

Advancing State Policies for Infants and Toddlers

Lessons Learned From Three States



ZERO TO THREE
Early connections last a lifetime

Why Focus on Infants and Toddlers?

The first 3 years of life are a time of incredible physical, cognitive, and social-emotional development. A baby's brain makes more than one million neural connections per second in this period, building the foundation for school readiness and success in school and beyond. For infants and toddlers, positive and nurturing interactions with adults, whether parents, family members, or caregivers, are critical for getting a good start in life. Unfortunately, the first 3 years of life can be risky for the most vulnerable young children. Infants and toddlers living with poverty, abuse or neglect, or other adversities may experience stress that can impede positive development. Research shows that this stress can most effectively be buffered through supportive adult relationships.¹ Investing early in infant-toddler development can also prevent more costly interventions later in life. Studies have found that evidence-based programs for infants, toddlers, and their families have a higher return on investment than for any other age group.²

Over the last several decades, state policymakers have expanded access to high-quality programs for young children, including pre-kindergarten programs, but have not typically focused on the unique needs of infants, toddlers, and their families. A comprehensive birth-3 state policy approach, as outlined in Figure 1, would include a range of health, family strengthening, and early learning supports that can help all infants and toddlers to thrive, including children in low-income or at-risk families or who face developmental delays. Federal and state agencies already support several initiatives for infants and toddlers, such as home visiting programs, child care subsidies, and early intervention services, but access to these programs is uneven and too often out of reach. In addition, initiatives serving infants and toddlers are often managed through separate agencies and funding sources, with limited coordination to assess families' needs and provide comprehensive services that promote infant-toddler development.

To address this challenge, the W.K. Kellogg Foundation provided ZERO TO THREE with a 2.5-year grant (*Moving States Ahead for Infants and Toddlers*) to support three states in developing and taking action toward cross-sector

Figure 1. Infant & Toddler Policy Framework



1 Harvard Center for the Developing Child. (n.d.). *InBrief: The impact of early adversity on children's development*; Retrieved from <http://developingchild.harvard.edu/resources/inbrief-the-impact-of-early-adversity-on-childrens-development>

2 Heckman, J. J. (n.d.). *Invest in early childhood development: Reduce deficits, strengthen the economy*. Retrieved from https://heckmanequation.org/assets/2013/07/E_HeckmanDeficitPieceCUSTOM-Generic_052714-3-1.pdf

infant-toddler policy priorities. Beginning in 2014, ZERO TO THREE staff helped Indiana, Oregon, and Vermont bring together public and private stakeholders to focus on infants and toddlers and served as a partner and facilitator in advancing their priorities. These planning groups worked closely with existing state early childhood advisory councils that have a birth to 5 (or 8) focus, but took advantage of the opportunity to focus intentionally on better serving infants and toddlers. This brief highlights lessons learned from their experiences, as well as promising examples from other states that have focused on this age group, and offers recommendations to states embarking on similar endeavors.

Strategies to Ensure an Intentional Focus on Infants and Toddlers

Although the specific policy priorities that Indiana, Oregon, and Vermont pursued to improve outcomes for infants and toddlers were unique to their own contexts, their experiences illustrate some shared drivers of success. Based on what ZERO TO THREE has learned from these and other states, the following strategies are recommended for states looking to strengthen services for infants and toddlers. These strategies are to:

1. engage stakeholders representing a range of programs serving young children,
2. build consensus on infant-toddler policy priorities,
3. elevate infant-toddler issues with policymakers and the public, and
4. establish systems to sustain focus on infants and toddlers over time.

1. Engage stakeholders representing a range of programs serving young children and families

Programs serving infants, toddlers, and their families have historically been developed in a patchwork fashion in response to specific needs. They frequently have different funding sources, are administered by multiple public and private agencies, and are poorly coordinated. For that reason, it is essential that a diverse group of public and private stakeholders is engaged when developing policy priorities to improve outcomes for infants and toddlers, including representatives from: health, mental health, child care, parent groups, private funders, and advocacy organizations. (For a full list of recommended participants, see Appendix A).

All three states participating in *Moving States Ahead for Infants and Toddlers* successfully engaged a wide array of stakeholders in their core planning groups and through targeted outreach to gather information on specific issues (see Table 1).

Table 1

State	State Core Group Representation												
	Education	Early intervention	Health	Mental health	Home visiting	Child welfare	Child care	Early Head Start	Higher education	Association/advocacy	Nonprofit	Foundation	Community-level
Indiana—Happy Babies Brain Trust		X	X	X	X		X	X	X	X	X		X
Oregon—Best Beginnings	X		X	X	X	X	X	X	X	X	X	X	X
Vermont—Everything Matters for Babies	X	X	X		X	X	X			X	X	X	X

This engagement created a space to talk about the full continuum of services and supports that touch infants and toddlers and to formulate recommendations to improve cross-system collaboration. For example, Vermont's Everything Matters for Babies group explored strategies to better coordinate universal developmental screening and referral services across early care and education and health systems. The group took time to build shared understanding of existing agency efforts and worked together to identify strategies to address gaps and inconsistencies. In Oregon, the inclusion of community-based providers on the Best Beginnings work group allowed them to pilot some of their ideas locally before finalizing their recommendations.

2. Build consensus on infant-toddler policy priorities

Considering the various strategies to improve outcomes for young children and families can be overwhelming. There is no one correct path that will work for every state. Instead, it is important for states to make decisions based on their unique context. Assessing how well current services and systems are meeting young children's needs is a helpful first step. ZERO TO THREE's [Infants And Toddlers in the Policy Picture: A Self-Assessment Toolkit For States](#) can be used to inform this decision. A neutral facilitator can help to guide the process of selecting strategies that are both high-impact and realistic in the current context.

The planning groups in Indiana, Oregon, and Vermont each agreed on three or four priorities to focus on over the 2.5-year project (see Appendix B). For goals that were longer-term, they also mapped out interim benchmarks so they could evaluate progress and make necessary course corrections. ZERO TO THREE developed a worksheet to help teams define the stages of implementation of their goals to aid this process. For example, the Vermont Everything Matters for Babies team made improving financing and sustainability for evidence-based home visiting programs a priority and worked together to establish and advance a specific funding proposal. Many of the states' priorities were focused on building a more coordinated cross-system approach to supporting infants and toddlers. For example, Indiana's Happy Babies Brain Trust took on the first steps in strengthening coordination between state health and early learning programs serving young children, including mapping existing programs and learning about best practices from other states.

Oregon's trajectory was somewhat different. Though the Best Beginnings group identified three priorities at the beginning of the project, the bulk of its efforts were focused on creating a coordinated system of home visiting that maximizes resources and improves outcomes for young children and families. This concentration was necessary because Best Beginnings was charged with responding to a budget note passed by the state legislature in 2015 (along with a \$10 million increase for home visiting) that required state agencies to create a more integrated home visiting system. Oregon's experience illustrates the importance of being flexible and ready to take advantage of unanticipated opportunities.

3. Elevate infant-toddler issues with policymakers and the public

Beyond building consensus on infant-toddler priorities, it is critical to raise awareness of these issues with the general public and with decision-making and governance bodies. This process may include conducting public outreach on key policy objectives, engaging new champions, and considering effective messaging for different audiences.

As one of their primary priorities, Indiana's Happy Babies Brain Trust used results from the ZERO TO THREE state self-assessment tool, completed before this project began, to develop and disseminate an [issue brief](#) making the case for a focus on infants and toddlers and outlining recommendations to improve outcomes for young children. They then worked to disseminate the brief to stakeholders and to share findings through a [presentation](#) to the state's Early Learning Advisory Council (ELAC) leadership. Sharing this brief with the ELAC was a first step toward embedding infant-toddler priorities in the ELAC's work, including efforts to add infant-toddler indicators to the ELAC's data dashboard and to incorporate a greater focus on infant-toddler policy priorities in the ELAC's subcommittees.

In addition, the ELAC's most recent [annual report](#) recommended adding additional appointed ELAC members to fully represent the range of programs serving young children including: early intervention, health, and mental health sectors.

This strategy of engaging diverse stakeholders to develop policy priorities and publishing them as a call to action has been effective in other states as well. A public-private steering committee in Rhode Island released an infant-toddler [issue brief](#) and [policy priorities](#) in June 2015 at a policy roundtable attended by Governor's staff, state agency directors, legislators, members of the Early Learning Council, advocates, and others. Rhode Island has since taken action to expand the state's Earned Income Tax Credit, raise the minimum wage, and strengthen the child care subsidy program—all of which were included in their priority list. Similarly, New Jersey took steps to increase the number of endorsed infant mental health professionals and to establish an early learning training academy after publicly releasing infant-toddler priorities in 2015.

To make the case for investment in infants and toddlers, advocates may need to start by educating legislators and the general public about the importance of early childhood development for success in school and beyond. ZERO TO THREE's [Think Babies](#) campaign has developed a [toolkit](#) for state advocates to draw on leading research and elevate infant-toddler issues in public policy discussions.

4. Establish systems to sustain focus on infants and toddlers over time

To ensure that states sustain a focus on infants and toddlers over time, it is important to find an institutional home for infant-toddler policy planning that will outlast potential changes in staffing at partner agencies and organizations. All three of the states participating in the ZERO TO THREE project ultimately decided to embed or align their work with their state's early childhood advisory councils.³ Oregon created the Best Beginnings committee, one of four standing subcommittees of the state's Early Learning Council, which is focused on supporting children from prenatal to 3 years old. This group has specific tasks assigned as part of the council's 2015–2020 strategic plan and also serves as the required advisory committee for the Healthy Families Oregon home visiting program and the steering committee for the state's Maternal, Infant and Early Childhood Home Visiting program. Members also serve as a voice for babies in other venues where early childhood topics are not the primary focus, for example with Medicaid coordinated care organizations.

The planning groups in Indiana and Vermont instead opted to influence the work of existing state advisory council structures. Both of their state councils already had several subcommittees on topics such as early learning, health, and professional development. Rather than create a separate group focused on infants and toddlers, the infant-toddler planning groups in these states worked to ensure that these subcommittees are addressing infant-toddler policy issues and include members who represent these interests. For example, stakeholders in Vermont have worked to expand the focus of an existing early childhood wellness committee to serve as a hub for state efforts to promote developmental screening. Both the Indiana and Vermont infant-toddler planning groups agreed to continue to meet on a quarterly basis to check in on their progress in elevating infant-toddler issues within the advisory councils and to discuss emerging policy priorities.

Beyond the states participating in this project, a few states have taken an additional step to ensure an intentional focus on infants and toddlers by creating funding structures specifically for this age group. For example, Illinois has an Early Childhood Block Grant that funds infant-toddler center-based and home visiting programs, as well as preschool programs. The state requires that 25% of new block grant funds must be spent on infant-toddler programs. Nebraska established an innovative public-private endowment, the [Sixpence Early Learning Fund](#), in 2006. It provides grants to school districts and community partners to provide high-quality center- and home-based programs for infants and toddlers at risk of failure in school.

3 Note that most states have an early childhood advisory council in place, but the names of these groups, membership, and scope of activities can vary from state to state.

Recommendations

Indiana, Oregon, and Vermont achieved several significant outcomes by intentionally focusing on the needs of infants, toddlers, and their families. In addition to making progress on their specific goals, the three states elevated infant-toddler issues within broader early childhood initiatives, strengthened collaboration across systems, expanded the base of stakeholders championing infant-toddler priorities, and developed a more unified voice for babies. Their experiences elicit a number of recommendations for other states planning to undertake similar efforts.

- **Carefully consider the purpose and membership of your infant-toddler group**—In bringing together stakeholders, it is important to find the right balance of individuals who have authority to advance a policy agenda, as well as those who may have the capacity to take on the group’s day-to-day planning work. This balance between authority and capacity varied in the states working with ZERO TO THREE and may look different depending on state context and the group’s specific charge. Since staff turnover and leadership transitions are common challenges, considering up-front how the group will handle these hurdles will make them less disruptive if they occur.
- **Build on existing state efforts to improve outcomes for young children and families**—When initiating a project to look more intentionally at the needs of infants and toddlers, start by looking for ways to bring very young children’s needs to the forefront of existing policy discussions. For example, if your state is in the midst of health reform, how can you build on that to improve infant-toddler health outcomes? If your state has recently made investments in pre-kindergarten, how can you engage champions to broaden the school readiness discussion to include the full birth-to-school continuum? Recognizing which policy goals already have traction in a state may also inform which infant-toddler policy messages will be most effective.
- **Choose realistic priorities**—System change takes a long time, and there are many external factors (political, environmental, fiscal, administrative, etc.) that will impact a group’s ability to successfully make progress. When selecting priorities, it is important to consider both the potential impact and the feasibility of achieving each one. Questions to ask may include: does it address an identified barrier, does it benefit communities around the state equitably, does it build on the existing early childhood system, is it cost-effective, and can any existing opposition be overcome? Identifying the interim steps to attaining a long-term goal and celebrating those incremental successes along the way can help maintain momentum.
- **Leverage existing infrastructure**—While creating a separate group to focus on infants and toddlers can be a critical step to assessing how well your state is meeting their needs and developing a policy agenda, it is equally necessary to ensure there is a baby voice at other tables. This includes venues focused on early childhood, such as early childhood councils and home visiting advisory groups, where the infant-toddler work can be sustained. It also includes groups that may not traditionally consider the impact their work has on young children, such as those focused on adult mental health, public transportation, housing, or schools.

Conclusion

The first 3 years of a child’s life are critical for laying a strong foundation for healthy development that will impact success in school and adulthood. Unfortunately, decisions about state funding and policy are often made without consideration for infants’ and toddlers’ unique needs or understanding that programs serving them are inter-related. As demonstrated by the experiences of the three states profiled in this brief, engaging in an intentional process to identify and move forward specific infant-toddler priorities can build momentum for sustained focus on babies and their families.

Authors

Jamie Colvard, Senior Technical Assistance Specialist, and Amanda Szekely, Senior Technical Assistance Specialist

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About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based resource for federal and state policymakers and advocates on the unique developmental needs of infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at www.zerotothree.org/policy-and-advocacy

Appendix A: Suggested Stakeholders to Engage in Advancing Infant-Toddler Policies

At a minimum, representatives of the following stakeholders should be included when determining infant-toddler policy priorities:

- program administrators in state agencies responsible for children’s health, mental health, child care (quality, licensing, and subsidies), early childhood education, family support and parent education, home visiting, early intervention, child welfare, family economic security, and any other major programs that serve infants, toddlers, and their families
- training projects and initiatives for professionals working with young children
- researchers and faculty in institutions of higher education
- professionals working with infants, toddlers, and their families or organizations that represent them. This includes: professionals and providers working in health, mental health, child welfare, child care, Early Head Start, Early Intervention, home visiting, and family support and parent education
- outreach and support programs for family, friend, and neighbor caregivers
- cultural institutions with a focus on young children such as libraries and children’s museums
- advocacy organizations concerned with young children
- parents or parent organizations
- the State Early Childhood Advisory Council and other state-level early childhood system-building or coordination entities
- local-level early childhood coalitions and coordinating bodies, if they exist
- any early childhood system-building grants and initiatives

In addition, consideration should be given to including representatives of the following stakeholders:

- funders such as foundations, corporations, or state agencies
- high-level elected or appointed officials (or their senior advisors on issues related to young children) in positions of authority over services for infants and toddlers
- United Way or other community-based organizations
- representatives from the judicial system
- ethnic and cultural groups
- faith-based groups
- civic groups
- senior citizen service organizations that support grandparents caring for young children
- housing or homelessness groups
- poverty reduction initiatives

Appendix B: State Infant-Toddler Priorities 2014–2016

Indiana

- Develop and disseminate an issue brief as a written call to action to focus early childhood messaging on key infant-toddler issues, including both state- and community-level strategies to improve outcomes for infants and toddlers
- Develop and implement an infant-toddler certificate for infant-toddler teachers and family child care providers
- Lay groundwork for stronger collaboration between Indiana’s health and early childhood systems in serving vulnerable young children
- Strengthen family engagement in early childhood programs, especially for programs serving infants and toddlers

Oregon

- Improve rates of developmental screening and ensure that children and families are connected to needed resources
- Improve workforce knowledge and expand resources that support infant-toddler social-emotional development
- Create a coordinated system of home visiting that maximizes resources and improves outcomes for young children and families

Vermont

- Fully maximize all available resources to sustain and expand evidence-based home visiting programs, with a focus on strategies to better utilize Medicaid funding
- Fully maximize all available resources (including all providers) to support high-quality, universal, developmental screening and referral services, including a focus on strategies to better utilize Medicaid and on coordinating across early care/education and health systems
- Build additional capacity for serving infants and toddlers and their families in and beyond high-quality regulated early care and education programs