Early Head Start for Low-Income Families with Infants and Toddlers

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In January 2001, the Commissioner’s Office of Research and Evaluation and the Head Start Bureau released the first program impact findings from a rigorous national evaluation of the Early Head Start (EHS) program—an initiative that serves low-income expectant parents and families with infants and toddlers. The program provides high-quality child and family development services, a focus on staff development, and a commitment to community partnerships. The evaluation’s analysis of child and family outcomes, covering the first two years of the lives of 3,000 children who participated in 17 of the first-funded EHS sites, found a pattern of consistent positive impacts on child and family functioning.

Specifically, the evaluators found that when two-year-old children who had experienced a year or more of program services were compared with a randomly assigned control group, the EHS children performed significantly better on measures of cognitive, language, and social-emotional development. The EHS parents scored significantly higher than control group parents did on many measures of the home environment, parenting behavior, and knowledge of infant/toddler development. The EHS families were also more likely to attend school or job training, and their levels of parenting stress and family conflict declined. These domains of child and family functioning are known to be associated with later child outcomes that include social abilities, literacy, and school readiness. Future reports from the EHS evaluation will provide considerable additional detail, for instance, about how different subgroups of low-income families and children fare. The evidence in this first report, however, carries significant weight.

The evaluators found that strong program implementation contributed to positive program impacts. The EHS programs that scored high on key elements of Head Start’s “Program Performance Standards” early on (described in detail in this article) had stronger impacts on the use of services by enrolled families than did other EHS programs. They also showed more significant pos-
itive impacts on children’s development and parenting behaviors. Although other differences among programs and communities may have contributed to these findings, it appears that the full implementation of Head Start’s Program Performance Standards plays an important role in producing the desired outcomes. This evidence of the importance of program implementation echoes a recommendation made by the Committee on Integrating the Science of Early Childhood Development that “much greater attention be paid to the challenges of program implementation . . . as an integral component of all early childhood evaluation research.” Attention to implementation is also critical to the practitioners and policymakers who are responsible for EHS.

As this report briefly reviews EHS’s short history and describes the program’s key components, it focuses on the initiative’s vision of quality, which includes flexibility in the service of individual and community needs. That vision is reflected in the performance standards that guide program operations and in the federal government’s approach to monitoring local grantee operations. Realization of the vision appears to contribute to the benefits reaped by the children and families who participated in well-implemented EHS programs.

**What Is Early Head Start?**

Early Head Start is one of the federal government’s most visible investments in low-income families with infants and toddlers. Its mission is to promote healthy prenatal outcomes for pregnant women, enhance the development of very young children, and promote healthy family functioning in families with infants and toddlers whose incomes are below federal poverty guidelines. Congress created EHS when it reauthorized the Head Start Act in 1994, stipulating that EHS should receive a set portion of the annual appropriation for Head Start (which serves preschool children). The program has grown rapidly, in successive cohorts or “waves,” from 68 programs in 1995, to 635 programs in 2001 that serve some 45,000 children. Initially, 4% of Head Start funding went to EHS; pending the outcome of the national evaluation, EHS is scheduled to receive 10% of the Head Start appropriation in 2002 and 2003. The FY 2001 EHS budget is approximately $558 million.

The legislation creating EHS built on recommendations made by the Advisory Committee on Services for Families with Infants and Toddlers in 1994. (See Box 1 for a summary of the Committee’s vision for Early Head Start.) The committee identified four cornerstones of program quality: child development, family development, community building, and staff development. Along with program design and management and continuous improvement, these cornerstones became key elements in the design and operation of the EHS program. There are four program options through which EHS services are delivered: center-based, home-based, combination of...
Box 1

The Early Head Start Vision

To help design the new initiative in 1994, the Secretary of Health and Human Services formed the Advisory Committee on Services for Families with Infants and Toddlers. The committee articulated its vision as follows:

“All children from birth to age three need early child development experiences that honor their unique characteristics and provide love, warmth, and positive learning experiences; and all families need encouragement and support from their community so they can achieve their own goals and provide a safe and nurturing environment for their very young children. This recognition is guiding the design of the new Early Head Start Program.”

The committee also identified four cornerstones of program quality:

1. **Child development**, providing individualized support that honors the unique characteristics and pace of infant/toddler physical, social, emotional, cognitive, and language development, including early education and health care;

2. **Family development**, using individualized family development plans that attend to parenting and relationships with children, the home environment and family functioning, family health, parent involvement, and economic self-sufficiency;

3. **Community building**, enhancing child care quality, community collaboration, and the integration of culturally responsive services and supports for families with infants and toddlers; and

4. **Staff development**, needing well-trained and well-supported staff, so that the program quality is not compromised from the outset.


center and home-based, and locally designed options. To meet the diverse and changing needs of families, the programs may utilize multiple options.

The EHS programs are administered by the Head Start Bureau, the regional offices of the Administration for Children and Families, and the American Indian/Alaska Native Programs Branch. The Head Start Bureau sets directions for the program, makes grants to operate the programs, and supports technical assistance and evaluation activities for EHS as a whole. Regional offices administer the grants, monitor progress, conduct site visits, and offer ongoing support to programs. At the local level, the EHS programs are operated by public and private agencies, including current Head Start grantees, child care programs, schools, government agencies, tribal authorities, and community action agencies.

A Framework for Quality

As a federal initiative, Head Start programs (including EHS) are held to high standards of quality and accountability. In 1996, the Head Start Program Performance Standards that guided the design and operation of all Head Start programs were revised to offer a comprehensive set of standards for services to children from birth to age five, pregnant women, and their families. These revised standards define the scope of services that programs must offer to children and families, and they offer information and guidance related to each standard. However, they do not prescribe how the services must be carried out. Rather, they encourage thoughtful creativity by grantees to identify ways of meeting the needs of children and families in their local communities. The story of how individual programs, federal monitors, and the larger EHS community work to achieve and maintain high quality, accountability, and flexibility offers important lessons for others involved in comprehensive initiatives to support early development.

**Head Start Program Performance Standards**

The Program Performance Standards provide specific quality benchmarks for EHS services, covering early childhood development and health services, family and community partnerships, and program design and management. Although the Advisory Committee’s 1994 “four-cornerstone” characterization of EHS implies that emphasis should fall equally on the domains of child, family, staff, and community development, the 1996 revised Program Performance Standards make it clear that child development is the primary focus of Head
Start and Early Head Start: “Head Start and Early Head Start are comprehensive child development programs. . . They are child-focused programs and have the overall goal of increasing the social competence of young children in low-income families.” Family, staff, and community development are viewed as supporting the program’s core ability to deliver high-quality child development services.

Child Development and Health Services
The Program Performance Standards in this category define the scope of educational experiences, health, and other services that children from birth to age five are to receive when they participate in Head Start. Two standards have particular importance to infants and toddlers. The first is that program approaches should acknowledge the central role that relationships with caregivers and teachers play in promoting infant and toddler development. Programs are to give children a limited number of consistent teachers over an extended period of time, encourage responsiveness to infants’ individual cues and developmental changes, and offer daily opportunities for each child to be with others and express himself or herself freely. The second standard that is especially relevant to children under age three states that within 45 days after a child enters the program, and in collaboration with each child’s parent, programs will use screening procedures to identify any developmental concerns (considering sensory, behavioral, motor, language, social, cognitive, perceptual, and emotional skills). These screening procedures should be appropriate to the child’s age and language. A regular schedule of on-site consultation visits by a mental health professional should support parent and staff efforts to address children’s needs in a timely manner.

Family and Community Partnerships
The Program Performance Standards state that families are to be involved in every aspect of EHS and Head Start programs, and that they should receive additional services, such as adult education and employment training. Programs should work with families to set goals for themselves and their children and should ensure families’ access to community services and resources. The EHS programs use community partnerships as a primary vehicle for increasing families’ access to good-quality child care, prenatal services, maternal and child health care, housing, and employment. (See Box 2 for a brief description of the evolving links between EHS and child care programs.)

Program Design and Management
The Program Performance Standards also focus on the operational demands that underlie program quality. For example, they require that for any group of children

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Box 2

Early Head Start and Child Care

As welfare reform has pressed more and more low-income women into work and job training, child care has become an urgent need for families participating in Early Head Start. An evaluation in 17 program sites found that, in 1999, nearly half (45%) of the parents of participating children were working or in training; 30% of the children under age three were enrolled in child care provided in Early Head Start centers; 32% used child care in the community; and 38% used no child care. Because EHS programs are responsible for ensuring that even the children in community child care programs receive care that meets the high level of quality set in the performance standards, they have launched an array of innovative efforts to raise the quality of child care communitywide.

For example, the Region 7 Office of the Department of Health and Human Services works closely with state administrators and EHS programs in Kansas and Missouri, which have begun state-funded EHS/child care partnerships. These partnerships have focused on professional development for both child care and EHS staff. More recently, a number of states have adopted the Head Start Performance Standards and are beginning to use Head Start monitoring tools (the PRISM) to assess quality in collaborative efforts and institute targeted quality improvement efforts where needed.

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under age three, the staff-child ratio must be 1:4 with a maximum group size of eight (unless state licensing requirements are more stringent). Standards related to staff development require that within one year of hiring, teachers of infants and toddlers must have a Child Development Associate credential (or equivalent) demonstrating “the training and experience necessary to develop consistent, stable, and supportive relationships with very young children.” Standards also cover qualifications for home visitors. EHS programs provide training for staff to help them learn about infant and toddler development and develop methods for communicating effectively with infants and toddlers, their parents, and other staff members.

The infrastructure that supports program quality in Head Start is addressed in expectations concerning program governance; program planning; communication among staff, parents, and other entities; monitoring of child and family progress; and program self-assessment.

Monitoring for Flexibility, Compliance, and Partnership

The Program Performance Standards set clear standards for grantees while remaining committed to flexibility and meeting local communities’ needs. Complementing the Program Performance Standards is a review process called the PRISM (Program Review Instrument for Systems Monitoring) that federal and local staff monitors use to “understand how each grantee brings the standards to life in a unique way.” A knowledgeable review team is charged with gathering data from direct observation and interviews with the program management team, staff, participating families, child care partners, and others. Reviewers share what they learn in team meetings through which they integrate and analyze data and build consensus. Because the review is conducted in partnership with the grantee, the process includes regular opportunities for staff to receive feedback from the review team, provide information, and respond to reviewers’ concerns. The underlying premise of the PRISM process is that to make continuous improvements in their services for children and families, Head Start grantees need feedback on how they are currently doing in implementing Program Performance Standards. Given this information, grantee staff can work as a team to find solutions that are appropriate for their individual community, agency, children, families, and staff.

Monitoring Curriculum—A Case in Point

The tricky issue of “curriculum” in EHS illustrates the challenge of balancing quality, flexibility, and accountability. According to the Program Performance Standards, curriculum means a written plan that is based on sound child development principles about how children grow and learn, and includes (1) the goals for children’s development and learning, (2) the experiences through which they will achieve these goals, (3) the steps staff and parents will take to help children achieve these goals, and (4) the materials needed to support the implementation of the curriculum. When the review team focuses on curriculum in EHS, it looks at the...
interrelationships between management systems and services and discusses how staff and parents plan the curriculum for children. The team may ask, for example:

- Who is involved in planning for children’s experiences and what are their roles?
- How are children’s developmental assessments used in planning the curriculum and shared with parents?
- How are the training needs of teachers regarding curriculum implementation considered in the construction of the grantee’s in-service training plans?
- How often are teachers observed, and how is feedback provided?
- What staff and community resources are available (and used) for training on curriculum implementation?
- How do fiscal operations support the implementation of the curriculum and the provision of training for teachers?

Questions like these encourage a more thoughtful, nuanced response than the name of the curriculum package that sits on the director’s bookshelf. Such a dialogue can give programs the security they need to be creative in meeting child and family needs without straying from the program’s key parameters.

**Realizing the Early Head Start Vision**

The initial impacts emerging from the evaluation of the new EHS programs are promising. Of particular interest to program evaluators and the policy community is the finding that EHS programs, even in the earliest years of this ambitious initiative, were able to implement the vision of EHS’ creators. Programs substantially increased the receipt of child development and parenting services by low-income families in the communities studied. The EHS programs served nearly all families who enrolled and provided intensive services focused on child development and parenting to a majority of enrolled families. In addition, full implementation of the Program Performance Standards appears to support families’ engagement with EHS services and to strengthen child and family outcomes. One way of looking at the Program Performance Standards and the PRISM monitoring process is to see them as the load-bearing walls that rise from the EHS cornerstones to create a sturdy, stable structure for EHS.

Of course, EHS faces challenges. Recruiting and retaining competent staff is always a concern. The Advisory Committee noted in 1994 that “programs are only as good as the individuals who staff them.” Although EHS is working hard to train direct service staff, community partners, trainers, supervisors, program leaders, and federal staff, it will be no easy task to build capacity fast enough to sustain quality in an expanding initiative. Additional challenges for EHS include meeting the complex needs, such as mental health needs, of...
...some EHS families, and overcoming resource and regulatory barriers to create effective community partnerships. Still, EHS seems to be serving as a “beacon of hope,” not only for enrolled and eligible children and families, but also for the community of researchers, practitioners, policymakers, and concerned citizens who are looking for effective ways to reduce risk and promote healthy development in the earliest years. As such, EHS may be able to sustain the commitment of its founders and first supporters while continuing to attract the human and material resources it will need to flourish in the future.

ENDNOTES


7. See note no. 6, U.S. Department of Health and Human Services, quote on p. 1.


9. See note no. 6, U.S. Department of Health and Human Services, Head Start Program Performance Standard #1304.52[f].


12. See note no. 5, Advisory Committee on Services for Families with Infants and Toddlers, quote on p. 18.