

Unequal from the Start: A Check-up on New York City's Infants and Toddlers

EXECUTIVE SUMMARY

At no time does so much change occur than in the first three years of life. Proud parents will tell you it's hard to believe that the robust toddler blowing out the candles on his third birthday is the same small infant they brought home from the hospital just 36 months earlier. Babies are our future. A solid body of research confirms that the quality of children's earliest interactions and development can profoundly affect their later health, education, and, ultimately their role in society. Economists have shown that dollars spent to better the lives of infants, toddlers and their families are highly cost-effective. Is New York City putting this knowledge into action for all of our infants and toddlers? This report is New York Zero-to-Three Network's first "check-up," a key system assessment of what the city is doing to help families nurture its youngest residents.

New York City has made major strides in providing a better environment for families to raise healthy children, achieve financial and emotional security, and promote positive early learning. However, many problems persist. In a city of starkly contrasting neighborhoods with its inequities in services, large pockets of young children face serious health, emotional, and learning risks that can extend into their adult lives.

For young children's health, these risks include:

- Extreme contrasts in birth outcomes by neighborhood, particularly in infant mortality and low birth weight
- Insufficient and extreme contrasts in immunization information, with neighborhood data often lacking
- Lack of medical homes—not just medical insurance but a consistent place with coordinated care for families
- Unmet nutritional needs—particularly significant anemia and obesity rates
- Incomplete knowledge about developmental screening and referral and receipt of services

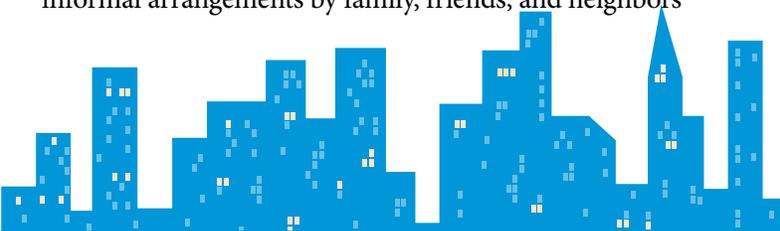
- Contrasts in Early Intervention Program services based on neighborhood and income
- Dearth of mental health services for children under age 3 with few professionals trained to treat young children in the context of family relationships

For strong families, these risks include:

- Low-incomes—over half the infants and toddlers live in low-income families, and nearly a third are poor. Black and Latino young children are disproportionately poor and low-income
- Work outside the home—most parents of young children are employed and struggle to balance work/family demands
- Frequent job or child care changes—a third of parents in New York State with children under age 5 had to change jobs or make different arrangements for child care in the past year
- Failure to access services—many families with infants and toddlers never access available services—WIC, SCHIP, Medicaid, Food Stamps, housing supports
- High levels of under-diagnosed pregnancy-related depression (as high as 50 percent)
- Insufficient access to home visiting services for all but new high-risk families

For positive early learning, these risks include:

- Low child care standards—standards for infant and toddler child care at the city level do not meet state and best practice standards
- Insufficient regulated child care spots to meet the needs of working families—only 7 percent of children under age 3 are in regulated child care; most children are cared for in informal arrangements by family, friends, and neighbors



- High cost of regulated child care
- Lack of support and education for parents and the large network of informal caregivers

This assessment is based on New York Zero-to-Three Network's vision for New York City's infants and toddlers and their families: healthy children, strong families, and positive early learning. Our checkup points to three general trends:

- 1) Data for the 0-3 age group is insufficient across the board to assess how they are doing; infants and toddlers are often lumped in with preschoolers in data collection and findings.
- 2) Great disparities exist based on income and neighborhood from the beginning of life in health outcomes and access to services.
- 3) While there are a variety of excellent programs in New York City that work to help infants, toddlers, and their families, gaps remain in access, utilization, capacity, coordination, and quality of programs.

Early childhood is a time of great promise and a time of great stress for young families. With support from the public and private sectors, we can develop a system of early care that empowers families and gives them full access to the resources they need in order to rear healthy, happy, and successful children. It would include a cohesive, coordinated, comprehensive citywide plan, with appropriate levels of funding for the specific needs of children from pregnancy to age 3. Focusing on the family, not the bureaucracy, such a plan would be a significant first step toward achieving the goal of **giving children a healthy, equal start.**

Prescription for an Equal Start for Babies

For Healthy Children, New York City should:

- Guarantee medical insurance for all children—including mental health services
- Ensure a medical home for families starting at birth
- Address nutritional needs by promoting breastfeeding and decreasing obesity and anemia
- Reduce wide neighborhood-level differences in health indicators by promoting universal access and removing barriers to prenatal care and medical care
- Promote the American Academy of Pediatric's recommendations for regular standardized screening of all children for developmental delay and provide support to parents from initial Early Intervention screening to receipt of services

- Build professional workforce capacity to address the mental health needs of infants, toddlers, and their families and mandate coverage of mental health services that use a relationship-based treatment model
- Promote mental health consultation in all child-serving systems to ensure social and emotional well-being

For Strong Families, New York City should:

- Continue the innovative strategies that raise income, educate parents, and provide training for better employment outlined in the Mayor's initiative to increase opportunity and reduce poverty
- Improve access to available services and supports and streamline enrollment
- Make 12 weeks of paid maternity leave the norm
- Routinely screen for maternal depression
- Make home visiting universally available

For Positive Early Learning, New York City should:

- Raise the standards for training and supervision for infant and toddler child care professionals to best practice standards
- Continue to expand availability of proven infant and toddler programs
- Make quality child care affordable by increasing subsidies available to families with infants and toddlers
- Create a quality-rating system for parents and professionals in the field to evaluate child care programs
- Reach out to parents and the large informal network of caregivers to provide them with support and education

This check-up on infants and toddlers in New York City supports the need for a comprehensive system of care for infants, toddlers and their families. New York City can take many paths to this goal. For example, develop one agency to integrate the different existing systems that serve babies or an advisory committee that counsels decision makers on how to strengthen partnerships between existing programs serving young children and fill in the gaps. Another model is a public/private partnership or executive entity like New York State's Governor's Children's Cabinet to plan and implement a system of care. Another route would be to establish a neighborhood pilot project to test how an early childhood system of care could be implemented from neighborhood to neighborhood in New York City. While working towards that comprehensive system, many specific policy issues can be pushed forward within the Healthy Children, Strong Families, and Early Learning vision that could help support our infants, toddlers, and their families and give them a more equal start in life right from the beginning.

