Policy Center





Early Head Start

An Essential Support for Pregnant Women, Infants, and Toddlers

October 2019 Updated January 2021

Early Head Start is the only federal program dedicated to comprehensively promoting healthy child and family development for pregnant women, infants, and toddlers living in families with incomes below the poverty line. This focus acknowledges both the importance of the first three years in establishing the foundation for future developmentand the greater likelihood that young children in under-resourced families will fall behind, starting in infancy and before. Created more than 25 years ago, Early Head Start's comprehensive approach embodies and is proven to support what all babies need to thrive: good health, strong families, and positive early learning experiences.

The first three years of a child's life are a time of incredible growth and opportunity, with brain development occurring at an unparalleled pace—forming more than one million new neural connections per second.¹ These connections compose the foundational brain architecture on which all learning is built, shaped, and molded by the quality—both good and bad—of a child's earliest experiences and relationships. Decades of research show that poverty is harmful, particularly at an early age.²

Growing up in poverty negatively affects how a child's mind and body develop, and can physically alter a baby's fundamental brain structure.³ Even in infancy, gaps are evident in critical aspects of learning, knowledge, and social-emotional development. When not addressed, these early gaps become progressively wider.⁴

Preventing these gaps is the mission of Early Head Start, starting in the prenatal period.

Since its inception, Early Head Start's mission has been to support early development by recognizing children in the essential context of their families and communities. Early Head Start programs use a two-generation model to serve the most overburdened and under-resourced children and families in their communities. Regular community assessments ensure child development services meet the evolving needs of the community through three basic models: high-quality center based programs, family child care, and home visits.

Comprehensive services are individualized to the needs and resources of each child and family and leverage an array of community services. In this way, Early Head Start maximizes both federal investments and community resources to best meet the needs of families they serve.

The need for Early Head Start is great: Nearly one out of every five babies in the United States lives in poverty,⁵ denying them an equal chance to reach their full potential. Most alarming are the persistent disparities among young children in

SUPPORTING FAMILIES DURING COVID-19

As COVID-19 gripped the nation, Head Start and Early Head Start programs remained on the frontlines serving families, thanks to flexibilities granted by federal officials.

Even while facilities closed, programs continued outreach to families most vulnerable to the economic and social impact of the pandemic and its aftermath. Across the country, staff stepped up for families by delivering essentials such as diapers, formula, wipes, and meals and continuing classes online. More is needed as new expenses occur.

To meet the myriad needs of families and allow Head Start and Early Head Start to continue serving as stabilizing forces in communities, we recommend Congress provide \$11.2 billion in additional relief funding. We also recommend that Congress include a substantial increase in expansion funding for Early Head Start in its regular appropriations cycles to ensure this center of strength for more families in the most precarious financial situations and to act as a down payment on eventual full funding to reach all eligible infants and toddlers and significantly more pregnant women.

low-income families of color. More than a fourth (28%) of Black children and more than a fifth (22%) of Hispanic children live in poverty, compared to 9% of non-Hispanic White children living in poverty. Early Head Start historically has opened its doors to the populations most vulnerable to inequitable access to critical services, including Black, Hispanic, American Indian, and Alaska Native (AI/AN) children.

Rigorous evaluation has demonstrated real, positive changes for children and families who participate in Early Head Start. Although limited spaces are available to pregnant women, Early Head Start supports to expectant families lead to positive impacts on children's later development. Early Head Start also strengthens families by building their ability to support their children's development and referring them to services that promote family well-being and economic security, in recognition of their primary role in their children's lives. Still, the vast majority of eligible families wait in vain to enroll, as the program can now serve only 7% of those eligible. Policymakers should build policy on what decades of research tell us: Children and families who are overburdened and under-resourced benefit most from comprehensive, high-quality early interventions like Early Head Start as the beginning of a prenatal-to-five continuum of services. We know that Early Head Start can change the future of babies across the nation living in poverty. The time to build on the promise and expand access to Early Head Start is now.

FAST FACTS

- In 2019, nearly two million infants and toddlers lived in poverty.⁸
- Just 7% of eligible infants and toddlers are currently reached by Early Head Start.9
- In 2019, Early Head Start was funded to serve 171,992 infants, toddlers, and pregnant women.
- Early Head Start received a rigorous, longitudinal, large-scale evaluation. Researchers found that the program makes a positive difference across a broad set of factors associated with children's success in school, family self-suffiency, and parental support of child development.

Policy Recommendations

Policymakers must recognize and respond to the resources and service gaps in each community by reaffirming their commitment to Early Head Start's unique mission of providing high-quality child development and comprehensive services to young children and families who are most in need. They can do this in five key ways:

- 1. Increase federal and state investments in Early Head Start (and programs modeled on Early Head Start) to ensure full funding to reach all eligible infants and toddlers as well as significantly more pregnant women. Almost all infants and toddlers who qualify for Early Head Start lack access to this proven program. To ensure more eligible infants and toddlers are served, policymakers should pursue all avenues to expand the program.
- a. Congress should continue directing federal funding to expand Early Head Start capacity. This should preserve the mission of supporting early development and strengthening families whose children are most at risk of falling behind, including during the prenatal period.
- b. The U.S. Department of Health and Human Services should encourage programs to convert funded Head Start slots to Early Head Start openings wherever doing so meets community needs. The 2007 reauthorization included a process for conversion that ensures programs have time to meet infant-toddler standards and are ready to provide appropriate services for the youngest children.
- c. State policymakers should direct state resources to fund comprehensive services for infants and toddlers who are most in need by expanding Early Head Start. Currently, few states provide funding to expand Early Head Start capacity.
- 2. Continue to anchor Early Head Start in adequately resourced community assessments and informed local choices for the program options most needed in communities.

Early Head Start research identifies the value of offering multiple and flexible options in communities. To ensure that communities are able to best meet the needs of local families, policymakers should:

a. Ensure that Early Head Start programs are supported in offering the high-quality services through the program options that make sense for their community. In



EARLY HEAD START SERVICES

Early Head Start is an evidence-based, federally funded and regulated, community-based program that provides:

- eligibility for infants and toddlers in families with incomes below the Federal Poverty Line, children in foster care, and children experiencing homelessness:
- prenatal information, support, and linkages to health services;
- access for children to medical, dental, mental health, nutrition, and early intervention services;
- early learning services (through quality child care programs, family child care settings, or home visiting) that support the full range of child development from infancy to preschool age; and
- family engagement, support, and linkages to needed services.

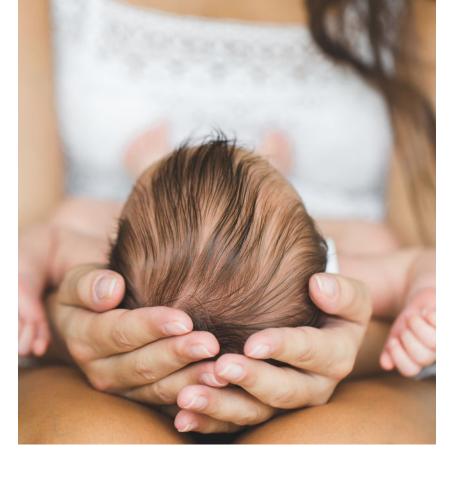
order to provide well-managed and highquality services in home visiting, center-based care, or family child care, programs must be adequately funded and supported through training and technical assistance.

b. Continue the option for local programs to partner with child care centers and provide extra training and technical assistance resources. Partnerships help improve the quality of child care while supporting continuity of care for infants and toddlers.

This provides a ready way to expand Early Head Start services and infuse Early Head Start standards into community child care. However, care is needed to ensure that such arrangements do not limit Early Head Start to working families.

3. Grow a well-qualified and fairly compensated Early Head Start workforce, prepared to serve the youngest children and families.

Highly qualified staff for Early Head Start are critical to meeting the needs of today's families. Federal and state policymakers should incentivize employment with scholarships, tax credits, student loan forgiveness, and stipends to ensure a qualified, adequately compensated workforce for our youngest children. Staff



development should be offered through apprenticeships, coaching, and professional development opportunities to retain a robust and expert workforce through less staff turnover and greater continuity of care.

4. Emphasize enrolling more pregnant women in Early Head Start to maximize the time they and their children benefit.

Mothers who enroll during pregnancy gain more in emotionally supporting their children than mothers who enroll later, and their children demonstrate stronger impacts on their social-emotional and cognitive development at age 3.11 While most Early Head Start grantees help pregnant women access comprehensive prenatal and postpartum care—including nutrition, health, and mental health services—only about 6,000 slots are available to serve pregnant women across the country.12 Federal leadership and resources—incentives, technical assistance, and removal of barriers13—are needed to enroll more pregnant women while continuing to allow families to enter the program later in their child's life.

5. Fund new research to assess how Early Head Start is benefiting families and children as it implements the new Head Start Program Performance Standards.

The original Early Head Start evaluation was conducted in the program's infancy and has provided a rich body of research about the program's early implementation and effectiveness. Twenty years later, programs are operating under new performance standards updated to reflect the deepening understanding of both early brain development and the importance of close relationships critical to that development. While the Baby FACES project provides valuable descriptive information about program operations and the families and children served, a new, rigorous, randomized impact evaluation with a nationally representative sample would provide much needed information on how the program is currently benefiting children and families.

Research: Early Head Start improves outcomes for children and families.

Research on Early Head Start has provided rich insights into the importance of comprehensive early childhood programs with support beginning prenatally. Early Head Start was the subject of a congressionally mandated, randomized control trial study shortly after the program's inception, with follow-up studies after the intervention ended. The basic findings showed that participation had positive impacts on developmental outcomes for children and their parents' ability to support that development. The evaluation data has yielded an extensive literature of additional analysis. It is now possible to identify key overarching messages about Early Head Start's benefits. In particular, the research findings reaffirmed the value of Early Head Start's key focus on the parent-child relationship. Other important take-aways include: Enrolling early is best, for both pregnant mothers and their children. Early Head Start mothers who enrolled during pregnancy made more gains in emotionally supporting their children, and their children demonstrated stronger impacts on their social-emotional and cognitive development at age 3.14 Children in Early Head Start are not only more likely to be immunized, 15 but their parents offer more stimulating home environments, read more with their children, use less physical punishment, and have higher levels of self-sufficiency. 16 Further, Early Head Start reduced aggressive behavior at age 3, which helped produce fewer social behavioral problems at age 5.17

EARLY HEAD START RESEARCH SHOWS SUCCESS FOR CHILDREN AND PARENTS

- Children in Early Head Start showed positive impacts at ages 2 and 3, including enhanced cognitive and language skills, decreased aggressive behaviors, increased engagement with parents during play, and increased rates of immunization.
- Parents in Early Head Start 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. In addition, there were later, unexpected benefits from a reduction in child welfare involvement.
- Positive impacts on children's development were still evident two years later upon entry into kindergarten. In particular, children who followed Early Head Start with formal pre-K programs between the ages of 3 and 5 fared the best.

AUTHORS: MOLLYROSE SCHAFFNER AND PATRICIA COLE

ZERO TO THREE wishes to thank the individuals whose generous collaboration and insights made this brief possible:

John Love (former ZERO TO THREE Board Member) and ZERO TO THREE staff Jennifer Boss, Amanda Perez, Kim Keating, Katrina Coburn, and former staff member Barbara Gebhard.

ENDNOTES

- 1. InBrief: The Science of Early Childhood Development. (2007, March 17). Retrieved from https://developingchild.harvard.edu/resources/inbrief-science-of-ecd/
- 2. Black, M. M., Hess, C. & Berenson-Howard, J. (2000). Toddlers from low-income families have below normal mental, motor, and behavior scores on the revised Bayley scales. Journal of Applied Developmental Psychology, 21, 655–666.
- 3. Center on the Developing Child (2010). The Foundations of Lifelong Health Are Built in Early Childhood. Retrieved from www.developingchild.harvard.edu.
- 4. Halle, T., Forry, N., Hair, E., Perper, K., Wander, L., Wessel, J., & Vick, J. (2009, June). Disparities in early learning and development: Lessons from the Early Childhood Longitudinal Study Birth Cohort. Retrieved from https://www.childtrends.org/wp-content/uploads/2013/05/2009-52DisparitiesELExecSumm.pdf
- 5. U.S. Census Bureau. (2020). Income and Poverty in the United States: 2019. Retrieved from https://www.census.gov/library/publications/2020/demo/p60-270. html
- 6. Ibid.
- 7. Keating, K., Daily, S., Cole, P., Murphey, D., Pina, G., Ryberg, R., Moron, L., & Laurore, J. (2019). State of babies yearbook: 2019. Washington, DC: ZERO TO THREE and Bethesda MD: Child Trends.
- 8. U.S. Census Bureau. (2020). Income and Poverty in the United States: 2019. Retrieved from https://www.census.gov/library/publications/2020/demo/p60-270. html
- 9. Keating, K., Daily, S., Cole, P., Murphey, D., Pina, G., Ryberg, R., Moron, L., & Laurore, J. (2019). State of babies yearbook: 2019. Washington, DC: ZERO TO THREE and Bethesda MD: Child Trends.
- 10. Office of Early Head Start. Program Information Report (PIR) Enrollment Statistics Report National. Retrieved from https://hses.ohs.acf.hhs.gov/pir/reports
- 11. U.S. Department of Health and Human Services, Administration for Children and Families. (2006, April). Research to Practice: Services and Outcomes for Early Head Start Families Enrolled During Pregnancy: Is There a Magic Window? Retrieved from: http://www.acf.hhs.gov/sites/default/files/opre/pregnancy.pdf
- 12. Office of Early Head Start. Program Information Report (PIR) Enrollment Statistics Report National. Retrieved from https://hses.ohs.acf.hhs.gov/pir/reports
- 13. Early Head Start National Resource Center. (2009). Early Head Start Tip Sheet No. 40 Enrolling Pregnant Women: Does EHS enroll pregnant women within a specific program option? Retrieved from http://www.ehsnrc.org/Publications/English%20Tip%20Sheets/TIP_SHEET_40.pdf
- 14. U.S. Department of Health and Human Services, Administration for Children and Families. (2006, April). Research to Practice: Services and Outcomes for Early Head Start Families Enrolled During Pregnancy: Is There a Magic Window? Retrieved from: http://www.acf.hhs.gov/sites/default/files/opre/pregnancy.pdf
- 15. Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start Volume I: Final Technical Report. (2002, June 15) Retrieved from https://www.acf.hhs.gov/opre/resource/making-a-difference-in-the-lives-of-infants-and-toddlers-and-their-families-0
- 16. Ibid.
- 17. Love, J. & Vogel, C. (2016). Early head start. In D. Couchenour & J. Chrisman (Eds.), The sage encyclopedia of contemporary early childhood education (pp. 488-491). Thousand Oaks, CA: SAGE Publications, Inc doi: 10.4135/9781483340333.n133
- 18 Ibid
- 19. Ibid.
- 20. Ibid.
- 21. Green, B.L., Ayoub, C., Bartlett, J.D., Furrer, C., Cohen, R.C., Buttita, K., Von Ende, A., Koepp, A., Regalbuto, E., & Sanders, M.B. (2018, October). How Early Head Start Prevents Child Maltreatment: Research Brief. Bethesda, MD: Child Trends.

ZERO TO THREE

Policy Center

The **ZERO TO THREE Policy Center** is a nonpartisan, research-based resource for policymakers and advocates on the unique developmental needs of infants and toddlers. The Policy Center brings more than 40 years of research-based expertise on infant and toddler development to ensure that public policies reflect current research and best practices in support of our nation's very young children and their families. Receive the latest information and *Think Babies* action alerts about policies and events that matter to you by signing up at zerotothree.org/policy-network.

