

WHAT'S NEXT FOR EARLY CHILDHOOD EDUCATION IN MASSACHUSETTS?

 Voices from the field offer these ideas:

CHILDREN



BOOST DATA AND INVESTMENTS IN INFANT AND TODDLER CARE

WORKFORCE



BUILD A MENTAL HEALTH AND WELLNESS SYSTEM TO HELP STABILIZE THE EARLY EDUCATION WORKFORCE

LEADERSHIP



STRENGTHEN EFFECTIVENESS OF THE EEC BOARD BY INCREASED REPRESENTATION

The CAYL Institute - 2023 Fellowship



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BOOST DATA AND INVESTMENTS IN INFANT AND TODDLER CARE

Massachusetts is home to 204,232 babies, representing 2.9% of the state's population.[1] It's a well-established fact that the infant and toddler years are critical for brain development[2] and that an "environment of relationships" is crucial for the holistic development of the child.[3]

Nevertheless, infants and toddlers in Massachusetts are clearly at a disadvantage in receiving the financial support needed to optimize their development. Even though Massachusetts is a well-known leader in early education, the state continues to invest fewer dollars in its infants and toddlers in contrast to older children. Because of this relatively low investment, we ask: How might Massachusetts boost its investments in infants and toddlers?

The Challenge

Data about infants and toddlers in Massachusetts is difficult to access. Based on the available information, here are some ways that Massachusetts falls short:

In a recent report published by the Massachusetts Department of Early Education Care,[4] approximately 243,083 children from birth to school age are currently attending funded and licensed programs: only 17.51% of this total are infants and toddlers.

Massachusetts has the second highest cost of childcare in the US, next to the District of Columbia. The average annual cost of infant care is \$20,913, while the average cost of caring for a four-year-old is \$15,095. According to the U.S. Department of Health and Human Services, child care is affordable if it costs no more than 7% of a family's income. By this standard, only 5.4% of Massachusetts families can afford infant care[5].

Other states are surpassing Massachusetts in their attention to infants and toddlers. Massachusetts is a state leader in Early Head Start based on its \$16.5 million state investment in Head Start State Supplemental Grants supporting the EHS workforce and program quality. However, according to data from 2019, only 7.9% of income-eligible infants and toddlers in Massachusetts had access to Early Head Start programs[6], putting Massachusetts at number thirty-four compared to the District of Columbia, which leads the nation with 31%.



Only 5.4% of families in the Commonwealth of Massachusetts can afford infant care.

SOLUTIONS

Given both the challenges of accessing current and relevant data, along with the complexities of infant and toddler care, we offer these three next steps:



01 — Develop and Expand Data Systems

There is a need to develop and expand usable data systems about infants and toddlers.



02 — Strengthen Collaboration

Stronger collaboration among state agencies and child care providers will be required to better plan and implement services for infants and toddlers.



03 — Create a Commission on Infants and Toddlers

The creation of a commission on infants and toddlers could highlight gaps and leverage existing services for infants and toddlers. This commission could strengthen both collaboration and data systems.



These three solutions would boost investments in infant and toddler care in Massachusetts. The result would be a greater focus on our youngest citizens, increased accessibility for families, and improved administration.

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BUILD A MENTAL HEALTH AND WELLNESS SYSTEM TO HELP STABILIZE THE EARLY EDUCATION WORKFORCE

Employee turnover in early childhood education has been a perennial problem. COVID exacerbated this challenge and brought attention to the issue of educator mental health and wellness. Indeed, researchers point to issues of burnout, mental health, and lack of access to wellness systems as major contributing factors to current workforce shortages and destabilization.[1]

Decades of research have demonstrated that educators are overextended.[2] For example, the recently completed Cambridge Early Childhood Pulse Study reported that over 50% of Cambridge early childhood educators reported feeling stressed.[3] One in five educators reported feeling emotionally drained from their work several times a week.

The wellness of educators is critical to the cognitive development of children, as children learn most through high-quality interactions with responsive, caring adults. With this in mind, President Biden recently highlighted the need for increased mental health support for early childhood educators in his [Executive Order on Increasing Access to High-Quality Care and Supporting Caregivers](#). The Order recommends that access to mental health services for care workers, including early childhood educators, should be readily available in federally funded programs to decrease burnout and increase retention.[4]

As Massachusetts continues its leadership role in the field of early childhood education, how could the Commonwealth meet the need for mental health and wellness access for early childhood educators?

The Challenge

There is a national consensus that early childhood educator mental health and wellness services are important and very much needed.

The RAND American Teacher Survey of K-12 teachers reported that there was a much higher percentage of teachers who had frequent job-related stress and depression symptoms than the regular adult population.[5]

Stephen Noonoo, in an article in EdSurge, noted that teachers are no longer receiving the praise that placed them at the same level as first responders at the beginning of the pandemic. **"The result is as disappointing as it is predictable: a mental health crisis that will take thousands—maybe tens of thousands—of teachers out of the classroom years before their time."**[6]

Lesaux, et al. [7] emphasize that teachers need to be able to model the self-regulation skills that children need to develop to be successful as learners.



The Challenge (continued)

Yet despite this preponderance of evidence, Massachusetts' efforts to support the wellness and mental health of early childhood educators are quite limited. The primary focus in research is on the mental health of the children and families versus the educators, and there are not many resources designed specifically for early childhood educators. For example, although a Massachusetts helpline called the Massachusetts Behavioral Health Helpline was established in 2023, this helpline is for the public and has not been directly advertised to the early childhood community.[8] Funding from the Department of Education C3 grants explicitly permitted the use of these funds for mental health support when the grants were launched, but mental health support is no longer mentioned in the grant overview of permissible expenditures.[9]

UNIQUE OPPORTUNITY FOR MASSACHUSETTS TO LEAD THE WAY

Given both the challenges of accessing current and relevant data, along with the complexities of infant and toddler care, we offer these three next steps:



01 — The creation of a state-supported mental health and wellness system to specifically support the early childhood education workforce.



02 — A system that provides local programs with a menu of services from which they can choose to meet their specific needs.



03 — An EEC-led marketing and outreach campaign about the system that will facilitate awareness and access to EEC programs and staff.

These measures are important to stabilize the workforce, offer support to children, have high-quality programs, and improve continuity of care. Investing in the mental health and wellness of the workforce is a source of validation and recognition for the contributions early childhood educators make for the children and families of the Commonwealth.



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STRENGTHEN EFFECTIVENESS OF THE EEC BOARD BY INCREASED REPRESENTATION

Established in 2005, the Massachusetts Department of Early Education and Care (EEC) was created to represent, support, and administer services to the state's early childhood education field. As the work of EEC has evolved, many educators now suggest that the board's effectiveness would be strengthened by increasing the representation of service providers in the mixed-delivery systems.

Therefore, we recommend that three new seats be added to the EEC board. These seats would be designated for each one of the mixed-delivery systems: Center-based, Family Child Care, and School-Age/Afterschool. These additions would acknowledge and respect the diversity of voices, improve communication, and strengthen the quality of programming.

REPRESENTATION MATTERS!

Adding three seats representing each of the entities of the mixed-delivery system will:



01 - Acknowledge and respect the diversity of voices served by EEC by:

Representing the geographic, economic, racial, and cultural diversity of the children and families throughout the Commonwealth.

Leveraging Massachusetts' long-standing commitment to the mixed-delivery system and to the people who work with children and youth.



02 - Improve Communication by:

Increasing the capacity of EEC by institutionalizing a closer connection to the families and staff impacted by the policies and regulations that govern child care.

Securing buy-in from the early education field on important issues.



03 - Strengthen the Quality of Programming by:

Bringing educators' expertise and experiences to the creation and implementation of policies and regulations.

Providing on-the-ground information about the challenges and opportunities of each sector from the perspective of programs, staff, children, and families.^[1]

LEADING THE WAY

Massachusetts has led the way in early education policy and system building and has been a model and pioneer for other states and federal policies. Currently, Massachusetts is one of the few states that has created a lead early care and education agency responsible for the governance of early childhood education. [2] Massachusetts can continue to provide innovative leadership by establishing a precedent of creating an early education board with mixed-delivery system representation.



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