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A photograph of a baby with light hair and blue eyes, wearing a white t-shirt and denim pants, sitting on a white surface. The baby is surrounded by colorful paint splatters and several small, colorful paint containers (purple, blue, yellow, red, orange, pink). The baby is looking up and smiling slightly.

AN EARLY CHILDHOOD
ACTION COLLECTIVE REPORT

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HOW CITIES EMBRACE THEIR INFANTS AND TODDLERS

INTRODUCTION

Philadelphia is recognizing the powerful opportunity of a local approach with local leadership and investment for its young children. The City of Philadelphia's citywide early childhood plan, *A Running Start* (2015), focuses on families with very young children, starting prenatally through five years of age. With the successful passage of the sugary beverage tax in 2016, the City has taken major implementation steps, starting first with increasing access to pre-K in mixed settings including family child care, centers, and elementary schools. As Philadelphia launches its substantial pre-K initiative, the City will benefit from viewing this as an opportunity to create a strong start for its more than 60,000 babies and toddlers as well. From the prenatal period through the first years of life, the brain undergoes its most rapid development. Like the foundation of a house, a child's early experiences determine the strength or fragility for all future activity. Local early childhood systems and services that reach infants, toddlers and their families as early as possible with needed services and supports are essential to ensure that the opportunity gap—the disparities in access to high-quality education based on income, race/ethnicity, parental education, and other demographic factors—does not increase over time.¹ Addressing this opportunity gap is critical, and it is particularly important with so many of Philadelphia's infants and toddlers living in low-income families. Infants and toddlers from wealthier families have more opportunities to reach their full potential—and the differences in development that stem from socioeconomic disparities become evident at the earliest stages of childhood.

This paper provides information on how cities around the country are addressing the early learning needs of their babies and toddlers. Philadelphia's early childhood leaders can use the information to stimulate additional thinking, deepen their approach, and

inform next steps. We provide strategies from a range of cities to address the needs of infants and toddlers through comprehensive early care and education programming. Our hope is that these examples will serve to inform Philadelphia's ongoing efforts to promote robust outcomes for its youngest children, particularly those whose access to, and achievement in, publicly funded education is currently inhibited by socioeconomic and other demographic features.

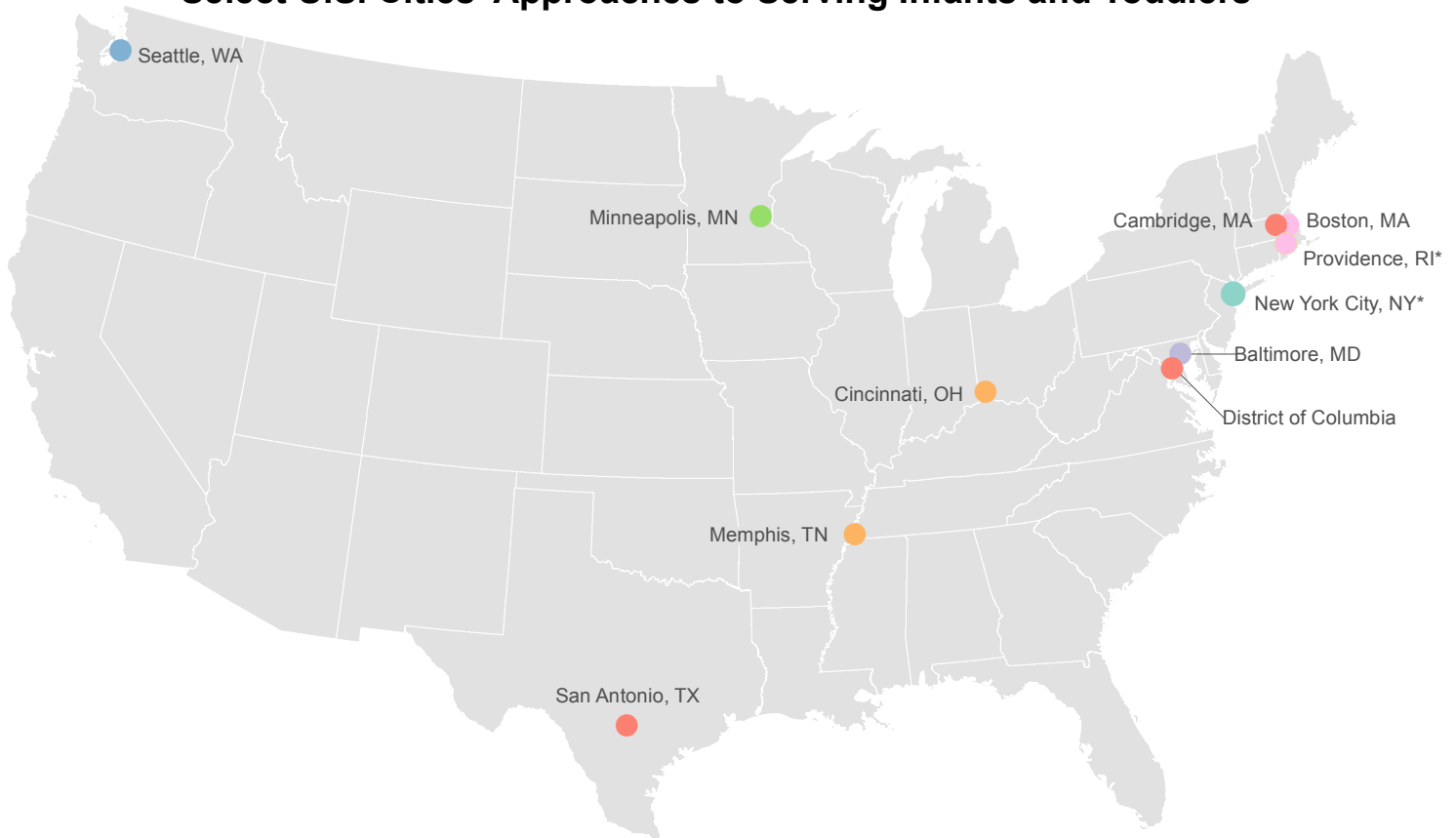
North Carolina provides a concrete state example of the importance and possibility of prioritizing pre-K *as well as* infant-toddler services and systems and the value to children and the community from doing so. Smart Start is a North Carolina early care and education program that serves children birth to age five, with a particular focus on birth to four years. Smart Start county public-private partnerships, using state investment, invest in early learning in three core areas: high-quality, accessible child care and workforce development; health; and family support services. More at Four is North Carolina's state preschool program, which targets at-risk 4-year-old children in a variety of settings. A recent study looked at impacts from Smart Start and More at Four, separately and combined.² The study found that communities with both Smart Start and More at Four had gains in reading and math in third through fifth grades. Confining the results just to Smart Start, there was a 7 to 10% lower likelihood of special education placements in these same grades, along with an 11% reduction in grade 3 retention. Confining the results just to More at Four, the children had higher reading and math scores, as well as reduced special education placement. While both programs add value, their total value is higher when combined.

Figure 1 below highlights the cities and programs discussed in this paper; each city is color-coded to correspond to the type of program or strategy it employs. (Note that color-coding relates to the

strategy or program detailed in this paper; many cities listed here also employ other strategies and programs that fall outside the scope of this paper.)

FIGURE 1

Select U.S. Cities' Approaches to Serving Infants and Toddlers



Model Strategies

- Citywide messaging campaigns
- Developmental screening
- Access to high-quality early learning experiences
- Co-locating health and social services
- Comprehensive approaches
- Formal collaboration to advance citywide efforts
- Sustained commitment from philanthropic and city leaders

* The programs in Providence, RI, and New York City, NY, each entail two model strategies: 1) access to high quality early learning experiences; and 2) developmental screening and sustained commitment from philanthropic and city leaders, respectively. For visual clarity, the red dot representing access to high quality early learning experiences is not displayed on the map. ●

BALTIMORE

B'more for Healthy Babies (BHB) is an initiative to reduce infant mortality in Baltimore City through programs emphasizing policy change, service improvements, community mobilization, and behavior change.

BOSTON

Screen to Succeed/Thrive to Five Parent Partners engages parents and caregivers from city neighborhoods to conduct peer-to-peer outreach with ethnically and linguistically diverse communities, and includes a focus on parent knowledge of, buy-in, and participation in, developmental screening for their children.

CAMBRIDGE

Baby University is a program designed for parents with children prenatal to age 3 whose mission is to increase parents' knowledge on a variety of child-rearing topics; strengthen parent-child relationships; break parental isolation; and connect parents to beneficial community resources.

CINCINNATI

Every Child Succeeds offers Greater Cincinnati and Northern Kentucky families a collaborative evidence-based home visitation program to help parents create a nurturing, healthy environment for their children, and is connected to a broader collaboration.



DISTRICT OF COLUMBIA

The Quality Improvement Network/Early Head Start Child Care Partnerships use a “hub” based approach to expand access and improve quality for their infant-toddlers through an approach that integrates financing for early learning and comprehensive services and quality improvement.

The Birth to Three Policy Alliance provides resources to a wide range of organizations seeking to partner with the District of Columbia government to improve policy, services, and coordination to improve outcomes for infants and toddlers.



MEMPHIS

Early Success Coalition is a broad-based coalition of service providers and community leaders that works to develop and expand an early childhood comprehensive system of high-quality services for children from pre-conception to age eight that engages families, promotes resiliency, and supports positive early childhood development.

There is a critical focus on babies and toddlers through its home visiting and Early Head Start work, as well as its child care work.



MINNEAPOLIS

Talking is Teaching is an infant-toddler-specific parent awareness campaign launched as part of the mayor’s *Cradle to K Cabinet Plan to Address Early Childhood Disparities*, which was developed to improve outcomes for infants and toddlers.



NEW YORK

The New York City Infant Toddler Resource Center provides technical assistance, individualized intensive technical assistance, and training opportunities for regulated or licensed child care sites. The New York City Child Care and Early Education Fund (NYC-CC&E) is a private funders’ collaborative dedicated to the improvement of early childhood education in New York City with a history of working in partnership with City and state government on infant-toddler reform and other early childhood issues.

PROVIDENCE



Ready to Learn Providence, which is part of a broader Providence Plan provides professional development for center-based and family child care providers and includes a focus on infants and toddlers and their participation in formal early learning settings.

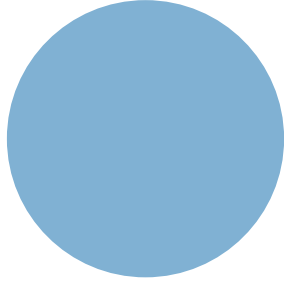
SAN ANTONIO



The Very Early Education Centers provide education to preschoolers and a variety of strategies to support caregivers and families of infants and toddlers, including training for caregivers, parenting support for families, and play groups.

SEATTLE

Seattle's Best Starts for Kids provides a comprehensive approach to improve health and well-being by investing in prevention and early intervention for children, youth, families, and communities. Using a new local tax levy, 50% of funds are dedicated to prenatal to 5, with a comprehensive approach.



Cities are exploring many different approaches to boost quality early learning for their youngest children. Some cities embed their infant-toddler work within an overall birth-to-five or birth-to-eight strategic agenda, including infant-toddler needs and services in all of their work. Some cities call out and address infant-toddler needs more specifically.

Work ranges from public awareness and educational efforts to alerting community members, families, and leaders about the importance of the infant-toddler

years (e.g., Minneapolis, MN) or developmental screening (e.g., Boston, MA), or expansion of high-quality infant-toddler services (e.g., Washington, D.C.). We see efforts made to address the full racial and ethnic diversity of the infant-toddler population and the providers who work with them and their families (e.g., Providence, RI). Through these and other examples, this paper explores seven approaches that the nation's cities are using to lift up the needs of infants and toddlers.

HOW CITIES GET STARTED

Cities that have successful initiatives to support families with infants and toddlers typically started those initiatives as a response to a significant public health problem, such as infant mortality, or in recognition of the fact that improving long-term academic results for children is linked to ensuring supportive and nurturing early childhood experiences. The leadership required to address these challenges can arise from city government or from community stakeholders such as philanthropic organizations, business leaders, or families.

While each city highlighted in this paper has developed a unique plan to address specific issues in their community, one common element is a **cross-sector leadership and governance structure** to ensure that successful implementation, measurement, and communication for the initiative are established. Plans for addressing the agreed-upon challenges are developed by **multiple community stakeholders** and are focused on a specific set of desired results. These desired **results are developed collaboratively** and **informed by baseline data** that is reliable and consistent enough for **ongoing measurement and improvement of the initiative**.



ACCESS TO HIGH-QUALITY EARLY LEARNING EXPERIENCES

Science consistently shows that the early years, starting from birth, represent a critical period during which the foundations for future intellectual, emotional, social, and physical development are built. Like a new building, establishing either a strong or fragile foundation determines the success of what follows. We know that infants, toddlers, and young children who live in health-promoting environments and have positive early experiences tend to go on to complete more years of school; have higher-paying jobs; and live longer, healthier lives. Children who experience significant adversity as infants, toddlers, and preschoolers, without consistent support from caring adults, are more likely to drop out of school early, earn less, depend more on public assistance, and live shorter and less healthy lives.³

When adults are responsive to the developmental needs of babies and toddlers, this enables children to be happy, healthy, and on a pathway to success. Communities strengthening and building local early learning systems are paying attention to both formal and informal settings when considering how to provide quality early learning experiences.

The shortage of high-quality early learning programs, particularly for low-income infants and toddlers from across diverse races and ethnicities, is a persistent, troubling reality in most cities. Efforts to increase the affordability and quality of infant-toddler child care are critical. At the same time, not

all families will choose a formal child care setting, whether due to fluctuating schedules that don't align with traditional child care hours, lack of neighborhood availability, availability of a program suited to the cultural and linguistic values of the family, or because of family preference for setting type (i.e., informal, formal setting).

As communities address issues of high-quality early learning for infants and toddlers, they realize that increasing the capacity and quality of the formal child care settings is not something that happens quickly. The examples that follow focus on the full range of quality early learning experiences, starting with informal settings and moving to formal settings; they are consistent with the inclusion of high-quality early learning opportunities outlined in *A Running Start*. For example, the first goal of *A Running Start Philadelphia: Citywide Early Learning Plan* focuses on the opportunity for high-quality early learning in both formal and informal settings for all infants, toddlers and preschoolers in Philadelphia; the second goal focuses on creating

high-quality supply of infant, toddler and preschool programs; and the third goal is about supporting a high-quality early childhood workforce through professional development and compensation. The practices that are highlighted here fit within these goals.



More specifically, *A Running Start* developed five goals, built on three principles:

BUILD ACCESS TO QUALITY: Increase access to high quality child development and early learning opportunities for children from birth to five, especially those most at risk.

ADVANCE A STRONG SYSTEM SERVING CHILDREN BIRTH TO 5 YEARS: Inclusive, efficient, and well-financed policies and programs support greater access to quality.

ENGAGE FAMILIES: Parents / caregivers are children's most important teachers with the most constant and sustained impact on their children's early learning and development.

The five goals that undergird the Citywide Early Learning Plan are:

- 1 All infants, toddlers and preschoolers have the opportunity to experience high quality, full-day/full-year early learning in formal and informal settings.
- 2 Philadelphia has an ample supply of high quality public, private and nonprofit providers with supports for entering, sustaining and growing the number of high quality opportunities.
- 3 Philadelphia has a sufficient, stable, diverse, high quality professionalized early learning and development workforce with access to professional development supports and adequate compensation.
- 4 Children and families are continuously supported by prenatal to five, and early elementary, systems and services.
- 5 Philadelphia has the required infrastructure and funding to support a high quality, robust early learning system.

Philadelphia's understanding of what it takes, as reflected in *A Running Start* and its important work on pre-Kindergarten access, is in keeping with the work to support early childhood in general, and infants and toddlers in particular, by other cities around the country. The service elements that Philadelphia is pursuing in *A Running Start* match those identified by Zero to Three, a nearly 30-year-old national policy and technical assistance organization with an exclusive focus on infants and toddlers.⁴ Zero to Three recommends that foundational supports for infants and toddlers include an intertwined focus on health, mental health, early learning, family support, and economic support:⁵

Families need access to primary and preventive care, such as prenatal care, well-child visits, oral health care, and a medical home.

Developmental screenings to identify physical and social-emotional status should be available to all families based on the recommended schedule from the Bright Futures Guidelines (2011), developed by the American Association of Pediatrics.

Families and other adult caregivers need support as their child's most constant and influential teachers to promote their child's growth and development such as:

Accessible, culturally and linguistically respectful guidance to support children's growth and development that is informed by research and is specific to the unique needs of infants and toddlers.

Access to early interventions and special services in the least restrictive and most supportive environment.

Mental health supports must be readily available for families experiencing trauma.

Sufficient economic supports to meet all families' basic needs (e.g.; food, shelter, transportation).

Access to quality early learning experiences regardless of the setting (e.g.; Early Head Start, Home Visiting, Play and Learn sessions, Library events).

CITYWIDE MESSAGING CAMPAIGNS

One of the challenges in reaching families with infants and toddlers is that there are fewer structured opportunities for engagement and education than there are for preschool and school-age children. Additionally, there is a broader societal understanding of preschool age child development than there is of infant-toddler child development. Cities have addressed the need to educate families and the broader community by launching messaging campaigns such as *Talking is Teaching* (Minnesota) and *VROOM!* (Seattle).

An infant-toddler focused public awareness campaign may be the first strategy implemented to elevate community interest in and understanding of the needs of infants and toddlers. By providing a visible platform, public awareness campaigns can pave the way for greater support for more complex solutions to addressing infant and toddler challenges and solutions. The examples

provided above have materials and resources for practitioners and parents ranging from printed materials and videos, to phone apps that provide learning tips for parents and children daily. A federal program, Text for Baby, is also a resource that can be part of these public awareness campaigns. Parents receive free text messages three times per week, timed to their due date or their baby's birth date, through pregnancy and up until the baby's first birthday.

In addition to spreading information and increasing awareness of how significant early childhood experiences are for future success, these campaigns can be tied to a larger communications plan to increase interest and public support of the more complex aspects of the overall initiative. In Philadelphia, a messaging campaign would fit well with the quality, access, and family engagement principles articulated in *A Running Start*.

EXAMPLE TALKING IS TEACHING

Minneapolis, Minnesota

In 2015, Minneapolis developed a multi-strategy plan, Cradle to K Cabinet Plan to Address Early Childhood Disparities in Minneapolis to improve outcomes for infants and toddlers. It encompasses early learning programs along with other basic needs such as shelter and food security for families with very young children, for a total of 12 strategies. For the most part, the early learning strategies are aligned with state efforts, such as increasing access to home visiting, ensuring children are screened for developmental delays, and

child care quality improvement initiatives.

An early action of the City of Minneapolis to support its focus on infants and toddlers was a public awareness and action campaign called "Talking is Teaching: Talk, Read, Sing." This program, designed by the national organization, Too Small to Fail, helps families understand that they can support their child's early brain and vocabulary development through simple, everyday actions—like describing things while walking

outside, or singing songs together during bath time.

The City of Minneapolis, in collaboration with the GreaterTwinCitiesUnitedWay, promoted this campaign through television and print media advertising, as well

as the distribution of resources to child care centers, public libraries, hospitals, health care services facilities, and other community locations where families with young children are most likely to be engaged.



DEVELOPMENTAL SCREENING

It has been well-established that developmental screening is an effective, efficient way for professionals to gauge the developmental progress of infants and toddlers, and to help inform meaningful next steps in a timely manner, when interventions and support services can have the greatest impact.

Parents want and need to have clear information about their child's growth and development as well as clear guidance on how best to support their child at each developmental stage. Yet 70 percent of children with developmental delays are not identified until entering kindergarten.⁶

In addition to screenings in pediatrician's offices, which is an expected health care practice, cities have also put into place parent-to-parent screening programs. This approach capitalizes on parents feeling comfortable with other parents, comparing notes, and sharing information in a less formal setting. Boston provides an organized effort to an approach to developmental screening that goes beyond the use of pediatric offices.

A focus on developmental screening is consistent with *A Running Start's* focus on quality access, comprehensive services, and family engagement.

EXAMPLE SCREEN TO SUCCEED/ THRIVE IN 5 PARENT PARTNERS

Boston, Massachusetts

Launched in 2008 by then Mayor Thomas M. Menino and the United Way of Massachusetts Bay and Merrimack Valley, Thrive in 5 was Boston's citywide movement from 2008 through 2015 to ensure all children have the opportunities and support they need for success in school and beyond. Thrive in 5 was designed as a catalyst, engaging a significant number of partners in cross-sector collaboration and learning collaboratives around three specific initiatives focused on engaging parents, improving quality of pre-K education, and enhancing the availability of citywide child development data, as noted below:

- Family Engagement and Parent Leadership (Boston Children Thrive)
- Quality Early Education (Ready Educators)
- Universal Child Development Screening (Screen to Succeed)

Thrive in 5, operated through United Way, acted as the coordinating organization to provide leadership for the design and start-up of programs and demonstration projects, with the long-term goal of transitioning all activities to community-based organizations.

With the Screen to Succeed component of the city initiative, parents and caregivers from city neighborhoods are provided stipends to

conduct peer-to-peer outreach with ethnically and linguistically diverse communities. Known as Parent Partners, the parents and caregivers serve as connectors, building relationships between isolated families and community-based organizations and leading activities that engage families in culturally responsive activities to support children's development. Through the process, parent leaders support one another as they develop valuable community organizing, planning, and advocacy skills, as well as build their network of contacts in the community. Developmental screening is one of the focal points for this work, and Parent Partners are increasing the number of children who have had a developmental screening, providing peer-to-peer screenings, supporting parent completion of screenings at community events, and encouraging screenings conducted by child care providers.

In 2015, it was determined that the cross-sector collaboration and aligned learning collaboratives were well-functioning enough for Thrive in 5's work to be fully transferred to the organizations and partnerships implementing the programs. The United Way of Massachusetts Bay and Merrimack Valley continues to provide funding support and coordination between partner agencies to implement the screening initiative.



SUPPORTING FAMILIES AND PRIMARY CAREGIVERS

EXAMPLE VERY EARLY EDUCATION CENTERS

San Antonio, Texas

The Very Early Education Centers in San Antonio, Texas are best known for their focus on preschool early learning, but their reach extends to infants and toddlers through strategies to engage parents as well as informal caregivers. These are key activities of the Very Early Education Centers. For example, parents participate in an eight-week family support program, gaining expert advice and sharing parenting ideas with their peers. More specific to infants and toddlers, outreach to informal child caregivers includes an annual Family, Friends and Neighbors Training Institute as well as community-based Play and Learn groups.

We note, as well, that families enjoy additional supports through health partners that provide developmental screenings, ensure families have health insurance and a medical home, and connect parents to resources that support workforce participation and asset development. Extensive outreach has been conducted to reduce the incidence of lead poisoning, a prevalent problem for young children in this community. This effort recognizes that there are multiple factors that can impede the healthy growth and development of infants and toddlers. Ensuring the physical and environmental safety of very young children is equally as important as ensuring access to high-quality early learning experiences.

EXAMPLE BABY UNIVERSITY

Cambridge, Massachusetts

Baby University is a program designed for parents with children prenatal to age three, managed by the City of Cambridge Department of Human Services. This program aims to increase parents' knowledge on a variety of child-rearing topics; strengthen parent-child relationships; reduce parental isolation; and connect parents to beneficial community resources.

The 15-week program offers 10 weeks of workshops followed by five weeks of playgroups. Additionally, parents are supported with 6-8 home visits. Parents who complete the entire program then join the Baby U Alumni Association. This association teaches new skills, strengthens relationships, and maintains the supportive connections between staff and families.

SUPPORTING CHILD CARE PROGRAMS

EXAMPLE INFANT TODDLER RESOURCE CENTER

New York, New York

The NYC Infant Toddler Resource Center is an initiative of the New York City Child Care Resource and Referral Consortium, which comprises hundreds of early childhood care and education providers and related organizations.

Operated by the Day Care Council, the Resource Center staff includes Infant/Toddler Specialists, who provide individualized intensive technical assistance and training opportunities for regulated or licensed child care sites. These Specialists offer focused attention and expertise to the individualized needs of the infant and young toddler population. The training and technical assistance provided focuses on: Infant and Toddler Learning and Development, Directing Infant and Toddler Programs, Transitioning from Preschool to Infants and Toddlers, Using the Infant/Toddler Environment Rating Scale (ITERS) to Arrange Classroom Environment, and Infant and Toddler Discipline and Guidance. Information and professional development opportunities are available in

multiple languages for potential and existing programs caring for infants and toddlers.

The Infant Toddler Resource Center works closely with the City's child care subsidy system, EarlyLearn NYC. In turn, EarlyLearn NYC relies heavily on licensed family child care programs for infants and toddlers up to the age of three. Providers who contract with EarlyLearn NYC are expected to participate in quality initiatives focused on ensuring the curriculum and care provided are developmentally aligned with the needs of infants and toddlers. Family child care providers serving families with infants and toddlers as part of EarlyLearn NYC must follow a curriculum, create lesson plans, and regularly assess and document children's skills and development, among other requirements. Family child care networks are established throughout the City to support family child care providers to engage in the quality initiatives, as well as complete the requirements described above.

EXAMPLE QUALITY IMPROVEMENT NETWORK/EARLY HEAD START PARTNERSHIPS

District of Columbia

In the District of Columbia, which has one of the country's most robust, extensive, and well-regarded preschool programs, there has been a growing concern about the lack of quality early learning opportunities for

infants and toddlers. To address this issue, the District of Columbia, through its Office of the State Superintendent of Education (OSSE), is leveraging the federal Early Head Start-Child Care Partnerships to develop a neighborhood-

based Quality Improvement Network (QIN) whose exclusive focus is to improve and expand the quality of infant and toddler care in the District of Columbia.

Through partner agencies, known as Hubs, the QIN is assisting both center and family child care with a strong infrastructure to support quality. The hubs provide coaching, professional development, coordination, and technical assistance to help child care partners meet the demanding standards



of Early Head Start while family needs for full-time child care are also met. The QIN is leveraging local, federal, and private funding to develop a system of infant-toddler services that parallels the District's universal pre-K program. The QIN is supported by an Interagency Steering Committee comprising District agencies that serve young children and families, and focuses its efforts on the neighborhoods of the city with high numbers of children living in low-income families, representing the full racial and ethnic range of the city.

EXAMPLE READY 2 LEARN

Providence, Rhode Island

Ready to Learn Providence (R2LP), which is part of the broader Providence Plan, provides professional development for center-based and family child care providers and includes a focus on infants and toddlers and their participation in formal early learning. Courses run 36 or more hours, and often include intensive mentoring support. All courses, materials, and mentoring support are provided in Spanish as well as English. R2LP funds its professional development programs with both public and private dollars. R2LP also works closely with BrightStars, the state's Quality Rating and Improvement System. With funds from local foundations, center based and home-care early learning settings are given individualized assistance to help them develop an improvement plan and advance to a higher rating.



CO-LOCATING HEALTH AND SOCIAL SERVICES

A first opportunity to support families with infants is within the context of prenatal and well-child visits. As pediatric practices begin to become medical homes for their patients, a growing need has emerged to provide expanded services or enhance their capacity to coordinate care. One option for enhancing the capacity of pediatric practices is co-location with other providers and services

in the same setting. Co-location of services is not a single strategy but rather a complex set of relationships, organizational structures, and other features meant to help practices deliver effective care, and is consistent with the broad vision that brings together early learning, health, and human services to support young children in *A Running Start*.

EXAMPLE B'MORE FOR HEALTHY BABIES

Baltimore, Maryland

Led by the Baltimore City Health Department and the Family League of Baltimore, B'More for Healthy Babies (BHB) works to decrease the three leading causes of infant death: premature birth, low birth weight, and unsafe sleep. The initiative's goal is to improve an often-fragmented health care system to reach all of Baltimore's families with quality maternal and infant health services and support.

BHB implements an integrated model of policy, services, community, and individual behavior change through the following approach:

- **PUBLIC POLICY:** The BHB Steering Committee brings together leaders from city agencies, medical systems, and the community to improve maternal and child health policy.
- **SERVICE IMPROVEMENTS:** BHB equips health care providers with evidence-based tools, protocols, and standardized messages/materials to improve services.
- **COMMUNITY ENGAGEMENT:** BHB implements intensive community outreach and supportive programs in high-risk neighborhoods.



BHB has a strong community outreach and mobilization program that operates in targeted neighborhoods (e.g., Upton/Druid Heights, Park Heights, Patterson Park), and other parts of the city. BHB's Community Collaboratives bring together service providers, businesses, schools, faith-based groups and community members to build networks of support for women and their families. The lead agencies, Baltimore Medical System and University of Maryland's School of Social Work, conduct intensive outreach and community-based programming in their respective neighborhoods. There are nine Baby Basics Moms Clubs that provide prenatal education and support to pregnant women. This prenatal health literacy program helps mothers read, understand and act on health information during pregnancy. Baby Basics can be implemented in clinical settings, home visiting programs, or in group sessions using the Baby Basics Moms Club curriculum.

The Harriet Lane Clinic (HLC) at the Johns Hopkins Children's Center is an academic urban pediatric



primary care clinic that has integrated several on-site multidisciplinary services based on the self-reported needs of clinic patients and their families living in this East Baltimore neighborhood. These supports include and extend beyond the needs of babies and toddlers. The program includes a family resource desk, a safety resource center, a dental clinic, youth fitness program, nutrition counseling, a WIC office, reproductive health care services for adolescents, social work services, and mental health services for both children and caregivers. Although WIC is the most obvious program for infants and toddlers in this collaborative, the other programs and services co-located in this community health center contribute to reducing the impacts of trauma and toxic stress for their families.



One key part of BHB is the Trauma-Informed Care Initiative, which trains service providers to incorporate practices that help clients cope with trauma and develop strong relationships with their babies. The intent of this approach is to address unresolved trauma (experienced during childhood) that may influence family members' capacities to care for their infants and toddlers.

COMPREHENSIVE APPROACHES

Armed with a thorough understanding of child development, some cities adopt a comprehensive approach to meeting the needs of infants and toddlers. In adopting a comprehensive approach, a city may undertake a targeted strategy for infants and toddlers, or may embed its work in the early years (including preschool), or may, as is the case of the highlighted city in this section, focus on all of childhood. Cities that elect to include a more comprehensive approach do so with the understanding that needs are complex, and that multiple solutions are needed to yield the greatest impact. In the Philadelphia *Running Start* plan, multiple goals and strategies were included, with a more comprehensive approach proposed.



Cities that take a comprehensive approach may also seek to align local efforts with opportunities to leverage federal and state resources, and to take advantage of federal and state policy direction. This may make sense given the fact that most public funding, along with policy frameworks, for early childhood, including infant and toddler programs and services, emanate primarily from the federal and state governments. At the federal level, the policy and funding leadership is found throughout

the U.S. Department of Health and Human Services (e.g., Administration for Children and Families, which supports child care, Early Head Start, child welfare; Health Resources and Services Administration, which supports home visiting and other maternal and child health efforts; Center for Medicaid etc.). Other federal agencies administer federal funding and policy for infants and toddlers including the United State Department of Agriculture (e.g., WIC) and the U.S. Department of Education (e.g., Part C of IDEA). Most of the federal programs are administered through the states, and states in turn often commit additional public resources and prioritize, develop and refine the policy approach within the state context.

These comprehensive local infant-toddler efforts seek alignment for a variety of reasons. First, this ensures that the local investments, whether private or public, are leveraging the most financial resources. Second, federal and state government have often created systems infrastructure needed to boost quality—such as professional development and technical assistance networks. Third, providers can find it confusing when local initiatives are not well aligned to the federal and state work, and it may deter them from participating or create burdens for them.

At the same time, local initiatives may emphasize or add other policy considerations. For example, Seattle, which is highlighted below, has a significant focus on equity.

A Running Start tackled early childhood issues from a comprehensive viewpoint, and also noted the benefits of leveraging and aligning with federal and state resources and policy.

EXAMPLE BEST START FOR KIDS

Seattle, Washington

Seattle is the county seat for King County, which is the most populous county in the state of Washington. In 2015, residents passed a county-wide tax levy called “Best Start for Kids.” This levy will be implemented for six years—from 2016—2021. The levy is expected to generate almost \$399 million during that time period, at a cost to the average King County property owner of approximately \$56 per year. Fifty percent of this funding will be dedicated to investments in early childhood, which is defined as prenatal to age five. Five percent will support evaluation, data collection, and continuous quality improvement in the delivery of services and programs for children and youth.

This initiative builds off the existing work of both the City of Seattle and King County. With significant engagement from multiple stakeholders and community members, King County staff developed a comprehensive implementation plan. The resulting plan for early childhood expands significantly upon existing programs and infrastructure. The early childhood component of Best Start for Kids follows, which embeds infant and toddler strategies within the birth-to-five aspect of the plan.



Information for Parents/Caregivers on Healthy Development, including investments such as:

- Expanding access to VROOM, a parent education program (noted in this paper in the discussion about communications strategies on page 9)
- Other research-based brain development initiatives

Child Care Health Consultation, including investments such as:

- Onsite support to licensed child-care providers – family child-care homes and child-care centers – to promote children’s health and development, and assure healthy and safe care environments
- Community-based trainings on child health and safety

Direct Services and System Building to Assure Healthy Development, including investments such as:

- Developmental screenings for all very young children
- Early intervention services
- System building for infant/early childhood mental health

Workforce Development, including investments such as:

- Training and information for medical providers, child-care, and home-based services on multiple topics that promote healthy early childhood development, including information on newborn safety

Investment in Public Health’s Maternal/Child Health Services

Help Me Grow Framework-Caregiver Referral System (developmental screening)

Home-based Services, including investments such as:

- Home visiting
- Community-based programs

Community-based Parenting Supports, including investments such as:

- Prenatal and breastfeeding support
- Immunization education
- Oral and auditory health
- Healthy vision
- Injury prevention
- Environmental health, including asthma and lead

Parent/Peer supports, including investment such as

- Play and Learn groups
- Community-based groups based on community interest and need

Seattle has been focused on supporting young children and their families for many years, building an approach that leverages federal and state resources and policy along with local resources. This new county-wide initiative expands upon many years of hard work and dedication, demonstration projects and continuous efforts to increase public awareness of the importance of early learning experiences on long-term academic and social success. Seattle has provided annual reports to the Mayor's office as well as other community stakeholders, and used the data collected to inform efforts for continuous quality improvement. As Philadelphia enters the nascent stages of developing a more comprehensive early childhood system, it can look to Seattle for the wisdom and knowledge accrued over time.



FORMAL COLLABORATION TO ADVANCE CITYWIDE EFFORTS

All the cities reviewed for this paper demonstrate some degree of a collective impact approach in their early childhood work, whether formal or informal. A collective impact approach is constructed on the belief that no single policy, government department, organization, or program can tackle or solve the increasingly complex social problems we face as a society. The approach calls for multiple organizations or entities from different sectors to abandon an exclusive, self-owned agenda in favor of a common agenda, shared measurement, and align efforts.

The primary difference between a successful and failed collaboration is an emphasis on specific, clearly articulated community-wide goals that include common progress measures. Many who have worked in social services, city and state governments, and

other nonprofit sectors have experienced collaboratives that do not live up to their potential in one way or another—nothing happens between meetings, the group doesn't have real agreement on solutions to the identified problem, the group loses steam because of turnover at participating organizations, or the collaborative falls apart because the competing interests among different members of the group override the desire to partner. Successful collaboration members pay close attention to ensuring the partnership engages in mutually reinforcing activities rather than competing for clients and resources, has developed systems for transparent communication, and designates an organization or individual responsible for managing the logistics of the collaboration.⁷

EXAMPLE EARLY SUCCESS COALITION AND NETWORK

Shelby County/Memphis, Tennessee

The Early Success Coalition and Network (ESCN), based in Memphis, TN has a vision with a strong focus on babies, providing for “healthy babies, strong families, and foundations for lifelong success.” ESCN is the operating entity that is responsible

for overseeing service delivery of early childhood programs. There is a critical focus on babies and toddlers through its home visiting and Early Head Start work as well as its child care work. Since the Network also reaches out to preschoolers and young

school age children, Head Start, pre-K, child care, and outside-school-time care to families and children are also included in the network.

Launched in January 2009 with a five-year grant from the Administration for Children and Families, U.S. Department of Health and Human Services, this initiative was originally focused on expanding evidence-based home visitation programs to prevent and reduce child abuse. Through strategic planning processes informed by collective impact principles, the Coalition broadened its scope to address a broader age range and scope of services for children and families.

The Coalition has an impressive span, involving 180 community partners across 22 different programs. Membership is open, with front-line and supervisory staff meeting monthly to review performance data, identify barriers to successful implementation, and develop new approaches in the interest of continuous quality improvement.

ESCN operates a “no wrong door” referral system. This allows a family member to connect to the early childhood services through any one of the ESCN partners. ESCN partner agencies collectively promote the array of programs and services available through the Network. In addition to the citywide commitment to strong babies and families, the Network has zeroed in on neighborhoods. They seek to saturate high-risk neighborhoods, known as Early Success Neighborhoods, with the supports of the ESCN to accomplish the desired outcomes of the collaborative, i.e. healthy pregnancies, positive early childhood development, and strong families.

To help operationalize the collective impact model of the ESCN, there is a common screening and referral protocol, which is tracked through a shared web-based data system.

OBSERVATIONS FROM THE FIELD: USING A COLLECTIVE IMPACT MODEL

One of the largest barriers to a collective impact approach is that programs view themselves as too different from each other to see the points of entry for collaborative work. Program providers may not have the resources and time to build the depth of relationships or acquire funding that would support collective impact efforts without additional support. There is also a scarcity mentality prevalent in the early childhood field, which can cause programs to feel protective of their work and lessen interest in compromise, even though a compromise could increase their capacity to serve the community and still fit within a given program’s standards or mandates. Other times, although program leadership supports collaboration, leadership has not sufficiently engaged field staff, and implementation of collaborative efforts is not well designed or fails to take hold. These challenges can be overcome, but to do so requires both persistence and resources from private and public partners. Supporting true community change with the collective impact model requires that collaboration participants and funders stay the course, and value continuous quality improvement for long-lasting change over immediate short-term outcomes.

EXAMPLE STRIVE PARTNERSHIP EVERY CHILD SUCCEEDS

Cincinnati, Ohio

Every Child Succeeds (ECS) provides services and support to at-risk first-time mothers to optimize their child's development from prenatal through the first three years of life. ECS works with mothers who are single, low-income, under 18 years of age, and/or have inadequate prenatal care. ECS is funded through a private-public partnership that includes United Way of Greater Cincinnati, Medicaid, state and county funding (Help Me Grow in Ohio and HANDS in Kentucky), and individual and corporate donations. ECS contracts with community-based agencies and hospitals to provide home visitation services. By partnering with agencies that are firmly integrated into neighborhoods, ECS increases its accessibility and reach.



Founded by Cincinnati Children's Hospital Medical Center, Cincinnati-Hamilton County Community Action Agency, and United Way of Greater Cincinnati in 1999, ECS is in its sixteenth year of operation, with measurable outcomes focused on

- Maternal Health (breastfeeding initiation and duration, smoking cessation, access to mental health supports)
- Child Health (birth weight and gestational period, immunizations, well-child visits)
- Child Development (children on target developmentally, children with plan for entering high-quality pre-K upon turning 4 years old).

These measures are used to demonstrate the value of investment in its program to clients, funding agencies, and community stakeholders. It includes an evaluation structured to inform programmatic continuous quality improvement, with a focus on developing new and innovative ways to engage, intervene, and support families during the first years of the child's life. Coalition members, program managers, and direct-service staff use data to discuss how to improve home visiting practices ranging from how families are referred, to curriculum design and implementation for individualizing home visiting services.

ECS partners with Cincinnati Strive Partnership, a collective impact initiative that focuses on children, from cradle through college, in Cincinnati and Kentucky. The Strive Partnership brings together cross-sector leaders at multiple levels, combining results-based systems and strategies to support children's academic, social, and emotional success.

SUSTAINED COMMITMENT FROM PHILANTHROPIC AND CITY GOVERNMENT LEADERS

Achieving meaningful change requires a commitment from all the stakeholders in a local early learning system. Both philanthropy and government must hold steady and plan to engage in the agreed upon activities over the long haul. Many of these initiatives require behavior change and a willingness to engage in continuous quality improvement, whether on

an individual or an organizational level along with policy change and additional resources. Government and philanthropy alike provide continuity and infrastructure support. Philanthropy is a valuable partner with its flexible resources, and commitment to objective evaluations and improvement plans.

EXAMPLE NEW YORK CITY CHILD CARE AND EARLY EDUCATION FUND

New York, New York

The New York City Child Care and Early Education Fund (NYC-CC&E) is a private funders' collaborative dedicated to improving early childhood education in New York City. This is a multi-year collaborative that partners with city and state agencies to improve the quality of the early care and education system. Administered by the United Way of New York City, funds are re-granted to organizations to expand access to child care and improve the quality of center- and family-based care.

In 2012, New York City launched one of the country's largest experiments in raising the quality of subsidized family and center-based child care, EarlyLearn NYC. The implementation of this program brought rapid change to the city's contracted child care system. Family child care, which serves many infants and toddlers in the NYC system, was included. The expectation was that high program standards would improve the quality of contracted providers. Further, redistribution of resources, through contracts, across

the city has increased the supply of care in targeted, high-need neighborhoods.

Home-based child care is the most common form of care for infants and toddlers receiving subsidized child care through the City's voucher program. This is due to parent choice as well as the capacity of the field. Providing quality center-based child care for infants and toddlers is costly compared to serving pre-school and school-age children, due to the group size and staff-to-child ratio requirements.

After three years from the launch of EarlyLearn NYC, the New York City Child Care and Early Education Fund (CCEF) contracted the Center for New York City Affairs to investigate what has worked and what required a change in strategy. The findings

were mixed, and the report identified areas for continuous quality improvement. For some family child care providers, EarlyLearn has deepened their understanding of early childhood development, including the value of identifying and addressing development delays early. But the work also revealed the need for EarlyLearn to better articulate a clear vision of what quality home-based care looks like for babies and toddlers, and how to support that quality, particularly in family child care settings. The CCEF report suggested two key changes for EarlyLearn to achieve its goal of improving family child care: 1) revise the quality standards to better reflect family child care environments, and 2) increase resources and the clarity of expectations and responsibilities for family child care network support staff in their roles as coaches and monitors.⁸

EXAMPLE BIRTH TO THREE POLICY ALLIANCE

District of Columbia

In Washington, D.C., a private foundation is fostering ongoing support and partnership for the district, including the public sector, through the creation of a Birth to Three Policy Alliance. The Alliance provides resources to nearly 18 nonprofit organizations that are working to increase access to quality, comprehensive early childhood services, and other supports for infants and toddlers and their families. The approach is a comprehensive one, seeking to bring together the health, education, early learning, and human services systems to work in a coordinated manner and to improve outcomes for infants and toddlers. There are nine specific policy outcomes across the five areas of early learning and development, family support and economic wellbeing, early childhood workforce, health and mental wellness, and family and community engagement.



COMMON STRENGTHS

SHARED CHALLENGES

Developers involved in many of the programs we reviewed built strong, cross-sector collaborations with ongoing community input. The partnerships leveraged a wide range of resources, maximized their reach, and ensured that efforts targeted those most in need. Further, many of the programs incorporated well-defined goals and metrics for reporting. Developers also succeeded in:

- showing a clear conceptualization of the program's intended impact from the outset;
- supporting their efforts by continually collecting and analyzing information;
- helping to ensure that the program could make continuous improvements to its structure and processes; and
- defining the outcomes well and ensuring they could be shared and replicated by others.

The first of many challenges that cities have experienced in rolling out infant and toddler programs underscores the need to make structural changes to ensure that early childhood offerings correspond to geographic need where low-income, racial/ethnic minority families live. Second, increasing the number of affordable, high-quality seats in any early childhood education program can take many years and require additional funding to support subsidized care. Third, not all families choose formal child-care settings for various reasons, including fluctuating schedules that conflict with traditional child-care hours, lack of programs that are suited to the cultural and/or linguistic values of the family, or a preference for more informal settings. To support infants and toddlers who do not participate in formal care, we can still promote services such as free or low-cost physical, dental, social-emotional, and mental health services, as well as two-generation programming that includes career services and housing supports.



QUALITIES OF SUCCESSFUL EARLY LEARNING SYSTEMS

In Philadelphia, *A Running Start* identified key elements for a successful early learning system, which remain relevant for considering specific infant-toddler approaches in the City.

KEY ELEMENTS OF A SUCCESSFUL EARLY LEARNING SYSTEM

A Running Start Philadelphia: Citywide Early Learning Plan (2013)

- **Families** are respected as a child's most important and constant teacher
- Early childhood is defined as a **birth to third grade continuum**
- Access to quality early learning services is **available in every neighborhood**
- Early learning services are **linked to other support services** for families
- Services are provided in a **mixed delivery system**
- **Kindergarten transitions** are consistent across the school district with parents and early learning providers valued as key partners
- **Data** is used to determine program design and efficacy
- **Local efforts are linked to state efforts** such as professional development and Quality Rating and Improvement Systems
- **Local public and private funds are combined with state and federal resources** to strengthen services to families

CONSIDERATIONS FOR PHILADELPHIA

Across the country, city leaders are seeking ways to improve the quality of experiences for the very youngest members of their communities. We can learn a great deal from the cities highlighted here that have recognized the importance of ensuring children prenatal to three years of age realize the great benefit of high-quality early experiences in support of their healthy physical, cognitive, and emotional development. These experiences are the foundation for future individual academic and social success, that in turn supports vibrant, creative, and healthy communities.

Successful local early childhood systems employ multiple strategies to partner with families and create access to the supports and services most appropriate to their specific needs and circumstances. There is no single support or service that meets the needs of all families in a community. This paper has highlighted a range of infant and toddler strategies that other cities have found compelling and feasible to pursue.

As Philadelphia continues to work on successful implementation of its new pre-k initiative, it is also essential that the needs of infants and toddlers are understood and acted upon. Access to public pre-K

is a key element of the current implementation in Philadelphia, but it is not the only strategy for closing the opportunity gap for children in Philadelphia. Preschool represents the mid-point of the early childhood continuum, and strong services and supports at all points of the continuum are essential to ensure the desired outcomes for children and families. Families with infants and toddlers must have access to supports that bolster their capacity to provide high-quality early learning experiences for their children as well.

Building upon the community excitement about and commitment to the pre-K initiative, Philadelphia can continue the momentum of improving the supports and services for infants and toddlers. One next step is a focused infant and toddler needs assessment that can, in turn, leverage the information in this paper and the city's current Running Start strategy to create an infant toddler action plan for Philadelphia. We note that every city highlighted in this paper has engaged in substantial cross-sector learning and planning with a diverse and broad range of stakeholders. Formal collaboration and collective impact models of various structures are key components of all these efforts.

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The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the William Penn Foundation.

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