

New York Zero-to-Three Network

·fostering collaboration among those who work with babies, toddlers and their families·



www.nyzerotothree.org

Infant-Toddler Issues for New York State

From the Infancy Leadership Circle: A Project of NYZTT

January, 2010

Overview

The Infancy Leadership Circle is a group formed by the New York Zero-to-Three Network (NYZTT) in June 2008 to be the voice for infants and toddlers in New York State's policy and advocacy work. The goal is to help develop and advocate for policies and services that improve the lives of our youngest children and their families. The Leadership Circle is a cross-disciplinary group that reflects diversity in a variety of ways—geographic, cultural, political. It is open to all who have a passion for babies. Relationships are key as members learn from each other.

The Infancy Leadership Circle is staffed by two ZERO TO THREE Policy Center appointed Birth-to-Three State Advocates as part of the Creating Connections for Babies Project in conjunction with Winning Beginning New York. To participate in the Infancy Leadership Circle or obtain further information, please contact the coordinators: Jackie Jones, Member, NYS Early Care Advisory Council, Buffalo, NY: jjjones6@verizon.net, or Carole Oshinsky, Treasurer, New York Zero-to-Three Network: coshinsky@nyzerotothree.org.

At the inaugural meeting of the Infancy Leadership Circle, on June 26, 2008, nearly 100 infant and toddler professionals met. Many came in person to New York City; many more were on the telephone. At this session, we described our vision for the Infant Policy Leadership Circle, the history of the infancy movement in New York State, existing advocacy efforts, and some tools and ideas for establishing an infancy policy agenda.¹

At our second meeting, held simultaneously in Buffalo, Albany, and New York City, on September 16, 2008, over 100 early childhood leaders began to describe a comprehensive policy agenda for infants, toddlers and their families for New York State. The

¹ (See www.nyzerotothree.org/media/Junesummary.pdf for a summary of the meeting.)

brainstorming sessions energized our ideas and the infancy movement in New York State. We did a lot of work in a very short time. Our discussions used as a springboard the New York Zero-to-Three Network report: *Unequal from the Start: A Check-up on New York City's Infants and Toddlers*,² which used healthy children, strong families, and early learning as its framework.

NYZTT wrote that a *healthy child* has good birth outcomes, appropriate immunizations, access to medical care, good nutrition, access to developmental screening and ongoing monitoring for early identification of delays and special needs, access to early intervention services, and access to mental health services (available for both the infant and the adults in their life). It characterized a *strong family* as financially secure, able to access resources when experiencing economic hardship (such as housing, medical insurance, and food resources), and able to cope with the many stressors of modern life, especially balancing work and family. It defined *early learning* as a stimulating home environment for the infant and toddler, available high-quality out-of-home care and support for in-home care, and opportunities to develop the social and emotional skills through relationships and play that make a child ready for learning.

Creating Change at the State and Local Levels

This is a difficult time of challenging budget decisions for our towns and localities. We believe many things can be done without new infusions of money and have tried to frame the issues presented here in that manner. At both our meetings and your follow-up comments, we were able to glean new insights for organizing at the local level. We are putting these ideas together in a separate working document: *Working at the Local Level to Promote Better Policies for Infants and Toddlers*. We hope that you will find it useful and add to it over time.

For the issues in this document, we have not only incorporated your original ideas and follow-up comments, but also tried to think about the issues in terms of young children's needs and whether they are being met,³ the systems that could meet the needs, the policies to put in place, and whether regulatory or administrative changes would be part of the solution. We know that more experts are looking at this needs concept to evaluate and recommend strategies and policies.

As you organize at the local level you will want to assess these needs, and think about strategies, systems, and visions to meet them that can be shaped into a policy agenda. We have not set priorities in this document. We hope that you will do that in your own communities, and we will be happy to work together on that process.

² New York Zero-to-Three Network. (2008). *Unequal from the Start: A Check-up on New York City's Infants and Toddlers*. New York, NY: New York Zero-to-Three Network. www.nyzerotothree.org/images/NYCckup-final.pdf

³ This concept of emphasizing what children need rather than omission in care is commonly used in child abuse and neglect work from the medical perspective. For more information, see Dubowitz, H.; Newton, R. R.; Litrownik, A. J., et al. (2005). Examination of a conceptual model of child neglect. *Child Maltreatment*, 10, pp. 173-189.

This document represents a compilation of issues and strategies from the New York Zero-to-Three Network's *Unequal From the Start*; the Infancy Leadership Circle members, the state Early Childhood Comprehensive Systems (ECCS) framework, and the Winning Beginning New York vision statement. Many of the issues noted here are already on the agendas of statewide groups and the ECCS Plan for 0-5 drawn up by the New York State Council on Children and Families.⁴ We hope that existing advocacy groups like Winning Beginning NY (www.winningbeginningny.org/) and New York Children's Action Network (New York CAN) (www.scaany.org/nycan/) will consider these issues as they choose state priorities to focus on each year and as we work towards a comprehensive agenda for the state.⁵ The question then will be how do we work together to ensure that implementation happens and is successful?

Some strategies will remain to be implemented; how can the Infancy Leadership Circle support efforts to move forward in those areas? One thing we can all do as individuals is to join Winning Beginning New York's *e-advocacy* list. New York CAN's Birth to Five Committee is another way to participate to share information. (Other relevant committees include Mental Health, Education, and Economic Security.) Organizations can join both these groups as coalition members or as individuals.

Another way to get information and take action is to join the national ZERO TO THREE Policy Center (capwiz.com/zerotothree/mlm/signup/). You will receive the e-monthly *Baby Monitor* that updates you about federal and state developments on infant/toddler policy as well as new research and best practices. The Policy Center web pages contain free advocacy tools and information to help set policy priorities at the national, state, and community level (go to: www.zerotothree.org/site/PageServer?pagename=pub_publicpolicy). The Infancy Leadership Circle also maintains a dialog blog on the Facebook ZERO TO THREE Policy Center page.

⁴ See the ECCS plan at the New York State Council on Children and Families web site: www.ccf.state.ny.us/Initiatives/EccsHome.htm.

⁵ Winning Beginning New York's policy agenda for 2008-2009 includes asking the legislature to: • Transfer \$356 million in funding from the Flexible Fund for Family Services to the child care block grant to, prevent further erosion in child care funding and ensure that low-income working families have access to child, care subsidies., • Restore \$30 million in lost child care funding to increase the number of available subsidy slots to children in, low-income working families. 46,000 fewer children had access to child care subsidies in 2007 than in 2003-, 041, with an additional 10,000 fewer anticipated to receive subsidies this year due to a reduction in federal block, grant funds and the impact of market rate increases. Restoring subsidies is essential to our economy, allowing, parents to work while preparing our future workforce and allowing children to thrive., • Provide \$600,000 for *Qualitystars NY*, the proposed Quality Rating and Improvement System (QRIS), to draw, down funding committed by private sector investors., • Maintain funding for Pre-K at FY08-09 levels for two years (09-10 and 10-11) as proposed in the Executive, Budget, providing early learning to more than 106,000 children., • Restore cuts to funding for Healthy Families New York, as well as child welfare preventive spending for other home visiting programs like Nurse-Family Partnership, thereby preventing child abuse and foster care placements.

Issues for State and Local Levels

Part 1: Healthy Children

Children NEED

- Healthy pregnancies: including prenatal care for improved prenatal outcomes, and support through home visiting
- Healthy parents: mentally, emotionally, physically
- Safe environments at home and in the community that are substance free, violence free, health hazard free, and free from poverty
- Consistent, loving relationships, especially children in foster care.
- Regular developmental screening (using AAP schedule) to assure that children are healthy in every domain
- Early recognition and intervention when developmental concerns are present
- Proper nutrition and nutrition education for parents
- A medical home: access to health, mental health and oral health services that are accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective.
- Treatment is multigenerational: the adult/child relationship is the client

Desired Systems of Support in Local Communities

- Home visiting: make it universally available
- Coordinated services, one stop shopping
- Medical home for families starting at birth
- Early Intervention services: improve access
- Mental health consultation in all child-serving systems to ensure social and emotional well-being

Policy Issues

- **Reduce wide neighborhood-level differences in health indicators by promoting universal access and removing barriers to prenatal care and medical care using best-practices for health promotion, disease prevention, and early intervention.**
 - Fully fund home visiting for every family with young children
 - Ensure every newborn receives a home visit within 6 weeks to assess risk, refer families to appropriate levels of support
 - Link every family to a case manager to insure needed services are received

- **Build capacity to obtain medical care by ensuring adequate facilities and finances**
 - Ensure every child has a medical home to obtain well-baby visits, immunizations, dental care, access to community resources, and transportation to services
 - Ensure every parent and child has medical insurance -: For parents include prenatal, postnatal, and ongoing care); for children, mothers, and families include mental health screenings
 - Expand the SHIP to cover all children
- **Build professional workforce capacity to address the mental health needs of infants, toddlers and their families and mandate coverage of mental health services that use a relationship-based treatment model**
 - Develop a statewide registry/credentialing system for all professionals that work with young children: mental health, early care and education, child welfare –
 - Institute professional matrixes that identify knowledge and skills s, showing progressive levels (see examples of Michigan, Florida, Vermont, use of four levels)
 - Institute statewide training in infant mental health for professionals across systems
- **Monitor young children’s health and well-being in the years before public school in a more systematic way.**
 - Implement the AAP recommended schedule of periodic developmental screening at all medical homes, clinics, and child serving systems.
 - Install an electronic records system and update electronic records and health passports so that all child serving systems can help monitor progress and coordinate involvement of parents and professionals

Other Strategies and Activities

Many policy goals can be accomplished by requiring systems to work differently, for example, through executive order, administrative structures, pooling or braiding funds, regulations, or coordinated service delivery, that may not entail additional expenditures of money but make better use of existing funds.

Strategies That Require Regulatory or Administrative Changes

- Incorporate recognized best practices in choosing programs for infants, toddlers, and their families.
- Link social and emotional development to physical health
- Encourage family voices to advocate for effective strategies, such as the medical home model, comprehensive early childhood programs
- Build long-term relationships between supportive services and families
- Recognize the impact of disconnected youth as parents and utilize the window of development when they are most anxious to be supportive of their new baby

- Assist teen parents in navigating the medical system, from vocabulary to how to talk to the doctor
- Ensure that children in foster care receive a comprehensive health assessment within 30 days of placement in care
- Eliminate or reduce multiple placements for foster children to ensure continuity.
- (Refer all children under age 3 with substantiated cases of abuse and neglect to Early Intervention for assessment
- Increase partnerships around prevention to reduce child abuse and neglect, such as requiring PCAN training for child care providers and licensing
- Recognize research validating the link between healthy, nurturing parents and healthy children
- Recognize the impact of physical health and stress on social and emotional health and vice versa, such as in the incidence of A.D.D. and asthma
- Recognize research findings that link life-long health and stress with early responses to stress and social/emotional development to cognitive development

Strategies That Require Regulatory Changes and Funds

- Improve child nutrition by promoting breastfeeding, instituting programs that decrease obesity and anemia, and insuring that healthy food is available in the community/neighborhood through food banks, distribution centers, food stamp programs, and other services.
- Enable programs that empower families, such as universal in-hospital education for parents of newborns, home visiting, and parenting education in the community, including use of audiovisual formats that recognize “home is where the start is.”
- Educate child care and health providers on how to assess, manage, report, and develop strategies to support families.

Part II: Strong Families

NEED

- Financial security: families have adequate and stable employment, income to meet basic needs (food, clothing, and shelter)
- Knowledgeable and confident parents: families have the knowledge, skills, confidence, and social supports to nurture the health, safety and positive development of children (including awareness of and access to community resources)
- Nurturing community that provides love, safety, and stimulation
- Safe and healthy environments free from violence, abuse, or neglect
- Positive nurturing and consistent relationships (secure attachments)
- Empowered parents who seek, utilize, and actively participate in supportive services
- Tools to cope with stressors, such as community violence, domestic violence, and other negative neighborhood influences
- Paid family leave to be with newborn and young children, handle medical emergencies, and other short-term family challenges

Desired systems of support in local communities:

- Early care and education programs are provided in many settings – Child care programs, PreKindergarten programs (pre-k), Head Start and Early Head Start, family child care and family, friend and neighbor (FFN) care. Public subsidies are reserved for regulated programs and appropriate family supports are extended to all who care for children in informal settings.
- High-quality early care and education is available, accessible and affordable for all families who need it
- Support for informal caregivers and parents is available, accessible and culturally appropriate
- Services are family centered and linguistically and culturally appropriate
- Early Intervention services are incorporated into natural settings including the family home and child care settings. All caregivers are included in planning and implementation of services
- Housing supports
- Employment supports and unemployment benefits
- Coordinated family support system including information, parent education, social supports, family literacy services, and ongoing home visiting services for higher-risk families
- Universal home visiting services: a home visit for every new family to assess strengths and needs; ongoing home visits set up according to individual family's needs for promotion, prevention and intervention

- Parental supports: special needs of parents are recognized and supported by appropriate services, including health, mental health, and substance abuse services
- Families participation in service planning, delivery, and evaluation
- Transportation to resources and employment
- Early childhood services based upon evidence, sound theory, and best practices
- Health care, mental health, substance abuse, and domestic violence services that are available, accessible and affordable
- Communities embrace the diversity of their members and seek culturally and linguistically appropriate administration of services.
- Workplaces adopt family-friendly policies including flex time, breastfeeding supports, and family leave rights

Policy Issues

- **Continue innovative strategies that raise income, educate parents, and provide training for better employment, such as those outlined in New York City's initiative to increase opportunity and reduce poverty in New York City that includes home visiting by registered nurses to first time mothers and payments for school attendance.**
 - Make 12 weeks of paid maternity leave the norm using disability funds already in place for New York's workers. Could this be done by executive order.
 - Increase the minimum wage and create paid family leave for the first 6 months of life.
- **Make home visiting universally available to all families with intensive supports for at-risk children and families.**
 - Organize home visiting by family's targeted needs for promotion, prevention, and intervention.
 - Use evidence-based home visiting program models. New York State home visiting programs already in use include, Healthy Families New York, Parent-Child Home Visiting, Nurse-Family Partnership, and Early Head Start.
 - Take advantage of new parents' developmental window for needed services and parent education, especially teen parents.
- **Make identification and treatment of maternal depression a priority.**
 - Increase available mental health services for parents and children, especially for maternal depression and co-occurring disorders such as mental illness and substance abuse.
 - Routinely screen for maternal depression in all systems, especially medical, TANF, and child welfare, and improve access to services.
 - Create a public awareness campaign for maternal depression which includes a phone number and public service video in all hospitals for self-identification and outreach

Other Strategies and Activities

Many policy goals can be accomplished by requiring systems to work differently, for example, through executive order, administrative structures, pooling or braiding funds, regulations, or coordinated service delivery, that may not entail additional expenditures of money but make better use of existing funds.

Strategies That Require Regulatory or Administrative Changes

- Embrace individual family cultures and involve the whole family
- Encourage agencies to collaborate around the common goal of developing strong families
- Promote fatherhood advocacy, especially for teen dads, to engage fathers in parenting and well-baby visits
- Link teen parents attending high school to community resources and provide parenting classes in the schools
- Utilize relationship-based practices: work with children in the context of their families (the Head Start two-generation approach)
- Promote the five protective factors that reduce the risk of child abuse and neglect (*Promoting Healthy Families in Your Community – 2007 Resource Packet*, U.S. Department of Health and Human Services, Administration on Children, Youth, and Families)
- Gather knowledge about models of excellence in other states that have been successful in helping families thrive
- Improve knowledge of and access to available services and supports, especially for first-time parents, and streamline enrollment
- Share comprehensive information consistently with families about education, nutrition, health, mental health, community resources, and other supports
- Provide supports that positively influence family behaviors

Strategies That Require Regulatory Changes and Funds

- Hold group well-baby visits for teen moms to establish a strong support network for new, young mothers
- Create a “Parenting Kit,” a box with information from every state agency about the services and programs they provide as a gift for new parents given at a prenatal visit (California is model)
- Reach out to families in isolated communities with prevention education, parenting skills, and self-sufficiency tools
- Promote father involvement in childrearing in the hospital through separate classes for fathers and in parent education programs, and offer ongoing programs in the community, and with home visiting.
- Create appropriate curricula for agencies to support families
- Provide universal access to prenatal parenting programs
- Pilot a weekly helper program for new mothers for the first year of life. This helper could be a paraprofessional.

- Provide every new mother with a visit in the hospital from a support person whether a nurse, lactation consultant, or other expert. Classes may not fit the individual mother's schedule in the hospital
- Give individualized support to families identified as at risk with their new babies, for example those born premature or of low birth weight with follow up at 3 months or other regular intervals by trained professionals
- Enable TANF-eligible families to use child care subsidies to support staying at home and receiving parent education

Part III: Early Learning

Children Need

- High-quality experiences at home and in child care
- Knowledgeable caregivers
- Consistent relationships and secure attachments with one or more primary caregivers
- Families have access to affordable, accessible, high-quality early care and learning programs that help them balance work and family life. Programs are family centered: they involve and embrace families as partners. Communication between home and school is good

Desired Systems of Support in Local Communities

- Early care and education programs are provided in many settings: child care programs, PreK, Head Start and Early Head Start, family child care, and family, friend and neighbor (FFN or kith and kin) care.
- High-quality early care and education is available, accessible, and affordable for all families who need it
- Public subsidies are reserved for regulated programs
- Supports for informal caregivers and parents are available, accessible, and culturally appropriate; appropriate family supports are extended to all who care for children in informal settings.
- Services are family centered and linguistically and culturally appropriate
- Early Intervention services are incorporated into natural settings including the family home and child care settings. All caregivers are included in planning and implementation of services

Policy Issues

- **Make high-quality child care affordable for families.**
 - Increase child care subsidies so that no family pays more than 10 percent of their income for child care.
 - Pay an enhanced rate for infants and toddlers and for evening and weekend care.
 - Reserve subsidies for the regulated child care system.
 - If necessary provide parent vouchers to pay for FFN care.
 - Increase the dollars in the federal Child Care and Development block grants (CCDB) to the states

- **Create a Quality Rating and Improvement system to help parents navigate ECE options and to promote program improvements.**
 - Improve accountability measures by tracking program effectiveness (structural and dynamic characteristics of programs) and matching them to child outcomes.
 - Fund a pilot with quality dollars from the federal stimulus monies and then establish funds to maintain access to improvement funds.
 - Build a network of Master Observers with regional anchors for standardized testing and evaluation, including ITERS, ECERS, FDCERS
- **Create and maintain a competent, diverse early childhood workforce.**
 - Implement workforce issues of NYSAEYC and Winning Beginning New York Coalition.
 - Pay teachers a living and competitive wage.
 - Improve process, access and availability of Infant/Toddler credential.
 - Pilot a comprehensive workforce initiative tied to commitment and progressive salary increases to raise quality and retain the early childhood workforce. This would include: definitions and credentialing systems; support for continuing education; a competitive wage for credentialed professionals; and cultural and linguistic continuity and relationship based practice (See initiatives in New Jersey, Pennsylvania)
 - Establish definitions and credentialing systems for the myriad of teachers, providers, and caregivers who make up the ECE workforce.
 - Provide support for continuing education and a competitive wage for credentialed professionals.
 - Support the goals of cultural and linguistic continuity and relationship-based practice by retaining a diverse workforce.
 - Create a statewide registry for teachers based upon QRIS standards and streamline the clearance process.
- **Increase funding for the Infant/Toddler Regional Resource Centers by \$2.8 million**
 - Increase upstate I/T Centers from \$125,000 to \$300,000 each
 - Increase New York City I/T Center from \$350,000 to \$1 million
 - Increase the Early Care and Learning Council (formerly NYS Child Care Coordinating Council) from \$90,000 to \$250,000
 - Fund statewide intensive training in PITC (Program for Infant/Toddler Care—Training of Trainers, Teachers/Staff)
- **Provide generous family supports to FFN neighbor care.**
 - Utilize the research that describes the type of support that these caregivers desire.
 - Reserve child care subsidies for regulated care

Other Strategies and Activities

Many policy goals can be accomplished by requiring systems to work differently, for example, through executive order, administrative structures, pooling or braiding funds,

regulations, or coordinated service delivery, that may not entail additional expenditures of money but make better use of existing funds.

Strategies That Require Regulatory or Administrative Changes

- Raise the standards for training and supervision for infant and toddler childcare professionals to best practice standards
- Streamline and simplify the child care regulations
- Transform child care programs to a more family centered approach
 - Offer parent education opportunities, comprehensive services such as access to health services, family services, early intervention etc.
- Work with community colleges to emphasize infant/toddler development in their curriculum so new teachers are prepared to appropriately nurture young children
- Implement Primary Caregiving as a requirement in all infant/toddler learning environments (each child assigned one teacher to be their special nurturer)
- Place strong emphasis on literacy for both children and families
- Work closely with New York State Office of Children and Family Services (OCFS) in their role as monitor of regulations in order to support quality early childhood programs
- Create Early Learning Guidelines for children birth to age 5 that are aligned with the NYS Education Department for people entering the field and for parents.
- Reallocate existing funding streams to position ECE as economic development
- Develop local or regional Prenatal to Five Early Learning Commissions to implement the issues of the Governor's Children's Cabinet

Strategies That Require Regulatory Changes and Funds

- Include field advisement in the curriculum for obtaining the "Child Development Associates" (CDA) credential, along with online instruction to ensure hands-on training experience with feedback in the field
- Continue to expand availability of proven infant and toddler programs that support the needs of working families and are affordable
- Reach out to the large informal network of caregivers to provide them with information, support, and training, and help those who are interested to meet regulatory standards for infants and toddlers
- Improve reach and quality of Early Head Start
 - Expand capacity of Early Head Start for more children
 - Create community partnerships between EHS and full day child care programs to provide families with the care they need to work full day
 - Use Early Head Start Performance Standards as a guide to quality in all early childhood programs serving infants and toddlers.
 - Track every child to assure that infants and toddlers are in high-quality environments.

- Ensure that children in foster care are enrolled in Early Head Start, Head Start, and other quality early childhood programs
- Use standardized screening tools in all programs
- Use valid research-based “intentional” curriculum in settings with young children
- Ensure Special Needs Children have equal access to services
- Provide equal investments for high-quality services for infants and toddlers and their families as we have for preschoolers and their families
- Create more flexibility in the implementation of Pre K and require collaboration with community-based early care and education system
- Set aside a percentage of PreK dollars for comprehensive child care services
- Create a Prenatal to Five Financing Commission and a children’s budget to monitor investments and outcomes across state systems
- Invest in data collection, analysis, and evaluation of results for babies, toddlers, preschoolers, and families, and follow through as children progress in school.

Revised: Jan. 12, 2010