



The National Evaluation of Early Head Start:

Early Head Start Works

We know from the science of early childhood development that infancy and toddlerhood are times of intense intellectual engagement.¹ During this time – a remarkable 36 months – the brain undergoes its most dramatic development, and children acquire the ability to think, speak, learn, and reason. All babies and toddlers need positive early learning experiences to foster their intellectual, social, and emotional development and to lay the foundation for later school success. Babies and toddlers living in high-risk environments need additional supports to promote their healthy growth and development. Disparities in children’s cognitive and social abilities become evident well before they enter Head Start or Pre-Kindergarten programs at age four. Early Head Start was created to help minimize these disparities and ensure that children enter school ready to learn.

The National Evaluation of Early Head Start concluded that the program is making a positive difference in areas associated with children’s success in school, family self-sufficiency, and parental support of child development. Key to the program’s success is its emphasis on the implementation of the Head Start Program Performance Standards, which ensure the highest quality care for babies and families and its comprehensive approach to serving children and families. Unfortunately, Early Head Start is reaching only a small proportion of at-risk children and families – only 3 percent of all eligible children and families are served.²

★ POLICY RECOMMENDATIONS

- **Maintain Per Child Spending While Serving More Families:** Currently, 10 percent of the overall Head Start budget is used to serve 63,000 low-income families with infants and toddlers through the Early Head Start program. This represents only 3 percent of all eligible families with babies and toddlers. We must increase the set-aside from 10-20 percent. At the same time, we must support additional investment in all of the proven working elements of Head Start so that we can reach “at least” twice as many children and families. We must ensure that while serving more families, we are also maintaining per child spending so that infants and toddlers receive the same quality comprehensive EHS services that have been shown to be effective.
- **Protect the National Head Start Program Performance Standards and Early Head Start’s Comprehensive Approach To Serving Children and Families:** The success of Early Head Start can largely be attributed to the National Head Start Program Performance Standards (NHSPS) and the program’s unique comprehensive approach to serving babies, toddlers and their families. Research demonstrates that programs that fully implement the Performance Standards have a greater impact on

child and family outcomes than those that do not, and that comprehensive services, such as education and job training activities and child development and parenting classes, have a positive impact on Early Head Start families. The NHSPS and Early Head Start's comprehensive approach to serving children and families must be protected in the upcoming renewal of the program's authorizing legislation.

- **Ensure Quality Early Head Start Programs and Teachers:** Research indicates that programs that employ highly qualified staff and experience relatively low teacher turnover show positive developmental growth in young children.³ In addition to the requirement that all infant/toddler teachers have at least a Child Development Associate credential⁴, Early Head Start programs and staff need ongoing training opportunities, technical assistance, and opportunities for professional development and advancement in order to maintain the programs' high quality.
- **Support Continuous Program Improvement Activities:** Continuous program improvement activities need to take place on two levels to ensure the maximum effectiveness of Early Head Start. (1) Programs must continue to have access to training and technical assistance that enhances the professional development of staff and supports their ability to develop services that are reflective of best practices. (2) It is crucial that we increase the capacity of programs to engage in evaluation activities so that programs can continually improve their effectiveness. Continuing evaluation of programs is important on both the national and local levels.
- **Maintain Key Programmatic Features:** Research from the National Evaluation shows that programs that target families early and offer flexible service options have the largest impact on infants, toddlers and their families. Maintaining these programmatic features is key to meeting the disparate needs of Early Head Start families.
- **Conduct Longitudinal Research:** Without longitudinal data, it is difficult to understand the long-term impacts of Early Head Start on at-risk children and families. Funds should be set-aside for longitudinal research so that policymakers are able to assess the impact of the program through middle childhood.

★ RESEARCH

The Congressionally mandated National Evaluation of Early Head Start -- a rigorous, large-scale, random-assignment evaluation -- concluded that Early Head Start is making a positive difference in areas associated with children's success in school, family self-sufficiency, and parental support of child development. What is most compelling about the Early Head Start data is that they reflect a broad set of indicators, *all* of which show positive impacts – patterns of impacts varied in meaningful ways for different subgroups of families. The upcoming Congressional reauthorization of the program provides an opportunity to focus on what can be done to achieve even greater impacts for infants, toddlers and families in Early Head Start. Highlights of the study include:

Intellectual, Social and Emotional Development

- **Early Head Start Moves Children Further Along the Path that Could Lead to Greater School Readiness if the Early Head Start Gains are Maintained by Good-Quality Preschool Programs.** Early Head Start produced statistically significant, positive impacts on standardized measures of children's cognitive and

language development.⁵ A smaller percentage of Early Head Start children (27.3 percent versus 32.0 percent) scored in the “at-risk” range of developmental functioning (although still below the mean of national norms). By keeping children from entering the lowest-functioning group, *Early Head Start may be reducing the risk of later poor cognitive, language, and school outcomes.*⁶

- **Early Head Start Children Had More-Positive Interactions With Their Parents** than control group children. Positive and secure parent-child relationships may reduce a young child’s fear in novel or challenging situations and enable the child to explore with confidence.⁷
- **Early Head Start Children Were More Attentive To Objects During Play** than control group children. Play is important because being attentive to and engaged in play activities is how children begin to learn important cognitive and social skills needed for later school and life success.

Parenting and Families

- **Early Head Start Parents Were More Involved and Provided More Support for Learning.** Early Head Start programs have significant favorable impacts on a range of parenting outcomes. Early Head Start parents were observed to be more emotionally supportive and less detached than control-group parents. They also provided significantly more support for language and learning than control-group parents.
- **Early Head Start Helped Parents Move Toward Self-Sufficiency.** Early Head Start significantly facilitated parents’ progress toward self-sufficiency. Although there were not significant increases in income, there was increased parental participation in education and job-training activities throughout the evaluation period.
- **Early Head Start Programs Had A Substantial Impact on African American Families and a Favorable Pattern of Impacts on Hispanic and White Families.** Early Head Start programs were especially effective in improving child development and parenting outcomes of African American children and parents. The Early Head Start programs also had a favorable pattern of impacts on Hispanic and White children and parents.
- **Early Head Start Had Favorable Impact on Child-Father Interactions.** Early Head Start significantly improved how fathers interacted and related to their children. Early Head Start children were observed to be more able to engage their fathers and to be more attentive during play than control group children. Early Head Start fathers were observed to be less intrusive in interacting with their children than control group fathers. The emotional quality of the father-child relationship appears to be extremely important to children’s adjustment and well-being.⁸
- **Early Head Start Participation Resulted in Fewer Subsequent Births.** Early Head Start low-income mothers were less likely to have subsequent births within the two years following enrollment in Early Head Start.

Study Design

The scientific design for the first large-scale study of Early Head Start was rigorous and conservative in drawing conclusions from its findings. Differences in research designs make it difficult to compare other well-respected national intervention studies to the Early Head Start evaluation. Differences include:

- **The National Evaluation of Early Head Start used a much larger research sample.** The National Evaluation of Early Head Start was based on a large research sample – over 3,000 families. Other studies, such as the Abecedarian Project and the Nurse Home Visitation Program studies, had much smaller samples for their studies – 111 children were part of the Abecedarian study and 400 mothers were involved in the Nurse Home Visitation Program. Early Head Start produced positive outcomes over a much greater scale with a more diverse population.
- **The National Evaluation covered a more specific period of time.** The Administration on Children, Youth and Families designed a thorough and rigorous random-assignment evaluation to examine the impacts of EHS on child and family outcomes when the children were 24 and 36 months old. As of August 2002, the National Evaluation of Early Head Start had followed children through age 3. The Abecedarian Study followed children through age 21 and the Nurse Home Visitation Program followed children through age 15. Until follow-up Early Head Start longitudinal studies are conducted, we have no way of assessing what it takes to sustain impacts made by Early Head Start and to understand “sleeper effects” (i.e. how Early Head Start may influence other unintended effects in young adulthood such as -delinquency, teen pregnancy, and high school dropout rates).
- **Impact of Early Head Start may be even greater than data show.** The control group of the National Evaluation of Early Head Start is not a “non-treatment” control group. Although they did not receive any Early Head Start services, children in the control group were permitted to receive other services in the community. The control group of the Abecedarian Study on the other hand, was a non-treated control group.⁹ A non-treated control group gives researchers greater confidence that differences between the treated and untreated individuals can be credited to the early childhood intervention.¹⁰ Since the children of the Early Head Start control group were receiving other kinds of community services, it is likely that the impact of Early Head Start may be even greater than the data shows.

What is Early Head Start?

Congress created Early Head Start in the 1994 Head Start reauthorization with strong bipartisan support. The program was up and running in 1995. It is the *only* federal program specifically designed to improve the early education experiences of low-income babies and toddlers. The mission of Early Head Start is clear: to support healthy prenatal outcomes and enhance intellectual, social and emotional development of infants and toddlers to promote later success in school and life. Research demonstrates that Early Head Start is effective. Early Head Start serves over 63,000 low-income families with infants and toddlers through 708 community-based programs.¹¹ Unfortunately, ***only 3 percent of all eligible children and families are served.***¹²

About Us

ZERO TO THREE Policy Center is a research-based, non-partisan, 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 contact us at 202-638-1144 or on the Web at www.zerotothree.org.

¹ Shonkoff J., and Phillips, D. (Eds.) (2000). National Research Council and Institute of Medicine. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Academy Press.

² 2002 EHS Fact Sheet www.acf.hhs.gov/programs/hsb/research/factsheets/02/hsfs.htm. CPS Annual Demographic Survey, March Supplement 2001 Table 23 "Single Years of Age – Poverty Status of People in 2001" http://ferret.bls.census.gov/macro/032002/pov/new23_004.html.

³ Shonkoff J., and Phillips, D. (Eds.) (2000). National Research Council and Institute of Medicine. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Academy Press.

⁴ Under the National Head Start Performance Standards, all infant and toddler teachers are required to have, at the time of hire or within one year of hire, at least a Child Development Associate credential.

⁵ U.S. Department of Health and Human Services, Administration for Children and Families (2002). *Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start*. Washington, DC.

⁶ U.S. Department of Health and Human Services, Administration for Children and Families (2002). *Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start*. Washington, DC.

⁷ Shonkoff J., and Phillips, D. (Eds.) (2000). National Research Council and Institute of Medicine. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Academy Press.

⁸ Ibid.

⁹ The Carolina Abecedarian Project: Executive Summary. <http://www.fpg.unc.edu>

¹⁰ Ibid.

¹¹ U.S. Department of Health and Human Services, Administration for Children and Families (2002). *Early Head Start Information Folder*, www.headstartinfo.org/infocenter/ehs_tkit3.htm.

2002 EHS Fact Sheet www.acf.hhs.gov/programs/hsb/research/factsheets/02/hsfs.htm.

¹² 2002 EHS Fact Sheet www.acf.hhs.gov/programs/hsb/research/factsheets/02/hsfs.htm. CPS Annual Demographic Survey, March Supplement 2001 Table 23 "Single Years of Age – Poverty Status of People in 2001" http://ferret.bls.census.gov/macro/032002/pov/new23_004.html.