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Condition of Children Birth to Age Five and Status of Early Childhood Services in California

Synthesis of Recent Research

EXECUTIVE SUMMARY

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To fulfill its federal obligation under the Head Start Act and to seek greater coherence in a system with many different parts, California is developing a comprehensive statewide plan for an integrated early learning system, the “California Comprehensive Early Learning Plan” (CCELP). To help inform the development of this comprehensive plan, the American Institutes for Research (AIR) offers the following summary of our analysis of existing research on the condition of California’s young children and the status of the state’s early childhood services.

California has an increasingly diverse population and significant poverty challenges. High-quality early learning can have a significant impact on long-term outcomes for young children, and is an important strategy for serving the educational needs of that diverse population (particularly children in poverty). However, a very small percentage of California’s low-income young children have access to high-quality early learning, in part because California has a patchwork “non-system” of early learning programs, which are frequently disconnected and in the aggregate are underfunded or inadequately designed. This report summarizes the research informing these conclusions, in order to support the process of designing a system that will meet the needs of California’s youngest learners.

The Condition of California’s Young Children

The first section of the report summarizes the population and needs of young children in California.

Population

The sheer number of young children in California underscores the importance of developing a plan to ensure that they enter school ready to learn. Of all children ages birth to five in the nation, 13 percent live in California. Moreover, according to California’s Department of Finance, while the rate of growth is declining, the number of children under the age of five in California is projected to grow from 2.77 million in 2010 to 3.24 million in 2020, an increase of 17 percent.

Poverty

Compounding the importance of developing a plan for an integrated early learning system is that more than one-third of California’s young children are at risk of not entering kindergarten ready to learn. Poverty is the primary risk factor for poor school achievement, and one-fifth of all children living below the official federal poverty level in the nation reside in California. Given the high cost of living in California, the number of children at the federal poverty level (just over \$22,000 for a family of four in 2010) substantially understates the real number of children living in poverty. Approximately 1.2 million children birth to five, or just under half of the age group, lived in a household earning less than 200 percent of the federal poverty line amount in 2010.

Other risk factors

Achievement gaps between native English speakers and English learners (ELs) are well documented, and this gap is especially important to note in California, where ELs make up 36 percent of children entering kindergarten. The population of mainly immigrant families that speak a language other

than English at home is also more likely than the general population to have low education levels and/or to be living in poverty (National Task Force on Early Childhood Education for Hispanics, 2007)—both significant risk factors for children.

Living in a community where expectations of school achievement are low constitutes a risk factor in and of itself. In 2010, more than one-fourth of the three- and four-year-olds lived in attendance areas of elementary schools in the bottom three deciles of the Academic Performance Index (API 1–3), with more living in areas in the fourth or fifth deciles (API 4–5). While the college-going rate is slightly higher in California than in the nation as a whole, the high school graduation rate is lower; in 2008–09, the average cohort graduation rate among public school students was 71.1 percent in California, and 75.5 percent nationwide (Chapman, Laird, Ifill, & KewalRamani, 2011).

Several health risk factors also put children at risk for delayed cognitive development, placing them at risk for poor school outcomes later in life. Children with special needs such as autism and developmental delays can have intensive learning and behavioral challenges. In 2005–06, 5 percent of children under 18 in California were diagnosed with autism. This figure has been growing; the autism rate in California increased by over 90 percent between 2003–04 and 2007–08 (Lipscomb, 2009). Obesity is another major and growing concern (California Endowment, n.d.). In California, 10 percent of children under five were identified as overweight for their age in 2007 (CHIS, n.d.a), and 17.2 percent are now classified as obese (Borland, Smith, Polhamus, & Grummer-Strawn, 2012).

Children without health insurance are less likely to get the medical care they need (Feld, Matlock, & Sandman, 1998) to identify and treat conditions related to the above risk factors; they are also less likely to be screened for developmental difficulties that might affect school performance (Families USA, n.d.). The percentage of California children birth to age six receiving preventive care under public insurance plans (Medi-Cal, Healthy Families, and Healthy Kids) exceeds national averages, including those for private insurers (California Health Care Foundation, 2009). Still, children with foreign-born parents and parents with limited English proficiency are less likely to be enrolled in Medi-Cal programs for which they are eligible (Kincheloe & Brown, 2005).

Multiple Risk Factors

National surveys indicate that about one-third of U.S. young children have two or more risk factors for poor health and development, including low maternal education, family poverty, and others. The likelihood of having poorer health and/or poorer developmental outcomes increases with each risk factor; Stevens (2006) found that one risk factor yielded nearly twice the risk of no risk factors, two risk factors more than three times the risk, three risk factors nearly five times the risk, and four risk factors 14 times the risk for being in poor health or having a developmental delay. Multiple risk factors are also important to consider in educational outcomes; research has found that children exposed to multiple social and family risk factors in early childhood show lower cognitive and language scores (Burchinal, Roberts, Hooper, & Zeisel, 2000).

In California, the various risk factors for poor school performance often overlap; children who live in API 1–3 school neighborhoods also frequently live in poverty and are dual language learners.

These children are also more likely than others to be in poor health. Because of this overlap, it is difficult to estimate precisely the total number of children who might most benefit from access to early learning and care programs of sufficient quality to help prepare them for school. Still, given the number of low-income children alone (1.2 million in families below 200 percent of the federal poverty line), it is safe to estimate that there are at least that many children at risk for poor school performance who would benefit from early intervention efforts.

Quality of Early Learning and Care: Key Findings and Recommendations from Recent Research

The second section of the report summarizes findings and recommendations that emerge from the authors of 81 California-based studies and policy reports regarding access to and quality of the state's early learning and care programs, summarized below by topic.

Access to Quality Early Learning and Care

Licensed care for infants and toddlers is in short supply, and federal and state funding is consistently lowest for this age group. Some researchers see linking formal and informal arrangements for this age group to home visiting programs as one strategy to improve quality; home visits linked to formal or informal non-parental care have been shown to be an effective model to promote early learning (Gomby, 2005, as cited in Anthony & Muenchow, AIR, 2010; Love, 2001). For preschool-age children, attending a center-based program has become the norm. However, based on measures of teacher-child interaction and the instructional quality of the program, only 13 percent of preschool children from low-income families are enrolled in early learning programs of sufficient quality to promote the kind of thinking skills that make the most difference in school readiness and performance (Karoly, 2009). Investing tax dollars in programs that are not of sufficient quality to prepare children for school can be seen as an inefficient use of public funds.

Program Quality Assessment

Multiple California-based studies (1) highlight the need for providing more information on the quality of early learning and care programs to families, and (2) explain why a licensing system focused exclusively on health and safety requirements is not adequate to assess the quality of the early learning environment. There is also substantial agreement on the merits of linking state payment rates for publicly subsidized programs to the quality of the early learning and care program. Reports stress the importance of standardized program environmental assessments conducted by trained assessors external to the program, and the need for relatively frequent assessments to ensure fairness to providers. At the same time, some researchers note that the frequency of the assessments must be balanced with cost considerations. Virtually all studies on the topic recommend piloting a Quality Rating and Improvement System (QRIS) before implementing it statewide.

Family Engagement

Multiple studies stress the importance of engaging families in children’s early learning and care programs and of increasing parents’ understanding of the elements that contribute to school readiness. Furthermore, many researchers stress the need for special outreach to engage families whose home language is not English in their children’s early learning and care settings; outreach is especially needed when linguistic isolation is combined with other risk factors, such as poverty and low parental education. However, many studies underline the barriers to family engagement, and there is no single approach that has been found to be effective. Combining home visiting with early learning and care programs, especially for infants and toddlers, is one promising model. Funding center-based early education in combination with parent education programs is another.

Workforce Development

Researchers agree that early childhood educators who understand child development and engage in effective interaction with young children are central to the effectiveness of early learning and care programs in improving child outcomes. The early learning and care programs that have been found to achieve dramatic improvements in child outcomes all have highly qualified, well-compensated teachers with strong supervision, though several recent large-scale observational studies have questioned the strength of the relationship between teacher education level and child outcomes. Recent studies suggest that degrees alone are not sufficient. Studies indicate that early childhood higher education itself needs reform, with more focus on the desired child outcomes. Researchers recommend that degree-bearing courses include more observation of early educators in the settings where they work with infants, toddlers, and/or preschool-age children, and that there be ample time for feedback on their effectiveness in interacting with young children. Specifically, they recommend that the *Early Childhood Educator Competencies* be developed into a comprehensive course of study, aligned with K–12 teacher training. Others recommend that teacher training include a focus on key issues such as working with dual language learners and family engagement. Several studies also stress the importance of more systematic data collection and the development of an early childhood workforce registry linked to K–12 workforce data in order to know whether investments in early childhood workforce development are having their intended effect.

Dual Language Learners

For young dual language learners, especially those for whom a degree of language isolation is combined with other risk factors, several studies have found that center-based care in the year before kindergarten is especially effective in improving their early reading skills. But at least a third of language-isolated DLL children do not attend such programs, and those who do tend to participate for fewer hours than children from other backgrounds. Researchers therefore focus on outreach to language-isolated DLLs and their families as part of the solution to the achievement gap.



Developmental Screening and Services for Children with Special Needs

Developmental screening in early learning and care programs using a validated tool is increasing, but often is not conducted early enough in the program year to refer children to effective intervention and services. Research suggests that best practices for improving the screening rate include building relationships with families. After children are identified, families with children with disabilities often have difficulty finding high-quality child care for their children. Overall, counties participating in the First 5 California Power of Preschool program reported a strong push for the inclusion and integration of children with special needs into mainstream classrooms. Outreach to families and teacher training in this area should be improved.

Early Childhood Mental Health

Social-emotional and behavioral health in young children is an important component of school readiness. Early childhood mental health consultation consists of mental health professionals partnering with early care and education professionals to promote the social and emotional well-being of children. Some studies recommend expanding these services, along with training provided through the Center for Social and Emotional Foundations for Early Learning (CSEFEL), to early childhood education settings throughout the state.

Child Assessments

Researchers support the use of child observational assessments to improve the quality of instruction to children and to understand how their skills are improving. Ongoing, developmentally appropriate assessments should be used early in children's lives to identify and address children's needs. Researchers also support the use of a battery of child assessments by outside trained evaluators on a sample of children to evaluate the effectiveness of a program. However, leading researchers question the validity, practicality, and cost of using child observational assessments by teachers for high-stakes purposes, such as serving as a component in a rating scale linked to provider payment levels.

Effective Data Practices

To track what is learned from child and program quality assessments, multiple studies and policy reports recommend the establishment of a statewide data system in which all children in early care settings are assigned a unique identifier that follows them into the K–12 system. The use of a child identifier would allow linking across program data sets, which would help determine the extent to which children are served in more than one setting, help to measure school readiness, establish more efficient program management and administrative functions, improve teacher and provider effectiveness, and, ultimately, provide trend data regarding whether enrollment in high-quality early learning and care programs is associated with improved child outcomes in



elementary school. Currently several counties in California collect comprehensive data on children in early learning and care settings, assigning them a unique child identifier so that outcomes may be tracked over time. Race to the Top Regional Leadership Consortia should use the National Data Quality Campaign guidelines to support uniformity of data fields and terms, and CALPADS should be configured to receive DRDP-SR data.

Facilities

The role of appropriate child care facilities in promoting quality interactions between teachers and children is often overlooked. Several studies concur that there is a shortage of early learning and care facilities, especially in low-income neighborhoods. Barriers to expansion include lack of public and private financial resources, land use barriers, outdoor space requirements and other restrictions, and provider inexperience with facilities development and financing. Major recommendations include improving facilities financing through inclusion of child care facilities in city/county plans and/or school bond issues, and advocating for child-friendly land-use policies.

Food and Nutrition

Obesity and oral health among young children are growing concerns in California. Nutrition programs located in early learning and care settings can help to address both of these concerns, as well as provide sufficient food for children in low-income families. Though California has the highest number of children participating in the Child and Adult Care Food Program, fewer than half of eligible providers participate in this program. The Child Care Nutrition Environment Advisory Group has issued specific recommendations to strengthen this program. Other major recommendations include establishing nutrition and physical activity requirements for child care programs, coordinating messaging to families regarding nutrition and physical activity, and supporting policies to encourage the consumption of nutritious foods, such as a state tax on sweetened beverages.

Kindergarten Transition

One of the primary goals of early education programs is to prepare children for school, but children show varying degrees of readiness based on normal developmental variations and also on family resources and risk factors. Activities to help children make the transition to kindergarten are critical. Power of Preschool (PoP) demonstration programs have implemented several activities to focus on this transition, including sharing assessment information with kindergarten teachers and aligning curricula. Beginning in 2012–13, California school districts will implement the new Transitional Kindergarten (TK) program, which is the first year of a two-year kindergarten experience for the youngest students who are born between September and December. Major recommendations regarding TK include providing more guidance on standards, frameworks, curriculum and instruction, and assessment strategies; and focusing on offering opportunities for early educational experiences and preparing schools to meet children's developmental, social, and educational needs.



Governance and Systems Issues

There is general consensus that the system of early care and education in California is, in the aggregate, underfunded. In terms of governance, researchers and policy analysts consistently point out two major flaws in California's publicly funded early learning and care programs: (1) The level of payments is not linked to the standards of quality to which the programs are held, leading to disincentives for quality improvement; and (2) there are barriers to blending and braiding funds to cover the true cost of quality. Several studies point to the First 5 Power of Preschool program as a model for a tiered reimbursement system that rewards quality improvements, and which has succeeded in improving the quality of early learning and care programs. Some states have consolidated responsibilities for early care and education into one agency. Multiple studies point out that California has three separate regulatory systems—Title 22 licensing, Title 5 Child Development programs, and the federal Head Start program—to oversee early learning and care, each with its own goals and justification. In addition, California has a large segment of license-exempt care, which is largely unregulated. These same studies suggest that the establishment of a Quality Rating and Improvement System offers a way to integrate standards into one coherent system without necessarily consolidating all responsibilities in a single agency at the state level. Others suggest the establishment of a Children's Cabinet composed of the heads of each department that serves children.





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