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Introduction to the Early Childhood Issue

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Introduction to the Early Childhood Issue

by Leslie A. Forstadt

Sheryl Peavey



Guest editors Leslie Forstadt and Sheryl Peavey introduce the articles in this special early childhood issue of Maine Policy Review by highlighting the myriad of programs and policies affecting Maine's young children and their families. To illustrate the challenges faced by parents, they present the fictional account of a young woman facing an unexpected pregnancy. The story illustrates the sometimes confusing array of services, programs, and funding for young children and their parents. The authors argue "it is time to make every door into the system of early childhood services the right door for every parent." 

This issue of *Maine Policy Review* is focused on early childhood (children less than five years old). It covers a diversity of topics that affect those in this age group and their parents, from parenting education, to families learning English, to the policy implications of financial investment in young children. These articles reflect the current state of many of Maine's activities in early childhood and introduce the reader to potential directions and possibilities to change policies and norms.

New parents in Maine face a myriad of services, resources, and choices that have been built on years of incongruent funding cycles, national trends, and complex and confusing eligibility guidelines (see Table 1, pages 12–13). This patchwork of services has the capacity to confound even the most well informed parent-to-be. Over time, professionals have changed how they practice, responding to research findings and the needs of those they serve. Policy and funding have not always followed suit, and conflicting requirements, overlapping programs, and gaps in services have created a great deal of confusion for new parents. It is time to make every door into the system of early childhood services the *right* door for every parent.

To illustrate the challenges faced by new parents today, we present the fictional story of Joanna, a young woman from Maine who is unexpectedly confronted with the decision to become a parent.

PREGNANCY


Joanna is a 20-year-old high school graduate from Knox County. She lives in Rockland, which caters to tourism during the summer season and is quieter during the colder months of the year. As of June 2009, the Maine state unemployment rate is 8.5 percent, and Knox County has a 7.5 percent unemployment rate, which makes it one of the better counties in terms of job security (Maine Department of Labor 2009). Joanna lives in a county that just squeaks under the average poverty level in Maine with a 12.1 percent poverty rate, compared with Maine's 12.8 percent state rate (Maine Department of Labor 2009).

Joanna pays the rent for her small one-bedroom apartment with income from two jobs: one as a cashier

at a large retail store where she works 30 hours a week at minimum wage (\$7.50/hour as of October 2009), and her second job as a waitress at a restaurant on weekend nights. Between her two jobs, she makes \$19,500 a year, which means she makes too much to qualify for state health insurance. Unfortunately, neither of her employers offers her health insurance as a part-time employee. Fortunately for her, she is in good health.

Two months ago, Joanna reconnected at a Saturday night party with an old flame from high school. On Monday, he went back to graduate school in Pennsylvania, and she went back to work. One month passed, and over that time they emailed several times, but decided not to see each other again. Also during that time, she missed her period, and was nauseous in the mornings. At the urging of her friend Lena, she purchased a pregnancy test and got the affirmative answer to the test in the employee bathroom during her afternoon break at work.

With the emergence of the little plus sign on the pregnancy test, Joanna realizes she is pregnant, she has to decide what to do, and she has to go back to work. Her future beyond the next 10 minutes becomes a blur before her eyes. During the remainder of her shift, the realization of the pregnancy is absorbed, and she can barely contain the flurry of questions and thoughts racing through her mind. Keep the baby? Yes. Although it wasn't something she planned, she feels strongly that she wants to keep the baby. Lena had a baby when they were seniors in high school, and she's done fine. Joanna's family lives close by, and she knew she'd have a family some day. But she's pretty sure that if she calls the father, he'll not want to be involved.



New parents in Maine face a myriad of services, resources, and choices that have been built on years of incongruent funding cycles, national trends, and complex and confusing eligibility guidelines.

TABLE 1: **Early Childhood Services in Maine**

Maine Department	Program	Funding	Age Served	Eligibility
Education	Pre-Kindergarten	State, Federal, Private	4	Age 4 by October 15 No income eligibility unless a targeted program
	Child Development Services (Part C, IDEA)	State, Federal	0–3	Diagnosis
	Child Development Services (Part B, IDEA)	State, Federal	3–5	Diagnosis
Health and Human Services (DHHS), Center for Disease Control and Prevention (CDC)	Children with Special Health Care Needs	Federal	0–21	Diagnosis
	Childhood Lead Poisoning Prevention Screening and Remediation Support	Federal	0–5	Universal prevention or identified with positive screen through age two
	Genetics/Newborn Screening	Federal	Birth	Required by statute (with exemption)
	Oral Health (First Tooth)	Federal	School entry–5th Grade	Universal prevention/treatment
	Public Health Nursing	Federal, State	0–Adolescence	Identified health need
	Women, Infants and Children (WIC)	Federal	Perinatal; 0–5	Income, pregnancy, breastfeeding; children to 5 years
	Immunization (Vaccines for Children; Seasonal Vaccine)	Federal, State	0–School entry	Income, no/underinsured
	Injury Prevention (Child Passenger Safety)	Federal, State	0–5	Universal prevention
Partnership for Tobacco Free Maine	Federal, State	Life	Priority for pregnant women	

Table continued on next page

At the end of her work day, Joanna talks with the pharmacist about who to call now that she's pregnant. She is handed a magnet for "211" to call if "pregnant and need help," among a variety of potential topics that 211 can address. Joanna notes other topics, such as "need to find car seat," and "parenting classes" in Maine. From 211, she is directed to a local family planning clinic, where she gets a referral for a doctor and a clinical confirmation of her pregnancy.

She heads home from the clinic with a recommendation to start prenatal vitamins, a bag full of pamphlets and information, and some uncertainty about the future ahead of her because of the sudden seeming gravity of every decision she makes. She invites Lena and her three-year-old daughter over for pizza after work. Together, they sit at her kitchen table to browse the pamphlets and start to consider Joanna's options and find answers to some of her questions.

DECISION-MAKING TIME

Many of the brochures Joanna collected seem to make common sense—don't smoke during pregnancy, eat healthy foods, exercise—but some of the information is about things she has never had to consider. Housing subsidy? Eligibility for programs based on different percentages of poverty levels? Qualifying criteria based on income? Is that before or after taxes are taken out of her paychecks? Forms for various agencies and applications for different programs litter the table. Joanna and Lena start to sort the papers into piles and begin a "to-do" list for Joanna.

Health Care

The clinic Joanna went to provided her with information about MaineCare, the Maine version of Medicaid, which is publicly funded health insurance.

TABLE 1: **Early Childhood Services in Maine — Continued from previous page**

Maine Department	Program	Funding	Age Served	Eligibility
DHHS, Office of Child and Family Services (OCFS)	Child Care	Federal, State	0–15	Income
	Child Care (Foster Children)	Federal, State	0–15	Child welfare foster care status
	Family Case Management	Federal, State		Child welfare services activity
	Home Visiting	State (Fund for Healthy Maine)	Prenatal–Age 5	First time family; adolescent parent
	A Family for ME (Adoption Services)	Federal	0–17	Child welfare services activity
	Child Abuse Prevention Councils	State	0–21	Universal prevention
	Head Start	Federal, State	3–5	Income
	Early Head Start	Federal, State	0–3	Income
	Alternate Response	State	0–17	Child welfare services activity
	Family Reunification	State	0–17	Child welfare services activity
	Child Care Resource and Referral (RDCs)	Federal	0–15	Universal
	Early Intervention (Children’s Behavioral Health)	Federal, State		Diagnosis
	Birth–5 Case Management (Children’s Behavioral Health)	Federal, State		Diagnosis
	Respite/Flex Funds for Children with Cognitive Disabilities	State, Federal		Diagnosis
	Child and Adult Food Program	Federal		Income
DHHS, Office of Integrated Access and Support (OIAS)	Temporary Assistance for Needy Families (TANF)	Federal, State		Income, household size
	TANF Child Care Vouchers	Federal, State	0–15	Income, employment
	Child Support Enforcement	Federal, State	0–17	Universal
	Supplementary Nutrition Program (SNAP)	Federal, State		Income
DHHS, Office of MaineCare Services (OMS)	Targeted Case Management	Federal, State	0–17	Income, diagnosis
	PSDT (Early, Periodic, Screening, Diagnosis, Treatment)	Federal, State	0–17	Income
	Habilitative Services	Federal, State		Income

As a single person with no dependents, she did not qualify. Now that she’s pregnant, MaineCare eligibility guidelines expand tremendously—up to 200 percent of poverty level (Maine Equal Justice Partners 2009). She can get health insurance. But can she find a doctor who accepts MaineCare? Fortunately, Joanna will get into the one OB/GYN who accepts MaineCare in her town.

They look at the brochure for Women, Infants and Children (WIC), a nutrition program for which Joanna qualifies because she’s within 185 percent of poverty level (USDA 2009). The family planning clinic put her name on a list to send over to WIC and encouraged her to sign up right away. WIC will help by giving vouchers for healthy foods starting during pregnancy and until

her child is five. She's surprised to learn she can even use the WIC vouchers at the local farmer's market.

Housing

Joanna works hard to live on her own and wants to stay in her own place and not move back home if that's possible. She looks at the pamphlet for housing and sees that she may elect to look for housing choice Section 8 subsidized housing if she qualifies, if a voucher is available, and if she can find a place in a safe neighborhood. If she qualifies will depend on where she wants to live. If she stays in Rockland, her income has to be below 50 percent of the median income. If she moves out of Knox County, her eligibility will be determined based on the median income of that county (Maine Department of Health and Human Services 2008a). With a two-person family, she might have a greater chance of qualifying. Her eligibility for a housing voucher is determined by the housing authority and is based on her total annual gross income and family size. She is surprised to learn that a voucher can be used almost anywhere; she wonders if her landlord might accept it so she wouldn't have to move, but could save some money on rent, since she'll have to spend more on diapers!

Where expectant parents stand now, they may have a sense that there is no current coordinated, comprehensive array of parenting information and resources about healthy, effective child development and parenting.

Knowing How to be a Parent

Joanna's parents struggled as she grew up. Finances were always tight and the stresses on her parents were often released as shouting matches. She remembers hiding in her closet until the shouting between her

parents was over. Often, her mom would yell at her, too. How is Joanna supposed to know how to raise a child differently? She can talk to Lena, and she's sure her mom and dad will have some advice, not that she wants to take it. She knows she can do *better* than her parents did in being parents.

Joanna's phone rings and it's her brother, from whom she hasn't heard in months. The last she knew, he was living on a friend's couch, jobless, and hitting up friends and family for beer money. When he was four, his dad was put in jail for serious drug addiction and drug dealing. For the first four years of his young life, her brother witnessed serious violence, spent a great deal of time in the house in front of the television, unattended to when he cried, and slightly malnourished. When he was five, Joanna's biological father started dating their mom, and Joanna was born when her brother was six.

Joanna entered into early Head Start when she was three. At that point, her brother was nine and having a very difficult time in school, including fighting and doing poorly in his academic subjects. By the time she was nine, Joanna was on a very different trajectory. She was developing well socially and academically, and she graduated high school on time and with aspirations of becoming a nurse. Her brother, however, had dropped out when he was 15 and continued a cycle of violence and alcohol use. Their parents tried to help her brother numerous times. However, it eventually got to the point where he wouldn't talk with them about friends and activities, and they gave up and asked him to leave the house. When Joanna graduated, she immediately began working full time so that she could move out to get her own apartment. She talks with her brother for a few minutes, but doesn't share her news and quickly gets off the phone to keep talking with Lena.

During her junior year of high school, Joanna had a project in health class where she was in a group of three students, and they had to take care of a "baby." It wasn't a real baby, but she had the responsibility of its care for one entire 24-hour period. Overnight, it cried incessantly, and she didn't get any sleep. It also needed to be fed or changed or burped what seemed like every five minutes. She thought about the presentation her

group did. They were so frustrated by how much the baby cried that they were sure they had a “broken” baby or that they weren’t doing something right.

Joanna’s educational experience was unusual, because most of Maine’s schools do not offer any type of family-related education, although it is offered as an elective. There is nothing relating to family skills or parenting included in Maine’s *Learning Results*. This may be changing, with the June 2009 passage of a resolution on incorporating family and consumer science in Maine’s *Learning Results* (Maine Legislature 2009) “Resolve to Examine Integrating Family and Consumer Science into Maine’s High Schools as Part of the Learning Results.”

Joanna picks up a pamphlet for Maine’s home-visiting programs, which rings a bell because the assistant at the family planning clinic also mentioned it. Lena tells about her relationship with her own home visitor when her baby was born. In fact, says Lena, her home visitor “still calls once a month to check in.” Her home visitor told her about a parenting class where parents get together to learn about toddlers, and Lena decided to sign up, especially because her home visitor told her that these classes aren’t offered all that often.

Home visiting sounds interesting, because Joanna won’t have to go somewhere across town—a nice and knowledgeable person can come to her apartment and share information about her baby and how it grows and learns. Since she is embarking on being a single parent, and since it’s her first child, she will definitely be eligible for the program. But the pamphlet says she has to sign up before her baby turns three months old. She’s only in her first trimester, so she still has some time. They put the number on the to-do list for Joanna to call.

Child Care and Work

Joanna draws another pamphlet from the pile. This one is about choosing child care. Assuming she will still work, Joanna examines the material about finding quality child care. Little does she know, the closest child care center to her home is bursting at the seams, with a high child-to-teacher ratio. Joanna isn’t well versed in quality standards for child care—doesn’t know that “quality care” means a 4:1 ratio, and that there is research evidence to support these numbers

(see Lahti et al. this issue; Maine Department of Health and Human Services 2008b). Once Joanna learns that the center has a long waiting list for infants, will quality drive her decision or will convenience make the choice for her? She will have to choose between driving an additional hour each day to pick up and drop off her child at a quality care center, or going just down the street to the one with higher adult-child ratios.

But Joanna hasn’t even looked at the price tag. Once she realizes the cost of child care for her newborn could be \$150 dollars per week, which is nearly half of her paycheck, Joanna may opt instead for asking a friend to care for her baby, or maybe her parents can help, as her mom only works two days a week. If she chooses center-based care, Joanna may be shocked to realize that the experienced child care worker gets paid less than she does.

Will Joanna understand that this deceptively simple decision of child care is incredibly important? If she goes back to work and puts her baby into child care, will she take care to know what happens during those hours? Caregivers who understand the importance of human interaction with babies provide a variety of stimulating activities, and support social interactions with other children will be pivotal to her baby’s healthy development (Maine Department of Health and Human Services n.d.). Will Joanna know that it’s not good to put an infant in front of the television and that babies must have time to play on their bellies during the day? Will she know to ask these things of her care provider?

Information Cannot Replace Education

At present, Joanna and Lena talk about school. Looking at Lena’s daughter playing quietly with her toys, Joanna sighs and wonders if she can find the time to go back to school, maybe starting before the baby is born. She would still like to go to nursing school, but isn’t sure if she’ll be able to afford it. But she knows for sure she’ll want her baby to go to college. One of the brochures on the table is for the Alford College Challenge, where her child (since it will be born after January 2009) can have a college account started with a \$500 grant to start a NextGen account. Lena adds this to the to-do list. Joanna already has aspirations for

her child and will talk with the NextGen people about how to start making a savings plan to make it a reality (FAME 2008). She has no idea if she'll be able to save enough, or even what is enough. Will her small income be able to support her finishing school, supporting two people, and saving?

IT TAKES A VILLAGE TO RAISE A CHILD

Lena jokes with Joanna: “Wouldn't it be nice if there was a way to just go and register as a parent?” They imagine the possibility that you could find out you're pregnant and do some one-stop shopping to get all the things you need—like a user's manual, a WIC voucher, a prenatal checkup, and a parenting class. It is kind of like preparing to drive a car: you get the manual, take the written and driving test, go the DMV, and off you go with your license as a qualified parent with all the answers.

Looking at the state of Maine with a bird's eye view, Joanna and Lena's idea of a single place to one-stop shop for new parents is compelling. Where expectant parents stand now, they may have a sense that there is no current coordinated, comprehensive array of parenting information and resources about healthy, effective child development and parenting. Instead, each new parent must find for him or herself what they need on the road to becoming parents. Parents learn from word-of-mouth, Internet searches, and family members. They can learn through home visitors, but this programming is in danger of not being available to all parents. Perhaps the option of universally available services could ease the stigma of participation and create some income for these programs beyond government support.

Most parents in Maine have no idea that they are part of a systematic effort within Maine and around the nation that is focused on young children and new families. Parents in Maine are lucky, because the term “wraparound” is becoming more familiar, and the idea that one person who is involved in multiple state-supported programs might have providers who talk to one another is not a foreign concept.

Joanna, her brother, and Lena are examples of young people who are betwixt and between the decisions that are made by policymakers each legislative

session, as informed by federal guidelines and emerging research. These decisions affect the lives of all parents, and are not limited to parents who may be single or “at risk.” The articles in this issue of *Maine Policy Review* explore many of these decisions, with a particular emphasis on why pregnancy through age five is such a pivotal and important time.

For anyone who has, will be, or knows someone in the position of preparing to parent, it does not happen in a vacuum. Parents need lots of help each step along the way toward parenthood. This help will come in the form of medical care, advice from friends and family, and information from professionals if it is accessible. Then after some practice, parenting will get easier. Fortunately for Joanna and those considering parenting in Maine, policymakers, citizens, agency and private professionals are considering the issues that arise as future Maine citizens develop during their first five years and over the rest of their lives.

Articles in this issue discuss why investments in this age group have the potential to result in great outcomes and how Maine is developing an investment strategy. Table 1 at the beginning of this article details the types of services that are offered in this state, along with their eligibility criteria and extent of services offered. The articles that follow address specific issues faced by many of Maine's families, such as financial security, child care decisions, drug use during pregnancy and infancy, and disability screening. We hope that this issue of the *Maine Policy Review* compels readers to speak up for young children, their parents, and their communities. Speak up and demand the social and political change that will prove true our state motto: I LEAD. 🐦

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