



## BUILDING STRONG FOUNDATIONS:

Advancing Comprehensive Policies for Infants, Toddlers, and Families

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# Early Head Start: A Critical Support for Infants, Toddlers, and Families

## **Vulnerable infants, toddlers, and families should have access to comprehensive early childhood services through Early Head Start.**

Early Head Start (EHS) is an evidence-based, federally funded, and community-based program with a two-generation approach to child development for children under age 3 and pregnant women in poverty. The mission of EHS is to support healthy prenatal outcomes; enhance the intellectual, social, and emotional development of infants and toddlers; and ultimately promote school readiness.<sup>1</sup> EHS programs offer comprehensive child and family development services, including center- or home-based early learning experiences, health and developmental screenings, nutritious food, parenting resources and support, and access to health, mental health, and social services.<sup>2</sup>

EHS's comprehensive approach supports the whole child—physically, socially, emotionally, and cognitively—within the context of the family and community.<sup>3</sup> EHS is the only federal program specifically focused on the early education experiences of low-income babies and toddlers. Integral to its approach is supporting parents in their role as primary caregivers and teachers of their children. Programs assist families in meeting their own personal goals, such as housing stability, continued education, and financial security.<sup>4</sup> As a two-generation program, EHS addresses the needs of and creates opportunities for both parents and children, helping parents improve their prospects for economic security while simultaneously ensuring their children are on a solid path from the earliest age to engage in lifelong learning.<sup>5</sup>

Local organizations receive EHS grant funds directly from the federal government to operate programs. EHS grantees tailor services to community needs by choosing from several program options, including center-based, home-based, or family child care services. All grantees must comply with federal Head Start Program Performance Standards, which specify requirements for teacher qualifications, family and community engagement, and the provision of comprehensive health, mental health, and other services.<sup>6</sup> The program was funded to serve 147,519 children and pregnant women in the 2016 fiscal year.<sup>7</sup> Of the children served, 61 percent have a working parent and 21 percent have a parent in education or training.<sup>8</sup> Eighty percent of families in the program access important supports such as parent education and health information.<sup>9</sup>

Congress also appropriated additional funding in the 2014 and 2016 fiscal years to grow the supply of quality early learning opportunities for infants and toddlers through Early Head Start-Child Care Partnerships (EHS-CC Partnerships) and EHS Expansion grants. Under EHS-CC Partnerships, new or existing EHS grantees partner with licensed center-based or family child care providers that agree to meet the performance standards and provide full-day, full-year comprehensive services to infants and toddlers from low-income families.<sup>10</sup> These partnerships allow more vulnerable young children to benefit from the quality services offered through EHS while infusing EHS quality into more child care programs.<sup>11</sup>

A national randomized control trial evaluation of the EHS program demonstrated the benefits of the program for children and parents. At age 3, children who participated in EHS scored higher on measures of cognitive, language, and social-emotional development compared to similar children who did not participate.<sup>12</sup> EHS children were also more likely to attend a formal preschool program when they were ages 3 and 4.<sup>13</sup> Parents similarly benefitted: EHS parents were more emotionally supportive, provided more support for children's language development and learning, and were less likely to use harsh discipline strategies such as spanking. Notably, EHS mothers who enrolled during pregnancy made greater gains in providing their children with emotional support, and their children demonstrated stronger social-emotional and cognitive development at age 3.<sup>14</sup> Moreover, enrollment in EHS promoted parents' participation in education and training as well as their employment.<sup>15</sup> Follow-up research found that some of the positive impacts of participating in EHS on children's development were still evident two years later upon entry into kindergarten. In particular, children who followed EHS with formal pre-K programs between the ages of 3 and 5 fared the best.<sup>16</sup> Participation in EHS is also associated with several other critical longer-term outcomes for families, including lower levels of maternal depression and decreased likelihood of abuse and neglect.<sup>17</sup>

**Despite Early Head Start's effectiveness, it reaches far too few eligible families.** In 2015, approximately 2.6 million infants and toddlers were living in poverty<sup>18</sup> and potentially eligible for EHS,<sup>19</sup> but only about 5 percent received services.<sup>20</sup> Since EHS funds flow directly from the federal government to local programs, the reach varies greatly by state and by community.

A substantial federal investment in EHS is critical to expand access to the program. Because young children in poverty are at risk for falling behind starting at birth, reaching more of their families with proven services to support positive early development is an important policy to promote school readiness. Moreover, recent economic analysis has found a substantial return on investment for the early care and learning programs that influenced the design of EHS.<sup>21</sup> In the absence of additional federal funding, some states have leveraged current investments to expand access to similar services for vulnerable children and families.<sup>22</sup> States' approaches to building on EHS include extending the day or year of existing EHS services, expanding the capacity of EHS programs to increase the number of children and pregnant women served, providing resources and technical assistance to support child care providers in meeting EHS quality standards, and supporting partnerships between EHS and child care providers to improve the quality of child care. The federal Maternal, Infant and Early Childhood Home Visiting program provides states the opportunity to further invest in EHS by utilizing those funds to support the EHS home-based program option.<sup>23</sup> In addition, many of the changes in the Child Care and Development Block Grant (CCDBG) Act of 2014 complement partnerships between EHS and child care by promoting continuity of care and quality in state subsidy programs.<sup>24</sup>

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As a comprehensive approach to meeting the needs of low-income families with young children, EHS serves as a model of a two-generation program that focuses intentionally on creating opportunities for infants, toddlers, and parents as well as pregnant women. Federal and state leaders should identify ways to sustain and expand access to EHS services for additional families who are most likely to need developmental support. Building on the proven model of Early Head Start would give more children and families in poverty real opportunities to reach their full potential.

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*ZERO TO THREE and CLASP thank the  
W.K. Kellogg Foundation for their  
generous support of this project.*

October 2017

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