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

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

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
Two Brief Historical Snapshots


• The Framing and Evolution of Child Protection Policy – 1960’s to Present.
Sheppard Towner Act 1921

• 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

• 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

• 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

• 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

• 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
Universal CAN Prevention Strategies

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

• **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

• 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
What can stop our progress?

- **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?

• 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
Our Challenge

• 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

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)
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 needs
  reaches 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

*Business Insider,* September 1, 2014
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?

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• 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

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• 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.

Figure 1. COVID's day-by-day effects on working families

- Family mental health index
- % who worked today

Initial restrictions
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!

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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
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.”

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:

- Economic Security
- Services to Promote ERH
- High Performing Medical Homes
- Early Childhood Systems
- Equity
- Provider Training on ERH
- Relational Workforce
- Parent-Infant & Early Childhood Mental Health
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
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
- Momnibus and other maternal health legislation that calls for investment in CBOs and workforce development, including doulas

Other Pending Proposals

- Resilience Investment, Support, and Expansion (RISE) from Trauma Act** (S.1770)
- Bi-partisan action on children’s mental health (Sen. Wyden-Carlo)

Kay Johnson. Policy Opportunities that Can Advance HOPE and Early Relational Health. HOPE Summit. 3/9/22
“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/
CSSP’s ERH Coordinating Hub

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Early Relational Health at CSSP
https://cssp.org/our-work/project/advancing-early-relational-health/

Perspective on Early Relational Health Series
https://cssp.org/perspectives-on-erh-series/

Sign up for our monthly ERH e-newsletter
Patricia A. Cole
Federal Support for Universal Policies to Support Families with Young Children

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

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

• 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.
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

• 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
Babies are born with unlimited potential.
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: 49%
- Black: 14%
- Hispanic: 26%
- Multiple: 5%
- Asian: 5%
- AI/AN: 2%
- NH/PI: 4%

STATE OF BABIES YEARBOOK 2021
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

- Asian: 14.8% Poverty, 9.9% Low Income
- American Indian/Alaska Native: 39% Poverty, 34.4% Low Income
- Black: 23.9% Poverty, 27% Low Income
- Hispanic: 29.3% Poverty, 25.5% Low Income
- White: 17.2% Poverty, 11.6% Low Income
- Multiple Race: 18.8% Poverty, 18.3% Low Income
Higher Risk of Adversity for Babies in Families with Low Income
Strong Families

Key Findings 2+ Adverse Experiences

- Asian
- White
- Hispanic
- Black

National Average

- Low Income
- Above Low Income
Positive Early Learning Experiences

- Babies in families with low/moderate income receiving CCDF subsidies
- Babies who are income eligible receiving EHS
- Babies receiving developmental screening
Pandemic: Material Hardship & Emotional Distress

**Household Pandemic Income Change by Race/Ethnicity**

- White: Increase 13.4%, Decrease 61.3%, No Change 25.3%
- Latinx: Increase 18.4%, Decrease 61.3%, No Change 20.3%
- Black: Increase 18.4%, Decrease 61.3%, No Change 20.3%
- National: Increase 10.8%, Decrease 61.3%, No Change 27.9%

**Emotional Distress by Level of Financial Hardship**

- Child: No Problems 51.4%, Minor Problems 25.3%, Major Problems 15.4%, Extreme Problems 8.9%
- Caregiver: No Problems 31.4%, Minor Problems 59.4%, Major Problems 49.1%, Extreme Problems 40.1%

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

• 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
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...

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

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
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 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?
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™

- 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

Zerotothree.org/policy-network
Thank you!
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
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
Building the Early Childhood Workforce

Marsha Basloe, mbasloe@childcareservices.org
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%)
• 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.
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).
### What is Needed to Build the Workforce: Barriers and Opportunities

<table>
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<th>Compensation and Supports for the Early Childhood Workforce</th>
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<td>Benefits for the Early Childhood Workforce</td>
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<td>More respect for this profession</td>
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<td>Innovations to engage those who want to go into the field</td>
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<td>More support for children with behavioral challenges</td>
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</table>
Katie Rosanbalm, PhD
katie.rosanbalm@duke.edu
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

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 Resilience*
Senator Elizabeth Steiner Hayward, MD.
IMPLEMENTING STATEWIDE UNIVERSALLY-Offered HOME VISITING

STATE SENATOR ELIZABETH STEINER HAYWARD MD
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 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
Kaitlin Altone
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
Christian Bell
Onymali

Co-sponsored by:
The Curious Case of Oklahoma

A Historical Analysis of the Passage of Universal Pre-Kindergarten Legislation in Oklahoma
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
Cross Agency Leadership Team

- Department of Developmental Disabilities
- Department of Education
- Department of Health
- Department of Medicaid
- Department of Mental Health & Addiction Services
- 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.
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DCYF Planning Project Issue
Resolution Decision Tree
Updated April

Does this issue:
- Have an impact to, or need involvement from, OPM or OPAT (that is, it’s not just internal to DCYF operations)
- Have state-level financial or reputational risk?

Will it impact or require involvement by other workgroups or parts of the agency? If so, will it:
- Require resources (i.e., time) that cannot fit within current capacity?
- Impact or require involvement by other workgroups or parts of the agency?

Will the group come to a unanimous recommendation?

Can the DCYF leaders has for developing resolution plan and involving work group:
- Be coordination with other DCYF groups or leaders needed?
- Seek approval for additional resources?
- Does list for Team need to review or resolve the issue?

DCYF Leader makes the decision

Implement plan to resolve issue

Record the resolution in some way (issue list, how-to for website, etc.)

Are there any other options that we feel contain the LC will want to see evaluated?

Draft the recommendation paper (can ignore the options section) involving Y/N and other workgroups as needed.

Plan to prepare an issue paper for it? Can the group come to a unanimous recommendation?

Can the group come to agreement on resolutions?

Record the resolution in some way (issue list, how-to for website, etc.)

Do the project directors feel the issue belongs on the consent agenda?

*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 compiling stakeholder work.
Resources


• 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
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
BUILDING ON THE DEPARTMENT’S VISION FOR CHILDREN AND FAMILIES

Children are healthy and thrive in safe, stable and nurturing families, schools and communities
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
BUILDING A STRONGER, MORE INTEGRATED NCDHHS
Dana Suskind
How Do we Grow the Movement for Universal Supports for Families with Young Children? (AKA Building a Parent Nation)

Dana Suskind, MD

@DrDanaSuskind
the 3Ts

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
Social Infrastructure

- Local Services
- Education
- Work Space
- Health Care
- Home
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.
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!