Bringing the Comprehensive Early Head Start Model to All Vulnerable Babies and Their Families

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National Institute for Early Childhood Professional Development
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Today We Will Talk About

• Key facts for planning policies for vulnerable babies
• How Early Head Start addresses critical needs
• How states build on Early Head Start
• A framework for thinking creatively about expanding access to EHS-like services in your state/community
• But where to start? Small group conversation
• Report out and discussion
Planning Policies for Vulnerable Babies: Key Facts
Early Experiences Shape Brain Architecture

Human Brain Development
Synapse Formation Dependent on Early Experiences

- Sensory Pathways (Vision, Hearing)
- Language
- Higher Cognitive Function

Time:
- Conception
- Birth
- Months
- Years

Age:
- -8 -7 -6 -5 -4 -3 -2 -1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

Research Has Found Certain Factors Can Impair Infant/Toddler Development

- Economic hardship
- Inadequate nutrition
- Maternal depression
- Environmental toxins
- Lower quality child care
- Child abuse or neglect
- Parental substance abuse
- Family violence

Source: National Center on Children in Poverty
Disparities Begin to Emerge Early

- Disparities in children’s cognitive, social, behavioral, and health outcomes begin as early as 9 months.
  - Disparities grow larger by 24 months
  - Disparities are present by family income, race/ethnicity, home language and maternal education.

Source: Child Trends, *Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B).*
Many Babies and Toddlers Live in Poor or Low-Income Families

Infants and Toddlers by Family Income, 2008

- Above 200% of poverty, 57%
- Low-income (100-200% of poverty), 22%
- Poor (under 100% of poverty), 22%

Source: National Center on Children in Poverty
Babies and Toddlers are Becoming More Diverse

• Nearly half of babies and toddlers in the US are children of color
• One in four babies and toddlers lives in an immigrant family
• One in seven babies and toddlers has at least one LEP parent

Source: National Center for Children in Poverty.
Low-income Babies and Toddlers are in a Variety of Settings

Primary Child Care Arrangements for Children Birth to 3 with Employed Mothers

- Parent Care/No Regular Arrangement
- Center-Based Care
- Family Child Care
- Relative Care
- Nanny/Babysitter

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Note: Percentages may not add to 100% due to rounding.
Source: Jeffrey Capizzano and Gina Adams, *Children in Low-Income Families are Less Likely to be in Center-Based Care*, Urban Institute, 2003.
Early Intervention Services May Not Be Reaching Enough Babies and Toddlers

Percentage of All Young Children Receiving IDEA Services in U.S., 2007

Part C (Infants and Toddlers)

Part B (Preschoolers)

Source: Data Accountability Center, analysis of Individuals with Disabilities Education Act (IDEA) data, reported to the Office of Special Education Programs, U.S. Department of Education.
“Human relationships and the effect of relationships on relationships, are the building blocks of healthy human development.”

Babies in Child Care Need Warmth, Responsiveness and Continuity

• When caregiver/child relationships are:
  ▪ Nurturing
  ▪ Individualized
  ▪ Responsive
  ▪ Predictable
  ▪ Culturally competent

• Infants in secure attachment relationships with their caregivers are more likely to play, explore, and interact with adults in their child care setting

How Early Head Start Addresses Critical Needs

For more information, see the Early Childhood Learning and Knowledge Center
www.eclkc.ohs.acf.hhs.gov
About Early Head Start (EHS)

- Early Childhood Development
  - Center teacher to child ratios of 1 to 4, group size of 8
  - Require a CDA and EC training for all center teachers
  - Primary/consistent care
  - Cultural and linguistic competence

- Child Health (includes mental health, dental care)
  - Determine whether child has a medical home
  - Screening for developmental, sensory, and behavioral concerns
  - Extended follow up, tracking, and treatment

- Family Partnerships
  - Help families set and reach goals and access services
  - Services to expectant families
  - Family engagement and parent involvement
EHS Includes Multiple Service Options to Meet Family Needs

Children in Early Head Start Program Options
2008

Source: CLASP analysis of 2008 PIR data.
EHS Access to Medical Services for Infants/Toddlers, 2008

Source: CLASP analysis of 2008 PIR data.
EHS Links Families to a Range of Services

Family Services Most Often Accessed by EHS Families, 2008

- Parenting education: 66%
- Health education: 61%
- Emergency/crisis intervention: 25%
- Transportation assistance: 20%
- Mental health: 19%
- Housing assistance: 18%
- Adult education: 17%
- Job training: 12%

Source: CLASP analysis of 2008 PIR data.
Federal EHS Random Assignment Evaluation Findings at 36 Months

Children showed:
- Language gains
- Cognitive development gains
- Less aggressive behavior
- More positive interactions with parents

Parents showed:
- More supportive behavior
- More stimulating home environments
- More support for learning
- Less spanking
- More positive discipline techniques
But EHS Still Reaches a Small Fraction of Eligible Children

Before ARRA
• Approximately 83,600 children and 9,600 pregnant women served
• 715 programs funded

ARRA
• Added 48,000 additional slots
How States Build on EHS
20 states building on EHS in 2007


http://clasp.org/in_the_states
Building on the Promise found four main approaches

**Extend the day/year of existing services**
- California, District of Columbia, Idaho, Illinois Child Care Collaboration Program, Maine, Maryland, Montana, Nevada, New Mexico, Oklahoma, Oregon, Vermont

**Expand the capacity of existing EHS/HS programs**
- Idaho, Illinois Prevention Initiative, Kansas, Maine, Maryland, Massachusetts, Minnesota, Missouri, Oklahoma, Wisconsin

**Provide resources and assistance to child care to deliver EHS**
- Illinois Prevention Initiative, Oklahoma
- (Now Pennsylvania too)

**Support partnerships between EHS and centers and family child care to improve quality or deliver EHS**
- Illinois Prevention Initiative, Iowa, Kansas, Maryland, Missouri, Nebraska
Extend the Day/Year of Existing EHS

12 states take this approach
Extend the Day/Year of Existing EHS

• Provide additional funding (often through state child care subsidy system) through grants or contracts with EHS programs

• Implement policies to make it easier for federal grantees to use child care subsidy dollars for EHS children
  o Eligibility redetermination
  o Rates
  o Copays
Expand Capacity of Existing EHS/HS Programs

10 states take this approach
Expand Capacity of Existing EHS/HS Programs

• Strategies
  ▪ Provide grants or contracts to federal grantees to expand capacity to reach more children or to enhance the quality of EHS
  ▪ Allow pre-existing state Head Start “supplemental” funding for federal grantees to be used to provide EHS services at local discretion
Support EHS-Child Care Partnerships

6 states take this approach
Support EHS-Child Care Partnerships

• Use partnerships to deliver EHS to children in child care partner center and/or family child care settings

• Partner with family child care and family, friend, and neighbor caregivers to deliver home-based EHS model to children in their care

• Use partnerships to leverage federal resources and technical assistance and improve child care partner quality
Example: Kansas Early Head Start

- KEHS now serves 1,249 children birth to 4 and expectant mothers
- All KEHS programs must:
  - Partner with community-based child care
  - Meet federal Head Start Performance Standards
- Funded at $12.8 m with CCDBG quality dollars and a state children’s fund
- Kansas partners with federal Head Start Regional Office to access TA and monitoring resources
KEHS Supports Child Care Partners to Meet Federal Standards

- Designated local program coordinator works closely with partner child care providers
- CCR&R infant/toddler specialists partner with KEHS
- Grantee provides one-on-one support and TA
- Provide quality dollars to support smaller ratios, training, and higher education
- Grantees closely monitor child care partnerships

Source: Mary Weathers, Kansas Department of Social and Rehabilitation Services.
Provide Resources and Assistance to Child Care to Deliver EHS

3 states now take this approach
Provide Resources and Assistance to Child Care to Deliver EHS

- Award grants to child care centers to work toward meeting federal Head Start Program Performance Standards and additional state requirements
- Conduct outreach to identify interested child care centers
- Provide training and technical assistance to understand federal standards
Example: Pennsylvania’s Keystone Babies

- Infant-Toddler Systems Committee recommended an initiative for vulnerable at-risk infants/toddlers and their families
- Uses ARRA funds to support existing child care centers to meet high quality standards
- Focus on programs serving subsidy children
- Follows key elements of Early Head Start standards
  - Requires health and mental health consultations
  - Emphasis on parent engagement and involvement
  - Requires relationship with Early Intervention including early identification through screening
  - Full enrollment and prioritization of waiting list

www.pakeys.org
Building on the Promise

Opportunities

• Respected federal model and research
• Applying federal standards can improve child care
• Leveraging federal resources

Challenges

• Weaknesses in state child care systems
• Helping child care partners meet federal standards
• Collaboration across agencies and programs
• Sustaining adequate funding

Source: CLASP and ZERO TO THREE, Building on the Promise, 2008.
A Framework for Thinking About Expanding Access to EHS and EHS-Like Services
A Continuum of Ways the EHS Model Can Inform State Systems and Services

1. Connect federal EHS to state and local early childhood systems
2. Coordinate state early childhood systems to offer EHS-like services to families
3. Support community partnerships between EHS and local programs, e.g. child care and home visiting
4. Expand access to programs that meet federal Program Performance Standards for EHS
The role of the state is to engage and coordinate all components that can enhance the lives of vulnerable infant/toddlers and their families.

State actions take place along a continuum of short- and long-term activities to implement the vision.
Steps to Comprehensive Infant/Toddler Development Policies

- Early Childhood Education & Development
- Child Health
- Child Mental Health
- Child Nutrition
- Family Partnerships & Economic Supports
- Supports for Expectant Families
- Child Safe Environments

Agency Partners → Funding Sources → System Actions → Example Policies
## Steps to Comprehensive Infant/Toddler Development Policies

### Agency Partners

- Child Care Subsidy
- Child Care Licensing
- Child Care Resource and Referral
- Education
- Head Start – State Collaboration Office
- Early Intervention
- Health
- Mental Health
- Maternal and Child Health
- Public Health
- Child Welfare/Child and Family Services

### Funding Sources

- Welfare/Workforce
- Substance Abuse Services
- Adult Education/ Family Literacy
- Institutes of Higher Education/State and Community Colleges
- Immigrant/Refugee Assistance
- Home Visiting (state or local)
- Liaison with business and philanthropy community

### System Actions

### Example Policies
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  - TANF
  - Title V Maternal and Child Health Block Grant
  - New Home Visiting
  - Private Foundations
  - Business
  - Tax system
## Steps to Comprehensive Infant/Toddler Development Policies

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### Example Policies

www.clasp.org
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#### System Actions
- Plan across agencies
- Set benchmarks across early childhood
- Leverage federal funds
- Mandate linkages across agencies
- Work with Region staff
- Create cross-agency mechanisms to share funding, staff expertise and functions, and decision-making
- Support local partnerships
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**CLASP**

Policy solutions that work for low-income people
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**Example Policies**

- Fund state EHS or EHS/child care partnerships
- Make families eligible for child care subsidy as long as in EHS/HS
- Require health screenings for children in licensed or subsidized care
- Use Medicaid to pay for mental health therapy and home visits
- Make FFN eligible for CACFP and conduct outreach
- Put family support workers in subsidized child care centers or support community hubs
- Extend home visiting to low-income pregnant women, and include FFN.
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- Business
- Tax system
- Sysstems
- Reporting, and evaluation
- Women, and include FFN.
Discussion and Next Steps

- What would it take to expand access to EHS-like services in your state/community?
  - What would you like to see delivered?
  - Potential partners/funding
  - Specific systems and policy actions
Resources
Charting Progress for Babies in Child Care

A CLASP Child Care & Early Education Project

Policy Framework

The foundation of CLASP's Charting Progress for Babies in Child Care Project is a Policy Framework comprised of four key principles describing what babies and toddlers in child care need and 15 recommendations for states to move forward. CLASP developed this Policy Framework with ZERO TO THREE in the first year of the project, based on interviews with over one hundred leaders around the country.

KEY PRINCIPLES

Babies & Toddlers in Child Care Need:

- Nurturing and responsive providers and caregivers to care for them as they grow and learn
- Healthy and safe environments in which to explore and learn
- Parents, providers, and caregivers supported by and linked to community resources
- Their families to have access to quality options for their care

RECOMMENDATIONS:

- Establish Core Competencies
- Provide Access to Training, Education, and Ongoing Supports
- Promote Continuity of Care
- Promote Competitive Compensation and Benefits
- Support a Diverse and Culturally Competent Workforce

A Tool Using Data to Inform a State Infant/Toddler Care Agenda

Recent Materials
CLASP in the States

- www.clasp.org/in_the_states/
- Find fact sheets on:
  - Head Start
  - Child Care assistance
  - TANF spending
  - Infant/toddler initiatives
  - State pre-k profiles (coming soon!)
Contact Information

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202-906-8005

www.clasp.org/babiesinchildcare