



Bridgeport Child Advocacy Coalition

The Center for Research & Advocacy at LifeBridge Community Services

State of
the Child
in Bridgeport
2017



Our Mission



LifeBridge Community Services is a nonprofit organization whose mission is to empower people in the Greater Bridgeport area to build a brighter future. We inspire and empower our clients by linking flexible, innovative programs to strengthen personal capability, develop skills, and build a pathway to economic self-sufficiency. Each client receives an individual plan of comprehensive services that are delivered through four core programs: Economic Empowerment, Youth Services, Behavioral Health, and Social Enterprises.

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 mission. 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

For over three decades, the Bridgeport Child Advocacy Coalition (BCAC) has been a vibrant coalition of community members advocating for a city in which children and families are healthy, safe, and able to thrive. This work has been driven by three core principles: coalition building, resiliency, and transformation.

In the spirit of these principles, last winter, BCAC merged with LifeBridge Community Services. By joining forces, we have strengthened our voice and increased the capacity of one of the largest social service agencies in the city, which impacts over 16,000 clients annually. Together, BCAC and LifeBridge are working to foster a more collaborative environment in order to bring about positive change for our children and families.

Why are BCAC and LifeBridge forging this renewed path together?

Because we see hope and promise! As you'll learn by reading this 2017 State of the Child Report, the child poverty rate in Bridgeport, while still high, is at its lowest since 2009, 29.6%; out-of-school suspensions and chronic absenteeism are down in our schools; nearly all of the city's children now have health insurance; and Bridgeport's median family income increased 12.7% in the past year. While we continue to confront the many challenges that face Bridgeport children, improvements such as these provide hope and motivation to continue this work, together.

For families in Bridgeport to grow and thrive, education, health and safety needs require a strategy that addresses these needs in a holistic way. The 2017 State of the Child in Bridgeport report provides you with a road map with which to learn, understand, and act upon with the rich diversity and resilience that is the Bridgeport community. We are grateful to all the teachers, social workers, health workers, police officers, parents, grandparents, clergy, advocates and others who contributed to the work and data in this report and who work tirelessly to improve the lives of Bridgeport children every single day. And, our thanks to you for joining us – BCAC and LifeBridge – as we research, advocate, educate and mobilize on behalf of our children and our community.



Mary Pat C. Healy

BCAC Senior Director

William Hass

LifeBridge President and CEO



Sara Collimore-Photography

TOTAL
BRIDGEPORT
CHILDREN

33,634

TOTAL
BRIDGEPORT
POPULATION

145,934



CHILDREN
AS PERCENT
OF TOTAL
POPULATION

23.1



Bridgeport's Children and Youth

21,040

NUMBER OF
STUDENTS IN
BRIDGEPORT
PUBLIC SCHOOLS

Age Composition

AGE	POPULATION
UNDER AGE 3	6,627
AGES 3-4	3,645
AGES 5-8	8,336
AGES 9-11	5,389
AGES 12-14	4,355
AGES 15-17	5,249
AGES 18-19	4,460
AGES 20-24	12,577

Source: U.S. Census Bureau, 2016 American Community Survey.¹



Racial and Ethnic Composition

RACE	UNDER 18	18-24
AFRICAN AMERICAN	31%	28.8%
ASIAN	1.1%	4.7%
LATINO	37.9%	29.8%
MULTIRACIAL	6.2%	4.4%
WHITE	23.9%	32.4%

Source: U.S. Census Bureau, American Community Survey, average 2012-16.

Poverty

Poverty is the single greatest threat to a child's well-being, with children of color suffering at a higher rate than White children.ⁱ Children living in moderate to extreme poverty face an increased risk of poor health and nutrition, low academic achievement, exposure to violence, abuse, and homelessness. When children grow up in poverty, it results in an inability to form positive and stable long-term relationships with parents, teachers, and their peers. Additionally, growing up in poverty exposes children to higher levels of stress with a high potential to manifest into psychological problems later in life.ⁱⁱⁱ For children and families in an urban setting like Bridgeport, the conditions of poverty can be overwhelming and debilitating.

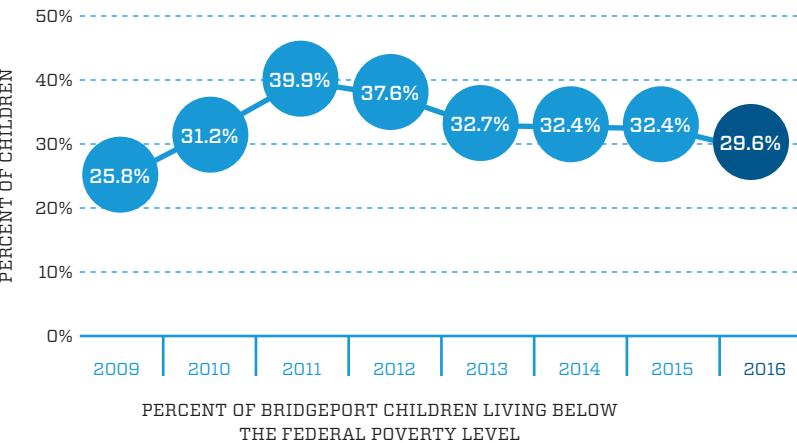
In 2016, the percentage of Bridgeport children living under the federal poverty level (FPL) was 29.6%, the lowest rate of childhood poverty since 2009. Out of the 33,634 children living in Bridgeport, 1 out of every 3 live in poverty. 31.1% of Bridgeport children living under the FPL are under 5 years old, a 25% decrease from 2015 to 2016. The average rate of child poverty from 2014-16 in Bridgeport was 31.8% of African American children, 34.6% of Latino children, and 16.5% of White children.

Although Bridgeport's rate of child poverty decreased 8.6% in 2016, it is still more than double Connecticut's declining overall rate of children living below the FPL- 12.9%. Collectively, 21.9% of Bridgeport's population lives under the FPL, compared to a statewide rate of 9.8%.

In Bridgeport, the estimated living wage for a family of three is \$35.37 per hour, more than triple Connecticut's minimum wage pay. An adult (working full-time) with two children would need to make \$73,576 in annual income before taxes to pay for the expenses of transportation, child care, housing, food, and medical costs.^{iv}

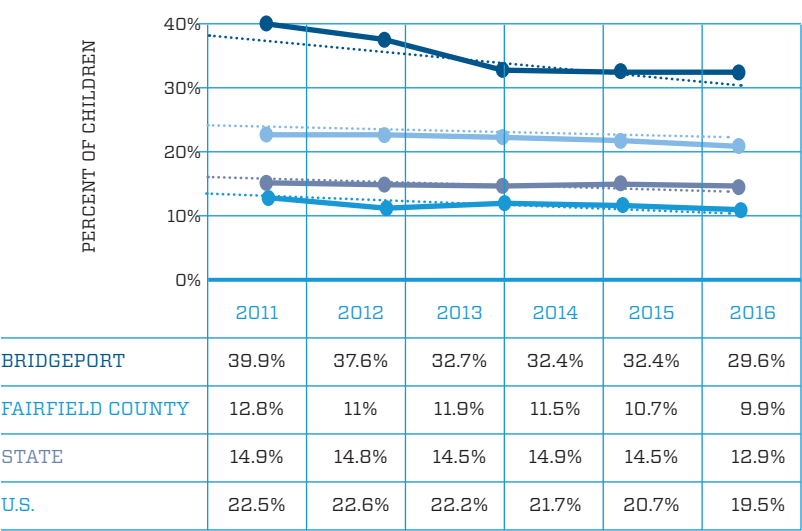
Although Connecticut's minimum wage increased to \$10.10 on January 1, 2017, motions in recent years by the Connecticut General Assembly (CGA) to increase hourly wages to \$15 (an empirically-studied rate to meet 21st century cost of living standards^v), have failed. The federal minimum wage, \$7.25, has not increased since 2009. Increasing the minimum wage is an issue that continues to be debated by the CGA and the nation.

Lowest Child Poverty Rate in Bridgeport Since 2009



Bridgeport Rate of Child Poverty is Almost Triple Fairfield County's and More Than Double Overall State Rates

PERCENT OF CHILDREN LIVING BELOW THE FEDERAL POVERTY LEVEL 2011-16



In 2016, Bridgeport started to more closely match projected trend levels of child poverty. Bridgeport's child poverty rate still surpasses that of Fairfield County, Connecticut, and the United States.

Fairfield County and State's Median Family Income Levels Eclipse Bridgeport's Income Increase

	2012	2013	2014	2015	2016
BRIDGEPORT	\$44,640	\$46,296	\$48,388	\$45,244	\$51,010
FAIRFIELD COUNTY	\$102,114	\$101,721	\$104,987	\$105,514	\$111,950
STATE	\$85,254	\$85,563	\$88,819	\$91,388	\$94,449

Bridgeport's median family income increased 12.7% from 2015 to 2016. While the median family income level has reached over \$50,000, Fairfield County and the state also saw modest increases.

11.4



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
-\$19,881



FOOD
-\$7,806



TRANSPORT
-\$8,850



CHILD CARE
-\$14,107

HOUSEHOLD DEFICIT: **-\$29,636**



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

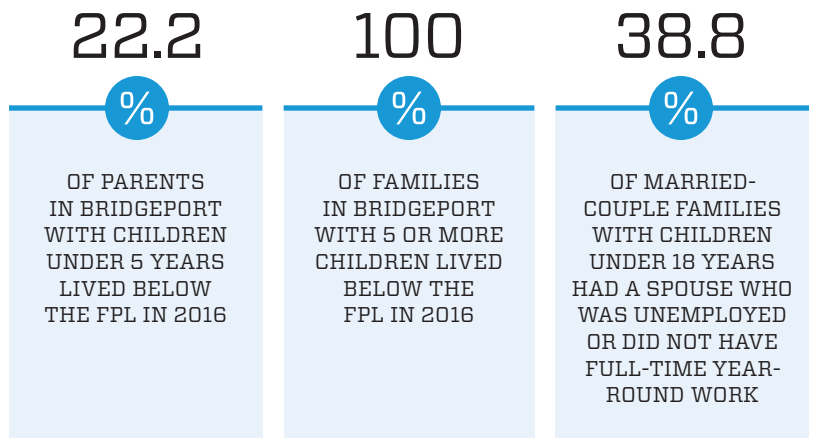
CHILD HUNGER

As of December 2017, 14,187 Bridgeport children lived in families enrolled in the Supplemental Nutritional Assistance Program or SNAP (formerly known as food stamps). Statewide, there were 136,987 children enrolled in SNAP.

An estimated 10% (94,040) of Fairfield County children suffered from food insecurity in 2015 compared to 12.2% of children statewide.^{vi} Food insecurity is defined as the inability to afford or access enough food for an active, healthy lifestyle. 12.3% of Connecticut households are food insecure with another 6.4% reporting very low food security.^{vii}

FAMILY STATUS

In 2016, 52.7% of Bridgeport children under the age of 18 lived in single-parent families (44.5% with a single mother and 8.2% with a single father), compared to 32.3% of children statewide (25.9% with a single mother and 6.4% with a single father). In Bridgeport, the number of single male-headed households increased 28.1% in 2016.



In 2016, 41.3% of single female-headed households with children under the age of 18 in Bridgeport lived in poverty (declining 7.3% since 2015), compared to 15.8% of families under the FPL with children under the age of 18 headed by married couples.

In 2016, 1,006 Bridgeport children were cared for by a grandparent, a 25% decrease from the 1,343 children recorded in 2015.



Voting in Bridgeport

What is the Current Climate and How Do We Advance?

Social change occurs at a significant pace when people vote and vote in all areas of government. For example, elections for local government positions such as the board of education or city council impact communities greatly, yet they consistently garner the lowest voter turnout. Locally elected officials affect nearly every aspect of everyday life including: policing and public safety, the educational and environmental quality of schools, public transit, job training programs, and more.

Bridgeport Votes: Fast Facts

BRIDGEPORT ELIGIBLE VOTERS	69,231
BRIDGEPORT REGISTERED VOTERS	20,809
BRIDGEPORT VOTER TURNOUT, 2017	9.87%
WESTPORT VOTER TURNOUT, 2017	47.54%
STATEWIDE VOTER TURNOUT, 2017	30.01%

Participating in elections gives constituents a chance to hold their elected officials accountable, and therefore help to create positive change in their country, states, cities and towns. Just as people are fervently invested in national elections, state and local races are equally as important. Voting is particularly important among marginalized communities as greater voter turnout inherently increases the quality of their representation.^{viii} Communities must vote in every election, not just presidential elections.

Voter participation rates in Bridgeport are significantly behind the state average and their suburban neighbors, particularly in municipal elections. Additionally, lower income communities oftentimes lose voters simply because of misinformation, inaccurate voter lists and long lines. Nationally, this translates into millions of votes.

Recommendations for Voter Engagement in Bridgeport:

- > Educate on the importance of voting and its connection to community health and well-being.
- > Conduct trainings on nonpartisan voter engagement.
- > Identify barriers to voting, particularly among marginalized and disenfranchised populations, and pinpoint systemic and structural policies to update, alter, remove, or create.^{ix}

BRIDGEPORT DISTRICTS

131
137
136

HAVE THE
LOWEST VOTER
TURNOUT RATE

THESE DISTRICTS
INCLUDE:
DOWNTOWN
BRIDGEPORT,
SOUTH END,
BOSTON AVENUE/
MILL HILL, AND
EAST END

BRIDGEPORT DISTRICTS

130
134

(BLACK ROCK)

(NORTH END)

HAVE THE
HIGHEST VOTER
TURNOUT RATE

Economic Insecurity

Stable economic security is essential to maintaining a safe and healthy environment for children and families. In Bridgeport, barriers such as lack of steady income, affordable housing, and reliable means of transportation, as well as the prevalence of family homelessness, weaken the economic stability that children need to thrive. In addition, children and youth are particularly vulnerable as they move through developmental transitions such as puberty or graduating from high school. Teens living with economic instability are often forced to postpone plans of an educational future and instead seek increasingly scarce, often poorly-paid jobs in order to contribute to the household economy. By advocating for and developing policies that work toward lifting those facing or living in economically unstable environments out of poverty, we will achieve greater economic futures for individuals and families in Bridgeport.

HOUSING

In 2017, the fair market rent for a two-bedroom apartment in greater Bridgeport was \$1,243 a month.*

The 2017 fair market rent in Bridgeport (\$1,243) was 71% 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 2,564 public housing units in Bridgeport, of which 1,882 (73.4%) are two bedrooms or more. As of January 2018, there were 1,144 families on the waiting list for public housing in Bridgeport.

As of January 2018, there were 2,763 Bridgeport families using Section 8 rental assistance vouchers, with 2,692 families on the waiting list.

58.5% of White Bridgeport residents owned a home in 2016 versus only 27.9% of African Americans and 28.8% of Hispanics.

HOMELESSNESS

From October 1, 2016 to September 30, 2017, 146 children spent time in a Bridgeport area homeless shelter, a 17.9% decrease from 2015-16. Of these children, 57 (39%) were under the age of six.

71 Bridgeport families and 901 families statewide spent time in a homeless shelter in 2016-17.

In 2016-17, there were 4.3 homeless children in Bridgeport shelters per 1,000 children compared to the statewide rate of 2.1 homeless children per 1,000 children.

FROM 2012-16

20.9



OF BRIDGEPORT
RESIDENTS WITH
A DISABILITY
EARNED LESS
THAN \$5,000 OVER
12 MONTHS

EMPLOYMENT

The unemployment rate in Bridgeport increased from 6.3% in November 2016 to 6.5% in November 2017. Bridgeport continues to have the highest unemployment rate in Fairfield County and in 2017 ranked third in the state for those out of work or unable to find a job.

Connecticut's seasonally-adjusted unemployment rate as of December 2017 was 4.6% compared to an overall national rate of 4.1%.

In 2016, the unemployment rate for Bridgeport youth ages 16-19 who were looking for work was 47.6%, a 49.6% increase from 2015 and a 55.5% increase since 2006 (30.6%). The percentage of unemployed youth in Bridgeport remains higher than in Fairfield County (23%) and statewide (22%).

TRANSPORTATION

In 2016, 20% of occupied households in Bridgeport did not have a car (a 9.5% decrease from 2015), compared to 7.5% in Fairfield County and 9% statewide. 12.2% of Bridgeport residents carpooled to work, while 12.5% used public transportation.

An estimated 35.2% of Bridgeport workers using public transportation were living under 149% of the FPL in 2016, compared to 38.8% in 2015. 5.6% of Bridgeport residents travel outside of the state for work. In 2016, 13.8% of Bridgeport residents moved but stayed within Fairfield County.



1
IN
3

CHILDREN IN
BRIDGEPORT LIVE
IN POVERTY

THE LARGER IMPACT OF ECONOMIC INSECURITY



In an environment in which un-or-under employment is predominate, housing costs are far beyond what is affordable, and supplemental income is nonexistent, such conditions adversely affect children. Based on the data presented in this section, Bridgeport children and families face a multitude of inequalities.

Consider:

- > Bridgeport's median family income has only increased 12.8% in the past decade compared to Fairfield County's 17.4% increase.
- > Bridgeport continues to maintain the highest unemployment rate of any city or town in Fairfield County for over ten years.
- > A Bridgeport parent working full time who has more than one child can easily slip into thousands of dollars of debt just trying to cover basic expenses.

These inequalities in one of the wealthiest regions in the country only serve to deepen intergenerational poverty. As we work towards a better future for Bridgeport children, our priority must be supporting families' economic security with gainful employment, access to fair housing and reliable transportation.

Early Childhood Development, Education & Child Care

Quality early childhood care and education produce measurable short-term and long-term benefits for child development. Children who are exposed to stable child care are statistically more successful mentally, physically, emotionally, and socially later on in life.^{xi} Unfortunately in Bridgeport, large disparities remain in access to preschool and childcare for low and middle-income families. Thus, the number of children who attend early childhood education programs continues to fall short of both statewide and Fairfield County rates. In order for Bridgeport children to reach their full potential, it is crucial we continue to advocate for the quality child care they inherently deserve.

CHILD CARE CAPACITY AND NEED

In 2016, there were 9.8 child care spaces per 100 children under the age of 3 in Bridgeport, compared to 18.0 spaces per 100 children under the age of 3 statewide. Between 2016-17, Bridgeport lost 38.1% of Care4Kids^{xii} slots. Slots for infants and toddlers declined the most at 44.7% when compared to slots lost for preschool or school-aged children.

In 2016, 56.2% of children under the age of 6 and 61.5% of children ages 6-17 lived in families in which both parents were in the labor force.

Out of the 1,987 Bridgeport children born in 2016, only 27.7% were served by the Connecticut Birth to Three System from July 2016 through June 2017.^{xiii}

There are 7,753 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 2018 have yet to be re-opened.



CHILD CARE COSTS & QUALITY

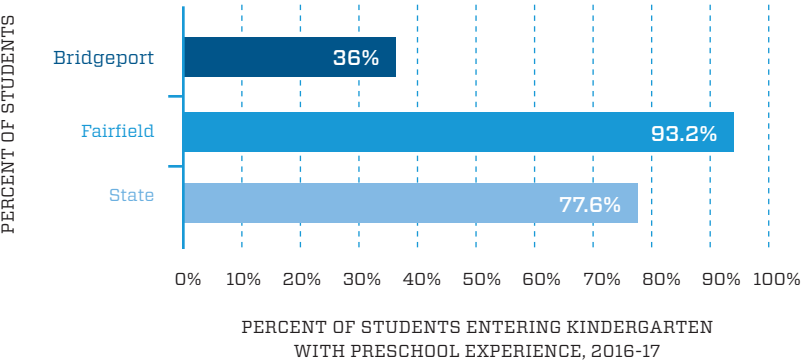
In 2017, the average cost for full-time licensed child care for infants and toddlers was \$291 per week at a daycare center and \$203 per week at a family daycare. For preschool-aged children, the average cost per week was \$239 at a full-time daycare center and \$194 at a family daycare.^{xiv}

In 2015, Connecticut was ranked 26th nationally for least affordable center-based infant care and 30th for least affordable family-based infant care. For single parent households, Connecticut holds the 14th spot in affordability of center-based care for infants to school-aged children.

2,323 children attend Bridgeport child care centers or preschool programs accredited by the National Association for the Education of Young Children (NAEYC) or its equivalent. In addition, 1,003 children attend programs that meet standards established by Head Start.

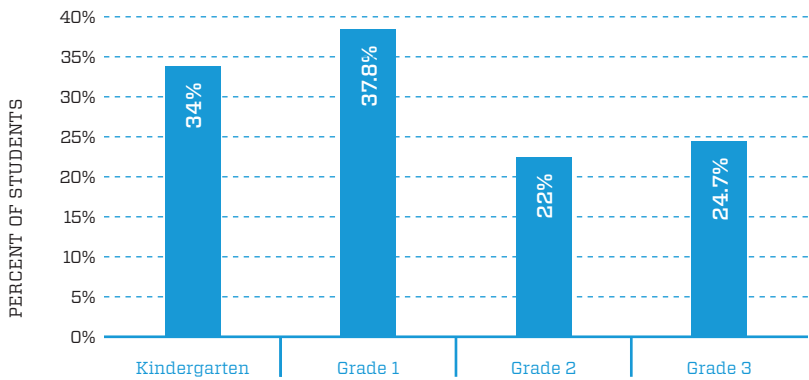
EARLY CHILDHOOD EDUCATION AND DEVELOPMENT

Bridgeport Public School Kindergarteners with Preschool Experience is Far Below Fairfield and State Rates



Less than half of all Bridgeport Public School (BPS) kindergarteners enter school without preschool experience.^{xv}





PERCENT OF BPS STUDENTS FOUND TO BE SUBSTANTIALLY DEFICIENT IN UNIVERSAL READING ASSESSMENTS, 2015-16

In July 2014, the Connecticut State Board of Education (CSBE) approved a menu of research-based reading assessments for grades K-3. 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 reading assessments. These assessments assist in identifying, in whole or in part, students at risk for Dyslexia or other reading-related learning disabilities.^{xvi}

In 2014, the Institute for Child, Youth and Family Policy and the Kirwan Institute for the Study of Race and Ethnicity developed the Child Opportunity Index (COI), a measure of neighborhood-based opportunities that influence children's health and development. In the study of Bridgeport's COI, all 84 neighborhoods were found to offer low to very low opportunity overall in the domains of Educational, Health and Environmental, and Social and Economic Opportunity.



**ADVERSE
CHILDHOOD
EXPERIENCES
(ACES)**

ACES AFFECT
MORE THAN
95,000
CHILDREN
UNDER SIX IN
CONNECTICUT^{xvii}

CHILDREN EXPOSED TO ACES BEFORE THE AGE OF 7 ARE AT INCREASED RISK FOR:

ADOLESCENT PREGNANCY 7.2% OF BRIDGEPORT YOUTH UNDER 20 ARE TEEN MOTHERS

ALCOHOLISM AND ALCOHOL ABUSE 9.89 BRIDGEPORT LIVES ARE LOST DUE TO ALCOHOL-INDUCED DEATHS PER 100,000 RESIDENT COMPARED TO 6.09 STATEWIDE

HEART DISEASE 259 BRIDGEPORT RESIDENTS DIE FROM HEART DISEASE EACH YEAR, THE HIGHEST HEART DEATH RATE IN CT

WHAT CAN WE DO? INCREASE TRAUMA SCREENINGS FOR CHILDREN 6 AND UNDER, IMPROVE UPON AND ENSURE FIDELITY OF CONNECTICUT'S TRAUMA-INFORMED SYSTEM, AND INCREASE COLLABORATION AND COMMUNICATION BETWEEN TRAUMA-INFORMED SERVICE PROVIDERS.

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



Early childhood care and education have a tremendous impact on a child's life outcomes, yet only 36% of Bridgeport's children enter kindergarten with some sort of preschool experience. Investing in programs that provide affordable, quality childcare and early childhood education not only benefit a child's future education, but also boosts future earnings and long-term health while reducing crime.^{xviii}

Consider:

- > Public investments in early childhood education have a 13% annual rate of return, taking into account a child's future earnings and social contributions.
- > Offering on-site or free childcare in Bridgeport puts over \$20,000 back in parents' pockets to be used for living expenses or other goods and services that boost the state's economy.

Investments in early childhood care and education can alleviate tough choices many Bridgeport families face, such as having to decide between paying for childcare or dropping out of the workforce. Furthermore, if reliable, affordable, childcare choices are available, parents are emotionally healthier when they return to work, resulting in positive outcomes for employers, families, and a stronger community in general.

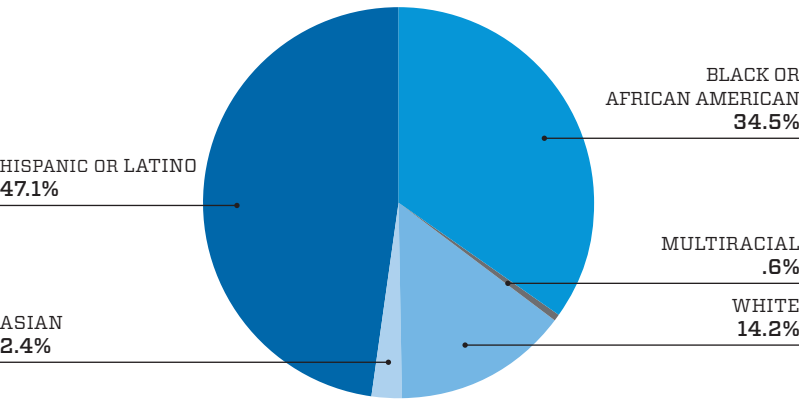
Education

The educational opportunities granted to Bridgeport students are crucial to their future success. Bridgeport schools strive to provide every student with twelve years of high-quality public education to prepare them for great achievements beyond high school. However, various adverse conditions such as lack of funding and adequate staff prevent too many students from fully attaining academic success. However, even with the adversities Bridgeport’s schools face, the district has begun to see steadily improved standardized test scores, decreased suspension rates, and great success in its nationally recognized social and emotional learning initiatives. The BPS District along with community members must work together in order to move Bridgeport towards a brighter educational future; one in which all children are able to thrive and reach their fullest potential.

BRIDGEPORT PUBLIC SCHOOL STUDENT PROFILE

As of October 1, 2017, there were 21,040 students in the Bridgeport Public School District.^{xix}

Racial and Ethnic Composition of Bridgeport Schools, 2016-17



During the 2016-17 school year, 100% of Bridgeport Public School students were eligible for free or reduced-priced breakfast and lunch because they lived in families earning less than 185% of the federal poverty level (\$37,296 for a family of three in 2016), compared to 35.8% of students statewide.

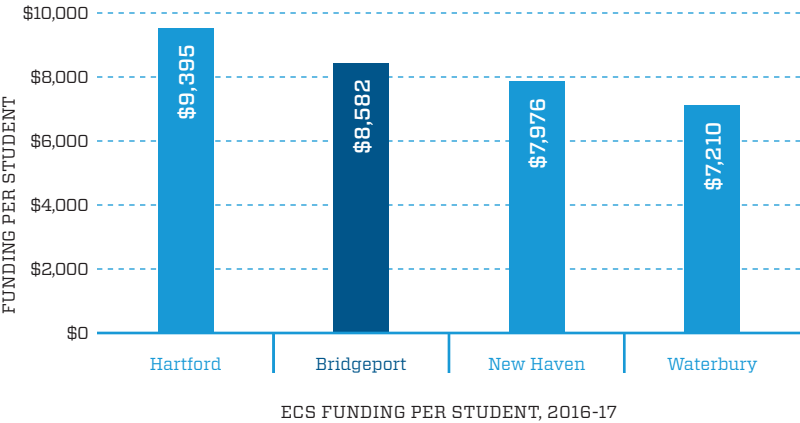
During the 2016-17 school year, 14.7% of Bridgeport students (3,104) were not fluent in English, compared to 6.8% of students statewide. Bilingual education is provided in Spanish and Portuguese for all students. There are currently 73 languages spoken by students in Bridgeport schools.

Breakout of Bridgeport Special Education Students by Category, 2016-17

AUTISM	8.6%
EMOTIONAL DISTURBANCE	7.4%
INTELLECTUAL DISABILITY	5.2%
LEARNING DISABILITY	40.9%
OTHER DISABILITIES	11.0%
OTHER HEALTH IMPAIRMENT	18.1%
SPEECH / LANGUAGE IMPAIRMENTS	8.8%

15.2% of Bridgeport students (3,199) received special education services in 2016-17, compared to 13.4% statewide (72,420). Over the 2016-17 school year, 363 students with special education needs were placed out-of-district, a 6.7% increase from 2015-16.

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



In late 2016, a Connecticut Superior Court decision in the 10+ year Connecticut Coalition for Justice in Education Funding (CCJEF) v. Rell case ruled that Connecticut state government is not fulfilling its duty under the state constitution to provide an adequate and equitable educational opportunity to all public school students, particularly our students in poorer school districts. Specifically, the court found that although the State’s overall spending on public schools was acceptable, it fell short of equitably distributing education aid. The State of Connecticut and CCJEF filed appeals to the CT Supreme Court. In January 2018, the CT Supreme Court overturned the 2016 CT Superior Court decision. The CT Supreme Court decided that all Connecticut schoolchildren are provided a minimally-adequate educational opportunity and therefore education policy is best left in the hands of the other two branches of state government and not the courts. CCJEF is exploring all legal remedies to have the CT Supreme Court decision reconsidered.

15



OF BRIDGEPORT
ADULTS AGED 18+
SELF-REPORTED
HAVING POOR
MENTAL HEALTH,
THE SECOND
HIGHEST RATE
IN CT^{xx}

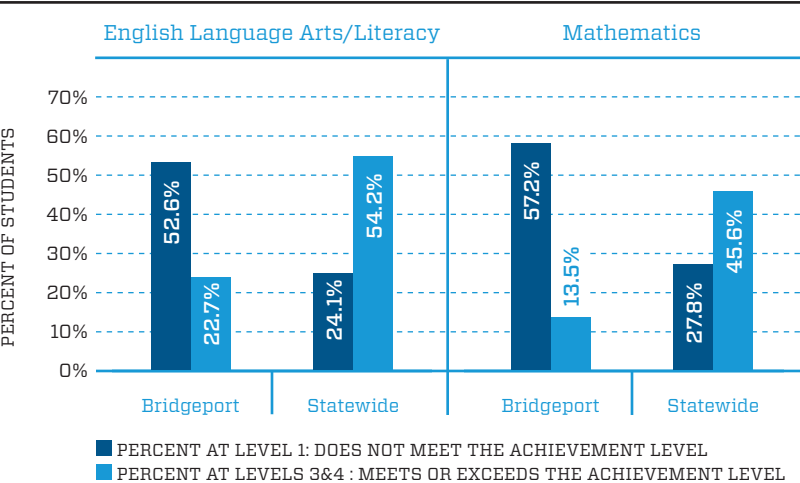
A CENTRAL HIGH SCHOOL TEACHER REFLECTS

Shaun Mitchell, a teacher at Central High School in Bridgeport, appreciates the diversity that comes with teaching in an urban environment. One of only three Connecticut recipients of the Nellie Mae Education's 2017 Lawrence W. O'Toole Teacher Leadership Award, Mitchell is committed to guaranteeing his students a personalized learning environment in which they learn and advance at their own pace. The award recognizes public high school teachers who are spearheading student-centered approaches to learning throughout New England. Mitchell developed a program called Project Citizen, a literacy lab for Central students that encourages them to be active civic leaders and to write for change. His approach to student-centered learning cultivates critical thinking and inspires students to make meaning of their curriculum on their own terms. A student-centered classroom builds up a student's self-esteem and gives the student a chance to see tangible results from their efforts because they are that much more engaged and connected to their daily learning. Along with public recognition of Mitchell's work, the award is supplemented with a \$15,000 grant to be used to advance his efforts to drive student-centered learning and provide young people with a strong foundation for future success. Mitchell says of living and teaching in Bridgeport: "It gave me a sense of purpose, it gave me a sense of self...and it gave me something to believe in."

In the 2015-16 school year, out of 1,731 BPS teachers, 75.5% were White, 10.8% were Hispanic, 11.2% were Black or African American, and 2.4% were of Asian or Native American descent. Across 38 schools, the BPS District employed 111 full time counselors, social workers, and school psychologists, 114 paraprofessional instructional assistants, and 259 special education paraprofessional instructional assistants.

STANDARDIZED TESTING RESULTS

Smarter Balanced Assessment Results, 2017



PERCENT OF BRIDGEPORT PUBLIC SCHOOL DISTRICT AND STATEWIDE STUDENTS ACHIEVING LEVELS 1, 3, AND 4 ON THEIR SBARs, 2016-17



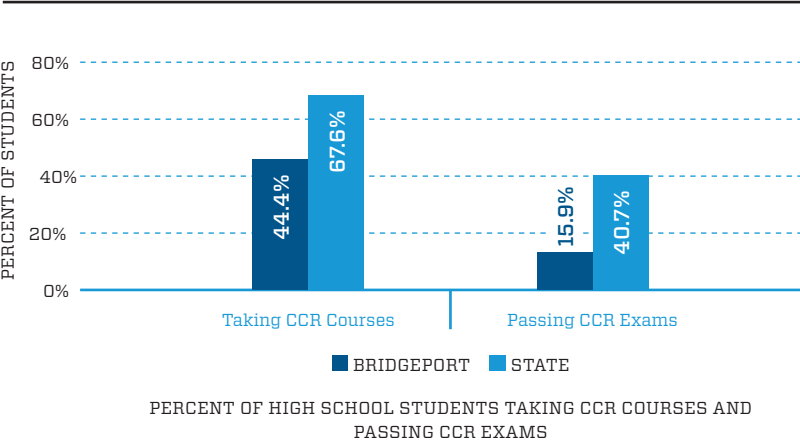
COLLEGE READINESS

Over the past three school years, BPS students have improved 28.9% in English and Language Arts and 27.5% in Mathematics on the SAT.

Bridgeport SAT Scores Compared to Statewide Scores, Class of 2017

	ENGLISH AND LANGUAGE ARTS	MATHEMATICS
BRIDGEPORT	454	435
STATEWIDE	524	507

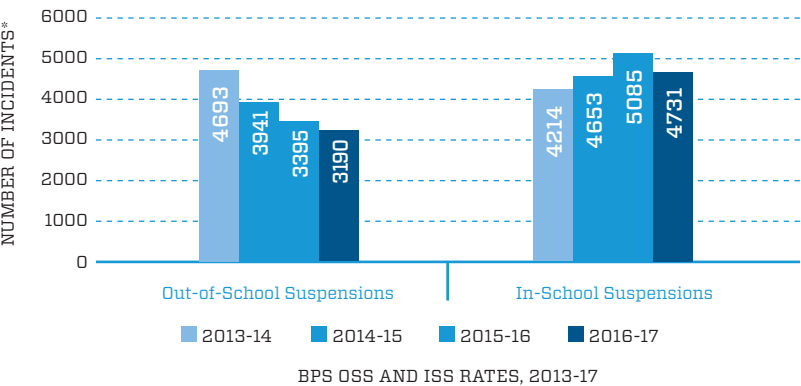
College-and-Career-Readiness Course-Taking, 2015-16



SCHOOL DISCIPLINE

During the 2016-17 school year, BPS students received 3,190 out-of-school suspensions (OSS), a decrease of 6% from the previous school year. 4,731 in-school suspensions (ISS) were given in 2016-17, a decrease of 6.9% from 2015-16. The 2016-17 school year is the first year ISS rates have declined since 2013-14.

BPS Sees First Decline in ISS Rates Since 2013-14



*"Incidents" means the total number of suspensions given.

Students receiving special education services during the 2016-17 school year received 1,183 OSS, an 8.3% decrease from the 1,291 given in the previous academic year. The number of special education students with ISS also decreased, from 1,333 in 2015-16 to 1,215 in 2016-17 (an 8.8% decrease).

Expulsions have increased 18% from 2015-16 (76) to 2016-17 (90).

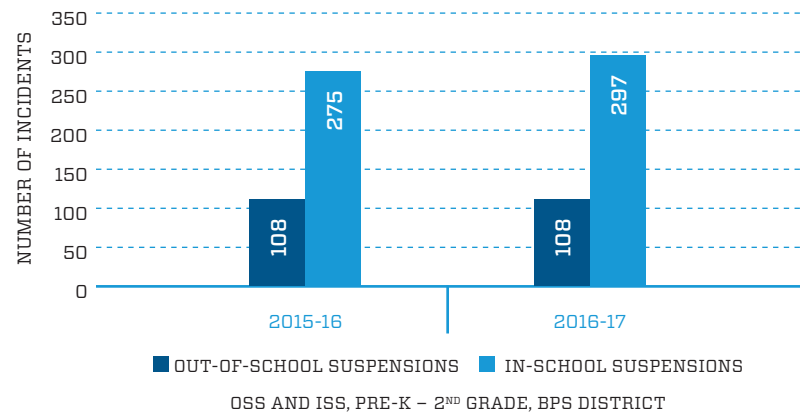
African American students represented 51% of all out-of-school suspensions given in 2016-17, compared to 43% of Hispanic students and 6% of White students.



PRE-KINDERGARTEN-2ND 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 2016-17 school year, BPS ordered 108 out-of-school suspensions for children in preschool – 2nd grade.

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



For more in-depth information on Bridgeport Public School suspensions, please see our 2017 report: “Improving School Climate Through SEL: A Case Study.”

Major Types of Violations for Out-of-School Suspensions

INCIDENTS	DAYS SUSPENDED
FIGHTING/ALTERCATION/ PHYSICAL AGGRESSION	648
INSUBORDINATION/DISRESPECT	358
PHYSICAL ALTERCATION	170
SERIOUS DISORDERLY CONDUCT	165
DISRUPTIVE BEHAVIOR	153

Elementary and high school students receive OSS for a wide array of violations. 12.7% of all OSS are for non-violent, minor incidents.

NEARLY

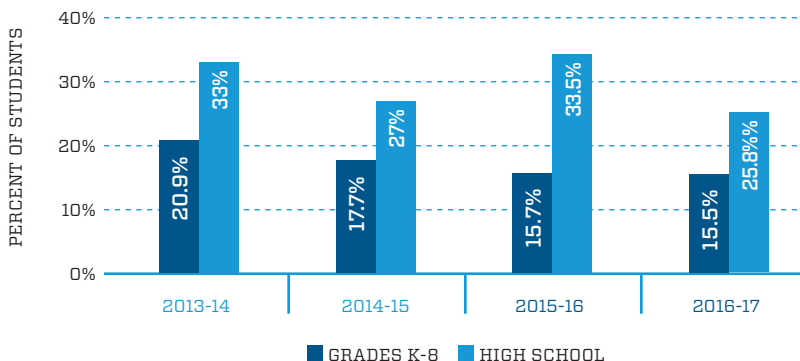
1
OUT OF
5

STUDENTS WERE
IDENTIFIED AS
CHRONICALLY
ABSENT IN
2016-17

ABSENTEEISM AND MOBILITY

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 2016-17 school year, 18.9% of Bridgeport students were chronically absent.

Chronic Absenteeism Decreases Across all Grades



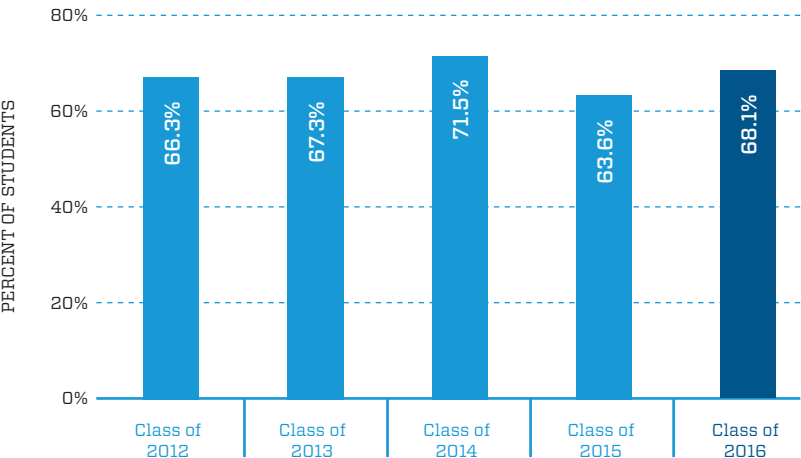
FOUR YEAR CHRONIC ABSENTEEISM TREND, BRIDGEPORT PUBLIC SCHOOLS

Children in pre-kindergarten – 2nd grade represent 29.9% of the entire BPS student population and make up 28.8% of all elementary chronic absenteeism cases.

Frequent moving between schools can impact student achievement, school-appropriate conduct and stability difficult to achieve. BPS students had a 35.3% mobility rate in 2016-17. Elementary school children continue to have the highest rates of mobility compared to high school students. Mobility is defined as the rate at which students enroll and withdraw from schools around the BPS District.



Bridgeport Students' Graduation Rate Increases



BPS HIGH SCHOOL GRADUATION RATES

68.1% of Bridgeport's Class of 2016 graduated high school within four years, compared to 87.4% statewide.

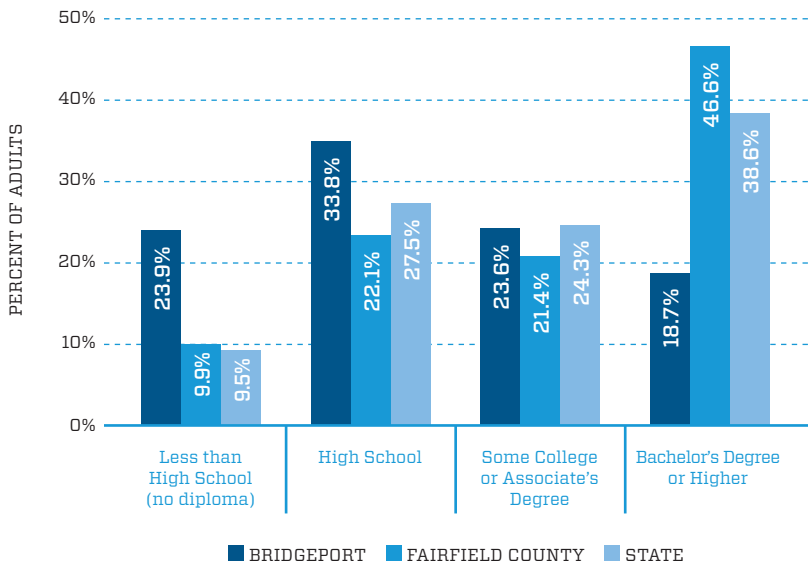
English Language Learners (ELL) in the BPS District graduate at a lower rate than students with English as their primary language. 60.7% of ELL students graduated with a high school diploma in 2016, compared to 65.1% non-ELL students.

51.7% of Bridgeport students receiving special education services in 2015-16 graduated with a standard high school diploma (an 8.6% decrease from 2014-15), compared to 65.2% statewide.

In 2016, 11,931 Bridgeport youth between ages 18-24 earned a bachelor's degree, a 5.6% increase from 2015.



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



EDUCATIONAL ATTAINMENT, ADULTS OVER AGE 25, 2016

30.4
%

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

1.6
%

DECREASE
SINCE 2013

THE LARGER IMPACT OF INADEQUATE EDUCATION



In an urban community like Bridgeport, the strength of the school system can make or break a child's long-term success. A positive school environment establishes a solid base from which a child learns life's most necessary skills and grows into a productive adult in society. Poor educational opportunities all too often have negative, lifetime impacts on young people that may hinder their personal, economic, and social futures.

By working to close academic achievement gaps, improve social, emotional, and mental health, alter traditional suspension methods, and increase the graduation rate, 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.

Health

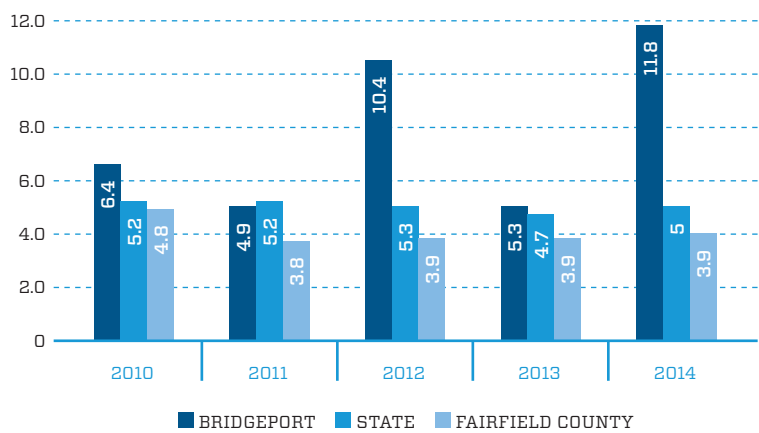
When a child or family's health care needs go unfulfilled, it is incredibly difficult for them to function properly. Access to high-quality health care is a dynamic human rights issue and remains an essential cornerstone of a child's well-being. When children develop healthily, their cognitive, social-emotional, and behavioral health are stronger and can more easily propel them to a higher quality of life.^{xxi} Public health initiatives have aided in the decline of health care issues both local and statewide, but Bridgeport still has far to go to substantially lessen its high level of chronic illnesses and major health care disparities among children and families.

INFANT HEALTH

In 2014, 14.3% of Bridgeport mothers received late or no prenatal care during their pregnancies, a decrease of 12.8% from 2013. Statewide, 12.3% of mothers received late or no prenatal care in 2014.

In 2014, the infant mortality rate in Bridgeport was 11.8 infant deaths in the first year of life per 1,000 live births, compared to 5.3 in 2013, a startling increase of 122.6%. As infant mortality in Bridgeport continues to fluctuate, statewide and Fairfield County rates have statistically remained stagnant.

Infant Mortality in Bridgeport Spikes Again, This Time at its Highest



INFANT MORTALITY, 2010-14

In 2014, the rate of neonatal deaths in Bridgeport (those within the first month of life) was 9.9 deaths per 1,000 live births, an increase of 312.5% since 2013.

In 2014, 9.2% of all Bridgeport babies were born with low birthweight (less than 5.8 pounds at birth), compared to 9.5% in 2013, and 7.6% statewide. Disorders relating to short gestation and unspecified low birthweight are the leading causes 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 3.7% statewide.

PUERTO RICAN RELIEF EFFORTS: A BRIDGEPORT RESPONSE

Considering that 39% of Bridgeport’s population is Hispanic or Latino and 51% of that population is Puerto Rican, after Hurricane Maria hit the island in late September, naturally a huge community response was prompted. Specifically, the Puerto Rican Relief Center (PRRC) which arose out of a small coalition of determined community members at the American Job Center in Bridgeport. Conceived and operated by Scott Wilderman and Rosa Correa, the center works in partnership with 47 nonprofits to support and assist people relocating to the greater Bridgeport area. As of December 2017, the center had helped over 250 families find placement and relief for their most essential basic needs. Through engagement with the Mayor’s office and the Bridgeport Office of Emergency Management, the PRRC has developed a database to

Infant Mortality, Low Birthweight, and Prenatal Care By Race and Ethnicity in Bridgeport, 2014

	AFRICAN AMERICAN	LATINO	WHITE
INFANT MORTALITY (INFANT DEATHS PER 1,000 LIVE BIRTHS)	18.9%	9.3%	6.2%
LOW BIRTHWEIGHT	12.5%	7.3%	8.6%
LATE OR NO PRENATAL CARE	17.1%	13.2%	12.4%

PREVENTATIVE HEALTH CARE

88% of Bridgeport children born in 2014 and enrolled in the State Immunization Registry and Tracking System were vaccinated against major vaccine-preventable diseases before they turned 2, once more passing the statewide rate of 87%.

PHYSICAL HEALTH

In 2016, the Child and Adolescent Health Measurement Initiative found 30.2% of Connecticut children aged 10-17 overweight or obese. For children aged 10-17 who suffered from two or more adverse childhood experiences (ACEs), about 46.2% were found to be overweight or obese.

In 2016, the Center for Disease Control and Prevention (CDC) found 34.2% of Connecticut adolescents reportedly consumed less than one vegetable a day.

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

	GRADE 4	GRADE 6	GRADE 8	GRADE 10
BPS STUDENTS, % PASSED	50.4%	49.7%	46.7%	45.4%
ALL CT PUBLIC SCHOOL STUDENTS, % PASSED	52.8%	51.4%	51.4%	50.6%

PHYSICAL FITNESS* TEST RESULTS, BRIDGEPORT PUBLIC SCHOOLS VS. STATEWIDE, 2016-17

properly register each referral, and subsequently connect them to further assistance. Furthermore, the center has recently acquired a full-time Federal Emergency Management Agency (FEMA) representative to directly register losses and grant benefits to those who have had to flee the island. It is their hope that Bridgeport will soon be deemed a FEMA disaster zone.

PRRC coordinator Rosa Correa boasted about how generous the Bridgeport community and surrounding towns have been in supporting the efforts of the center. Specifically, she gave kudos to Congressman Jim Himes and Senator Chris Murphy for their valiant efforts in donating and raising awareness. She says that the PRRC is essential to maintain, as it gives people, “an opportunity to have something, because they have lost everything.”



ASTHMA

Among Connecticut residents surveyed in 2014, 72,000 (9.6%) children and 257,000 (9.2%) adults suffered from asthma, 10.4% higher for children and 19.5% higher for adults than the average national asthma rates. Bridgeport residents along with Connecticut's four other largest cities (Hartford, New Haven, Stamford, and Waterbury) only represent 18% of Connecticut's total population but account for 46% (\$62 million) of the \$135 million asthma acute health care charges in 2014. Nearly \$12 million in asthma-related hospital charges was spent in Bridgeport in 2014.**

LEAD POISONING

In 2015, 292 Bridgeport children (4.8% of those screened) under the age of six had lead poisoning (based on a confirmed blood lead level >5 ug/dL).^{xxii} This is a 20% decrease from 2014 (365 children).

In 2015, 84% of Bridgeport children under the age of two were screened for lead poisoning, compared to 74.1% 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.

84.5% of Bridgeport occupied housing units were built before 1980, compared to 71% in Fairfield County and 70.5% statewide. 36.5% of Bridgeport's housing was built in 1939 or earlier. Lead paint was not banned nationwide until 1978.

* Physical fitness is measured by Curl Up, Mile Run, Push Up, and Sit and Reach tests.

** At the time of this publication, 2015 asthma information for Bridgeport was not obtainable. When updated information is available (projected spring 2018), an addendum will be released.



HEALTH AND ORAL HEALTH COVERAGE

According to the U.S. Census, 2.7% of Bridgeport children were uninsured in 2016, compared to 4.8% in 2015. 13.9% of the uninsured population in Bridgeport were ages 19-25. Among all Bridgeport residents, 13.1% were uninsured in 2016, compared to 13.9% in 2015. Statewide, 2.8% of children and 4.9% of all residents were uninsured in 2016, showing a continued decrease from those uninsured in 2015 (15.1% of children and 18.3% of the total population).

As of July 2017, 318,734 or 40% of all HUSKY recipients were children. The Children's Health Insurance Program (CHIP) or alternatively known as HUSKY B in Connecticut, covers over 17,000 children in CT.

In 2016, 67% of children in all HUSKY programs engaged in preventative oral health care. Total oral health care utilization of Bridgeport children enrolled in HUSKY was 72% in 2016.

TEEN AND YOUNG ADULT HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE

In 2016, 521 Bridgeport adolescents under the age of 20 were treated for sexually transmitted diseases, compared to 487 in 2015, an increase of 6.9%. Bridgeport's rate of sexually transmitted diseases in 2016 was 29.5 cases per 1,000 adolescents, compared to 11.1 cases per 1,000 adolescents statewide.

In a national study conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), 10.9% to 12.8% 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 45.1% to 53.4% of young adults aged 18-25 were recorded engaging in alcohol bingeing.

Between 8.4% and 13.9% of Connecticut residents aged 18-25 were found to have engaged in illicit drug use, excluding marijuana.^{xxiii} Another 7.4% to 9.7% admitted to needing, but not receiving, treatment at a specialty facility for illicit drug use.^{xxiv}

In 2016, the CT Department of Mental Health and Addiction Services (DMHAS) recorded 2,526 Bridgeport residents 18 years and older who were admitted into substance abuse treatment programs. There are 11 substance abuse facilities in Bridgeport, 2 of which have SAMHSA-certified opioid treatment programs.

In 2014, suicide was ranked second as the leading cause of death in 15-19 year olds in Connecticut; homicide was ranked third.

TEEN PREGNANCY

In 2014, there were 37 births by teens under the age of 18, a decrease of 31.4% compared to 2013. The 2010-14 birth rate for Bridgeport teens ages 15-19 was 34.9 births per 1,000 teenage girls, compared to the statewide rate of 14.9 births per 1,000 teenage girls.

BRIDGEPORT HAS

5

MENTAL HEALTH
FACILITIES FOR
CHILDREN AND
ADOLESCENTS

ONLY

4

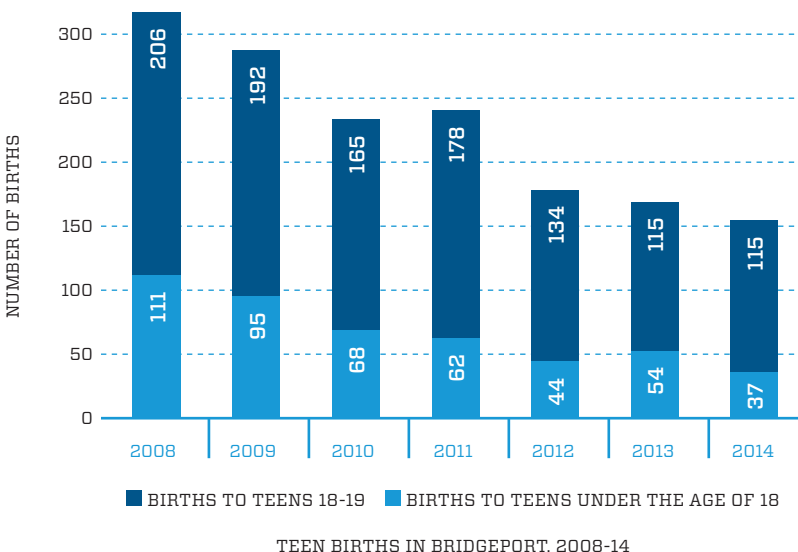
ACCEPT
MEDICAID

ONLY

3

OFFER MENTAL
HEALTH
SERVICES IN
SPANISH

Pregnancies in Bridgeport Declines for Teens Under 18, Remains Stagnant for 18-19 Year Olds



THE LARGER IMPACT OF POOR HEALTH



Many Bridgeport children miss school due to hospitalizations from asthma and lead poisoning. Many parents work multiple jobs to cover basic expenses and often fall ill from exhaustion. Hundreds of thousands of dollars are spent on covering emergency room visits by families who have no health insurance.

Consider:

- > The nearly 15% of Bridgeport residents without health insurance means more emergency room visits and fewer proactive health care practices.
- > When children grow up in neighborhoods with poor nutritional options, industrial toxins in the air and old housing that contain lead, overall poor health is too often the result.
- > Between 2012-17, an estimated over 150 Bridgeport residents died from accidental drug-related deaths, all of which were due to or involved opioids. Death by opioids have significantly increased in Connecticut from a recorded 14 in 2012 to 538 in 2017.

Unhealthy environments and chronic illnesses impact our entire community. Ensuring that children and families can continue to access high quality health care as well as advocating for, implementing, and upholding health care policies that consider the whole child's environment will lead to better futures for all.

Juvenile Justice

Over a 10 year time period, Connecticut has made significant progress in reforming systemic juvenile justice issues and reducing the number of youth involved in the system. While Connecticut's juvenile justice milestones are something to be highlighted, it is also critical to highlight areas of the system desperate for reform. The information in this section is a baseline analysis of the juvenile justice system in Bridgeport; 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: POSITIVE POLICY INROADS

Over the last 5 years, Connecticut has made several legislative strides in working to reform and improve the state's juvenile justice system.

Public Act No. 16-147

Passed in 2016, Public Act No. 16-147 made several changes to how Connecticut educates students who are expelled. Such provisions include:

- > Alternative education programs for expelled students must include educational instruction for 180 days.
- > School districts must craft individual education plans for expelled students, which must include transition plans for how the expelled student will re-enter the school environment.
- > Truancy cases or defiance of school rules will no longer be accepted as a referral to juvenile court.

The Closure of the Connecticut Juvenile Training School (CJTS)

- > As of 2016, 24% of all admissions to Connecticut Juvenile Training School (CJTS) were Bridgeport youth. CJTS is a maximum-security correctional center for boys aged 12-20 and is scheduled to close in July of 2018.

Juvenile Justice Policy and Oversight Committee (JJPOC) Recommendations

- > Nestled in the biennium state budget passed in 2017, several recommendations by the JJPOC regarding juvenile justice were passed, including:
 - A mandate for the Office of Policy and Management to report on juvenile recidivism annually.
 - A mandate for the Department of Children and Families to submit recommendations for addressing any unmet mental, emotional and behavioral health needs of children that are attributed to an increased risk of involvement in the juvenile and criminal justice systems.

The following data and analyses are some of the most significant points of juvenile justice measurement that are available today, giving us a snapshot of what it's like to be involved in the juvenile justice system in Bridgeport.

IN 2016-17

21



OF ALL
BRIDGEPORT
SCHOOL-BASED
ARRESTS WERE
OF AFRICAN
AMERICAN GIRLS
COMPARED TO

16



OF HISPANIC
GIRLS AND

1



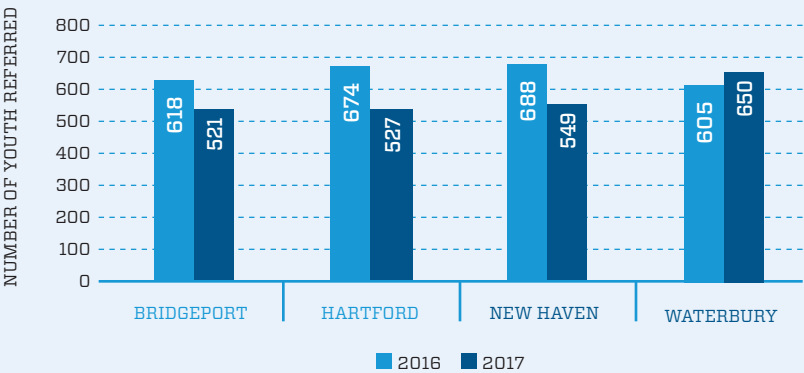
OF WHITE GIRLS

SCHOOL-BASED ARRESTS

During the 2016-17 school year, 70 school-based arrests were made in the Bridgeport Public School District, a 62.7% increase from 2015-16. 61% of students who were arrested were African American, 36% were Hispanic, and 3% were White. 61.4% of all school-based arrests were of children 15 years old or younger. Bridgeport had the third highest number of school-based arrests in Connecticut from 2016-17.

In 2016-17, 208 Bridgeport students were referred to the Juvenile Review Board (JRB), compared to 228 in 2015-16 and 253 in 2014-15. From 2016-17, 76% of youth in the JRB program completed the program successfully.

Juvenile Court Delinquency Referralsⁱ

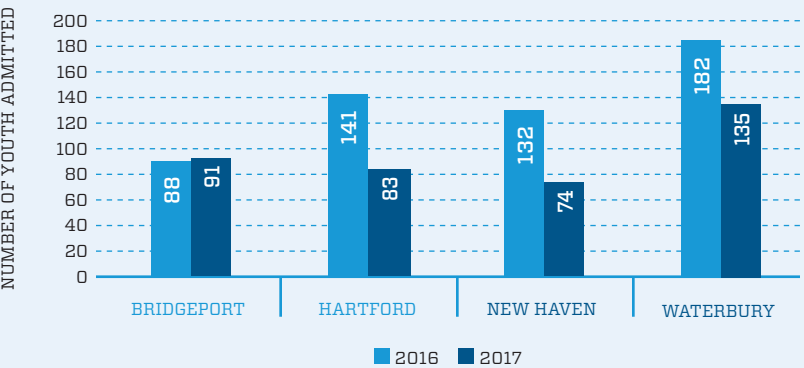


JUVENILE COURT DELINQUENCY REFERRALS FOR YOUTH UNDER 18 BY MAJOR CT CITIES, 2016-17

In 2017, African American youth made up 56% of all Bridgeport delinquency referrals to juvenile court. Hispanic youth accounted for 36% of referrals and White youth 5.3%.

46.2% of all Bridgeport juvenile court delinquency referrals were children age 15 years old or younger.

Juvenile Detention Admissionsⁱⁱ



DETENTION ADMISSIONS FOR YOUTH UNDER 18 BY MAJOR CT CITIES, 2016-17

In 2017, 65% of all juveniles admitted to the Bridgeport Detention Facility were African American, 32% were Hispanic, and 2% were White.

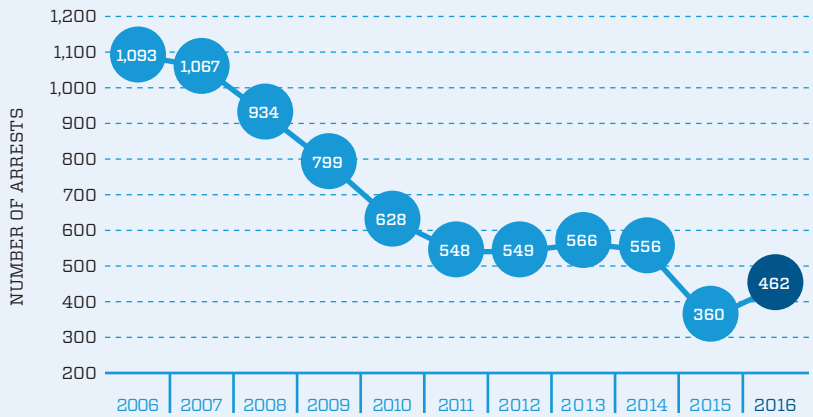
IN 2017

39.5



OF ALL
DETENTION
ADMISSIONS
WERE CHILDREN
AGE 15 YEARS
OLD OR YOUNGER.

Arrests of Bridgeport Youth Rise in 2016

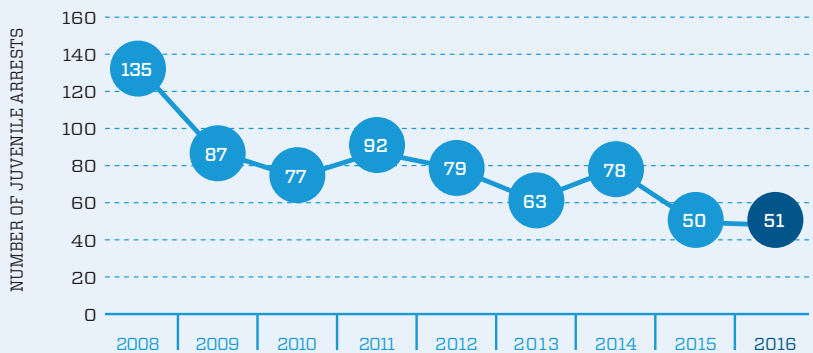


JUVENILE (UNDER AGE 18) ARRESTS IN BRIDGEPORT, 2006-16

In 2016, 255 arrests, 55% of all juvenile arrests in Bridgeport, involved children 15 years of age or younger, compared to 222 arrests in 2015.

In 2016, there were 462 juvenile arrests in Bridgeport, a 28.3% increase compared to 2015 and a 57.7% decrease since 2006. In 2016, Bridgeport's juvenile crime arrest rate was 35.1 arrests per 1,000 youth ages 10 to 17, compared to a rate of 23.0 arrests per 1,000 youth statewide.

Juvenile Arrests for Violent Crimes in Bridgeport



JUVENILE (UNDER AGE 18) ARRESTS FOR VIOLENT CRIMES IN BRIDGEPORT, 2008-16

From 2015 -16, juvenile arrests for violent crimes (defined as murder, manslaughter, rape, robbery, and aggravated assault) in Bridgeport increased by 2%.

FROM CT SYSTEM CUSTODY TO THE COMMUNITY

What happens to youth who are discharged back into the community after a long-term stay in state custody?

In Connecticut, there are several contracted agencies, nonprofits, and individuals who are responsible for supporting youth in successful transitions from custody to community. LifeBridge Community Services is the nonprofit provider of the Bridgeport region (1 of 6 regions) who provide re-entry support to youth through their Fostering Responsibility, Education, and Employment (FREE) program.

In 2017, 67% of LifeBridge FREE youth did not experience conviction from a new arrest. That same year, 57% of FREE youth remained in the community with their families. 71% of eligible high school seniors in the Bridgeport FREE program went on to graduate and 22% of graduates have entered into post-secondary education or advanced training.

Additionally, the Department of Children and Families (DCF) provides a Juvenile Justice Social Worker to all youth with a delinquency commitment to DCF. These specialized social workers are responsible for assisting youth assimilate back into their community.

Currently, there are no specialized or standard of supports in Connecticut for youth coming from short-term detention returning to their community.

KEY CHALLENGES AND STRATEGIES FOR REFORM

Improving Data Collection and Accountabilityⁱⁱⁱ

- > Improve data collection for more targeted and effective approaches to juvenile justice issues.
- > Create quality state standards and accountability in the education of out-of-home youth, education programs in custodial facilities.
- > Evaluate and develop universal collection standards for youth recidivism to guide policy, practice, and resource allocation.

Closing Gaps in Transitional Support^{iv}

- > Eliminate fragmentation among juvenile justice facilities and communities by improving: records collection and transfers, identification of youth with special needs and specialized resources, and reentry planning and support.

Creating, maintaining, and ensuring fidelity of district-wide, school-based diversion plans instead of school-by-school initiatives

- > Within such district-wide plans, include: subcategories for children of color who are disproportionately affected by the juvenile justice system, school-based discipline at the elementary and secondary level, and students with mental health issues.

Tailoring juvenile system policies, programs, and supervision to reflect the distinct developmental needs of adolescents.

- > Involve youth in every stage of their own cases, from developing service plans to placement decisions.^v
- > Engage families and other supportive adults of youth in major system decisions and processes.
- > Hold youth accountable for their actions in ways that address the harm caused to victims and communities while supporting positive behavior change, such as through the evidence-based practice model, Restorative Practices.

i Racial & Ethnic Disparities (RED) Committee data. Retrieved 2017.

ii Ibid

iii Transforming Education for Youth in Connecticut's Justice System. Tow Youth Justice Institute. (2017). Retrieved from: <http://bit.ly/2lQGcQJ>.

iv Ibid

v The Girls' Report - How young women want to change the juvenile justice system. Connecticut Juvenile Justice Alliance. (2017). Retrieved from: <http://bit.ly/2CSK9eK>.

Note: 2016 and 2017 juvenile referrals data does not include December numbers.



28



OF BRIDGEPORT
RESIDENTS
DO NOT FEEL
SAFE TO GO ON
WALKS IN THEIR
NEIGHBORHOOD
AT NIGHT^{xxviii}

Safety

When children feel safe and secure, they are healthier, happier, and better prepared to learn. Direct exposure to violence at home, in neighborhoods, or at school causes stress in children that may lead to negative long-term effects on both their mental and social development. Additionally, children who are exposed to violence are more likely to abuse drugs and alcohol; suffer from depression, anxiety, and post-traumatic disorders; fail or have difficulty in school; and engage in criminal behavior. In order to drastically reduce children's exposure to violence in Bridgeport, we must heighten our focus and engagement in safety matters.

ENVIRONMENTAL SAFETY HAZARDS

Connecticut's last remaining coal-fired power plant, Bridgeport Harbor Station (BHS), for over 45 years has been linked to pollution in Bridgeport, least of all in its residents through increased mortality incidences including lung cancer and various respiratory diseases. In 2014, BHS, "emitted nearly 1 million tons of CO₂, nearly 2 million pounds of sulfur dioxide, and 1,182,615 pounds of nitrogen oxides, making it one of the highest contributors to carbon and air pollution in the state."^{xxv} In 2012, the National Association for the Advancement of Colored People (NAACP) cited BHS as one of the top ten environmental justice offenders in the U.S.^{xxvi} BHS is scheduled to permanently close in 2021 and replaced by a cleaner-burning natural gas facility in 2019.

In 2016 the Center for Effective Government gave Connecticut a D "grade" for its number of residents of color and residents living in poverty who live within 1 mile of hazardous facilities that store high quantities of dangerous chemicals. Children of color are more than twice as likely to live within 1 mile of these facilities than their White counterparts.^{xxvii}

IMMIGRATION IN BRIDGEPORT

At the Connecticut Institute for Refugees and Immigrants (CIRI), the legal services department works tirelessly to provide low cost legal assistance to immigrants and their families. The legal services team represents over three thousand individuals looking for options to achieve permanent status in the United States. Managing Attorney Alicia Kinsman says that all too often, there are little to no options to give to undocumented residents. She says, “people live in fear every day that it might be today they’ll be detained and sent back to a country they had once fled.” Additionally, many people refuse to seek out benefits, like SNAP, that their American-born children might be entitled to, as they are fearful that they may come into contact with Immigration and Customs Enforcement (ICE) and be ripped from their homes and families. They are hesitant to call the police after falling victim to a crime for the same reason. Kinsman says that before the last election, CIRI used to prioritize their clients based on their likelihood of detainment and deportation. Now, she says, “every day is a new emergency, there is no prioritization.”

DOMESTIC VIOLENCE

In 2016, there were 1,173 arrests for family violence in Bridgeport, compared to 1,250 in 2015, a decrease of 6.1%. Bridgeport’s rate of family violence arrests was 37.0 arrests per 1,000 families, compared to 33.3 statewide.

In 2016, 30.6% of all domestic disputes resulting in an arrest occurred with a child present or involved. 8% of all victims are under 18 years old. 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 18.3%.

INCARCERATED INDIVIDUALS AND PARENTS

On any given day in 2016, there was an average of 861 inmates in Bridgeport’s correctional facility, an 11.6% decrease from the average daily population of inmates in a Bridgeport correctional facility a decade prior (974 in 2006).

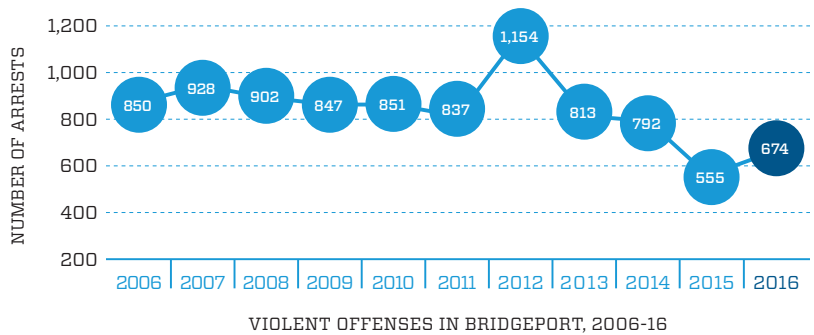
The arrest and detention of a parent can be financially and emotionally devastating to children.

The majority of pretrial detainees in Connecticut have dependent children. According to the Department of Correction (DOC), 58.3% of detainees at Bridgeport, Hartford, and New Haven correctional centers report having dependents. Nationally, 51.2% of incarcerated men and 61.7% of incarcerated women have children; 44% of those children are reportedly four years old or younger.

In June 2016 in CT, 18,034 dependents had a least 1 incarcerated caregiver.

CRIME

Violent Offenses in Bridgeport Across a Decade

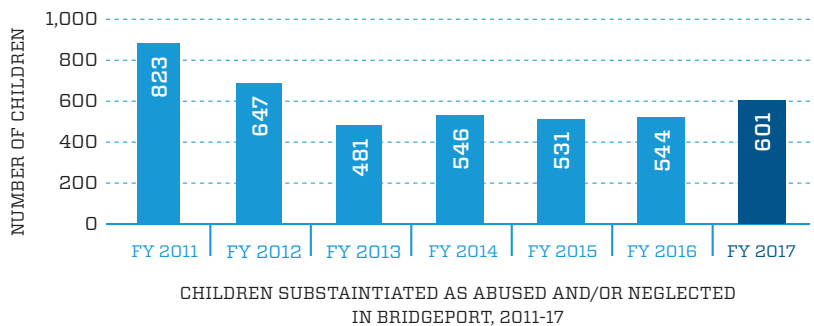


Violent offenses in Bridgeport increased 21.4% from 2015 to 2016. Over the course of a decade, violent offenses have decreased 20.7%. Murder and rape were responsible for 11.7% of all violent offenses in 2016.

In 2016, there were 3,685 arrests made in Bridgeport, a 24.1% increase from 2015.

Firearms were involved in 26.7% of all aggravated assaults and 43.7% of all robberies in 2016.

Bridgeport Child Abuse Cases Rise to Highest Rate Since 2012



From 2015-16 to 2016-17, the number of children in Bridgeport substantiated as abused and/or neglected rose 10.4%. Statewide, there was a 6.1% increase.

In 2016-17 in Bridgeport, there were 17.9 children substantiated as abused or neglected per 1,000 children, compared to 10.2 children substantiated as abused and/or neglected per 1,000 children statewide.

Restraint and Seclusion

	ALL R/S INCIDENTS	EMERGENCY RESTRAINTS*	EMERGENCY SECLUSIONS**
	INCIDENT COUNT/STUDENT COUNT	INCIDENT COUNT/STUDENT COUNT	INCIDENT COUNT/STUDENT COUNT
BRIDGEPORT	47/20	0/0	47/20
HARTFORD	172/41	172/41	0/0


* 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.

From 2015-16, 47 incidents of restraint and seclusion (R/S) in the Bridgeport Public School District were recorded, all stemming from incidents resulting in a child’s emergency seclusion. Emergency restraints decreased 100% from school years 2014-15 to 2015-16 and emergency seclusions decreased 54.8% from the same time period.

R/S procedures are intended to isolate an individual in order to reduce the risk of injury/harm to themselves or 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



Community and neighborhood safety is not only important when establishing a secure environment, but also for building a strong, cohesive community in which children and families can thrive. When children in Bridgeport grow up in an environment that lacks encouragement and support, the probability that they will remain impoverished and eventually enter the criminal justice system is drastically heightened.^{xxix}

Consider:

- > Detained youth are more likely to move deeper into the criminal justice system and report higher levels of substance abuse, school difficulties, and violence.^{xxx}
- > Several studies have shown that youth who are incarcerated are more likely to recidivate than youth who are supervised in a community-based setting or not detained at all.^{xxxi}

On behalf of our children’s future, we must continue to move away from punitive methods of youth punishment and instead explore more modern methods that offer community support while promoting rehabilitation.

BRIDGEPORT CAN OVERCOME ITS CHALLENGES

We are passionate about Bridgeport and believe in our city. Relying on the three principles of coalition building, resiliency, and transformation, we can make the seemingly impossible come true for our children, families, and the community overall. We know this because BCAC has seen what’s possible when we work together, remain resilient, and are willing to transform. Let’s come together, now and in the future, to take action and grow Bridgeport into a better place to live, work, and raise a family.

Notes, Definitions and References

- i Census data from the 2016 American Community Survey, unless otherwise noted.
- ii National Center for Children in Poverty. (2016). Retrieved from <http://www.nccp.org/topics/childpoverty.html>.
- iii Evans, G. W. (2016). Childhood poverty and adult psychological well-being. Proceedings of the National Academy of Sciences of the United States of America. Retrieved <http://bit.ly/2m6srQ>.
- iv Living Wage as calculated for a family of 3 (one adult; two children) by Massachusetts Institute of Technology (MIT), Living Wage Project, <http://livingwage.mit.edu/metros/14860>.
- v Economic Policy Institute. Why America Needs a \$15 Minimum Wage. (2017). Retrieved from <http://www.epi.org/publication/why-america-needs-a-15-minimum-wage/>.
- vi Feeding America, Map the Meal Gap, 2017, Overall Food Insecurity in Connecticut by County in 2015.
- vii Profile of Hunger, Poverty, and Federal Nutrition Programs. Food Research & Action Center (FARC). (2016). Retrieved from <http://www.frac.org/wp-content/uploads/sos-ct.pdf>.
- viii Smith, T. R. Evaluation of the Bridgeport Votes Initiative. Nancy A. Humphreys Institute for Political Social Work. (2016).
- ix Ibid.
- x 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.”
- xi Phillips, Deborah, et al. The Current State of Scientific Knowledge on Pre-Kindergarten Effects. Brookings Institution. (2017). Retrieved from www.brookings.edu/wp-content/uploads/2017/04/duke_prekstudy_final_4-4-17_hires.pdf.
- xii Care4Kids is Connecticut's child care subsidy program that helps low to moderate income families pay their child care expenses.
- xiii 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.
- xiv Licensed full-time child care center and home prices are averages, as reported by individual providers to Connecticut 2-1-1 Child Care, 2017. 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.
- xv Due to an expansion of the reporting universe, caution should be used when comparing the 2016-17 figures to prior years. Connecticut School Data Report (ED165) 2016-17 and Public School Information System (PSIS) Oct. 1 2016 collection.
- xvi CT State Department of Education, EdSight, Research-based Universal Screening Reading Assessments for Grades K-3, by Priority School Districts, Retrieved from http://edsight.ct.gov/relatedreports/approved_menu_of_research_based_k3_universal_reading_assessments_March_2017.pdf.
- xvii Supporting Young Children Who Experience Trauma (Issue brief No. 52). Child Health and Development Institute of Connecticut, Inc. (2017). Retrieved from <https://www.chdi.org/index.php/publications/issue-briefs/supporting-young-children-who-experience-trauma>.
- xviii Phillips, Deborah, et al. The Current State of Scientific Knowledge on Pre-Kindergarten Effects. Brookings Institution. (2017). Retrieved from www.brookings.edu/wp-content/uploads/2017/04/duke_prekstudy_final_4-4-17_hires.pdf.
- xix Education data retrieved and analyzed from the Bridgeport Public School District Department and the Connecticut State Department of Education, EdSight database, 2017, unless otherwise noted.
- xx Seaberry, C., & Abraham, M. Merging 500 Cities and Connecticut Data on Health Equity. DataHaven. (2016). Retrieved from <http://www.ctdatahaven.org/reports/merging-500-cities-and-connecticut-data-health-equity>.
- xxi Policy Priorities. Children's Defense Fund. (2018). Retrieved from <http://www.childrensdefense.org/policy/>
- 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. In 2013, CT DPH lowered the case management action level from >10 ug/dL to >5 ug/dL to correspond with the Centers for Disease Control and Prevention (CDC).
- xxiii Annual percentages based on 2015 and 2016 NSDUHs
- xxiv Ibid.
- xxv End Environmental Injustice in Bridgeport. CT Post. (2015). Retrieved from <http://www.ctpost.com/news/article/End-environmental-injustice-in-Bridgeport-6430804.php>.
- xxvi Ibid.
- xxvii Poverty, Race, and Unequal Chemical Facility Hazards. Center for Effective Government. (2016). Retrieved from <https://www.foreffectivegov.org/sites/default/files/shadow-of-danger-highrespdf.pdf>.
- xxviii Community Wellbeing Survey. DataHaven. (2015).
- xxix Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., & Kracke, K. 2009. Children's Exposure to Violence: A Comprehensive National Survey. Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- xxx State of the Child in Bridgeport, 2016.
- xxxi Ibid.

The Bridgeport Child Advocacy Coalition (BCAC): The Center for Research & Advocacy at LifeBridge

Center for Research and Advocacy Staff

Mary Pat C. Healy	<i>Senior Director</i>
Ashley R. Blanchard	<i>Public Policy and Research Analyst</i>
Mory Hernandez	<i>Community Organizer/Healthcare Advocate</i>

Member Organizations

A Child's World, Inc.	Golden Hill United Methodist Church
ABCD, Inc.	Hall Neighborhood House, Inc.
All Our Kin	The Kennedy Center
Boys & Girls Village, Inc.	LifeBridge Community Services
Bridgeport Hospital	McGivney Community Center
Bridgeport Neighborhood Trust	Mercy Learning Center
Bridgeport Public Education Fund	Mount Aery Baptist Church
Burroughs Community Center	New Beginnings Family Academy
Cardinal Shehan Center	Nichols United Methodist Women
Career Resources, Inc.	Optimus Health Care
Caroline House	RYASAP
Catholic Charities of Fairfield County Inc.	The Salvation Army
Center for Family Justice	School Volunteer Association of Bridgeport
The 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 (CIRI)	Summerfield United Methodist
Connecticut Legal Services, Inc.	Trinity Episcopal Church
The 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 Congregational Church of Bridgeport
Fairfield University School of Nursing	United Way of Coastal Fairfield County
GBAPP	Wakeman Boys & Girls Club- Smilow Burroughs Clubhouse

LifeBridge Community Services, Board of Directors

Steve Finnegan <i>Co-Chair</i>	Stanley Bernard	George Kasper, Esq.	Margaret Walker, Esq.
Brendan Miles <i>Co-Chair</i>	Jeanne Breen	Brian Kelly	Kenneth Weinstein
Robert Chaloux <i>Treasurer</i>	Roberta Burns-Howard	John J. Lombardi, Ph.D.	Shelby Wilson, Esq.
Ellen Tower <i>Assistant Treasurer</i>	Laura Coughlin	Chris Lyddy	Elizabeth Zezima
Edwin P. Farrow, Esq. <i>Secretary</i>	Charles E. DeBerry, Jr.	Nadine Nevins, Esq.	
Martha Gates Lord, EDD <i>Assistant Secretary</i>	Dana Fiatarone	Joan Sloan	
	Robert Filotei	Paul Timpanelli	
	Lawrence Ganim	Thomas Travers	
	Linda Goldenberg	Harold Trischman, Jr.	
	Howard Greene	Suzanne G. Wakeen	

LifeBridge Leadership

William J. Hass, PhD <i>President and CEO</i>	Craig Chang <i>Chief Financial Officer</i>	Monica Rivera <i>Director of Human Resources & Risk Management</i>
Dawn Hatchett, LMSW <i>Executive Vice President and Chief Operating Officer</i>	Kim Johnson, MPA <i>Vice President of Organizational Performance</i>	

LifeBridge Community Services
475 Clinton Avenue
Bridgeport, CT 06605
T (203) 368.5644
F (203) 368.1239

www.lifebridgect.org/programs/bridgeport-child-advocacy-coalition/

State of
the Child
in Bridgeport
2017

Bridgeport is resilient. Every day, Bridgeport is making strides in so many ways.

Together, BCAC: The Center for Research & Advocacy and LifeBridge Community Services share the vision 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

