POLICY BRIEF

Exploring Racial Equity for Infants and Toddlers

The Case for Justice from the Start

SHRIVER CENTER
Sargent Shriver National Center on Poverty Law
Together we can build a foundation for success for every baby born in Illinois.

We all benefit when a child receives a strong start in life. Policymakers now recognize that investments in a child’s first years will pay dividends for society throughout the rest of the child’s life. Waiting until a child reaches preschool age at 3 or 4 may well be too late to provide the support parents and caregivers need to give children a fair start in life, especially children starting with economic disadvantage and facing racial bias.

The future of Illinois depends on a bright, healthy, energetic workforce and citizenry. We need to invest early so that all precious children can grow strong and do well, with a fair shot at reaching their full potential.

One in ten infants in Illinois lives in deep poverty, facing obstacles to healthy development from the first breath. Children born into poor families are at higher risk of trauma, poor nutrition, housing insecurity, and inadequate health care, all of which can harm an infant’s growing brain. Developmental delays, learning disabilities, and a lifetime of poor health can result from these early deprivations.

The risks are compounded for children of color. All racial and ethnic groups experience child poverty, but Latino children are more than twice as likely to live in poverty as their White counterparts and Black children are more than three times as likely to be poor in the crucial early years of life.

The ill effects of poverty on our most vulnerable children can be alleviated by effective programs that promote healthy development from before birth through the critical early years. Research shows that home visiting programs, early intervention, high-quality infant-toddler child care, and access to health care can improve outcomes for children starting at a disadvantage. In Illinois, however, these programs serve only a fraction of the children who are eligible for and would greatly benefit from them. To lay the foundation for a fair chance to reach their potential, children born into poverty must have equitable opportunities to participate in high-quality early childhood education and care from birth.
Our Recommendations:
**INVEST, SUPPORT, & STRENGTHEN**

1. **Invest in effective programs and services for the most vulnerable infants and toddlers so that every child has a chance to realize their full potential.** Ensure equitable access for linguistically and culturally diverse families to a coordinated system that includes health care, voluntary home visiting, high-quality early care and learning, and early intervention, to yield the highest return on investment.

2. **Support mothers, fathers, and caregivers in their role as nurturers and providers, with behavioral and physical health services, income supports, nutrition programs, housing policies, and employment policies that promote good parenting during the child’s earliest years, to reap benefits to society throughout the child’s lifetime.**

3. **Strengthen the capacity of communities to work together to create safe, healthy environments for children to play and grow.** Through collaboration among local libraries, parks, health care providers, schools, universities, child care and early education programs, community and civic organizations, local government, and businesses, systems can better respond to family needs, measure progress, and provide accountability to reach the goal of great outcomes for children.

The Sargent Shriver National Center on Poverty Law provides national leadership in advancing laws and policies that secure justice to improve the lives and opportunities of people living in poverty. Our Early Childhood Justice Project addresses poverty by advocating for the expansion of programs that support the healthy development of infants and toddlers within strong families, and for families’ equitable access to those programs. With a depth of experience and understanding of the multifaceted issues facing families experiencing poverty across the state and country, the Shriver Center is committed to mobilizing Illinois citizens to build a better and fairer future for children, starting from birth.
A child’s earliest months lay the foundation for a lifetime.

The environment in which a child is nurtured in the earliest months and years supports — or inhibits — the growth of intellect, compassion, curiosity, and vitality. An infant’s interactions with parents and caregivers shape the architecture of neural connections in the still-forming brain, establishing lasting behavior patterns and the capacity for future learning. Providing safe and healthy environments, with sensitive and responsive nurturing, and interactive exposure to speech and gesture, are essential for optimal development from the start of life.

Poverty in early childhood can cause lasting harm.

Poverty interferes with child development, and its harsh effects appear early. In a recent study involving MRI brain scans, children from lower-income households showed slower trajectories of gray matter growth during infancy and early childhood, with differences already evident at four months of age. The mechanisms for poverty’s impact on development may include inadequate prenatal nutrition, exposure to toxic substances, and the effect of scarcity on parental cognition and attention. Children in environments with prolonged adversity stemming from economic hardship, abuse, neglect, caregiver struggles, or other difficult circumstances, without the presence of supportive adults to buffer the stress, may suffer from toxic stress, with associated stress hormone levels that harm brain development.

Because learning builds on early experiences, poverty in the first two years of life predicts worse educational outcomes than poverty experienced later in life. Disparities in early learning between children living in poverty and their wealthier peers continue to grow with time. Deep and persistent poverty also creates a greater risk of social, emotional, and behavioral problems. A number of studies demonstrate the correlation between poverty in early childhood and poor adult outcomes, such as higher incarceration rates, poor health, and lower earnings, all of which come at a significant cost to society.

We all benefit from programs that help children receive a strong start in life.

Decades of research show that high-quality birth-to-three programs for disadvantaged children can lead to better educational attainment, health, and employment as the children grow into adulthood. Early investments in programs to support healthy development and strengthen the families of vulnerable infants can reduce future taxpayer costs as the children grow, and result in a future workforce that is more productive and better educated. A recent study by economist James Heckman estimates the annual return to the public on investments in high quality programs for low-income children of color from birth to age five to be as high as 13%. These programs benefit not only the children and their families who participate, but also create a safer, healthier, and stronger society.

We highlight here four key programs that deserve attention and increased investment.
HOME VISITING

Home visiting programs are voluntary parent coaching programs that provide services and support to pregnant women and new families who are at risk for poor health, educational, economic and social outcomes.18 Home visiting programs build upon decades of research and provide individually tailored support to families in their homes to promote parent child attachment and positive parenting.19 Illinois has led the nation in developing a network of home visiting programs. By FY15, home visiting programs reached an estimated 17,000 pregnant and parenting families.20

High-quality home visiting programs have demonstrated impact when evaluated against key benchmarks, such as improved maternal and newborn health; reduced child maltreatment, injuries, and ER visits; increased school readiness; reduced domestic violence; improved family economic self-sufficiency; universal developmental screening; and improved coordination with community resources and supports.

In Illinois, home visiting programs are publicly funded through several federal and state mechanisms:

- Federal grants through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program fund 13 community collaborations to provide additional slots and coordinated intake workers, evaluation, professional development, Infant Mental Health consultation, links to medical homes, and several pilot projects.21
- The Illinois State Board of Education’s Early Childhood Block Grant program funded 148 Prevention Initiative programs serving 14,852 children in FY 2015.22
- State general revenues fund Healthy Families Illinois and Parents Too Soon programs, although the programs have been hurt by the lack of a state budget for the past two years.
- The federal Early Head Start program served 2,695 children ages 0-3 in both center-based and Home Visiting programs in 2016.23

CHILD CARE ASSISTANCE

Affordable child care enables families with low-incomes to work or enroll in qualifying education and training programs. High-quality child care can also contribute to the child’s cognitive, physical, and social emotional development. Without subsidies to help pay for child care, however, families face costs that can rival college tuition.24

Of the almost 209,000 infants and toddlers living in poverty in the state, Illinois’s Child Care Assistance Program served fewer than 20% of the eligible population in 2015. CCAP changes in Illinois in 2015 made program eligibility even more restrictive, and even fewer children are served today. A recent study estimated that eligible Latino children in particular have difficulty accessing the subsidy.25 The quality of the care provided is critically important to promote child development, but data by child race and ethnicity and the quality rating of the child care setting in Illinois is not currently available, whether for licensed centers, family child care homes, or license exempt settings.

A host of factors contribute to the inaccessibility of this program. Declining federal funding for the Child Care and Development Block Grant (CCDBG), restrictive Illinois policies on eligibility, unaffordable co-payments, complex redetermination procedures, and lack of linguistically and culturally competent resources and staff all create barriers to access. Low-wage hourly workers who experience shifting work hours with little notice, or nonstandard schedules that fall outside child care center hours, may have difficulty in matching work hours with available care, and face a more complicated application and redetermination process in verifying these jobs. The supply of high-quality affordable child care options is generally limited in areas with less neighborhood wealth.26 The quality of child care for infants and toddlers for working parents can be boosted through caregiver training and supports, such as infant mental health consultants, and by improving child care wages to increase the quality and stability of the early learning workforce.
EARLY INTERVENTION AND SCREENING

Children’s early development can be assessed, and possible areas where support is needed can be identified, using a validated, standardized screening tool in a medical office or child care setting. When a concern is found, whether with social emotional, fine motor, gross motor, language, or cognitive development, the family is referred for further evaluation for Early Intervention (EI) services.27 The EI program was created in 1986 to enhance the development of infants and toddlers with disabilities, minimize potential developmental delay, and reduce the future need for special education services. EI supports families in promoting their child’s optimal development with a broad range of developmental, social-emotional, and health services, including speech and language, occupational, and physical therapies; health services; and social work services. Intervention before age 3 is more effective and less costly than later interventions.28

Currently in Illinois, children are eligible for EI if they have a 30% delay, if they have a medical diagnosis of a medical or mental condition that typically results in delay, or if they are at a substantial risk of delay based on defined risk factors. EI services benefit children all across the state regardless of socioeconomic status.

At no charge, at-risk infants and toddlers can be evaluated through this program for delays in movement, learning, dealing with others, behavior, or self-help skills.29 If problems are identified, a coordinator will develop an Individualized Family Service Plan (IFSP) and arrange for services to be provided in the child’s natural environment to enhance development.

Illinois’ EI program currently serves approximately 21,000 infants and toddlers and their families annually – about 3.8% of all children from birth to three years old (compared to the national rate of participation of 2.8%). However, research indicates that as many as 13% of children from birth to three have delays or disabilities that make them eligible for EI.

HEALTH CARE

Illinois currently provides health insurance coverage to children based on family income and size through a program called All Kids. All Kids combines Illinois’s Medicaid program, the Children’s Health Insurance Program (CHIP), and a state-funded health insurance program for children into one seamless program.30

In FY 2015, approximately 97% — or over 1.5 million — Illinois children had coverage through All Kids. With only 3% uninsured, Illinois enjoys one of the lowest uninsured child rates in the country. However, Latino children have a higher uninsured rate (4.5%) than children overall.

Current efforts to limit funding available to the states by transforming Medicaid into a block grant program could significantly reduce future access to many critical Medicaid-funded services, including prenatal care, Early Intervention, well-baby checks, immunizations, developmental screening, and behavioral health care for children and their parents. Thousands of infants would lose the health care services that get them off to a strong beginning and set the stage for healthy development — physical, cognitive, and social-emotional.
Racial inequities compound the harmful effects of poverty.

The risks associated with being born into poverty are more likely to be experienced by children of color than by White children. While 11% of White children under age 3 live in poverty, the numbers are far higher for children of color: 43% of Black children, 13% of Asian children, and 28% of Latino children live in poverty.

Racial disparities are even greater when considering asset wealth. White households hold 13 times the median asset wealth of Black households, and 10 times the wealth of Latino households. Many households of color have little or no savings; a quarter of Black households have less than $5 in reserve. Without a financial cushion, a small setback like a car repair, a medical bill, loss of work hours, or a court fine can set off a cascade of hardships: the lights are turned off, debt collection leads to garnished wages, unpaid fines lead to jail time and job loss.

This income and asset inequality has deep historical roots. The bitter experience of our nation’s history of slavery, segregation, and discrimination against people of color in employment, housing, and education has thwarted economic advancement. In the post-WWII housing boom, federal policies blocked loans to Black families, and limited their opportunity to experience the growth in real estate values that expanded the American middle class. Redlining, contract home sales, and block busting practices by realtors kept families of color in segregated, economically depressed neighborhoods and lowered the value of their homes.

While White families were able to pass their accumulating wealth to their children, Black families ended up with much less to leave their heirs, and race-based wealth disparities grew. Recently, the bursting of the housing bubble and the recession hurt families of color disproportionately. New studies show that racial wealth disparities cannot be explained by differences in individual educational attainment, consumption patterns, full-time employment, or two-parent family structure; for Black and Latino families, even great individual efforts cannot collectively overcome the accumulated advantages of White families’ inherited wealth.

Structural racialization—a system of policies and laws that interact to institutionalize racial disparities, even in the absence of individuals acting with discriminatory intent—makes it difficult to undo harms from discrimination and bias that have accumulated over many decades. Current policies, like zoning or fee schedules, often perpetuate fundamental barriers to economic and social equality for persons and communities of color. These structures and systems can be particularly resistant to change because the discrimination is less overt. Social stratification by race, ethnicity, class, gender, and other socially constructed factors, often justified by ideologies of racism, xenophobia, misogyny, or bias against those in poverty, has led to segregation of resources and uneven distribution of important services.

Implicit bias, an unconscious cognitive process that is activated without an individual’s awareness, leads to differential treatment of children of color, their parents, and their caregivers, with harmful consequences. Recent research on implicit racial bias in early childhood settings illuminates how unconscious processes can lead to differential rates of expulsion and discipline in child care and preschool. Implicit bias may also work against children of color when policymakers design, locate, or fund early childhood programs.

Structural racism and implicit bias have had devastating effects on our youngest:

**PRE-TERM BIRTHS AND INFANT MORTALITY.** Black infants are more than twice as likely to die before their first birthday as White infants, and the preterm birth rate among Black women is 46% higher than the rate among all other women. Reflecting the impact of racism faced by all Black members of our society, studies have shown that even Black mothers with the highest socioeconomic status (SES) on average experience worse birth outcomes than White mothers with low SES. Careful attention to alleviating stress throughout pregnancy, as well as continued attention to fighting implicit bias and racism may help address these disparities.
HOUSING SEGREGATION. Racial segregation in housing has concentrated families of color in high poverty, unsafe neighborhoods lacking resources. More than half of all children of color live in census tracts where the poverty rate is above 40%. As the Opportunity Index developed by the Kirwan Institute and DiversityDataKids.org shows, Black and Latino children are far more likely to be concentrated in low opportunity neighborhoods, with less access to quality child care, parks, health care, nutritious food, educated neighbors, and safe streets. Enforcement of fair housing laws and race-conscious zoning, transportation, and urban planning can reduce segregation and improve access to resources that support healthy families.

CHILD CARE AND PRESCHOOL EXPULSION. Children of color, especially boys, are expelled from preschool and child care settings at a higher rate than their peers, and at a much higher rate than K-12 students, leading to negative developmental and educational outcomes. Illinois is considering a law that will ensure children remain in the most beneficial settings, by providing access for early childhood professionals and administrators to professional development, technical assistance from infant mental health consultants, and training to recognize and address implicit biases and to respond to challenging behaviors. The law would also improve the transfer process to more suitable settings when necessary to meet the needs of the child.

EDUCATIONAL DISADVANTAGE. Children of color are more likely to have parents who attended under-resourced schools, had limited educational opportunity, and reached lower levels of educational attainment. Maternal education is correlated with children’s language, cognitive development, and academic success, as well as with selection of quality child care. Two-generation strategies can address both parents’ and children’s needs for training and education. Recent research shows that parents’ attainment of additional education even while raising young children can improve child outcomes.

PARENTAL INCARCERATION. Due to institutional and structural criminal justice policies. Black children are six times as likely as White children to have a parent who is or has been incarcerated. Reducing reliance on imprisonment for some categories of offenses, easing expungement of records and reducing discrimination in hiring returning citizens, and making visits more child-friendly could help alleviate the trauma children with incarcerated parents experience.

LANGUAGE AND CULTURAL BARRIERS. More than 25% of children age 0–3 live with parents who speak a language other than English, and about 15% have at least one parent who is less than proficient in English. Most standardized tools for screening children for developmental delays and referral for specialized supports have not been designed for bilingual children, and many who administer tests have not been trained to conduct nondiscriminatory assessments, and may not recognize the social, emotional, and cultural strengths dual language learners bring. Increasing the supply of 0–3 programs in neighborhoods with growing numbers of bilingual children, and ensuring that there are enough highly qualified, bilingual and bicultural birth-to-three professionals, will provide more equitable opportunity.
The Shriver Center has examined enrollment by race in key state-funded programs for infants and toddlers that have been shown to be effective in counteracting the harmful effects of poverty. Where data by race was available, we found current disparities in access to important programs:

- Infants and toddlers of color are less likely to receive home visiting and Part C Early Intervention services compared to White children — view factsheets on Early Intervention and Home Visiting.
- Latino children have a lower rate of health insurance coverage — view factsheet
- Asian, Latino, and American Indian children are not accessing Child Care Assistance Program subsidies proportionately, compared with White children. Data on access to high-quality child care settings by race was not available — view factsheet

Children of color deserve equitable access to the publicly-funded programs that would most effectively support their development. It is not sufficient to distribute resources to all children equally without recognizing the additional barriers children of color face. We must provide services equitably by allocating additional resources where needed to ensure that all children can reach preschool and kindergarten on an equal footing with their peers.

Rather than reducing services to any particular group, equity is served by expanding services to meet the needs of all eligible children.

Data matters.

For all children to get off to a fair start in life, we need to be sure that the children who will most benefit from services are enrolled in those programs. To do this, we must have accurate, timely information on community needs, and data on program participation by race and ethnicity, age, language spoken, and income level in programs serving children ages 0-3. Without this data, racial and other disparities remain invisible and hard to address, and agencies will lack information they need to ensure that services are reaching those who most need them.

Many different programs and services touch the lives of children and families in the first years of life. These include Early Head Start, the Illinois State Board of Education Prevention Initiative, the Department of Human Services home visiting programs, MIECHV, child care assistance, the Excelerate quality rating system, DCFS child care licensing, Child Find, Medicaid-funded health care providers, and Part C Early Intervention. To get a full picture of whether access to quality services is equitable and whether enough services are available in a particular area, it is necessary to begin to consistently collect comparable data across programs. By integrating and linking this data both horizontally and vertically (with preschool and K-12 systems) and comparing the characteristics of the eligible population with the families who are actually receiving these services, agencies can work together to target services to those who need them.

A necessary part of ensuring that programs are provided equitably is understanding which communities most need services, and who is being actually being served. Several state agencies are currently engaged in promising initiatives to collaborate in collecting information across systems about the people served in key early childhood programs. Sustained and adequate funding for these efforts to develop coordinated, cross-system data policies and capacity is a necessary part of a broader effort to improve equitable access to services. In addition, a robust longitudinal data system to measure the effectiveness of multiple supports for families as the children grow would advance the goal of continuous improvement in program quality, targeting, and outcomes.
For early childhood programs to be effective in combating past inequities, it is particularly important to provide convenient access to the highest quality programs for families of color experiencing poverty; to provide culturally and linguistically competent staff, curriculum, and policies; to create a robust system of referrals and connections among programs and resources; and to build on the cultural strengths each family brings.\textsuperscript{53} Data collection using consistent definitions of participant racial, ethnic, and language characteristics across agencies and programs, and meaningfully related to Census terms, is important to ensure that each of those goals is met. Better data collection and analysis will move us closer to exposing and erasing disparities by race, ethnicity, and language to eliminate the opportunity gap.

Helping young parents helps children.

Today, families with children under age three are the poorest age group in our entire population, least able to provide the good nutrition, safe shelter, and nurturing care their babies need.\textsuperscript{54} During the critical early years of brain development, children are more likely to experience the harshest effects of poverty than at any other time of their lives. But the policy choices that led to this result can be changed. There is strong and compelling evidence, built over the past decade, that investments in young low income families through cash assistance, food programs, health insurance, and housing supports will improve the prenatal and early childhood experiences of their children, with lasting impacts on children's future health and earnings.\textsuperscript{55} By shifting our public priorities to better support young families with infants and toddlers, we can ensure that our next generation will have the capacity to contribute to a strong society.

Two-generation programs that combine early care and education for children with training and employment supports for their mothers and fathers can be particularly effective at lifting young families to greater economic security, and help children thrive.\textsuperscript{56} Family income and support programs like the Earned Income Tax Credit, the child allowance, and other tax policies can raise families above the poverty line and help families provide stability and enrichment for their children. Employment policies that improve the stability of working hours, give parents more control over their work times, and improve conditions for young low income parents, including paid family leave for the birth of a child, paid sick leave, and predictable scheduling, promote bonding and attachment, and help new parents get their babies off to a good start in life.\textsuperscript{57} Nutrition programs, including SNAP (food stamps) and WIC, alleviate hunger, support breastfeeding, and promote health for parents and children. Wise investments to strengthen the economic position of young families and support healthy and safe environments for infants and toddlers will pay dividends to society throughout the succeeding decades of a child’s lifetime.

\textit{In October 2016, the Shriver Center convened more than 120 early childhood and civil rights advocates, state policy leaders, funders, researchers, and community service providers to explore promising strategies to overcome poverty's ill effects on infants and toddlers, and create a shared agenda to expand access to supports for young families. Together, we examined racial disparities in access to programs that serve families with children from birth to age 3. Materials and recordings from the convening are available on the Shriver Center website: \url{http://www.povertylaw.org/advocacy/justice-from-the-start}}
Many promising policy ideas emerged from the discussion at our convening to reduce racial inequities and produce positive outcomes for children, families, and society as a whole:

- Provide access to safe and affordable housing in neighborhoods that are economically diverse.
- Better job conditions, stable income, and less stress to help parents provide a supportive and nurturing environment for the child, including paid family leave, paid sick leave, higher wages, and predictable work schedules.
- A career path for the early childhood workforce with adequate compensation to support racially and linguistically diverse professionals.
- Access to trauma-informed medical care and mental health supports to keep parents and expecting parents healthy, including smoking cessation and addiction treatment.
- Elimination of lead hazards and other toxic substances in housing, child care locations, schools, and water.
- Income supports through tax credits like the Earned Income Tax Credit and the child allowance and direct subsidies for diaper costs for families of infants and toddlers living in deep poverty.
- Two-generation approaches to programs, including childcare support for parents enrolled in education and job training.
- Establish community collaborations to define local needs, coordinate efforts to implement local and state solutions, and engage families.

It’s time to act.

Children of color now constitute the majority of Illinois’s youngest children. Of the state’s 474,000 infants and toddlers, 45% are identified in Census data as White, 28% are Latino, 18% are Black, 4% are Asian, 1% are American Indian, and 4% are more than one race. Our youngest population is far more diverse than the total population, the leading edge of the coming demographic shift. It is more important than ever to understand issues of race and bias, and together find a way to affirmatively advance racial equity. The inequities and opportunity gaps for children of color living in poverty that begin in infancy, and are measured in lagging school readiness and worse educational outcomes, cannot be allowed to continue if we are to have a well-prepared workforce and engaged citizenry.

Closing gaps in access and opportunity is crucial to providing an equitable start in life for all Illinois children. At birth, infants represent unlimited possibilities, our hopes and dreams for the future. It is up to all of us — policy makers, and fellow Illinoisans, to provide equitable opportunities to parents and children of color to fully develop that wonderful potential.
Illinois has long been a national leader in early childhood investments.

Illinois has built a solid infrastructure which could support the major expansion of investments in the very young that we need to help all vulnerable children start life ready to succeed. For years, Illinois led the nation in its commitment to increasing access to early learning opportunities, including both preschool for three-and four-year-olds and also birth-to-three programs. As a result of these past decades of hard work:

- State early learning standards starting from birth are in place.
- Workforce development strategies and supports through credentials, training, infant mental health consultants, and higher education are implemented.
- Early childhood community systems development collaborations have developed throughout the state to identify needs and bring service providers together with local government, families, health care providers, park districts, libraries, and schools to improve outcomes for the most vulnerable children in the community, and guide state investments.
- State education and human services agencies, as well as the Governor's Office of Early Childhood Development, have been working with early learning providers and researchers to design, evaluate, and improve services for economically and socially disadvantaged Illinois children under age 3 and their families.
- The Early Learning Council, created in as a public-private partnership 2003, is working through a newly aligned committee structure to design and support a comprehensive, statewide early learning system, coordinating health, education, child care, mental health, and services for special needs populations, with a focus on the most vulnerable children and families.
- Through federal Race to the Top grants since 2011, Illinois has steadily improved the quality of early care through the ExceleRate Quality Rating and Improvement System.
- The Governor's Children's Cabinet brings agency heads to the table to coordinate cross-system efforts to improve outcomes for children.

The state’s funding commitment to early childhood has been inconsistent, however, since the recession in 2009, and has been particularly unsteady over the past two years without a fully enacted state budget. Funding for the Early Childhood Block Grant (ECBG) initially grew steadily, but then dipped sharply after peaking at $379 million in FY2009, and is only now back to its earlier level of state support. Recent increases in the ECBG in the past two years partially fulfilled the state’s promise of annual increases of $50 million in exchange for a federal preschool expansion grant of $80 million over 4 years (two more years of increases are pledged). To ensure the federal MIECHV grants were used to supplement, not supplant state funding, the state also pledged to sustain support for the state-funded home visiting programs at the level in effect in March 2010, but it has struggled to keep this commitment. Early Intervention funding has fluctuated, with threats of eligibility cuts. The child care assistance program has seen deep reductions in family eligibility and is serving many tens of thousands fewer children this year. And debate over federal support for health care for families and public education may signal future challenges for the well-being and care of infants and toddlers and their families.

As the state continues to backslide in its commitment to the future generation, the scientific evidence for the importance of early childhood investments is growing. Other states are surpassing Illinois in their attention to the youngest, and they will see the improved test scores, economic growth, secure families, and healthier residents that research tells us can result from providing every high need infant and toddler with a chance at healthy development — while we continue to decline. The time has come to recognize the importance of making a consistent, sustained, and sufficient investment in the state’s early childhood system — and then to act.
Recommendations

1. Invest in effective programs and services for the most vulnerable infants and toddlers so that every child has a chance to realize their full potential. Ensure equitable access for linguistically and culturally diverse families to a coordinated system that includes health care, voluntary home visiting, high quality early care and learning, and early intervention, to yield the highest return on investment.

Access to effective programs that support children’s healthy development is vital to ensuring a better future for families earning low wages. Unfortunately, only a fraction of the need for home visiting, early intervention, and quality child care is being met. We must greatly expand access to high-quality, affordable early childhood programs in order to narrow the educational and societal opportunity gaps our children face. Home visiting and parenting education, high quality infant and toddler child care, early intervention to address developmental delays, and health care with early periodic screening, diagnosis, and treatment, should be available to all families who would most benefit. These investments will yield savings in future years.

Complete, accurate data must be collected on racial and ethnic participation across early childhood programs, and those data sets must be tied to the quality of the programs. By mapping access across all early childhood programs, it will be possible to identify gaps in access to services; to find new opportunities to close those gaps; and to avoid advancing policies that unintentionally make the problem worse.

2. Support mothers, fathers, and caregivers in their role as nurturers and providers, with behavioral and physical health services, income supports, nutrition programs, housing policies, and employment policies that promote good parenting during the child’s earliest years, to reap benefits to society throughout the child’s lifetime.

Many promising policy ideas emerged from the discussion at Shriver’s October convening to reduce racial inequities and produce positive outcomes for children and society as a whole. Parent employment, housing, health care, criminal justice, economic justice, and civil rights policies must also align to support children’s equitable access to a bright future.

3. Strengthen communities’ capacity to work together to create safe, healthy environments for children to play and grow. Through collaboration among local libraries, parks, schools, universities, health care providers, child care and early education programs, community and civic organizations, local government, and businesses, systems can better respond to family needs, measure progress, and provide accountability for great outcomes for children.

“We know that the earliest years of life set the stage for later development, and that deprivations at the start of life harm children’s brain development and future prospects.

We also know that many Illinois children live in deep poverty during those critical early years and are deprived of a fair chance to reach their potential.

We know how to deliver effective programs to address the disadvantages of income and asset inequality and racial bias, by supporting good parenting, intervening early, providing stable, nurturing care, and keeping families healthy.

We have built the infrastructure for an effective system of early childhood and family supports to serve all vulnerable children in the state.

Now is the time to make a serious and sustainable investment in our youngest Illinoisans. Let us commit to making sure all children receive what they need during the first three years to grow up physically and emotionally healthy, educated, and equipped to live a successful life.

If we are to reduce poverty over the next generation, all children must grow up physically and emotionally healthy, educated, and equipped with the tools to live a successful life. To achieve this goal, every infant must be nurtured from the start within strong families and thriving communities.”
Let’s work together.

These are the only kids we have. And they cannot wait any longer. Every infant deserves the opportunity to develop, learn, and thrive in a supportive family and community. Without a strong start in life, a child’s chance to lead a full, productive life is diminished. Our state Constitution recognizes the state’s obligation to provide “opportunity for the fullest development of the individual.”60 Our common humanity impels us to protect and nurture the very young.61

We must make nurturing all our infants and toddlers within strong families in thriving neighborhoods and communities our highest priority. We will reap large benefits, and meet our moral obligation to the next generation, by expanding our investments in programs we know can close the opportunity gap from birth.

Working together, providing equitable resources to support the healthy development of young children, Illinois can become a state where all children have access to justice from the start of life.

Learn More

Learn more about the Shriver Center’s Early Childhood work at povertylaw.org/childhood

Learn more about the Shriver Center’s multi-issue advocacy work at povertylaw.org/advocacy

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Endnotes

20. But many more families were eligible for services than were served: there are 209,000 low income families with children age 0-3. Illinois receives a MIECHV Formula grant of $8,688,340 (ending 9/18) and a competitive grant of $9,399,351 (ending 9/17). State Maintenance of Effort expenditures are required for the grants.
21. But many more families were eligible for services than were served: there are 209,000 low income families with children age 0-3. Illinois receives a MIECHV Formula grant of $8,688,340 (ending 9/18) and a competitive grant of $9,399,351 (ending 9/17). State Maintenance of Effort expenditures are required for the grants.
22. Of the Prevention Initiative programs, 8% were Center-based care rather than home visiting programs. (August 2016, ISBE PI Biennial Report, FY 2014-15.)
32. U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates
52. Ibid
53. Children are raised within a family and nested within a culture, each of which has unique strengths. Black culture, for example, can include “multigenerational families and households committed to the rearing of children; strong kinship bonds; strong work orientation; significance of educational attainment; flexible gender role assignment; racial socialization practices to combat the psychosocial effects of racism; significant paternal engagement in childrearing; socialization of children to respect elders; adaptation to adversity; religiosity and spirituality; and patterns of self-help and collective action.” Black Chicago Development Institute. (2016). Being Black is not a Risk Factor: Statistics and Solutions the State of Ill, at p. 8. Ray, Fleming, and Kimondo, Through the Lens of Culture: Envisioning Effective, Powerful Partnerships Between Black Families and Early Childhood Programs. Retrieved from: https://www.nbcdi.org/sites/default/files/resourcefiles/Being%20Black%20is%20Not%20a%20Risk%20Factor%20with%20Illinois.pdf
59. The Early Childhood Prevention Initiative, begun in 1989, was combined in 1997 with the new Early Childhood Block Grant (ECBG) to support birth-to-three education as well as preschool programs through a competitive grant program.