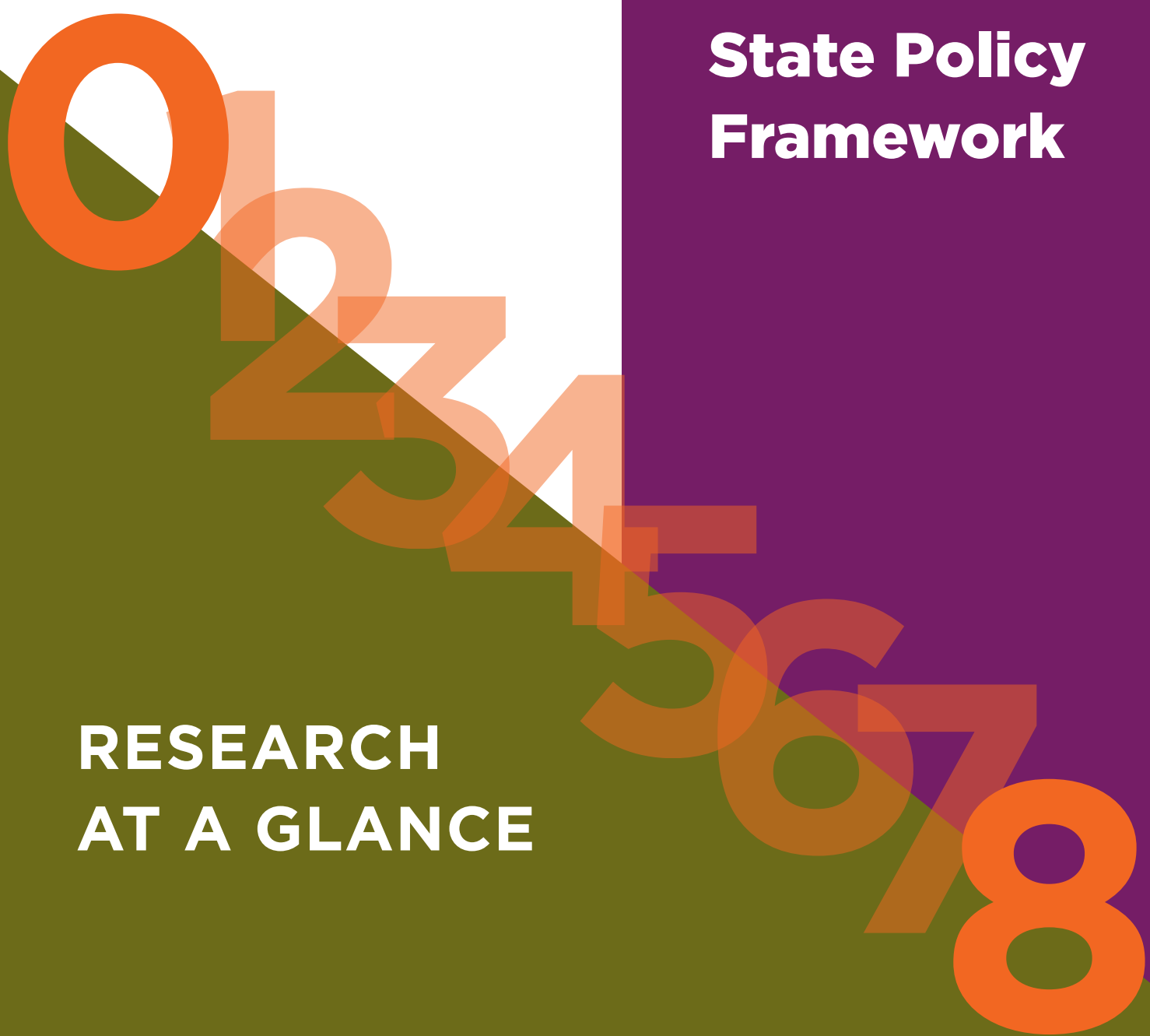


NOVEMBER 2015



Birth
Through
Eight

**State Policy
Framework**



**RESEARCH
AT A GLANCE**

RESEARCH AT A GLANCE

Research at a Glance: *The Research Base for a Birth through Eight State Policy Framework - Revised*ⁱ outlines the research that supports each of the policy areas in the recently revised Alliance for Early Success' Birth through Eight State Policy Framework. *Research at a Glance* provides an overview of the evidence base for the policy choices in the Framework, summarizing the factors that contribute to, and sustain, the healthy growth and development of young children. Research citations for each policy choice are organized at the end of this document and can be easily accessed by clicking the highlighted words in the policy choice statements.

Research at a Glance is a compendium to the revised Framework that highlights three important messages:

1. there is an evidence base for the policy areas and policy foundations identified in the Birth through Eight State Policy Framework;
2. the years starting at birth and continuing through age eight are critical for achieving good health, strong families, and better learning outcomes that are sustained later in life; and
3. the supports children receive, and experiences they have, have a cumulative effect—each experience influences the next and sustains the growth and development that came before.

OVERVIEW

Early experiences in childhood lay the foundation for later success. The relationships, environments, and supports that children experience have a profound impact on their development, because critical neurological and biological systems grow most rapidly in these earliest years. Throughout early childhood, from birth through age eight, children need early, consistent, high-quality supports to promote and sustain their developmental gains.

State policies can help build a strong foundation that puts young children, particularly vulnerableⁱⁱ young children, on a path to success. The Alliance for Early Success developed the Birth through Eight State Policy Framework (Framework) in 2013 as a tool, or roadmap, to inform decision-making and guide policy choices. The original Framework focused attention on what is critical within and across different aspects of early childhood development to address the physical, social, and cognitive needs of young children and families within various contexts. The Framework was the collective work of more than 150 experts, including leaders in the fields of early childhood and K-12 education, advocates, researchers, policymakers, and foundation officers. In 2015, the Alliance for Early Success revised the Framework to reflect the latest research and best practice evidence. The revised Framework emphasizes policy options in the areas of **health, family support, and learning** and augments the original Framework by providing a set of cross-cutting policy options that bridge these three areas.

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ⁱ See *The Research Base for a Birth through Eight State Policy Framework*, which is an expanded version of the *Research at a Glance* overview.

ⁱⁱ "Vulnerable" is defined as having one or more of the following risk factors, which increases the likelihood of poor health, learning, and economic outcomes: poverty, low parental education, single or teenage parent, homelessness, and high residential mobility.

POLICY AREAS: HEALTH, FAMILY SUPPORT, LEARNING, AND CROSS-CUTTING POLICIES

The revised Birth through Eight Policy Framework is informed by **developmental science** theory and research, which asserts that *development* is a dynamic, interactive process that is not predetermined, but occurs in the context of relationships, experiences, and environments. Children interact with their world in *dynamic* and *active* ways and thereby actively shape their own development with their unique characteristics, interests, and needs. Children’s developmental trajectories are created over time through these transactions. Patterns of interacting with the world are built on the experiences children have, and each experience influences the next.

The period of birth through eight is a critical period for this dynamic interplay between individual growth and the contexts of development, which can include the internal, biological context of the child as well as the home, school, and community contexts; the cultural context; and even the local, state, or national policy context. Supporting children’s growth and well-being within and across these important contexts during early childhood can ultimately lead to good health, strong families, and better learning outcomes that predict long-term health, high school graduation, and sustained success over time.¹

Developmental research indicates that targeted and cross-cutting policies in *health*, *family support*, and *learning* during the critical years starting at birth and continuing through age eight can make a difference in children’s life trajectories.

CROSS-CUTTING POLICIES AT THE INTERSECTION OF HEALTH, FAMILY SUPPORT, AND LEARNING

The domains of child development are interconnected. Children’s experiences in the world influence their health, social competence, and cognition in an integrated way. Existing skills support the development of new skills. For example, physical and mental health and socio-emotional well-being provide the foundational conditions for building cognitive and language skills.² Policy approaches can acknowledge these interconnections by supporting cross-cutting services that address multiple skills and conditions.

While targeted policy approaches are necessary to ensure that families’ unique and specific needs are met, cross-cutting policies address children’s development across the contexts in which development occurs—families, the home, communities and early care and education settings—and the employment and economic conditions of their parents. Cross-cutting policies also recognize the multiple risk factors that some families encounter and the cumulative effect that stress can have on young children.³ They emphasize the importance of prevention strategies as well as early detection and intervention strategies.⁴

Accountability systems that provide comprehensive data for tracking needs and outcomes should accompany cross-cutting and targeted policy approaches. And, policies and programs should be based in the tenets of implementation science that assert the importance of evidence-based program design, a trained and skilled

workforce, strong leadership, and a process for planning for continuous improvement.⁵

CROSS-CUTTING POLICY STRATEGIES

1. Foster healthy environments

The neighborhoods and communities in which children live have a direct influence on their health and well-being. Policy strategies that promote safe housing, affordable and healthy food, and gainful employment can improve neighborhood conditions and promote better outcomes for families and children.⁶ Families can thrive when they have access to places that facilitate networks of social relationships (i.e., social capital), promote learning, connect them to resources, and provide opportunities to engage in healthy behaviors such as exercise and reading.⁷

Policy strategies to foster healthy environments:

- Invest in places that build “Invest in places that build [social capital](#), such as schools, libraries, community centers, and parks.
- Invest in safe, affordable [housing](#).
- Support [healthy and affordable food options](#) in high-poverty neighborhoods.
- Incentivize [economic development](#) that brings living-wage jobs into neighborhoods where lack of opportunity brings all of the problems associated with unemployment and concentrated poverty.

2. Focus on prevention

Policy strategies focused on prevention provide support for children and families in three overarching ways. First, prevention policies are aimed at strengthening the skills of parents and caregivers and providing support to them—either directly in the home through home visiting programs or in their child’s early care and education setting through family engagement services and activities.⁸ Second, prevention policies emphasize improved connection and access to services that promote children and families’ health, well-being, and financial security.⁹ Third, prevention policies aim for early detection of potential developmental delays or of family conditions that may lead to abuse and neglect.¹⁰ When strong systems are in place to bolster family strengths, reduce barriers to resources, and identify potential problems before they lead to more severe or dangerous conditions, children and families have multiple opportunities to be supported.¹¹

Policy strategies to focus on prevention:

- Direct funding to programs addressing [adverse early experiences](#) and sources of toxic stress.
- Invest in [family engagement strategies](#) that value parents as experts in their children’s development.
- Promote [comprehensive screening and early detection](#) of developmental delays and link to referral, care coordination, and intervention.
- Expand access to voluntary, effective [home visiting programs and services](#) for new and expectant parents that model relationship building, engage parents in their child’s learning, and refer for additional supports as needed.
- Adopt policies that support [flexible work schedules](#) for parents.
- Support [paid family leave and work exemptions](#) that foster nurturing

relationships and responsive caregiving, build parental resilience, and provide security for children.

- Invest in strategies that address the [behavioral and mental health](#) of children and the adults who care for them.
- [Co-locate or coordinate services](#).
- Reduce barriers to participation in [public benefit programs](#) (e.g., TANF, Head Start, child care subsidy, SNAP and WIC, Medicaid/CHIP, and the EITC) with universal on-line applications and aligned eligibility and enrollment policies.
- Employ navigators, centralize referral resources, and invest in hub strategies that [integrate supports](#) for parents and children in settings where families are.
- Connect [education and job training opportunities](#) for parents with access to high quality early learning for their children.
- Connect [learning environments](#) to health and family support networks.
- Coordinate [income support programs](#) to minimize “cliff effects” that occur when a small increase in wages leads to a substantial decrease in benefits.

3. Promote accountability and continuous improvement

Accountability systems across the policy areas can inform decision-making, efficient resource allocation, effective instruction and provision of preventive services, and continuous quality improvement of the programs that serve young children and their families. Accountability systems include statewide early childhood data systems that aggregate data over time and are linked to the K-12 data systems and provide information about children, the workforce, and programs as children progress from early care and education settings into elementary school.¹² Accountability systems include statewide early childhood data systems that aggregate data over time and are linked to the K-12 data systems and provide information about children, the workforce, and programs as children progress from early care and education settings into elementary school. Accountability systems can also be developed to track the process of providing screening and early intervention services.

A key task in creating and maintaining accountability systems is the identification of discrete child, family, and program indicators that define important benchmarks and can be monitored over time to understand program quality, children’s health, education, and the economic status of children and their families. Once in place, accountability systems can help states allocate limited resources, identify and set goals, track progress, and hold agencies and programs accountable for progress.¹³ As early childhood data systems become embedded in state policy and programs, it is critical that data users receive adequate orientation, training, and support on using and interpreting the data.

Policy strategies to promote accountability and continuous improvement:

- Develop a comprehensive, [linked data system](#) to inform planning, document progress, and ultimately improve the health, development, learning, and success of children and their parents.
- Centralize and track [screening, referral, diagnosis, and treatment](#).
- Support [training](#) for parents, service providers, and policymakers to help them accurately interpret and use data.

HEALTH

The first eight years of life are characterized by a series of critical periods during which children’s development, health, and well-being are particularly sensitive to their experiences with their surrounding environment and caregivers. The development that occurs within these sensitive periods becomes the foundation for all subsequent development. In this way, health in the first eight years of life has significant cumulative and sustained effects on child and adult outcomes.¹⁴ For example, poor health in utero may lead to poor birth outcomes¹⁵ that further increase risk for poor health in early childhood. Young children who experience toxic stress as a result of significant adversity are, in turn, at higher risk for serious conditions in adulthood such as depression, obesity, and cardiovascular disease¹⁶—many of which have negative economic and social consequences. Prolonged and elevated stress due to adverse experiences early in life, such as violence or abuse, also causes changes in neural circuitry and chemical composition in the brain, which make children less resilient over time.¹⁷ This reduced adaptability undercuts the developmental benefits of positive experiences and puts children at risk for physical and mental illness later in life.¹⁸

However, as developmental science asserts, development is not predetermined or necessarily linear, but occurs through a dynamic interplay between the individual and the environments and relationships in which children engage. Health risks experienced early in life do not necessarily lead to poor health in adulthood, unless there are consistent and cumulative experiences that contribute to such a trajectory.¹⁹ For example, Latino infants of Mexican heritage experience positive birth outcomes such as robust birthweight and low infant mortality rates despite many of these children coming from disadvantaged backgrounds (e.g., low maternal education, low household income). Nevertheless, one study found that Latino children have lower cognitive growth in early childhood compared to their white peers, even after controlling for socioeconomic differences between the groups.²⁰ Thus, early protective factors related to health do not necessarily predict improved outcomes across developmental domains or for all children, nor do early health risks always predict poor outcomes across domains or for all children.

However, early health and economic risks can constrain the subsequent experiences children have. Children with poor nutrition and chronic illness are more likely to miss school, and therefore miss out on important social and academic opportunities.²¹ This is especially true for uninsured children, who are less likely to receive preventive care, needed services, and screenings that allow for the early identification and effective management of health concerns.²² Moreover, low-income children stand to benefit the most from high-quality developmental opportunities available to them²³—opportunities that are made possible largely by keeping children healthy and minimizing health risks as much as possible.

Policies that promote the health of all children—and particularly of vulnerable children—will enable these critical opportunities for development to be maximized and ensure that a strong foundation is set for future development across the lifespan.

HEALTH POLICY STRATEGIES

1. Ensure access to affordable, physical, oral, and mental health insurance coverage for children and parents.

Despite expanded coverage through Medicaid and the Children’s Health Insurance Program (CHIP), millions of children remain uninsured, meaning they have limited access to crucial preventive care and screenings to promote and protect their physical and mental health.²⁴ Even among families with insured children, their parents do not always have coverage, which can ultimately impact the family as a whole.²⁵ Multiple recent examples of expanded health coverage at the state level indicate potential opportunities for protecting children’s health through simplified enrollment and renewal procedures along with expanded benefits.²⁶

Policy strategies to ensure access to affordable, physical, oral, and mental health insurance coverage:

- Expand [outreach](#)
- Simplify [enrollment](#)
- Eliminate [barriers to retention](#)
- Address [health care shortages](#)—both of providers who accept Medicaid/CHIP, and of providers who offer specialized care (e.g., dental care, mental health, developmental specialists).

2. Prioritize prevention strategies.

There are numerous ways in which prevention strategies can be implemented, beginning with prenatal care and early screenings at the individual level, all the way up to the population level through federal programs. With an increasingly large body of evidence on the long-term impacts of early childhood trauma and adversity, including poverty, the earlier that health care providers and community agencies can identify high-risk children and families, the greater the likelihood of timely intervention or initiation of prevention and promotion strategies.²⁷ While only about half of U.S. children have access to all the components of a medical home (including access to a personal physician and coordinated care), this gold standard for comprehensive child- and family-centered care can serve as powerful approach to improving children’s health outcomes.²⁸

Policy strategies to prioritize prevention strategies:

- Promote timely use of [prenatal and pediatric health care](#)
- Require [universal newborn screening](#) for hearing and metabolic disorders, and vision screening between ages one and five
- Screen for [developmental disabilities and delays](#) according to the schedule recommended by American Academy of Pediatrics
- Increase access to [comprehensive health \(medical\) homes](#) that identify and respond to the physical, social, and emotional determinants of health
- Prioritize funding for [prevention programs](#), including those delivered outside of traditional medical settings
- Increase participation of families, child care providers, schools, and communities in [federal nutrition programs](#)

3. Improve the quality of health care.

Access to health care coverage and routine preventive care is necessary, but not sufficient for promoting positive outcomes; the quality of care matters greatly. Following the Children’s Health Insurance Program Reauthorization Act of 2009, resources have been devoted to the establishment of a core set of pediatric quality measures to be used by Medicaid/CHIP and other public/private entities.²⁹ Under the Affordable Care Act, new opportunities exist to improve health care data tracking systems to support consistent referrals to specialists and follow-up services as well as coordination between IDEA Part B and C, primary care, and public health programs. More emphasis on maternal mental health screenings along with child behavioral health screenings would allow for more timely interventions when necessary; the pediatric setting also provides opportunities for screening for adverse childhood experiences and sources of toxic stress.³⁰

Policy strategies to improve the quality of health care:

- Implement [health care data systems](#) to track and improve referral and follow-up services
- Maximize screening, diagnosis and treatment of [maternal depression and early childhood behavioral health](#) issues using new opportunities under the Affordable Care Act
- Improve [coordination](#) between IDEA Part B and C, primary care, and public health programs

FAMILY SUPPORT

As children’s primary caregivers, parents³¹ play perhaps the most important role in their lives, by providing food, clothing, a safe place to live, medical attention, and a secure, nurturing relationship that is critical to children’s well-being.³² Often, however, factors such as poverty, limited education, substance abuse, domestic violence, and other family stressors prohibit parents from being able to meet all of their children’s physical, social-emotional, or cognitive needs.³³ In addition to supports such as steady employment, strong social networks, and community resources, many parents need access to programs and services designed to help them overcome these stressors and promote the healthy development of their young children.

Family support programs are broadly defined as programs that provide resources to enable parents (and other primary caregivers) to successfully support themselves so they can provide a stable, enriching environment for their children.³⁴ While the specific goals of family support programs may vary, they typically include improving parenting skills;³⁵ increasing parents’ knowledge of child development;³⁶ providing work supports;³⁷ helping parents access health and nutrition services, job training, or treatment for substance abuse;³⁸ and reducing parental stress.³⁹ These goals are met through a variety of strategies and activities, such as parent education classes and support groups, parent-child groups and family activities, drop-in time, child care, information and referral services, crisis intervention and/or family counseling, and auxiliary support services (such as emergency food provision).⁴⁰

Family support, in its various forms, began as part of the larger social services movement in the 1960s, with grassroots efforts advocating for the development

of community-based programs to strengthen family functioning.⁴¹ At the time, emerging research demonstrated the importance of understanding child development within the multiple contexts of their development (using an ecological framework), as well as the benefits of early intervention for children at risk for poor outcomes.⁴² Programs were developed independently at the local level to provide vulnerable parents—those experiencing poverty, joblessness, poor health, or other risk factors—with education, social support, and connections to other community services.⁴³ Family support became the foundation of “two-generation” programs such as Head Start, which was launched in 1965 under the premise that early care and education programs that help parents achieve self-sufficiency and function more effectively will enable parents to foster healthy development and school readiness in their young children.⁴⁴ Today, family support is continually emphasized as a critical component of integrated early care and education systems that are developed to promote positive child outcomes.⁴⁵

FAMILY SUPPORT POLICY STRATEGIES

1. Support strategies that foster responsive caregiving.

As children develop their skills and abilities through their relationships with those around them,⁴⁶ the opportunity to form secure attachments with sensitive, nurturing parents (or other primary caregivers) is critical to both their cognitive and social-emotional growth.⁴⁷ Programs can help support families, particularly those that are the most socio-economically vulnerable, in their ability to engage in stimulating and responsive interactions with their children, provide emotional support, and expose children to activities that can enrich their health, knowledge, and skills.⁴⁸

For family support programs to be successful, they should be sensitive to the cultural and ethnic diversity of their intended participants and should build on the beliefs and strengths of each family. Research indicates that cultural beliefs influence parents’ engagement in services such as parent trainings, and that culturally-relevant program practices produce stronger results.⁴⁹ In addition, there is research to suggest that programs that effectively support parents as their child’s first teachers include those that are designed appropriately to fit family needs, incorporate cultural competency, use family-centered approaches, and facilitate access to social and supportive services for participating parents.⁵⁰

Policy strategies to support strategies that foster responsive caregiving:

- Ensure programs draw upon the [language and culture](#) of families and their communities.
- Direct supports to the most [vulnerable parents](#): teen parents, foster parents, grandparents raising grandchildren, parents who have experienced abuse and neglect, and parents of children with special needs.
- Promote family support programs that offer activities and materials while creating opportunities for [modeling, peer support, and networking](#) among parents.

2. Align policies and practices that support stable, economically secure families.

Children who experience poverty are more likely to have delayed cognitive development; poorer school performance, socio-emotional development, and physical health; and to be poor as adults.⁵¹ Recent research on the potential effect of family income on children’s brain structure and cognitive development highlights the need for an increased focus on identifying and implementing strategies for

reducing poverty and ameliorating the negative effects of poverty on children's development.⁵² For families with low incomes or who are living in poverty, critical family support services such as child care subsidies, financial assistance (TANF), Supplemental Nutrition Assistance Program, and Medicaid/State Child Health Insurance Program, are vital supports that facilitate engagement in the workforce as well as access to early care and education arrangements that can promote positive development. However, even when families are eligible for these services, many do not receive them. When families do receive benefits, participation in the program may be limited by factors beyond those related to eligibility. Research documents barriers

to initial receipt and retention of services that range from stigma around receipt of government assistance to administrative hurdles such as paperwork and redetermination policies.⁵³

Policy strategies to align policies and practices that support stable, economically secure families:

- Change the culture of [eligibility determination and case management](#) from a focus on rule compliance, to a focus on adult-, child-, and family outcomes.
- Revise [eligibility and work requirements](#) for low-income families that disrupt continuity of care for children and work against children's developmental and educational needs.
- Invest in networks of [parent navigators/promoters](#) to build social capital and connect families to supports.
- Increase access to [public benefits and tax credits](#) that provide income or other supports to help families meet basic needs and maintain stable housing and employment.

LEARNING

Early childhood and elementary school educators have long seen the period of birth through eight as a critical span of development for physical well-being and motor development, language and literacy development, cognitive development (including early math and science skills), social-emotional development, and motivational and regulatory skills associated with school readiness and later life success.⁵⁴ The years from infancy through early elementary school are ones in which continuity of practices and interactions and integrated support services are needed.⁵⁵ For example, this time period encompasses a shift from mastering the mechanics of language acquisition to mastering reading comprehension. Language acquisition in terms of both comprehension and production increases dramatically and rapidly in the first four years of life,⁵⁶ and third grade (which most children enter around age eight) is seen as a watershed for moving from “learning to read” to “reading to learn.”⁵⁷ At the same time, early math skills are found to be a stronger predictor of later school achievement than early reading skills. In addition, tremendous gains are made in physical and motor development as well as social-emotional development from early infancy through early elementary school.⁵⁸

Research indicates that low-income children tend to lag behind their more affluent peers on a range of developmental outcomes, including skills at school entry.⁵⁹ The gap in skill development between advantaged and more disadvantaged children emerges as early as nine months of age⁶⁰ and is predictive of academic trajectories through later schooling.⁶¹ Dual language learners and children with disabilities may also lag behind their peers on some developmental outcomes at school entry, although these disparities may be a result of inappropriate assessments or inadequate assessment procedures being applied to these special populations.⁶² Still, without early and consistent intervention and support, early disparities can persist. One-third of all U.S. fourth-graders and half of African-American and Hispanic fourth-graders nationwide are reading below basic levels.⁶³

Supporting learning for young children thus includes providing access to high-quality early care and education experiences for young children while simultaneously strengthening the infrastructure and content of preparation and professional development for the early childhood workforce. States supporting a birth through third continuum may also need to consider how to track progress toward meeting specified goals, for example, by monitoring the state's ability to ensure children have access to high-quality care, or the state's ability to support children in making gains in their development and learning from kindergarten entry through grade three. The policies addressed in this section reflect these goals.

LEARNING POLICY STRATEGIES

1. Expand access to high-quality early learning programs.

Children who have access to high-quality early care and education experiences tend to have better outcomes across developmental domains than children from similar backgrounds who do not have such experiences.⁶⁴ Conversely, children experiencing poor-quality early care and education on average display more behavior problems, fewer language skills, and lower levels of academic skills than children in medium- or high-quality care.⁶⁵ The benefits of high-quality early care and education are greater for vulnerable children⁶⁶ and there is research evidence that suggests greater exposure to high-quality early care and education environments (either by starting at a younger age or receiving more hours of such care) can improve developmental outcomes for young children.⁶⁷

Furthermore, children who enter formal schooling with stronger school readiness skills tend to maintain their advantage over the elementary school years, while children who enter with lower school readiness skills tend to maintain their relative disadvantage over time.⁶⁸ These findings emphasize the importance of insuring that all vulnerable children have access to high-quality early care and education experiences that enable them to reach school entry with the strongest school readiness skills possible, and the simultaneous need for elementary schools to support children so that early learning successes are sustained.⁶⁹

Policy strategies to expand access to high-quality early learning programs:

- Expand access to [high quality child care](#), Early/Head Start and full day pre-K in a variety of settings (i.e., homes, centers, and schools).
- Support access to high quality [full-day kindergarten and grades 1-3](#).
- Ensure high-quality programs are [accessible](#) for full days, during non-traditional hours, before and after school, and over the summer.

- Encourage [play](#) to help develop social, emotional, and executive function skills.
- Implement developmentally and culturally appropriate [early learning standards](#) that reflect approaches to learning, social/emotional, physical, cognitive, and language development; and build foundational skills in literacy, math, science, social studies, and the arts.
- Align [curriculum, standards, and assessments](#) starting in pre-K through grade three.

2. Build a high quality early childhood workforce, birth through grade three.

The early childhood care and education (ECCE) workforce and the elementary school teachers who teach in early grades classrooms are at the core of providing quality early experiences for children birth through eight. Decades of research document the critical role of early childhood teachers and caregivers, and elementary school teachers, in promoting the well-being of young children. The knowledge and skills of the workforce across these settings shape the quality of the curriculum and assessment practices that are used, the activities and materials in the environment, the daily routines, and the specific interactions and activities intended to promote the development of children’s language, literacy, social skills, and self-regulation.⁷⁰ Children who have a highly-qualified early childhood educator or elementary school teacher have stronger gains in their cognitive, academic, and social development.⁷¹

Yet the work context for many early childhood teachers and caregivers does not provide adequate support for workforce quality. In particular, working conditions for community-based child care programs (including family child care) are often characterized by low compensation, limited benefits, and few opportunities or incentives to advance. Access to benefits such as health insurance, paid vacation and sick leave, and retirement savings is limited, though conditions may be better for teachers in prekindergarten and the early grades.⁷² Nearly one-third of child care center-based staff leave their positions each year, and 18 percent leave the field altogether.⁷³ The expectations for teachers and caregivers to produce high-quality learning experiences for young children, particularly in the years before kindergarten, are not currently aligned with resources, compensation, or access to professional development available for the workforce.⁷⁴

ECCE and elementary school teacher preparation and professional development involve experiences that support both the acquisition of knowledge and the application of knowledge to practice. Professional development for ECCE professionals and elementary school teachers working with children from birth through age eight is challenging to provide in an effective, integrated way.⁷⁵ Currently, the type, availability, and quality of preparation and professional development opportunities vary greatly depending on the sector and settings in which educators work.⁷⁶ These variations reflect entry requirements, regulatory structures, funding streams, and professional development service providers that are distinct for educators in schools, pre-kindergarten programs, community-based child care centers, Head Start, early intervention programs, licensed family child care homes, and before- and after-school care programs. For example, teacher training systems certify teachers for pre-kindergarten to third grade, or pre-kindergarten to fifth grade, working in schools. These systems typically require a bachelor’s degree in education or early childhood education, and they require ongoing professional development. In contrast, licensing standards for programs typically include only minimal pre-service and ongoing requirements for staff in

child care settings. Additionally, the type, quality, and availability of professional development for teachers within a public school system differ from the professional development for other community-based early childhood educators.

Policy strategies to build a high quality early childhood workforce, birth through grade three:

- Adopt [training and professional development strategies](#) that ensure the workforce is culturally and linguistically diverse and responsive to the needs of children and families being served.
- Establish research-based [teacher competencies](#) that address child development; protective factors; social, emotional, and behavior management; and cultural and linguistic appropriateness.
- Support [training and coaching](#) for teachers working with special populations including dual language learners and children with disabilities.
- Support [home-based care providers](#) in enhancing learning opportunities for children in their care.
- Establish a coordinated [professional development system](#) to reflect the principles and indicators of NAEYC's Blueprint for State Early Childhood Professional Development Systems.
- Implement strategies to improve [salaries, benefits, and working conditions](#) for early childhood educators, and support compensation parity across early learning programs (child care, Pre-K and K-3 classrooms).
- Ensure program directors and school principals have the capacity to provide [instructional leadership](#) that supports effective teaching.
- Promote [transition planning](#) from early care, to preschool, to K-12 learning environments.

3. Set goals and monitor progress.

States working to support children's learning from birth to third grade may also need to develop clearly articulated goals to guide their work and systems to monitor and track progress over time. For example, the goal of promoting access to high-quality care can be monitored through the implementation of a Quality Rating and Improvement System (QRIS).⁷⁷ QRIS are operating in nearly all states and support the definition, measurement, and rating of quality care in early care and education and (in some states) school-age care.⁷⁸

While the quality improvement strategies used in QRIS vary across states, many states are exploring coaching and consultation strategies designed to include a greater focus on teacher/caregiver practices that are most likely to support children's positive development.⁷⁹ A growing number of states have also invested in validation studies that examine the degree to which the QRIS standards and rating process are producing distinct levels of quality.⁸⁰ Validation studies produce information that states can use to review their quality standards and engage in continuous quality improvement activities that may include redesign or refinement efforts as needed.⁸¹

To measure children's progress towards meeting specified standards and benchmarks of child development, states are also developing early childhood assessment systems that may include the assessment of children in early childhood settings, at kindergarten entry, and in the early elementary years, to inform instruction. In 2010, only seven states had developed a kindergarten

entry assessment (KEA).⁸² By 2014 that number had tripled, to over 30 states exploring the use or development of a KEA.⁸³ Assessments that are well designed are age appropriate in content and methodology, tailored for a specific purpose, and reliable, valid, and fair can benefit young children by informing adults and educators about individual children's strengths and areas of growth, particularly as they transition from early care and education settings to elementary school.⁸⁴ The results from well-designed, developmentally appropriate assessment systems can also serve as an effective tool for engaging parents in their children's learning and supporting educators in collaborative goal-setting with parents.⁸⁵

Early warning systems are also an effective strategy for identifying children who are either at risk for school disengagement or failure, or who may need to be placed in more rigorous academic programs. The use of developmental screening instruments in early care and education settings is one way to identify children who are at risk for developmental delay and thus might benefit from early intervention services.⁸⁶ In a school-based setting, data might be gathered to inform indicators related to school disengagement and dropout rates. This may include data on student behavior, student attendance, or parental involvement in school. For example, chronic absence in kindergarten has been linked to lower levels of achievement in math, reading, and general knowledge in first grade, which might be mitigated with timely intervention.⁸⁷

Policy strategies to set goals and monitor progress:

- Set goals and track outcomes in ways that [engage families](#) in their children's learning.
- Ensure [child assessment tools](#) are developmentally, culturally, and linguistically appropriate.
- Require [Kindergarten entry assessments](#) to guide instruction.
- Assess the quality of learning environments, teacher-child interaction, teaching strategies, and children's progress, and use the data for [continuous improvement](#).
- Implement [early warning systems](#) to identify problems, such as chronic absence, to allow for timely intervention.

CONCLUSION

Research at a Glance: *The Research Base for a Birth through Eight State Policy Framework – Revised*ⁱⁱⁱ is a compendium to the revised Framework that outlines the research across and in each of the policy areas in the Alliance for Early Success’ Birth through Eight State Policy Framework. The revised Framework focuses attention on what is critical within and across different aspects of early childhood development. It provides guidance for state-level investments that can lead to better health, family, and learning outcomes.

The findings from decades of developmental research make clear that early childhood, from birth through age eight, is a critical period for supporting children’s health, their family relationships, and their opportunities for learning. The age range is important, as each experience influences the next and sustains the growth that comes before. With targeted supports, the period of time from birth through age eight can help put and keep children on a path to success. During this period, children develop patterns of relating to others, regulating their own behavior and emotions, engaging in new experiences, and learning about the world through listening, talking, and reading.

The policies described in the Framework have a strong basis in research and practice. They align with core principles of early childhood development and best practices in service delivery for young children and their families. While continued research and evaluation are necessary to help sharpen our evidence base, investments in these policies offer solid steps toward improved early childhood outcomes.

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iii See *The Research Base for a Birth through Eight State Policy Framework*, which is an expanded version of the *Research at a Glance* overview.

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Reduce barriers to participation in public benefit programs (e.g. TANF, Head Start, child care subsidy, SNAP and WIC, Medicaid/CHIP, and the EITC) with universal on-line applications and aligned eligibility and enrollment policies

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Implement early warning systems to identify problems, such as chronic absence, to allow for timely intervention

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Birth Through Eight **State Policy Framework**

Alliance for
Early Success



CROSS-CUTTING POLICIES

AT THE INTERSECTION OF **HEALTH**, **FAMILY SUPPORT**, AND **LEARNING**

Outcome: Children thrive in families and communities that support their healthy development.



HEALTH

Outcome: Children are born healthy, stay healthy, and are surrounded by healthy adults.



**FAMILY
SUPPORT**

Outcome: Families help their children explore, learn, and grow in safe and nurturing places.



LEARNING

Outcome: Children arrive at Kindergarten with the skills and abilities to meet developmental milestones, read on grade level, and reach achievement goals.

OUR PRINCIPLES:

THE BEST OUTCOMES RESULT FROM STARTING EARLY • VULNERABLE POPULATIONS HAVE THE MOST TO GAIN •
EVIDENCE AND BEST PRACTICES INFORM THE POLICY CHOICES • IMPLEMENTING THE POLICY CHOICES REQUIRES SMART FUNDING •
CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY FOR RESULTS LEAD TO BETTER OUTCOMES WWW.EARLYSUCCESS.ORG