

Championing Early Childhood Policies that Prevent Social, Economic, and Educational Inequities

Proposed public policy approach, principles, and priorities

The 2015 legislative early childhood debate focused on increasing access to early education, pitting those who favor universal school-based pre-kindergarten for all 4-year-olds against those who favor targeting scholarships to low-income families for use in any early learning setting rated as providing quality practices that will likely lead to school readiness. Both of these approaches promise to reduce or close the academic achievement gap.

This brief proposes a different approach that champions early childhood policies that would prevent opportunity and achievement gaps – that would prevent social, economic, and educational inequities.

In partnership with affected communities, public/private partnerships, government agencies, foundations, and other mainstream organizations, including us at the Wilder Foundation, would use our public policy resources to be early childhood champions for acting and spending differently by:

- 1) Shifting the mind-set – the policy paradigm – from early education for early learning and school readiness to early nurturance for optimal health and development within a family, community, and cultural context.
- 2) Changing the early childhood public policy narrative from funding education and service programs to strengthening relationships and families and promoting positive experiences.
- 3) Supporting and funding community-led solutions for improving and supporting early experiences, positive relationships, and the social and economic security of young children.

Champion these principles for supporting multiple paths to same goal of optimal healthy child development

We have the opportunity to construct a fair and equitable early childhood system free of disparities in delivery and results – to prevent the achievement gap by closing the equity gap. To that end, every step of the way must respect and be responsive to all families and communities, being mindful that the context varies by locale and culture. Local and cultural differences require differing approaches and arrays of resources to reach the common goal of optimal healthy child development. Equity and inclusion must be integral to our actions and to our definitions and measures of access, engagement, quality, and outcomes.

In practical terms, this means:

- Invest in ways that allow maximum cooperation, flexibility, and innovation at the local level, based on family and community strengths and needs, as opposed to a competitive, one-size-fits-all approach.
- Support local community-based and culture-specific partnerships and organizations, and don't saddle them with new requirements or impose top-down solutions.
- Respond holistically to needs of children, with the understanding that child development is a process that takes place over time within families and communities, not an academic event that takes place in schools and at kindergarten entry.
- Support family-centric and two-generational approaches that address needs of parents and children at the same time, such as parental depression and child development, and that build family health and family social and economic development.
- Maximize early development and learning by enriching and building assets where babies and toddlers are -- at home with parents and grandparents -- not getting them to other settings with other caregivers.
- Improve the ways all of our systems interact with families and communities through deeper family engagement, so that families and communities that are affected by policies and service programs have the authority and responsibility to develop them.
- Trust communities to decide what will work best for them and what programs and service providers do with, not to, them for reaching the common goal of optimal healthy child development -- within expectations of accountability for results.

[http://www.wilder.org/Wilder-Research/Publications/Studies/Family and Community Knowledge Systems Project/Promoting and Measuring Family and Community Engagement for Healthy Early Childhood Development.pdf](http://www.wilder.org/Wilder-Research/Publications/Studies/Family%20and%20Community%20Knowledge%20Systems%20Project/Promoting%20and%20Measuring%20Family%20and%20Community%20Engagement%20for%20Healthy%20Early%20Childhood%20Development.pdf)

Proposed priorities

Based on research, population and economic trends, and initial stakeholder input, our early childhood policy priorities should focus on optimal healthy development for all children by starting as early as prenatally with comprehensive efforts that build upon the assets and capacities of all families and communities.

Starting early

For more than 15 years, we have learned from brain science, as communicated by Dr. Jack Shonkoff and others from the Harvard Center for the Developing Child, that 80 percent of a child's brain is developed by age 3 and that experience and relationships influence brain architecture as it is developing. Therefore, anything that inhibits positive experiences and relationships, such as the toxic stress of poverty and deprivation or insecure attachment because of maternal depression, inhibits healthy brain development.

http://developingchild.harvard.edu/key_concepts/brain_architecture/

http://developingchild.harvard.edu/index.php/resources/briefs/inbrief_series/inbrief_the_science_of_eed/

Adverse Childhood Experiences (ACES) research by the Centers for Disease Control has shown how the social and economic disadvantages of childhood accumulate and produce more adversity, with lifelong consequences. When we wait until age 3 or 4 to do something to ameliorate the adverse conditions, the disadvantaged children already lag behind developmentally. In toxic environments, age 4 is not “early.”

<http://www.cdc.gov/violenceprevention/acestudy/>

Comprehensive efforts

Poverty, poor health, lack of education, and unemployment are interconnected and mutually reinforcing. That is why we need equally interconnected and comprehensive approaches to prevent the disadvantages and the disparities.

<http://ascend.aspeninstitute.org/pages/ascend-fellowship-anthology>

<http://www.childtrends.org/povertys-pernicious-and-persistent-toll-on-young-children/>

Moreover, as reported in The Future of Children (2005), research has found that more than early education is needed to address racial and ethnic school readiness gaps. Early education actually closed about 20 percent of the white-black gap and 36 percent of the Hispanic-white gap. Another 25 percent closed with child and maternal health access and outcomes. Closing the largest share of the school readiness gap required improved family income, support, and functioning.

http://futureofchildren.org/publications/journals/journal_details/index.xml?journalid=38

Build upon the capacities of all families and communities

Another key way to promote healthy child development is to invest in each community's capacities to solve its own problems and to forge its own solutions for success.

Wilder Research recently completed a “report card” on trends in the health, education, and social well-being of children age 5 and younger in Minnesota. On virtually every indicator, starting with access to prenatal care, birth weight, infant mortality, access to well-baby visits, poverty, and kindergarten readiness, children of color are at a disadvantage. A recent report by the Minnesota Department of Health echoed these health inequities within communities of color.

[http://www.wilder.org/Wilder-Research/Publications/Studies/School Readiness Report Card/School Readiness Report Card - All Fact Sheets.pdf](http://www.wilder.org/Wilder-Research/Publications/Studies/School%20Readiness%20Report%20Card/School%20Readiness%20Report%20Card%20-%20All%20Fact%20Sheets.pdf)

Despite overall high quality of life in Minnesota, *Minnesota Compass* (<http://www.mncompass.org/>) spells out what Paul Mattessich, Wilder Research Executive Director, calls the “Minnesota paradox” – whereby the trends in racial disparities in economics, education, employment, health, and life expectancies stand out as among the worst in the nation. Given the demographic reality, that the youngest age groups in Minnesota are the most racially and ethnically diverse, that populations of color have the most disadvantages, and that disadvantaged populations of color are the fastest growing part of the overall population – if we don’t invest early in all of our children, especially, even disproportionately, in communities of color, the trends in racial disparities will continue.

Examples of legislation/policies to support

Ensuring that public programs support and strengthen family, friend, and neighbor (FFN) caregivers and establishing a public/private fund for community scholarships are two key ways to promote optimal healthy child development that fit the proposed approach, principles, and priorities.

Recognize and support FFN caregivers

In the 2015 early learning legislative debates, FFN caregivers were left out of the conversations, and support for them has fallen further behind other forms of early care and education. For example, according to the Minnesota Child Care Assistance Program Family Profile for 2014 (Minnesota Department of Human Services, 2015), the percentage of child care assistance going to FFN caregivers (known as legal, non-licensed providers) dropped from about 20 percent in 2011 to about 5 percent in 2014.

In July 2012, Charlie Bruner from the Child and Family Policy Center and I prepared a policy brief for the BUILD Initiative, *Family, Friend and Neighbor Care: A Strengthening Families Approach to Achieve Healthy Child Development*. This policy brief builds on Wilder Research’s child care use studies that have found an estimated two-thirds of infants and toddlers, particularly within low-income families and families of color, are cared for at home with their parents, grandparents, other family members, or friends of the family, and are not in formal child care settings.

Accordingly, this policy brief argues that early childhood policies must recognize that FFN caregivers essentially have the same strengths and needs as the parents of young children in their fundamental role of raising healthy children and therefore should be eligible for the same supports and services as parents. Policies, for example, should move beyond simply integrating FFN caregivers primarily into formal early learning efforts and offering them materials and training, to integrating them into a comprehensive early childhood system, including access to home visits with public health nurses and early childhood behavioral specialists, depression screening and mental health care, parenting and grand-parenting education, individual and group sessions with child care coaches and parent educators, public assistance and supports for meeting basic needs (WIC, SNAP, housing, emergency cash assistance), maternal and child preventive health care and developmental screening, and care coordination and referral to needed health and social services.

In short, this policy brief described how shaping federal, state, and local policies to provide opportunities, public access, and support to family, friend, and neighbor caregivers can make a difference in children's healthy growth and development.

[http://www.wilder.org/Wilder-Research/Publications/Studies/Build Initiative - Family, Friend, and Neighbor Care/Family, Friend and Neighbor Care - Achieving Healthy Child Development by Strengthening Families.pdf](http://www.wilder.org/Wilder-Research/Publications/Studies/Build%20Initiative%20-%20Family,%20Friend,%20and%20Neighbor%20Care/Family,%20Friend%20and%20Neighbor%20Care%20-%20Achieving%20Healthy%20Child%20Development%20by%20Strengthening%20Families.pdf)

Public-private fund for community scholarships

In 2008, Wilder Research prepared an early childhood asset review for a group of early childhood funders, which later became the Start Early Funders Collaborative. The asset review, in part, included personal interviews and facilitated group discussions throughout Minnesota that provided an opportunity for a broad range of stakeholders to exchange ideas and provide input and information to refine and inform the asset review and the development of recommendations to the funders group.

One of those recommendations was to establish a public/private fund for community scholarships that could be used to support innovative local early childhood efforts as well as to maximize and better target existing programs and public funding streams in locally appropriate ways. These community scholarships would allow maximum flexibility and community choice, with no prescribed ways to remove barriers or to improve access to, and increase supply of, worthwhile, effective early experience and learning opportunities. Communities would have to agree to be accountable for child development results. They would also have to employ a transparent, authentic, and inclusive decision-making process for using the community scholarships that builds on root strengths and eliminates root causes of the readiness and achievement gaps.

[http://www.wilder.org/Wilder-Research/Publications/Studies/Early Care and Education in Minnesota/Early Care and Education in Minnesota Asset Review - Summary and Recommendations.pdf](http://www.wilder.org/Wilder-Research/Publications/Studies/Early%20Care%20and%20Education%20in%20Minnesota/Early%20Care%20and%20Education%20in%20Minnesota%20Asset%20Review%20-%20Summary%20and%20Recommendations.pdf)

Similarly, a Partnerships for Healthy Futures bill (SF 1871) sought \$1 million for grants to organizations or coalitions in low-income communities and communities of color to build the capacity of community institutions “to strengthen population health and well-being outcomes” for children, youth, families, and communities. The grants would also support “safe, stable, nurturing relationships and environments, and social, cultural, and economic well-being” through “policy, systems, and environmental changes...”

Finally, The Children’s Defense Fund, in partnership with the Governor’s Children’s Cabinet, is in the process of engaging communities of color across the state in developing a legislative agenda -- Voices and Choices for Children -- that will help shape and sustain the policies and practices affecting their children, beginning prenatally. A report by Betty Emarita, Development and Training, Inc., commissioned as part of their planning process, includes several recommendations for action, including:

“Establish a Community Solutions Funds for communities with high levels of child and family poverty. The purpose of the Funds will be to improve measures of well-being for children and families. The Funds will be used to fund community-based solutions for issues that are identified by and for the affected community. The Funds will be administered by community-rooted institutions with demonstrated capacity and a transparent accountability process.”

Potential allies in championing optimal healthy child development

Much of what we call the educational achievement gap begins early in life with poor access to prenatal and other health care, positive early experiences, and skill building for parents – the building blocks all children need for optimal healthy development. The achievement gap is really many opportunity gaps or, more pointedly, lack of choices based on income and race. Our public policies are failing to support many of our kids, especially in communities of color. Ultimately, all these gaps are rooted in a leadership gap. That is the gap that can be closed, as a first step, by convening potential policy allies to agree on next steps.

In addition to, the Children’s Defense Fund, and those engaged in building Voices and Choices for Children, other potential allies in changing the public early childhood narrative and supporting communities include:

- Minnesota Department of Health’s Prenatal to Three Policy and Systems team produced *Healthy Start for Minnesota Children*, a blueprint for supporting community innovations and early opportunities for all children based on a multi-year statewide prenatal to age 3 planning process and plan. The blueprint promotes nurturing relationships and eliminating racial, social, and economic barriers to healthy child and family development.

<http://www.health.state.mn.us/divs/cfh/program/pto3/content/document/pdf/prenataldraft2014.pdf>

- The African American Babies Coalition and a nascent American Indian Babies Coalition are committed to healthy brain and early development of children age 3 and younger within a family, community, and cultural context.

[http://www.wilder.org/Wilder-Research/Publications/Studies/African-American Babies/Promoting the Healthy Development of African American Babies.pdf](http://www.wilder.org/Wilder-Research/Publications/Studies/African-American-Babies/Promoting%20the%20Healthy%20Development%20of%20African%20American%20Babies.pdf)

- Saint Paul Promise Neighborhood and Northside Achievement Zone are exemplars of place-based efforts to promote optimal healthy development of children and families.
- The Targeted Home Visiting Coalition advocates for increased funding to provide effective home visiting that starts prenatally or during the earliest stages of infancy when brain development is at its peak and that builds relationships to foster early childhood development and overall family wellness.
- Children’s Hospital and Clinics of Minnesota, which in *Foundation for Life: The Significance of Birth to Three*, recently announced they are exploring a new role in healthy early childhood development, asserting that early education and early development “should not be conflated.”

<http://www.childrensmn.org/blog/earlychildhood/>

The Head Start Association provides a unified means for Head Start programs and families to speak and act on issues affecting low-income children and families. Expanding Early Head Start (EHS) funding to serve more than the 3 percent of the eligible children age 2 and younger now served by EHS is a potential use of community scholarship funds, for example. Blocking legislative proposals to modify the Head Start statute to only serve children beginning at age 3 or 4, rather than prenatally now, would also help to preserve EHS instead of leaving the youngest kids further behind. Moreover, allowing EHS to receive home visiting funding would be another way to support the healthy development of low-income children. (EHS is funded through the Minnesota Department of Education and is not able to access home visiting funds emanating from the Minnesota Department of Health.)

- Since 2003, The Minnesota Initiative Foundations' Early Childhood Initiative, inspired and impelled by growing research evidence and awareness about the critical importance of early childhood experience on brain development, has grown and supported nearly 100 local early childhood coalitions covering over 200 greater Minnesota communities.

[http://www.wilder.org/Wilder-Research/Publications/Studies/Minnesota Early Childhood Initiative/Minnesota Early Childhood Initiative - Impacts and Insights.pdf](http://www.wilder.org/Wilder-Research/Publications/Studies/Minnesota%20Early%20Childhood%20Initiative/Minnesota%20Early%20Childhood%20Initiative%20-%20Impacts%20and%20Insights.pdf)

In sum

Social, economic, and educational inequities and their associated lifelong adverse consequences are preventable. To that end, early education is necessary but insufficient. Reaching the goal of optimal healthy development for all children requires concerted, interconnected policy efforts across public and private sectors and disciplines and in partnership with families. The disadvantaged families affected by inequities must help shape and sustain the policies and community-led practices to strengthen themselves and their children within a cultural context.

Who will fill the leadership gap and, as a first step, convene the potential policy allies to agree on next steps? Wilder Research and Wilder Center for Communities look forward to joining the policy allies in shaping and taking those next steps.

Interconnected gaps



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