

Duke | CENTER for CHILD  
SANFORD & FAMILY POLICY  
NATIONAL CONFERENCE

The Next Step in Early Childhood Policy:  
**Creating a Universal System of Care for  
Families with Young Children**

April 12, 2022 | 9 AM - 5 PM  
**Slides from Presentations**



Videos of presentations available online at  
<https://www.youtube.com/user/ChildandFamilyPolicy>

Keynote Speakers Include:



**Deborah Daro**, Chapin Hall  
9:10-9:45 AM



**Iheoma Iruka**, University of North  
Carolina at Chapel Hill  
11:10-11:50 AM



**Aisha Ray**, The BUILD  
Initiative  
11:10-11:50 AM



**Patricia Cole**,  
Zero to Three  
1:10-2:00 PM

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PUBLIC POLICY



**Continuing the Conversation in North Carolina**  
April 13, 2022 | 9 AM - 2 PM, In-Person, Invitation only



# Dr. Deborah Daro

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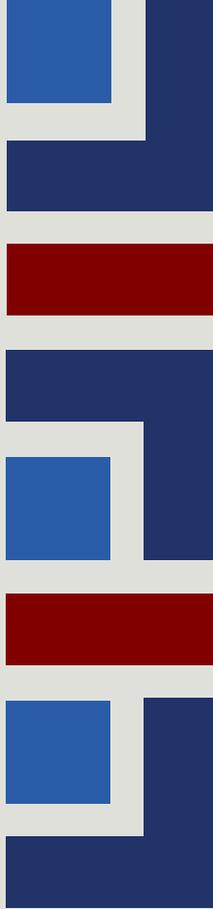
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# A Shift in Perspective

Why Now is the Time for a Universal Approach to Early Childhood Policy

Deborah Daro



# Operating Hypothesis

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We are at a crossroads – we can continue offering targeted services limited to “at risk” families OR we can reimagine a universal system of care that recognizes the common needs and aspirations of ***all parents*** and reaffirms ***our collective responsibility*** to meet these needs.



# Historical Musings

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# Two Brief Historical Snapshots

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- One Progressive Era Policy Response – Sheppard Towner Act of 1921.
- The Framing and Evolution of Child Protection Policy – 1960's to Present.



# Sheppard Towner Act 1921

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- The Act passed in 1921, following a **spirited debate** about the appropriate role of Federal policy in setting parenting standards.
- It was a **modest investment**, given the task at hand – each state received an annual “formula grant” of \$5,000 (\$80,000 in 2022 dollars) with additional funds provided based on a “competitive” process.
- The Act established **accountability standards** to document state investments patterns and program impacts.
- **PROVIDED MOTHERS UNIVERSAL ACCESS WITHOUT QUALIFICATIONS.**

# Impacts

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- State investments were diverse – sponsored 183,252 **health conferences**, built 2,978 permanent **health care centers**, and distributed 22 millions **pamphlets** and prenatal guidance letters.
- Over 700,000 expectant mothers received public health services, including **nurse home visits**.
- **Infant mortality declined** 11% during the bill's ten year period.
- Controlling for other factors, the Act accounted for 9-21% of this decline, **primarily due to a decline in White infant mortality**.

# Child Protection Policy

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- Sparked by Kempe’s seminal 1962 work - *The Battered Child*.
- In a relatively short time **all states established mandated CAN reporting systems** and the Federal Government passed the Child Abuse Treatment and Prevention Act of 1974 – **a non-poverty bill**.
- Most Federal dollars supporting child protection efforts focus on **foster care and adoption services**; investments in family preservation efforts remain modest.
- The Family First Prevention and Service Act – the most recent Federal legislative change – calls for a shift in focus and funding toward **“primary prevention.”**

# Maltreatment Prevention Policy

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- Kempe also promoted investments in prevention, suggesting that all new parents have access to **universal home visiting**.
- Prevention advocates created myriad prevention programs, with each community establishing its own continuum of services **without meaningful Federal investment or guidance**.
- In 1990's, the field focused on **early home visiting** in response to a perfect storm across the research, practice and policy domains.
- Substantial Federal investments in prevention arrived in 2005 with passage of **MIECHV** targeting support to the “highest risk” families.

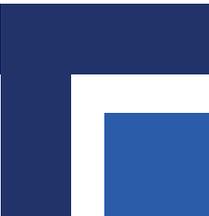
# Impacts

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- Our child protection efforts reinforce the myth that only some “unlucky children” need collective assistance, **ignoring the differential levels of support their families can access.**
- Today both intervention and treatment investments prioritize **“fixing” parents** over enriching communities.
- This fragmented child protection system lacks a **shared, equitable mechanism** to ensure that **all families** receive supports commensurate with their needs.

# Universal Renewal

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# Universal CAN Prevention Strategies

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- Public awareness and engagement efforts
- Child sexual abuse prevention programs
- Population-based home visiting programs
  - Healthy Steps
  - Welcome Baby
  - First Births
  - Family Connects



# Impacts

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- **Family Connects – Ken Dodge, Duke University (RCT)**
  - 36% fewer child abuse and neglect reports by age 48 months
  - 59% reduction in emergency care use year one
- **Welcome Baby, Los Angeles County – First 5 LA (QED)**
  - Higher emergency room use; more well-baby visits
  - More likely to receive post-partum visit.
  - Fewer second pregnancies at 36 months.
- **First Births, New Mexico – Rebecca Kilburn, RAND (RCT)**
  - Reduced emergency room use in first year of life
  - Less likely to visit pediatrician nine or more times during this period

# Critical Elements of Success

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- Method to achieve **high penetration rates** at the population level.
- Initiate **conversations with families** to engage them in discussing their concerns across a **consistent** set of domains.
- Offer an **immediate response** to salient concerns.
- **Connect families** to appropriate resources.
- Build **community capacity** and coordination.



# The Road Ahead

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# What can stop our progress?

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- **Structural Barriers**

- Organizational silos limit vision and narrow priorities.
- We still want to “fix” parents, not enhance context.
- Going to scale: one size does not fit all but we wish it did.

- **Attitudinal Barriers**

- View collective expressions of concern as intrusive.
- A “scarcity” mindset.



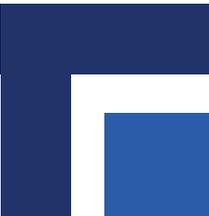
# What will help?

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- **Extending expertise** moving beyond input from “thought leaders” to include provider and participant voice.
- **Using multiple ways of learning** balancing strong evidentiary standards with learning from new methods and alternative theories of change.
- **Centering our values** on creating a culture of equity, inclusion and shared responsibility.

# Judging our Success

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# Our Challenge

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- Will we make good on our promises of equity and equality of opportunity? How will we know we have done enough?
- Will we make room at the table for differing opinions, allowing all sides of an argument to have voice and insuring our decisions reflect an understanding of these differences?
- Can we create a context in which all are comfortable asking for help and we are collectively comfortable providing it?
- Can we extend the universal platform beyond new borns, offering universal “ check-ins” at subsequent developmental stages?

# Staying the Course

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The Great Society asks not how much, but how good; not only how to create wealth but how to use it; not only how fast we are going, but where we are headed.

It proposes as the first test for a nation: the quality of its people.

This kind of society will not flower spontaneously from swelling riches and surging power.

It will not be the gift of government or the creation of presidents. It will require of every American, for many generations, both faith in the destination and the fortitude to make the journey.

And like freedom itself, it will always be challenge and not fulfillment.

*LBJ (1965)*





# Anna Gassman Pines

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# The Experiences of Low-Wage Service Workers with Young Children During the COVID-19 Pandemic

**Anna Gassman-Pines**

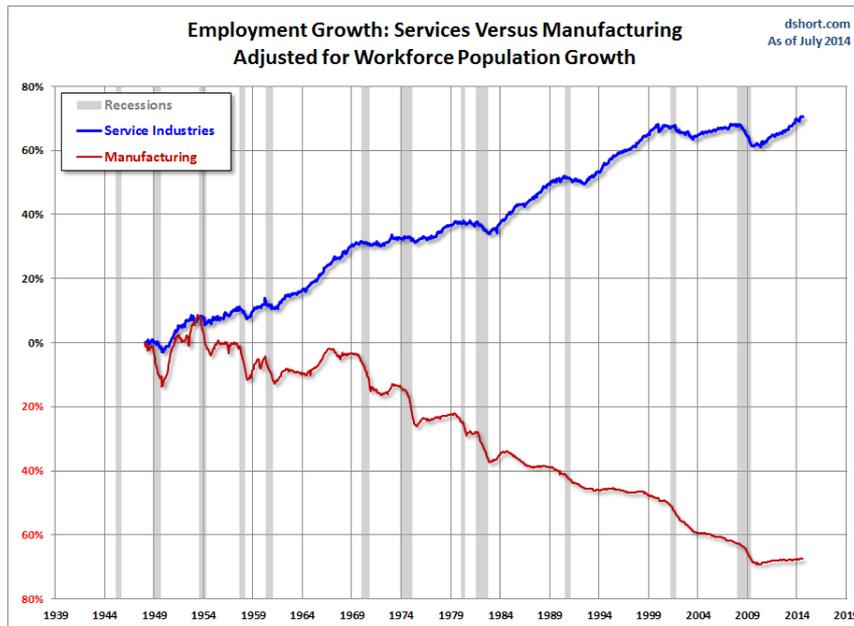
Duke Sanford School of Public Policy

# Why study service workers with young children?

- Service workers with young children are where the conflict between
  - the “ideal worker” who is always available for work, and doesn’t get paid when not needed, and
  - the laissez-faire approach of the U.S. toward how families meet their own care needsreaches arguably its most unnavigable point
- Labor activists have been arguing this for years, but policy responses have been minimal and piecemeal

# Why study service workers with young children?

- In the meantime, service work has continued to grow as a form of employment



# Why study service workers with young children?

- Service work is a growing form of employment
- Service work is characterized by high levels of unpredictability and instability in work schedules (and therefore take-home pay)
  - Research in both child development and family studies suggest these aspects of work pose risks for families and children

# Why study service workers with young children?

- Service work is a growing form of employment
- Service work is characterized by high levels of unpredictability and instability in work schedules (and therefore take-home pay)
- Policymakers actively intervening in characteristics of these jobs because of public concerns about risks to well-being of workers and children

*The New York Times,*  
August 13, 2014



[sanford.duke.edu](http://sanford.duke.edu)

Working Anything but 9 to 5

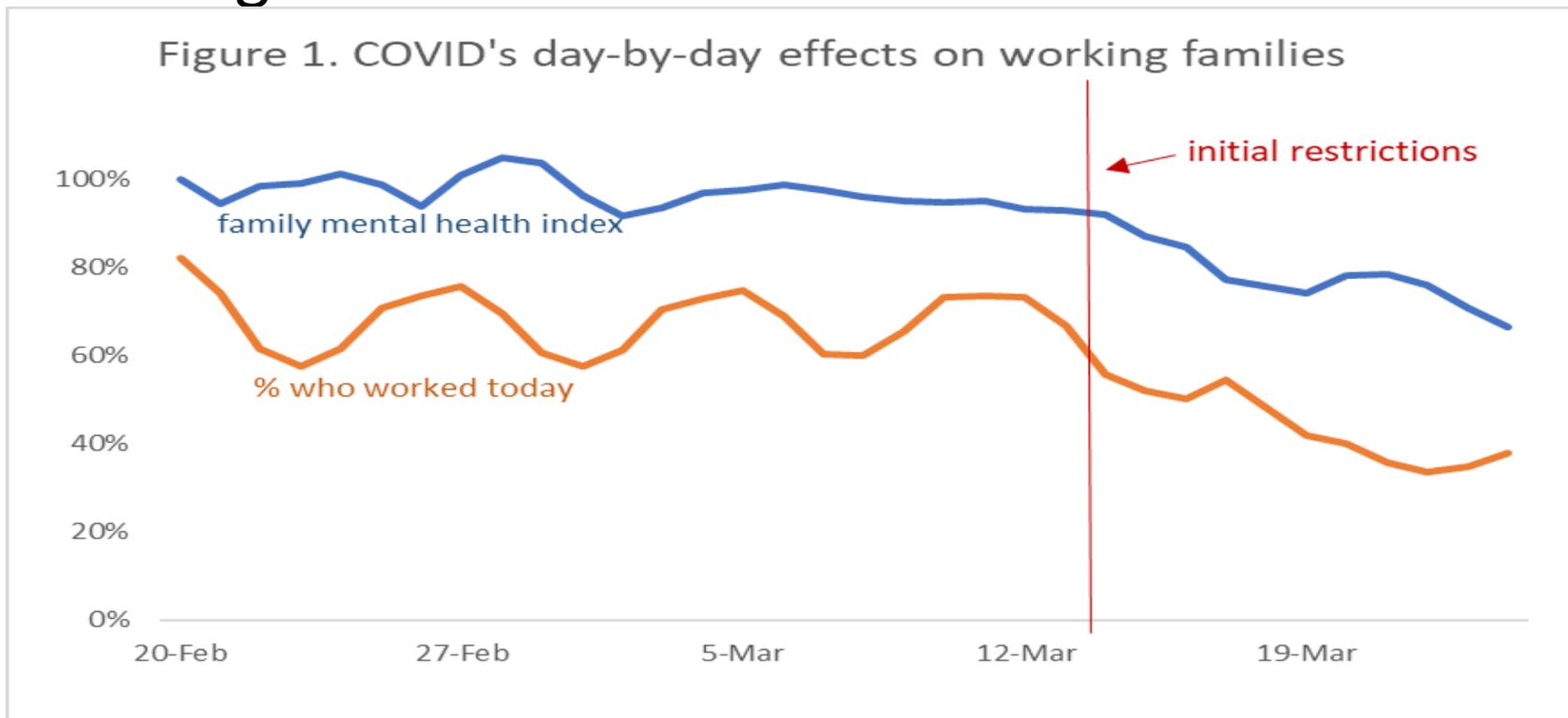
Scheduling Technology Leaves Low-Income Parents With Hours of Chaos

# Why study service workers with young children?

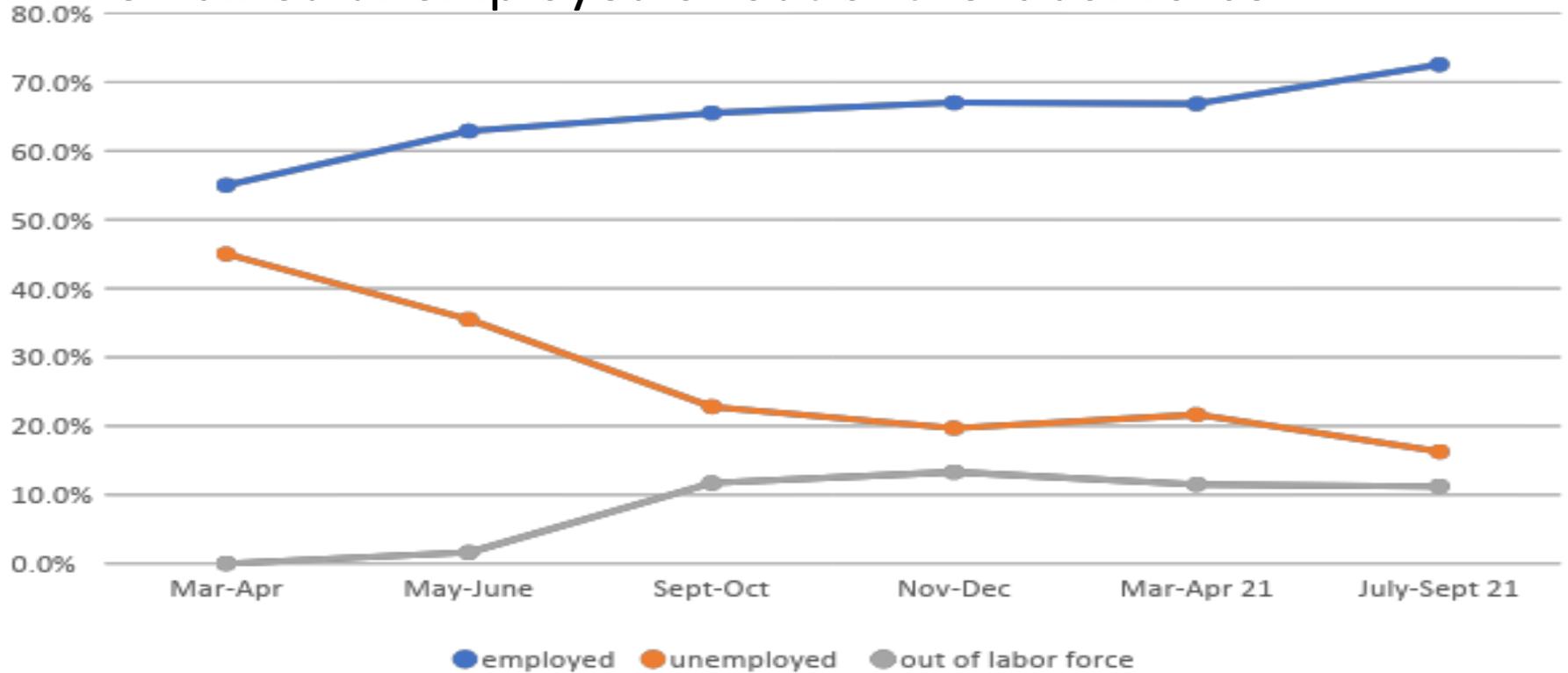
- Service work is a growing form of employment
- Service work is characterized by high levels of unpredictability and instability in work schedules (and therefore take-home pay)
- Policymakers actively intervening in characteristics of these jobs because of public concerns about risks to well-being of workers and children
  - “Schedule stability” laws passed in San Francisco, Emeryville, CA, Seattle, Chicago, Philadelphia, New York City, state of Oregon

What happened to these families during the COVID-19 pandemic?

# Initial COVID-19 crisis was a very hard time for working families



# Although employment increased, many parents remained unemployed or out of the labor force



# Ongoing difficulties have been unevenly addressed by policy remedies

Of the workers who were laid off, 87% tried to apply for Unemployment Insurance — others said they thought they weren't eligible (8%), or that it seemed too difficult (5%)

Of those who tried to apply, 95% got through the process

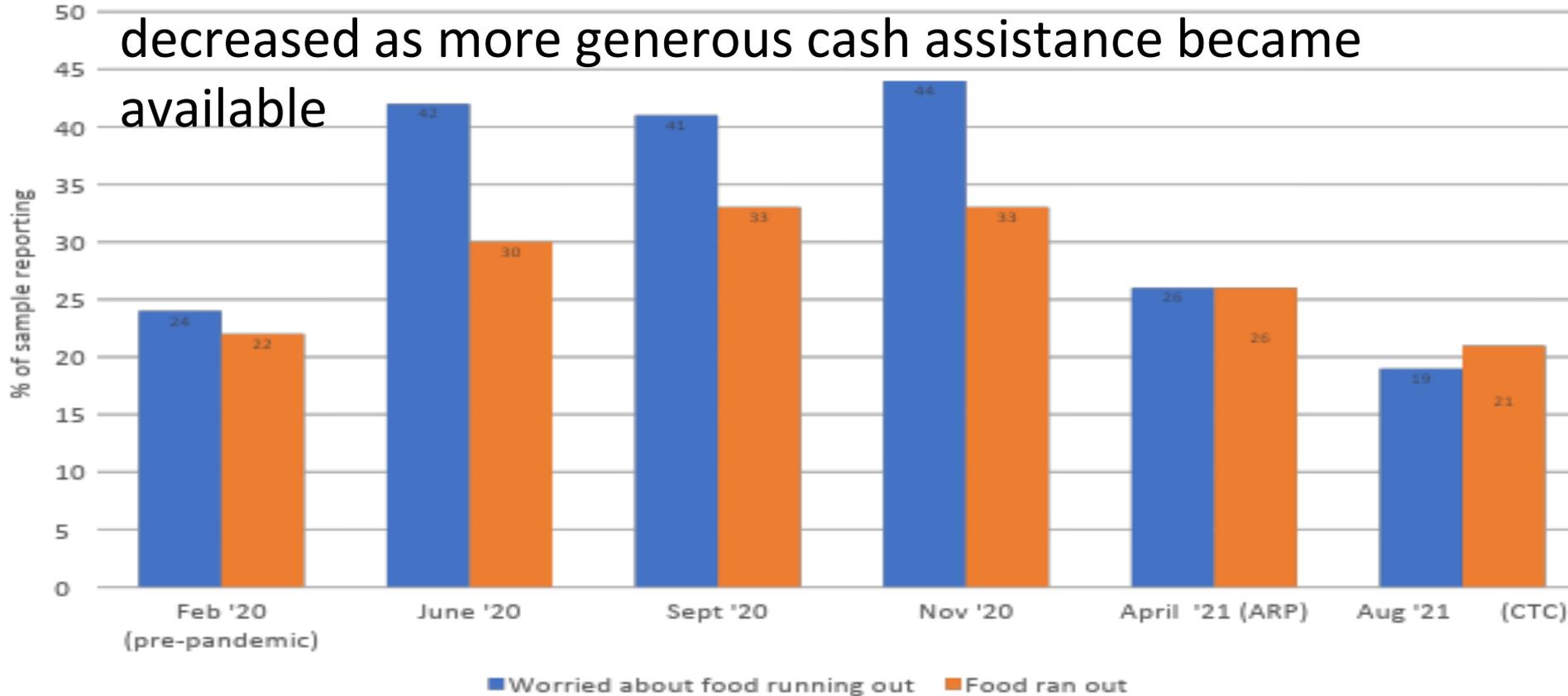
Of those who successfully applied, 62% received UI

Of those who received UI, 84% had PUC included in their check

# Why don't benefits reach everyone?

- Applications were designed to create hurdles
- Systems are antiquated—often cannot be updated to eliminate hurdles or otherwise enact more reasonable new policies
- Offices are understaffed

# Food insecurity increased during the pandemic and then decreased as more generous cash assistance became available



# The pandemic has taken a severe toll on mental health

- In Fall 2020, nearly half of the parents screened positive for depression, anxiety or both
- 17% of parents report that children are sad or worried the majority of the time
- Chaotic schooling/care situations in first half of school year may be a significant driver

# Implications

➤ **Continued supports for working families are needed**

## **Work/income**

- Generous assistance during pandemic helped stabilize families – consider ways to continue post-pandemic
- More attention to ensuring that *all* families – especially families of color – receive benefits

## **Mental health and other supports**

- Strengthen systems addressing family mental health and invest in additional family supports
- Look for additional ways to aid schools and child care centers

# Conclusions

- The effects of the COVID crisis on hourly service workers with young children on work, income, and well-being were immediate and striking
- Effects on families persisted as pandemic persisted
- Policies aimed at providing income to families during the crisis helped but their reach has not been universal
- Little attention has been paid to family mental health needs
- Additional public supports will help families in need

# Enormous thanks to project staff and funders!

## Co-PI

- Elizabeth Ananat (Barnard College)

## Funders

- Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health (#1R21HD100893-01)
- National Science Foundation (#SES-1921190)
- Russell Sage Foundation (#1811-10382)
- Washington Center for Equitable Growth
- W. T. Grant Foundation

## Philadelphia recruitment team

- Ugonwa Anyanwu, Brett Barkman, Erin Bridges, Kendall Cook, Trevor Crosby, Hannah Fillingim, Meredith Fox, Valerie Guerrero-Henao, Jonathan Guevara, Brian Hickey, Alexandra Krantzler, Ghizlane Moustaid, Motunrayo Olaniyan, Jorge Penado, Biridiana Rodriguez, Manon Steel, Charlotte Stone, Idil Tanrisever, Melissa Wright, Colin Yarnell

## Duke outreach team

- Jennifer Copeland, Jennifer Hurtgen (Proj. Coord.)
- Shana Abraham, Alana Agron, Greg Bolles, Noah Charlick, Isabelle Ginn, Sarah McClafferty, Nasya Lucien, Matthew Mizota, Shiv Patel, Brinda Raghavendra, Claudia Shapiro, Giovanni Sims, Courtney White-Clark

## Trainee collaborators

- Laura Bellows, Becca Daniels, John Fitz-Henley II, Adrienne Jones, Jane Leer, Ying-Chun Lin



# David Willis

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# How Well are Current Early Childhood Policies Working?

The Next Step in Early Childhood Policy: Creating a Universal System of Care for Families with Young Children

**David Willis, MD, FAAP,**  
Senior Fellow, Center for the Study of Social Policy



**Early Relational Health**

An initiative of CSSP

**Duke** | SANFORD SCHOOL of **PUBLIC POLICY**



**Center for the Study of Social Policy**  
Ideas into Action

[sanford.duke.edu](http://sanford.duke.edu)



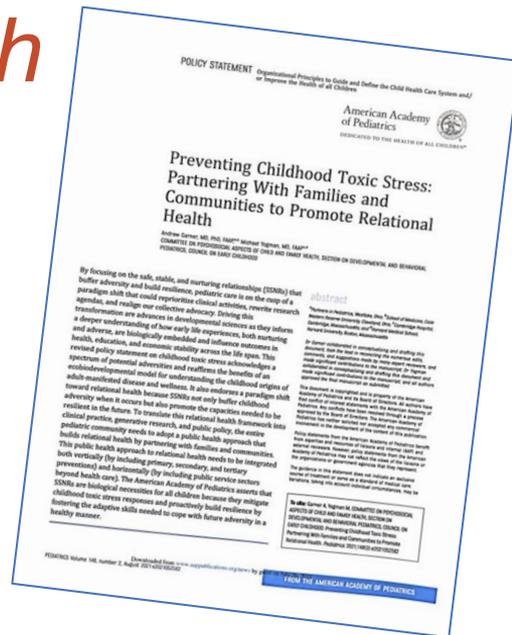
# 2020-2021 A Major Shift in Public Policy Direction for Families

- Biggest shift in child and family policy in many years – 60 years (War on Poverty) or 85 years (New Deal)
- A shift toward policy designed to help a wider array of families.
- American Rescue Plan Act (ARPA) included policy changes that put U.S. on a cut poverty in families with children by half and promote family well-being if made permanent.
  - Economic relief, including tax credits to reduce child poverty
  - Health coverage and access, including community-based workforce
  - Assistance with basic needs and family support (e.g., childcare, food, housing, home visiting, etc.)
  - Education investments, including IDEA 0-3

# 2021 AAP Policy Statement: *Preventing Childhood Toxic Stress: Partnering with Families and Communities to Promote Relational Health*

**“By focusing on the safe, stable, and nurturing relationships (SSNRs) that buffer adversity and build resilience, *pediatric care is on the cusp of a paradigm shift* that could reprioritize clinical activities, rewrite research agendas, and realign our collective advocacy.”**

Garner et al, *Pediatrics* 148 (2) Aug 2021.





# Early Relational Health

## Not a new concept, but a new term

- ERH builds upon decades of research from the fields of:
  - Child development
  - Infant mental health
  - Neurodevelopment
- ERH focuses on the centrality of safe, stable and nurturing relationships (SSNR's) between caregivers and young children for future health, development and social-emotional wellbeing.





# ERH Policy Goals Aim to Increase:





# Redesigning Policies and Systems to Support ERH

- Policies and programs can support early relational health prenatal to 3 if they:
  - Support responsive early relationships
  - Reduce sources of stress and offer supports for families
- Key strategies
  - Use two-generation approaches
  - Strengthen community-based service systems for families
  - Tackle racism, poverty, and other social determinants of health

Willis et al. *Advancing a Family-Centered Community Health System: A Community Agenda Focused on Child Health Care, Foundational Relationships, and Equity*. Center for the Study of Social Policy. 2020  
Resources: Phu, Erhart, Kim & Watamura. *Two Open Windows II: New Research on Infant and Early Childhood Development*. 2020  
Harvard Center for the Developing Child. *Health and Learning are Interconnected in the Body*. *Art and Design in Early Childhood Education*. 2020  
Roby et al. *Pediatric Primary Care and Partnerships Across Sectors to Promote Early Child Development*. *Acad Pediatr*. 2021. doi:10.1016/j.jacp.2020.12.002



# ERH Policy Opportunities

## Under ARPA Investments

- Dyadic ERH approaches under extended **postpartum Medicaid** during in one year coverage for birthing person and baby
- **Pediatric Mental Health Care** Access grants (HRSA) can add focus on young children and ERH
- ERH training for expanded **community health workforce** (CHW, doulas, others)
- Enhanced **home visiting**

## Under Build Back Better

- Paid **family and medical leave**
- Continued **child tax credits**
- Requirement for all states to extend **postpartum coverage** for full year following a Medicaid financed birth
- Omnibus and other **maternal health legislation** that calls for investment in CBOs and workforce development, including doulas

## Other Pending Proposals

- Residence Investment, Support, and Expansion (RISE) from Trauma Act\*\* (S.1770)
- Bi-partisan action on **children's mental health** (Sen. Wyden-Carpo)



# Family-Centered Community Health System (FCCHS)

“A Family-Centered Community Health System is the organization of people, institutions, and resources in a specific geographic area that can offer a continuum of equitable health care and health-influencing services that acknowledge and respond to the unique needs of all families being served.”

<https://cssp.org/resource/advancing-a-fcchs/>



**Advancing a Family-Centered Community Health System: A Community Agenda Focused on Child Health Care, Foundational Relationships, and Equity**  
September 2020

#### Introduction

Increasingly, practitioners in health, education, and other human services sectors are acknowledging the important fact that parents and other caregivers are experts on their children. Parents are their children's first teachers, yet need the supports of the communities around them. They have direct knowledge of the conditions of their children's physical environments, their diets, the communities in which they're living, and other important factors that influence their children's health and well-being. This acknowledgment of families as experts demands that the systems that strive to be responsive to these unique family needs must become "family-centered" and staff to accommodate increased parental engagement and decision-making power.

Family-centered systems of care "build partnerships between providers and families to create broad arrays of services and supports that are organized into a coordinated network, are culturally responsive, and are developed to meet the needs of children, youth, and their families." A family-centered community health system is the organization of people,

institutions, and resources in a specific geographic area that can deliver health care and other health-influencing services in ways that acknowledge and appropriately respond to the unique needs of the families being served. Systems of care that strive to be family-centered will do their best work when equity is at the core of their operations. Working to achieve equitable outcomes acknowledges the unequal starting places that different populations experience based on historic and structural racism and the need for targeted responses to address issues caused by unequal access and barriers to successful outcomes.

The fundamental elements for advancing family-centered community health systems for young families exist today. Each of the elements for building this early childhood system (described later in this agenda) has been in development over the past decade, but they have often remained isolated from one another, even though all are essential to each other to realize improved impacts. Now is the time to bring the elements together in an approach that is conceptually coherent and that allows these systems to be implemented, tested, and developed with community and family leaders.



# CSSSP's ERH Coordinating Hub

**David W. Willis, MD**

Senior Fellow CSSSP

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**Early Relational Health at CSSSP**

<https://csssp.org/our-work/project/advancing-early-relational-health/>

**Perspective on Early Relational Health Series**

<https://csssp.org/perspectives-on-erh-series/>

**[Sign up](#) for our monthly ERH e-newsletter**



# Patricia A. Cole

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**ZERO TO THREE**  
Early connections last a lifetime



# Federal Support for Universal Policies to Support Families with Young Children

**Patricia Cole**  
**Senior Director of Federal Policy**  
**ZERO TO THREE Policy Center**

**Presented at:**

“The Next Step in Early Childhood Policy: Creating a Universal System of Care for Families with Young Children”  
Duke Sanford Center for Child & Family Policy  
April 12, 2022



# About ZERO TO THREE



Photo © Kiwi Street Studios

- We help babies and toddlers benefit from the family and community connections that are critical to their well-being and development.
- Our mission is to ensure that all babies have a strong start in life.
- We envision a society with the knowledge and will to support all infants and toddlers in reaching their full potential.



ZERO TO THREE

# About the Policy Center

- **Championing policies to make babies' potential a national priority**
- Advancing:
  - Good Health
  - Strong Families
  - Positive Early Learning Experiences
- Driving federal and state policy by:
  - Translating science into informed policy recommendations
  - Providing thought leadership and content expertise
  - Crafting and promoting bipartisan federal legislation
  - Providing technical assistance
  - Supporting advocates



# Overview



ZERO TO THREE

- State of America's Babies
- All Families Need Support: Framing the agenda for young children and families
- Build Back Better: Almost a moonshot for babies
- Universal Touch: Policies for directly supporting families
- Advocacy: Our role in making it happen





National



States



Compare  
Indicators



Impact  
Areas



Take  
Action

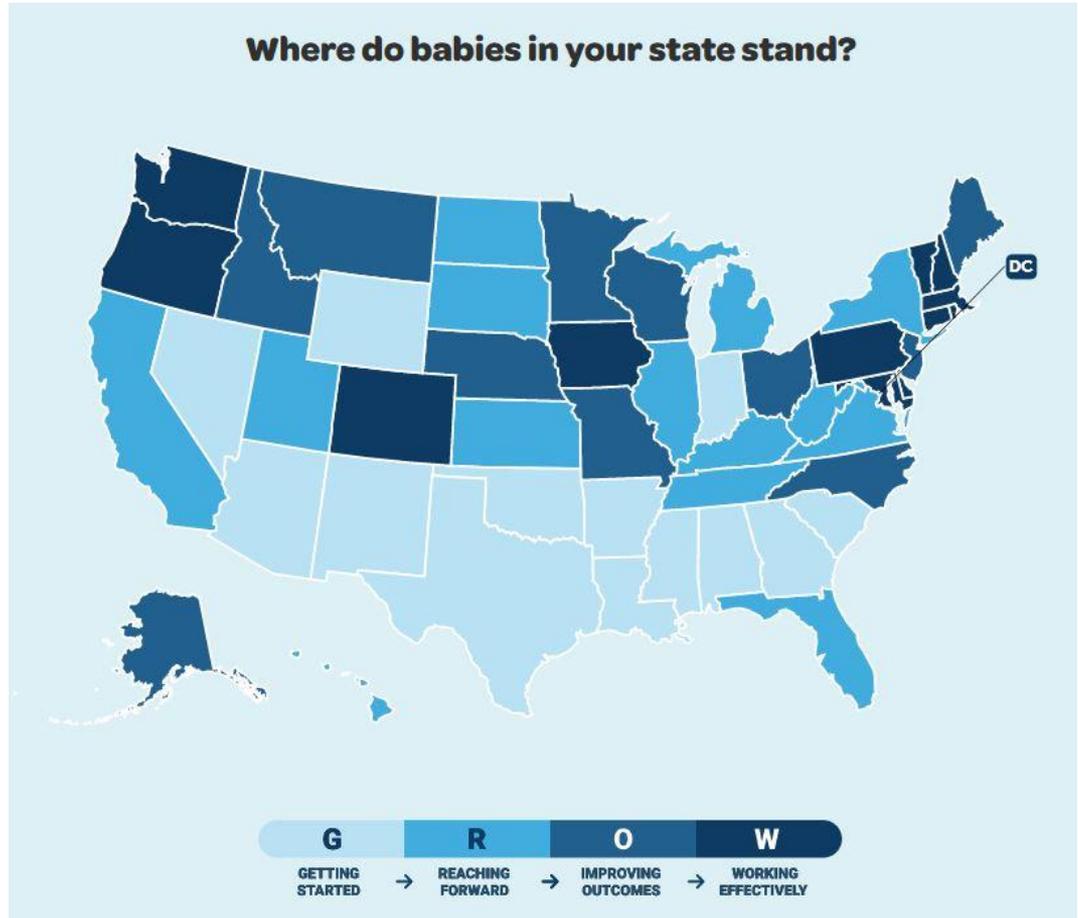
**Babies are born with  
unlimited potential.**



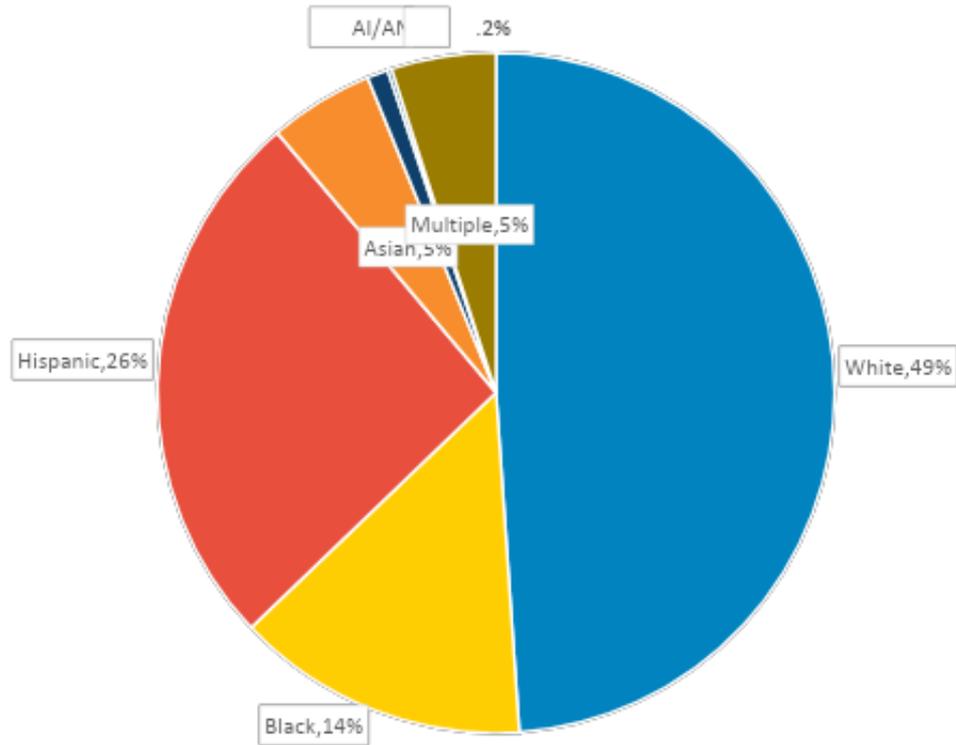
# STATE OF BABIES YEARBOOK 2021

[www.stateofbabies.org](http://www.stateofbabies.org)

- Explore your state's data
- Sign up for launch of *State of Babies Yearbook 2022*



# The Diversity of America's Babies

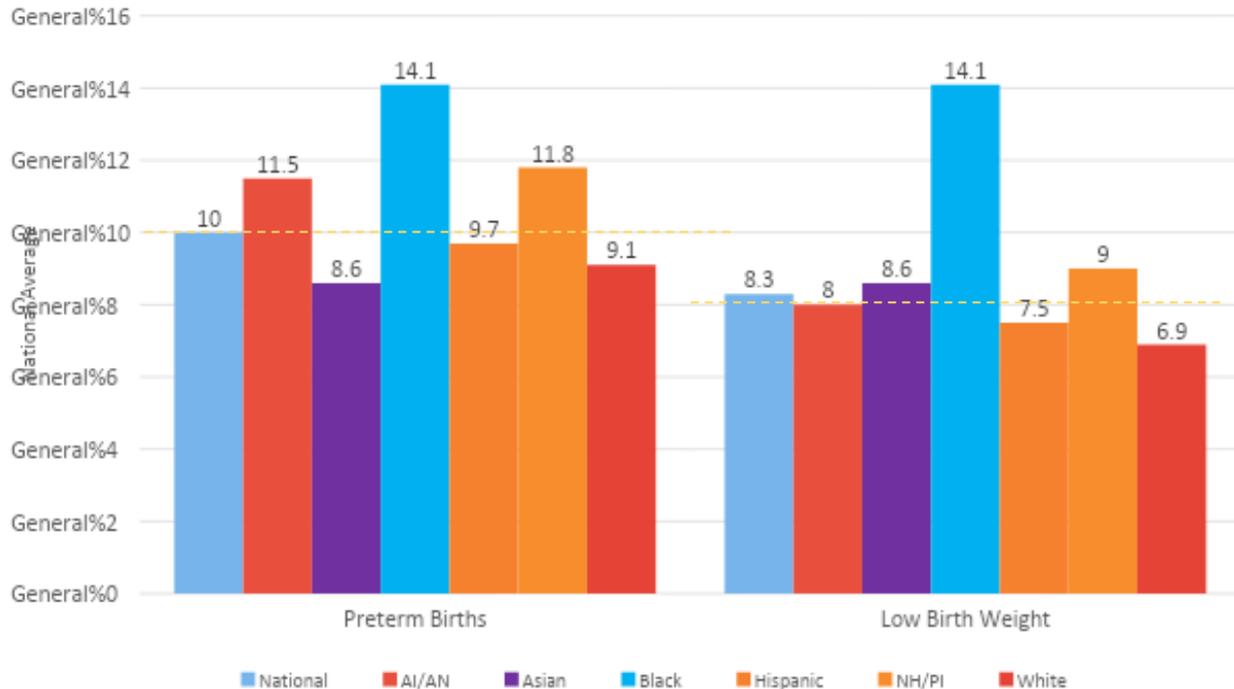


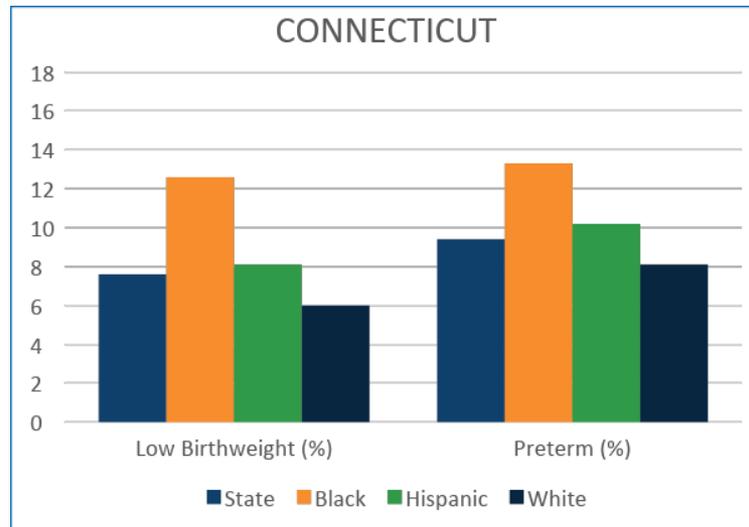
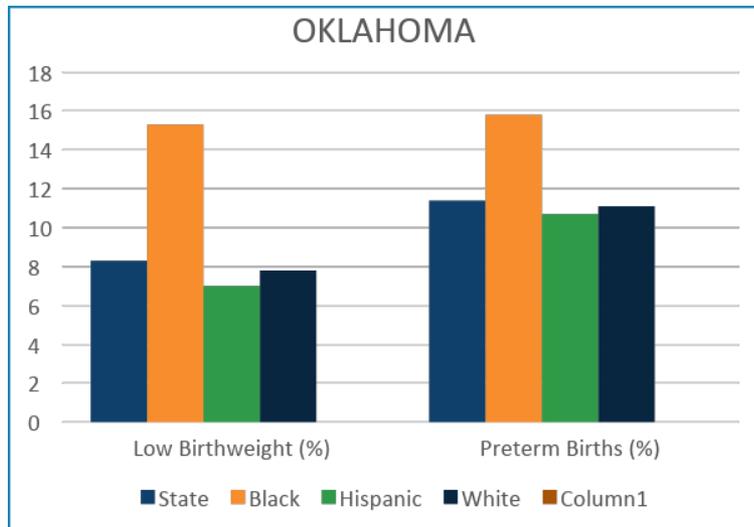
■ White ■ Black ■ Hispanic ■ Asian ■ AI/AN ■ NH/PI ■ Multiple



# Inequities Begin Before Birth

- 1 in 10 babies (10 percent) are born preterm
- 1 in 12 (8.3 percent) are born at low birthweights



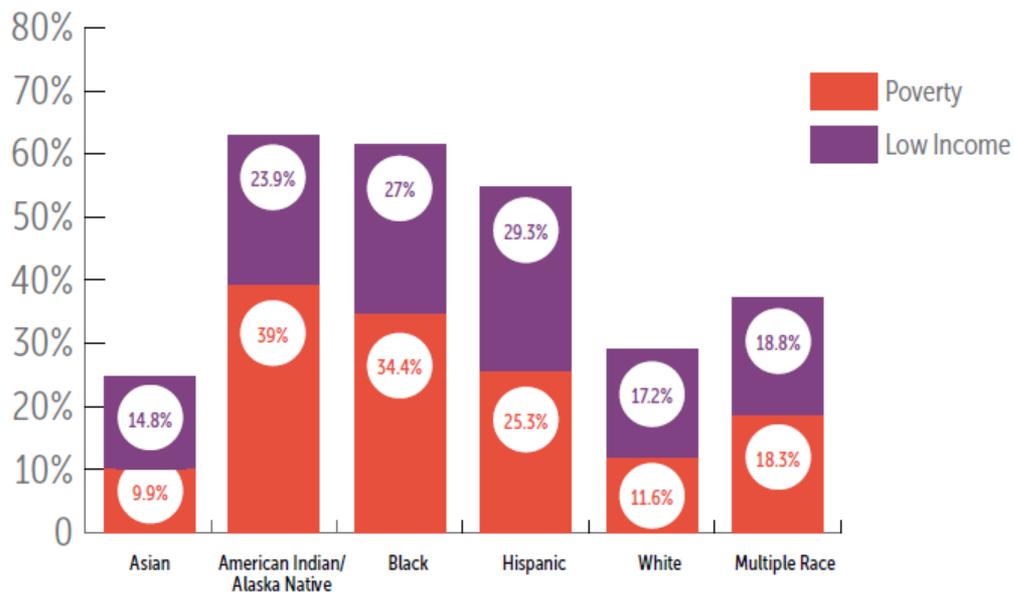


**Patterns of Birth Outcomes Persist Across States**

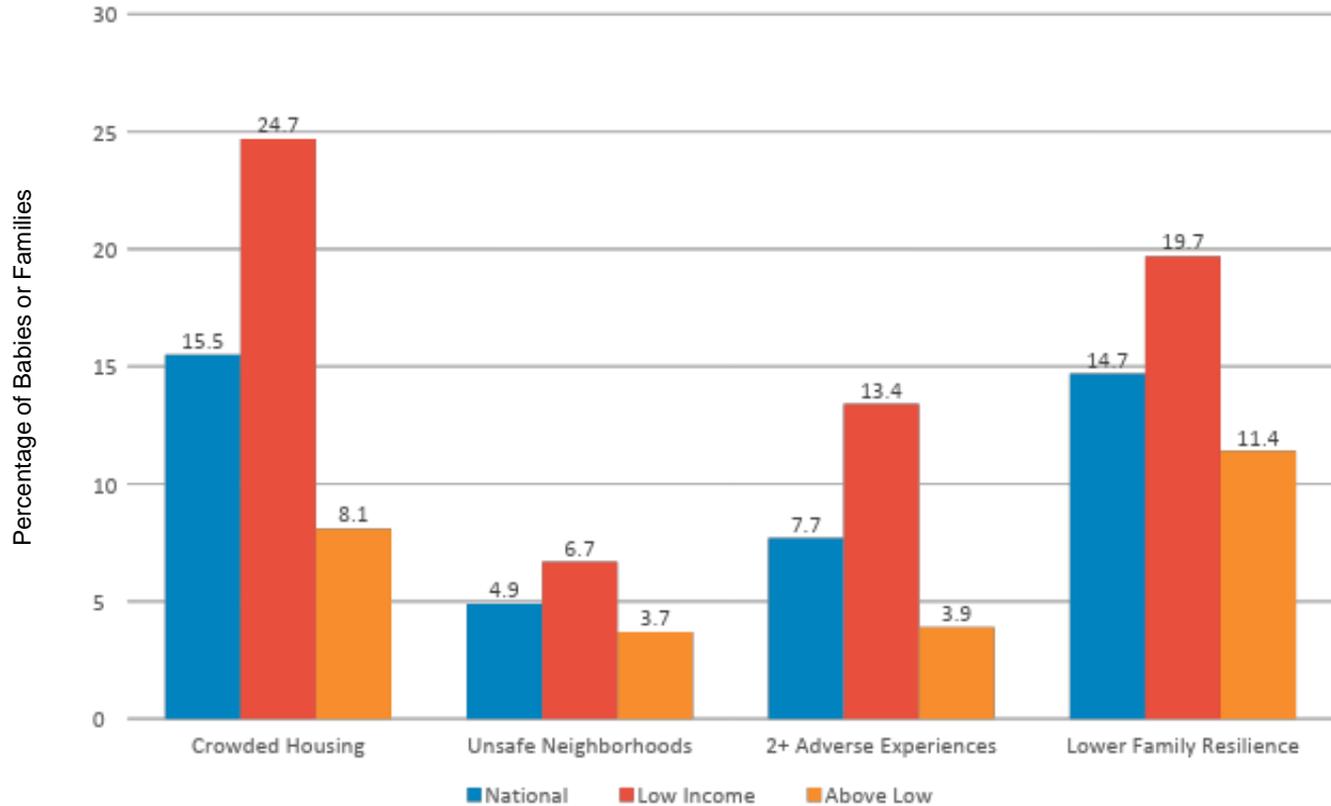
# Two in Five Babies Live with Low Income



**BABIES IN FAMILIES WITH INCOME BELOW 200% FPL** Figure 3.



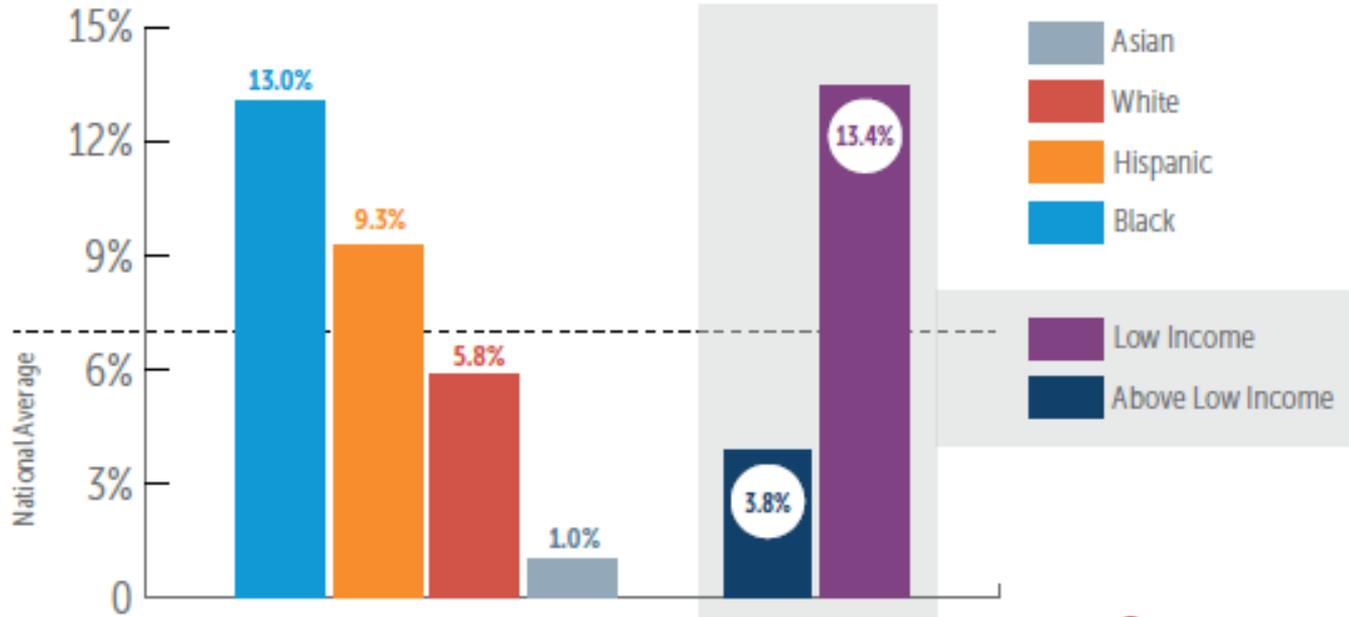
## Higher Risk of Adversity for Babies in Families with Low Income





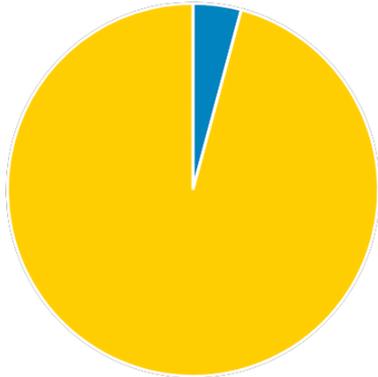
## Strong Families

### Key Findings 2+ Adverse Experiences



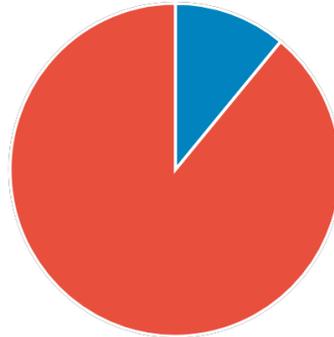
# Positive Early Learning Experiences

Babies in families with low/moderate income receiving CCDF subsidies



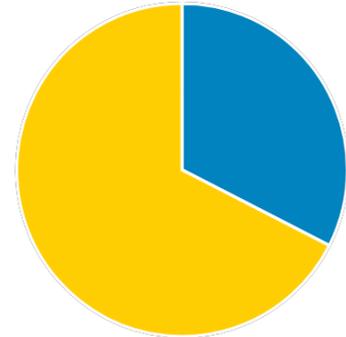
■ Yes ■ No

Babies who are income eligible receiving EHS



■ Yes ■ No

Babies receiving developmental screening

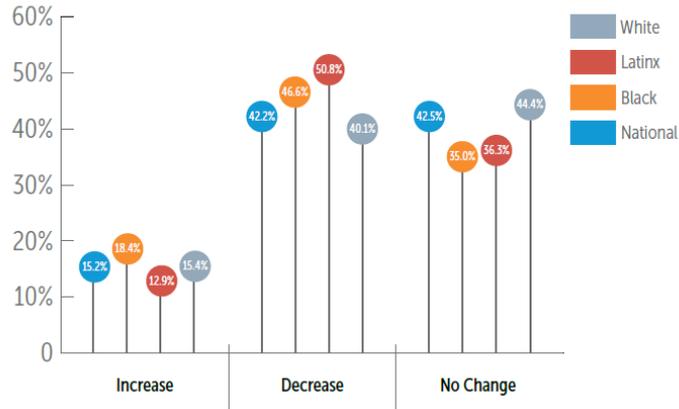


■ Yes ■ No

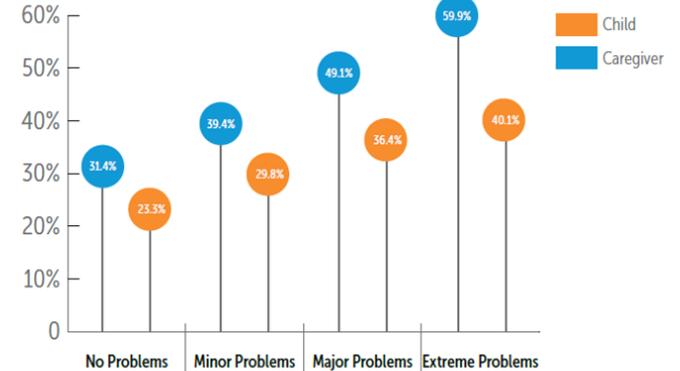


# Pandemic: Material Hardship & Emotional Distress

## Household Pandemic Income Change by Race/Ethnicity



## Emotional Distress by Level of Financial Hardship



NOTE: Data on financial problems and caregiver/ child distress were based on the full sample of 6,720 families from the RAPID-EC survey between April 6 and December 24, 2020. Emotional distress scores were calculated based on aggregated responses. Financial hardship was self-reported.



# Framing a Policy Agenda for Young Children and Families



- Policy makers often stymied by addressing babies and families in policies
- Even understanding brain development may not solve the puzzle
- Often jump to PreK as easier to envision
- While answers may seem complex, the basic policy question for babies is simple and based in the science of early development:

*How do we reach every baby and family and support them in nurturing strong, positive development babies need for success in life?*

# *Heart Start: The Emotional Foundations of School Readiness*

## ZERO TO THREE, 1992



ZERO TO THREE

- **Assuring Health**
  - Universal health coverage
  - Drawing families in with visits at birth
- **Assuring Time for Unhurried Caring**
  - Parents: paid leave
  - Child care providers: low ratios and group sizes
- **Assuring Responsive Caregiving**
  - Parents: parenting education, family resource programs
  - Child care and health care providers: play a larger role in supporting parents
- **Assuring Safe and Supportive Environments**
  - Adequate standard of living—refundable \$1000 CTC, higher minimum wage
  - Adequate housing





## “A commitment to support parents across the board”

“What is needed is a commitment to support parents across the board in their most important work. It is a determination to make services not only available but attractive, understandable and fully useful to the persons they are intended to help, to provide services in the context of continuing and respectful relationships between provider and parent, and in settings as familiar and convenient as possible.”

ZERO TO THREE, *Heart Start: The Emotional Foundations of School Readiness*, 1992

# ZERO TO THREE's Policy Framework: *All Babies Need...*



ZERO TO THREE



## **Health:**

- Physical Health
- Social & Emotional Health
- Developmental Screening



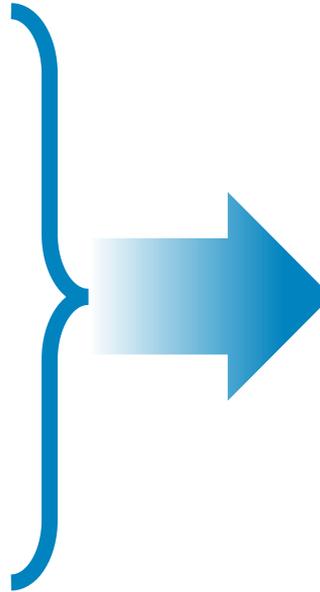
## **Family Strengthening:**

- Basic Needs
- Family Support
- Home Visiting
- Child Welfare
- Paid Family Leave



## **Early Learning:**

- Child Care
- Early Head Start
- Early Intervention



**Good  
Health**

**Strong  
Families**

**Positive  
Early Learning  
Experiences**

Learn more at **Building for the Future**

(<https://www.zerotothree.org/resources/3728-building-for-the-future-our-federal-policy-agenda>)

# Heart Start: 30 Year Check Up

## GOOD HEALTH

- 1998** Children's Health Insurance Program--94.9% of babies in families with low income have health coverage
- 2010** Medicaid expansion—adults with low income in 12 states still not covered
- 2016** Infant and Early Childhood Mental Health grants—small program to build mental health support for young children
- 2022** Early Childhood Specialists in Pediatric Care: small toehold in FY2022 omnibus appropriations

## STRONG FAMILIES

- 1993** Family and Medical Leave—only 56% workers are covered; severe equity issues
- 1997** Child Tax Credit —children in deepest poverty not eligible; others receive less than more affluent peers
- 2010** Maternal, Infant, and Early Childhood Home Visiting—Funding stagnant at \$400 million

## POSITIVE EARLY LEARNING OPPORTUNITIES

- 1990** Child Care and Development Block Grant—grew to \$8.6 billion total by 2020; 1 in 9 eligible young children served
- 1994** Early Head Start—Has grown to \$3 billion, but only 11% income-eligible children served



# Lessons from the Policy Response to the Pandemic

## COVID Relief for 5 Critical Needs for Babies

- **Support for Child Care stabilized the system**
  - More than \$50 billion for child care
  - Saved estimated 3.2 million child care spots; stabilization payments helped keep doors open
  - Stable Head Start/Early Head Start funding helped programs stay intact, reach isolated parents
- **Economic Supports stabilized families**
  - Emergency Paid Leave helped families replace wages and prevent infections
  - Direct payments and enhanced Unemployment Insurance kept more children from falling into poverty
  - Expanded, fully refundable CTC with enhanced young child payment reduced child poverty by \_\_\_\_\_
- **Family Support increases helped programs reach out to families**
  - Community-Based Child Abuse Prevention; Maternal, Infant, & Early Childhood Home Visiting; Maternal & Child Health Block Grant: funds go to programs directly in contact with families
- **Mental Health funding increased, but not directed at babies and young children**
  - HHS encouraged states to use child care funds for mental health consultation
- **Basic needs were met in creative ways**
  - Housing policies kept families from eviction, pay back rent
  - SNAP benefits and Pandemic Electronic Benefits for child nutrition broadened anti-hunger efforts



ZERO TO THREE

# Wanted: A Big, Bold Baby Agenda

## Babies Build America

### Tools they need:

- Quality child care
- Permanent paid leave
- Permanently expanded Child Tax Credit
- Expanded Early Head Start
- Support for Infant and Early Childhood Mental Health
- Strong system for family support



# Build Back Better Could Have Been a Moonshot for Babies & Families



## Key components would form a comprehensive and equitable child and family policy

- **Economic security and basic needs**

*Gain:* Enhanced Child Tax Credit covered >90% of infants and toddlers

*Loss:* Child poverty increased by 5 percentage points when enhanced CTC ended; material hardship on the rise again

- **Paid Family and Medical Leave**

*Gain:* Would be available to all families, promoting equity in care for babies & family members

*Loss:* 25% of new moms return to work within 2 weeks; In pandemic, 1.1 women left workforce

- **Child Care Entitlement and Universal PreK**

*Gain:* More than 90% of infants and toddlers would be eligible

*Loss:* 16,000 programs permanently closed; Child care breakdowns up, affect 44% families

- **Health Care**

*Gain:* Coverage for birthing parents 12 months post-partum; close the Medicaid gap; promote equity through “Momnibus”

*Loss:* Inequities that begin before birth continue as do appalling maternal mortality rates

# The Result: Families Left Behind

“The stress just comes from seeing that the rest of society has kind of moved on, and then parents of young kids and the young kids themselves seem to be forgotten.”

Becky Quinn, quoted in the New York Times

# What's Next for Big Family Policies?



# Universal Touch: Realizing the Commitment to Support All Families



- Strong families are rooted in and contribute to strong communities
- All families need support as they nurture children
- Effective support builds connections by touching families directly

**It is at the community level that our policy question is answered most concretely:**

***How do we reach every baby and family and support them in nurturing strong, positive development?***



# Community Approaches: Elements and Examples

- Approaches that could be part of a community system to provide universal touch:
  - Universal Newborn Visits
  - Developmental Specialists in Pediatric Primary Care
  - Networks of Family Resource Centers
  - Home Visiting
- **Integrate support for the *Heart Start*:**  
Infuse IECMH into all child-serving settings to foster strong early social and emotional development
- **Putting Family Support in Place:**
  - California Investment in Dyadic Care
  - Community Integration—Guilford Co., NC
  - State Family Resource Center Networks



# The Federal Role in Building a Family Support Movement



- **Federal Programs that can help**

- Community-Based Child Abuse Prevention Grants
- Promoting Safe and Stable Families (Family Support)
- Maternal, Infant, and Early Childhood Home Visiting
- Early Childhood Specialists in Pediatric Care
- Birth to Five Preschool Development Grants

- **What is needed?**

- Medicaid financing that supports universal touch
- Early childhood support integrated in Community Health Centers
- Flexible umbrella funding to help communities put in place the means to reach out to all families and young children
- Increased funding for component approaches

# It's Time to Be a Big Voice for Little Kids™

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- Use expertise to stress need & urgency
- Connect research & policy
- Share State of Babies profiles to underscore disparities
- Join the team that's fighting for our future

[Zerothree.org/policy-network](http://Zerothree.org/policy-network)



# Thank you!



ZERO TO THREE



Photo ©  
Kiwi Street Studios



# Sharon Lynn Kagan & Kathy Thornburg

Co-sponsored by:





# Early Childhood Policy in Institutions of Higher Education

Sharon Lynn Kagan & Kathy R. Thornburg

April 12, 2022

# ECPIHE Rationale and Premises

## RATIONALE

Today, **ECE SERVICES** are:

Fragmented; confusing to families and policy makers; lacking in quality, equity, and efficiency; and growing!

Today, **ECE LEADERS**:

Do not represent the diversity of the field, and have limited policy training

Today, a **FIELD OF ECE POLICY**:

Is needed to address these concerns and to prepare policy (not pedagogical) leaders, but is nascent.

## PREMISES

Need for ECP training as distinct from pedagogical/leadership training

Need to establish ECP as a distinct field of study

Need to create a more diverse field

Need to create an ECP presence in IHEs to instantiate and create a field that is durable, effective, and representative

# ECPIHE Goals

1

To prepare individuals to assume policy leadership roles in ECE.

2

To advance the study of, and experiences related to, early childhood policy in United States IHEs.

3

To determine the content for a new field, manifest in a repertoire of sample documents.

4

To establish and brand a new field of inquiry, Early Childhood Policy (ECP), that builds upon but is distinct from early childhood pedagogy.

# Commissioned Data



## Early Childhood Policy in Institutions of Higher Education

Elevating Early Childhood Policy as  
a Discipline of Inquiry and  
Practice:

Preparing the Next Generation of Early  
Childhood Policy Leaders

*Stacie G. Goffin, Ed.D.*

*Goffin Strategy Group, LLC*



## Early Childhood Policy in Institutions of Higher Education

Early Childhood Policy in  
Institutions of Higher Education:

A Working Paper on the Current Status

*Jacqueline S. Hawks, Ph.D.*



## Early Childhood Policy in Institutions of Higher Education

Advancing the Field of ECP:

Lessons from Other Fields

*Jeanne L. Reid, Ed.D.*

*National Center for Children and Families  
Teachers College, Columbia University*

# 12 Short Modules

History of  
Early  
Childhood

ECEC  
Landscape and  
Major Policies

Theoretical  
Perspectives on  
Early  
Childhood

Policy Basics

Child  
Development

Practice and  
Pedagogy

Implementing  
Early Childhood  
Policy and  
Programs/Services

Creating  
Policy: Timing  
and Advocacy

Unequal  
Childhoods,  
Racial Equity,  
and ECP

Family and  
Allied Services

Research and  
Evaluation in  
Early Childhood  
Policy

Leadership in  
ECE

# 4 Course Syllabi

**1**

History, Child  
Development,  
and Equity



**2**

Examining  
Practices,  
Policies, and  
Key Issues



**3**

Policy,  
Leadership,  
and Policy  
Advocacy

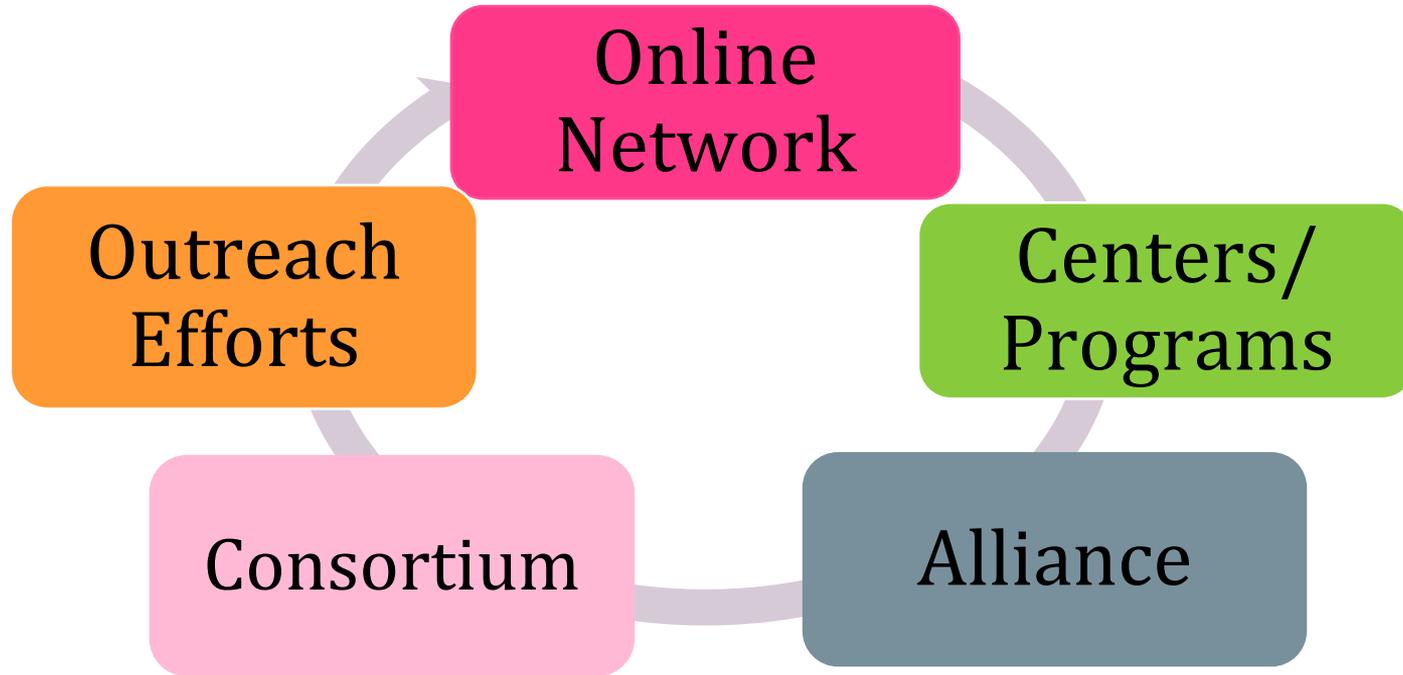


**4**

Theory,  
Analysis, and  
Research



# ECPIHE Structures



# Funded Programs

## Centers:

Boston College

University of Florida

University of California, Berkeley

University of Colorado Denver

University of Washington

## Alliance Certificate:

Iowa State University

Michigan State University

Texas Tech University

University of Arizona

University of Kentucky

University of Mississippi

University of Missouri

University of Nebraska

# Funded Centers/Programs and Alliance IHEs



# Early Childhood Policy Network

Learn more about the ECPIHE initiative:

- Reports, syllabi, modules and handbook
- Policy resources
- Policy events (webinars and more)
- Sign up for EarlyEdU newsletter with ECPIHE updates
- Connect on social media

You may find the materials at: <https://ecpolicy.org/>

Join other professionals on Policy Connect:

<https://ecpolicy.org/policy-connect/>



# Marsha Basloe

---

Co-sponsored by:





# Building the Early Childhood Workforce

Marsha Basloe, [mbasloe@childcareservices.org](mailto:mbasloe@childcareservices.org)

# The Vision

Every child in an early childhood setting has a teacher who is well educated and well compensated. Every early childhood teacher has access to affordable college education and workforce supports and earns a living wage.

# Critical Issue: Keeping the Workforce in the Field

- Teachers

- Better pay (81%)
- Better benefits (56%)
- More support for children with behavioral challenges (41%)
- More respect for my profession (40%)

- Teacher Assistants

- Better pay (81%)
- Better benefits (54%)
- More support for children with behavioral challenges (34%)
- More respect/professional growth opportunities (31%)

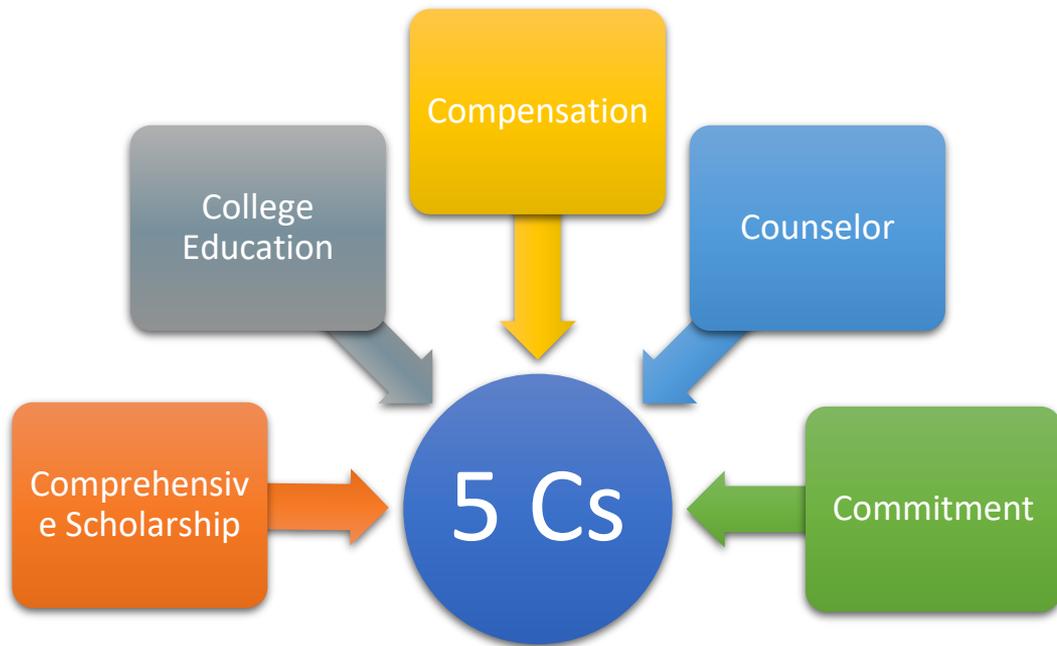
# Core Values

- Develop and provide **resources** to increase the education, compensation and retention of the early education workforce.
- Build **partnerships** for professional development.
- Reach the **diversity** of the field.
- Use and strengthen existing **higher education** systems.
- Increase **collaboration** through formation of an advisory committee.
- Collect, analyze and share **data**.
- Create **educational pathways**.
- Strengthen the early childhood **infrastructure** within states.
- Work to deliver high-quality, **outcome-focused** services.
- Think **system**, not program as we grow & develop initiatives.
- Advocate for **increased compensation** for workforce.



*Leading efforts to strengthen accessible and affordable quality early care and education by providing supports for families, communities and the workforce.*

# T.E.A.C.H. Scholarship Components



*Leading efforts to strengthen accessible and affordable quality early care and education by providing supports for families, communities and the workforce.*

# How Does the Child Care WAGE\$ Salary Supplement Program Help?

- Gets money directly into the hands of the workforce
- Improves the quality of care by retaining educated teachers and enhancing their well-being
- Promotes healthy development and early learning



“Given the importance of stable and responsive relationships that provide consistent and nurturing interactions, the well-being of the adults who care for young children contributes to their healthy development and early learning.”

*Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation,  
National Academy of Medicine (NAM).*



*Leading efforts to strengthen accessible and affordable quality early care and education by providing supports for families, communities and the workforce.*

# What is Needed to Build the Workforce: Barriers and Opportunities

Compensation and Supports for the Early Childhood Workforce

Benefits for the Early Childhood Workforce

More respect for this profession

Innovations to engage those who want to go into the field

More support for children with behavioral challenges



# Katie Rosanbalm

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Co-sponsored by:





**NCDHHS**

Division of Child Development  
and Early Education

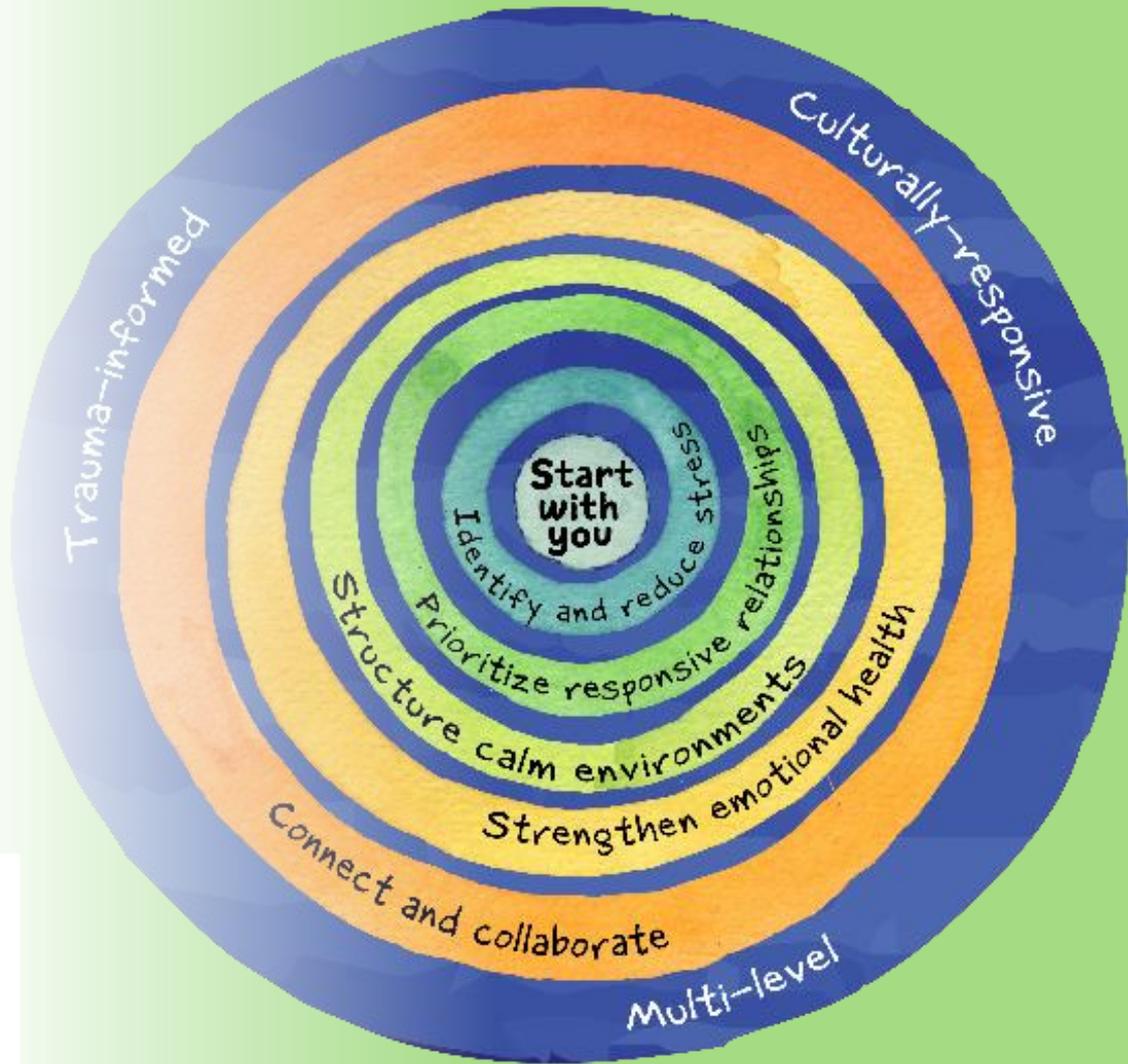
# itti care PROJECT

**Katie Rosanbalm, PhD**

[katie.rosanbalm@duke.edu](mailto:katie.rosanbalm@duke.edu)

**Duke**  
SANFORD

**CENTER** *for* CHILD  
& FAMILY POLICY





# National Data - Child Care Workforce

- Average hourly wage for child care teachers is **\$10.72/hr**
- **53%** of child care staff received some form of public assistance for their families.

[EARLY CHILDHOOD WORKFORCE INDEX 2018 Earnings-Economic-Security.pdf](#)

## December 2020:

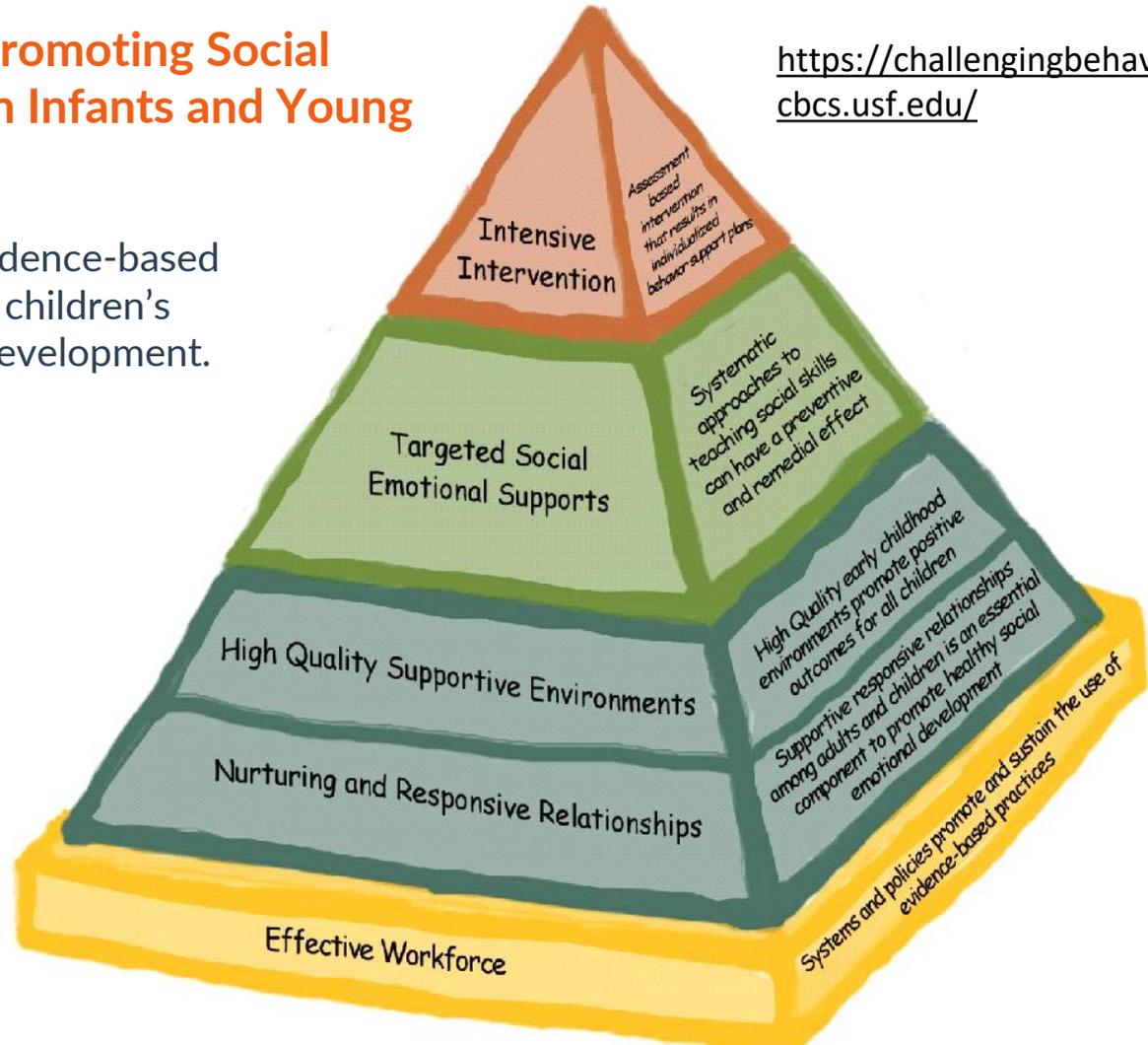
- **69%** of child care administrators report problems with recruiting and retaining staff

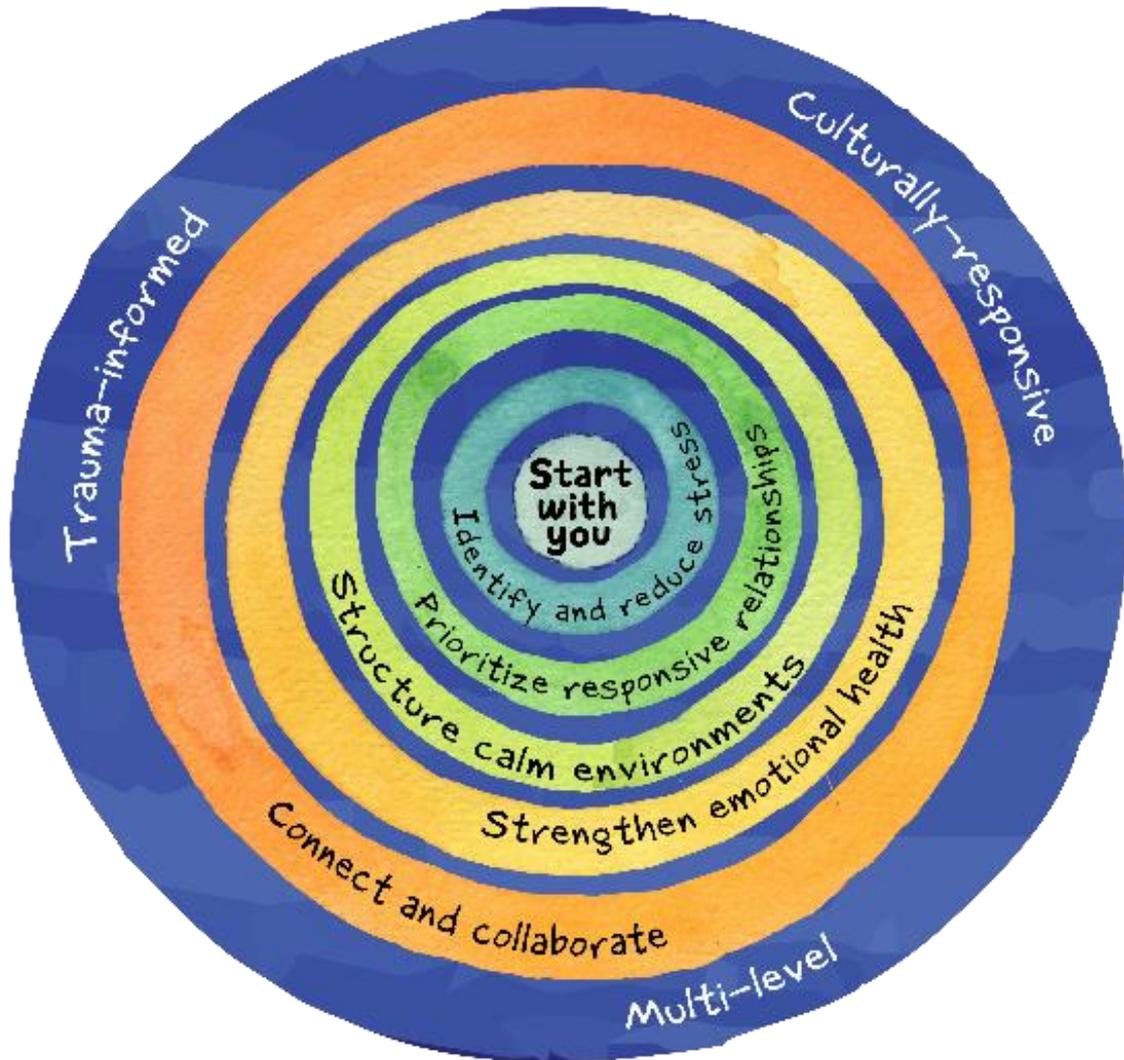
[www.naeyc.org](http://www.naeyc.org) Am I Next? Sacrificing to Stay Open Dec. 2020

# The Pyramid Model for Promoting Social Emotional Competence in Infants and Young Children

a conceptual framework of evidence-based practices for promoting young children's healthy social and emotional development.

<https://challengingbehavior.cbcs.usf.edu/>





# Promoting Self-Regulation and Co-Regulation in Early Childhood Classrooms

- [Tips for Promoting Self-Regulation when Working with Infants](#)
- [Tips for Promoting Self-Regulation when Working with Toddlers](#)
- [Tips for Promoting Self-Regulation when Working with Preschoolers](#)

# Integrating best practice approaches

---

- Three Principles (Harvard Center on the Developing Child)
- Diversity-Informed Tenets & NAEYC Advancing Equity in Early Childhood Education
- Reflective Supervision
- Relationship-Based Practice
- Motivational Interviewing
- Practice-Based Coaching
- Mindfulness
- Strengthening Families Framework/Protective Factors

Our core “text book” *Trauma Informed Practices for Early Childhood Educators: Relationship-Based Approaches that Support Healing and Build*





# Senator Elizabeth Steiner Hayward, MD.

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Co-sponsored by:



# **IMPLEMENTING STATEWIDE UNIVERSALLY-OFFERED HOME VISITING**

**STATE SENATOR ELIZABETH STEINER HAYWARD MD**

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# Origins

- Existing statewide home visiting programs expensive, limited scope
- Every baby brings a family new challenges regardless of birth order or family circumstances



# Family Connects International model

- 3 visits offered to every family with a new baby
- Standardized assessment by trained public health nurse
- Community advisory board
- RN connects families with necessary resources



# Senate Bill 526 (2019)

- Roll out FC model with fidelity statewide over 5 years
- Commercial insurers must pay cost for commercially insured families
- Extensive engagement in 2018 with other legislators, hospitals, public health, other stakeholders



# Challenges

- #COVID
- ERISA
- Commercial insurers not actually paying cost



# Resources

- SB 526 (2019) – bill language, testimony, etc. - <https://tinyurl.com/4juhnvzj>
- SB 1555 (2022) – insurance fix - <https://tinyurl.com/3cyp25ca>
- Family Connects International – <https://familyconnects.org>
- Oregon Family Connects - <https://tinyurl.com/mrybcw54>



# Questions? Please write to me!

- Sen. Elizabeth Steiner Hayward –  
[sen.elizabethsteinerhayward@oregonlegislature.gov](mailto:sen.elizabethsteinerhayward@oregonlegislature.gov)



# Kaitlin Altone

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Co-sponsored by:



# Paid Family and Medical Leave

Kaitlin Altone 9to5 Colorado





# Paid Family and Medical Leave

Paid family and medical leave policies allow people to take time off from work, and receive most or all of their pay, to recover from their own serious health condition, to care for a family member with a serious health condition, or to care for and bond with a new child without fear of losing their job.



# Policy Pillars

## Affordable

- State-run social insurance program

## Adequate

- Length of leave
- Wage replacement
- Job protection

## Accessible

- Covers all workers
- Family definition
- Portable



# Passing Paid Leave in Colorado

**State Legislature** 2014 to 2020

**Ballot** 2020

**Implementation** 2021 and on



# The Threat of Privatization

- Profits over people
- Lack of oversight and accountability
- Harms to the most marginalized
- Risk to state



# Centering Community

- Impacted people must be at the table
- Stories
- People power

# Thank You

[kaitlin@9to5.org](mailto:kaitlin@9to5.org)





# Christian Bell Onymali

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Co-sponsored by:



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# The Curious Case of Oklahoma

— A Historical Analysis of the Passage of  
Universal Pre-Kindergarten Legislation  
in Oklahoma —

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# Background

In 1998, Oklahoma became the second state in the nation to offer free universal Pre-K to all children in the state. Research on Oklahoma's universal Pre-K programs focused on its efficacy. However, there was little explanation of the *why*: what political processes led to the development of universal Pre-K in a socially and fiscally conservative state?

My dissertation sought to examine the history of the development of universal Pre-K legislation in Oklahoma and identify lessons for contemporary educational policy.

# Overview of Universal Pre-K in Oklahoma

- Began in 1998
- Public school settings
- Districts subcontract with other classroom providers
  - Community-based programs, child care centers, and Head Start settings.
- Children in collaborative sites considered public school enrollees and receive the same services as children in public school settings
- Over 42,000 children enrolled in state Pre-K in 2019-2020
  - 100% of school districts
  - 70% of the state's four-year-olds
- Met nine of ten of the National Institute for Early Education Research 's quality standards

“Children who are at least four (4) years of age but not more than five (5) years of age on or before September 1 shall be entitled to attend either half-day or full-day early childhood programs in their district free of charge.”

- *House Bill 1657*

# Kingdon's Streams Theory (1995)

- **Problem stream**
  - Four-year-olds allowed to enroll in kindergarten
- **Policy Stream**
  - Remove the option for districts to enroll four-year-olds in kindergarten
  - Add full-day Pre-K to the state's funding formula
- **Politics stream**
  - Well-read junior legislator who was able to drum up support from his colleagues, while also omitting a key detail

# Policy Entrepreneur

Joe Eddins  
Oklahoma House of Representatives  
(1994-2006)



# What can be learned from Oklahoma's perfect storm?

1. Well-informed and persistent policy entrepreneurs are key to the passage of legislation that truly benefits children for decades to come.
2. Insist on high-quality standards from the beginning and make embed them into state requirements.
3. Identify windows of opportunity to create your own perfect storms

# Thank You!

Connect with me on LinkedIn: [Christian Bell Onyemali](#)



# LeeAnne Cornyn

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Co-sponsored by:





**WELCOME**



**MIKE DEWINE**  
GOVERNOR OF OHIO

**[childrensinitiatives.ohio.gov](http://childrensinitiatives.ohio.gov)**

# Cross Agency Leadership Team

**Ohio** | Department of  
Developmental Disabilities

**Ohio** | Department of  
Education

**Ohio** | Department of  
Health

**Ohio** | Department of  
Medicaid

**Ohio** | Department of  
Mental Health &  
Addiction Services

**Ohio** | Department of  
Job & Family Services



# Children's Initiatives Priorities

- Increase access to evidence-based home visiting services.
- Ensure high-quality childcare settings for all children and expand access.
- Provide prevention education programming in every classroom, every year.
- Ensure all children have access to a mental health professional in their school.
- Reform the foster care system.





# Ross Hunter

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# Children's Administration and Poverty Program Populations, SFY 2015

## Children Age 0 – 17

► **54%**

of the state's 1,502,745 children received at least one of these five program services:  
n = 267,459

- Medicaid
- TANF
- Basic Food
- Children's Administration
- Foster Care

Of the 867,699 children receiving these services:

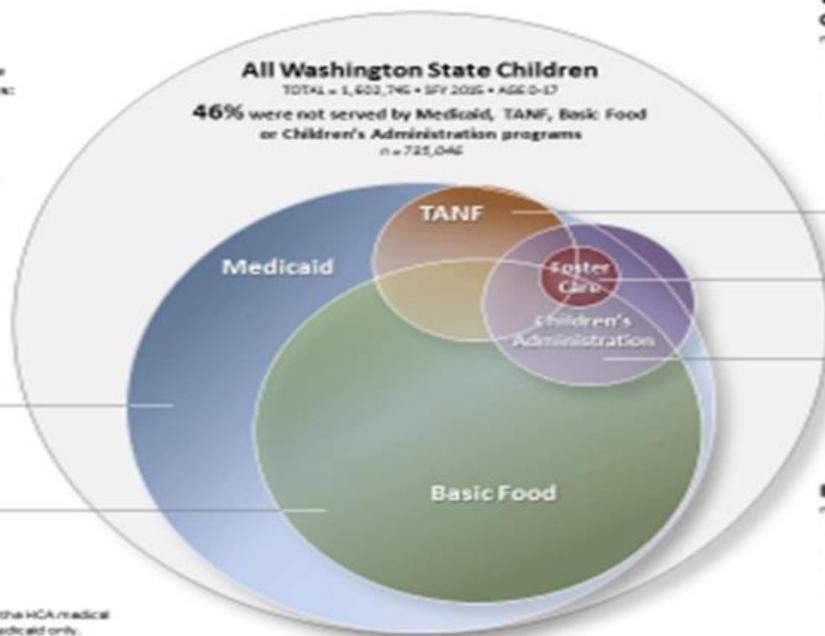
- 41% received 1 service
- 43% received 2 services
- 13% received 3 services
- 2% received 4 services
- 1% received ALL 5 services

**51%**  
were enrolled in  
**Medicaid**  
n = 827,197

**31%**  
received  
**Basic Food**  
n = 501,224

NOTE: Analysis for this slide restricts the HCA medical assistance population to those on Medicaid only.

DSHS Research and Data Analysis Division, July 2016



**Working Connections  
Child Care (SFY 2015)**  
n = 82,500

- 15% were CA-involved
- 2% in Foster Care
- 27% on TANF
- 89% received Basic Food
- 97% enrolled in Medicaid

**6%** received  
**TANF**  
n = 200,201

**1%** were in  
**Foster Care**  
n = 15,048

**7%** were  
served by DSHS  
**Children's  
Administration**  
n = 209,968

**ECEAP (2015-16 AY)**  
n = 22,090 foster slots

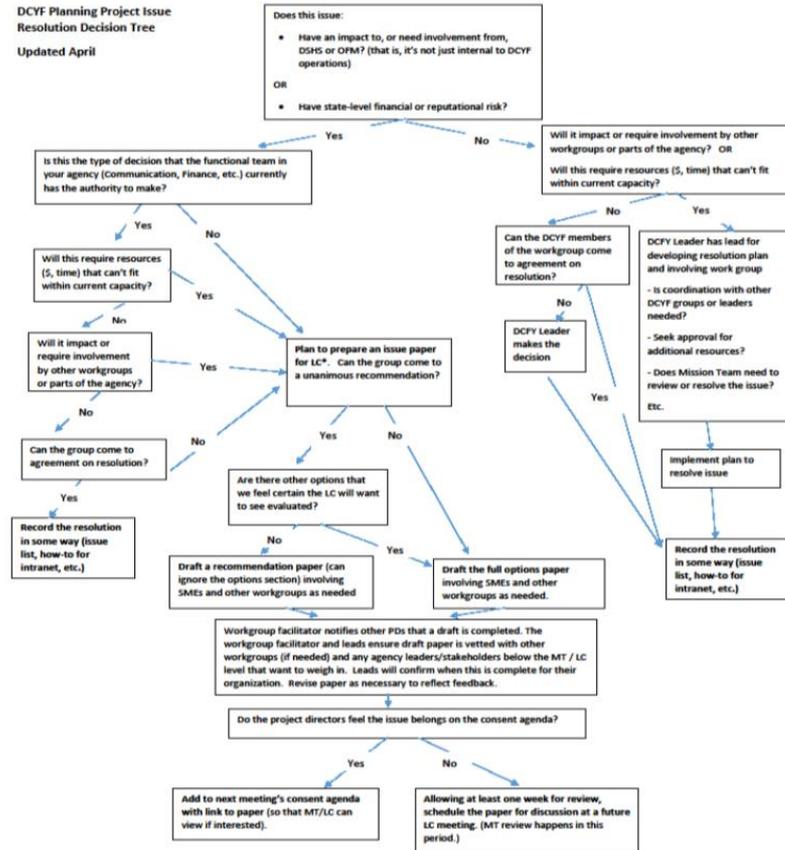
- 11% were CPS-involved
- 3% in Foster Care
- 9% on TANF
- Almost all are income-eligible for Medicaid and Basic Food

Source: DSHS – RDA



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

DCYF Planning Project Issue  
Resolution Decision Tree  
Updated April



\*Note: Subgroups may do the initial work of analysis and paper drafting, but the workgroup and workgroup leads are responsible for the confirming the decisions, recommendations and completing stakeholder work.



# Resources

- Blue ribbon commission report:  
[https://www.governor.wa.gov/sites/default/files/documents/BRCCF\\_FinalReport.pdf](https://www.governor.wa.gov/sites/default/files/documents/BRCCF_FinalReport.pdf)
- Transition charter agreement. This is an example of how decision-making happened. It took 10 drafts before the new Secretary and the OFM Deputy agreed. It worked well, but either of our initial proposals would not have.
- Project Management Guide for a Major State Government Reorg. This is a generalized post-mortem that is specific to WA State, but will probably be helpful to other states. Internal Links may not work. Ask if you want something that doesn't link.





# Betsey Tilson

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Co-sponsored by:



Restructuring Government and Programs to Meet the  
Needs of Families with Young Children

# NCDHHS Division of Child & Family Well-Being

April 12, 2022

Elizabeth Tilson, MD, MPH  
State Health Director  
Chief Medical Officer

The Next Step in Early Childhood Policy: Creating a Universal  
System of Care for Families with Young Children



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**



# **Children are healthy and thrive in safe, stable and nurturing families, schools and communities**



# PRIORITY OF NC DHHS

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**2021-2023 Strategic Plan**



**Strategic Plan Goal 5:** Improve child and family well-being to all children have the opportunity to develop to their full potential and thrive.

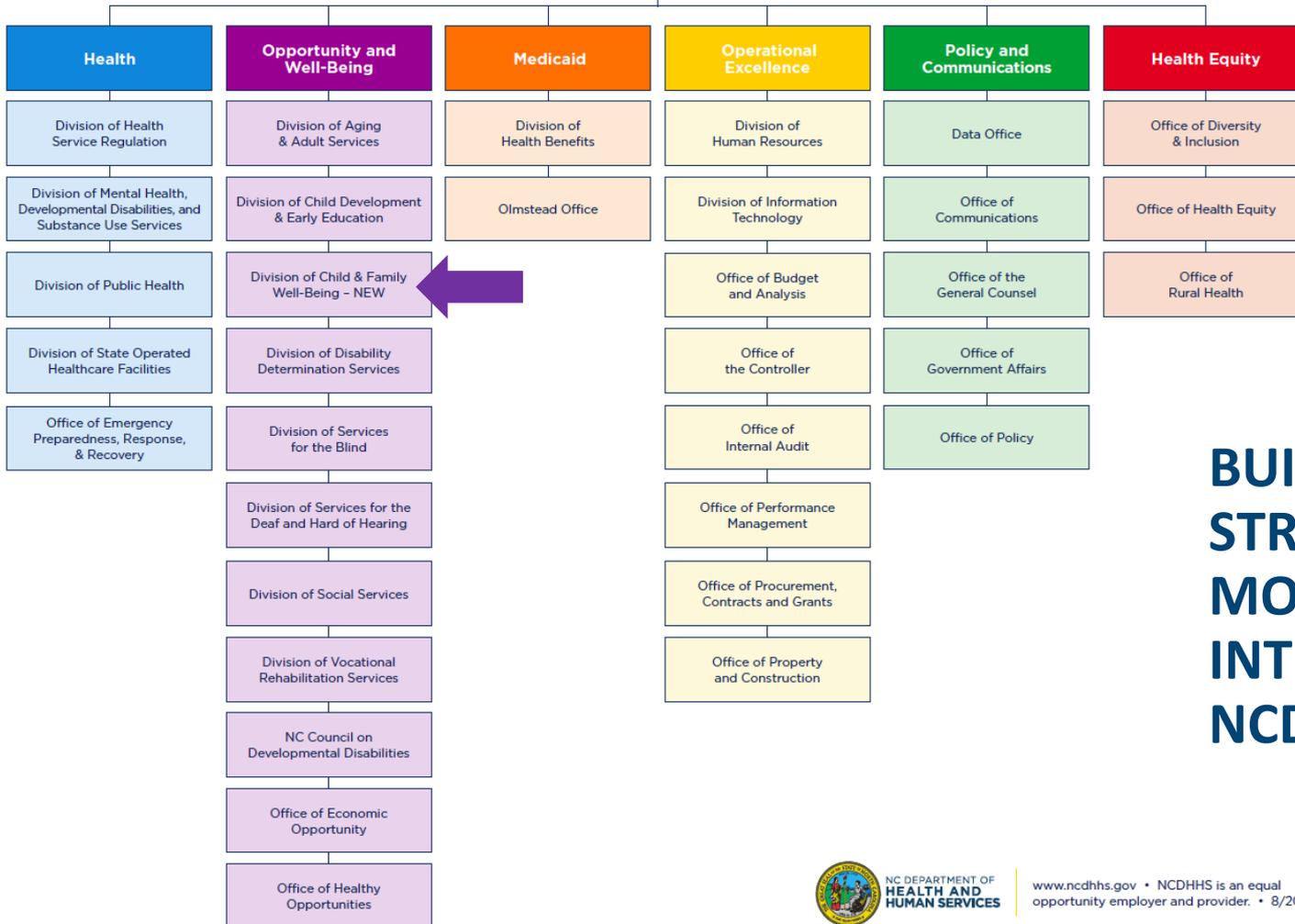
## Secretarial Priorities:

Behavioral Health and Resilience

Child and Family Wellbeing

Strong and Inclusive Workforce

# NC Department of Health and Human Services



**BUILDING A STRONGER, MORE INTEGRATED NCDHHS**





# Dana Suskind

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Co-sponsored by:





# How Do we Grow the Movement for Universal Supports for Families with Young Children? (AKA Building a Parent Nation)

Dana Suskind, MD

@DrDanaSuskind



Center for Early Learning  
+ Public Health



the  
**3T's**

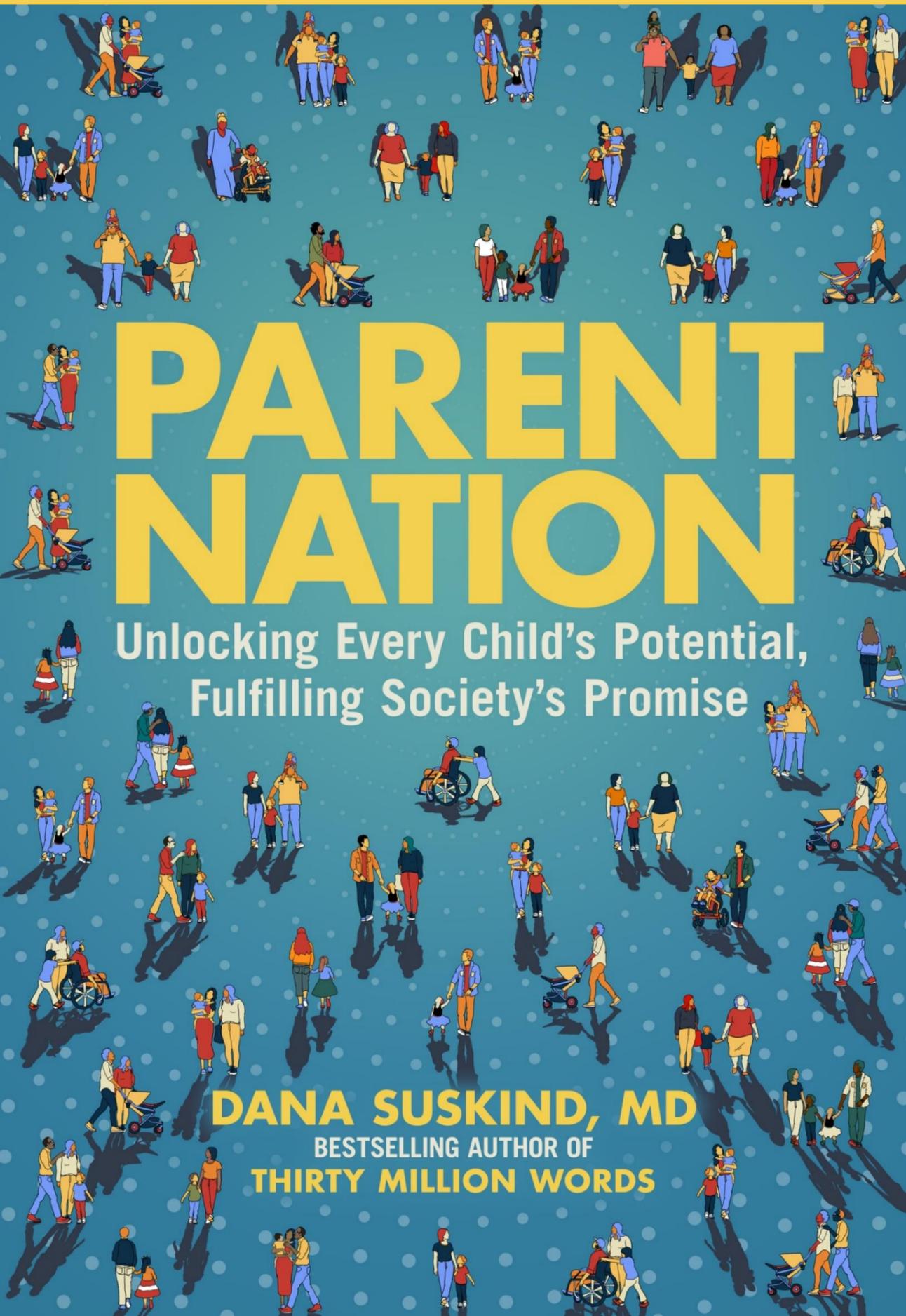
**TUNE  
IN**

**TALK  
MORE**

**TAKE  
TURNS**







# PARENT NATION

Unlocking Every Child's Potential,  
Fulfilling Society's Promise

**DANA SUSKIND, MD**  
BESTSELLING AUTHOR OF  
**THIRTY MILLION WORDS**





PROMISE

PROMISE

PROMISE

PROMISE

PROMISE

PROMISE

#AARP2017

#AARP2017

Image Greg  
Gibson, AARP.org

# Social Infrastructure



FIGHT TODAY

FOR A BETTER

TOMORROW

# Building a Parent Nation

*Parent Nation* is more than a book. It is a platform for change that will be fueled by a national, multimedia public impact campaign designed to help parents.



# PARENT NATION

## VILLAGE HOST OVERVIEW

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Insert MU video when we have  
it

# Get Involved

- Sign Up for the Building a Parent Nation newsletter
- Host a Parent Nation book club
- Host a Parent Village
- Share the “It Takes a Nation” social media campaign
- Follow our Action Guide!

