.	McGivney Community Center
Bridgeport Hospital	Mercy Learning Center
Bridgeport Neighborhood Trust	Mount Aery Baptist Church
Bridgeport Public Education Fund	New Beginnings Family Academy
Burroughs Community Center	Nichols United Methodist Women
Cardinal Shehan Center	Optimus Health Care
Career Resources, Inc.	RYASAP
Caroline House	The Salvation Army
Center for Family Justice	School Volunteer Association of Bridgeport
Child & Family Guidance Center	Southwestern AHEC, Inc.
Christ & Holy Trinity Church	Southwest Community Health Center
Congregation B'nai Israel	St. Mark's Day Care Center
Congregation Rodeph Sholom	St. Vincent's Medical Center
CT Against Gun Violence (CAGV)	St. Vincent's Special Needs Center
Connecticut Institute for Refugees and Immigrants	Summerfield United Methodist
Connecticut Legal Services, Inc.	Trinity Episcopal Church
Council of Churches of Greater Bridgeport	Unitarian Church in Westport
The Discovery Museum	Unitarian Universalist Church of Greater Bridgeport
Fairfield Grace United Methodist Church	United Way of Coastal Fairfield County
	Wakeman Boys & Girls Club- Smilow Burroughs Clubhouse

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**State of  
the Child  
in Bridgeport  
2018**

## **Bridgeport is resilient. Every day, Bridgeport is making progress.**

BCAC: The Center for Research & Advocacy at LifeBridge Community Services' vision is that all Bridgeport families deserve the supports needed to achieve their full potential.

We see hope and promise in creating a community in which all:

- > Are safe, supported and healthy
- > Receive a high-quality education
- > Grow up economically independent and secure

Together, we can:

- > Lead collaboratively
- > Act as an information clearinghouse
- > Organize our broader community
- > Employ facts, analytical tools, and proven best practices
- > Highlight Bridgeport's strengths

### **SPECIAL THANKS TO:**

**EDWARD S. MOORE  
FOUNDATION**

**THE TOW FOUNDATION**

