



Early Childhood Neighborhood Networks
Mayor-elect Lightfoot Education Transition Committee

To: Mayor-Elect Lori Lightfoot

From: Sandy De León, Ounce of Prevention Fund

Potential Initiative:

Development of joint school- and community-based networks in neighborhoods in order to improve connections and transitions for children and families, reduce historical tensions between schools and community-based organizations (CBOs) in communities, and ensure more effective use of existing capacity.

Members of the early learning community - providers, advocates, administrators, and stakeholders - know that authentic collaboration must exist to ensure all children have high-quality early childhood experiences. Research shows that strong linkages among and across early learning programs are an important determinant to a child's success. Successfully connecting families to needed supports, beginning prenatally or at birth, as well as transitions from infant-toddler programs to preschool and from preschool to kindergarten all require strong community systems of the programs and services we know children need. We do not have a system for these kinds of entry points for children and families to be connected to needed services (addressed in another memo), and we also lack systems to connect providers within communities. In the city, as in other parts of the state, there can be a particular disconnect between school-based and the community-based providers who are most likely to have connected with parents in the prenatal and first few years of life prior to preschool and kindergarten entry. These connections should be modeled at the Mayor's office level between Chicago Public Schools (CPS) and the Department of Family and Support Services (DFSS), where there is leadership and commitment to a collaborative approach to increase enrollment of our youngest children, particularly those faced with the most barriers. Providing systemic support to the development of parallel collaborative approaches among and between local schools and community providers has great potential to increase not only the number of children served, but also the quality of services they receive and the success of their transitions through the continuum from birth to kindergarten entry. Importantly, it is also a way to ensure that children who are entitled to receive services, including children with special needs or whose home language is not English, can receive those supports in their community based programs.

Strong community initiatives are already in place that serve as models for community building across early learning provider settings. One such initiative is being led and designed by the Little Village Education Collaborative (LVEC) - Early Childhood Committee. Little Village is among the first group of communities scheduled to rollout UPK in 2019-2020; however, the collaborative had been formed long before this was announced. As a collaborative, community-based providers, CPS- Network, Office of Early Childhood Education (OECE), Family and Community Engagement (FACE) staff, and early learning advocates have come together to advance the goal set in the community's Quality of Life Plan to "Strengthen and Expand Early Childhood Opportunities". The Plan also notes that students and families need more support during educational transitions, including early childhood. The Collaborative has been working on a joint CBO-CPS strategy to execute a localized effort that will result in increased enrollment, seamless transitions across programs, and enhanced partnerships across provider setting ultimately leading to improved school readiness. The initiative is convened by a neutral local community agency and is additionally informed by the systems and policy lens of an early learning advocate organization. The following have been identified as specific areas for cross-collaboration and partnership:

Referrals: The key to ensuring full enrollment is strong collaboration between CPS and CBOs in referring children on their waitlists to programs that best fit the child's and family's needs. This requires that CPS and CBOs understand, in great detail, the strengths, opportunities, programmatic structure, geography, and funding models of each respective organization. Children in our community deserve the best program for them, and it is our responsibility to ensure that any child on a waiting list is matched to a program in which they will thrive.

Kindergarten and Preschool Readiness: CBOs and CPS may have different curricula, standards, and assessment tools that they use to ensure that all children are ready for preschool and kindergarten. A greater understanding of where children are can be achieved by building relationships between programs, sharing assessment data and qualitative reports, collaboratively analyzing information, and maintaining open communication. Building such practices locally will allow teachers to improve classroom practice and provide individualized support much more effectively within their neighborhood early learning networks.



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Wraparound Services: A key benefit to families and the community is that CBOs are able to provide wrap-around services. Given the history of CBO funding and related services they already provide, those services can range from family-oriented assistance such as housing or employment assistance, to child-focused services such as Early Intervention support and school-age programming for siblings. Agencies are committed to ensuring equitable and maximum access to these wraparound services for all young children and their families in the community, and to sharing best practices in providing and connecting children and families to such services within CPS early learning programs.

How the new Administration can infuse the values of equity, transparency, accountability, diversity and inclusion, and transformation in this initiative:

A diverse early learning ecosystem that meets families where they are is led and informed by local providers (both community- and school-based), convened by a neutral entity that oversees collaborative, and supported by advocates who bring a systems-building lens. This approach lays the groundwork for a neighborhood-led community building initiative. Additionally, efforts should be informed by and aligned with priorities set in a community plan that was informed by and engaged the voices of its residents, particularly families who have first-hand experience with the education system, and local agencies and institutions. Models should be prioritized in community areas where there are heightened opportunity gaps and decreased rates of school readiness, exacerbated by systemic racism and most often present in our communities of color and on the south and west sides of Chicago. Additionally, community areas that have been designated 2019-2020 UPK rollout should be prioritized. While expansion of preschool services is critically important, there are reasonable concerns about the impact of the rollout on the infrastructure of the city's long-standing mixed-delivery system through community agencies. These agencies are also undergoing a citywide re-competition of all community-based early learning slots. Successful community efforts in bridging school- and community-based early childhood programs, like those in Little Village, can serve as models to inform replication across Chicago. There should be a widely-disseminated call for information about any other existing collaboratives who would be interested in helping to form a network of successful models that can inform city-wide scaling efforts.

And as it pertains to this initiative- What is happening today that the Administration needs to keep:

The Administration needs to ensure preservation of a birth-to-five mixed delivery system that allows for authentic parent choice of what supports and services they desire. Transparency and accountability should be upheld by this Administration through consistent, bi-directional communication with the provider, stakeholder, parent and advocate communities. The Administration should continue to convene meetings with DFSS grantees, as well as re-energize and convene the Mayor's Early Learning Executive Council (ELEC). These meetings not only allow for the opportunity to share information in an open and transparent way, but also for the city to engage in collaborative planning and to receive feedback from these stakeholders. In addition, the Administration should continue to staff and adequately resource the early childhood division within the Mayor's Office

What needs to be implemented in the next 100 days:

The new Administration should hold public meetings with city delegate and partner agencies, UPK schools, staff from DFSS and CPS, advocates, parents, and stakeholders to open lines of communication and build a culture to ensure coordination and alignment across early childhood administrative offices at CPS, DFSS and the Mayor's Office. The plan and timeline to implement Universal Pre-K should be reviewed to ensure that further PreK expansion is sequenced, allowing for the system to absorb and respond to changes as needed and reducing unintended consequences to other parts of the system.

What can Administration plan for longer-term implementation & what challenges might be encountered in executing initiative:

Engagement of the provider, stakeholder, parent, and advocate community can help identify solutions to implementation challenges that may arise. The city should undertake a unified outreach and marketing strategy for birth-to-five early childhood services that promotes the value and services of community-based offerings, as well as those in schools. The Administration will need to consider who would oversee the development of city supports for local networks, perhaps with a position that is housed in the Mayor's office and with some funding provided by CPS and DFSS. Long-term funding should also be identified to support local initiatives like that proposed. The Administration will need to consistently message this commitment to collaboration over time in order to ensure that providers in all settings feel confident their efforts will be supported.



Early Childhood: Deepened commitment to quality experiences beginning prenatally

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To: Mayor-Elect Lori Lightfoot

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Potential Initiative:

A coordinated, community-embedded and family-centric prenatal and post-partum investment that ensures two critical points of engagement: 1) the launch of nurse home visits available to all babies and parents immediately following birth (using the program model Family Connects International-FCI), linked to a network of coordinated community supports; enhanced by 2) the expansion of prenatal, labor and delivery and post-partum doula services for families who face the greatest barriers, embedded in evidence-based home visiting programs as well as within health clinics and birth hospitals.

Early childhood does not begin with the single entry point of preschool. Approximately 38,000 babies are delivered each year across Chicago's 19 birthing hospitals and we know there is both a great need and potential to improve the outcomes for these babies and their families by deepening the city's commitment to early experiences beginning prenatally. Specifically, the city can support efforts to offer all parents of newborn babies the opportunity for a visit in their home from a nurse, through FCI. FCI includes the following components: a full assessment of each families' well-being and needs in the vulnerable weeks following the birth of a baby, connections to family-identified supports, as well as strengthening the alignment of community supports - to identify, build capacity, coordinate services, as well as improve communication and coordination across the many systems serving families.

FCI implementation studies indicate that as many as 96% of all new families express a need for supportive services after the birth of their child. We also know that the first weeks of new parenting is a *critical time* for identifying health risks and vulnerabilities for both the newborn and parents. In Illinois, there is no comprehensive or standardized way to ensure that all families know about and can find needed supports. The universal offer of a visit in the family's home by a nurse during this early postpartum period will ensure that there is an *entry point for all families*. Offering a visit to all families in a community reduces stigma associated with targeting high-risk populations, generates larger-scale outcomes and supports community-level change by connecting every family to the community. It is not duplicative of other programs but builds on existing networks of services. Additionally, it redefines outcomes from simply being anchored in child and family development/well-being to the population level change brought about by a public health approach. Community-wide linkages begin at the birthing hospital, are identified and supported during home visits, and reside in the fabric of the community's systems of care.

In addition to the opportunity for this universal touch post-partum, it is also critical to reach families who face greater challenges with necessary supports as early as possible in pregnancy through expansion of doula services embedded in evidence-based home visiting programs, and in birthing hospitals and health clinics. Evidence shows that doula services during pregnancy, labor and delivery and postpartum decreases preterm births, low birth-weight babies and improved outcomes for women in labor. Working with a home visitor, doulas help parents create birth plans, provide support and advocacy during and after delivery, and connect families to prenatal care and a medical home. These kinds of critical touchpoints prenatally and immediately following birth should be considered as part of any early childhood education initiative, including the Lightfoot Early Education Zones proposal.

How the new administration can infuse the values of equity, transparency, accountability, diversity and inclusion, and transformation in this initiative:

The Administration can infuse said values by first ensuring that the initiative remains embedded in the community, as proposed. Accountability for inclusion and responsiveness to community should be part of the planning and implementation process and can begin by assessing what voices and perspectives are represented in the design of any competitive process and ensuring that dissemination of any grant opportunity is widely distributed. Recruitment of hospitals should begin with those who serve majority Chicago residents, primarily communities of color where there are increased rates of infant and maternal mortality – particularly for Black women – and other adverse outcomes for young children. Hospitals who are part of broader community networks and collaboratives (e.g. West Side United) should also be prioritized. The approach should be one of targeted universalism, with the understanding that improved outcomes for communities and groups who have been historically disadvantaged and denied access



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to quality care improves outcomes for the population at large. In building the workforce for doulas and nurses providing universal newborn support home visits, the city should work with partner training agencies and higher education institutions to ensure local recruitment, career opportunities and widened career pathways within the community to increase the number of staff reflective of the racial/ethnic, cultural and linguistic diversity of those they serve. Additionally, a citywide body led by Chicago Department of Public Health (CDPH), informed by a robust set of regional Community Alignment Boards (CABs), with further engagement and input from a cross-sector citywide body like the Early Learning Executive Council (ELEC) provides an oversight structure to better (1) ensure that the intervention both aligns with these core values and (2) support opportunities for continuous quality improvement.

As it pertains to this initiative- What is happening today that the Administration needs to keep:

The city Administration should preserve its long history of mixed delivery system of quality services available prenatally through kindergarten entry, that allows for authentic parent choice of PreK enrollment in either a school- or community-based organization, and continue investment in early childhood workforce pathways that are affordable, accessible, flexible and clear so that all candidates, including “non-traditional” students, are assured entry. Specifically within the prenatal to age three domain, the city should maintain its long-standing leadership in improving quality services for infant-toddler center-based programs. In addition, the Administration should prioritize work underway at CDPH to launch the pilot of universal perinatal nurse visits in the home and a coordinated perinatal supports system, which has already been informed by listening sessions completed with a range of stakeholders across the city. The Administration should also support efforts to operationalize the recently approved City Ordinance “to address both the city’s need and the ability to mitigate disparities in maternal mortality within the City of Chicago”, which specifically calls on the Department of Family Support Services (DFSS) and the Department of Public Health to lead the effort.

What needs to be implemented in the next 100 days:

Within the first 100 days, the Administration should meet with CDPH, community agencies, advocate partners and stakeholders to review the existing plan to launch the universal newborn support nurse visit pilots. The Administration should prioritize the selection of pilot communities, recruitment of partner hospitals to participate in pilot, and design of a community alignment structure (including development of a competitive process for community-based organizations to locally administer community alignment boards). It should also ensure there is formal coordination across CDPH and DFSS and a body charged with improving birth outcomes and reducing infant and maternal mortality rates, since this initiative cuts across maternal and infant health, human services, and early learning and ensures engagement of families prenatally and/or immediately following birth. The formal body convened by both city agencies should also explore the development of a public campaign raising awareness of infant and maternal mortality issues and prevalence, as well as prevention and intervention services available, convene open spaces where dialogue can take place and families share ongoing experiences to further inform system improvements, and engage the Mayor’s Early Learning Executive Council (ELEC) as a key partner in this work.

What can Administration plan for longer-term implementation & what challenges might be encountered in executing initiative:

Planning for evaluation should be embedded at the onset of the process and be designed to track outcomes over time. An evaluation will help the city better understand in what ways a more coordinated and universal approach can influence maternal, child and family outcomes. This work should involve an implementation study to inform scaling as well as an outcomes evaluation to measure impact. This evaluation cannot be viewed as a stand-alone study of one intervention – rather, the Administration must view this intervention within the full context of the prenatal to five system and undertake a more comprehensive assessment of the full system in order to truly understand the degree of cohesiveness, duplication, and inconsistency which may exist in the system’s foundational elements. An understanding of where improvements, realignment and restructuring is required is necessary in order to build the healthy, equitable, accessible system children and families need and deserve. As mentioned above, this should be done in partnership with the Mayor’s ELEC, which should be reactivated as an advisory body that provides meaningful input on the city’s early learning planning. Transparency and accountability through consistent, bi-directional communication with the ELEC, as well as the provider, stakeholder, and advocate communities allowing for feedback and collaborative planning should be a re-invigorated part and priority of the Administration. Lastly, the city should explore opportunities to create additional, flexible and more stable funding over time. For example, CDPH is leveraging Title V funding from the Illinois Department of Public Health and corporate funds to support the pilot. Moving forward, we know that federal, state and local investments will need to be maximized in order to expand and scale efforts if we are to achieve the comprehensive prenatal to three system, aligned with the broader early learning continuum of services, to produce the desired outcomes for Chicago’s young children and families.