Voices from the Field:
Building Resilience Capacities in Early Learning

An early exploration of system lessons from COVID-19

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The firm's founding was inspired by the belief that creating social change requires bringing together meaningful data, community voice, and field insights in creative ways to inform strategy and drive results. Engage R+D approaches their work with an organizational development lens, recognizing that people and relationships are central to this work. It also exchanges ideas and shares insights with the broader field, so that together partners can create a healthier and more equitable future.

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Introduction

March 2020 was a pivotal month, as COVID-19 was officially declared a pandemic by the World Health Organization and its impacts began to manifest across the United States. In just a few weeks, the pandemic would affect all aspects of daily life—immediately changing the ways we work, learn, and interact with one another.

Like other social service systems, the **nation's early learning systems** and their complex web of stakeholders—including formal and informal providers and caregivers, learners, families, and public officials—were severely impacted. Providers were prompted to adopt new learner engagement strategies, shifting programs virtually where possible, while rapidly adapting in-person centers to adhere to new health and safety protocols. Families had to navigate stay-at-home mandates with their need to work, while keeping their children safe and nurtured. Public officials scrambled to distribute useful information and guidance to providers and communities, while also delivering necessary resources such as funding boosts to support centers with declining revenues. Against this backdrop, a highly contentious sociopolitical environment complicated and politicized recovery efforts.

As a result of COVID-19, early learning system actors have faced unforeseen and unprecedented challenges. The pandemic has also illuminated striking inequities in the system. Families from marginalized communities, including many communities of color and communities experiencing poverty, further experienced deep disparities in accessing affordable, quality care. The pandemic offers an inflection point for system stakeholders to reimagine and advocate for an alternate vision of early learning—one where all families have agency, choice, and assurance that their children can thrive.

This brief examines the concept of **system resilience** in early learning systems against the backdrop of the COVID-19 pandemic. Through this brief, we seek to: 1) discuss latent challenges of early learning systems that made them vulnerable to service disruption; 2) explain the resilience capacities, or assets and resources, that stakeholders leveraged to stabilize the system during the aftermath of the crisis; and 3) share recommendations, elevated by stakeholders and emerging evidence, to support even greater resilience in the future.

During spring and summer 2021, we drew findings for this exploratory brief from more than 75 articles from sources such as national and local newspapers, education think tanks and journals, philanthropic organizations and journals, and other national associations and think tanks. More than 30 of these sources are cited in this brief. We also conducted 17 virtual interviews with national, state, and local early learning stakeholders—including educators, public officials, organizers, and advocates.[1] Our hope is that public system leaders and private funders can use the insights in this brief to help create resilient, equitable early learning systems.

[1] For more information, see Appendix A: Methodology and Appendix B: References.

What Is System Resilience?

A system refers to the private and public institutions, community organizations, resources, policies, stakeholders (and their embedded relationships) that interact for a common goal. Health and human service systems, including early learning systems, exist to advance the well-being of children, families, and communities.[2]

System resilience refers to a system's ability to recover, perform, and grow or transform in contexts of adversity.[3] It describes the ability of a system and its components to continue to interact and adapt to achieve the system's goals.

System resilience may be understood by navigating these guiding questions:

Why does the system need to adapt? Systems are regularly stress-tested and strained. From natural disasters to human-created crises, a myriad of external events may make systems such as education inaccessible to all beneficiaries or unacceptable based on quality.[4] These external conditions or events, known as **shocks**, may occur suddenly without warning, or build over time.[5] Systems may also need to adapt for reasons beyond shocks and service disruptions. Systems should also develop with evolving societal norms, expectations, and understanding of social challenges.

How will the system adapt? System resilience can be developed by system stakeholders. Various assets, networks, and resources—known as **resilience capacities**—support individual, family, and community well-being in response to adversity or changing conditions.[6] Resilience capacities may be leveraged before, during, and after a system experiences a disruption. These capacities aid a system's *response* and *recovery*—which describe system actors' efforts to continue to provide services to families and communities following a disruption. These capacities can also support a system's *transformation*—which describes deeper changes to the way the system operates that address existing vulnerabilities.

To what end should the system adapt? System shocks do not affect individuals, families, and communities equally and may be especially felt by racially and socioeconomically marginalized communities, as these events will exacerbate existing inequity in social service delivery.[7] Similarly, recovery efforts may not equally reach all families. An **equitable recovery** occurs when leaders have considered the different impacts that shocks and crises will have on various populations, especially marginalized groups, and planned for specialized supports, both proactive and reactive, to those families and their communities.[8] Fully resilient systems should advance equitable outcomes, especially during a crisis.

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[2] Coffman, 2007

[3] Reyes, 2013

[4] Biehl et al, 2017

[5] Scearce et al, 2020

[6] Reyes, 2013

[7] Reyes, 2013

[8] The COVID-19 pandemic and ongoing recovery efforts have further laid bare the vast discrepancies in wealth and well-being among racial and socio-economic lines, eliciting a broad call for an equitable and targeted recovery. See, for example, *Rebuild Better: A Framework to Support an Equitable Recovery from COVID-19* (Liu et al., 2020), *COVID-19 and Student Performance, Equity, and U.S. Education Policy* (Garcia & Weiss, 2020), and *Equitable Recovery Strategies* (Korn & Howard, 2020)

Navigating This Brief

The brief is organized into three sections, each addressing key questions:

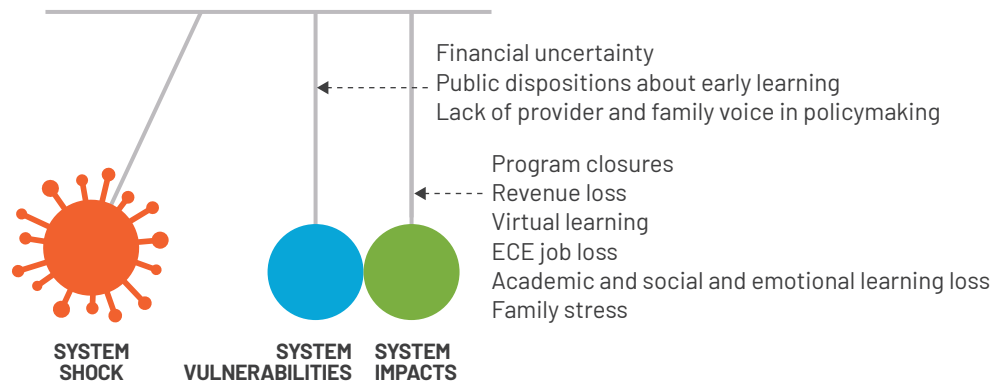| **1**	**2**	**3**
The Impact	**The Response**	**Looking Ahead**
To what extent were early learning systems ready to withstand the shock of COVID-19, and what unfolded as a result?	What capacities enabled response and recovery in early learning systems?	What can public leaders and private funders do to support resilient early learning systems moving forward?

In Section 1 we discuss why early learning systems were and continue to be vulnerable to service disruption following a system shock like COVID-19 and how that vulnerability leads to inequitable outcomes for families. We suggest that the system will continue to be vulnerable unless these gaps are mitigated.

In Section 2 we elevate the assets, networks, and resources—or *resilience capacities*—that helped system actors navigate the aftermath of the pandemic. These capacities, which emerged through interviews and the media and literature scan, largely supported local response and recovery efforts. However, as interviewed stakeholders also observed, these capacities were not enough to ensure equitable outcomes.
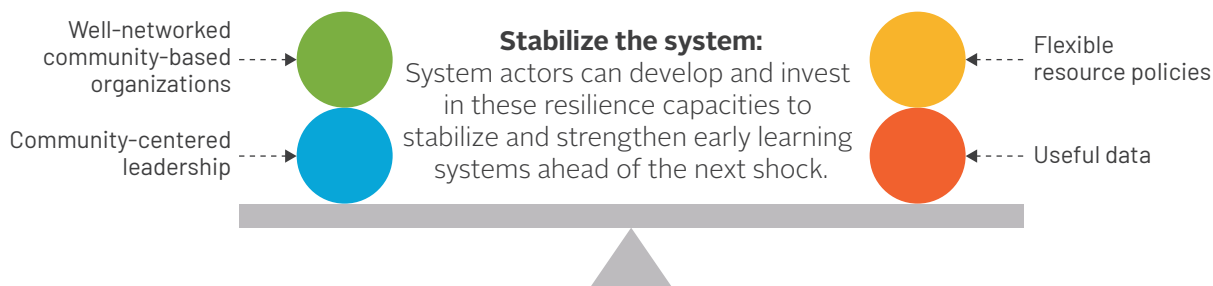
In Section 3 we offer considerations for public system leaders and philanthropy to mitigate against future shocks by establishing conditions to make systems more resilient and more equitable.

The brief at-a-glance

1 **The Impact:** To what extent were early learning systems ready to withstand the shock of COVID-19, and what unfolded as a result?

Financial uncertainty
Public dispositions about early learning
Lack of provider and family voice in policymaking

Program closures
Revenue loss
Virtual learning
ECE job loss
Academic and social and emotional learning loss
Family stress

SYSTEM SHOCK   **SYSTEM VULNERABILITIES**   **SYSTEM IMPACTS**

2 **The Response:** What enabled response and recovery in early learning systems?

Well-networked community-based organizations

Community-centered leadership

Stabilize the system:
System actors can develop and invest in these resilience capacities to stabilize and strengthen early learning systems ahead of the next shock.

Flexible resource policies

Useful data

3 **Looking Ahead:** What can public leaders and private funders do to support resilient early learning systems moving forward?

Transform the system to prepare for the next shock and advance equity.

State early learning system leaders should:

1 Include provider and family voice in decision-making focused on early learning policies

2 Increase public funding streams to minimize, or remove, the financial burden of daycare—expanding free and affordable childcare and Pre-K options for families

3 Standardize family-sustaining salaries and benefits for early learning practitioners

Philanthropy should support:

1 Long-term, flexible funding and technical assistance on advocacy and community organizing for organizations that represent provider and family needs.

2 A robust research agenda.

3 Initiatives that shift public narratives about early learning to be considered a "public good."

4 Convening disparate stakeholders and sectors with a stake in early learning.

1 The Impact

To what extent were early learning systems ready to withstand the shock of COVID-19, and what unfolded as a result?

> " The first thing was that it was just sudden. **It was a big shock**—I think for us as educators, but for our families as well, because we don't close. We're open every day except for very major holidays...The initial closing was supposed to be for a couple of weeks, and we anticipated coming back a couple weeks later, and then that didn't happen. And so, there wasn't **any kind of plan to go virtual or how to do distance learning especially with early learning**...From there, we started planning—'Okay, this is going to be a lot longer than we thought, so **now we've got to really get some structure because we need to have some way to continue the learning** experiences for the children.' " **– Early Learning Educator**

Similar to other social sector systems, early learning systems neither anticipated nor planned for a global pandemic. Educators were forced to pivot in unprecedented ways. The response to COVID-19, including attempts to transition from in-person to virtual instruction, could be described as "building the plane while flying it."

During temporary mandatory shutdowns, early care and education (ECE) centers[9] were unable to provide reliable, essential services to most families. The disruption in the system was especially felt by marginalized communities, where affordable childcare deserts prevailed before the pandemic, increasing the likelihood that these families would not find care within their community during widespread closures.[10] These shutdowns also uniquely affected Black, Latina, and immigrant women—who are more likely to work with children from infancy through age five through their employment at ECE centers and home-based childcare settings.[11]

Why were early learning systems especially vulnerable to service disruption when the pandemic hit?
Three themes emerged from our interviews and scan of both media and literature: 1) financial volatility and instability; 2) public devaluing of early learning; and 3) lack of provider and family voice in policymaking.

[9] In this brief, we use "early learning" and "early childhood education" interchangeably.
[10] Malik et al., 2018
[11] McClean et al., 2021

System Vulnerabilities

Financial Volatility and Instability

Early learning revenue structures have critical limitations, including high costs and short supply, which made it difficult for centers to maintain financial stability prior to the pandemic.[12] Providers tend to operate on tight profit margins and are hypersensitive to budget cuts or revenue shortfalls. This was especially true during COVID-19, as locally mandated shutdowns contributed to drastic and immediate revenue cuts. We describe several factors contributing to financial uncertainty that were exacerbated by the pandemic.

Early learning systems rely on unstable funding streams. ECE programs typically rely on multiple funding streams, including parent contributions, state subsidies, and contracts with service providers. Funding is generally not reliable enough to provide a sense of security and stability over long periods of time, and funding sources are especially vulnerable during economic distress. Two structural challenges elevated by interview participants and research include:

▶ **Attendance-based reimbursement.** Providers are typically paid based on child attendance rather than child enrollment.[13] In a national survey at the beginning of the pandemic, 25 percent of providers said they were losing income because they were being reimbursed through attendance rather than current enrollment.[14] More recently, childcare centers and family childcare homes that are open report operating at 71 percent of their previous enrollment, with 48 percent of enrolled children attending on average.[15] As of December 2020, providers reported that only 68 percent of enrolled children were attending.[16] An analysis conducted by New America in 2020 found that changing reimbursement policies to be based on enrollment rather than attendance in 19 states had a stabilizing effect on early learning systems.[17]

▶ **Family or caregiver contribution.** Families across the country cover 52 percent of costs for early learning and care.[18] While financing may vary among centers, the loss of revenue from families and caregivers can greatly affect providers. Forty-nine percent of providers reported losing income early in the pandemic, because families could not pay for childcare, even accounting for government subsidies.[19] As of December 2020, one in four childcare centers and one in three home-based centers reported they would have to close in the next three months if current enrollment rates persisted.[20]

> " Part of that was just compounded by structures in place that don't fully support doing good sustainable business. And so when you already are dealing with that, and then you have a pandemic on top, and in order to continue running as a childcare facility, there's a lot of extra constraints that are put on you in terms of personal protective equipment, and how you staff, and then smaller classrooms and all of that."
>
> **– Provider Advocate**

[12] Cedilio, 2020

[13] Hillman, 2020

[14] NAEYC, 2020 (March)

[15] NAEYC, 2021

[16] NAEYC, 2020 (December)

[17] Lieberman et al., 2021

[18] Bornfreud et al., 2020

[19] NAEYC, 2020 (March)

[20] NAEYC, 2020 (December)

Early learning providers are sensitive to cost fluctuations. Many ECE providers struggled to remain open during the pandemic, in part due to rising costs from supplies and needs to meet safety requirements during the pandemic. In one survey of providers, 91 percent reported paying additional costs for cleaning supplies, 73 percent reported paying more for personal protective equipment (PPE), and 60 percent reported paying additional costs for staff.[21]

Low wages and poor benefits destabilize the early learning workforce. With a median wage of $12 per hour, ECE teachers are paid one-third to one half as much as their K–12 colleagues.[22] Given that ECE workers already faced financial hardship due to low salaries and lack of benefits, it became difficult to retain staff with the added challenges of COVID-19. Eighty percent of childcare programs reported staffing shortages during the pandemic.[23] Some interview participants noted that teachers and aides became essential workers in their communities, but were neither publicly recognized nor paid commensurate with their contributions.

Public Devaluing of Early Learning

Challenging public narratives continue to influence early learning systems and can manifest in inadequate and inequitable funding formulas. The following myths impact early learning systems.

Myth #1: **Access to early learning options and quality childcare is not a right.** Early learning has been widely treated as a commodity that families can choose to pay for, rather than a public good that every family and child deserves. Interview participants expressed concern over the persistent narrative that providers are akin to expendable "babysitters," rather than skilled professionals providing an essential service to millions of American families. This experience is in stark contrast to other countries that offer comprehensive support to families, both by providing robust resources for childcare and by promoting access as a right.[24] This is also in contrast to the K-12 system in the United States, where participation is considered a right offered to every family.

Myth #2: **Early educators are not as important as other educators.** In the aftermath of the pandemic, most K-12 workers could expect to continue to get paid and maintain their benefits under all conditions as a safety net. Interview participants expressed concern that, unlike K-12 educators, early learning staff were not always prioritized for vaccination despite their status as essential workers and vulnerability to infection. This disparity has roots in the history of slavery and domestic work in the United States. Even after slavery was abolished, Black women continued to care for white families for little or no pay. Due to racism and the hidden nature of this domestic work, the occupation became devalued and was even left out of the Fair Labor Standards Act.[25]

> " They didn't get the recognition, the wide recognition that other people did, that nurses and doctors did. And those nurses and doctors were only there because these people showed up in the face of fear for these children and these families."
>
> **– Provider Advocate**

[21] NAEYC, 2020 (December)

[22] McClean et al., 2021

[23] McClean et al., 2021; NAEYC, 2021

[24] OECD Family Database, 2021

[25] Blumgart, 2015

Lack of Provider and Family Voice in Policymaking

Interview participants suggested that many policies and decisions pertaining to early learning systems are not designed with the perspectives of families and providers. Therefore, decisions made on behalf of the system will not always center the needs of children, affecting quality of care and diminishing outcomes for learners. This trend continued during the pandemic, as participants reflected that providers and families were largely left out of decisions that would directly affect them.

Unlike educators in the K-12 learning field, providers in early learning systems are less frequently involved in unionizing or participating in advocacy efforts that could communicate their collective interests.[26] As a provider advocate explained during an interview, early learning providers are often overlooked compared to K-12 educators. The provider advocate noted that policy makers often assume that by connecting with representatives of K-12 educators they also know about the needs of early learning providers.

When providers and families have a voice in policy making, the conversation about "quality" becomes much more nuanced and informed by taking into consideration their "user" perspectives: their needs, interests, experiences with—and contributions to—the system. Including the perspectives of providers and families can help ensure policymakers:

▶ **Broaden their definition of "quality" to meet the diverse needs of families.** Interview participants asserted that early learning systems should better address the unique needs and life experiences of families, enabling access to affordable, responsive childcare that works for their daily lives. During the pandemic, it became evident that childcare was critical for parents and families to go to work and contribute to the economy. One early learning provider noted that while early learning systems have been built around the science of child health and well-being, these systems should also integrate *whole-family* approaches. The provider noted that these systems fail to recognize that children do not function independently from their parents and caregivers. Better quality may look like flexible hours beyond the traditional, in-person 9-5 workday; culturally responsive practices (e.g., bilingual and racially diverse teachers); and increased affordability in order to best support parents. Families' situations have shifted as a result of the pandemic, and they need care that is responsive to their changing needs.[27]

▶ **Increase their understanding about how home-based childcare providers support the system.** Within the realm of early learning, home-based care providers often receive less attention than other types of childcare providers. Yet, during the pandemic, they played a prominent role in supporting local families and communities through their small-scale operations, which reduced the risk of potential exposure to the virus. Early learning system leaders and provider advocates suggested these providers are often marginalized and should receive more recognition for the important services they offer, including through invitations to policy discussions about the early learning sector writ large.

> " Our system was created by folks that maybe don't necessarily understand what the real experiences of families are. And so often, we're trying to fix things that were created because we weren't included from the beginning. And so, our goal is to really make sure that when new policies and when new ideas are being thought about and considered…that we [parent advocates] are at those tables so that we can create a system that actually works for the people that it's intended to."
>
> **– Parent Advocate**

[26] McClean et al., 2021
[27] Igielnik, 2021

▶ **Define quality standards across mixed-delivery systems.** Mixed delivery models seek to standardize health, safety, and performance quality across a variety of early learning settings—including public schools, community-based organizations (CBOs), and center-based and home-based childcare providers.[28] The mixed-delivery model is attractive to providers, because it enables them to diversify revenue through publicly funded preschool slots. However, providers may need additional capacities, supports, and time to address standards to fully comply with mixed-delivery systems.[29] One provider advocate reflected on a successful effort to pass universal preschool through a mixed-delivery system. Despite the win, the advocate expressed concern about how "minimum requirements" to receive public dollars, such as educators holding a four-year degree or obtaining one within a set period, would create barriers and disproportionately affect certain types of providers, such as those running home-based care. This advocate believed provider voice would add important nuance to policy design and implementation plans.

Primary and Secondary Impacts of the Pandemic

The pandemic caused ripple effects throughout early learning systems, stemming from the pre-existing vulnerabilities described above. In the table below, we describe **primary impacts**, the immediate effects of the pandemic on providers and families, and **secondary impacts**, which followed primary impacts and were worsened by vulnerabilities that contributed to the initial impacts. Providers, families, and whole communities will face long-term effects of the pandemic.

> " [There are] system problems because of other people making decisions… who don't have a background in child development, who really don't have that curriculum instruction and leadership training. But those of us in the field who know what a four-year-old should be exposed to and should not, we didn't really have a voice, nor did we have a choice."
>
> **– Provider Advocate**

[28] US Department of the Treasury, 2021; Lieberman, 2021
[29] Lieberman, 2021

Primary Impacts

Program Closings: Childcare facility closures were frequent in the initial days of the pandemic, when public officials mandated stay-at-home orders and safety directives. While states passed policies to keep centers afloat by providing additional funding support, 42 percent of childcare businesses owned by people of color closed permanently.[30]

Loss of Revenue: ECE center revenue declined as enrollment and attendance rates dropped.[31] Providers that remained open had to incur new expenses, such as purchasing PPE and cleaning materials to meet health and safety protocols. Some providers incurred extra costs to set up and facilitate virtual learning.

ECE Job Loss: At the beginning of the pandemic, early learning systems lost more than 350,000 jobs in a single month. ECE teachers were five times more likely to report decreased earnings compared to K-12 teachers and reported higher rates of financial insecurity.[32] Interview participants, as well as other reports, indicate that more early childcare educators wish to exit the field, which is concerning and has implications for the future pipeline of educators and other longer-term impacts given the already high turnover in the field.[33]

Loss of Childcare: It is estimated that as many as 4.5 million childcare seats disappeared since spring 2020.[34] As the nation attempts to return to a "new normal" and recover economically, the gaps left by permanently closed facilities will make it difficult for parents to find childcare and return to work.

Secondary Impacts

Virtual Learning: In the early days of the pandemic, virtual learning quickly became the primary option for administering services to most families. With little preparation and infrastructure, providers rushed to convert in-person programming to virtual instruction. They leveraged existing online resources and an infusion of new training webinars and materials provided by local and state agencies. In some cases, virtual learning improved access to services for families who may have had difficulty accessing them otherwise. However, virtual learning also surfaced existing inequities in accessing technology, and created challenges for many families to engage in learning.[35] In a survey of parents whose children were receiving remote or hybrid instruction, 47 percent said they felt very overwhelmed.[36]

Academic and Social Emotional Learning Loss: Early childcare administrators and parent advocates we interviewed expressed concern about the academic and social emotional learning loss that children may experience, and were acutely concerned about children with special needs. Children from infancy to age five have lost opportunities for secure adult connections and quality, in-person education during the pandemic.[37] For children with special needs, virtual childcare service was not a viable option and contributed to delayed diagnoses and a dearth of proper care.[38] These impacts seem to be greater for children and families of color. While most reporting remains anecdotal, early learning and K-12 educators anticipate an impact of this learning loss on kindergarten readiness and future academic achievement.[39]

Family Stress: Some of the early learning stakeholders we spoke with noted the trauma that the pandemic has brought on children and families, either directly from disruptions in early learning systems or due to other factors such as job loss, the economy, or illness or death of loved ones. Children are attuned to parents' or caregivers' emotional states, which can have significant mental effects on children.[40] These stakeholders identified the need for providers to become trained in trauma-informed care to better support children and families.

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[30] NAEYC, 2020 (December)

[31] NAEYC, 2020 (December)

[32] McClean et al., 2021

[33] NAEYC, 2021

[34] Darling-Hammond et al., 2020

[35] According to Pew (2021), 48% of high-speed internet users experience unreliable connections. Nearly half of Americans worried about paying for broadband or cell phone service used to access the internet.

[36] Barnett et al., 2021

[37] Melnick, 2020

[38] Zimmerman, et al., 2020; Belsha, 2021

[39] Wong, 2020

[40] Schmit et al., 2020

2 The Response

What capacities enabled response and recovery in early learning systems?

> " I think about it like an avalanche that hit the childcare ecosystem. Phase one is just like this torrent of snow, and childcare educators were really scrambling. It was terrifying. It was very difficult to get any source of good public health information...It was just like how do we stabilize? How do we stay safe and healthy? How do we manage? Then we move into stage two, which I would call like that part where you've carved out the cave in the avalanche. It's like you've stabilized for the moment. Providers had some more health guidance and access to PPE was better. But it continued to be really scary." **– Provider Advocate**

While response and recovery efforts varied from community to community based on local context—such as rates of COVID infection and the extent to which public officials set mandates to protect public health—four critical **"resilience capacities"** emerged from our interviews with early learning stakeholders as effective ways of getting providers and families back on their feet. Formally, resilience capacities refer to the assets, networks, and resources that offset a system's vulnerabilities and that can be used to prevent, mitigate, and recover from system shocks.[41] Our analysis suggests that system actors can cultivate these four capacities to stabilize and strengthen early learning systems ahead of future system shocks.

1 Well-Networked Community-Based Organizations
2 Community-Centered Leadership
3 Flexible Resource Policies
4 Useful Data

[41] Shah, 2019

Well-Networked Community-Based Organizations

In early learning systems nationally, membership organizations and local coalitions have long played a vital role in connecting residents, families, and organizations to broader networks. For example, local chapters of the National Association for the Education of Young Children and local Childcare Resource and Referral (CCR&R)[42] networks have served as sources of familiarity, support, and information for families and providers navigating early learning systems' opportunities and challenges. Membership groups have served as liaisons between state agencies and providers, advocating for policies and funding to support and advance early learning efforts.

During the COVID-19 pandemic, local networks and CBOs expedited response and recovery efforts within their communities. They helped ensure information was clear and accessible to families and providers, provided necessary infrastructure to store and distribute resources, advocated on behalf of providers to inform state decisions, and supported families through the pandemic in ways that the state could not. As one state leader reflected, *"The state does not have relationships at the local level. They can't move fast. They can't be consistent."* Community-based networks and partnerships supported pandemic response and recovery in four primary ways:

▶ Facilitating efficient resource and information distribution
▶ Pivoting quickly to meet the needs of residents
▶ Elevating the voice of families and providers to decision makers
▶ Providing a trusted voice to families and providers

Facilitating efficient resource and information distribution. Local networks leveraged established relationships with families and providers to quickly disburse resources and share information. In the aftermath of the pandemic, local providers scrambled to understand the numerous and shifting health and safety regulations that were announced by state officials, and to procure various forms of PPE to stay in compliance. At the state level, government leaders sought cross-agency collaboration to create coordinated messaging and funding distribution plans to meet provider and community needs. However, local networks played a necessary role in leading recovery efforts through leveraging institutional knowledge of provider needs and community resources and assets. Membership organizations assisted in PPE storage and distribution quickly and efficiently, better than larger state bureaucracies. States relied on groups like local CCR&R organizations throughout the pandemic to distribute initial vaccination codes to early childhood providers, among other roles.

> " How do you distribute 200,000 gloves and diapers of different sizes, like [how do you manage] storage? It's partnerships about figuring out how to distribute... so it's working with the unions. It's whoever at your local level. The state can't organize... something like that. You don't know where the assets are in a community, where are the churches, the school... where can you store [things]? They just can't. They're just too far up the chain."
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> **– Provider Advocate**

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[42] Childcare resource and referral agencies assist families with accessing childcare in their communities. Services include providing referrals to providers, information on licensing, and information on payment options. They also support providers to improve quality care offered.

Pivoting quickly to meet the needs of residents. CBOs mobilized to expand services quickly. Amid the uncertainty of the pandemic, many families were uncertain about how to navigate their childcare needs. ECE centers were shut down, and parents had few options for childcare. State officials worked with CBOs to pivot and meet community needs. One state early learning leader reflected, *"We contracted with a lot of nonprofit organizations, the Boys & Girls Club, YMCAs, churches, rec centers, anyone we could find to provide school-aged care in addition to the licensed childcare programs that we had. And then the state paid for that childcare...We did have all those organizations that helped to provide childcare, really at a moment's notice."*

Elevating the voice of families and providers to decision makers. CBOs provided voice to families and providers who were initially locked out of decision making. Families and providers experienced the impact of the pandemic on local childcare needs more acutely than other actors in the system. One teacher recalled, *"We're reactive to what other people do to us instead of having us be part of the conversation."* A leader of a state parent group cautioned that the historic exclusion of families and providers at the forefront has led to systemic inequities in childcare. Stemming from their missions, CBOs focused their work on their constituency, lifting the voices of parents and providers, and sharing them with decision makers.

Providing a trusted source of information to families and providers. CBOs were a trusted and known resource that families and providers could rely on for information. Against the backdrop of a global health crisis, clear and accessible information became vital to families, providers, and communities combating confusing and often misleading information. Local organizations became trusted partners of families and providers to share the latest and most current information and guidance from state education officials and state and national health organizations. One CCR&R representative observed that the state did not have the infrastructure to quickly deploy centralized information to providers.

Community–Centered Leadership

Organizational leaders, individually and through their administrations or leadership teams, prioritize strategies, communicate a vision internally and externally, convene stakeholders to collect input or share information, and shift resources to enact their plans. State education and organizational leaders had to navigate new and unprecedented challenges from the COVID-19 crisis. Effective, empathetic leaders sought to limit the harm to learners, families, and providers while stabilizing early learning systems so that services could be safely provided. The following leadership attributes were elevated through our interviews as ones that facilitated system response and recovery:

▶ Knowledge of needs and proximity to providers and families
▶ Ability to escalate issues and prioritize strategies in support of system actors

Knowledge of needs and proximity to providers and families.
To enable equitable policy change, public leaders need a strong understanding of provider and family needs. In states and localities where the perspectives of these groups were incorporated—for example, through parent or provider advisories and advocacy groups—decision-makers could modify their strategies and approaches based on input and feedback from providers and families. As an example, school district officials in one community we interviewed instituted a process where each student received a weekly check-in with someone from their school, which generated referrals to external providers to support learner needs. This learner check-in was combined with a bi-weekly, text-message-based family pulse check that was instituted by the district. Through these two data points, district officials gained a better understanding of families' questions and concerns during the pandemic.

Ability to escalate issues and prioritize strategies in support of system actors. Effective leaders show willingness and ability to adapt quickly as new and unforeseen challenges emerge. In responding to the crisis, state officials needed to mobilize resources and implement strategies quickly to support families and providers—often outside slower, pre-pandemic decision-making processes. Interview participants reflected that the best leaders recognized the urgency required to support recovery and prioritized those efforts, compared to other leaders who did not change their behavior to match the moment. In California, the governor called a special session to address learning loss and institute new supports for learners and families. A local early learning stakeholder reflected that the governor's urgent messaging and prioritization "opened doors" to advance new programs and interventions.

Officials may also show flexibility in new uses of existing structures and processes. In Nashville, district officials adapted community enrollment centers to create virtual help centers that helped families use learning technology at home. Finally, officials waived or modified existing processes that may have otherwise delayed recovery efforts. A representative from a state parent group reflected that the state temporarily ceased certification documentation needed for a subsidy, expediting funding distribution to families.

> "Does your leadership, do your policymakers actually know about all the settings where children receive care? Do they understand what family childcare is and what home-based childcare is and why it matters and that it's important?"
>
> **– Provider Advocate**

Flexible Resource Policies

The pandemic elevated the role that consistent and reliable funding plays in ensuring system stability. Steady funding helps the workforce stay intact and ensures that providers have the ability to purchase supplies or resources necessary for any pivot. However, the pandemic revealed that access and availability of funding—even in large amounts—may not be enough. Local communities need mechanisms to quickly and efficiently channel funding to providers. Local systems created the following conditions to support resource distribution:

► Flexibility to modify resource and funding distribution practices
► Autonomous funding environments that prioritized local decisions

Flexibility to modify resource and funding distribution practices.
Local systems modified their practices to expedite resource distribution. The federal CARES Act poured unprecedented levels of funding into state systems to support stabilization and recovery at the local level. But states and districts—especially larger ones—needed a way of managing the influx of funding. One early learning policy advocate observed that smaller states may have had an advantage over larger states in *"push[ing] out that amount of dollars to so many people in so many communities."* The same advocate recalled at least one state hiring extra staff to facilitate distribution. Some states relied on intermediaries—including large CBOs like the United Way or CCR&Rs—as pass throughs. States leveraging this strategy recognized that local organizations could use their established networks to move funding expeditiously. Cross-agency collaboration at the state government level may also be leveraged to quickly distribute funding. One interview participant recalled how a state agency organized an emergency operations center, which brought together different representatives across the agency to develop a coordinated approach to distributing funds to providers. The emergency operations center drew from their connections with different providers to clearly communicate information in a way that was customized to meet specific providers' unique needs.

Autonomous funding environments that prioritized local decisions.
Local system actors were uniquely positioned to define funding challenges and offer solutions specific to their communities. Localities with a funding infrastructure that prioritized local autonomy were well-positioned to deliver recovery dollars. One district leader remarked that before the pandemic, her district had implemented a funding model that gave local schools a high degree of autonomy. School leaders were empowered to make decisions based on the needs of their educators and families. When pandemic relief dollars became available, the district leveraged the same fund distribution policies to expedite resources to schools and ECE providers. High-autonomy funding environments quickly put resources into the hands of providers and enabled the application of solutions relevant for each community.

> " I feel like the states, in my mind, that didn't do as well of a job … were just slow in getting the money out."
>
> **– Early Learning Advocate**

> " I have to say that for the most part the ability for them to sort of relinquish some control and allow us to be nimble with our dollars was huge."
>
> **– State Education Official**

Useful Data

Public officials and local organizations leveraged valid, reliable data to inform their decisions and strategies, improve programs and services for residents, advocate for policy changes and funding, and communicate a vision or message to internal and external stakeholders. Existing investments in data systems and infrastructure supported response and recovery by:

▶ Documenting the impact of the pandemic and informing decisions
▶ Informing a learning agenda that accounted for what happened

Documenting the impact of the pandemic and informing decisions.
Local decision makers relied on old and new data sources to process the impact of the pandemic in real time. Amid a great deal of uncertainty, access to clear information about provider experiences and family needs was paramount. Data were used to inform decisions and offer targeted interventions or allocation of resources in response to the pandemic. One school district official discussed the use of a district dashboard that monitored academic and overall youth wellness—including food, housing, technology, and social emotional needs. The official explained that the dashboard could identify students or groups of students at risk, and the district could support the school with additional resources. In another state, officials used an established community-level index that identified needs to distribute appropriate levels of funding. It was adapted during the pandemic to equitably distribute relief dollars. One interview participant from an advocacy organization tracked provider closures and facility openings to support providers financially and with other resources. Interview participants also offered ways that data could have been leveraged beyond the local level to support recovery: One state official reflected that a centralized data system that showed the number of childcare vacancies across the state would have streamlined the state's recovery efforts. Useful insights were also gleaned through practitioner advisory boards at the local and state levels.

Informing a learning agenda that accounts for what happened.
Researchers and advocates reflected that the full impact of the pandemic may not be known for years. They suggested that local systems and states establish a learning agenda that prioritizes collective understanding about the effects of the pandemic and virtual learning on short- and long-term academic and social emotional learning outcomes for children. When researchers, advocates, policy makers, and others account for the unique impacts of the pandemic on children, they can better develop strategies that support young learners' full development and achievement as they progress through their formal education.

> "If you want to go out to dinner next Friday, you go to OpenTable and you look at the restaurants that are in your neighborhood, and you can see what time and where you can get a table. We need a similar situation to work for childcare. Parents should be able to go online, look at what their childcare needs are, what hours, what days, and where there is an opening."
>
> **– State Education Official**

> "It'll be important to see the data. If it shows... we did remote learning, virtually for nearly a year, that kids did no worse, should that be an option then as a hybrid model, where maybe in rural communities or in tribal communities where there are barriers to getting [students] every day to participate in a program?"
>
> **– Early Learning Advocate**

3 Looking Ahead

What can public leaders and private funders do to support resilient early learning systems moving forward?

> " Part of all of our conversations about recovery and rebuilding is to not go back to the way the system was. Really, let's dismantle it and let's rebuild a new system that truly centers the experiences of families and particularly Black and brown families, so that it becomes a system of healing versus harming." **– Parent Advocate**

Our findings highlight promising resilience capacities that state and local education leaders from across the country have leveraged. The four approaches described in Section 2 have helped limit the immediate impacts of the pandemic from causing even more harm in communities. While those capacities supported **response** and **recovery** efforts, they stopped short of **transforming** early learning systems to withstand future crises and support equitable access, quality, and outcomes for learners and families.

The pandemic has created an opening to reimagine early learning systems that are more just, accessible, and empathetic toward the needs of families and providers. As policymakers and providers seek ways to advance early learning, we highlight several *transformative conditions*—gleaned from interviews, media, and literature sources—pointing to changes in governance, policies, and social norms that can further catalyze systemic change. These **shifts in mindset, policy, and practice** directly address the system vulnerabilities named in Section 1 by supporting more inclusive decision-making, expanding affordable care options, and improving working conditions for early learning practitioners.

1 **Include provider and family voice in decision-making processes focused on early learning policies.** As experienced both before and during the pandemic, the impacts of policy decisions by local, state, and federal officials have ripple effects throughout early learning systems, shifting the lives and livelihoods of scores of individuals and groups. Decisions made without the insights of those with the most at stake continue to perpetuate systemic inequities, including gaps in access to high-quality options for families of color and families experiencing poverty. As described in Section 1, a critical vulnerability of early learning systems is the lack of integration of community voice in shaping policy. This lack of inclusion of critical stakeholders is exacerbated, as key decision makers lack practitioner knowledge and understanding about the realities of early learning in different communities. In Section 2, we described "well-networked community-based organizations" and "community-centered leadership" as resilience capacities that enabled response and recovery efforts. While these resilience capacities supported stabilization, they also elevated the importance of grounding transformative work in local expertise and experiences.

To promote transformative change, state early learning systems leaders should center the needs and interests of families and providers as "users" of the system. As states consider opportunities to expand access and improve the quality of early childhood education, they should create opportunities to incorporate the voices and experiences of families and providers into decision-making processes. The developmental and care needs for young children are distinct from those of older children served in K-12. As one provider representative cautioned, *"The people that are driving this work in the public school space are not consulting with those in that private birth-to-five [space]. And they think they've covered all their bases, but they haven't."* While direct interaction between state leaders and local families and providers may seem impractical[43], state leaders can leverage their relationships with intermediary organizations, such as research, policy, and advocacy organizations, that serve as a bridge to understanding the needs and interests of families and providers. States can also work with advisory councils that enable parent and provider groups to directly engage in decisions that impact them. A racial equity impact assessment to examine how a proposed action may affect different groups is another tool to prioritize constituents.[44]

> " [There are] system problems because of other people making decisions... who don't have a background in child development, who really don't have that curriculum instruction and leadership training. But those of us in the field who know what a four-year-old should be exposed to and should not, we didn't really have a voice, nor did we have a choice."
>
> **– Provider Advocate**

> " They had these [virtual] town halls to give people updates on the mandates, but they turned off the voice and they turned off the chat so that they couldn't see each other's faces. They couldn't hear each other's voices when they asked questions, and they couldn't see the chat. And I heard this from several providers, and they felt like they were silenced."
>
> **– Provider Representative**

[43] Direct interaction may be limited by the multitude of counties and districts within most states, political dynamics across the state, and the altitude at which state leaders operate.

[44] Keleher, 2009

2 **Make high-quality ECE widely accessible and affordable for all families.**
During the pandemic, many families lost income and could not afford childcare at their pre-pandemic income levels. Unlike early learning systems, families of K-12 students could generally rely on schools to continue teaching and learning activities. Children's engagement in the K-12 system is perceived to be a "universal" public good regardless of social class. However, until all families can afford and access the quality care they need, early learning will continue to cater to the needs of those with more resources. In Section 1, we named "financial volatility and instability" as a severe vulnerability in early learning. Without stable and sufficient public funding streams for early learning, providers and families will continue to struggle to make ends meet. Moreover, a key takeaway about "flexible resource policies" (Section 2) is that local system actors felt better equipped to address their communities' needs when they had autonomy to decide how to use funds during response and recovery. Providing financial security for the care of the children in the community can empower providers and families in ways that support more effective services and systems.

To promote transformative change, state early learning systems leaders should increase public funding streams to minimize, or remove, the financial burden of early care by expanding free and affordable options for families. Families spend a substantial percentage of their income on ECE, reducing their ability to take care of other necessary expenses—such as rent or mortgage, food, and clothing—as well as affording enriching activities such as trips, extracurricular activities for their children, and their own continuing education. Expanding access by making care more affordable would decrease the financial burden—especially on working families—support their economic mobility, and enable parents to more fully participate in the economy. State officials should set annual targets and monitor preschool enrollment by population subgroup to ensure access to quality care is available to all families. They should also develop systems that support various forms of early childhood education, including in-home care, to honor the choices and preferences of families.

> So [the K-12 sector is considered] a public good. Public education is something that we have come to expect and demand in this country. So when the [K-12] schools closed, it wasn't a question of if they were going to reopen, it was when and how were they going to reopen? And so that wasn't the same option that the birth-to-five space got."

– Provider Representative

3 **Improve working conditions for early learning practitioners.** Early learning practitioners play a critical role in the overall health and wellness of local communities. Not only do they support the academic and emotional development of learners, but their care also allows parents to work and local economies to thrive. However, as described above in Section 1, early learning workers are both underpaid and undervalued. As their workplaces closed due to the pandemic, these workers— predominantly women of color—lost wages and benefits. Many have also left voluntarily, as part of "The Great Resignation,"[45] with childcare facilities still struggling to fill staffing vacancies. In one survey, 80 percent of childcare facilities reported that they are experiencing staffing shortages.[46] Low wages, poor benefits, and a problematic narrative about the importance of early learning creates challenges in attracting and retaining talent.[47] In Section 2, we noted the role of "useful data" in shaping the response and recovery effort. Continued documentation and understanding about the shifting state of the early learning workforce could inform policy strategies to create fair working conditions and to incentivize ECE jobs—along with state and national efforts to address labor needs.

To promote transformative change, state early learning systems leaders should standardize family-sustaining salaries and benefits for early learning practitioners. The early learning labor force is disproportionately women of color, and the impact of wage instability (on top of low wages), exacerbated by the pandemic, affects practitioners *and* their families.[48] Early learning educators need improved working conditions and family-supporting wages that are comparable to early elementary educators who serve similarly-aged young people. States should craft policies that guarantee compensation benefits—even if services are disrupted.

[45] Thompson, 2021
[46] NAEYC, 2021
[47] NEAYC, 2021; Hillman, 2020
[48] Schmidt et al., 2020

How can Philanthropy Support Transformative Change in Early Learning?

In addition to the actions that state education leaders can take, philanthropy can support transformative change in early learning as well by investing in advocacy, research, public narrative shifts, and coalition-building.

1 **Advocacy:** Early learning CBOs and organizations that represent providers and families need to be able to advocate to local and federal decision makers, but advocacy requires specific resources and expertise. Philanthropy can support long-term, flexible funding for leadership development and technical assistance to improve advocacy and community organizing on behalf of provider and family needs.

2 **Research:** Trustworthy and reliable information can support system actors in decision-making, while shifting public narratives. Philanthropic partners should consider supporting a robust research agenda that:

- ▶ Assesses the short- and long-term impacts that the pandemic has had and continues to have on children's' ademic and social emotional development.
- ▶ Evaluates the benefits of public funding on early learning.
- ▶ Highlights early learning decision-making representation in states and districts.
- ▶ Assesses the effects of wage and benefit improvements across early learning systems.

3 **Narrative Change:** Early learning providers and families that rely on childcare are affected by harmful public narratives that diminish the value of early learning to society. Philanthropy can support initiatives that shift public narratives about early learning so that it is considered a "public good."

4 **Collaboration:** Early learning systems touch a far-reaching group of stakeholders who may not communicate with one another. Philanthropy can use its convening power, relationships, and access to bring these disparate voices together to jointly consider challenges, opportunities, and solutions within local early learning systems. This work can include bridging community voices—from families, providers, businesses, and community-based organizations—with policy makers. It may also include connecting institutions from the private and public sectors, that both share a stake in early learning policy but may differ on priorities.

Closing

In this brief, we use the cycle of response, recovery, and transformation as a frame through which we can reflect on the crisis that early learning systems faced during the COVID-19 pandemic. In Section 1, we laid out why early learning systems were vulnerable to service disruption and the primary and secondary impacts of the pandemic on providers and families. In Section 2, we presented the observed resilience capacities that supported system actors as they responded to and sought to recover from the pandemic. In Section 3, we explored implications of these findings for public systems leaders and philanthropic funders interested in supporting the transformation of early learning systems to serve all providers and families—naming three conditions that could also reduce vulnerability to future shocks. In order to stabilize early learning systems through the response and recovery phases of resilience, it was critical for system leaders to reflect on the effect of the pandemic on early learning systems, and learn about the crucial capacities that helped mitigate against loss and devastation. However, there is still more to be done. The third phase, transformation, can connect short-term rebuilding efforts to long-lasting systems change, enabled by conditions that center community voice and racial equity.

Appendix A: Methodology

Between fall 2020 and fall 2021, Engage R+D and Equal Measure completed data collection and analysis to inform this report. These data collection activities included a media/literature scan and individual interviews with early learning leaders and stakeholders at the national, state, and local levels. A more detailed description of these activities can be found below.

Field Scan

The evaluation team conducted a field scan to conceptualize system resilience and early learning systems. The field scan was informed by four guiding questions:

1. What is system resilience?
2. What are early learning systems?
3. What makes systems vulnerable to shock?
4. Can systems become more resilient?

The evaluation team reviewed 24 research briefs and academic articles to ground ourselves in these concepts. The scan informed the development of a brief, from which we drew in designing this publication.

Media/Literature Scan

During the media and literature scan process, we reviewed 75 articles from sources such as national and local newspapers (e.g., *The New York Times*, *The Philadelphia Inquirer*, *The Seattle Times*, *The Tennessee Tribune*), education think tanks and journals (e.g., *Chalkbeat*, *The 74 Million*, Learning Policy Institute, *Education Week*, New America), philanthropic organizations and journals (e.g., The Packard Foundation, *SSIR*), and other national organizations and think tanks (e.g., Brookings Institute). We divided review of media and literature sources among Engage R+D and Equal Measure team members. We captured information from across the sources utilizing the following categories:

- What was the impact of COVID-19 on local early learning systems?
- How did localities react and respond to COVID-19?
- What strategies can help aid equitable recovery efforts in the future?

This method enabled an exploration of themes from across sources and the collection of examples for use in the issue brief.

The literature and media scan served primarily to inform foundational knowledge of early learning systems during COVID. Of the sources reviewed, more than 30 are cited in the brief and are listed in Appendix B: References.

Interviews

We completed interviews using a snowball sampling method over two phases. Interview participants in the first phase were recommended by Engage R+D, Equal Measure, or the Early Learning Solutions team at the Bill & Melinda Gates Foundation. These interview participants were engaged with early learning systems at the national and state levels, with a higher portion in California, Tennessee, and Washington, three of the Gates Foundation's geographies of interest. We completed nine interviews during this phase. The second phase of interview participants was based on recommendations from interview participants we spoke with during the first phase. Of the 30 individuals recommended, we reached out to 14 and interviewed eight. Individuals who were not included in the sample were nonresponsive to email outreach or unable to participate in an interview at that time.

Appendix A: Methodology (continued)

In total, we interviewed 17 early learning leaders, partners, and stakeholders. A full list can be found below.

Provider and Family Advocates and Representatives

- Linda Asato, Executive Director, California Childcare Resource and Referral Network
- Jessica Gutierrez, Early Learning Support Specialist, Fresno Unified School District
- Mary Ignatius, Statewide Organizer, Parent Voices
- Kym Johnson, Executive Director, BANANAS
- Christina Lopez, President, Maryland Association for the Education of Young Children
- Paula Merrigan, Transitional Kindergarten Teacher, Castro Valley Unified and Chair of the Early Childhood Education Committee, California Teachers Association
- Jessica Sager, Co-Founder and Chief Executive Officer, All Our Kin
- Keri Randolph, Executive Officer of Strategic Investments, Metro Nashville Public Schools

Research and Policy Advocates

- Caroline Christopher, Research Assistant Professor, Department of Human and Organizational Development at Vanderbilt University
- Patricia Lozano, Executive Director, Early Edge
- Erin O'Hara, Executive Director, Tennessee Education Research Alliance
- Blair Taylor, CEO, Tennesseans for Quality Education
- Albert Wat, Senior Policy Director, Alliance for Early Success

State System Leaders

- Jody Becker, Deputy Secretary, Washington Department of Children, Youth, and Families
- Kelli Bohanon, Director of Early Learning, Washington Department of Children, Youth, and Families
- Jennifer Greppi, Statewide Lead Chapter Organizer, Parent Voices
- Steven Hicks, Former Deputy Assistant Secretary for Policy and Early Learning, Maryland Division of Early Childhood Development

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