



**Investing Early:  
Recommendations for Funding in Early Childhood**



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**Dedicated to** Jim and Diane Burke

Published May 2018

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# Acknowledgments

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We would like to acknowledge the extraordinary assistance we received during our first field scan and draw attention to the talented individuals who were integral in the creation of this report. We greatly appreciate them sharing their time, expertise, and enthusiasm with us.

A special thank you goes to **James Burke** for his constant support and visionary leadership. A driving force behind the growth and development of the Burke Foundation, his complete dedication to the cause of supporting children and families in need serves as an inspiration for us all.

**Dr. Jeanne Brooks-Gunn** offered exceptional direction and guidance throughout the field scan. Dr. Brooks-Gunn provided the Burke Foundation with a thorough understanding of the field of early childhood, connected our research team to scores of experts within the discipline, and helped us maintain a critical eye in sorting through what we learned.

**Marisa R. Morin**, a PhD candidate in developmental psychology who works closely with Dr. Brooks-Gunn, was also a vital team member. Her up-to-the-minute knowledge of research in the field and insights to promising interventions were instrumental to our accelerated learning process.

**Ryan J. O'Mara**, a medical student in the MD-PhD Training Program at the University of Florida and doctoral candidate in social policy at Princeton University, has been invaluable as our Program Consultant. His extensive knowledge of early childhood research and interventions helped drive our work forward.

**Maria Schneider** and **Elizabeth Prohasky** from Rabin Martin guided us through highly informative interviews with maternal and child health experts in New Jersey to better align our approach with community needs.

**Kavitha Rajagopalan**, through her thoughtfulness, expertise, and vision, helped shape our learning process and, by extension, the organization we have become.

**Teresa Wolverton**, a Master of Public Affairs candidate at Princeton University, offered a critical eye and comprehensive review that were helpful in preparing this report in its final form.

Finally, we would like to offer a sincere thank you to **our roundtable participants** who joined us in Princeton on January 25, 2018 to workshop a draft of our field scan. They traveled from near and far to contribute to *Reflections with Leaders in the Early Childhood Field*, and their wisdom, knowledge, and kindness have had a profound impact on our institution.

# Executive Summary

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In the summer of 2017, the Burke Foundation initiated a field scan to better understand the role of early childhood development in community resilience and well-being. The scan's objective was to understand the state of research, practice, and funding around birth-to-five programming in order to inform the Burke Foundation's new philanthropic strategy.

## Project Methodology

To execute the scan, a team of researchers, guided by eminent developmental psychologist Dr. Jeanne Brooks-Gunn, studied the literature; interviewed leading academics, funders, practitioners, and staff from community-based organizations; and participated in site visits to see programs in action. The knowledge garnered during this process has been synthesized into a report with recommendations for what the Burke Foundation, and other philanthropic institutions, should consider pursuing both from a programmatic and organizational standpoint. A cadre of multi-sectoral experts in the early childhood field were then convened to discuss the report and provide feedback. *Investing Early: Recommendations for Funding in Early Childhood* is the result of these collective efforts.

## What We Learned

### The Science of Early Childhood Development

- The first five years of life are the most significant for brain development. During these crucial years, the pathways for cognitive, linguistic, and behavioral functions are formed.
- Brain development is heavily influenced by the ecosystem surrounding a child—the social and physical environment—beginning prenatally and extending into infancy and early childhood.

### Factors Affecting Early Childhood Development

- *Prenatal Health:* The prenatal period lays the foundation for a child's future development. Access to high-quality, consistent prenatal care, which includes medical examinations and health education, can help ensure a safe, healthy pregnancy and childbirth experience, as well as positive future child development outcomes.
- *The Parent-Child Relationship:* The parent-child relationship is foundational for a child's physical and emotional health, school-readiness, and long-term success. Consistent, healthy interactions between a parent, or other primary caregiver, and a young child create emotional bonds known as secure attachment, which help foster the confidence, trust, and emotional security essential to a child's later-in-life success.
- *Maternal Mental Health:* Maternal depression is highly prevalent and can make it difficult for a mother to be responsive to her young child and engage in a nurturing, caregiving capacity. By negatively impacting the parent-child relationship, maternal depression can have harmful long-term effects on a child's brain architecture and stress-response system.

## EXECUTIVE SUMMARY

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- *Socioeconomic Status:* Socioeconomic status is closely linked with a range of physical and social factors that influence early childhood development. In addition to having fewer financial resources to support a child's development, low-income families also tend to have less leisure time and higher levels of stress, both of which can negatively impact parent-child interactions.
- *Adverse Childhood Experiences (ACEs):* Exposure to destabilizing factors like poverty, domestic abuse, or maternal depression, referred to as adverse childhood experiences, can cause changes in brain structure that harm a child's physical, emotional and educational development. Healthy parent-child relationships, or other supportive relationships, can serve as a protective buffer, and help children foster resilience and thrive despite ACEs.

### Value of Investing Early

- Researchers have found it is a smarter and more effective to invest in children's early years and in school readiness, than to try to reduce the "achievement gap" later in life. Studies show that for every dollar spent on early childhood programs for low-income children there is a return on investment of between \$4 and \$9.
- Investment in early childhood can play a key role in determining later-in-life outcomes, but existing early childhood programs only serve a small fraction of those in need. For example, only about 4% of eligible families are enrolled in Early Head Start.

## Recommendations from Experts in the Field

Below is a synthesis of the programmatic, organizational, and advocacy recommendations that resulted from the field scan research, interviews, and convening.

### Programmatic Recommendations

- *Replicate, modify, and scale home environment and parenting interventions.* Evidence-based and other promising parent interventions, such as home visiting, parent coaching, and literacy programs, can help parents develop healthy, nurturing relationships with their children. Foundations can help make these effective interventions more widely available by replicating, modifying, and scaling such programs.
- *Expand access to early childhood care and education programs.* Foundations can play an important role in ensuring parenting interventions are offered through Early Head Start (EHS) and center-based child care programs. This can be done by building the capacity of child care centers to be eligible for EHS contracts, and supporting organizations working to professionalize and train child care staff.
- *Support women during preconception, pregnancy, and the postpartum period.* Maternal health programs have been proven to improve health outcomes at birth, setting children up for success later in life. Foundations can invest in programs that raise awareness of the benefits of prenatal care and make it more easily accessible for at-risk pregnant women. To address the prevalence of maternal depression, foundations should also support efforts to increase screening, and referrals for treatment, in obstetrical, primary care, and pediatric care settings.
- *Employ an integrated or two-generation approach.* By using a two-generation approach, foundations can help address the structural issues that often impede future success. This approach integrates high-quality child care and educational programs for young children with supports and tools for parents to promote greater financial and personal stability.

## EXECUTIVE SUMMARY

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- *Build family and social supports.* Families are a critical part of the ecosystem that determine developmental outcomes for children in their earliest years. Foundations can help create a supportive physical and social environment for children by creating peer-support networks for low-income mothers and supporting programs that engage fathers in a meaningful way.
- *Implement programs through pediatric clinics.* To reach underserved parents, foundations can invest in the delivery of early childhood interventions for young children and their parents in settings like pediatric clinics.
- *Embed early childhood interventions within other existing institutions.* Integrating or embedding early childhood interventions within existing structures can help ensure their long-term success both in terms of greater sustainability and increased access.

### Organizational Recommendations

- *Serve as a convener to bring together funders, grantees, and academic experts.* Foundations can provide opportunities for key stakeholders in the field to share research, program ideas, and funding opportunities, and can help facilitate multi-sectoral collaborations.
- *Identify and invest in potential change-agents.* Foundations can play an important role in seeking out and cultivating new leaders engaged in the early childhood field, in both the public and private sector.
- *Provide management and technical assistance to grantees.* Foundations can provide grantees with expertise to develop efficient organizational structures and processes, as well as program evaluation and measurement tools. With enhanced capacity, these organizations will be better equipped to attract new funding streams that can ensure longer-term sustainability.
- *Cultivate cross-sector collaboration.* Foundations can identify opportunities for collaboration with institutions working in complementary sectors to increase the breadth and scale of their work and to learn about approaches that could effectively translate into the delivery of early childhood interventions.
- *Test out theories and models by funding small-scale pilot programs.* Foundations can invest in pilots as a cost-efficient way to get early data, learn about what works in the field, and identify promising programs for additional investment in larger trials or program scaling.
- *Develop key partnerships with community-based organizations (CBOs), local leaders, and community members.* By meeting with community members and local leaders, and being involved in civic engagement efforts, foundations can build trust and gain legitimacy within the communities they serve while remaining up-to-date on key issues that intersect with early childhood.

### Advocacy Recommendations

- *Center advocacy around elevating community members' voices.* Focusing advocacy efforts on elevating the voices of the communities being served helps ensure that early childhood programming reflects what community members want and need.
- *Embrace non-traditional approaches to advocacy.* Through advocating for specific programs, building capacity for advocacy in local communities, and advancing dialogue around innovation, foundations can help shift the status quo in the early childhood field.

I.  
**AN INTRODUCTION TO  
THE BURKE FOUNDATION**



# I. An Introduction to The Burke Foundation<sup>1</sup>

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The Burke Foundation was established in Princeton, NJ, in 1989 by the late Jim Burke and his wife Diane Burke, also known as Didi. Jim Burke spent 37 years with Johnson & Johnson and served as Chairman and CEO for the last 13 years of his tenure. In 1982, Jim’s strong values were put to the test when seven people in Chicago died from ingesting cyanide-contaminated Tylenol. Under Jim’s leadership, Johnson & Johnson recalled 31 million Tylenol bottles and commenced a monumental campaign to inform the public about the tragedy. After a second incident in 1986, Jim stopped production of the standard capsules and pushed for new tamper-proof packaging. Jim’s commitment to community health and well-being led him to later serve as the Chairman of the Partnership for a Drug-Free America. In 2000, he was awarded the Presidential Medal of Freedom in recognition of his extraordinary corporate and civic leadership.

Didi Burke, an art history major and painter, found her calling in the arts. She has dedicated much of her life to the field, including serving as a trustee of the Metropolitan Museum of Art and the Princeton University Art Museum, and supporting arts institutions that have made a difference in the lives of young people and adults around the country.

Throughout their lives together, Jim and Didi shared a passion for improving the health and well-being of children, and from the beginning of their philanthropic journey chose to invest in tangible ways to help children and their families thrive. Jim saw a thread between the work he did at Johnson & Johnson—developing products that enhanced the relationship between parents and children—and investing in initiatives that strengthened families and improved children’s chances for success. Didi’s devotion to the arts also lent

## I. AN INTRODUCTION TO THE BURKE FOUNDATION

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an arts-focus to their giving, with the knowledge that providing arts education to under-resourced youth could open windows of opportunity for their personal growth, expression, and engagement with the world around them.

Guided by Jim and Didi's shared interests and commitment, for over 25 years the Foundation has supported programming in fields including the arts, health care, education, and community revitalization, with an emphasis on creating opportunities for underserved families and children.

In 2015, the Foundation's leadership was formally transferred to Jim and Didi's son, James Burke. As the president of the Burke Foundation, James invested in professional staff, selecting Atiya Weiss as the Foundation's first Executive Director in 2017. She has since led in developing the Foundation's strategy and partnership approach to grantmaking. As stewards of the Burke Foundation, James and Atiya have made a commitment to developing a strategic framework for future investments that reflects Jim and Didi's vision. To that end, they, along with the Burke Foundation's trustees, have identified two key areas in which to invest Foundation resources moving forward: early childhood development and arts education.

This report focuses specifically on early childhood development. It explores what work is currently being done in the field and presents recommendations for how the Burke Foundation, and other funders engaged in the early childhood space, can make a meaningful impact in the lives of children and families.

## II. THE FIELD SCAN

## II. The Field Scan

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Beginning in the summer of 2017, the Burke Foundation embarked on a scan of the early childhood field. Scans have traditionally been used to help funders get a high-level view of a focus area. They enable a funder to understand who is doing what in the field, ascertain where targeted grants can make a difference, and determine how current funding in the field can be leveraged. Through this process, a foundation can determine how best to position itself among other philanthropic entities, nonprofits, and government organizations in order to achieve the greatest possible impact.

The Burke Foundation identified a field scan as a necessary first step toward building a deep understanding of the early childhood landscape. The scan's central objectives were to provide insight to the Foundation board and staff on the prevailing issues and debates in the field, the research supporting different early childhood interventions and approaches, and the current scope of funding and programmatic efforts locally and throughout the country. As Burke Foundation president James Burke explained, "the field scan is a vital tool for us to put into context the key players, cutting-edge research, and best approaches to strategic grantmaking in early childhood. We see the knowledge acquired in this process to be invaluable in guiding our funding as we move forward."

### The Process

The field scan process incorporated a literature review, site visits, and interviews with early childhood experts, including academics, researchers, practitioners, and funders (for a list of experts interviewed, see Interviewees section on p. 54).

The Burke Foundation research team greatly benefited from having Dr. Jeanne Brooks-Gunn as its academic advisor. Dr. Brooks-Gunn is the Virginia & Leonard Marx Professor of Child Development & Education at Teachers College, Columbia University; the Professor of Pediatrics at The College of Physicians and Surgeons, Columbia University; and the Co-director of the National Center for Children and Families at Teachers College, Columbia University. She is a noted developmental psychologist who specializes in policy-oriented research focusing on family and community influences on the development of children and youth. She also designs and evaluates interventions aimed at enhancing the lives of children and youth, including home-visiting programs for pregnant women and new mothers, early childhood education programs for toddlers and preschoolers, two-

## II. THE FIELD SCAN

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generation programs for young children and their parents, and after-school programs for older children. Dr. Brooks-Gunn connected our research team to other leading practitioners in the field and provided crucial feedback throughout the field scan process.

### Field Scan Outcomes

Engaging in this process has provided the Burke Foundation with a strong grounding in the early childhood field and elicited many insights for the Foundation to consider as it determines its investment priorities. The field scan also connected the Burke Foundation with multidisciplinary experts engaged in early childhood research, policy, practice, and funding who have generously shared their networks and resources with the Burke Foundation.

This report, *Investing Early: Recommendations for Funding in Early Childhood*, captures our learnings from the field scan process. Beyond its utility for the Burke Foundation, it is our hope that other current and prospective funders, policy makers, entrepreneurs, and practitioners will find this report a meaningful contribution to their understanding of the field.

# III. NOTES ON EARLY CHILDHOOD DEVELOPMENT

# III. Notes on Early Childhood Development

In the last two decades, the national discourse on early childhood development policy and programming has been strongly influenced by new findings in the field of neuroscience. This research has determined that the most significant stage for human brain development is the first five years of life, when pathways are formed for cognitive, linguistic, and behavioral functions.

## HUMAN BRAIN DEVELOPMENT

Synapse Formation Dependent on Early Experiences (700 per second in the early years)

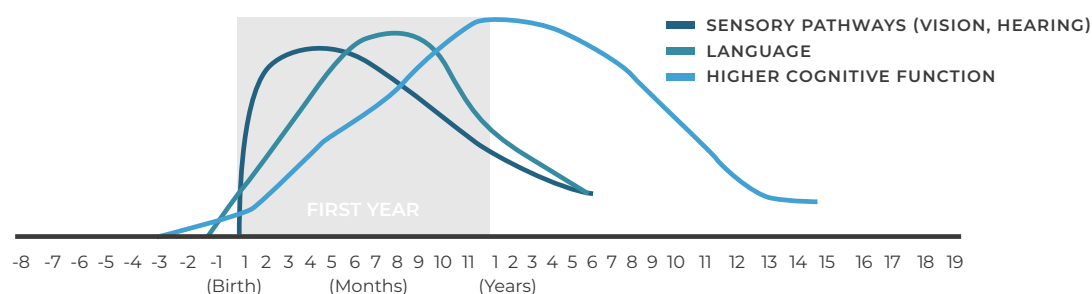


Chart 3-1; Source: C. Nelson (2000); Graph courtesy of the Center on the Developing Child at Harvard University

This biological foundation is heavily influenced by the ecosystem surrounding a child—the social and physical environment—beginning prenatally and extending into infancy and early childhood. For example, in order to develop early language skills children must be exposed to speech in their social environment (e.g., child-directed speech from parents) and their physical environment (e.g., availability of books and language-rich learning materials within the home). Greater brain plasticity in early childhood means that young children are more open and receptive to experiences than older children or adults. Therefore, children’s environments and experiences from birth to age five can have substantial and lasting effects on their brain architecture and development.

In the truest sense, these are formative years. Children begin cognitive development and language acquisition processes, influencing the mastery of skills that are essential for future educational success.<sup>2</sup> Their social-emotional development during this period will also affect their emotional regulation skills, resilience to stressors and adverse experiences, problem-solving capabilities, and social functioning. Considering the weight of these findings—that long-term outcomes can be heavily influenced by what occurs in the first few years of a child’s life—it becomes apparent why practitioners in the field see early childhood as a time of great promise and opportunity, but equally a time of great vulnerability.

## Factors Affecting Early Childhood Development

Early childhood development trajectories can be influenced by multiple factors. While these elements can be interconnected, it is worth examining each individually to understand how it relates to later-in-life outcomes.

### **Prenatal Health**

Even before birth, child development is underway. The prenatal period lays the foundation for a child's future development. During a woman's pregnancy, her health status and behavior can affect her growing fetus, leading to potentially long-term physical and cognitive effects on her child post-delivery. For example, behaviors such as smoking and consuming alcohol and drugs while pregnant increase the risk of preterm birth, low birth weight, and a number of birth defects, which can result in cognitive or development disabilities and delays in physical development.<sup>3</sup>

Access to high-quality, consistent prenatal care, which includes medical examinations and health education, can help ensure a safe, healthy pregnancy and childbirth experience, as well as positive future child development outcomes. During prenatal care visits, pregnant women are examined to ensure the pregnancy is progressing in a healthy manner. Those with potential high-risk factors, such as advanced maternal age, high levels of stress, or chronic conditions like diabetes or hypertension, are carefully monitored to help prevent health-related complications once the baby is born.

At prenatal visits, patients are also educated about behavior and lifestyle decisions that could impact their own health as well as the health of the fetus in utero. For example, prenatal care providers explain how good maternal nutrition is linked to healthy fetal brain development and healthy birth weight, and how the intake of folate through vitamin supplements or foods lowers the risk of neural-tube defects.<sup>4</sup> Providers also counsel patients on the dangers and risks associated with behaviors such as smoking and consuming alcohol or drugs, as discussed above.

Research shows that pregnant women who do not receive or have access to prenatal care are three times more likely to deliver a baby with low birth weight, defined as being under five pounds, eight ounces.<sup>5</sup> This condition is connected to a host of possible physical complications, including breathing problems, difficulty gaining weight, infections, gastrointestinal issues, and neurological problems such as brain hemorrhaging, among others.<sup>6</sup>



### III. NOTES ON EARLY CHILDHOOD DEVELOPMENT

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The incidence of preterm birth—the birth of a baby before 37 weeks of pregnancy have been completed—is also influenced by a woman’s access to, and use of, prenatal care. Women who access prenatal care more often or seek prenatal care earlier in their pregnancy have a lower risk of preterm birth than women who access less care or seek care later in their pregnancy. As with low birth weight babies, preterm babies face an increased risk of medical difficulties in infancy that could impact later-in-life development<sup>7</sup>.

Beyond the physical manifestations of these conditions, there are also financial implications. The Institute of Medicine reported in 2007 that the costs associated with premature birth in the United States total \$26.2 billion each year, or \$51,600 per infant born preterm. These figures include medical and health care costs for the baby, labor and delivery costs, and early intervention services, among other expenses.<sup>8</sup>

In the United States today, many pregnant women forego or defer prenatal care for a variety of reasons.<sup>9</sup> Nearly half of all pregnancies in the US are unplanned.<sup>10</sup> This has important implications for prenatal health, as women who did not anticipate becoming pregnant often do not have a plan in place to pursue prenatal health care. Many more women cannot access prenatal services because they lack adequate or affordable health insurance. Others may be unaware of the benefits of seeking out prenatal care or may not know how to obtain it. While there are women of all childbearing ages who lack sufficient prenatal care services, teens and young women 19 years and under have historically been the age group least likely to receive timely prenatal care.<sup>11</sup>

#### **The Parent-Child Relationship<sup>12</sup>**

Parents and primary caregivers are a child’s first social partner and teacher. As such, they are considered the most instrumental actors in shaping the long-term health and well-being of their children. Parents impact nearly every aspect of early childhood development: from skill formation, to physical and mental health, to social competencies. Once children enter the education system, either in a preschool or K-12 setting, additional outside influences including interactions with peers, teachers, and other child care professionals (e.g., educational specialists and social services agencies) begin to influence child development. But between the ages of zero and three, the experience of young children is largely determined by their parents and home environments.

### III. NOTES ON EARLY CHILDHOOD DEVELOPMENT

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Healthy early childhood development relies on the formation of strong emotional bonds, known as secure attachment, that make a child feel safe, protected, and seen. Secure attachment early in life allows a child to become more confident, trusting, emotionally secure, and capable. Secure attachment can be cultivated through parenting behaviors that include: being responsive to a young child’s verbal and non-verbal cues, engaging in positive and warm interactions, and having appropriate expectations of a child based on age and developmental level.<sup>13</sup>

*“Just because kids are growing up in what we consider adverse circumstances—it doesn’t mean that they can’t succeed. Parents and other caregivers who are supportive have a lot of power to be buffers, so building the skills and capabilities of all caregivers is a big deal—ensuring that they have the skills they need to provide a stable, responsive environment for children.”*

– Tassy Warren

Center on the Developing Child | Harvard University

Neuroscience studies show that brain connections may not form correctly when a child’s bid for interaction is ignored or receives an inadequate response from a parent or caregiver. This can lead to developmental delays and negative behavioral outcomes. In contrast, a “serve and return” relationship—where back-and-forth interactions occur between a parent and a child, and a parent is responsive to a child’s sounds, smiles, words, and movements—strengthens the child’s brain circuitry. A parent’s nurturing touch can also facilitate a child’s cognitive and emotional development. Touch fosters attachment and can lower cortisol levels for both parents and children, which reduces their stress levels and can boost their immune systems.

As all children form some kind of attachment to their parents, researchers and practitioners in the early childhood field focus specifically on the quality of these attachments and work to ensure that these attachments are secure and positive. Most often, this secure attachment formation is encouraged by guiding parents to be responsive and warm in their interactions with their children.

*“The active ingredient in the environment that’s having an influence on development is the quality of the relationships that children have with the important people in their lives. That’s what it’s all about.”*

– Jack Shonkoff

Center for the Developing Child | Harvard University

### **Maternal Mental Health**

Maternal depression can negatively impact the parent-child relationship and have long-term effects on a child’s brain architecture and stress-response system. When a mother is depressed, it becomes much harder for her to be responsive to her child and to be engaged in a nurturing, caregiving capacity. These challenges are magnified when a mother is severely depressed and may have difficulty even caring for herself. In these circumstances, the “serve and return” interactions so central to developing secure attachment are impeded. Studies also show that maternal depression is linked both prenatally and postnatally to changes in a child’s stress-response and immune system, which can make it harder for an infant or young child to have the resilience to withstand other types of adversity.<sup>14</sup>

Maternal depression is more prevalent than most Americans realize; in the US, one in 11 infants have a mother experiencing depression within the first year of their lives. Rates are even higher for those infants living with mothers who have histories of depression or are experiencing other difficulties such as financial instability.<sup>15</sup>

### **Socioeconomic Status**

One of the most studied contextual factors that can influence early childhood development is a family’s socioeconomic status. Clear disparities in development exist between children from higher and lower socioeconomic strata. For example, at 18 months of age, children from low-income families lag behind their more advantaged counterparts by several months in terms of language acquisition and proficiency.<sup>16</sup> This gap widens to approximately six months’ worth of language skills by age two (see chart 3-2 below).

There are multiple reasons why low-income children may lag behind their more affluent peers when it comes to language skills. Studies show that experiences around language

### III. NOTES ON EARLY CHILDHOOD DEVELOPMENT

and literacy vary dramatically in homes based on income level. Because low-income families tend to have fewer financial resources and less leisure time, there may be fewer books in the home and parents may have less time available to read to their children.<sup>17</sup> Parents in low-income households also tend to engage in less conversation with their very young children, meaning children are exposed to a more limited vocabulary and hear fewer words over time.

The language disparities between children of different economic levels have been demonstrated in research such as “The Early Catastrophe: The 30 Million Word Gap by Age 3” (1995). In this commonly cited study, researchers Betty Hart and Todd R. Risley determined that children raised in low-income families heard roughly 30 million fewer words than their more affluent peers by the time they turned three years old.

A family’s financial situation may also affect parent-child interactions. For example, when parents experience chronic stress due to concerns about their finances, this may negatively impact the quality of interactions with their children.

#### GAPS IN DEVELOPMENT APPEAR BEFORE CHILDREN TURN 2

By age 2, children in the lowest socioeconomic group are behind their peers in measures of cognitive, language, and social-emotional development. A 6-month gap in language skills undermines other learning.

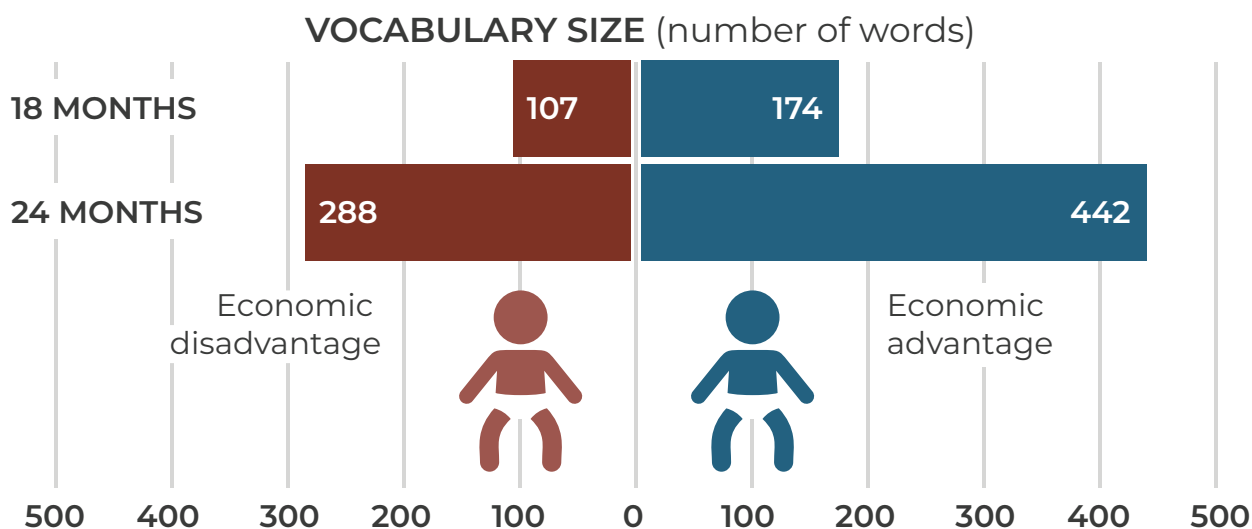


Chart 3-2

Source: Anne Fernald, Virginia A. Marchman, and Adriana Weisleder, “SES differences in language processing skill and vocabulary are evident at 18 months” *Developmental Science* (December 2013): Vol. 16, Issue 2.

#### **Effects on Kindergarten Readiness**

Many high-income children are able to make the transition to kindergarten successfully, behaving skillfully with peers, having positive interactions with teachers in these new social settings, and appearing generally well adjusted. This is not the case for a high number of children from low-income backgrounds.<sup>18</sup> In the United States, 75% of children from moderate- or high-income families are considered kindergarten-ready based on measures including math and reading skills, learning-related behaviors, physical health, and problem behaviors. Using these same measures, only 48% of low-income children enter kindergarten ready to learn.<sup>19</sup>

Factors that indicate kindergarten readiness include motor, physical, linguistic, cognitive, and social and emotional development, as well as general knowledge and attitudes toward learning. Kindergarten teachers often identify kindergarten-ready children as those who are healthy, well-rested, and well-fed; able to communicate needs, wants, and thoughts verbally; and are curious and enthusiastic when faced with new activities. While academic abilities such as the ability to count or knowing the alphabet are important, there has been an increasing awareness in the early childhood field regarding the key role of social and emotional development. Many of our interviewees agreed that a child's ability to sit still in class, engage with their learning environment, and form healthy relationships with their teachers and peers are key factors in determining kindergarten readiness.<sup>20</sup>

#### **Adverse Childhood Experiences (ACEs)**

For infants and toddlers who grow up in environments where there is ongoing stress and deprivation—associated with circumstances like poverty, neglect, maternal depression, substance abuse, and domestic violence—there can be serious, long-term consequences. Exposure to persistent stress from these kinds of adverse childhood experiences can cause changes in young children's brain structure, potentially harming their physical, emotional, and educational development. High levels of early stress have also been linked to poor health outcomes later in life, such as high blood pressure and cardiovascular disease.

Between 1995 and 1997, a Centers for Disease Control and Prevention study examining the long-term impact of ACEs found that they were strongly associated with future health risks,

### III. NOTES ON EARLY CHILDHOOD DEVELOPMENT

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premature death, and illness later in life. Individuals who had experienced multiple ACEs also faced higher risks of depression, addiction, obesity, attempted suicide, mental health disorders, and other health concerns. Researchers also found that it was not uncommon for individuals to experience more than one ACE, and nearly 13% of the over 17,000 study participants had experienced four or more ACEs.<sup>21</sup>

However, ACEs alone do not necessarily determine a child's future. Their impact can depend on other key factors such as whether a child has supportive and protective proximal relationships that serve as a buffer. Children have a greater potential to foster resilience and thrive despite the ACEs in their life if a conscious effort is made to build a healthy, supportive relationship between a child and a parent, grandparent, sibling, or other close relative or friend. Therefore, identifying and addressing adverse circumstances with targeted interventions can be crucial to healthy early childhood development.

Studies indicate that close to half of all children in the United States (46%) have experienced at least one adverse childhood experience.<sup>22</sup>

*“Childhood trauma increases the risk for seven out of ten of the leading causes of death in the United States. In high doses, it affects brain development, the immune system, hormonal systems, and even the way our DNA is read and transcribed. Folks who are exposed in very high doses have triple the lifetime risk of heart disease and lung cancer and a 20-year difference in life expectancy.”<sup>23</sup>*

– Dr. Nadine Burke Harris

Founder of Center for Youth Wellness | A leading voice on the impact of ACEs on health

# **IV. WHY INVEST EARLY?**

## IV. Why Invest Early?<sup>24</sup>

Historically, the majority of investment in early childhood—beyond funding for food and nutrition programs—has been directed toward child care and education for children ages three to eight. However, with neuroscience pinpointing the link between early brain development and children’s pathways to success, there has been a growing movement to begin investing in children even earlier.

An effective intervention during these formative years has the potential not only to impact a child’s life-long developmental outcomes, but also to yield a high return on investment. Indeed, the movement to support early childhood initiatives for children ages zero to five has been bolstered by studies that show investing in the early years makes good economic sense. Most experts point to three rigorous longitudinal studies (see chart 4-1 below) that found for every dollar spent on early childhood programs for low-income children, there was a return on investment of between \$4 and \$9. Research completed in 2016 by University

### GRAPH FROM “FIVE NUMBERS TO REMEMBER ABOUT EARLY CHILDHOOD DEVELOPMENT”

Center on the Developing Child, Harvard University

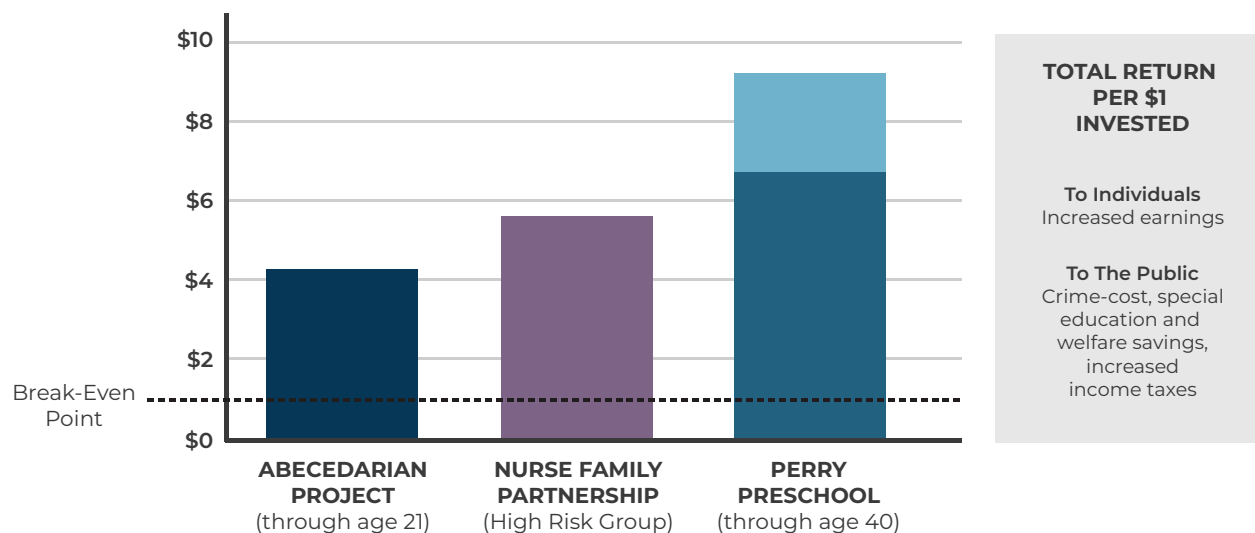


Chart 4-1

Sources: Masse, Leonard N. and W. Steven Barnett, “A Benefit Cost Analysis of the Abecedarian Early Childhood Intervention” (2002); Karoly et al., “Early Childhood Interventions: Proven Results, Future Promise” (2005); Heckman et al., “The Effect of the Perry Preschool Program on the Cognitive and Non-Cognitive Skills of its Participants” (2009).



#### IV. WHY INVEST EARLY?

of Chicago economist James Heckman (whose Perry Preschool study is referenced in chart 4-1 on p. 24) reinforced these findings, showing that birth-to-five programs for at-risk children can deliver a 13% per year return on investment—a substantially higher rate of return than the 7% to 10% associated with preschool programs.

These cost savings come from multiple avenues: a reduced need for special education, improved health outcomes, lower costs related to criminal justice, increased productivity, and higher secondary and college graduation rates leading to greater economic opportunity and less dependence on government assistance. Heckman's research underscores how the combination of character and cognitive skills gained through high-quality early childhood development and education programs drive success in personal life, education, and career.

#### GRAPH FROM THE HECKMAN EQUATION

The earlier the investment, the greater the return.

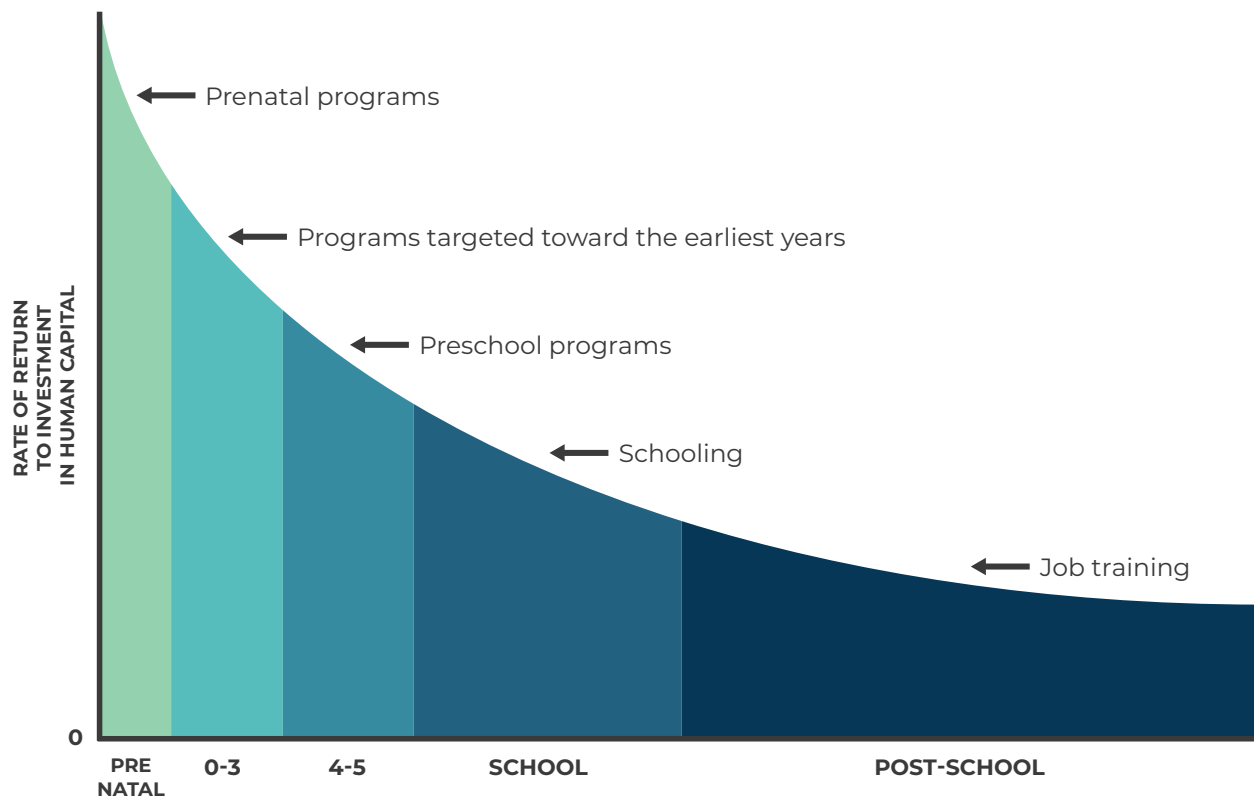


Chart 4-2; Source: James Heckman, Nobel Laureate in Economic Sciences in 2000

### Achievement Gap

Not only does investing early yield benefits over a longer time frame, it is also more effective at producing positive outcomes for young children than efforts aimed at reducing the “achievement gap” later in life. The achievement gap is defined as any sizable and persistent disparity in academic performance or educational attainment between different groups of students. The bottom end of the gap is associated with fewer opportunities in employment and education, poorer health outcomes, and lower earnings, among other effects.

Disadvantaged children who do not have high-quality early childhood experiences are 25% more likely to drop out of school, 60% less likely to attend college, and 40% more likely to become teen parents.<sup>25</sup>

For years, our national discourse has focused on trying to reduce or eliminate the achievement gap between children from higher-income and lower-income households. A greater investment in early childhood offers one promising approach to closing this gap. Dr. W. Steven Barnett, co-director and founder of the National Institute for Early Education Research (NIEER) at Rutgers University has said, “About half of the achievement gap we worry about at the end of high school is there before children walk through the kindergarten door.” This observation, along with a wealth of research on the science of early childhood development and the effectiveness of early childhood interventions, suggests that the most effective way to address this issue has long been overlooked: resources and priorities should be focused on the earliest years of life to prevent the achievement gap from occurring in the first place.

#### **CASE STUDY: The Abecedarian Project**

Created in 1972 in Chapel Hill, North Carolina, the Abecedarian Project studied the long-term impact of providing educational child care and high-quality preschool to underserved children. Between the ages of zero and five, children in the treatment group were provided with year-round, full-day programming that incorporated educational games aimed at supporting cognitive development and language acquisition. The teacher-child ratio was 1:3 for infants and 1:6 for five-year-old children.<sup>26</sup> Abecedarian differed from other early childhood interventions both in its wealth of resources and

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#### IV. WHY INVEST EARLY?

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its commitment to working with the same children over a five-year period, beginning with children as young as six weeks old and supporting them until they entered public school kindergarten.<sup>27</sup>

The purpose of the Abecedarian Project was to discern whether early childhood education could help children overcome the odds of developmental delays and academic failure so often faced by underserved children. The study not only found strong positive effects from the program, but also demonstrated that these effects lasted considerably longer than anticipated. When the Abecedarian Project participants were followed up with at age 15, and again during young adulthood, positive effects on education, social and emotional, and job employment outcomes persisted. However, what truly made the Abecedarian findings remarkable was the follow-up study conducted at age 30.<sup>28</sup>

According to the study's research team, the examination of outcomes at age 30 showed "the effect of early treatment on educational attainment extends well into adulthood."<sup>29</sup> Specifically, the children in the treatment group surpassed those in the control group in the study's key measure: the number of degree years attained by age 30. The Abecedarian Project does not conclusively answer all questions posed by early childhood researchers, particularly those around the role of parents and the practical difficulties of scaling such a program. However, it does make a solid case for the ability of interventions targeting children between ages zero and five to impact later-in-life outcomes. Alongside decades of early-childhood research, the Abecedarian Project study has identified the first few years of a child's life as an opportunity to support long-term improvements in the well-being of children and their families.<sup>30</sup>

### Enhancing Access

Investment in early childhood can also play a key role in boosting access to programs that are effective but do not reach all those who could benefit from them. For example, despite the billions spent in federal funding for home-visiting programs across the country—many of which have a strong evidence base—only 2.5% of families in need are receiving these services. Early Head Start, a federally funded community-based program for low-income families with children up to age three, has enrolled only about 4% of those eligible nationally.<sup>31</sup> Investments in scaling these or complementary programs to expand their reach to new populations and geographic areas could make a significant difference in the lives of many disadvantaged families.<sup>32</sup>

# V. RECOMMENDATIONS

## V. Recommendations

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The field scan process yielded a broad range of recommendations to guide foundation strategy in the field of early childhood development. These recommendations enable foundations to identify where they can have the greatest impact based on current gaps in the field as well as their areas of interest, resource level, and geographic reach. In addition to strategic grant-making, the field scan also provides insights into how foundations can channel their organizational capacity and advocacy efforts to create systems change. Below is a summary of these programmatic, organizational, and advocacy recommendations.

*“We need to build programs that focus on a person’s strength. We need to capitalize on what mothers and families are doing well, but also understand what risks they are coping with, and build the motivation to address those challenges.”*

– David Olds

Developer | Nurse Family Partnership

### Programmatic Recommendations

#### Programs and Interventions

##### **The Role of Evidence in Investment Decisions**

As part of the grantmaking process, a foundation should carefully consider how its funding can be used to generate the greatest possible impact in the communities it serves. In this respect, foundations are uniquely positioned not only to create impact through investing in evidence-based interventions, but also through supporting in the generation of new evidence.

Evidence-based interventions are those that have already demonstrated a positive effect in a certain context, suggesting that they may be successfully replicated or modified and adopted in other contexts. Because of their record of success, evidence-based interventions can be an attractive investment for foundations in line with standards of responsible stewardship. Indeed, it is important for foundations to ensure continued support for programming that has been proven to work.

In the long run, however, investing solely in programs for which a wealth of evidence exists may not be the best use of a foundation's resources. Policymakers who were interviewed as part of our field scan noted that government agencies often consider funding programs that have been proven successful in their districts. This means that implementing organizations may have access to a sustainable source of long-term funding from other sources, which frees up foundation funds to invest in other initiatives.

The experts with whom we spoke noted that a foundation should use these resources to make strategic investments in building a more robust evidence base. For example, a foundation can test evidence-based interventions used in different parts of the country to replicate in New Jersey; analyze and identify programs that already exist locally and could be scaled to reach greater numbers of at-risk families; and support iterative experimentation with programs that could be modified to be more impactful. A foundation can also play a critical role by acting as innovation centers to pilot and evaluate new interventions. In doing so, a foundation may identify solutions that are even more effective (or cost-effective) and will yield even greater social returns for the communities being served.

### 1. Replicate, Modify, and Scale Home-Environment and Parenting Interventions:

Experts with whom we spoke identified the following evidence-based models for home-visiting, parent-coaching and literacy programs as ripe for scaling and replication:

- **Home Visiting**

Home-visiting programs provide at-risk pregnant women and parents of young children with structured home-based visits from trained professionals. During home visits parents are provided with information about their children's developmental milestones, receive parenting education and coaching, and get help navigating available health care services for their children, along with other community resources.

A huge body of evidence demonstrates that home visiting can be an effective method of delivering parent-support programs and enhancing parents' skills to create healthy, nurturing relationships with their children. Experts interviewed as part of this field scan stated that there is a need for funders to support and scale home-visiting programs that work and to ensure fidelity to the original model or formula. Quality home-visiting programs often target specific parental behaviors; have a consistent, vetted curriculum; and are implemented by well-trained personnel.

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Even when successful programs exist, families do not always access them. Many families who are referred to home-visiting services decline. This may be due to a misunderstanding of what the services entail, mistrust of social service agencies entering the home, or stigma associated with programs for “at-risk” families. To overcome these challenges, foundations can support innovative recruitment strategies, such as marketing and social media campaigns, that help combat stigma associated with home visiting and help target families better understand the potential benefits of these services.

Foundations can also contribute to the development of hybrid programming models. Such models propose modifying home-visiting programs for cost-efficiency purposes by offering curricula partially at home and partially in another setting, such as a pediatric clinic, or in a group setting at a school or other location. Experts noted, however, that any modifications to a home-visiting program could potentially make the programs ineligible for federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) funding and other funding sources intended to support home visitation. These potential constraints should be evaluated prior to moving forward with such hybrid models.

### ■ Parent Coaching

Parent coaching is an intervention that helps parents acquire the skills and knowledge to improve their parenting and develop stronger attachments with their children. Coaching builds on parents’ strengths and aids them in better understanding their children’s needs and behaviors. Specific approaches to parent coaching range from directly training parents with real-time feedback as they are parenting to providing new skills and strategies during group coaching sessions that parents can try with their families when they return home. Another popular approach is video coaching, in which a parent-child interaction is filmed and then reviewed with the parent. This form of coaching has been found to help parents reinterpret their child’s behavioral signals and learn to follow their child’s lead. This, in turn, fosters more nurturing parent-child interactions and reduces parental behaviors that can make a child feel frightened, overwhelmed, or unsupported.

Foundations can scale these types of parent-coaching interventions and make them available to a wider range of families by providing these programs at well-baby visits at pediatric clinics, at WIC offices, and in other settings. Foundations can also create integrated programming models that combine parent-coaching programs and home visiting as well as referrals to additional intervention services should they be needed.

### INSIGHT FROM THE FIELD

- Whenever possible, parent-coaching programs should apply a strengths-based approach. This approach emphasizes the need to capitalize on parents' existing strengths and focus on building additional skillsets while taking into account the obstacles a family faces.
- Parents want what is best for their children. Standing with parents, respecting their voices, and providing helpful guidance without judgment or criticism can make parents and caregivers more comfortable receiving input.
- Parenting is not always intuitive, but does rely on a parent's intuition and can be deeply personal. The goal of parenting interventions is to not judge parents, but to help parents uncover their own capacities and feel confident in their role.

*"In our well-intended efforts to assist families and parents with children ages 0-5, it is important that service delivery organizations understand that the voice of those we assist must be heard and understood first and foremost."*

**– Armstead G. Johnson**

Executive Director | Mercer Street Friends

- **Literacy Programs**

Early childhood literacy programs aim to raise children's language proficiency and reduce the learning and word gap between lower-income and higher-income children by kindergarten. In pursuit of these objectives, literacy programs provide strategies that parents can use to enhance their children's reading experiences. For example, some literacy programs teach dialogic reading techniques where parents are encouraged to ask children questions and engage them in discussions about the characters, story, and visual elements of a book while reading.

Literacy programs also help get books into the hands and homes of young children and promote family literacy habits that encourage parents to read to their children on a regular basis.



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To make literacy programs more widely available, foundations can support broadening the settings where literacy programs are offered to include pediatric clinics, libraries, child care and preschool settings, and home settings through home-visiting and parent-coaching programs. Foundations can also invest in the expansion of what current literacy programs offer by incorporating additional content such as spatial thinking and math into the literacy equation.<sup>35</sup>

### ***Promoting Technology as a Tool to Enhance Interventions and Influence Behavior***

While technology should not be viewed as a “magic bullet” or stand-alone tool to advance parent-child attachment or cognitive and social-emotional growth in a child, it can play a role in furthering these objectives. Experts we interviewed spoke of the value of technology in reinforcing concepts that are taught in home-visiting or other parent-coaching programs. For example, parents can use tools like: language recorders that track parent-child conversation to remind parents of the value of interaction; texting services that provide parents with a “nudge” to engage more frequently with their children; and apps that give parents ideas for activities they can do to stimulate their child. Parents can also benefit from on-line platforms—using social media and group chats, for example—to connect with each other, share parenting information, and offer each other support.

While the possibilities technology can offer are exciting, not all families can access or afford these tools. So, their ultimate impact or penetration into underserved communities may be limited.

Technology also has the potential to add value by supporting the work of practitioners. Caseworkers and home visitors can benefit from certain technologies, such as apps and websites that help them adhere to curriculum for carrying out interventions, or on-line forums in which they can connect with colleagues to discuss strategies for working with families.

*“Technology can cut through the clutter to give parents information that is specific to them, and you can provide that to them right on a smartphone. The potential exists where you can nudge parents [with technology]—nudge them to get a well-baby check-up—and send parents tips—the kind of tips that make a parent do something now.”*

**– W. Steven Barnett**

Director of National Institute of Early Education Research

### INSIGHT FROM THE FIELD

- When scaling a program, fidelity to a proven model is critical. It is important to design a curriculum that can maintain its effectiveness during scaling, monitor the program continuously, make sure it is accomplishing what it intends to, and ensure that staff members are properly and consistently trained.

## 2. Expand Access to Early Childhood Care and Education Programs

Early childhood education programs, such as Early Head Start and other center-based child care programs, provide care to a group of young children in a non-residential setting. In addition to emphasizing early learning principles and using play as a means to foster social-emotional growth, these high-quality child care programs present a natural avenue through which additional support can be provided to parents and children.

The experts with whom we spoke suggested the following ways in which foundations can support early childhood development by expanding access to such programs:

- **Offering Additional Programs through Early Head Start and Center-Based Child Care Programs**

Early Head Start offers child-development and family-support services to low-income infants and toddlers and their families, as well as to pregnant women. These services encompass parenting skills training, education around basic child development, assistance for parents in reaching life goals, and help in connecting to services in the community. In its recent history, Early Head Start has incorporated parenting interventions such as home visiting and video coaching into its offerings. Experts with whom we spoke suggested that Early Head Start programs may be open to adding additional evidence-based parenting interventions into their delivery system. While Early Head Start only reaches a small percentage of those children and families eligible for the program, it could be one potential pathway through which to provide effective parenting interventions. For example, child care centers could be a trusted location to offer group parenting interventions, where parents of the children attending the center could attend multi-session programs to address parent-child relationships, behavioral issues, and other child-development topics.

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- **Professionalizing Early Child Care**

Child care staff across centers have varying levels of training in early childhood education. Some coaching and training programs already exist to enhance child care workers' knowledge and skills, and foundations can invest in scaling these programs so more child care professionals have access to learning opportunities.

However, not all children are enrolled in child care centers. A sizable number—approximately 30% of those in low-income families—receive daily child care from non-parental family members, friends, or neighbors. These informal caregivers do not always have adequate training or resources to provide high-quality care, but there are technical-assistance groups that can help build capacity in this area. Foundations can provide additional expertise to these types of organizations so they can improve their quality or work toward expanding the services they offer.

- **Building the Capacity of Child Care Centers to Receive Early Head Start Contracts**

As referenced above, Early Head Start only serves a very small portion of young children who are eligible. Yet, it is considered a successful program, showing positive impacts on participating children and their parents. One way to expand Early Head Start options in communities is for existing child care centers to secure Early Head Start contracts. To secure a contract, child care centers must meet certain performance and licensing requirements. Policymakers we interviewed identified a potential opportunity for foundations to provide support and capacity-building assistance to help child care centers meet these standards and be part of the process of expanding access to quality child care services to families in need.

### **CASE STUDY: All Our Kin**

All Our Kin is a Connecticut-based nonprofit organization dedicated to enhancing the family child care system and providing skills-building opportunities for family child care providers in order to improve development outcomes for young children. The organization works specifically to increase the supply of high-quality, affordable child care services by offering training, education, and support to family care providers. Through All Our Kin, providers can participate in a licensing program to build their skills and knowledge as early childhood educators and become licensed family child care providers. This level of professionalization also supports family child care providers' economic advancement, another stated goal of the organization. While All Our Kin primarily serves family care providers in Connecticut, it has expanded its services to include locations in New York.

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### **Choosing Family Child Care**

Family child care is widely used throughout the United States. Approximately one million providers are paid to offer child care in their homes, and out of the 11 million young children with working mothers, close to 40% spend the majority of their time in family child care settings.<sup>34</sup>

Parents who seek out family child care are often drawn to the intimate, home-based setting in which the care is provided. They also value the opportunity to access child care that is within their neighborhoods and administered by caregivers who reflect their culture and traditions and speak their native language. Family-based child care is often more affordable than other child care options and provides greater flexibility in coverage for parents who work non-traditional hours. In addition, some family child care providers offer continuity of services, allowing kids who age out of child care to return for after-school care.

### **Professionalizing Family Child Care Providers**

All Our Kin works with caregivers providing child care to young children in low-income families. Their services include a Tool Kit Licensing Program, which paves the way for family child care providers to fulfill state licensing requirements and meet health and safety standards so they can operate as licensed child care providers. Once they are formally licensed, providers can participate in All Our Kin's Family Child Care Network, which offers mentorship and professional development opportunities and access to a network of other providers. Family care providers can also tap into a pool of educational consultants available to work with them on early childhood education strategies.

### **Challenging the Opportunity Gap**

All Our Kin has been motivated by a desire to lessen the opportunity gap that exists between moderate- and low-income children, and between white children and children of color. Because the disparities in achievement between these groups are readily apparent when children enter kindergarten, the prevailing wisdom is that measures to reduce or eliminate these gaps should be implemented well before children reach school-age. As a result, groups like All Our Kin feel an urgency to provide high-quality education and social-emotional learning opportunities to infants and toddlers who have traditionally been underserved.

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### Measuring Success

All Our Kin has engaged in various internal and external evaluations of its program to assess its impact. Evaluators have found that All Our Kin's work has increased the supply of child care services in the geographic areas in which it is working and that All Our Kin providers have scored high on research-based quality measures and measures of adult-child interaction.<sup>35</sup> The organization's programming has also shown positive economic outcomes for participating family child care providers, many of whom have not only increased their annual income but paid down debts, opened savings accounts, and even moved to new homes.<sup>36</sup>

### 3. Support Women During Preconception, Pregnancy, and the Postpartum Period

Maternal health is foundational to a child's development outcomes. Therefore, any effort to improve early childhood development must also support women during preconception, throughout pregnancy, and following a child's birth.

- **Increasing Access to Prenatal and Reproductive Health Care**

Identifying ways to increase the number of planned pregnancies, expand access to prenatal care, and ensure that pregnant women seek out prenatal care early in their pregnancies will all continue to be important in improving maternal and children's health, and for creating a pathway for healthy child development.

In order to improve maternal health, reduce complications during delivery, and create better health outcomes for children, foundations can begin by investing in expanding access to supports for women during preconception and pregnancy. This could include programs that connect women to health insurance coverage and provide access to family planning and reproductive health care to give women more control over their reproductive lives and assist them in planning pregnancies.

Experts and community advocates also recommended that foundations consider investing in raising awareness about the benefits of prenatal care and making care easily accessible for at-risk pregnant women. New and innovative models to provide prenatal care are currently being explored throughout the country. For example, in one group prenatal care model, pregnant women meet at their health care center at the same time every month, have their individual medical visits, and then spend time together talking with their provider and each other about topics relating to pregnancy and their health and well-being. This model has been cited as providing important support networks for pregnant mothers. Another model is a community doula program, in which trained companions provide pregnant

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women with prenatal education, and emotional support through the birth of their child and into the postpartum period. Doula programs have been identified as a means to improve a mother's birth experience, and potentially reduce the number of caesarean sections and preterm births.

### ■ Screening for and Treating Maternal Depression

Maternal depression is a widespread public health issue: an estimated 15 million children in the US live with a mother experiencing depression. Untreated maternal depression has potentially serious consequences for a mother's overall well-being and her ability to function. It can also jeopardize her capacity to form a healthy and secure bond with her child, potentially affecting her child's cognitive, behavioral, and social-emotional development. The effects of maternal depression can reverberate throughout a family. Children of depressed mothers are more likely to struggle academically, experience health issues, and have behavioral problems than children who were not raised by mothers with depression. And because depression disproportionately affects low-income mothers, children living in poor households are at greater risk for these outcomes than their peers from higher-income households.

Experts we interviewed spoke of the need to create more universal screening opportunities for maternal depression, develop better diagnostic systems, and increase the provision of social supports to mothers experiencing depression. Foundations can contribute to these efforts by supporting increased screening and referrals for treatment for maternal depression in obstetrical, primary care, and pediatric care settings, as well as through home visitation and other parenting intervention programs. These efforts could be further expanded using a consortium approach, in which community-based social service agencies and other institutions work together to raise awareness around maternal depression and connect mothers to resources.

Increased education and awareness of maternal depression is critical to addressing this somewhat hidden crisis. Foundations can bring this issue to the forefront by serving as conveners to gather policymakers, researchers, and practitioners together to discuss local and national solutions to identifying, treating, and supporting mothers with depression.

## 4. Employ an Integrated or Two-Generation Approach

Parents play a critical role in their child's healthy development in the first few years of life. Parental stress—from poverty, unemployment, depression, and other factors—can impede a parent's ability to create a stable home or sustain a nurturing relationship with his or her child. These stressors can be compounded

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due to insufficient access to consistent child care or educational opportunities for a child, which may prevent a parent from fully participating in the labor market or focusing on his or her own economic and professional growth.

Two-generation programs seek to improve child well-being by improving parental well-being. To do so, these integrated approaches combine high-quality child care and educational programs for young children with supports and tools for parents that promote greater financial and personal stability. In two-generation programs children are given access to quality child care programs like Early Head Start, and parents are connected to services ranging from parenting skills classes, to job-training and workforce-readiness programs, educational opportunities, and life-goals planning.

Two-generation approaches aim to reduce financial barriers and create security and stability in the home by providing services to address the whole family's needs simultaneously. Practitioners implementing two-generation programs underscored that in order to impact early childhood development it is necessary to target not only children between the ages of zero and five, but also their families. Foundations can support this kind of holistic approach to early childhood by investing in programs that work intensively within a community to understand what families require and then provide parents with the information and skills they need to succeed. When implemented successfully, these two-generation programs can provide families a concrete way to break the cycle of poverty.

While two-generation programs have had mixed success, experts we spoke with identified several specific elements and approaches that hold promise for further investigation, as outlined in the following Case Study.

*“The success of the Two Generation movement has been to reinvigorate the conversation about how to lift families out of poverty. There has been a strong communications effort and identification of some bright spots. But there is a lot more work to be done to see greater impact.”*

**– Steffanie Clothier**

Investment Director, Childhood Development | Gary Community Investments

### **CASE STUDY: CAP Tulsa**

CAP Tulsa aims to break the cycle of poverty using a two-generation approach. The program was developed based on the understanding that the success of children and their parents is often intertwined: supporting parents benefits children and supporting children benefits parents. Building on the notion that household income can significantly impact the future trajectories of young children, CAP Tulsa seeks to help parents achieve economic mobility while also providing their children the tools they need for success. The program offers both high-quality early childhood education to young children in low-income families and innovative services to their parents designed to improve parenting skills, increase education, and enhance employability.

#### **Designing a Multidimensional Program**

The early childhood education component of CAP Tulsa is a Head Start program. Parents of children enrolled in Head Start can participate in the CAP Tulsa services designed for them, such as educational programs, and coaching supports geared toward promoting economic advancement. A workforce development model is used to help parents secure entry-level jobs that offer opportunities for upward mobility and wage increases.

In designing the program, the CAP Tulsa team carried out a local labor-market analysis and determined that the health care sector in Tulsa was best equipped to support the entry of new, skilled workers. Partnering closely with experts in workforce development, the team designed an educational program to help parents reach the academic level necessary to enroll in community college. The team then connected parents to community college classes that provide training in health care specialties such as medical coding and phlebotomy.

#### **Measuring Success**

To evaluate the success of CAP Tulsa, the team will need to determine whether Head Start children whose parents are invited to enroll in the workforce development/economic advancement program have better outcomes than Head Start children whose parents only have access to more traditional parent-based interventions. Early findings show that children from families participating in the CAP Tulsa program have a reduced rate of chronic absenteeism at school. With regards to parent outcomes, there has also been promising preliminary evidence showing that treatment group members had high rates of completing the workforce programming and of attaining employment. Other potential outcomes are currently being evaluated .

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### Learning from the CAP Tulsa Program

The CAP Tulsa team gathered the following insights while developing and implementing their program:

- Coordinating adult education/workforce development and early childhood education can be challenging. For example, if adult classes are offered during hours when children are not in school, gaps in child care coverage may limit a parent's ability to participate.
- Parents involved in workforce development may need to be financially subsidized. Joining a workforce development program and taking classes limits the amount of paid work a parent can do. Unless subsidized, parents may not be able to afford to take the time off to invest in taking classes and learning new skills.
- Using children's enrollment in Head Start as the point of entry for parents' involvement in the program can have drawbacks. In some cases, children may age out of the Head Start program before their parents even complete their workforce development education and training.
- There is real value in having individuals enter the CAP Tulsa program as part of a cohort with other parents. The cohort structure provides a built-in support system, allowing parents to help each other through challenges they encounter on both the workforce and parenting tracks.

### INSIGHT FROM THE FIELD

- Foundations must be as committed to helping parents as they are to helping children. This means, they should consider issues like food insecurity, job opportunities, financial literacy, support networks, access to health care, and treatment for mental health problems. To be successful, an intervention cannot exclusively target parent behavior, but must also address the other challenges parents face.

## 5. Build Family and Social Supports

Families are a critical part of the ecosystem that determine developmental outcomes for children in their earliest years. Foundations can help create a supportive physical and social environment for children by:

- **Connecting Mothers and Creating Peer-Support Networks**

Parenting can be a very isolating experience. Research has shown that “support groups” for new mothers can offer many benefits in the way of reducing postpartum depression and stress. With an opportunity to share parenting information, get support, and seek advice, mothers who engage with other mothers in community-based groups or on-line platforms are more confident in their ability to take care of their children and feel that their general happiness is improved. Experts we interviewed suggested that foundations can play an important role in connecting low-income mothers with each other. This contributes to the broader goal of creating stable families, as mothers with stronger social networks have been shown to have access to more resources and a greater sense of well-being.

*“The mothers have weekly groups where they serve as role models for each other, provide support for each other—they become family for each other—and mothers are able to develop leadership skills. On WhatsApp, moms have created and monitored group chats. They encourage each other and remind each other to come to the group. We can’t be open 24 hours a day, so the community takes over.”*

– **Monika Estrada Guzman, BA, MSW**

Program Director | El Nido NYC, support program for mothers with children 0 to 3

- **Engaging Fathers**

Early childhood experts we interviewed also noted the important role a father can play in a child’s emotional, cognitive, and behavioral growth. While the emphasis has traditionally been on how best to engage low-income mothers, research has shown that families with more involved fathers have better prenatal care, experience less involvement with child protective services, and have improved maternal mental health because of the ability to share parenting responsibilities.<sup>37</sup>

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Children who have contact with their fathers have also been shown to demonstrate higher emotional regulation and lower aggressive behavior in comparison to children who have no contact with their fathers.<sup>38</sup>

Based on these insights, foundations can devote greater attention, funding dollars, and research to interventions oriented toward fathers. A variety of parenting interventions are currently being tested to build relationships between fathers and their children by supporting early attachment formation and teaching parenting skills. Some interventions, including those targeting teen fathers, have shown positive preliminary results. However, it is important to acknowledge that there are inherent complexities in implementing father-focused parenting interventions and sustaining participation, particularly with non-cohabitating fathers. In addition, many low-income fathers' disconnection from their family is exacerbated by challenges in other aspects of their lives, including unemployment, and housing instability. A two-generation approach that emphasizes fathers could potentially address these inter-related issues.

*“Investments that focus on building parents’ knowledge and skills are highly unlikely to bring about sustained and scalable improvements in children’s development unless these investments also address the stressors associated with poverty and the social determinants of parental functioning, such as parents’ health, mental health, safety, housing and food security, and educational and employment opportunities.”*

– Dr. Joshua D. Sparrow

Director | Brazelton Touchpoints Center

## Settings for Interventions

### 1. Implement Programs through Pediatric Clinics

Considering the multidimensional nature of early childhood development, interventions targeting both children and parents should be offered in settings beyond the home and child care centers. Pediatric clinics are a natural choice for such an expanded implementation model.

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Pediatric clinics are already being used to some extent as a setting to offer parenting interventions, but their role could be expanded—both to add new programs and to scale existing ones. Because pediatricians and their staff are already viewed as credible experts, concerns about trust—which can be one of the primary barriers to program participation—may be less likely to exist. Because new mothers tend to visit a pediatrician three to four times a year for the first few years of their child’s life, parenting interventions provided through pediatric clinics also offer a reasonable amount of built-in continuity. This is particularly important for underserved parents, who can be particularly difficult to reach with programming. Numerous foundations, policymakers, and research institutions have begun to see the pediatrician’s office as a place that cares not only for children, but for parents as well. For example, incorporating a survey screening for postpartum depression symptoms as an additional component of well-baby checkups could be highly effective, but at present does not happen in all pediatric settings.

There is substantial interest among the funding community in using pediatric clinics as a means of addressing social and economic challenges. However, children without health insurance coverage are significantly less likely to receive well-child visits than those with insurance coverage, so these important issues of access need to be taken into consideration.

*“Doctors say [incorporating a parenting intervention] makes them more effective. It creates a center of gravity for them, and parents see that their child’s doctor is thinking about the whole child, and his or her future success.”*

– Brian Gallagher

Executive Director | Reach Out and Read

### 2. Embed Early Childhood Interventions within Other Existing Institutions

Integrating or embedding early childhood interventions within existing structures can help ensure their long-term success both in terms of greater sustainability and increased access.

- **Sustainability**

In contrast to freestanding early childhood interventions, which face a constant need to seek out new funding, interventions that are embedded in existing

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institutions offer a more sustainable model. Being connected to a larger institution may provide financial stability both by securing access to consistent funding streams and by providing a broader network from which a program can draw support.

In addition, interventions embedded within existing institutions may be able to sustain effects longer thanks to a built-in system of complementary programs that support children and families. Organizations that operate within a larger service-delivery system may also possess institutional knowledge and lessons learned that can contribute to more successful implementation.

- **Access and Take-Up**

Experts we spoke with noted that housing programs within existing institutions that already provide complementary services can increase the likelihood that at-risk families will access them. While freestanding programs may be viewed with skepticism by community members, interventions administered by well-known institutions often benefit from high community trust, which can help increase the reach of a program.

In addition to facing less skepticism, interventions embedded in existing institutions may also see higher take-up as a result of referrals across complementary programs. In these cases, program staff can act as ambassadors to families, introducing them to other services available at the same site. These streamlined “one-stop” service sites allow families to more easily engage in multiple programs. For example, organizations offering adults free ESL or computer classes could be valuable partners in delivering parenting interventions.

## Organizational Recommendations

### 1. Serve as a Convener to Bring Together Funders, Grantees, and Academic Experts

Foundations can provide opportunities through seminars, meetings, and conferences for key stakeholders in the early childhood field to share research, program ideas, and funding opportunities. By serving as a connector between professionals often siloed within their own disciplines, a foundation can help facilitate multi-sectoral collaborations in the early childhood development and education spheres.

Foundations can also serve as educators for private-sector players interested in investing in early childhood. This might include connecting prospective investors with researchers and practitioners active in the field to give them first-hand insights into the work being done.

### 2. Identify and Invest in Potential Change-Agents

Foundations can seek out and cultivate new leaders engaged in the early childhood field, in both the public and private sector. Drawing on a broad network of funders, grantees, and other partners, foundations can identify individuals or teams who would benefit from a larger platform and additional investment to pursue work in the field. For example, foundations can offer training fellowships to individuals, and incubator services to private-sector teams, to develop new products and services related to early childhood development.

### 3. Provide Management and Technical Assistance to Grantees

Foundations can offer consultant services to assist grantees in strengthening their organizational capacity. This could include providing grantees with the expertise to develop efficient organizational structures and processes, as well as the technical skills to monitor programmatic fidelity and engage in program evaluation and outcome measurement. Foundations can also support in terms of governance assistance by offering grantees strategic leadership training, board recruitment and development help, and internal capacity-building assessments for staff. These investments in enhanced capacity may yield additional benefits by ensuring organizations are well-equipped to attract the new funding streams necessary for longer-term sustainability.

## INSIGHT FROM THE FIELD

- Foundations should remain engaged with implementing organizations at the field level. Paying attention to how grantees roll programs out and how they are evaluated is critical to informing future decision-making.
- Some nonprofits offer a program that works, but have trouble filling up all their available slots. Marketing is a crucial part of nonprofit work but can be challenging when it relates to something as sensitive as offering parenting support. In these instances, foundations can assist nonprofits with marketing themselves to consumers and help in building capacity around communications.

### 4. Cultivate Cross-Sector Collaboration

Foundations can identify natural collaboration opportunities with institutions working in complementary sectors, such as health, education, disability, and foster care, to increase the breadth and scale of their work. These collaborations can be particularly important if a foundation is considering, or currently using, approaches that provide comprehensive, wrap-around services for at-risk children and families. Additionally, through on-going dialogue with professionals working within other content areas, a foundation may learn of programmatic approaches that could effectively translate in the delivery of early childhood interventions.

### 5. Test Theories and Models by Funding Small-Scale Pilot Programs

Foundations can fund pilot programs to test new models: from rolling out an evidence-based intervention in a new setting, to expanding the population who has access to a specific intervention. Foundations can also test hybrid models that bring together discrete, complementary components from different programs that have proven to be highly effective on their own but not yet together. Such pilot programs are a cost-efficient way to gather early data, learn about what works in the field, and determine whether additional investments should be made in modifying or scaling the intervention.

## INSIGHT FROM THE FIELD

- There are risks associated with being too beholden to evidence-based models. Potentially effective approaches that have not yet been put through randomized control trials, should not be ruled out as investment options. Ideally, foundations will designate some funding to engage in rapid testing of new or hybrid approaches to determine whether the models are responsive to the needs of those being served, test new iterations, and modify future interventions accordingly.

### 6. Develop Key Partnerships with Community-Based Organizations (CBOs), Local Leaders, and Community Members

Experts emphasized that organizations serving the needs of low-income families must focus on developing their beneficiaries' trust. Investing the necessary time in developing this trust can help ensure families are open to receiving guidance or accessing needed benefits from the organization. To support the development

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of these relationships, foundations may want to invest in programs over a longer period to alleviate concerns about year-to-year sustainability and maintain high levels of engagement from community-based organizations and other key allies.

Foundations can also build trust by meeting with community members and local leaders, engaging in community needs assessments in partnership with local CBOs, and providing CBOs and individuals with the tools and resources to design solutions to their own challenges. Through civic engagement—participating on community boards, attending municipal convenings and education-related committee meetings, for example—foundations can gain the legitimacy necessary to work in these communities while remaining up-to-date on key issues that intersect with their commitment to early childhood.

## Advocacy Recommendations

### 1. Center Advocacy around Elevating Community Members' Voices

Foundations should orient their advocacy efforts first and foremost around elevating the voices of the communities they serve. Many experts with whom we spoke underscored that a foundation's advocacy should begin with listening—soliciting input from those individuals living in the communities in which it hopes to have an impact. This can help counteract the risk of a foundation supporting existing programs or building new ones that do not actually offer what the community wants or needs. Having foundation staff build in time to speak to parents, children, and other community stakeholders about the kinds of programs that could be most useful can help prevent this from occurring, particularly if these conversations take place during the early stages of decision-making around funding.

Foundations can learn from the communities they serve regardless of the type of interventions they plan to implement. For example, a foundation that wants to replicate effective programs can get a clearer read on what is working by speaking to families—even if they just identify discrete elements of a program that have been successful. Building on these successful elements will ensure the foundation has a more robust base of support from which to advocate and a greater chance to invest more deeply in what's working.

While working through community agencies can be a good start, field-based practitioners suggested that foundations also discuss their ideas directly with the community—for example through focus testing with parents or shadowing families to see what services they need and what barriers they face in accessing them. Within the early childhood field, there was a general consensus that parents



know what services would most benefit their children but often lack opportunities and mechanisms to make their voices heard in this regard. Foundations can help by providing pathways for families to become more central to this conversation.

### 2. Embrace Non-Traditional Approaches to Advocacy

During our field scan process, discussions often arose about a foundation's ideal role in advocacy. Experts acknowledged that once a foundation becomes an established actor in the field, it may be well positioned to participate in traditional advocacy efforts, such as promoting policy change at the local, state, or national level. However, they also recognized that advocacy could take different forms outside of the policy sphere that add value, such as:

- **Program Advocacy**

Foundations can advocate for high-quality programs. Far too often families need services, yet slots for programs that would meet their needs and are geographically accessible remain unfilled. This may be because parents fear being stigmatized if they pursue services or because they lack the information about program enrollment processes or availability. In these cases, foundations can develop public relations or marketing campaigns to inform families about the various programs and services available and identify ways to make families more comfortable in using them.
- **Building Capacity for Community Advocacy**

Foundations can work directly with community members to help build a more powerful unified voice that allows people to assert ownership over the early childhood programs in their area. Currently, even in instances when people feel passionately about the continuation of essential early childhood programs, they may not have the type of strong advocacy tools necessary to sustain government-funded programs beyond shifts in political climate. Foundations can help shift this status quo. For example, foundations can strengthen local advocacy efforts by giving community-based organizations and the individuals they serve the tools and training to tell their stories to the media, funders, and policy makers.
- **Advancing Dialogue around Innovation**

Foundations can promote progress by encouraging stakeholders at all levels to discuss new and emerging evidence and to explore innovative approaches. For example, once foundation staff have evaluated a new concept—or a newer version of an old concept—and determined that it effectively addresses a tangible need, they can bring it to the attention of government agencies and advocate its adoption as a publicly funded program.

**VI.  
INNOVATIVE APPROACHES  
IN PHILANTHROPY**

## VI. Innovative Approaches in Philanthropy

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Around the country, cutting-edge, inventive approaches are being used to fund early childhood development. In speaking with funders, academics, and practitioners in the early childhood space, we encountered a number of intriguing philanthropic approaches that ventured away from standard methods, and instead looked to other fields, such as urban design, community development, and business and entrepreneurship, to make an impact in childhood.

### Place-Based Philanthropy

At its most basic level, place-based philanthropy refers to a philanthropic initiative that centers around a specific geographic location, which could be a neighborhood, city, or region, or some variation. Place-based philanthropy often seeks to address the interconnected challenges in a community by mobilizing local assets. By concentrating efforts and developing deep ties in one specific area over time, a place-based approach can help a foundation generate transformative change within a community. For example, the Piton Foundation/Gary Community Investments invests in for-profit and philanthropic solutions for Colorado's low-income children and their families.

#### INSIGHT FROM THE FIELD

- Effective place-based philanthropy is challenging and takes patience and humility. Expect to devote a lot of time to building community relationships.

### Design Thinking

Design thinking, or community-designed change, is an approach where solutions to a problem are crafted with the end user's input, and with their needs in mind. While the design thinking process has been more commonly associated with the private sector, it also plays an important role in how social challenges, including those in the field of early childhood, are being addressed. In these cases, design thinking brings together diverse voices within a community, including practitioners, civic leaders, residents, and designers to collaborate in defining a problem, developing innovative ideas to address the problem, testing these ideas for feasibility, and then reshaping them as necessary throughout the

implementation process. The Frontiers of Innovation program at Harvard University's Center on the Developing Child has embraced design thinking in its IDEAS Impact Framework, which guides the design, testing, and refinement of intervention strategies.

### Incubators and Innovation Prizes

With the goal of fostering new ways of thinking around early childhood and supporting ground-breaking ideas and approaches, foundations are adopting tactics most commonly seen in the business world such as incubators and innovation prizes. Incubators provide teams with financial, technical, and networking support while they flesh out their solutions to early childhood challenges. Innovation prizes and other competitions attract a diversity of practitioners to present novel ideas to catalyze change in the early childhood field. For example, Gary Community Investments has launched an Early Childhood Innovation Prize competition to find innovative solutions to maximize every child's potential during their first three years of life. Meanwhile, the J.B. and M.K. Pritzker Family Foundation in Chicago established its Early Childhood Innovation Accelerator a few years ago.

### Active Design Strategies

Funders are investing in the use of active design strategies to support collaboration between urban designers and early childhood experts. These two groups are working together to make public spaces part of the early childhood equation. Everyday settings like supermarkets, laundromats, barber shops, parks, and bus stops—where small children traditionally accompany their parents—are being used to introduce reading and learning activities, as well as opportunities for parent-child engagement. For example, the William Penn Foundation is supporting Urban Thinkspace, a project out of Temple University that brings together the fields of learning sciences and design with the goal of creating environments “that foster a breadth of skills—from communication, to collaboration, to critical thinking—on our everyday walks and in our everyday neighborhoods.”<sup>39</sup>

## VII. Moving Forward

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Undertaking this field scan was a significant first step for the Burke Foundation in developing strategic direction for its future philanthropy. The field scan provided the Foundation with an understanding of the fundamental approaches to serving at-risk families in the early childhood space, and contextualized the key players, research, and practices in the field. By learning from the many experts who so willingly gave their time and shared their expertise, the Burke Foundation was able to draw up the early blueprints for its new investments in early childhood.

Moving forward, the Burke Foundation is committed to pursuing a diverse early childhood grantmaking strategy to improve the lives of families and ensure a brighter, healthier future for all children. The Foundation seeks to advance a mission that recognizes the power of nurturing relationships, increases access to quality early childhood development programs and interventions, and offers opportunities for mobility and security across generations. The Foundation believes that supporting a continuum of programs that serve children aged zero to five and their parents, will provide the greatest chance to positively impact children's pathways for success.

The Burke Foundation sees its role as an entity that can help scale effective interventions and pilot new models that have the potential for success; as a bridge funder that can monitor the national landscape of research and practice and bring information, ideas, and support to grantees; as a convening power to bring together funders, academics, practitioners, and community-based groups to push for innovative early childhood programs; and as a source for management and technical assistance to improve grantees' organizational capacities.

Working closely with partners, experts in the fields, fellow funders, and community leaders, the Burke Foundation embraces the challenge of being part of the solution to change the course of children's lives.

# Interviewees

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We are grateful to those who shared their time and expertise with us and could not have completed this project without their support. Our team benefited from the insights, thoughtful feedback, and knowledge of an outstanding group of individuals that included funders, academics, practitioners, community leaders, and representatives from government agencies. We deeply appreciate their candor about what is working in the field and where there is room for improvement, as well as their willingness to share their thoughtful feedback on our vision for future engagement in early childhood. It has been a pleasure meeting and connecting with such committed advocates and changemakers, and we are grateful for their contributions to this project.

## Expert Interviews from our Field Scan

**Dr. Emary Aronson**

Chief Program Officer, Robin Hood

**Dr. Bob Atkins**

Director, New Jersey Health Initiatives

**Karen E. Avery**

Senior Director of Institutional Giving, PBS Foundation

**Sara C. Aye**

Co-Founder and Executive Director, Greater Good Studios

**Dr. W. Steven Barnett**

Senior Co-Director, Founder, National Institute for Early Education Research

**Ashley Beckner**

Principal, the Omidyar Network

**Ana I. Berdecia**

Board Member, Princeton Area Community Foundation

**Dr. Kristin Bernard**

Attachment and Bio-Behavioral Catch Up Expert and Research Partner, Power of Two

**Deborah Berry-Toon**

Executive Director, Project Self-Sufficiency

**Jeanne Borrelli**

Coordinator, Special Child Health, Camden County Department of Health

**Cara Bowers**

Program Officer, Hecksher Foundation

**Logan Brennan**

Program Supervisor (Brooklyn), Power of Two

**Dr. Rahil D. Briggs**

Director of Healthy Steps Program and Director of Pediatric Behavioral Health Services at Montefiore Medical Group (NYC), Healthy Steps at Montefiore

**Dr. Arturo Brito**

Executive Director, Nicholson Foundation

**Jamie B. Bussel**

Senior Program Officer, Robert Wood Johnson Foundation

**Hannah Calhoun**

Director, Blue Ridge Labs

**Dr. Brian Carter**

Program Officer (Inspired Minds), Overdeck Foundation

**Elizabeth Christopherson**

President and CEO, Rita Allen Foundation

**Steffanie Clothier**

Investment Director of Child Development, Gary Community Investments

**Dr. Gerard Costa**

Director, Center for Autism and Early Childhood Mental Health

**Karen Courtney**

Vice President, CEO, Children's Home Society

**Bill Cromie**

Director of Emergent Technology, Blue Ridge Labs

**Robyn D'Oría**

Executive Director, Central Jersey Family Health Consortium

**Steven Dow**

Executive Director, Community Action Project Tulsa

**Dr. Mary Dozier**

Founder and Principal Investigator of Attachment and Bio-Behavioral Catch Up, Professor of Child Development at the University of Delaware

**Rebecca Eastmond**

CEO, Greenwood Place

**Dr. Thomas J. Espenshade**

Professor of Sociology, Princeton University

**Monika Estrada-Guzman**

Program Director, El Nido

**Holly Fogle**

EL Nido

**Claudia Funaro**

Director of Nursing, Camden County Department of Health

**Brian Gallagher**

President and CEO, Reach Out and Read

**KT Gillett**

Community Outreach, Research and Design, Blue Ridge Labs

**Mathew Glickman**

Founder, BabyCenter

**Phyllis Glink**

Executive Director, Irving Harris Foundation

**Jeremy Grunin**

President, Jay and Linda Grunin Foundation

## INTERVIEWEES

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**Diane Hagerman**

Deputy Director of Programs, New Jersey Health Initiatives

**Dr. Nadine Burke Harris**

Founder and CEO, Center for Youth Wellness

**Isabelle Hau**

Venture Partner, the Omidyar Network

**Patricia Hearey**

Health Educator, Camden County Department of Health

**Anne Heller**

Founder and CEO, Power of Two

**Ira Hillman**

Head of Parenting and Early Childhood, Einhorn Family Charitable Trust

**Dr. Kathy Hirsh-Pasek**

Faculty Fellow at Temple University, Senior Fellow at the Brookings Institution, and President of the International Congress of Infant Studies

**Dr. Jacqueline Jones**

President and CEO, Foundation for Child Development

**Katherine Klem**

Director of Policy, MOMS Partnership

**Tammy Kwan**

Co-Founder and CEO, Cognitive Toybox

**Dr. Brenden Lake**

Assistant Professor of Psychology and Data Science, New York University

**Debra Lancaster**

Chief Program Officer, New Jersey Department of Children and Families

**Ashley Lanfer**

Partner, Wellspring Consulting

**Kirsten Lodal**

Co-Founder and CEO, LIFT

**Sunny Longbons**

Managing Director, Robin Hood

**Elizabeth Manley**

Assistant Commissioner of Children's System of Care, New Jersey Department of Children and Families

**Joan O. Martin**

WIC of Mercer County Program Administrator, Children's Home Society

**Shelby Marzouk**

Senior Program Officer, Hecksher Foundation

**Ann Massa**

Second Vice President of Preventative and Family Outreach Services, Children's Home Society

**Barbara May**

Director of Policy and Program Planning, Southern New Jersey Perinatal Cooperative

**Dr. Marie C. McCormick**

Professor of Maternal and Child Health, Harvard T.H. Chan School of Public Health

**Dr. Kerry Anne McGeary**

Senior Program Officer in the Research-Evaluation-Learning Unit, Robert Wood Johnson Foundation

**Jeanne McMahon**

Director of Health & Family Support Programs, Statewide Parent Advocacy Network, Inc

**Dr. Alan L. Mendelsohn**

Associate Professor of Pediatrics and Population Health, New York University School of Medicine and Bellevue Hospital Center; Principal Investigator, Bellevue Project for Early Language, Literacy, and Education Success

**Floyd Morris**

President, Children's Futures

**Sally Munemitsu**

Co-Founder, COO, and Chief Collaborator; Algorhythm

**Renee Murray**

Associate Clinical Director of Care Management Initiatives, Camden Coalition of Healthcare Providers

**Dr. Paschal Nwako**

Health Officer, Camden County Department of Health

**Dr. David Olds**

Founder, the Nurse-Family Partnership

**Marjorie A. Paloma**

Senior Director, Robert Wood Johnson Foundation

**Sophia Pappas**

Managing Director of Birth Through Eight Strategy for Tulsa, George Kaiser Family Foundation

**Donna C. Pressman**

President & CEO, Children's Home Society

**Elizabeth Prohasky**

Associate, Rabin Martin

**Barbara Reisman**

Senior Advisor, the Maher Charitable Foundation

**Carly Roberts**

Program Officer (Early Impact), Overdeck Foundation

**Anarosa Rohan**

Director of Institutional Giving, PBS Foundation

**Shannon L. Rudisill**

Executive Director, Early Childhood Funders' Collaborative

**Rachel Ruel**

Project Coordinator, Essex County Improving Pregnancy Outcomes Project, Statewide Parent Advocacy Network, Inc

**Kristin B. Schubert**

Managing Director, Robert Wood Johnson Foundation

**Maria Schneider**

Executive Vice President, Rabin Martin

**Jess Simmons**

Director of Business Development, LENA Research Foundation

**Dr. Megan V. Smith**

Principal Investigator and Director, MOMS Partnership

**Dr. Joshua D. Sparrow**

Director, Brazelton Touchpoints Center

**Nina Stack**

President, Council of New Jersey Grantmakers

**Judy Stark**

Assistant Director, Regional Programs, AC Healthy Families, Southern New Jersey Perinatal Cooperative

**Jeff M. Vega**

President and CEO, Princeton Area Community Foundation

**Dr. Abigail M. Velikov**

Senior Director, Early Childhood Health & Development Unit, NYC Department of Health & Mental Hygiene Division of Family & Child Health

## INTERVIEWEES

### **Dr. Steven F. Warren**

Creator of LENA, Investigator with the Institute of Life Span Studies, University of Kansas

### **Tassy Warren**

Chief Program Officer, Harvard Center on the Developing Child

### **Kathryn Wehr**

Senior Program Officer, Robert Wood Johnson Foundation

### **Dr. Adriana Weisleder**

Director, Bellevue Project for Early Language, Literacy and Education Success

### **Gillian Williams**

President, the Rensselaerville Institute

### **Megan Wyatt**

Managing Director of Strategy & Programs and Early Learning, the Bezos Family Foundation

### **Elissa Young**

Executive Director, Little Essentials

### **Cecilia Zalkind**

President and CEO, Advocates for Children of New Jersey

### **Ilise Zimmerman**

Executive Director, Partnership for Maternal and Child Health of Northern NJ

## Burke Foundation Roundtable | Investing Early: Reflections from Leaders in the Field

On January 25th, 2018, in partnership with Dr. Jeanne Brooks-Gunn, The Burke Foundation hosted a roundtable discussion in Princeton, NJ that brought together community leaders, foundations, and non-profit organizations working in the early childhood sector. The roundtable was called *Investing Early: Reflections from Leaders in the Field*, and its participants guided The Foundation's strategic grantmaking approach and explored how best to support and empower underserved families in New Jersey. The roundtable underscored how critical it is for a foundation to work in tandem with community members to design solutions and address the tangible and real needs of families.

### Moderator

#### **Dr. Jeanne Brooks-Gunn**

Virginia & Leonard Marx Professor of Child Development & Education, Teachers College, Columbia University

Professor of Pediatrics, College of Physicians and Surgeons, Columbia University

Co-director, National Center for Children and Families, Teachers College, Columbia University

### The Burke Foundation

#### **James Burke**

President

#### **Atiya Weiss**

Executive Director

#### **Evan Delgado**

Program Associate

#### **Marisa Morin**

M.S. & PhD Candidate

#### **Ryan O'Mara**

Program Consultant

#### **Jennifer Weiss**

Consultant

### Attendees

#### **Dr. Bob Atkins**

Director, New Jersey Health Initiatives

#### **Dr. Steven Barnett**

Senior Co-Director, National Institute for Early Education Research

#### **Dr. Kristin Bernard**

Assistant Professor of Psychology, Stony Brook University

#### **Shaneka Boucher**

President, Social Responsibility Through Me

#### **Dr. Arturo Brito**

Executive Director, The Nicholson Foundation

#### **Karen Courtney**

President & CEO, The Children's Home Society of New Jersey

#### **Stephen Dow**

Executive Director, CAP Tulsa

#### **Nancy Gerrity**

Public Health Nurse Consultant, Reproductive & Perinatal Health, NJ Department of Health

#### **June Gray**

Director of Family Support, Interventions, Children's Futures

#### **Eleanor V. Horne**

Chair, Committee on Impact, Princeton Area Community Foundation

#### **Samantha Lott-Velez**

Special Assistant, Head Start Program Director, Newark Public Schools

#### **Jenn Ng'andu**

Interim Managing Director, Robert Wood Johnson Foundation

#### **Donna C. Pressma**

President & CEO, The Children's Home Society of New Jersey

#### **Barbara Reisman**

Senior Advisor, The Maher Charitable Foundation

#### **Shannon Rudisill**

Executive Director, Early Childhood Funders, Collaborative

#### **Dr. Joshua D. Sparrow**

Director, Brazelton Touchpoints Center, Boston Children's Hospital; President, Brazelton Touchpoints Foundation; Associate Professor of Psychiatry, PT, Harvard Medical School

#### **Nina Stack**

CEO, Council of New Jersey Grantmakers (CNJG)

#### **Jeff Vega**

President & CEO, Princeton Area Community Foundation

#### **Cecilia Zalkind**

President & CEO, Advocates for Children of New Jersey



# Sources

---

- 1 Resources for this section: Center for the Developing Child, Harvard University. <https://developingchild.harvard.edu/>; Urban Child Institute. <http://www.urbanchildinstitute.org/>; National Scientific Council on Developing Child. <https://developingchild.harvard.edu/science/national-scientific-council-on-the-developing-child/>.
- 2 Heckman, James. "Skill formation and the economics of investing in disadvantaged children." *Science* 312 (2006): 1900-1902., 2006. [http://jenni.uchicago.edu/papers/Heckman\\_Science\\_v312\\_2006.pdf](http://jenni.uchicago.edu/papers/Heckman_Science_v312_2006.pdf).
- 3 "Smoking During Pregnancy." *March of Dimes*. Last Reviewed December, 2015. <https://www.marchofdimes.org/pregnancy/smoking-during-pregnancy.aspx>.
- 4 Health care providers also address the importance of losing excess weight if necessary, refraining from taking medications that can be harmful to a growing fetus, and avoiding being exposed to toxic environments.
- 5 Jin, Jill. "Babies with Low Birth Weight." *The Journal of the American Medical Association* (2015): 313(4):432. doi:10.1001/jama.2014.3698. <https://jamanetwork.com/journals/jama/fullarticle/2091990>.
- 6 Low birth weight is caused by premature birth, poor intrauterine growth, substance abuse of drugs, alcohol, and smoking.
- 7 These include respiratory problems, gastrointestinal problems, and infections. They may also experience temperature control issues and low blood pressure, among other concerns.
- 8 Institute of Medicine (US) Committee on Understanding Premature Births and Assuring Healthy Outcomes; Behrman RE, Butler AS, editors. "Preterm Birth: Causes, Consequences, and Prevention." *National Academy Press*, Washington, D.C (2007). Published and unpublished analyses.<https://www.ncbi.nlm.nih.gov/pubmed/20669423>.
- 9 The Healthy People 2020 goal is to have 77.6 % of pregnant females receive early and adequate prenatal care, up from 70.5% in 2007.
- 10 "Unintended Pregnancy in the United States." *Guttmacher Institute*. <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>.
- 11 "Late or No Prenatal Care." *Child Trends*. [https://www.childtrends.org/indicators/late-or-no-prenatal-care/#\\_edn2](https://www.childtrends.org/indicators/late-or-no-prenatal-care/#_edn2).
- 12 In this report, the term "parent" is used to indicate the primary caregiver in a child's home, and beyond biological, foster, or adoptive parent could refer to others serving in the role of caregiver in the home, including other relatives like grandparents, or close friends.
- 13 Appleyard, Karen, PhD, MSW, and Lisa J. Berlin, PhD. "Supporting Healthy Relationships Between Young Children and Their Parents: Lessons from Attachment Theory and Research." *Center for Child and Family Policy, Duke University* (Spring 2007). <https://childandfamilypolicy.duke.edu/pdfs/pubpres/SupportingHealthyRelationships.pdf>.
- 14 The National Scientific Council on the Developing Child and The National Forum on Early Childhood Program Evaluation. "Maternal Depression Can Undermine the Development of Young Children: Working Paper 8." *Center on the Developing Child, Harvard University* (December 2009). <https://46y5eh1lfhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2009/05/Maternal-Depression-Can-Undermine-Development.pdf>.

## SOURCES

---

- 15 Ibid.
- 16 Fernald, Anne, Virginia A. Marchman, and Adriana Weisleder. "SES differences in language processing skill and vocabulary are evident at 18 months," *Developmental Science* (December 2013): Vol. 16, Issue 2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3582035/>.
- 17 "Poverty Can Jeopardize the Development of Literacy and Early Reading Habits," *The Urban Child Institute*. August 30, 2012. <http://www.urbanchildinstitute.org/articles/research-to-policy/policy/poverty-can-jeopardize-the-development-of-literacy-and-early>.
- 18 School readiness: Synthesis. In: Tremblay RE, Boivin M, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. <http://www.child-encyclopedia.com/school-readiness/synthesis>. Updated July 2017. Accessed May 20, 2018.
- 19 Julia B. Isaacs. "Starting School at a Disadvantage: The School Readiness of Poor Children." *Center on Children and Families at Brookings* (March 2012). [https://www.brookings.edu/wp-content/uploads/2016/06/0319\\_school\\_disadvantage\\_isaacs.pdf](https://www.brookings.edu/wp-content/uploads/2016/06/0319_school_disadvantage_isaacs.pdf).
- 20 School readiness: Synthesis. In: Tremblay RE, Boivin M, Peters RDeV, eds. *Encyclopedia on Early Childhood Development* [online]. <http://www.child-encyclopedia.com/school-readiness/synthesis>. Updated July 2017. Accessed May 20, 2018.
- 21 Felitti, Vincent, Robert Anda, and Dale Nordenberg, et al. "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study." *American Journal of Preventive Medicine* (1998): 14(4). (This CDC study was done in collaboration with Kaiser Permanente). <https://www.ncbi.nlm.nih.gov/pubmed/9635069>.
- 22 Sacks, Vanessa, David Murphey, and Kristin A. Moore. "Adverse Childhood Experiences: National and State Level Prevalence," *Child Trends* (July 2014). [https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences\\_FINAL.pdf](https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf).
- 23 Harris, Nadine Burke. "How Childhood Trauma Affects Health Across a Lifetime." TEDMED talk. September 2014. [https://www.ted.com/talks/nadine\\_burke\\_harris\\_how\\_childhood\\_trauma\\_affects\\_health\\_across\\_a\\_lifetime](https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime).
- 24 Resources for this section: Professor James Heckman, University of Chicago/The Heckman Equation; The Center for High Impact Philanthropy, University of Pennsylvania; Center for the Developing Child; and New Jersey School Boards Association.
- 25 Pritzker, J. B., Jeffrey L. Bradach, and Katherine Kaufmann. "Achieving Kindergarten Readiness for All Our Children: A Funder's Guide to Early Childhood Development from Birth to Five." *The Bridgespan Group and The J.B. and M.K. Pritzker Family Foundation* (October 20, 2015). Citing The Ounce of Prevention Fund. "Why Investments in Early Childhood Work." <http://www.theounce.org/who-we-are/why-investments-in-early-childhood-work>.
- 26 "Abecedarian Project." *Social Programs That Work*. Accessed November 09, 2017. <http://evidencebasedprograms.org/1366-2/abecedarian-project>.
- 27 Campbell, Frances A., et al., "Adult outcomes as a function of an early childhood educational program: An Abecedarian Project follow-up," *Developmental Psychology* 48, no. 4 (2012): 1033-043. <https://www.ncbi.nlm.nih.gov/pubmed/22250997>.
- 28 Ibid.
- 29 Ibid.

## SOURCES

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- 30 Ibid.
- 31 Barnett, W. Steven, and Alison H. Friedman-Krauss. "State(s) of Head Start." *National Institute for Early Education Research and Rutgers Graduate School of Education* (2016). [http://nieer.org/wp-content/uploads/2016/12/HS\\_Full\\_Reduced.pdf](http://nieer.org/wp-content/uploads/2016/12/HS_Full_Reduced.pdf).
- 32 Pritzker, J. B., Jeffrey L. Bradach, and Katherine Kaufmann. "Achieving Kindergarten Readiness for All Our Children: A Funder's Guide to Early Childhood Development from Birth to Five." *The Bridgespan Group and The J.B. and M.K. Pritzker Family Foundation* (October 20, 2015). <https://www.bridgespan.org/insights/library/children-youth-and-families/early-childhood-funder-guide-2015>.
- 33 An Early Childhood Longitudinal Study sponsored by the U.S. Department of Education's National Center for Education Statistics found that children's reading skill level when they began kindergarten was correlated to the literacy environment in their home. Children who came from homes that had books, and where their parents read to them regularly and engaged them with stories, had stronger literacy skills including higher reading capabilities than those who lacked this literacy-rich environment, regardless of income level. Denton, Kristin, Jerry West, and Jill Walston. "Reading—Young Children's Achievement and Classroom Experiences: Findings From the Condition of Education 2003." *National Center on Education Statistics, US Department of Education*, Washington, DC. <https://eric.ed.gov/?id=ED480265>.
- 34 Policy brief from Administration for Children and Families, Office of Child Care. [https://www.acf.hhs.gov/sites/default/files/occ/occ\\_fcc\\_brief.pdf](https://www.acf.hhs.gov/sites/default/files/occ/occ_fcc_brief.pdf).
- 35 Porter, Toni, Kayla Reiman, Christina Nelson, Jessica Sager, Janna Wagner. "Quality in Family Child Care Networks: An Evaluation of All Our Kin Provider Quality." *ZERO TO THREE* (March 2016): v36 n4 p19-29. <https://eric.ed.gov/?id=EJ1123782>.
- 36 Waite, William, Fred Carstensen, Jill Coghlan, Marcello Graziano, and Kathryn Parr. "Assessing the Economic Impact of the AOK Family Child Care Licensing Program." *Connecticut Center for Economic Analysis* (July 2011). [https://webshare.business.uconn.edu/ccea/studies/CCEA\\_AOK-EconImpact\\_2011jul.pdf](https://webshare.business.uconn.edu/ccea/studies/CCEA_AOK-EconImpact_2011jul.pdf).
- 37 Shapiro, Alyson F., Judy Krysik, and Amy L. Pennar. "Who Are the Fathers in Healthy Families Arizona." *American Journal of Orthopsychiatry* (July 2011).
- 38 Vogel, Cheri A., Robert H. Bradley, Helen H. Raikes, Kimberly Boller, and Jeffrey K. Shears. "Relation Between Father Connectedness and Child Outcomes." *Parenting: Science and Practice* (June 22, 2011): p 189-209. <https://www.tandfonline.com/doi/abs/10.1080/15295192.2006.9681305>.
- 39 Hirsh-Pasek, Kathy, and Roberta Michnick Golinkoff. "Transforming Cities into Learning Landscapes." *Stanford Social Innovation Review* (Sept. 26, 2016). [https://ssir.org/articles/entry/transforming\\_cities\\_into\\_learning\\_landscapes](https://ssir.org/articles/entry/transforming_cities_into_learning_landscapes).

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