Latino POLICY FORUM

WORKING PAPER

PRIMEROS PASOS

Strengthening Programs that Support Illinois Infants and Toddlers

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Acknowledgements

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- Through a Child's Eyes

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The views expressed in this report are explicitly those of the Latino Policy Forum and should not be taken to represent the views of any of our contributors, volunteers, committee members, or their affiliated organizations.

Table of Contents

Executive Summary 3

Introduction 4

About This Report 5

The Importance of the Early Years 6

A Look at the Illinois Birth-to-Three Infrastructure 9

- Home Visiting 9
- Center-Based Infant & Toddler Care 9
  - Vignette: A day in the life of an infant toddler classroom 10
- Early Intervention 9

A Latino Lens on Infant and Toddler Services 11

- Supply 11
- Workforce and Professional Development 13
  - Vignette: Home visiting in Brighton Park 15
- Parent Outreach, Education, and Engagement 14

Next Steps 16

Conclusion: Advancing a Latino Birth-to-Three Agenda 18

Endnotes 19

Executive Summary

Developed in partnership with 12 early childhood providers serving the Latino community in Illinois, *Primeros Pasos* presents a Latino perspective on early care and education. The importance of this perspective rests on two realities: the high representation of Latinos among Illinois' youngest learners, and the body of scientific research supporting the importance of the first three years of life and the foundation for cognitive and social-emotional development.

Latinos comprise a large and growing proportion of children in the early grades in school districts across Illinois and the nation. This trend is even more pronounced in preschools and among infants and toddlers: One out of every four new births in Illinois is to a Latina mother. While the strengths and assets of Latino families are manifested in the strong social-emotional and linguistic skills that children bring to their classrooms, many families are also facing the challenges of poverty and linguistic isolation, along with family instability and trauma resulting from community violence and deportation. If these stressors are present in the first three years of life, their adverse impact on future development can be severe and very difficult to remediate in later years. The stable, safe environment offered by high quality early childhood programs is the best bet for preparing infants and toddlers for success even before preschool.

Preschool often receives most of the attention from policymakers and the public when it comes to early childhood services. This is changing. *Primeros Pasos* draws from research and policy interventions that have brought infants and toddler policy to the fore, demonstrating how Illinois' existing birth-to-age-three infrastructure—including home visiting, child care, and Early Intervention programs—can be made even more effective with strategies to better reach those most in need, understand and address the needs of dual language learners, and integrate seamlessly into a larger birth-through-age-eight framework.

Report recommendations include:

Recommendation 1
Ensure funding and facilities to support the expansion of infant and toddler services in the communities of greatest growth and need.

Recommendation 2
Increase the supply of highly qualified, bilingual and bicultural birth-to-three professionals; expand training and professional development opportunities, with special emphasis on making such opportunities affordable and flexible.

Recommendation 3
Expand the supply of higher education faculty with expertise in language development and cultural diversity in early childhood development and related fields.

Recommendation 4
Expand and improve education and awareness in Latino communities about the importance and availability of services for infants and toddlers, with an emphasis on parent engagement.

Recommendation 5
Strengthen and improve the ability of the Early Intervention (EI) system to evaluate and provide services for children in high-need areas in a timely manner; improve the process of transitions between EI and early childhood special education.

Recommendation 6
Strengthen and expand community-based partnerships and linkages among providers of infant and toddler services.

Recommendation 7
Develop systems that collect and make available comprehensive data on infants and toddlers and service providers in publically funded programs.

The Latino Policy Forum envisions a future in which Illinois Latino children have access to culturally and linguistically responsive services and options to ensure healthy development and school readiness. These early benchmarks make it more likely that children will attain later educational and development benchmarks, such as third grade reading and high school graduation. If the foundation laid in the early years is strong, Illinois Latinos will have a better shot at meeting their fullest potential and a propsperous future. That is a future all residents of Illinois can share.

Introduction

Primeros Pasos: Strengthening Programs that Support Illinois Infants and Toddlers

The face of Illinois, and of the nation, is becoming increasingly Latino—and young (See Figures 1 and 2). Over one in four U.S. children under age five is Latino, a statistic mirrored in Illinois (See Figure 2).[1] They also account for one in four new births in the state, a number that has important implications for both early childhood and K-12 education. [2] Young Latinos make up the largest group of children under age five in Chicago, at 39 percent. In the suburbs, they are nearly one in three of all those under age five (See Figure 3).[3] Early childhood education offers salient opportunities to build strong academic foundations for these young Latinos and shape our collective future.

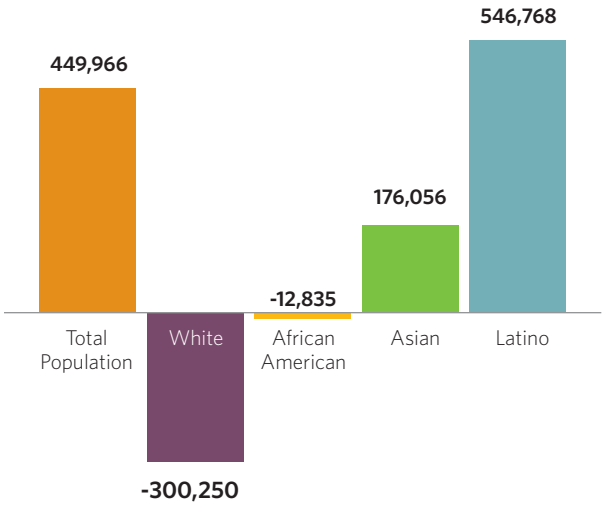
In recent years, Illinois has emerged as a national leader in expanding access to quality early childhood education programs for all children. The state has been awarded federal grants through the Race to the Top Early Learning Challenge and has put those resources to use enhancing the quality and scope of early childhood education. The state's change in credential requirements for bilingual preschool is the first of its kind in the nation, maximizing the linguistic assets that many Latino children bring into their preschool classrooms.

In addition to bilingual skills, Latino children also bring high levels of social and emotional development into their preschool classrooms.[4] However, research highlighting these strengths and their link to parenting practices also reveals that these same children enter school with lower pre-literacy and language skills than their peers.[5]

Too often, Latino children start school up to six months behind their peers, the start of a well-documented achievement gap that persists up through high school, resulting in low graduation rates, college enrollment and completion, limited career prospects, and earning potential (See Figures 4 & 5). Research and policy interventions designed to tackle these frustrating trends have traditionally focused on K-12 education. However, a growing chorus of diverse voices—including practitioners, researchers, educators, economists, philanthropists, policymakers, and even President Obama—is attempting to shift the focus to proactive investment in the earliest years of child development.

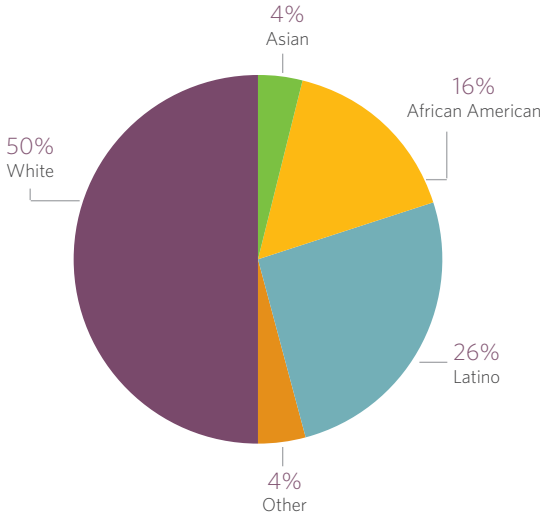
While high quality preschool has been the centerpiece of Illinois' innovative investment in early childhood education, a growing body of evidence suggests that interventions from birth to age three can have even more of an impact on educational attainment. State-funded programs served less than a third of all potentially eligible Latino children under age 5 in 2012.[6] The gap between the number eligible and the number enrolled in infant and toddler services (among all ethnic and racial groups) is even wider than for preschool. Illinois has the opportunity to step out in front of a demographic reality that is only beginning to grab the attention of media and policymakers nationwide. The growth of Latinos throughout the state will re-shape our schools, communities, and workplaces. Addressing the educational needs and challenges of Latinos will advance a shared and prosperous future for Illinois.

Figure 1. Illinois Population Growth By Race/Ethnicity, 2000-2011



Source: U.S. Census 2010 decennial; 2011 American Community Survey 1-year estimates

Figure 2. Ilinois Children Under Age Five by Race/Ethnicity, 2011



Source: U.S. Census 2010 decennial; 2011 American Community Survey 1-year estimates

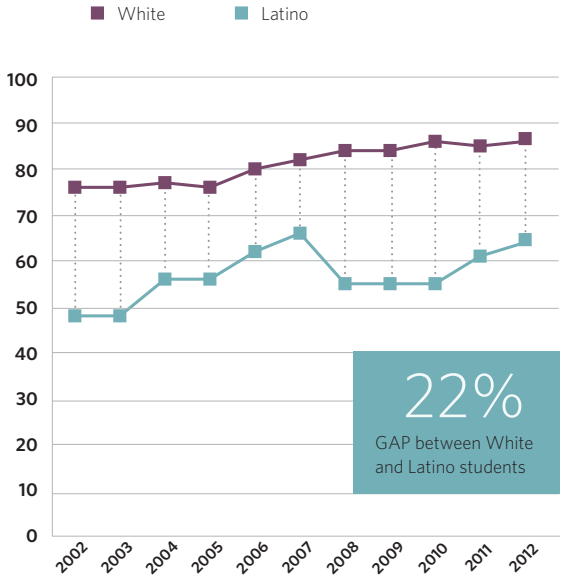
About This Report

The Latino Policy Forum, in publishing this report, is fulfilling the call to expand its education policy work into the birth-to-three arena—and the moment is indeed ripe for such an expansion as research increasingly emphasizes a birth-to-age-eight continuum in approaches to education policy. The Latino Policy Forum also hopes to shape the conversation around how to define "quality" early learning by highlighting the importance of linguistic and cultural competency in all services for young children. By strengthening the programs and personnel who support our youngest learners and their families in the most critical years of life, Illinois can be a leader in changing the story of educational inequity.

This report will explore the array of services available for infants and toddlers in Illinois. It will look at the barriers Latinos face in accessing these services and offer recommendations as to how they can more effectively address the challenges that contribute to adverse educational and developmental outcomes.

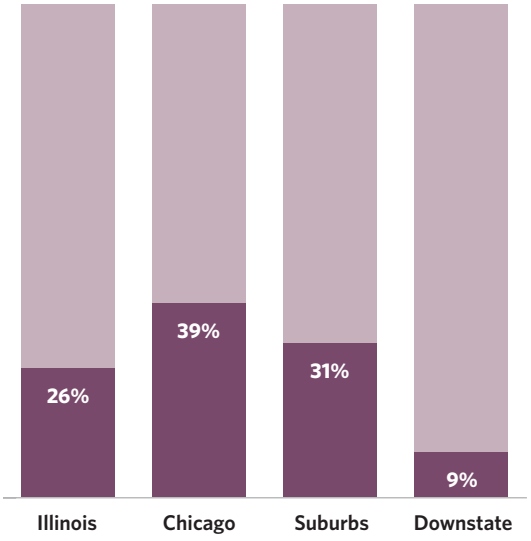
The issues discussed in this paper are drawn from research and extensive dialogue with early care and education providers serving the Latino community. It includes the collective knowledge, wisdom, and experience of the Latino Policy Forum's partners in its Education *Acuerdo*. (*Acuerdo* is the Spanish word for "agreement" or "accord."). *Acuerdo* members are leaders in community-based early childhood education organizations providing direct services to families with young children in Latino communities. The *Acuerdo* works to ensure that information, policy, and advocacy on early childhood issues represent the Latino perspective and its community needs.

Figure 4. Third Grade ISAT Reading Scores (Percentage meeting or exceeding standards), Latino and White, 2002-2012



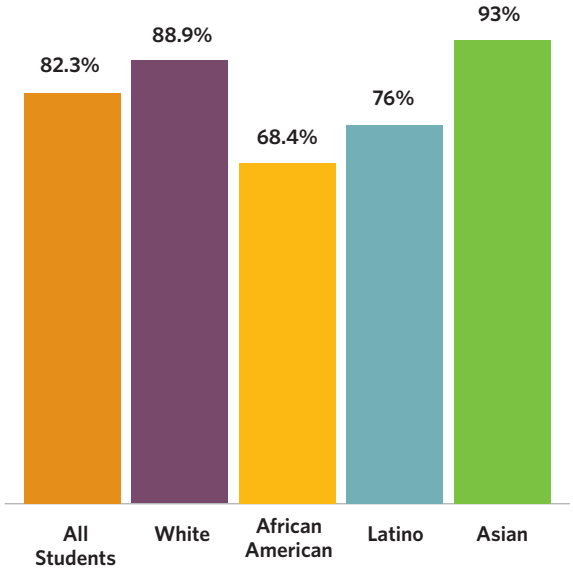
Source: Illinois State Board of Education 2013 Interactive Report Card, Grade 3- ISAT Achievement gap between Hispanic and White subgroups

Figure 3. Latino Proportion of Child Population Under Age Five by Region, 2011



Source: U.S. Census 2010 decennial; 2011 American Community Survey 1-year estimates

Figure 5. Illinois High School Graduation Rates by Race/Ethnicity, 2012



Source Illinois Kids Count 2013, Voices For Illinois Children

The Importance of the Early Years

After giving an unprecedented endorsement to the importance of early childhood education in his 2013 State of the Union address, President Obama unveiled a series of sweeping proposals for public investment in programs for children from birth to age five. The plan is a multi-pronged approach that aims to expand preschool, child care, and home visiting programs for vulnerable children and families.

Early childhood leaders in Illinois are thrilled with the national attention being given to the field, as well as the possibility of a significant expansion in resources, The prioritization of early childhood education validates years of research demonstrating the effectiveness of these programs in improving outcomes for at-risk children. The timeliness of the President's announcement is also highlighted by a growing body of research suggesting that a sustained, comprehensive approach to education spanning from birth to age eight may present the greatest hope for reducing the academic achievement gap.[7] This perspective is affirmed by strong evidence showing the link between third grade reading levels and high school graduation rates.[8]

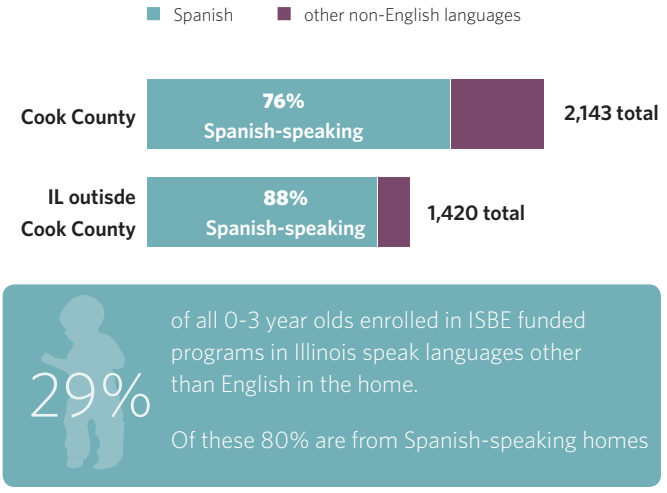
The link between early brain growth and the development of language and literacy is a critical consideration. Infant brain development depends on healthy and consistent parenting that fosters social-emotional bonding. As the brain's neural connections multiply through exposure to language from parents, the nurturing bond literally shapes the architecture of the brain in the first three years.[9] Native language skills built in these early years are not only crucial for future learning, but also ensure that a second language will be picked up sooner and more fully.[10] Because literacy foundations are built on a child's first language, it is critical for parents to develop these language competencies in their children.[11] The composition of children who are already enrolled in state-funded programs for infants and toddlers highlights the importance of addressing the needs of English language learners and non-English speaking families: 29 percent of children from birth to age three enrolled in Illinois State Board of Education programs live in homes where a language other than English is spoken. Of these, over 80 percent are from Spanish-speaking homes (see Figure 6)

An expanding body of research and practice has also begun to focus on infant mental health as a central component of effective interventions. The approach focuses on the capacity of infants and toddlers to form close and secure relationships, experience, regulate, and express emotions, and explore their environment and learn. Interventions take place firmly within the context of family, community, and culture. A mental health framework acknowledges the centrality of the parent/caregiver relationship to the health and wellbeing of the child.

Without a strong foundation built on health and wellbeing, children will struggle to learn at this critical time in their lives. Optimal learning environments require healthy, safe, and secure attachments, and without these environments, school readiness suffers. In light of growing interest in the early years and their importance to early childhood practitioners of all types, there is a need for a greater understanding of infant mental health in the Latino community. The effects of trauma, violence, and other factors on Latino child development and early learning is another area that demands more research and attention.

A recent study by the Migration Policy Institute explored current research that suggests that a parent's undocumented status can be associated with lower levels of cognitive development and educational progress among young children.[12] While a full 98 percent of Latino children are US-born citizens[13], nearly two thirds of Latino adults are naturalized or native-born citizens (see Figure 7). An estimated 525,000 undocumented immigrants reside in Illinois, and based on national data, up to 74 percent of the undocumented population comes from Latin American countries. Undocumented status is a factor that contributes to family instability and stress, factors that, in turn are detrimental to brain development and emotional well-being. This places young children at risk for failure even before they reach preschool, despite the social and emotional strengths these toddlers bring with them.

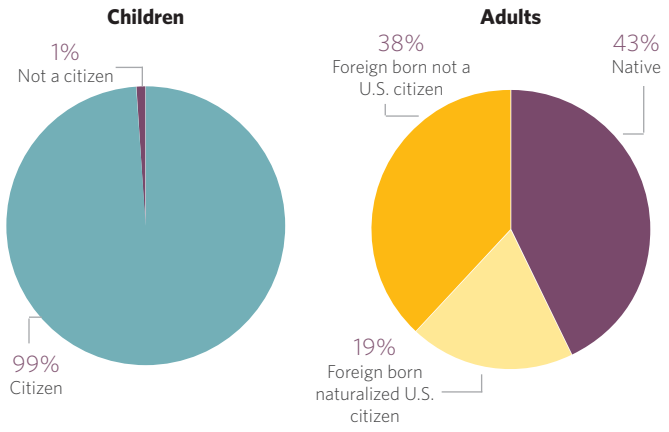
Figure 6. Enrollment in ISBE birth to three programs by non-English home language, 2012



*Source: Illinois State Board of Education Home Language Data from Student Information System (SIS), FY2012. *ISBE funded programs for children from birth to age three consist of an array of home-based (home visiting) and center based program models delivered through school districts and community based organizations. Often ISBE funding supplements other types of funding such as Early Head Start and subsidized child care.*

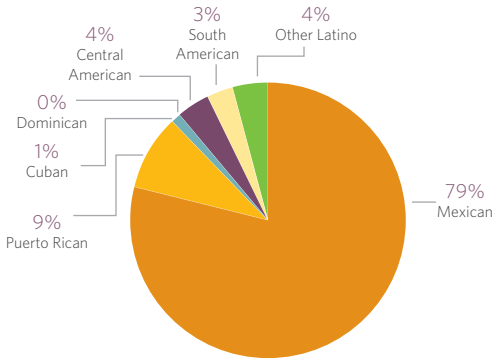
In addition to challenges related to undocumented status, many Latino families face other obstacles that make it difficult to provide a strong foundation for their children. While Illinois Latinos in are a diverse population with a mix of cultures, income levels, and national origins (see Figure 8), the housing crisis and Great Recession had a significant impact on the community overall, exacerbating already-existing trends in declining wealth and income (see Figure 9). These trends also contributed to significant increases in child poverty among Latinos[15] (see Figure 10): In 2011, over one in four Illinois Latino children lived in poverty, one of the most reliable (and frustrating) indicators of adverse educational and life outcomes.[16] Among those under age five, the proportion living in poverty was even higher, at 31 percent.[17] Additionally, many mothers have low levels of education, a reality that often results in children being read to less and knowing fewer words than their peers by age three (see Figure 11).[18] Finally, teen parenting, a reality for more than half of Latino births in Illinois and across the country (see Figure 12), can produce instability that adversely affects language and literacy development. These factors and others place young children at risk for failure even before they reach preschool, despite the social and emotional strengths these toddlers bring with them.

Figure 7. Citizenship Status of Latino Children and Adults, 2010-2011



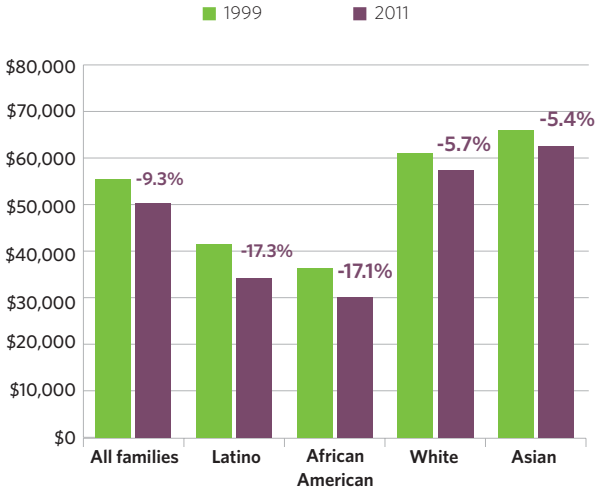
Source: NCLR Latino Kids Data Explorer; U.S. Census 2011 American Community Survey 1-year estimate)

Figure 8. Ilinois Latino Population by Country of Origin, 2011



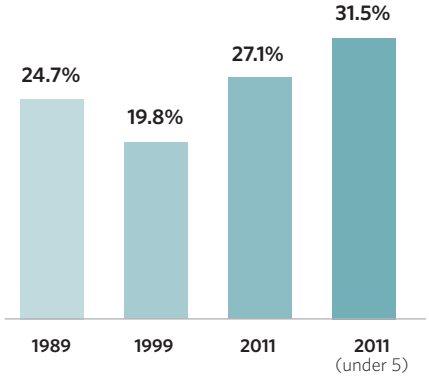
Source U.S. Census 2011 American Community Survey 1-year estimates

Figure 9. Illinois Median Family Income by Race/Ethnicity and Percent Change (Adjusted for Inflation), 1999-2011



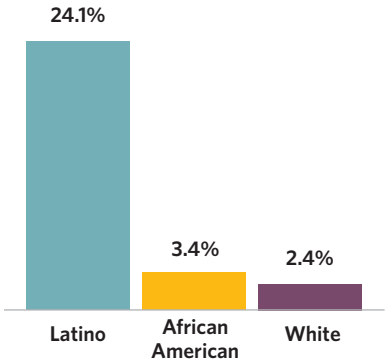
Source: Illinois Kids Count 2013, Voices For Illinois Children

Figure 10. Percentage of Illinois Latino Children (under age 18) in Poverty, 1989, 1999, 2011; Percentage of Illinois Latino Children (under age 5) in Poverty, 2011



Source: Illinois Kids Count 2013, Voices For Illinois Children

Figure 11. Percentage of Women 25 and Older with Less than a 9th Grade Education, by Race/Ethnicity, 2011

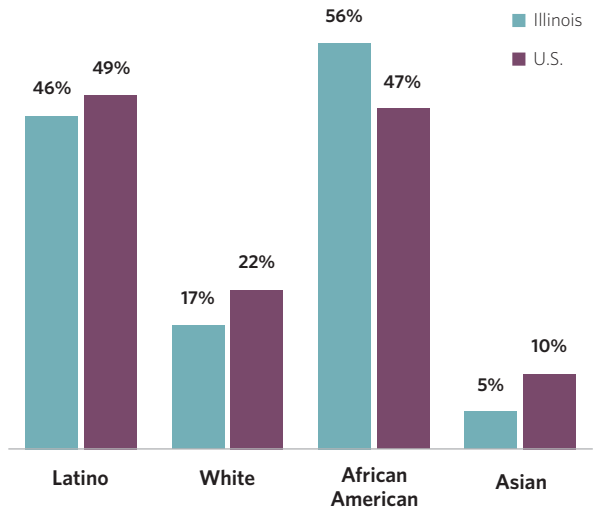


Source: U.S. Census 2011 American Community Survey 1-year estimates

Not only will investments in preventative services such as home visiting and child care for infants and toddlers effectively address many of these risk factors, but they have also been shown to produce returns far exceeding those of interventions in the later years. [19] Nobel Laureate Dr. James Heckman has shown that early childhood education yields a 10 percent return on investment in the form of increased workforce productivity and lower remedial education, health and criminal justice expenditures. [20] Compared to interventions that occur later in a child's life, those in the earliest years have the highest rate of return (See Figure 14).

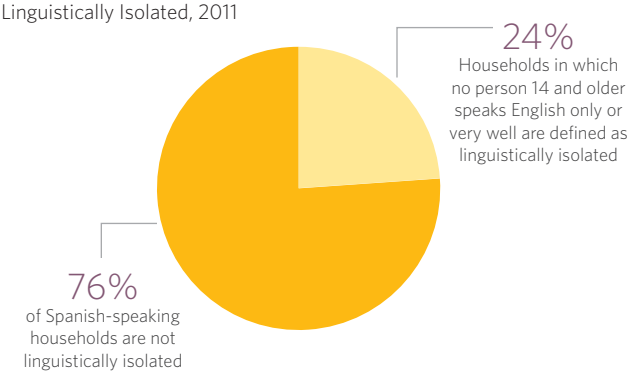
High-quality early childhood education is critical to ensuring that children meet the third grade reading benchmark, a key predictor of future educational outcomes. [21] In this same vein, high quality programs for infants and toddlers support parents in building the cognitive and social-emotional foundation for future learning and school readiness; the same is true for families experiencing multiple risk factors such as poverty, low levels of maternal education, and linguistic isolation (See Figure 13). [22]

Figure 12. Teen Birth Rates (percentage of all births) by Race/Ethnicity, 2011



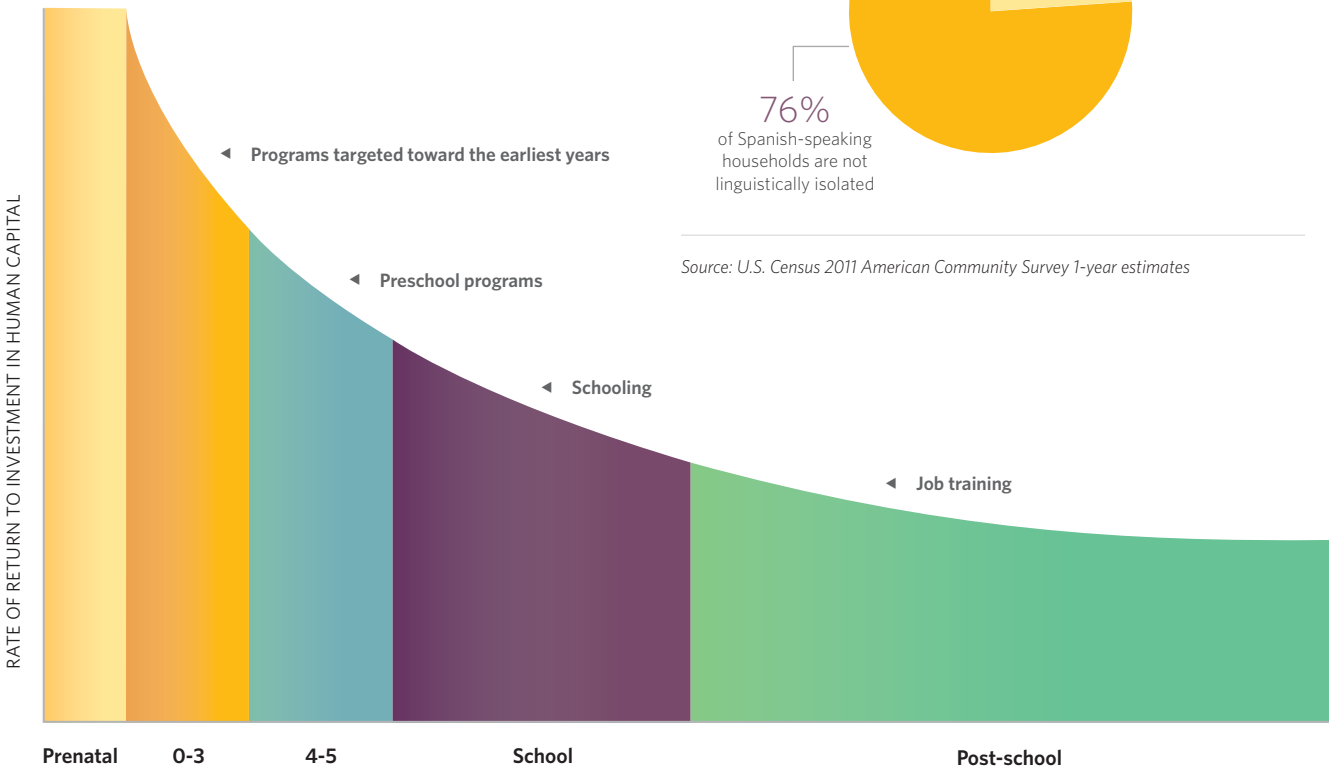
Source The National Campaign to Prevent Teen and Unplanned Pregnancy, State Profiles retrieved from http://www.thenationalcampaign.org/state-data/state-profile.aspx?state=illinois

Figure 13. Percentage of Spanish-Speaking Households that are Linguistically Isolated, 2011



Source: U.S. Census 2011 American Community Survey 1-year estimates

Figure 14. Returns to a Unit Dollar Invested



Source Heckman, James J. (2008). "Schools, Skills and Synapses," Economic Inquiry, 46(3): 289-324.

A Look at the Illinois Birth-to-Three Infrastructure

Illinois has the foundational components of a birth-to-three system—including home visiting, center-based infant and toddler care, and Early Intervention (EI) programs—to make a significant impact in Latino educational outcomes. These programs are funded and administered by a wide array of sources and agencies. State investments are often blended with federal, private, and local resources to support a system made up of services with varying models, approaches, and professional development requirements.

Home Visiting

Home visiting programs consist of a variety of intervention models focused on family support and child development services to at-risk and vulnerable mothers in their homes. Services are tailored to family needs and delivered in the parents' language. Trained visitors often conduct weekly visits, and supplement these services with family support services and opportunities for group socialization with other parents and children at a centralized location. Best practices are generally defined by the national home visiting models utilized by state funding streams. For example, Healthy Families America is a national model that is implemented and funded through the Department of Human Services. Home visitors trained under the Healthy Families model are taught and held accountable for a number of "critical elements" of the program model. One of these stipulates that "services should be culturally competent such that the staff understands, acknowledges, and respects cultural differences among participants; staff and materials used should reflect the cultural, linguistic, geographic, racial and ethnic diversity of the population served."[23]

Four main goals are generally addressed: (1) enhancing parent knowledge of child development and improving parenting practices; (2) increasing early detection of developmental delays and health issues; (3) promoting safe and healthy relationships to prevent child abuse and neglect; and (4) improving school readiness and school success.[24] The majority of these programs target newborns and infants, although some initiate services during pregnancy and may remain with the family until the child reaches age five.

Illinois invests in nationally recognized, research-based programs such as Healthy Families, Parents Too Soon, Parents as Teachers, and Nurse Family Partnership. These programs are implemented by community based providers and school districts through the Department of Human Services (DHS) and the Illinois State Board of Education (ISBE). Federal funding supports home based services in Illinois through Early Head Start and the federal Maternal Infant Early Childhood Home Visiting (MIECHV) grant.

The two largest funding streams are the Early Childhood Block Grant and DHS. An Infant/Toddler set-aside of 14 percent of the block grant funds home visiting and center-based programs through ISBE. In Chicago, these resources are administered through the Chicago Public Schools Ready to Learn competitive grant process. Collectively, programs for infant and toddlers funded through the Early Childhood Block Grant are referred to as Prevention Initiative (PI). PI funding is divided among community-based organizations and local school districts. DHS funds and administers the Healthy Families and Parents Too Soon programs.

Center-Based Infant & Toddler Care

Child care is one of the primary settings—whether it is with family, friends, and neighbors or in a formal center—where infants and toddlers spend significant amounts of time. As such, it is important that providers be equipped to support their physical, social, emotional, and cognitive development. High-quality child care with responsive and skilled caregivers and linkages to community supports promote healthy development and build a strong foundation for learning.[25] In Illinois, center-based programs target children who are at risk for school failure who need full-day, full-year care due to their parents' work schedules.[26]

Center-based care provides opportunities for children to develop sensory and motor skills, supports emotional development, encourages trust, self-awareness and autonomy, and promotes language and numeracy skills. High-quality programs maintain small adult-to-child ratios and utilize play-based curricula that promote language and social-emotional development at appropriate milestones. These programs also include intensive parenting education and support, as well as nutrition services, access to infant mental health, referrals, and support for families in securing a medical home.[27]

Illinois provides subsidized child care through the Child Care Assistance Program (CCAP) for families at or below 185 percent of the federal poverty level.[28] The Early Childhood Block Grant provides supplementary support for center-based infant and toddler programs that also receive child care subsidies. On the federal level, Early Head Start funding supports some center-based care in community based organizations.

Early Intervention (EI)

For young children with developmental delays or disabilities, early identification and intervention are essential for ensuring

Vignette: A day in the life of an infant toddler classroom

A dozen hungry two- and three-year olds chatter and laugh as they wait their turn to serve themselves a family-style breakfast. Students pass out forks, spoons, and plates, and the teacher pronounces the words loudly, encouraging a chorus of voices to repeat: "Fork! Plate! Spoon!" As the children eat healthy snacks, they enjoy the opportunity to socialize, anticipating another morning of play.

In this infant-toddler classroom at a well-established community-based child care center in Chicago's West Town neighborhood, every hour of the day is filled with rich opportunities for socialization, play, and learning. Claudia, the head teacher, has worked in the field for 17 years and loves her job. She talks about the everyday challenges of potty training, sharing, learning the alphabet, and eating meals together as settings where crucial early development takes place. The children's fast-growing brains are constantly taking in information, and the structured, play-focused setting is a great place for them to build the social and emotional skills that Claudia says are the key to success: "I wish that would be recognized and understood by more people. If these kids don't have stability, they are not going to do well in school."

Classrooms like Claudia's serve infants and toddlers across the state and are a critical component of the Illinois child care infrastructure. The majority of children in this classroom are Latino, and their parents speak primarily Spanish and depend on child care in order to continue working and provide their children with the developmental and social opportunities they need to be prepared for preschool and beyond. "When a child first joins our classroom, we do everything we can to make that transition easy on the parent and the child. For most of them, this is the first time they have left their parents for any prolonged period of time. On a child's first day, the parents are allowed to remain in the classroom. We introduce the child to the class as 'our new friend,' note their comfort level, let them explore. Often it [the first day in the classroom] is harder for the parents than for the child."

When children approach the time for entering preschool, Claudia, the assistant teachers, and the parents all work together to select a classroom within the agency to receive the child. . Transition takes about a week, and Claudia reports that by the time their children are ready for preschool, parents have already noticed significant growth. "When the kids start to talk more, sing songs at home, use new words—the parents see the education impact. They also see the importance of books, and often make changes in their home environment accordingly."

Claudia emphasizes the importance of being bilingual as a child care teacher, due to the critical role she plays for parents in communicating information about their children's learning and development. Although the majority of students at this center are Latino, Claudia reports that most families live outside the neighborhood, in lower income communities that are predominantly Latino and have fewer child care options. Some parents commute long distances across the city to bring their children to this center.

As the children finish breakfast and begin morning play time, Claudia is quick to engage and seems to be having as much fun as they are. "It is so important for them to have a safe place like this. The teachers are safe, trustworthy, and we can play with them. We have our daily routines, and we are always learning. The only alternative for many of these families is to be at home with relatives watching television—but here, they get to learn what it means to be a part of a community, a classroom that is learning together, and how to take care of each other and how to be emotionally stable. And we have a ton of fun!"

that healthy development and learning will be on track. Part C of the Federal Individuals with Disabilities Education Act (IDEA) provides for comprehensive Early Intervention (EI) in each state. State EI coordination systems engage with communities to identify and evaluate infants who may be in need of therapeutic services according to a set of defined indicators of risk, including parental disability, parental drug abuse, diagnosed physical or mental disability, and teen pregnancy, among others.[29] These networks are administered by the state and maintain close relationships with many of the settings in which infants and toddlers might be identified as having need, including hospitals, child care centers, and home visiting programs.

Trained evaluators assess children after a referral is made. Service coordinators or case managers assist family members and providers in creating an individualized family service plan (IFSP). The IFSP specifies the type and duration of services, ranging from speech therapy to special equipment. Services are usually delivered in the child's home by licensed physical therapists, occupational therapists, audiologists, and social workers, among many others. An IFSP remains in effect no later than the child's third birthday, with re-evaluations every six months.

The Illinois Department of Human Services is charged with coordinating the state EI system. State and federal funds subsidize services for those for whom Medicaid or private insurance do not cover the cost of services. Fees for services are waived for families at or below 185 percent of the federal poverty level. IDEA Part C mandates that EI providers and school systems coordinate to ensure a smooth transition between EI services and preschool special education by a child's third birthday.

A Latino Lens on Infant & Toddler Services

Although Illinois has made great strides in expanding high quality early childhood programs to its most at-risk children, resources and programs targeted at infants and toddlers have yet to command the attention and investment they warrant.

Illinois has recently committed itself, through the federal Early Learning Challenge Grant award, to a goal of 65 percent of children with high needs being ready for kindergarten by the year 2021.[30] About 393,000 children ages five and under live in families at or below 200 percent of the federal poverty guideline, which is used as a proxy for "high needs." Given that 26 percent of the birth-to-age-five population is Latino, and that they are more heavily represented among those low income families, a birth-to-three agenda from a Latino perspective is critical to any effort to expand state investments in infants and toddlers. Currently, the number of Latino children served in Illinois early childhood programs is far below the number that is potentially eligible.

Latino children are already less likely than those from other ethnic groups to be attending preschool.[31] Limited access to and knowledge of birth-to-three services is also acute in the growing Latino community, possibly contributing to lower rates of enrollment. School districts and community-based providers across the state work hard with limited resources to provide quality care and education to infants, toddlers, and their families, but there is considerable room for growth and improvement.

Supply

More slots are needed to meet demand for home-based and center-based services in Latino communities. Funding for additional program capacity should reflect the most recent demographic trends in terms of the growing community. The Illinois Early Childhood Asset Map estimates that Early Head Start and state-funded child care only served 17 percent of all eligible children up to age two in 2010.[32] In 2012, Prevention Initiative and Early Head Start served just 6,433, or eight percent, of approximately 76,000 potentially eligible Latino children statewide.[33]

Increasing numbers of eligible children can be found in areas of more recent Latino settlement and growth, such as Chicago's suburbs and downstate communities, where fewer slots are allocated. Funding for home visiting and center-based programs have not kept pace with the growth of Latino communities. Since FY 2009, the Early Childhood Block Grant has been cut by 21 percent, while home visiting programs funded through the Department of Human Services have been cut by 10 percent.[34] Child care assistance has undergone smaller cuts, but increases in parent co-pays and other changes in eligibility continue to limit access for families most in need.

Many providers report a dearth of center-based and home visiting capacity in Latino communities, but the data systems that could provide hard numbers are still being developed. A 2011 analysis

undertaken by the Illinois Facilities Fund determined the gap between slots and potential demand for infant and toddler child care in municipalities and Chicago community areas (See Figure 15). The Latino Policy Forum determined that the 10 municipalities with the largest Latino populations accounted for over 31 percent of the total demand, yet those same municipalities contained 19 percent of the available slots. Similarly, the ten Chicago community areas with the largest Latino populations accounted for over 23 percent of the demand but only 15 percent of the supply.[35] In the 10 Illinois municipalities identified as having the highest overall need, Latino children are a majority of the under-five population in the four highest need areas (See Figure 16)

Figure 15. Top Ten Chicago Community Areas with Highest Overall Need for Early Childhood Services (with Latino Population and Overall Population), 2011.

rank	community area	# Latino population	% Latino population	total population
1	Brighton Park	38,693	85%	45,368
2	Belmont Cragin	62,101	79%	78,743
3	Albany Park	25,487	49%	51,542
4	Chicago Lawn	25,141	45%	55,628
5	South Chicago	6,774	22%	31,198
6	New City	25,431	57%	44,377
7	West Ridge	14,701	20%	71,942
8	Gage Park	35,589	89%	39,894
9	Englewood	325	1%	30,654
10	Portage Park	24,861	39%	64,124

Source: Early Care and Education in Illinois: The Top 10 Counties, Municipalities, and Chicago Community Areas in Need of Care. IFF Public Policy and Research, August 2011; Analysis of 2010 Decennial Census Data from Rob Paral retrieved on 7/13/13 from http://www.robparal.com/

Adding to information around scarcity is research that indicates Latino children are less likely to be in center-based care than those of other ethnic and racial groups.[36] Enrollment disparities may be attributable to language barriers, or families' lack of knowledge about the positive benefits of early education. Research indicates, however, that once parents understand the educational opportunities that center-based care provides, they do tend to enroll their children. Very often, home-based services are a primary avenue through which mothers learn about these services. Many providers report that home visiting is a gateway for families into the whole array of services available to them; as such, it is imperative for families to have access to and information about quality home-based options. Providers report that for many families, home visiting serves as an introduction to additional services for older siblings and parents as well as for infants and toddlers.

Another challenge is in meeting eligibility requirements. Providers report that many working families cannot afford private center-based care, but do not meet the very low income thresholds for state subsidized child care. In order to qualify, families must be at or below 185 percent of the federal poverty level[37], but many are slightly above this threshold. They face many of the same challenges and have just as much need for regular, structured child care. Although the need for such care has blossomed, eligibility and funding remain limited.

Figure 16. Top Ten Illinois Municipalities with Highest Overall Need for Early Childhood Services (with Latino population and overall population), 2011

rank	municipality	# Latino population	% Latino population	total population	% under 5 Latino population	# under 5 Latino population
1	Addison	15,194	41%	36,789	59%	1,473
2	Aurora	79,373	41%	194,066	52%	8,915
3	Cicero	72,142	86%	83,594	94%	7,788
4	Berwyn	32,510	58%	56,052	72%	3,497
5	Chicago	759,303	28%	2,702,146	39%	72,792
6	Joliet	39,798	27%	146,856	31%	3,970
7	Hanover Park	13,586	36%	37,844	57%	1,722
8	Calumet City	5,343	14%	37,104	18%	359
9	Streamwood	11,232	28%	39,830	32%	967
10	Bollingbrook	18,701	26%	73,337	40%	2,194

Source Early Care and Education in Illinois: The Top 10 Counties, Municipalities, and Chicago Community Areas in Need of Care. IFF Public Policy and Research, August 2011; U.S. Census American Community Survey 2008-2011 3-year estimates; Latino Policy Forum analysis.[43]

Worforce and Professional Development

The consistent message from providers working with Latino families is that the lack of sufficient numbers of qualified bilingual, bicultural early infant and toddler service providers is one of the most significant barriers to service. A pipeline must be built that attracts and supports providers who are bilingual and culturally competent—skills that are especially important given the need for understanding of parenting practices, culture, immigration, and other nuances particular to these communities. The dearth of such providers results in limited or delayed services for those families who need them the most. Disparities in supply and demand of bilingual, bicultural educators is particularly acute in suburban Chicago and downstate Illinois, where Latino population growth in the last decade has been most dramatic, outpacing the growth in infrastructure.[38]

The ability of community-based agencies to provide competitive salaries to their birth-to-three workforce is also limited. New entrants into the field often spend a short time in Early Intervention(EI), for example, but then move on to work for school districts for better pay. Overall, wages and benefits are not competitive when compared to those in school districts or private centers. Some areas have seen increases in their Latino and Spanish-speaking workforce in recent years, although demand has continued to outpace supply. Often, these professionals are called upon to serve other functions outside their job description because of their bilingual skills. They may also hold larger than average caseloads, which negatively impacts quality service delivery and client care. Bilingual skills are in high demand, but often do not command a premium in the marketplace in the form of compensation, benefits, or professional development.

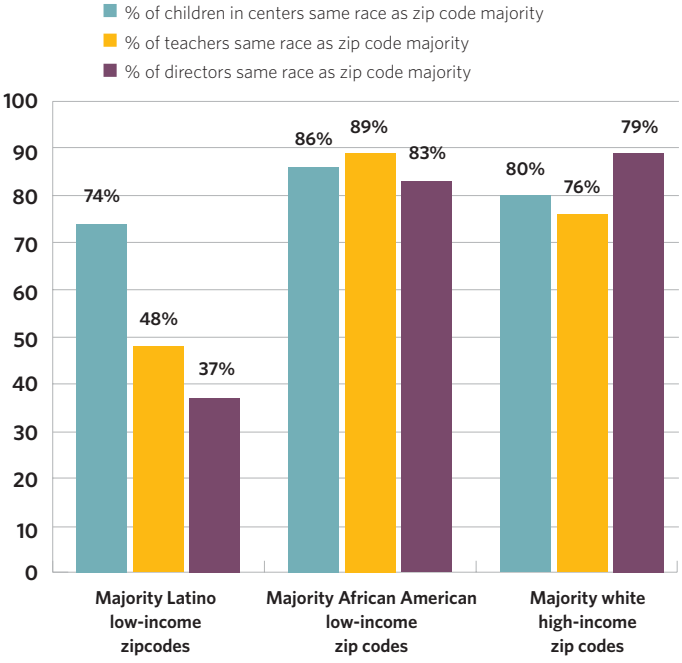
Recent studies of Prevention Initiative (PI) home visiting programs and the early childhood workforce in Latino-majority zip codes shed some light on the disparities between the early childhood workforce and a large and growing Latino population. Statewide, a majority of home visitors are white, English-speaking and older than the parents served.[39] Although it is unclear how this workforce is distributed geographically, another study undertaken by the University of Illinois at Chicago indicates that low-income majority-Latino communities had far lower numbers of Latino early education staff. Realities in Latino communities contrasted with majority White and African American communities, where staff generally reflected their communities' ethnic makeup (see Figure 17).[40]

Another example of disparities in services is revealed in data recently released by the state's Bureau of Early Intervention. It shows that zip codes in predominantly Latino areas of Chicago and the near suburbs have among the highest concentrations of children with occupational and speech therapy needs in the state.[41] The contrast between these zip codes and predominantly White areas of the city is stark.

Home visitors, family support specialists, therapists, social workers, evaluators, toddler classroom teachers, and paraprofessionals are all doing the necessary work of supporting parents in meeting their children's social-emotional, health, and cognitive needs. Because services are either inaccessible or struggling to attract a bilingual, bicultural workforce that can best support parents in their native language, many Latino children do not have access to linguistically appropriate services. Others experience severe delays in services at a time in their development when every moment counts and the window for effective intervention is limited.

Time is of the essence in the EI system, where failure to secure bilingual evaluators can postpone the services that must be in place by a child's third birthday. Delays are common because the local school district providing preschool special education must conduct their own evaluations before developing the child's Individualized Education Plan (IEP). The lack of bilingual therapists and evaluators can mean that children in the EI system have to wait several months or more for services. These delays are not only in violation of federal statutes mandating timely transitions, but also have a significant negative impact on families. Children are only eligible for services until age three, and if they have not received the necessary interventions when they reach preschool or kindergarten, they are at higher risk of not meeting developmental milestones and being unprepared to learn with their peers. Additionally, later interventions will have to start "from scratch," without the benefit and foundation of professional interventions in the early years. Unfortunately, some children make it all the way to kindergarten without having received a transition plan or the services they need to stay on track.

Figure 17. Race and Ethnicity of Children, Teachers, and Directors of Early Childhood Centers Serving Children up to Age Four in Chicago, 2012



Source University of Illinois at Chicago, Chicago Area Study 2012 Research brief #2: Basic description of center care in Chicago West and North side ZIP codes

The credentialing and degree requirements for early childhood programs also may present disproportionate barriers to aspiring providers from communities with their own educational and financial challenges. Many providers report that limited ability to pay college tuition is the greatest obstacle to people from the community entering the workforce. Home visiting staff report that balancing the demands of going to school while working and supporting their own families is often unmanageable. Many providers report that biculturalism is just as important as bilingualism in home-based services, because of the importance of understanding culture-based parenting practices and building trust with families throughout the one- to three-year relationship.

As credentialing requirements for the various programs increase and bilingual providers are expected to shoulder larger caseloads, professional development opportunities are essential. Currently, such opportunities are limited, largely due to the financial and time constraints experienced by providers who come from Latino communities. Although many providers may have the language and cultural knowledge to work effectively with families, expanded career advancement and professional development opportunities would create a more stable and effective workforce.

Many providers report that there are only a handful of institutions and organizations that provide specialized coursework for infant and toddler workers. Although many home visitors and family support specialists in community-based organizations may have the skills, experience, and cultural and linguistic competency to support the families on their caseloads, ongoing academic credentialing requirements and quality improvement standards may place strains on workers' ability to pay and make time for the professional development they need.

Parent Outreach, Education and Engagement

Given the paramount importance of parental relationships to infant and toddler development, interaction, engagement, and support between parents and early childhood services is critical. Many Latino parents face barriers to accessing information on quality infant and toddler care, such as low literacy levels, poverty, social isolation, and limited English proficiency. Many referrals in community-based organizations come through word of mouth from trusted friends and relatives. Often, parents are unaware of the variety of services available for infants and toddlers, especially home visiting and interventions for children with delays and disabilities. These have a unique potential to have an impact on young children's' lives precisely because of the opportunities they provide for early and consistent parent engagement. Early childhood programs can empower and engage parents actively in their children's development and learning, setting a strong precedent for continued parental involvement in their children's education.

Parents' immigration status is often a barrier to them seeking and obtaining services, and the stresses on family life associated with undocumented status can be detrimental to family stability, as previously discussed. Deportations and the resulting fracturing of families are especially damaging. Deportations have increased significantly in recent years, often affecting young children. The trauma caused by separation from parents is particularly detrimental to infants and toddlers, who must form stable attachments to develop optimally. Since the end of 2010, more than 6,000 parents of U.S. citizen children were deported from Illinois. Over 62 percent of Latino children age four and younger live in immigrant families (although it is unknown how many parents were undocumented).

Other issues such as homelessness and domestic violence require linkages with support programs and other services that are cognizant of the cultural nuances of the Latino community. Many providers express a desire not only to engage parents in services, but to empower them as advocates and community leaders—often a difficult feat given the demands facing many mothers in low-income communities. However, in a comprehensive system focused on strengthening young children's social-emotional, health, and cognitive development, parents hold the key as their children's closest and most important advocates.

Vignette: Home visitors in Brighton Park

Marta and Araceli are home visitors working for a community-based organization that provides early childhood development services in some of the largest Latino communities in Chicago. Both women have worked at this organization's Brighton Park center for five years. The agency's home visiting and family support programs are funded through a combination of state Prevention Initiative resources and federal Early Head Start money administered through Chicago Public Schools. Marta and Araceli are both of Mexican heritage and speak Spanish as their first language. They feel a deep connection to the community in which they work and love working with young children and families.

The women make their home visits throughout the week, up to three visits daily. They describe the joys and challenges of developing trust with young mothers and supporting and educating them about the importance of reading, nutrition, and child development. Marta says, "After a while, some of the children call me *tía* [aunt] or *maestra* [teacher]. I make sure to tell the child and the mother, 'no, your mother is your *maestra*.' We really try to teach them that the parents are their children's first teachers." Typically, parents are receptive to welcoming service providers into their homes. Hands-on coaching for parents as they support their children through milestones like first steps and words is a way to engage parents more fully in their children's' development. These experiences also lay the groundwork necessary for connecting parents to center-based services. Marta and Araceli talk with great pride about seeing mothers' confidence, motivation, and excitement grow as their children master developmental milestones, learn new words and numbers, and socialize with their peers.

The families served by the agency's home visitors face many challenges, including poverty, problems finding employment, domestic violence, and drug abuse and undocumented immigration status. Marta and Araceli report that their work often involves teaching mothers the basics about the importance of talking and playing with their children and connecting them with more intensive services via the family support specialist who also works with the families. In spite of the challenges, the women say that over the course of three years, marked improvements are always evident: "When our kids get to kindergarten, their mothers tell us how their teachers can tell who has been through home visiting and who hasn't. They talk more, they know more words, they socialize more. There really is a big difference, and it is great to see the mothers so surprised and happy." According to center staff, waiting lists are long and the need for home visiting services is high in the community. The center's program director explains that home visiting plays a vital role as an entry point to other needed services such as center-based care, preschool, and other forms of family support.

The blended funding this agency receives for home visiting currently allows Marta and Araceli to manage caseloads of no more than 10 families. However, with a recent competition for grants, stricter professional development requirements for PI programs are being enforced, which has led to increased caseloads and layoffs of culturally and linguistically competent staff who do not have the required bachelor's degrees, according to the center's program director. Such a dramatic rise in caseloads is sure to have an impact on the quality of individualized attention home visitors are able to provide.

Both Marta and Araceli say they aspire to earn bachelor's degrees in early childhood education or social work. Although most front-line staff have started or made some progress toward a degree, time and financial limitations prevent them from completing their schooling before the new rules come into effect, leavingtheir future with the agency unclear. Marta and Araceli say that they and their co-workers would choose to continue working at the agency if they had their degrees. However, they both know that they could earn a higher salary working at the local school district.

Next Steps

As Illinois continues to expand and enhance the quality of its early childhood systems, the needs and concerns of the state's fastest-growing group of young children must figure prominently. The Latino Policy Forum is pleased to call on the expertise of its advocacy partners in its Education *Acuerdo* in identifying these needs and concerns and defining policy directions to address Illinois' ongoing early education challenges,

The Forum's birth-to-three policy agenda provides a Latino perspective on infant and toddler services and issues. As with the following recommendations, this agenda will be further developed in close collaboration with the Education *Acuerdo* and will inform state legislators, city officials, members of the Early Learning Council, the State Board of Education, service providers and other stakeholders on how to better meet the needs of Latino parents and their young children. The issues and recommendations outlined in this report will inform policy action strategies and advocacy efforts. This agenda promotes equitable access to high quality early education and care by emphasizing three key principles of investing early for school readiness:

- Emphasis on the interrelatedness of all domains of development and the importance of the parent-child relationship;
- A comprehensive approach to services; and
- An emphasis on quality among services and practitioners, with cultural and linguistic competency a key component of quality.

RECOMMENDATION 1

Ensure funding and facilities to support the expansion of infant and toddler services in the communities of greatest growth and need.

Agencies that provide services to infants and toddlers in Illinois often must piece together multiple sources of funding in order to maintain their programming. Cuts in any one of these budget lines can mean significant losses in staff capacity and available slots.

Policymakers have demonstrated a commitment to the state's youngest children through laws mandating increases in the infant/toddler set aside of the Early Childhood Block Grant through 2015. This funding, as well as other public funding streams, ought to be protected as much as possible. At the same time, policy makers should recognize that the blending of funding sources utilized by many early childhood programs makes it imperative that all available resources be maintained as part of a comprehensive system. The Child Care Assistance Program (CCAP), which is funded through DHS and supplements children's participation in infant and toddler child care centers, offers an example of challenges associated with managing multiple funding streams: Although block grant funds may pay for the slots or teachers, CCAP subsidies allow programs to run more robust programs with a larger number of slots. To the extent that CCAP eligibility is limited or parent co-pays increased, families have less access to critical high quality child care.

Illinois can also leverage federal funding streams (such as Early Head Start and MIECHV) and local partnerships to increase the availability of comprehensive services. Gaps in supply are most starkly evident in the limited amount of spaces that can physically house thriving programs. Funding and construction of facilities can be informed by the most current demographic trends and high need in Latino communities.

RECOMMENDATION 2

Increase the supply of highly qualified, bilingual and bicultural birth-to-three professionals; expand training and professional development opportunities, with special emphasis on making such opportunities affordable and flexible.

The presence of a quality infant and toddler workforce that is equipped to work with linguistically and culturally diverse populations should be considered a key measure of the quality of any state's birth-to-three service system. The contributions of staff that have training and experience but not a bachelor's degree need to be recognized and valued, even as affordable pathways to further credentialing are opened to them. At the root of this issue is the challenge of defining quality when it may mean children and families being served by non-bilingual staff or staff with higher caseloads.

The reality is that children from non-English-speaking homes will make up an increasing proportion of those enrolled in Illinois schools. The definition of high quality education from birth through grade 12, then, must include competency in language development and the needs of second language learners. These are competencies that all teachers should eventually have, regardless of whether they are teaching bilingual or ESL classrooms. This imperative is even greater with the rollout of Common Core State Standards because all teachers must embed language and literacy development into their practice and curriculum. A robust workforce of bilingual and linguistically competent professionals in early childhood would provide a critical foundation for children as they transition from the home language environment to schools. Policy makers and state leaders stand at the cusp of a tremendous opportunity to bolster Latino educational attainment by supporting policies that promote and expand this workforce.

Efforts to expand the supply of early childhood professionals can focus on financial resources such as scholarships, expanded outreach targeted toward diverse communities and schools, and increasing

the availability of faculty and course offerings in early childhood. Such offerings should emphasize the skills and knowledge necessary for working with linguistically and culturally diverse populations. If Illinois is to cultivate a high-quality provider workforce across service models and domains, it is essential that providers receive affordable, accessible, and on-going professional development and training. Currently, professional development resources for early childhood practitioners are heavily concentrated in services that work with three-to-five-year-olds. There is no unified statewide system of professional credentialing or scholarship support for home based providers. Gateways to Opportunity, the state's early childhood education professional development hub, provides tuition support and wage supplements from state funds to center-based caregivers and preschool teachers. Historically, this resource has been under-utilized, particularly by those who deliver home based services.

Other personnel such as paraprofessionals and health care providers can be trained in areas such as child development and language acquisition. Cross-system workforce data collection can determine the professional development needs of the existing workforce, building off of recent efforts to strengthen and expand the state's Gateways to Opportunity professional development registry. Providing competitive compensation and professional advancement opportunities for bilingual and bicultural providers commensurate with the demand for their skills is also a crucial way in which the state can maximize its investment in a demographic whose well-being is essential for Illinois' future.

RECOMMENDATION 3

Expand the supply of higher education faculty with expertise in language development and cultural diversity in early childhood development and related fields.

Building a strong pipeline for early care and education professionals also depends on the supply of trained and skilled faculty with expertise in such areas as child development, diversity and language development, infant mental health, and other relevant topics. Full-time faculty with skills and expertise in the needs of culturally and linguistically diverse populations would greatly enhance the quality and effectiveness of the state's early education schooling and credentialing programs. Such faculty would be well-placed to train and equip the practitioners that Illinois' diverse child population needs, as well as for advancing knowledge of critical issues in the field to wider audiences.

RECOMMENDATION 4

Expand and improve education and awareness in Latino communities about the importance and availability of services for infants and toddlers, with an emphasis on parent engagement.

Early childhood providers often remark that even informed, well-resourced families sometimes are unaware of the many different kinds of infant and toddler services offered in their communities. Families in communities where poverty is prevalent, connections to information networks scarce, and English language fluency limited have even greater barriers to overcome. Lacking such support can itself be a barrier to parents' active engagement in their children's early education and development. By meaningfully and appropriately engaging parents and the wider community, state agencies, local providers, and school districts can ensure Latino parents are armed with all the information and resources they need to raise healthy young learners. Efforts to expand information and referral systems, outreach programs, and community linkages must target the areas of highest need, and be responsive and relevant to the linguistic and cultural needs of Latino families.

RECOMMENDATION 5

Strengthen and improve the ability of the Early Intervention (EI) system to evaluate and provide services for children in high-need areas in a timely manner; improve the process of transitions between EI and early childhood special education.

Communities with high poverty and linguistic and cultural diversity should have access to timely services as mandated by federal requirements. Outreach and recruitment of additional providers—particularly bilingual providers—would reduce backlogs and help more children receive the evaluations and services they need. Strengthening early identification and linkages between EI and home visiting programs, child care, hospitals, and clinics that serve high-need communities might also result in greater access. The state EI systems current fee-for-service model has cut down on costs, but the system lacks a coordinated method of ensuring that enough providers work in communities of high poverty and high need.

RECOMMENDATION 6

Strengthen and expand community-based partnerships and linkages among providers of infant and toddler services.

Given the paramount importance of family and community to the health and development of young children, an approach that integrates the different domains of care and service within a community is vital. Early childhood partnerships have emerged as a way to coordinate and streamline services for families and to pool access to technical assistance and professional development for providers. These partnerships (also called collaboratives, councils, coalitions, and forums) convene individuals, professionals, organizations, agencies, and community members to address and solve existing and emerging problems that could not be solved by a single entity. Partnerships vary in terms of governance and organizational structure, resources, range of activities, and stakeholder involvement. A successful partnership working towards improved outcomes for all children and families within the defined community focuses on broad coordination, rather than the isolated intervention. Effective collaboration extends beyond the early childhood system and engages the broader community.

Early childhood partnerships have the potential to effectively engage families with a variety of services, including prenatal healthcare, mental health services, job training, domestic violence services, and immigration counseling. The federal MIECHV grants have had great success in the first few years of implementation in catalyzing or strengthening existing collaborations among different child-serving organizations in its six pilot communities. Using home visiting as a point of engagement with families and local agencies, the MIECHV program has provided resources and support for a more comprehensive coordinated intake and referral system through which families can receive other support services.

These efforts in turn have built upon the successes of existing partnerships, most notably the AOK (All Our Kids) Networks funded and administered through DHS. Several communities across Illinois have benefitted from the training, leadership development, and technical assistance offered through AOK to local networks of early childhood stakeholders. Such efforts should be supported and expanded to more communities. Similar efforts to build community early childhood collaborations have also been undertaken with support from State Advisory Council (SAC) grants to the Early Childhood Action Partnerships (ECAP) program.

State agencies and policymakers can also support growing efforts by providers to access federal dollars for programs such as Early Head Start, which offers as array of home-and center-based services proven to be effective. In an era of limited resources, Illinois has garnered positive attention for its Child Care Collaboration program, which is designed to increase access for families to Early Head Start though their existing early education or care provider.[42]

Partnerships are important not only for ensuring more coordinated service delivery, but also for identifying and reaching young children as early as possible. Identifying points of entry into birth-to-three services, such as hospitals and clinics, will be essential both for information and data purposes, and for formulating effective policy interventions that will increase parental knowledge and access.

RECOMMENDATION 7

Develop systems that collect and make available comprehensive data on infants and toddlers and service providers in publically funded programs

Robust and comprehensive data on Illinois infants and toddlers is a crucial need in understanding the population. Such data, collected across the whole spectrum of program models and funding streams, would provide important information about demographics, family characteristics, community assets and needs, and risk factors. It could also assist in monitoring the efficacy of interventions and giving policymakers a clearer picture of the early childhood workforce, about which demographic information is difficult to find.

Conclusion

Advancing a Latino Birth-to-Three Agenda

The Latino Policy Forum and its Education Acuerdo work to ensure that the importance of linguistically and culturally responsive providers in birth-to-three services will be understood and integrated into the priorities of mainstream advocates, providers, and policy makers. The expansion of home visiting in Latino and Spanish-speaking communities must be a key priority, with special attention given to the barriers that prevent parent knowledge of or access to such services.

These efforts are, at their core, not simply meant to strengthen the Latino community, but to ensure the vitality and prosperity of a shared future. Given the rapid growth and youth of this population, advancing their education and development is good for all of Illinois. Our state has already taken great strides in expanding quality care and education to its youngest learners. Demographic trends, research, and policy trends all now point toward the imperative of focusing more on infants and toddlers while ensuring access for Latino communities. A linguistically and culturally diverse child population should, in turn, shape and influence how quality is defined in early childhood programs.

The Forum's long- term vision is that Illinois Latino children will have access to culturally and linguistically responsive educational services and options to ensure they are reading at or beyond level by third grade, and, by extension, are on track to graduate from high school and prepared to excel in college and careers. If the foundation laid in the early years is strong, Illinois Latinos will have a better chance of meeting their fullest potential, ensuring a stronger shared future for all.

Endnotes

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