

EARLY CHILDHOOD HIGHLIGHTS

Child **TRENDS**

VOLUME 1, ISSUE 2 ■ MAY 10, 2010

QUICK FACTS

Approximately 50 percent of children who live in families at or below 200 percent of the poverty level utilize center-based child care or child care in another's home.¹⁴

EARLY HEAD START PROGRAMS PRIORITIZE FAMILIES WITH GREATEST NEED. Demographic factors known to be correlated with family need include parents who are unemployed, having a single parent heading the household, and parents without a high school credential. Most Early Head Start programs serve families that have three or more risk factors, and about 20 percent of programs serve a high concentration of at-risk families.¹⁵

INFANTS AND TODDLERS FROM LOW-INCOME FAMILIES ARE AT GREATER RISK for negative outcomes, such as school failure in later years, learning disabilities, behavior problems, mental retardation, developmental delay, and health impairments than infants and toddlers in middle- to high-income families.¹⁶

FAMILIES WHO MEET INCOME AND OTHER CRITERIA MAY BE ELIGIBLE TO PARTICIPATE IN EARLY HEAD START FOR FREE. A limited number of higher income families may purchase slots for their child on a graduated fee scale.

Early Head Start: Research Findings

Early Head Start is a federally funded community-based program for low-income families with infants and toddlers and for low-income pregnant women. Created in 1995, Early Head Start strives to promote healthy prenatal outcomes for pregnant women, to enhance the development of children ages birth to three, and to promote healthy family functioning. Between ages three and five, low-income children and their families may also be eligible for Head Start, which offers educational, health, nutritional, social, and other services. This brief summarizes findings from number of studies related to Early Head Start and Head Start programs, including the Congressionally mandated Early Head Start Research and Evaluation Project, a rigorous, large-scale, random-assignment evaluation, which concluded that Early Head Start makes a positive difference for children and families in terms of school success, family self-sufficiency, and parental support of child development.¹ The studies highlighted below identify significant benefits for participants, including:

- **Better vocabulary and improved cognitive and social-emotional development for children²**
- **Lasting positive effects for children^{3,4}**
- **Improved parenting⁵**
- **Improved quality among existing providers who partner with Early Head Start and Head Start programs⁶**

Early Head Start Outcomes

Better vocabulary and improved cognitive and social-emotional development

Researchers have found that children enrolled in Early Head Start programs have a significantly larger vocabulary and score higher on standardized measures of cognitive development than children not enrolled.⁷ According to the national evaluation, children in Early Head Start demonstrated improved patterns of social-emotional development. Specifically, the evaluation found Early Head Start children behaved differently than children in the control group, including exhibiting:



QUICK FACTS

Early Head Start children and parents had more positive interactions, and the parents provided more learning support than did parents in a control group.¹⁷

About three-quarters of Early Head Start programs have partnerships with health care providers and more than 80 percent have them with mental health providers.¹⁸

THE EARLY HEAD START RESEARCH AND EVALUATION PROJECT

Key data highlighted in this brief were drawn from the U.S. Department of Health and Human Services, Administration for Children and Families Early Head Start Research and Evaluation Project conducted under contract to Mathematica Policy Research, Inc. and in collaboration with the Early Head Start Research Consortium. More information about this study is available at: http://www.acf.hhs.gov/programs/opre/ehs/ehs_research/index.html

- Lower levels of aggressive behavior
- Higher levels of sustained attention with objects in a play situation
- A greater degree of engagement with their parents
- Less negativity toward their parents⁸

Lasting positive effects from participation

The Early Head Start Research and Evaluation Project found positive effects on measures of social-emotional functioning for preschool-aged children who had participated in Early Head Start, two years after those children had left the program.⁹ Measured at ages four and five, children who had participated in Early Head Start demonstrated lower levels of aggressive behavior and higher attention levels than children who did not participate in Early Head Start. This finding is similar to research on three-year-olds' participation in Head Start. Recently, the 2010 Head Start Impact Study found participation in Head Start at an earlier age demonstrated sustained benefits at age four, including:¹⁰

- Improved literacy skills (i.e., vocabulary, sound and letter identification, and pre-writing skills)
- Improved math skills
- Fewer hyperactive or withdrawn behaviors
- Improved health status

Improved parenting

Early Head Start children and parents had more positive interactions, and parents provided more learning support than did parents of children not enrolled in Early Head Start. Specifically, the national evaluation study found that Early Head Start parents displayed a number of positive parenting techniques, including:¹¹

- Providing greater warmth and supportiveness toward their child
- Spending more time in play with their child
- Providing more educationally stimulating home environments
- Providing more support for language and learning
- Being more likely to read daily to their child
- Being less likely to spank their child

Improved quality among existing providers who partner with Head Start

Raikes and colleagues evaluated a program in which Head Start and Early Head Start programs partnered with centers and family child care providers who agreed to adhere to the Head Start performance





ABOUT THE EARLY CHILDHOOD HIGHLIGHTS SERIES:

The **Early Childhood Highlights** series is intended to provide a snapshot of the latest research on early childhood released by Child Trends and other leading researchers working on young children’s issues. Each brief summarizes a particular area of research based on longer academic paper(s). More detailed information and additional resources are available from Child Trends.

FOR MORE INFORMATION

Child Trends research staff has expertise in Head Start and Early Head Start programs and is available to answer questions.

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Pub. #2010-12

standards.¹² Raikes et al. and Schilder found that partnering programs, as compared to non-partnering programs, offered higher quality care and were more likely to offer parent involvement opportunities, parent referral services, and comprehensive screenings and services to children.¹³ It is not clear whether the supply of Head Start/Early Head Start programs within a local area affects the quality of care when formal partnerships are not in place. The possibility exists, for example, that when center-based child care must compete with Head Start/Early Head, centers more closely follow Head Start quality indicators. However, there is a lack of evidence available on this issue at this time.

ENDNOTES

- ¹ U.S. Department of Health and Human Services, Administration for Children and Families. (2002a). *Making a Difference in the Lives of Infants and Toddlers and Their Families*. Retrieved from: <http://www.mathematica-mpr.com/PDFs/ehsfinalsumm.pdf>
- ² U.S. Department of Health and Human Services, Administration for Children and Families. (2002b). *Early Head Start Research and Evaluation Project*. Slide 12. Retrieved from: http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/reports/dissemination/overall_long/overall_findings_talkingpts.pdf
- ³ U.S. Department of Health and Human Services, Administration for Children and Families. (2006a). *Preliminary Findings from the Early Head Start Prekindergarten Follow-up*. Retrieved from: http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/reports/prekindergarten_followup/prekindergarten_followup.pdf
- ⁴ U.S. Department of Health and Human Services, Administration for Children and Families. (2010). *Head Start Impact Study: Final Report*. Retrieved from: http://www.acf.hhs.gov/programs/opre/hs/impact_study/
- ⁵ U.S. Department of Health and Human Services. (2002b). Slide 14.
- ⁶ Raikes, H., Wilcox, B., Peterson, C., Hegland, S., Atwater, J., Summers, J., Thornberg, K., Torquati, J., Edwards, C.P., & Raikes, A. (2003). *Child care quality and workforce characteristics in four Midwestern states*. Lincoln, NE: The Gallup Organization.
- ⁷ DiLauro, E. (2009). *Learning, Thriving, and Ready to Succeed: Infants and Toddlers in Head Start*. Washington, DC: Zero to Three. Retrieved from: <http://www.zerotothree.org/site/DocServer/EHSinglesMar5.pdf?docID=7884>
- ⁸ U.S. Department of Health and Human Services, (2002b). Slide 14.
- ⁹ U.S. Department of Health and Human Services. (2006a).
- ¹⁰ U.S. Department of Health and Human Services. (2010).
- ¹¹ U.S. Department of Health and Human Services. (2002b). Slide 14.
- ¹² Raikes, H., et al. (2003).
- ¹³ Schilder, D. (2003). *Head Start/child care partnerships: Partnering programs more likely to provide comprehensive services*. Newton, MA: Education Development Center, Inc.
- ¹⁴ National Household Education Surveys Program [NHES]. (2005). *America’s Children: Key Indicators of Well-Being, Table FAM3.B: Child Care: Percentage of Children Ages 0–6, Not Yet in Kindergarten by Type of Care Arrangement and Child and Family Characteristics 1995, 2001, and 2005*. Retrieved from: <http://www.childstats.gov/americaschildren/tables.asp>
- ¹⁵ U.S. Department of Health and Human Services. (2006b).
- ¹⁶ DiLauro, E. (2009).
- ¹⁷ Ibid.
- ¹⁸ U.S. Department of Health and Human Services. (2002b). Slide 15.

