

Programs and Policies to Foster Early Development: What Works?

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Wisconsin can build on several initiatives to position the state as a leader in early childhood policy. To do it right, public-private partnerships that share responsibility offer greater potential than either government or private action alone. To guide their decisions, policymakers can look to evaluations of promising interventions that transform the lives of young children who have experienced trauma, along with data on the track record of Wisconsin policies. As of 2012, Wisconsin ranked 4th in the nation for access to public pre-k programs for 4-year-olds, but 21st for 3-year-olds. In 2010, Wisconsin established YoungStar, its 5-star child care quality improvement and rating system. Currently, 70% of rated programs in the state are at the 2-star level; the largest barrier for providers to move up to 3 stars is meeting educational standards for staff in a workforce with high rates of turnover. Wisconsin's two public-private programs for improving educational attainment and compensation for the early childhood workforce—T.E.A.C.H. and R.E.W.A.R.D.—both have long waiting lists. When deciding what to invest in, the key is choosing evidence-based strategies that are implemented well with funds set aside for evaluation. The up-front costs may be less important than the long-term return on investment; programs that cost less because they employ less competent staff are a waste of money if they do not have the expertise it takes to produce impacts. When deciding who to target, state and local data can identify those most vulnerable—children with special needs; families of color; those experiencing toxic stress; families facing health or financial challenges; and so forth.

The nation's future prosperity and security depends on the well-being of our children beginning early in life. Early experiences influence the architecture of the brain, resulting in either a strong or weak foundation for later health and learning. Four decades of rigorous evaluations from a small number of programs demonstrate that it is possible to improve outcomes for vulnerable children that yield benefits to society that far exceed costs. Evaluations have also shown that some programs that are poorly designed and implemented have few beneficial effects. Taken together, science can now provide policymakers with guidance on how to build programs and policies that will improve the life chances of our most vulnerable children.

The Center on the Developing Child at Harvard University has identified the most rigorous and well-accepted findings that can guide policymakers involved in designing early childhood policy. The studies suggest that there is no silver bullet—no single policy or program that will ensure healthy development for all families and children. To do it right, shared responsibility through public-private partnerships holds greater promise than government action alone.¹

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- 1) For pregnant women and children, ensuring access to basic medical care can help address threats to healthy development. For example, inadequate prenatal and early childhood nutrition can be detected before it affects brain development, and maternal depression can be addressed before it affects child development.
- 2) For vulnerable, first-time mothers, home visiting programs can produce cost-effective, long-term benefits for both children and parents. In particular, the *Nurse-Family Partnership Program* that begins prenatally and extends to the second year of life, has been studied extensively and consistently demonstrates positive impacts. In contrast, low-intensity home visitation programs with poorly trained staff and limited family engagement have demonstrated few consistent impacts.
- 3) For children, particularly those from low-income families, high-quality, center-based early education programs can enhance academic skills and school adjustment.
- 4) For families experiencing significant adversity, two-generation programs that provide high-quality care and education for young children, combined with direct supports for parents, can have positive impacts on both parents and children. Still unclear is what program components work best for which families and children.
- 5) For young children experiencing toxic stress, intensive targeted programs are needed and can be beneficial. For example, if the toxic stress stems from maternal depression, the interventions that work best treat the mother's depression and also teach ways to protect their children from its negative consequences.
- 6) For families living under the poverty level and particularly among fragile families, policies that invest in parents' income improved their children's school performance and (sometimes) their social development. Studies of three programs that supplemented the earnings of low-wage workers by providing monthly cash payments found improvements in children's academic skills and behavior.
- 7) For pregnant mothers and young children, policies that protect children from toxins in the environment, such as lead and mercury, can prevent damage to the developing brain. For example, increasing levels of mercury, particularly in fish, pose a growing threat to the immature brains of fetuses and young children.

This chapter overviews what we know about effective programs and policy elements that promote healthy brain development for young children in different contexts—within family environments, in out-of-home early childhood care and education settings, and through interventions for children experiencing extreme stress. Each section describes successful programs, identifies elements of effectiveness, and discusses how the information applies to Wisconsin. This chapter closes with implications for Wisconsin policymakers on evidence-based and promising policies and programs, and effective implementation strategies.

Promoting Healthy Development in Family Settings

Within family settings, early brain development is influenced by a range of factors including parenting practices, parental stress, family economic security, health care, and nutrition. Policies and programs that effectively support families' capacities to nurture children during their early years can set them on a trajectory toward success as adults.

Home Visiting

The transition to parenting can be challenging and stressful, especially for first-time parents with few resources. Home visiting provides support at a critical juncture in the life of a family. The *Nurse-Family Partnership* is one program model that has been rigorously evaluated and consistently demonstrated positive and long-lasting impacts on both parents and children across a range of outcomes.² The program provides home visits to first-time mothers from disadvantaged backgrounds, starting prenatally and continuing until the child turns two. Trained nurses visit families approximately 50 times over the course of the program, weekly during the prenatal and early infancy periods, for about 75-90 minutes each visit. Visits focus on improving prenatal care, teaching responsive parenting practices, and coaching mothers to better plan for the future (e.g., in completing education, finding work, involving the father in the family, planning for subsequent pregnancies).

Many home visiting programs exist, but not all have been extensively tested or proven effective. Programs are more likely to be effective when they target those at high risk, employ highly skilled and supervised staff, and are able to engage families. Programs with lower intensity (e.g., fewer visits, shorter durations) or limited family engagement have been found to be less effective.³

In Wisconsin, several different home visiting programs are in place, but they are administered locally and the total number of families served is not known. In one survey, 73% of county child welfare offices reported offering at least one home visiting program.⁴ The *Parents as Teachers* model of home visiting reported serving 3,405 children in 45 sites. The *Family Foundations* program reported serving 530 children in 10 sites, and the *Empowering Families Milwaukee* program served 217 children in one site. A *Nurse-Family Partnership* program operates in Milwaukee, but how many children it serves is not known. In addition, 2,425 children received home visiting services from Head Start and Early Head Start programs. (Note: not all counts are from the same year, and some children may have been counted more than once). No precise number exists of at-risk mothers in Wisconsin who could potentially benefit from home visiting programs. However, rough estimates using available birth records and maternal education data suggest that only a fraction of at-risk mothers are being served.⁵

Health and Nutrition

Access to high-quality health care and adequate nutrition are critical during prenatal development and early childhood.⁶ In Wisconsin, children have high levels of access and take-up of public health insurance programs (through Medicaid

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and BadgerCare), and relatively good health status overall.^{7,8} In 2011, an estimated 7% of children age 6 and younger did not have health insurance;⁹ however, health insurance coverage is a crude proxy for access to good care. Indeed, insurance does not ensure reliable access to primary care, and more than 25% of insured children may not have adequate coverage for all of their health needs.¹⁰ Furthermore, health outcomes are significantly poorer for children of color, especially African American and Native American children. Children's coverage will also likely be affected by upcoming changes to BadgerCare Plus. Currently, all children under 19 are eligible for state coverage, as well as parents with incomes at or below 200% of the federal poverty threshold. Starting in April 2014, eligibility will be limited to children in families with incomes at or below 300% of the poverty threshold, and to parents who make at or below 100% of the poverty threshold.¹¹

In regard to early nutrition, 11% of Wisconsin households reported food insecurity in 2012, which means these families faced difficulty providing enough food to all their members, at least sometime during the year, due to lack of resources. This rate tends to be much higher for households with children, single-mother families, Black and Hispanic families, and those living in large cities.¹²

In 2012, 30% of Wisconsin children were enrolled in FoodShare, Wisconsin's food stamp program.

Two federal programs address food insecurity among children within the family context. FoodShare (Wisconsin's food stamp program) provides support to low-income families whose household income falls below 200% of the federal poverty threshold. As of 2012, 30% of Wisconsin children were enrolled in FoodShare.¹³ Children under age 5 make up the largest age group receiving FoodShare, representing about 13% of all recipients in the state in 2013.¹⁴ FoodShare benefits were expanded in 2009 under the American Recovery and Reinvestment Act, but benefit levels have recently gone back down.¹⁵

The Women, Infants, and Children (WIC) supplemental food program provides nutrition assistance to pregnant or postpartum women, infants, and children up to age 5 with household incomes up to 185% of the federal poverty threshold. In 2010, WIC served 125,026 individuals in Wisconsin out of an estimated 227,423 who were eligible, meaning that 55% of eligible children and mothers were covered.¹⁶

Parental Work Support

Extensive research has demonstrated that persistent and deep poverty is harmful to children. In 2012, 16% of Wisconsin children lived below the federal poverty threshold, and an additional 19% lived in families with incomes less than twice the federal poverty threshold. Overall, these child poverty rates are slightly lower than national averages, but the rates are notably higher in certain Wisconsin counties and for particular types of families.¹⁷

The state provides economic supports to families through several programs. Wisconsin offers the Homestead Tax Credit Program, designed to reduce the burden of property tax on low-income families. For 2010 claims, 248,014 filers received an average credit of \$536.¹⁸ Wisconsin supplements the federal refundable Earned Income Tax Credit (EITC) for working poor families with children. The EITC is considered a particularly effective policy for encouraging employment

and lifting families out of poverty.¹⁹ In general, EITC benefits expanded over the last decade, but Wisconsin reduced state benefit levels in 2011. For 2010 claims, 268,171 filers received the state tax credit with total payments amounting to almost \$101 million, an average of \$376 per family.²⁰

Wisconsin Works (W-2) provides income support to families in poverty if work requirements are met. In 2003, 14,997 adult participants and 29,918 children were served by W-2, with 73% of participants having at least one child age 6 or younger.²¹ Viewing W-2 through the family impact lens, W-2 could be more supportive of families with special needs if work requirements were reduced.

The Earned Income Tax Credit is an effective policy for encouraging employment and lifting families out of poverty.

Promoting Healthy Development in Early Childhood Care and Education Settings

Out-of-home early childhood care and education settings include formal and informal child care and preschool programs which are critical supports for working parents. Evidence indicates that these settings have a significant impact on child development and well-being, but impacts vary greatly by program quality. High-quality programs show substantial positive effects on children's development and life outcomes, whereas low-quality programs can be detrimental.

Access, quality, and affordability of early childhood programs is affected by a number of state policy levers. Most prominently, the state (1) regulates child care providers; (2) assesses their quality; (3) provides child care subsidies for low-income families to access licensed child care providers; and (4) offers publicly funded early childhood education, particularly through prekindergarten programs.²²

Child Care Regulation

The state regulates child care providers through the Bureau of Early Child Care Regulation in the Department of Children and Families. Regulation standards establish minimum health and safety practices and requirements, including maximum child-to-staff ratios. Wisconsin requires that all facilities serving more than four children in a center- or home-based setting be licensed. In 2010, about 5,000 such facilities were licensed to serve 209,017 children (of all ages).²³ It is difficult to assess whether the supply meets the demand because there are no data on the number of children in unlicensed care or the number of parents who want care, but do not use it.

Regulation and licensing requirements are typically viewed as necessary but not sufficient for promoting children's well-being. They set basic quality standards, but are not enough to raise program quality to the point of improving developmental outcomes.²⁴ Moreover, regulations that are too strict can have the unintended consequences of increasing the cost and limiting the availability of center-based care.²⁵

Child Care Quality Assessment and Improvement

To promote quality improvement in child care programs, several states have recently implemented Tiered Quality Rating and Improvement Systems. These

systems have been promoted at the federal level by Early Learning Challenge Grants. Child care rating systems serve to (1) establish a standard measure of program quality and rate programs on a common metric; (2) utilize market forces by making ratings publicly available so parents can compare and select programs based on the ratings; and (3) provide incentives, resources, and technical assistance to providers to improve program quality. Rating systems are expected to enhance quality by increasing both the demand for and supply of high-quality care.

Wisconsin's child care quality improvement and rating system, YoungStar, was established in 2010. YoungStar provides participating child care providers with a 1- to 5-star rating based on scores in four categories: staff education and training, learning environment and curriculum, business and professional practices, and health and wellness.²⁶ Most providers currently in the system have received a 2-star rating. The goal is for providers to move up the ladder to a 3-, 4-, or 5-star rating. YoungStar includes training, technical assistance, and resources to help providers improve. Those who receive 4- or 5-star ratings are eligible for financial bonuses through state child care subsidies, whereas 2-star providers face a financial penalty.

Quality ratings of Wisconsin child care programs have been improving, but 62% of rated providers are at the 2-star level.

One report indicates that as of July 2013, 65% of children receiving child care subsidies were enrolled in 3- to 5-star programs, and the percentage of children in higher-rated programs is increasing over time. The number of programs participating in YoungStar and the number receiving higher ratings has also been increasing with time. However, 62% of rated providers in the state are still at the 2-star level.²⁷ These 2-star providers provide a safe and healthy environment for children, but they do not meet higher standards of quality. The largest barrier for these programs in moving to the 3-star level appears to be meeting educational standards for staff, particularly among a workforce with high turnover. Overall, the early childhood workforce in Wisconsin, as in the rest of the country, is a low-paid sector with high staff turnover and limited levels of educational attainment.²⁸

Wisconsin has in place two public-private programs for increasing early childhood caregiver and teacher skills. T.E.A.C.H. is a statewide scholarship program that grants financial awards to early childhood teachers to engage in professional development while continuing their employment. T.E.A.C.H. scholarship recipients have lower turnover rates and higher hourly wages, on average, than nonrecipients. R.E.W.A.R.D. is a stipend program of compensation and retention for the early care and education workforce. Annual incremental salary supplements are awarded to individuals based on their educational attainments and longevity in the field. The application process for both programs is administered by the Wisconsin Early Childhood Association. Recent summary reports indicate that these programs are popular and have long waiting lists.^{29,30,31}

Child Care Subsidies

The state also plays a role in child care access and affordability through child care subsidies. The Department of Children and Families operates the Wisconsin Shares program for low-income families with incomes up to 185% of the federal poverty threshold. Over two thirds of licensed center- and family-based child care providers participate in the *Wisconsin Shares* program. As of 2009, the

program served about 59,000 children, 64% of whom were under the age of 6. Of the families who received subsidies, 90% were single parent families and 90% had incomes at or below 166% of the federal poverty threshold.^{32,33,34} Parents are required to make copayments based on a percentage of their family income. All providers who receive Wisconsin Shares subsidies are required to participate in the YoungStar quality rating system.

Compared to other states, Wisconsin has historically offered higher state reimbursements to providers (at or above 75% of the market rate) and made subsidies available to more families (allowing incomes to rise up to 200% of the federal poverty threshold). However, in recent years the subsidy rates have been frozen and thus the value of the subsidies has declined significantly. Only 22% of children aged birth to 3, and 38% of children aged 3 to 5 from low-income families were enrolled in child care subsidy programs in 2009.³⁵ This low take-up rate may reflect parents' preferences for other care arrangements (e.g., parental, relative, or non-licensed care), the inability to meet other eligibility criteria (e.g., exceeding the initial income criteria), and/or a lack of knowledge about the program. According to a small survey of state-licensed child care providers, almost half indicated that they asked families to leave the program because they could not afford their copayment. A better understanding of the reasons why families do or do not access child care subsidies would be helpful for informing policy.

Prekindergarten Programs

Rigorous studies of prekindergarten (pre-k) programs in the United States and other countries have established their effectiveness in improving school readiness and achievement for young children.³⁶ Wisconsin currently supports prekindergarten by providing funding to public school districts, which can choose to run their own pre-k programs or contract them out to Head Start agencies, private centers, or other community-based programs.

Funding and enrollment in pre-k programs have increased substantially over the past several years in Wisconsin and throughout the country. Recent efforts have been made to expand existing programs and increase the number of new programs in districts that did not previously offer any. As of 2012, Wisconsin ranked 4th in the nation for 4-year-olds' access to public pre-k programs; 89% of school districts in the state offered a program and 69% of the state population of 4-year-olds were enrolled in a state-funded program or Head Start. In contrast, there has been less focus on access for 3-year-olds. Wisconsin ranked 21st in the nation for 3-year-old pre-k access; only 10% of the state's population of 3-year-olds were enrolled in a state pre-k program or Head Start.³⁷

One assessment of the quality of Wisconsin's pre-k system comes from the National Institute for Early Education Research, which provides yearly ratings of each state's preschool system based on ten quality benchmarks.³⁸ In the 2011-2012 assessment, Wisconsin met 5 of 10 quality benchmarks for its 4-year-old pre-k system:

- use of comprehensive early learning standards;
- teacher degree of at least a B.A.;

In 2012, Wisconsin ranked 4th in the nation for 4-year-olds' access to public pre-k programs and 21st for 3-year-olds' access.

- specialized teacher training in early childhood education;
- at least 15 hours of teacher in-service training per year; and
- site visits for program monitoring.

The benchmarks that were not met tended to vary based on location or program specifics: pre-k class sizes no larger than 20; teacher-to-student ratios not greater than 1:10; assistant teachers holding at least a Child Development Associate degree; child access to at least one meal per day; and vision, hearing, and health screening services along with referrals and at least one support service (e.g., health services, special education referral, parent conferences, home visits, access to a school social worker).

Increasingly, research suggests looking beyond benchmarks like these. The foundation of school success is based on more than just basic letter and number knowledge. Programs that build executive function skills (e.g., attention, memory) and social skills (e.g., relationships, cooperation) can also help prepare children for success in school, work, and life.³⁹

Promoting Healthy Development for Children Experiencing Extreme Stress

Some children are exposed to adverse experiences early in life that cause prolonged or extreme levels of stress. This stress results in a physiological reaction to an environmental context such as severe maternal depression, parental substance abuse or addiction, family violence, or child maltreatment, that is not buffered by a caring relationship. These children may need more intensive and targeted support in order to alleviate the effects of toxic stress. For example, if a parent abuses substances, they will most likely benefit from an intervention that focuses specifically on addiction and also teaches them how to avoid damaging effects on their children.⁴⁰

When young children are having trouble focusing or controlling impulses, too often they are over medicated or expelled from preschool.

Teachers are often the first to notice when young children are having trouble controlling impulses, focusing attention, staying organized, and following instructions. These skill deficits are sometimes labeled “bad behavior” and the children are labeled “uncooperative.” Too often, the result is that children are either over medicated or expelled from preschool. Teachers and other caregivers need to be better equipped to understand and deal with these behavioral and learning challenges.⁴¹

The Center on the Developing Child at Harvard has identified three promising interventions for addressing the needs of children who have experienced significant neglect and maltreatment. These programs are shown to be effective in improving a variety of children’s outcomes.⁴²

- The ***Attachment and Biobehavioral Catch-Up (ABC)*** Intervention is a 10-week program for caregivers of young children who have experienced maltreatment or disruptions in their home life. Caregivers (birth parents, foster parents, relatives providing care) are taught to engage with young children in more sensitive, responsive, and nurturing ways that foster children’s regulatory abilities. Evaluations show that children in the

program developed more secure attachments to their caregivers and were better able to regulate their behaviors and stress levels. (Developed by Mary Dozier at the University of Delaware Infant Caregiver Lab: <http://www.infantcaregiverproject.com/>)

- The ***Child-Parent Psychotherapy (CPP)*** treatment model is designed for young children (aged 0-5) who have experienced interpersonal violence or other traumatic events. The focus is improving children's social-emotional, behavioral, and cognitive functioning through building trust in the parent-child relationship following the trauma. The program enhances the parent's capacity to help the child feel safe, while also addressing cultural, socioeconomic, and immigration-related stressors. Five rigorous studies have documented the program's effectiveness in improving children's attachments, increasing parents' responsiveness, and decreasing children's behavior problems and stress responses. (Developed by Alicia Lieberman and Patricia Van Horn at the University of California San Francisco Child Trauma Research Program: <http://psych.ucsf.edu/research.aspx?id=1554>)
- ***Multidimensional Treatment Foster Care for Preschoolers*** is an early intervention service model for 3- to 6-year-old children in foster care, many of whom have experienced neglect. The program focuses on training caregivers to provide positive, responsive, and consistent environments for children, reinforce positive behaviors, and set effective limits. Children also engage in behavioral therapy and socialization activities. The program has been shown to improve attachment behaviors, reduce behavioral problems, and alleviate stress for participating children. (Developed by Phil Fisher at the Oregon Social Learning Center: <http://www.mtfc.com/mtfcp.html>)

Three programs have shown promising results in increasing children's secure attachment, decreasing behavior problems, and regulating stress levels.

Implications for Wisconsin Policymakers on Making Effective Investments in Early Childhood Policy

A wide range of early childhood programs and policies exist for promoting healthy brain development through a variety of policy levers. Effectiveness does not necessarily depend on one specific program, approach, or mode of delivery. Rather, research provides two kinds of information that can be valuable to policymakers including: (a) evidence-based and promising policies and programs, and (b) effective strategies to implement them so they achieve their potential impact. Each are reviewed, in turn, below.

Evidence-Based and Promising Policies and Programs

Some of the policy and program options listed here will be general, but several will focus on the Wisconsin policies and programs that are reviewed in this chapter.

- Wisconsin has taken the important step of developing a market-based, quality rating system for child care providers. Currently, 70% of rated programs in the state are at the 2-star level. Continued efforts are needed

to ensure that programs are able to improve their quality and provide high-quality care at costs that families can afford.

- The relationships that children have with caregivers is very important to their healthy development. This argues for a focus on the skills and personal attributes of caregivers, including their wages and benefits.⁴³ In Wisconsin, the early childhood care and education workforce is marked by high turnover among staff with limited education. Two public-private programs in Wisconsin for improving educational attainment and compensation among the early childhood workforce—T.E.A.C.H. and R.E.W.A.R.D.—have long waiting lists. Building a strong workforce requires more attention to professional development programs and incentives for good teachers to stay in the field.
- Wisconsin’s prekindergarten program for 4-year-olds has been expanding. Still, high-quality preschool is not accessible to many 3-year-olds who would benefit from these early learning experiences. Ensuring that these programs provide positive learning environments is critical to making sure that children enter school ready to learn.
- In Wisconsin, no firm numbers are available, but rough estimates suggest that only a fraction of at-risk mothers receive home visiting. Evaluations of effectiveness could be done to assess whether home visiting programs are reaching the potential demonstrated by the Nurse-Family Partnership Program.
- For Wisconsin households that are experiencing food insecurity, take-up rates could be improved for federal food assistance and other nutrition assistance programs. Special attention may be needed for families experiencing high rates of food insecurity—those with children, single-parents, Black and Hispanic families, and those residing in large cities.
- Poverty can negatively affect children’s development, possibly in part by increasing the odds that children experience prolonged stress responses. For those parents who are working at low-wage jobs, state policymakers could consider increasing the state Earned Income Tax Credit, as well as other measures that will increase work and lift families out of poverty.
- To reduce toxic stress, interventions must treat what is causing the stress in the family. A parent who is depressed needs a different intervention than a parent who is addicted to alcohol or other substances. In addition, parents need information about how their specific personal challenges can affect their children. Child welfare agencies need at their disposal evidence-based programs that can support parents to make improvements in their behavior. High-quality early child care and education programs, home visiting, parenting education, and family support programs need to be better prepared to address the challenges faced by those who experience toxic stress with focused early intervention programs.^{44,45}
- Limited expert help is available for parents, teachers, and providers of early care and education who are dealing with behavioral difficulties in

Families experiencing high rates of food insecurity include those with children, single-parents, Black and Hispanic families, and those residing in large cities.

young children during the preschool years. Limited access to clinical help in mental health for very young children and their families is also a problem, in general, and particularly for child welfare agencies that are mandated to assess the extent of risk children are exposed to.^{46,47}

- Young children who experience anxiety and trauma can recover if given early treatment. Three promising interventions are identified in this chapter—the Attachment and Biobehavioral Catch-Up Intervention, Child-Parent Psychotherapy, and Multidimensional Treatment Foster Care for Preschoolers.⁴⁸
- In recent years, science has shown connections between children’s experience of toxic stress primarily as a result of maltreatment and children’s executive functioning—their ability to control impulses, focus attention, stay organized, and follow instructions. Based on emerging evidence, focused programs have demonstrated short-term impacts in strengthening vulnerable young children’s executive functioning, some accompanied by specific changes in the brain. Building executive functioning skills in early childhood programs can be as important to later school success as number and early literacy skills.^{49,50}
- Typically, policy prescriptions for the abuse or neglect of a child involve the criminal justice system more than the physical and mental health system. However, when young children are abused or neglected, it should also be considered and treated as matter of child health and development in the context of a family in crisis. For accurate assessment and effective treatment, greater access to both early childhood development and adult mental health services is needed.⁵¹

Child abuse or neglect should be considered and treated as matter of child development in the context of a family in crisis.

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Effective Implementation to Ensure Policies and Programs Achieve Their Demonstrated Potential

- When it comes to choosing among policies and programs, the key is selecting strategies that have documented success, implementing them well, and ensuring that funds are available for program evaluation and continuous program improvement.
- When determining who to target, state and local data can identify those most vulnerable—children and with special needs; families of color; those experiencing toxic stress; families facing health or financial challenges; and so forth.
- When determining whether a policy or program is a good investment, consider not only the up-front costs, but also the extent to which the effort will result in long-run benefits that might provide paybacks such as cost savings. The return on investment, which summarizes the full costs and benefits of the program, is more important than just the up-front costs.
- When it comes to staffing, “programs that cost less because they employ less skilled staff are a waste of money if they do not have the expertise needed to produce measurable impacts” (p. 22).⁵²

Conclusion

Shared responsibility through public-private partnerships offers greater promise than either government or private action alone.

Researchers at the Center on the Developing Child ask, “Can or should government do it all?” They answer no, saying: “The magnitude of the challenges and the considerable up-front costs of doing things right suggest that shared responsibility through public-private partnerships offers greater promise than either government or private action alone. Both will benefit greatly in the long term” (p. 28).⁵³

Wisconsin has several promising initiatives they can preserve and build on to improve the quality of their investments in children. The state has a history of providing access to health care for children and income support to working parents. The YoungStar program shows some promise for monitoring and improving child care quality and increasing the number of high-quality options available to parents. There has been increasing public funding for providing one year of prekindergarten education. In 2012, the Governor’s Advisory Council on Early Education was awarded a grant under the federal Race-to-the-Top Early Learning Challenge competition to continue to build and improve the statewide pre-k system.⁵⁴ Policymakers can build on these successes, and position Wisconsin as a leader in early childhood policy by looking to the solid body of research evidence to ensure that the state’s children get a great start in life.

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This chapter was adapted from the following publications:

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