

FACT SHEET

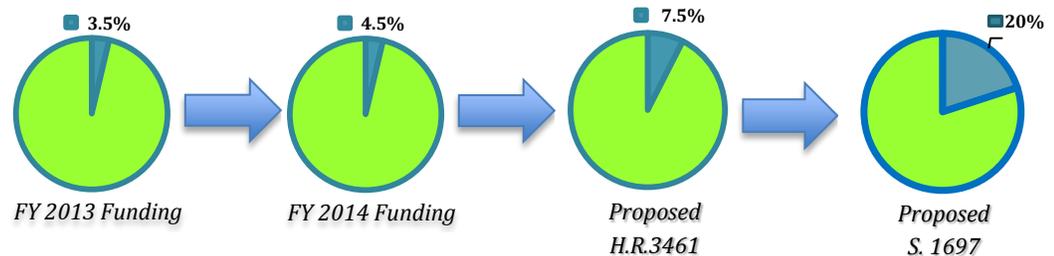
Early Head Start



WHAT IS EARLY HEAD START?

Early Head Start (EHS) is an evidence-based, federally funded, and community-based program with a two-generation approach that provides comprehensive child and family development services to pregnant women and children under 3 years old in families with incomes below the poverty level. The mission of EHS is to support healthy prenatal outcomes and enhance the intellectual, social, and emotional development of infants and toddlers to promote later success in school and life.

How Many Eligible Children in Poverty Does EHS Reach?



In 2013, EHS was funded to serve only 3.5% (106,726 children) of the approximately 3 million children who were eligible to participate. The Federal budget cuts, known as the sequester, resulted in 6,000 fewer children being served. The 2014 Omnibus Appropriations Act restored funding to pre-sequester levels and provided \$500M for EHS-child care partnerships, which will increase the percentage of eligible children served by about one percentage point, combining funding with child care subsidies where possible. The proposed bicameral Strong Start for America's Children Act also would increase EHS access through such partnerships. H.R. 3461 would authorize \$1.4 billion, which would increase the percentage of eligible children served to 7.5% while S. 1697 would provide \$4 billion, which would increase the percentage of eligible children served to 20%.

What Is the EHS Funding Structure?

In 2014, EHS funding is \$1.37 billion (not including the funding for the new EHS-child care partnerships). The federal government provides 80% of the yearly cost to operate EHS programs, and the remaining 20% must come from "local match" or "in-kind" contributions, which may be in the form of monetary contributions, donations of goods or services, or volunteer hours. Of the total funding, 85% of funding is devoted to direct services and no more than 15% is to be spent on administration.

What Are the Federal Head Start Program Performance Standards (HSPPS)?

All EHS programs must comply with HSPPS to ensure the quality of their programs. The HSPPS were adapted to address the needs of infants, toddlers, and pregnant women when EHS was created. The standards address:

- Comprehensive health, developmental, and behavioral screenings; referrals; and ongoing care
- Developmentally and linguistically appropriate education
- Health and safety
- Nutrition
- Mental health
- Parent engagement and formal family partnerships
- Community partnerships
- Governing boards, including parents
- Teacher qualifications, class sizes, and staff-to-child ratios
- Ongoing professional development
- Facilities and equipment

What Are Some Highlights of EHS' Comprehensive Services?

- Children receive health screenings and follow-up, yielding a higher rate of participation in medical homes and ongoing dental care.
- Pregnant women have high rates of prenatal care and health insurance (average data show 38% of pregnant women access mental health services).
- Families participate in parenting education and health education, including emergency and crisis intervention, adult education, and mental health services.

Who Is Eligible?

To be eligible for EHS, families must meet the federal poverty guidelines (gross annual income of \$23,050 per year for a family of four in 2012). Priority is given to children with special needs as well as those who are homeless or migrant. Of participants across all Head Start-funded programs, 77% are in families earning below the federal poverty level; others qualify because they receive public assistance.

Who Participates?

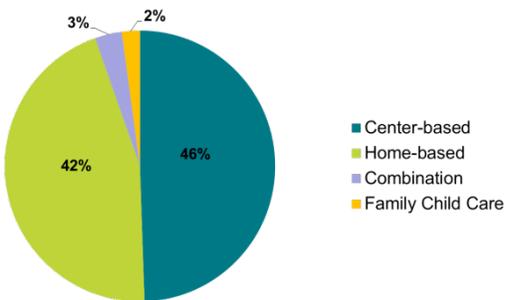
EHS serves children of different races and ethnicities (44% White, 34% Hispanic, 25% African American, 4% American Indian/Alaska Native, and 10% Bi-Racial/Multi-Racial).

Family composition of EHS participants in 2011–2012 shows that there is a split with 59% of children living in single-parent families and 41% living in two-parent families. In terms of parental employment, 20% of EHS families had at least one parent in training or in school.

	One Parent Employed	Both Parents Employed
Two Parent Families	58%	20%
Single Parent Families	44%	N/A

Regarding parental educational attainment, data show that 28% had some education above high school; 39% completed high school or GED; and 32% did not complete high school. Families participating in EHS are often receiving concurrent benefits and assistance, including WIC (3 out of 4 families), SNAP (1 out of 2 families), and TANF (1 out of 5 families).

What Are the Different Program Settings?



EHS grantees tailor services to community needs by choosing from several program options, including: center-based programs (46%); home-based programs where services are delivered in the family’s home from a qualified home visitor and through group activities (42%); family child care programs (2%); combination programs (3%) that include center- and home-based services; and locally designed programs created by the grantee and approved by the federal government.

What Are EHS’ Program Staff Requirements?

EHS standards require professional qualifications for their staff:

- All EHS teachers must have, at a minimum, CDA and training in early childhood development
- Training and professional development must have a focus on infant and toddler development

Currently, of EHS staff:

- 90% have a CDA or above
- 54% have at least an associate’s degree
- 27% have a bachelor’s degree

Grantees: Who Is Eligible to Receive EHS Funds?

States, local governments, public and private nonprofits, and for-profits are eligible to apply to receive EHS funds and run programs. Currently, there are 1,015 grantees (31% are Community Action Agencies, 46% are nonprofits, 11% are school systems, and 7% are government agencies).



How Can HSPPS and Other Standards Such as Accreditation Be Used as a Benchmark for Infant and Toddler Care and Education?

Early care and education program licensing standards and regulations vary greatly by state. Therefore, the HSPPS can be used as one benchmark or platform to expand access to high-quality early care and education opportunities for infants and toddlers. For example, while less than half of states require teachers to have an early childhood credential in order to work in programs with young children, 90% of EHS teachers have an early childhood credential. Furthermore, there is considerable variance among the states in the staff-to-child ratios they require for child care centers. EHS HSPPS require that there is a 1:4 staff-to-child ratio implemented within each classroom. However, only 35 states have ratios that match this benchmark for infants and only about 16 states have a ratio that matches this benchmark for toddlers. In the family child care option, there is a ratio of 1:6 with only 2 children under 2 years old permitted.

In seeking to expand access to high-quality early learning programs for infants and toddlers, states could provide financial support to help programs meet HSPPS standards. Such standards can help ensure and systemize the provision of comprehensive services, including prenatal health care and support for pregnant women; ongoing developmental screening and monitoring/surveillance; access for children to medical, dental, nutrition, and mental health; and parent engagement and linkages to needed services. HSPPS also require ongoing technical assistance. For the family-child care option, child development specialists conduct biweekly announced and unannounced visits to periodically verify compliance with requirements and facilitate ongoing communication, provide recommendations for technical assistance, and support the family child care provider in developing collegial or mentoring relationships with other child care professionals.

What Are Some of the Highlights From EHS' Impact Study?

The EHS Research and Evaluation Project, a rigorous, Congressionally mandated, large-scale random-assignment evaluation concluded that EHS makes a positive difference in areas associated with children's success in school, family self-sufficiency, and parental support of child development. Such outcomes reinforce how EHS provides a sturdy foundation on which children and families in poverty engage through education.

Children's Developmental Outcomes

- Children in EHS were more likely to go on to formal preschool programs (including child care, Head Start, and pre-k) than their peers who did not participate.
- At 3 years old, children performed better on a range of measures, such as cognitive, language, and social-emotional development.
- At 5 years old, children who had EHS followed by a formal preschool program such as Head Start did the best.
- During the 5th Grade Follow-Up Study, children who had received continuous early childhood services and then attended an elementary school with a lower percentage of children receiving free or reduced priced lunches continued to do better.
- Overall, there were positive impacts for all sub-groups, particularly African American children.

Children's Health Outcomes

- Participation in an EHS program increased a child's access to a medical and dental home.
- 97% of children in EHS received continuous accessible health care and had health insurance.
- 91% of EHS children with health insurance were enrolled in the Medicaid/Early and Periodic Screening, Diagnosis and Treatment (EPSDT), CHIP (Children's Health Insurance Program) or a state sponsored child health insurance program.
- 86% of children in EHS have up-to-date medical screenings by the end of the program.



Parental Engagement and Self-Sufficiency Outcomes

(In comparison to control group of parents without children in EHS)

- Parents were more likely to participate in education or job training.
- Teen parents increased their school attendance through involvement with EHS.
- Mothers were less likely to have a subsequent birth during the time their children were enrolled in EHS.
- When a child reached 3 years old, parents scored higher on many aspects of home environment and parenting behavior, and they progressed toward self-sufficiency.
- EHS participation reduced parental stress and increased parental support for learning, and it reduced the negative impacts of parent stress and risk factors on child language and self-regulatory development.
- When their children reached 3 years old, EHS parents were more emotionally supportive of their children and less detached, as well as significantly more supportive of language and learning.
- Parents participating in EHS reported less spanking and more positive discipline techniques.
- EHS significantly improved paternal engagement in their children's early childhood education and reduced spanking.



How Does Access to Services Affect Parental Health Outcomes?

Participating in EHS has shown to be correlated with increased access to health information and services.

- 92% of pregnant women enrolled in EHS received information on the benefits of breastfeeding and 89% received prenatal and postpartum health care.
- 84% of EHS families accessed one or more additional supports to promote their children's development, such as: adult education (18%), emergency/crisis intervention (27%), English as a Second Language (ESL) training (7%), health education (64%), housing assistance (17%), job training (14%), mental health services (18%), parent education (68%), and transportation assistance (18%).

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About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based, nonprofit organization committed to promoting the healthy development of our nation's infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at: www.zerotothree.org/public-policy

Citations

2012 Program Information Report (PIR): The Office of Head Start PIR data are publicly available on the PIR Reports web site, <http://hses.ohs.acf.hhs.gov/pir>.

Anne T. Henderson and Karen L Mapp, "A New Wave of Evidence: The Impact of School, Family, and Community Connections on Student Achievement." *Annual Synthesis 2002*, http://www.eric.ed.gov/ERICWebPortal/search/detailmini.jsp?_nfpb=true&_ERICExtSearch_SearchValue_0=ED536946&ERICExtSearch_SearchType_0=no&accno=ED536946

Rachel Chazan-Cohen, "Contributions of the parenting environment during the first five years of life to child outcomes at kindergarten entry in a low-income sample." *Early Education and Development* 20 (2009): 958-977
<http://www.tandfonline.com/doi/abs/10.1080/10409280903362402>.

CLASP DataFinder, 2013, <http://www.clasp.org/data>.

David Deming, "Early Childhood Intervention and Life-Cycle Skill Development: Evidence from Head Start." *American Economic Journal: Applied Economics* 1, no. 3 (2009): 111-134. http://www.people.fas.harvard.edu/~deming/papers/Deming_HeadStart.pdf

Chloe Gibbs, Jens Ludwig, and Douglas L. Miller, "Does Head Start do any lasting good?" *Forthcoming in The War on Poverty: A 50-year retrospective*, 2012.
<http://npc.umich.edu/news/events/war-on-poverty-june-conference/gibbs-ludwig-miller.pdf>

Fuhua Zhai, Jeanne Brooks-Gunn, and Jane Waldfogel, "Head Start and Urban Children's School Readiness: A Birth Cohort Study in 18 Cities." *Journal of Developmental Psychology*, 47, no. 1 (2011): 134-152,
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3050648/>

John M. Love, et al. "Making the Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start." Washington, DC: Administration for Children and Families, June 2002.

John M. Love, et al. "The Effectiveness of Early Head Start for 3-Year-Old Children and Their Parents: Lessons for Policy and Programs." *Developmental Psychology*, vol. 41, 2005, pp. 885-901.

John M. Love, et al. "What Makes a Difference: Early Head Start Evaluation Findings in a Developmental Context." *Monographs of the Society for Research in Child Development*, vol. 78, No. 1 February 2013.

Jens Ludwig and Deborah A. Phillips, "Long-Term Effects of Head Start on Low-Income Children." *Annals of New York Academy of Sciences*, 1136, (2008): 257-268.
<http://home.uchicago.edu/~ludwig/papers/NYAS-LudwigPhillips-HeadStart-2008.pdf>

Hilary M. Shager, et al. Can Research Design Explain Variation in Head Start Research Results? A Meta-analysis of Cognitive and Achievement Outcomes, 2011.
<http://epa.sagepub.com/content/early/2012/11/12/0162373712462453.abstract>

The White House, Fact Sheet President Obama's Plan for Early Education for all Americans, 2013, <http://www.whitehouse.gov/the-press-office/2013/02/13/fact-sheet-president-obama-s-plan-early-education-all-americans>.

Third grade follow-up to the Head Start Impact Study. Final Report. OPRE Report 2012-45 October 2012.
http://www.acf.hhs.gov/sites/default/files/opre/head_start_report.pdf

U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study, Birth Cohort.

U.S. Department of Health and Human Services, *Early Head Start & CCDF Background Fact Sheet*, 2013,
https://www.acf.hhs.gov/sites/default/files/occ/presidents_initiative_draft_fact_sheet_revised_4_8_508.pdf?nocache=136562502