



Everybody's Baby

What Massachusetts Must Do to Ensure Good Health, Strong Families, and Positive Learning Experiences for Infants and Toddlers

In June 2004, the Massachusetts legislature passed landmark legislation promising to provide universal preschool for all Massachusetts four-year-olds within ten years. While this legislation sets an important precedent, it designates four-year-olds as the only group to receive services. This precedent contrasts sharply with evidence from the field of early education and care that defines birth through at least age five as a developmental period that should be considered holistically.

The National Academy of Sciences report, *From Neurons to Neighborhoods*, states, "The early years matter not because they establish an irreversible pattern of development, but because they furnish us with either a secure or a vulnerable stage on which subsequent development is built."¹ In addition, Nobel Prize-winning economist James Heckman states, "Learning starts in infancy...the most economically efficient way to remediate the disadvantage caused by adverse family environments is to invest in children when they are young."²

Of great concern is the fact that infants and toddlers are noticeably absent from the discussion about "preschool." Both developmental research and economic analysis have indicated that children ages birth to three also need the resources to sustain good health, strong families, and positive learning experiences to lay a solid foundation for subsequent development. Several other states – such as Georgia (Bright Beginnings), Virginia (Early Childhood Foundation), and Rhode Island (Successful Start) – are creating innovative systems that provide comprehensive services and effective policies that specifically support infants, toddlers, and their families within a larger system; a clear professional development program; and funding to sustain those structures.³

In Massachusetts, who is championing the development of such a system and structure? How do we move from a collection of programs to a system of care in a manner that is intergovernmental and spans both geographic and political boundaries?

Our analysis of the context for supports and services for the Commonwealth's infants, toddlers, and families focused on three questions:

- 1 What services currently exist for infants, toddlers, and their families in the Commonwealth?
- 2 Where are the gaps in supports and services?
- 3 What recommendations can be made to close these gaps and improve the chances for positive developmental outcomes for infants and toddlers in Massachusetts?



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Findings

FIRST: All infants, toddlers, and their families need access to quality health care.

If infants and toddlers are to do well in preschool later on, they need to meet well-defined milestones across all developmental domains. Prenatal care for mothers must focus on preventing preterm and low-birth weight as both are risk factors for cognitive and school performance problems. One study reported that infants who are born prematurely have “greater difficulty in completing tasks involving reading, spelling and math than their full-term peers...[and] tend to be inattentive, aggressive and hyperactive.”⁴ In 2004, almost 16% of Massachusetts mothers did not receive adequate prenatal care; 7.8% of infants were born with low-birth weight, the highest figure since 1969; and the number of infants born preterm increased by 6% over 2003.⁵

To thrive, infants need to receive medical care from a familiar physician who delivers care that is continuous, comprehensive, family-centered, and culturally effective. Yet, the State Children’s Health Insurance Program in Massachusetts does not cover 69,000 qualified children according to the U.S. Department of Health and Human Services.⁶

Maternal depression, which affects approximately 10% of all mothers, can disrupt an infant’s development. Clinical studies have demonstrated that infants of depressed mothers are more withdrawn, less communicative, and physically and cognitively delayed.⁷ Yet, little is done to determine if a mother is at risk.

SECOND: Families of infants and toddlers need an expansion of a comprehensive system of culturally and linguistically sensitive services to be strong families and their child’s first teacher.

Out of the 155,412 children aged birth to three in Massachusetts,⁸ currently over 31,000 infants, toddlers, and families are not served in the communities in which the Massachusetts Family Network of programs provides

play groups, home visits, parent-child workshops, referrals, parenting events, and other family support activities. In addition, Massachusetts Family Network operates in only 41 sites and serves just 162 of the state’s 351 cities and towns.

Similarly, there is major unmet need among Massachusetts families seeking quality child care for their infants (2,696 children) and toddlers (3,592 children). Indeed, 52% of all requests for child care were for infant and toddler care.

In addition, it is clear that services need to be culturally and linguistically sensitive in order to be effective for families. In the National Early Intervention Longitudinal Study (NEILS), parents were overwhelmingly satisfied with early intervention services except for a statistically significant group of parents who reported receiving support services and information in ways that were not culturally or linguistically useful to them.

THIRD: All infants, toddlers, and their families need positive learning experiences to sustain development.

Research evidence is clear that family and child support services for children ages birth to three can make a major impact on children’s development and their readiness for a successful preschool experience. The research from Early Head Start indicates that at age 36 months, children who received Early Head Start services have larger vocabularies, lower levels of aggressive behavior, and greater degree of engagement with parents as well as less negative behavior towards them than a matched control group of children who were eligible for Early Head Start services, but did not receive them. In addition, Early Head Start parents were more positive during play with their children and more likely to have a greater repertoire of discipline techniques than the control group.⁹ Given this study, it seems clear that child and family support services make a difference in preschool readiness.

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The behavioral challenge that very young children may present to parents and teachers is an area of significant concern for their future education. The Pre-school Expulsion Study found that Massachusetts ranks seventh among 40 states studied in the rate of expelling preschoolers for behavioral issues.¹⁰ In addition, NEILS found that families of infants and toddlers with

disabilities felt less competent in their ability to figure out what to do about a child’s behavioral issues than they did in their ability to provide basic care or help the child to learn. Dr. Walter S. Gilliam of the Yale Child Study Center urges that there be a much larger role for infant and toddler service providers in providing education, information, and support to families, including support for transition into preschool.¹¹

Recommendations

- 1. An Associate Commissioner for Infants, Toddlers, and Families should be immediately designated in the Department of Early Education and Care (EEC) to take the lead in system-building efforts around effective policies and services for our youngest citizens and their families. As part of these system-building efforts, the following should be established:**
 - A network of infant-toddler specialists who consult with early education and care programs to support them in better meeting the needs of infants, toddlers, and their families
 - A task force to explore the expansion of services using private monies, as North Carolina has successfully done, having raised over \$200 million in the last ten years for early education and care as well as health and supportive services
 - A plan for preventative services for mothers suffering from depression or domestic abuse, as has been developed in Wisconsin and Florida
 - A single phone number for access to all services for infants, toddlers, and their families, as Connecticut has successfully done
- 2. EEC should create a collaborative professional development system that cuts across service categories and state agencies to increase understanding and information among infant and toddler service providers about their roles in supporting good health, strong families, and positive learning experiences.**
 - This collaborative professional development system should contain a significant component for all service providers on cultural competence and should provide materials for use with families whose primary language is not English. These materials should focus on the following areas:
 - Mental health services and supports
 - Special needs and referral processes to early intervention
 - Basic health care needs for infants and toddlers
 - EEC and the Department of Public Health need to collaborate more strongly with higher education and the financial community to develop and sustain the diverse workforce that is crucial to ensuring the critical care and education experiences our youngest citizens and their families need to thrive.
- 3. A specifically designated budget set-aside should be included in the Massachusetts state budget to provide additional funds for the infant and toddler services mentioned above.**
 - This funding could be modeled on the Illinois Early Childhood Block Grant established in 1997.

Conclusion

In its quest for Early Education for All, Massachusetts must understand that attention to good health, strong families, and positive learning experiences for infants, toddlers, and their families cannot be overlooked. Fundamentally, we agree with universal Pre-K, but add, “beginning at birth for those who most need it.”¹²

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- 1 Shonkoff, J. & Phillips, D. (Eds.). (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.
- 2 Meisels, S. (2006). *Universal pre-K: What about the babies?*
- 3 <http://www.zerotothree.org/policy/stateupdates.html>
- 4 Reichman, N. E. (2005, Spring). Low birth weight and school readiness. *The Future of Children*, 15(1), 98.
- 5 Massachusetts Department of Public Health. (2006, February). *Massachusetts Births 2004*. Division of Research and Epidemiology, Center for Health Information, Statistics, Research and Evaluation.
- 6 http://aspe.hhs.gov/health/schip/States/Massachusetts.html#Number_of_Uninsured_Children_in_State
- 7 Zero to Three Policy Center. (2004, May). *Infant and early childhood mental health: Promoting healthy social and emotional development* (Fact Sheet), p.5.
- 8 <http://www.eec.state.ma.us/does/TAMFNFactSheet.pdf>
- 9 Love, J., Kisker, E., Ross, C., Constantine, J., Boller, K., Chazen-Cohen, R., et al. (2005). The effectiveness of Early Head Start for 3-year-old children and their parents: Lessons for policy and programs. *Developmental Psychology*, 41(6), 885-901.
- 10 Gilliam, W. (2005). *Prekindergartners left behind: Expulsion rates in state prekindergarten systems*. New Haven, CT: Yale University Child Study Center.
- 11 <http://www.sri.com/neils/report.html>
- 12 Meisels, S. (2006). *Universal Pre-K: What about the babies?*



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