Latino infants and toddlers

THE CASE FOR EXPANSION AND EQUITY

While high quality preschool has been the centerpiece of Illinois’ innovative investment in early childhood education, a growing body of evidence suggests that interventions from birth to age three can have just as significant an impact on educational outcomes. Latino children—one of the largest and fastest-growing cohorts in the state—are enrolled in preschool at lower rates than other groups.\(^1\) Enrollment and availability of slots in birth to three services lags far behind preschool enrollment among all groups, despite large numbers of children who would qualify and benefit greatly from publicly-funded programs.

**Figure 1.** Percent of Illinois Children Under Age Three By Race/Ethnicity, 2012

- 9% Other
- 26% Latino
- 15% African American
- 50% White

**Source:** U.S. Census 2012 American Community Survey 1-year estimates

**Figure 2.** Percent of Illinois Children Under Age Three at or below 200% of Federal Poverty Level by Race/Ethnicity, 2008-2011

- 8% Other
- 36% Latino
- 31% White
- 25% African American

**Source:** NCLR Latino Kids Data Explorer; U.S. Census 2008-2011 American Community Survey 3-year estimates
The Latino Policy Forum has released a report exploring birth-to-three systems in Illinois from a Latino perspective. The report presents a policy agenda for infants and toddlers. This PODER brief highlights two key components of that agenda: the need for an expansion of birth-to-three services and the importance of program enrollment in those programs reflecting the population of eligible children with high need.

High-quality early childhood education is critical to ensuring that children meet the third grade reading benchmark, a key predictor of future educational outcomes. Programs for infants and toddlers support the cognitive and social-emotional foundation for future learning and school readiness; this is especially true for families living in poverty and with low levels of parental education. The brain grows most rapidly during the first three years. Nurturing consistent interactions with caregivers during this time create the neural pathways that allow children to develop the cognitive and emotional skills they need to be successful.

In Illinois, the State Board of Education (ISBE) Prevention Initiative and Early Head Start (a federal program) are two of the largest systems enrolling infants and toddlers (Home visiting is also provided by the Department of Human Services, but serves far fewer children than ISBE.) Most of the services offered consist of evidence-based home visiting programs. These interventions target children experiencing risk factors that threaten their healthy development and learning. Prevention Initiative requires that children meet the state definition of “at-risk” for academic failure as determined through a screening process. This includes low-income families, homeless families, families in which English is not the primary language, teen parent families, and families in which the parents have not completed high school.

Most public programs use the federal poverty level as one measure of risk for school failure. It defines poverty for a family of three as an income under $19,090. Families at

Figure 4. Percentage and Number of Illinois Children Under Age Three by Race/Ethnicity at or below 200% of Federal Poverty Level, 2008-2011

[Graph showing percentage and number of children by race/ethnicity]


Latino children are the single largest group under age three at or below 200% FPL: over 76,000 Latino children, compared to approximately 66,000 White-non-Hispanics

Source: NCLR Latino Kids Data Explorer; U.S. Census 2008-2011 American Community Survey 3-year estimates
or below 200 percent of this federal poverty level (FPL) are considered low-income and eligible for subsidized child care, which often supplements Prevention Initiative, allowing more children to enroll. Head Start and Early Head Start are open to children living at or below 100% of FPL.

**BY THE NUMBERS**

In Illinois, Latinos tend to be represented in early childhood programs in proportion to their overall population. Looking at simple enrollment numbers, however, obscures the reality that Latinos are heavily overrepresented among Illinois’ low-income and poor population. They make up 36 percent of the total number of children under three at or below 200 percent of FPL, but they are less than 26 percent of all children under three (see Figures 1 and 2). This disparity in representation is comparable to that for African American children, while the percentage of non-Hispanic White infants and toddlers living below 200 percent FPL is not nearly as high (see Figure 3).

Latino infants and toddlers have some of the highest rates of poverty in the state: fully 60 percent under age three are at or below 200 percent of FPL, compared to 27 percent for Whites (see Figure 4). These patterns are similar for children up to age five. In 2011, over 34,000 Latino children under age three lived in poverty (see Figure 5). These children represented nearly a third of all children their age in poverty, but only one fourth of those in their age group overall.

These numbers are sobering, but they reflect national trends indicating the prevalence and persistence of child poverty.6

ISBE and Head Start enrollment data for 2012 give a partial picture of the number of infants and toddlers receiving preventative services. Prevention Initiative—the birth-to-three portion of the ISBE budget—enrolled 13,579 children in 2012. Of these, 4,101, or thirty percent, were Latino. In Early Head Start, 2,332—also representing thirty percent of total enrollment—were Latino in 2012 (see Figure 6).
Limitations in the available data and the prevalence of blended and braided funding streams make it difficult to report on non-duplicated individual children. It is also difficult to determine precisely how many Latino children are eligible, given that eligibility is determined through assessments based on a variety of risk factors in addition to poverty. One thing is clear, however, and is regularly repeated by providers and practitioners: current public birth-to-three slots reach a small fraction of existing demand—not to mention the potential pool of those who may be eligible. The number of Latino children under age three at or below 200 percent FPL alone was over 76,000 in 2011, yet only eight percent of them were enrolled in Prevention initiative or Early Head Start in 2012—a small fraction of the large number who may be eligible.

Overall expansion of birth-to-three services is critical, but it is also important that those slots are both representative and equitably distributed amongst those populations demonstrating the most need. The number of African American and Latino children living in poverty is disproportionately higher than those of other children. Given the attendant risks and challenges that accompany growing up in poverty, it would be logical to conclude that special priority in service delivery should be given to those populations demonstrating the highest need.

The need for expanded infant and toddler services is clear among children who qualify for income eligibility and at-risk factors. To ensure that interventions for a rapidly diversifying child population are of the highest quality, attention must be paid to the unique needs of dual language learners and the ability of the early childhood workforce to support families and children from diverse linguistic backgrounds. Current enrollment figures highlight this need: 29 percent of children from birth to age three in ISBE programs live in homes where a language other than English is spoken. Of these homes, over 80 percent are Spanish-speaking (see Figure 7).

Home language skills built in these early years are not only crucial for future learning, but also ensure that a second language will be learned sooner and more fully. Because home visiting is often a family’s first exposure to an early childhood program and services are delivered in the language of the parents, the existing bilingual workforce is an invaluable resource. These professionals provide coaching and education for young mothers, supporting them in nurturing the cognitive, linguistic, social emotional, and developmental growth of their children. For many Latina mothers, these relationships serve as critical supports through difficult times, and the trust that develops is strengthened by the cultural and linguistic affinity they share with their home visitor. Often, that relationship is a parent’s first window and point of access into other family supports, resource referrals, and educational services.

As Illinois seeks to expand its programming capacity for infants and toddlers, equity and quality must be at the forefront. For culturally and linguistically diverse children, quality means having a well-trained, culturally and linguistically competent workforce with access to ongoing training and professional advancement opportunities.

**Figure 7.** Enrollment in ISBE birth to three programs* by home language, 2012

![Figure 7](image-url)

<table>
<thead>
<tr>
<th>Language</th>
<th>Percentage</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>76%</td>
<td>2,143</td>
</tr>
<tr>
<td>Other non-English</td>
<td>88%</td>
<td>1,420</td>
</tr>
</tbody>
</table>

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

Illinois is in the midst of an exciting time for early childhood. The Race to the Top Early Learning Challenge Grant has fuelled a push to enhance the quality of early care and education for at-risk children. The federal Maternal and Infant Early Childhood Home Visiting (MIECHV) program has strengthened and catalyzed home visiting capacity and coordination among providers. These additional resources are accompanied by ambitious goals: the Illinois Early Learning Council has committed to the goal of 65 percent of children with high needs having at least one year of high quality early learning services by 2016 and fully ready for kindergarten by 2021. Given the sizeable gap between eligible children and existing services available—particularly in the Latino community—this presents daunting challenges.

The Latino Policy Forum has issued a number of policy recommendations in its report "Primeros Pasos: Strengthening Programs that Support Illinois Infants and Toddlers." These recommendations, reiterated below, were informed by research and extensive input from professionals providing early childhood services in Latino communities across the state. For more information, read the full report and recommendations and learn about the Forum’s work in early childhood at www.latinopolicyforum.org

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

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

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

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

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

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

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


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

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