ENCYCLOPEDIA
on Early Childhood
Development



Head Start policy

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Table of content

Synthesis 4

Head Start Policy 7
JASON T. HUSTEDT, PHD, W. STEVEN BARNETT, PHD, APRIL 2017

Economic Impact of Head Start 12
JANET CURRIE, PHD, APRIL 2009

Head Start Policy: Comments on Currie, and Hustedt and Barnett 20
EDWARD ZIGLER, PHD, DECEMBER 2005

Lessons Learned from the Early Head Start Program 25
CHERI A. VOGEL, PHD, YANGE XUE, PHD, OCTOBER 2018

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Synthesis

How important is it?

Head Start is an American preschool program for disadvantaged children. Established in 1965, this federally funded program is now the largest educational provider in the United States for preschoolers living in poverty, with some 900,000 three- and four-year-olds enrolled in 2005-2006.

The initial goal of the program was to bring poor children up to the level of more advantaged children by the time they reached school entry. Because the designers of Head Start recognized that young children living in poverty need much more than preschool education to prepare for elementary school, the program takes a comprehensive approach, offering a mix of educational, social, nutritional and health services to three- to five-year-olds and their low-income families. More specifically, these services include early childhood education, medical screenings, nutritious meals and parent training.

A companion initiative called Early Head Start offers services to over 60,000 children under age three. This program was created in 1994.

What do we know?

Head Start is often viewed as a “laboratory” for developing effective interventions for children in poverty. Issues affecting this program therefore have broad implications for early childhood education policy in general.

Head Start children are selected among the most disadvantaged children in their communities and are also often referred to the program by other social agencies. Unfortunately, Head Start does not have enough money to serve all children who live in poverty. Currently, only 60% of eligible children participate in Head Start. Insufficient funding is one of the many challenges the program faces in meeting the goal of offering comprehensive services to children from low-income families. Another challenge is that, since families move in and out of poverty, it is difficult to target the pool of children eligible at any given time. Low teacher qualifications are also a problem. Finally, there is much debate over the optimal mix of services (educational vs. health

and social, child-oriented vs. family-oriented, etc.).

There have been a number of studies on the impact of Head Start, but most studies suffer from methodological problems (usually with comparison groups), making their findings difficult to interpret. Nevertheless, evidence supports the general conclusion that children attending the program enjoy modest benefits over both the short and long term.

In a study comparing Head Start participants with their non-participating siblings, long-term benefits reported were increased high school graduation and college attendance rates for white participants and reductions in criminal charges or convictions among African-American participants. In another recent but small-scale study, researchers observed positive health and cognitive outcomes for children, as well as benefits in terms of parents' health and safety habits.

So far, the ongoing Head Start Impact Study combines the best experimental design with a nationally representative sample of nearly 5,000 children. It compares progress in cognitive, social-emotional, health and parenting domains in children randomly assigned to a Head Start group or a non-Head Start group. Initial results show very modest outcomes after one year of participation in Head Start. Specifically, positive effects were found for letter-word identification, pre-writing and vocabulary scores, and how often parents read to their children. No significant effects were found on oral comprehension or mathematics. The strongest impact was on parent reports of children's literacy skills and receiving dental care.

Another study matched data on Head Start programs to child-level data from the National Longitudinal Survey of Youth (NLSY). It found that Head Start programs with higher per-capita spending and programs that spend more on child-oriented activities (such as education, health and nutrition) tend to have better child outcomes.

Several recent evaluations examine the effects of Early Head Start, which targets children from birth to age three. Short-term effects appear to be very positive, as participating children have significantly higher scores on several cognitive tests, exhibit less aggressive behaviour and less negative behaviour towards parents during play, and demonstrate better sustained attention to an object during play at age three. How well these gains are maintained over time still needs to be evaluated.

What can be done?

The modest outcomes associated with Head Start participation suggest that the program is not reaching its full potential. One possible explanation is that the educational services offered are too weak. In fact, less than one-third of Head Start teachers have a bachelor's degree or higher.

One author recommends that every lead classroom teacher in Head Start should possess a B.A. in early childhood education, and that every assistant teacher should have either an AA degree or CDA (Child Development Associate) certification. The great difficulty in improving the growth trajectories of children mired in poverty needs to be recognized, and the program extended to two years (68% attend for only one year). However, as Head Start currently serves only 60% of eligible children and almost none of the near poor, it cannot be justified to systematically make the program longer.

As individual states are getting organized to develop and implement universal preschool education, the Head Start programs' wealth of experience should be used to inform and guide these new initiatives. Its emphasis should shift to providing comprehensive services to children and their families and delivering mental health services to young children of all income levels with emotional or behavioural difficulties. As well, Early Head Start should be expanded, as it constitutes a preventive approach to insufficient school readiness.

In setting priorities and improving Head Start programs, a number of key questions remain: Does Head Start have a lasting positive impact on children, and in what areas? Are the benefits of sufficient value to offset program costs? Should Head Start programs be expanded to serve all children in poverty? Are benefits different for different sub-groups of the population? Do program effects fade out over time, and if so, why? Given the local variation of Head Start programs, what are the attributes of the more successful ones? What mix of service components is optimal, and what type of curriculum should be offered? As Head Start continues to evolve, research on the program will further contribute to our knowledge of how to make interventions for children in poverty more effective.

Head Start Policy

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Introduction

With more than $8 billion U.S. in federal funding during fiscal year 2015 and an enrolment of about 940,000 children,[1] Head Start is by far the U.S. federal government's largest education initiative for young children in poverty. Established in 1965, this federally funded program takes a comprehensive approach toward enhancing children's learning and development, offering a mix of educational, social, nutritional and health services to three- to five-year-olds and their low-income families. Through a much smaller but growing companion initiative, Early Head Start, services are also offered to children under age three and pregnant mothers.

Subject

Head Start is often viewed as the nation's "laboratory" for developing effective interventions for children in poverty. As such, issues affecting this program have broad implications for early childhood education policy in general. Head Start began as a part-day, summer-only program for most children. Today, children may enroll in Head Start/Early Head Start for two or more years, and many programs operate for a full school day or integrate with other programs to offer a longer day. Yet serious questions remain about the program's availability and effectiveness. What does research say about its outreach and outcomes? What are some of the major policy issues Head Start will face in the future?

Problems

Head Start has faced challenges in meeting the goal of offering comprehensive services to children from low-income families. Chief among these difficulties is the fact that Head Start has not received sufficient funding to serve all children in poverty. Also, given that families move in and out of poverty, it has been an ongoing challenge to target the pool of children who might be eligible at a given time. Finally, the optimal mix of services (education, social, health, etc.),

teacher qualifications (lower than required for all public kindergarten and some pre-k initiatives), and the curriculum (how and what to teach) are still matters of some debate.

Research Context and Key Research Questions

Since the late 1960s, there have been a number of studies of Head Start's impact, some suggesting that the program was effective and others suggesting that its benefits were transitory. Much of this research suffers from methodological drawbacks that make it difficult to interpret the findings. However, evidence supports the general conclusion that children attending Head Start receive both short- and long-term benefits.[2] Studies conducted over the past two decades have been methodologically stronger and provide better estimates of impact than earlier studies. A key question is: how much does attending Head Start affect children's development, compared to demographically similar children who do not attend?

Recent Research Results

Innovative and increasingly rigorous studies have broadened the knowledge base on Head Start, with new implications about how the program can better serve children.

In a study of Head Start's long-term effects, Garces, Thomas, and Currie[3] analyzed nationwide self-reported data on Head Start attendance to compare sibling pairs in which one sibling participated in the program and the other did not. Benefits reported in this study include increased high school graduation and college attendance rates for white participants, and reductions in criminal charges or convictions among African-American participants. Drawbacks of this research include an inability to confirm the accuracy of self-reported Head Start attendance, and use of the statistical assumption that one sibling's participation in Head Start has no effect on the non-participating sibling. Another creative approach to estimating Head Start's long-term benefits finds that Head Start increased high school completion and college attendance rates.[4]

In 1997, researchers began collecting data for a large-scale federally funded study known as the Family and Child Experiences Survey (FACES).[5] FACES was designed to investigate the impact of Head Start's educational and comprehensive services using nationally representative samples. This study is ongoing, with data now available for five cohorts of children. However, despite the scope of this descriptive study and its representative samples, no comparison groups were used, and the study has no sound method for inferring program impact on children’s learning and

development.

In a small-scale study, Abbott-Shim et al.[6] used a random assignment design to select children into a Head Start program with a waiting list. Head Start attendees were then compared to non-attendees. The researchers noted a variety of positive outcomes for Head Start attendees, including both cognitive and health domains for children, as well as in parents' health and safety habits.

The federally funded Head Start Impact Study[7] combines the best design features of previous Head Start research, employing a rigorous experimental design with a nationally representative sample of nearly 5,000 children. Beginning in 2002, three- and four-year-olds were randomly assigned to a Head Start group or a non-Head Start group, providing a better basis for examining the effects of Head Start and eliminating concerns regarding selection bias associated with earlier studies. This experimental design complements an earlier large-scale experimental study of Early Head Start,[8] which found positive short-term impacts for young children as well as their parents.

The Impact Study examined progress in cognitive, social-emotional, health and parenting domains for Head Start and non-Head Start children. Initial results showed modest outcomes for participating in a single year of Head Start. For example, the effect on receptive vocabulary was about 1/10 of a standard deviation, almost exactly what was found for Early Head Start. No significant effects were found on mathematics. After one year of participation, the strongest impact of Head Start was found on parent reports of children’s literacy skills and receiving dental care. The design of the Impact Study also allowed researchers to examine longer-term effects into elementary school.[9] In general, longitudinal follow-up comparisons showed that initial positive outcomes found after one year of Head Start participation were not consistently sustained through the end of third grade. While this research had a rigorous design, it is worth noting that there are some challenges in interpreting the data, due to issues including the fact that most comparison children participated in other preschool (or even Head Start) programs after being assigned to the study's control group.

Conclusions

While Head Start has been a topic of research for its entire history dating back to the 1960s, many questions remain. Findings from a body of more methodologically sound research over the past two decades indicate that Head Start participation yields modest positive outcomes in

children. However, the magnitude of these impacts, and questions about the degree to which impacts are sustained, suggests that the program does not reach its full potential. A likely explanation is that the educational services offered by Head Start have been too weak. In particular, observational data indicate that instructional quality is lower than desired, while quality of emotional support is fairly strong. Improvement is likely to require more professional development and other investments in the workforce.[10] Head Start lacks the funding to hire teachers with qualifications on par with kindergarten teachers – specifically, bachelor's degrees – and to pay them comparable salaries. Head Start's most recent reauthorization required at least half of Head Start teachers in center-based programs to have bachelor's degrees by 2013, and by fiscal year 2015, 73% of teachers of preschool-age children in center-based Head Start settings held bachelor's degrees.[1] This has potential to increase the quality of Head Start services beyond the services offered when research such as the Head Start Impact Study began. However, when recruiting teachers with bachelor's degrees, Head Start must compete with public pre-k and kindergarten programs that pay higher salaries. As a result, teacher qualifications and compensation remain key issues in Head Start.

Implications

Head Start represents an early opportunity to help children in poverty achieve educational success. Yet at its current level of funding, the Head Start program is not able to serve all eligible children. For many of those it does reach, Head Start cannot provide a highly qualified teacher. Also, the benefits associated with Head Start participation are smaller in magnitude than those shown for more intensive model preschool initiatives.

In setting priorities for the future of Head Start, policy-makers face several important decisions. Should Head Start programs be expanded to serve all children in poverty? How quickly will teacher qualifications be further improved, and what are the implications of higher teacher qualifications for teacher pay and teacher retention? How will Head Start programs coordinate with public pre-k programs that often serve similar populations of children? What mix of service components is optimal, and what type of curriculum should be offered? As Head Start continues to evolve, research on the program will further contribute to our knowledge of how to make interventions for children in poverty more effective.

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Economic Impact of Head Start

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Introduction

Head Start is an American preschool program for poor three- and four-year-old children. In 2007 the program spent about $7 billion U.S. on approximately 900,000 youngsters. The program began in the 1960s as part of President Johnson's "War on Poverty." The goal of the program was to bring poor children closer to the level of their more advantaged peers by the time they reached school entry. Head Start was to do this by providing a broad array of services, including medical screenings, nutritious meals and parent training in addition to early childhood education.

For many years, Head Start enjoyed widespread bi-partisan support, and steadily increasing funding levels. However, in recent years critics have attacked Head Start for two reasons. First, according to critics, there is little evidence that Head Start has a lasting impact on children. Second, some critics contend that this alleged lack of success occurs because Head Start does not focus enough attention on remedying academic deficits in preschool children, and that money spent on broad programming would be better focused on explicitly educational training.

Subject

Poverty is costly to affected individuals and also to society. Large amounts are spent on programs such as job training for adult high-school dropouts and programs to treat troubled juveniles. Head Start represents a particular model for early intervention aimed at preventing later problems. It is less expensive and less intensive than some other models of child-care based intervention that have been shown to be successful, such as Perry Preschool and Carolina Abcedarian.[1,2] For example, in 1998 it cost $5,021 U.S. to keep a child in a part-day Head Start program for 34 weeks a year, implying that it would cost approximately $10,000 U.S. to send a child for two years. The part-day Perry Preschool intervention cost $12,884 U.S. per child (in 1999 dollars) for a program that lasted eight months a year over two years. Since 20% of the children participated for only one year, the figures imply that the cost per child was

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approximately $7,000 U.S. per year, so that Head Start costs approximately 71% of what Perry Preschool cost.[3] Hence, much of the controversy about the program centers on whether this less intensive model is successful in the sense that its benefits outweigh its costs.

Problems

Head Start children are selected among the most disadvantaged children in their communities. In fact, when there is excess demand for Head Start places, Head Start operators are required to identify and select the most disadvantaged applicants. In addition, children are often referred to Head Start by other social agencies (such as Child Protective Services). Hence, we would expect that, other things being equal, Head Start children would have worse outcomes than other children in the absence of the program. Even if Head Start improves child outcomes considerably, outcomes for grantees may still lag behind those of the average child. This selection issue makes it impossible to identify the effects of Head Start from simple comparisons of enrolled and other children.

Research Context

The U.S. government is currently conducting an experimental evaluation of Head Start. However, most previous analyses have had to rely on non-experimental designs. For example, Oden et al.[4] use matched controls. Currie and Thomas[5] and Garces, Thomas and Currie[6] compare Head Start children to their own siblings, using large-scale nationally representative data sets. Ludwig and Miller[7] use the fact that in the 1960s the poorest counties were more likely to receive Head Start funds than slightly better-off counties in order to identify the effects of Head Start spending on child outcomes.

Key Research Questions

1. Does Head Start have a lasting positive impact on children, and in what domains?
2. If there are lasting benefits, are they of sufficient value to offset the costs of Head Start?
3. Are benefits different for different subgroups of the population, such as African-Americans or non-native English speakers, and if so, why?
4. Do program effects “fade out” over time, and if so, why?
5. Given that there is local variation in Head Start programs, what are the attributes of more successful programs compared to less successful programs?

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6. Can the Head Start model be successfully extended to younger children?

Recent Research Results

Prior to the current experimental evaluation, the most recent federal evaluation of Head Start was the Family and Child Experiences Survey.[8] Unfortunately, that study had no control group. It focused on documenting improvements in the skills of Head Start children over the course of a year in the program. Most children did show gains in social skills, but since these gains could not be compared to any national norms, it is unclear what to make of the finding; after all, most preschool children would be expected to improve their social skills over the course of a year. The cognitive gains of the Head Start children were assessed by comparing them to national norms. The findings were consistent with those of many other studies that have documented short-term gains to some cognitive skills, particularly to verbal skills.

Initial results from the ongoing experimental evaluation of Head Start suggest that after one year, the program has a positive impact on achievement tests on the order of .1 to .2 standard deviations. Specifically, positive effects were found for letter-word identification, pre-writing and vocabulary scores, and for the frequency with which parents read to children.[9] There were no significant effects on oral comprehension or mathematics skills. Previous studies[3,10,11] also found that Head Start had a positive short-term.

Few studies have examined the effects of Head Start on longer-term outcomes. In the first such study, Currie and Thomas[5] use data from the National Longitudinal Survey of Youth (NLSY) to compare children who had attended Head Start to their own siblings who had not attended. They find that Head Start attendance closed about 1/3 of the gap in vocabulary test scores between the Head Start children and average children, when these children were measured at age five. Thus, Head Start had a sizeable positive effect, but did not meet bring poor children up to the level of the average child. They also find that the effect of Head Start faded out for African-American students after three or four years (a finding consistent with previous experimental evidence), but that it was maintained among other students and that it also led to a reduction in grade retention among these other students. Finally, they find that Head Start improved immunization rates among preschool children, providing some evidence that the health services provided by Head Start are effective.

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Lee and Loeb[12] show that children who attend Head Start often go on to attend schools of poor quality. Currie and Thomas[13] show that this effect is race-specific: African-American children who attend Head Start go on to attend schools of significantly lower quality than other African-American children, but the same is not true among whites. They conjecture, therefore, that fade-out among black children may be caused by exposure to poor schools post-Head Start. Currie and Thomas[14] examine the effects of Head Start among Hispanics (using similar data and methods they had used before[5]) and find large positive effects, particularly among children whose mothers did not speak English in the home.

Garces, Thomas and Currie[6] conduct an analysis of longer-term outcomes using data on sibling pairs from the Panel Study of Income Dynamics. They find that in pairs of young adults in which one attended Head Start and the other did not, the Head Start sibling is more likely to have completed high school and to have attended college if white, and less likely to have ever been booked or charged with a crime if black.

More recently, Deming[15] uses much the same data and methodology as Currie and Thomas[5] and a slightly more recent cohort of children to re-examine longer-term gains of Head Start. He finds that the Head Start fills about one third of the gap between the bottom income quartile and the median child in the sample in terms of a summary index of outcomes. It is notable that he also finds “fadeout” in the effects of Head Start on test scores of African-American children and particularly disadvantaged children. Yet, these children experience the largest benefits in terms of non test-score outcomes including grade repetition, learning disabilities, high school graduation, “idleness”, and health. Deming argues that Head Start provides 80% of the benefits of more intensive programs at 60% of the cost.

It is important to note that the comparison of sibling pairs is likely to under-estimate the benefits of Head Start for at least two reasons. First, random response error will lead to greater attenuation of estimated coefficients in this type of model than in standard ordinary least squares models. Second, in families in which one child attended Head Start and the other did not, the difference is often related to changes in family circumstances. That is, the Head Start child is more likely to have been exposed to poverty and single-parenthood during the three- to five-year-old period than the non-Head Start sibling. If poverty during early childhood has negative effects (see Duncan et al.[16]), then we would expect the Head Start sibling to have worse outcomes than the other sibling because of the intra-family difference in circumstances. In these circumstances, the finding of positive Head Start effects is even more compelling.

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Carneiro, Ginja, and Meghir[17] use the NLSY data but a different methodology to examine the effects of Head Start on adolescents. They use the fact that income cutoffs create discontinuities in eligibility for Head Start to identify its effects. They find that Head Start reduces the probability of grade repetition, behaviour problems and obesity in 12 to 13 year old children, and also reduces criminal behaviour and depression at ages 16 and 17.

Oden et al.[4] conducted a 17-year follow-up study of 622 young adults in Colorado and Florida who were born in poverty. Children who attended Head Start were matched to children from the same areas who had not attended. This study found that Head Start participants tended to do better than non-Head Start participants, although most differences were not statistically significant. However, the relatively small positive effects in this study may be due to the fact that the Head Start children were negatively selected even relative to other poor children in their areas. Matching treatments and controls on a few observable characteristics does not eliminate the possibility that controls and treatments differ along unobserved dimensions.

The Chicago Child-Parent Centers is an early intervention that began with an enriched preschool and followed up with an enriched curriculum for school-aged children up to age nine. This intervention is similar to providing a Head Start-like preschool program and then improving the school subsequently attended by the Head Start children. Reynolds et al.[18] followed the program's children to the end of high school, comparing them to a group of children from the same areas who had not attended the program. They find beneficial effects on delinquency, crime, and a skills test. They include a simple cost-benefit analysis, which suggests that a dollar spent on the program saved $3.69 in future costs to government.

Ludwig and Miller[7] use a "regression-discontinuity" design to look at the effects of Head Start. When Head Start was introduced, the poorest 300 counties were given special assistance in applying for Head Start funds. This means that children in these counties were more likely to attend Head Start than children in slightly better-off counties that did not receive the application assistance. Ludwig and Miller find that the increased availability of Head Start was associated with reductions in mortality among five- to nine-year-old children in these counties. They also found increases in the probability of completing high school and having attended some college among cohorts that were affected. Interestingly, the effects found for African-Americans are generally larger than the effects found for whites in this study.

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Currie and Neidell[19] match data on Head Start programs to child-level NLSY data. They find that programs with higher per-capita Head Start spending tend to have better outcomes than other Head Start programs, and that programs that spend more on child-oriented activities (such as education, health and nutrition) tend to have better child outcomes than those that spend relatively larger portions of their budgets on other activities (such as parent training). They do not, however, examine parent outcomes.

Several recent evaluations examine the effect of Early Head Start. The Early Head Start (EHS) program was created in 1994. The proportion of Head Start funding designated for EHS has grown steadily since then, reaching 10% in 2002.[20] EHS is organized and evaluated according to the same performance standards as the Head Start Program. Perhaps because of controversy regarding the wisdom of encouraging mothers to place infants in child care, an evaluation component was built into EHS. Seventeen sites were chosen to be part of the national evaluation. At each site, randomly assigned treatments and controls are being tracked. As of age three, the effects appear to be very positive. The EHS children have significantly higher scores on several tests of cognitive development, exhibit less aggressive behaviour and less negative behaviour towards parents during play, and are also better able to devote sustained attention to an object during play. It will be very important to see how well these gains are maintained over time.

Conclusions and Implications

A great deal still remains to be learned about Head Start. For example, the program remains a "black box," and there is more heat than light on the subject of what specific measures would most improve Head Start programming. Moreover, it is not clear how concerned we should be about fade-out in the effects on cognitive test scores, given positive results regarding outcomes such as schooling attainment. Head Start has long been billed as an "investment" in children. We need to take this paradigm seriously by investigating the long-run as well as the short-term benefits of Head Start.

There are increasing numbers of recent studies that have done this, and show that the program does have positive long-term effects on children. Rough attempts to quantify these benefits and weigh them against the costs suggest that the program is cost-effective in that the benefits greatly exceed the costs of the program. Moreover, these types of calculations typically take a relatively narrow perspective and include only cost savings to government as benefits. Many types of benefits (such as improvements in parents' lives) have received scant attention in the

literature, suggesting that a full accounting might yield an even more favourable assessment of Head Start.

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Head Start Policy: Comments on Currie, and Hustedt and Barnett

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Introduction

The interdisciplinary planning committee that designed Head Start realized that young children who live in poverty need much more than preschool education to prepare for elementary school. They therefore designed Head Start with two bedrock features that characterize the program to this day: (1) comprehensive services, including education, physical and mental health, and social services for both parent and child; and (2) a commitment to parent involvement in classroom activities and program management. Thus, Head Start was the first intervention to consciously adopt a fully two-generational, comprehensive approach to early childhood intervention.[1]

Currie and Hustedt and Barnett note that these principles feed into the current controversy surrounding the content and effectiveness of Head Start. This controversy accompanied the transition from President Clinton (a strong supporter of Head Start) to President George W. Bush (whose criticisms of the program began while campaigning for his first term). Under the pressure of the Bush Administration's emphasis on literacy and numeracy skills, Head Start is now a conceptually conflicted program in regard to how best to fulfill its congressional mandate of improving school readiness. The conflict is between the whole child approach, which demands a variety of services, and the cognitive approach, with its narrow focus on academic skills.[2] The wisdom of the entire field of developmental science endorses the whole child approach.[3]

The knowledge base also makes it clear that the quality of early childhood services has a direct bearing on child outcomes. It is no secret that Head Start began with some built-in barriers to quality that are still being overcome. The preschool education component has been particularly problematic.[4] There has never been sufficient funding to hire a workforce of qualified teachers, despite congressional mandates to do so. Today, only 27% of Head Start teachers have a B.A.[5] Yet the high-risk population served by Head Start clearly needs the skills and training of credentialed teachers.

Another barrier is that there were no quality controls during Head Start's formative years. The Head Start Program Performance Standards were not issued until 1975 – 10 years after the program began. In addition, funding for research and development and service improvements was inconsistent over time. The nadir was reached in the early 1990s, when quality had eroded to the point that the author publicly stated that one-third of Head Start centres were of such poor quality they should be closed. Since then, Congress has allocated funds for quality improvements, the Performance Standards have been revised, and for the first time, numerous poorly performing centres have been closed. The result is a gradual but definite rise in Head Start quality. Because quality has a clear impact on child outcomes, later research on the program's effectiveness should reveal more about the potential of Head Start than work done before improvements began. Currie and Hustedt and Barnett examine recent studies to see if we can yet determine the benefits of Head Start.

Research and Conclusions

Both papers do a commendable job of reviewing the recent empirical evidence relevant to the questions of whether Head Start has short- and long-term effects, for whom it works best, and whether it is cost-effective. Such reviews have heavy import because Head Start's fortunes and funding have often waxed and waned on the basis of major studies that received wide media attention. The recent limelight has been on the FACES study, which showed numerous benefits had strengthened after the Head Start year. However, the author concurs with the two previous papers that FACES is a relatively weak assessment of the program's effects.

The ongoing National Head Start Impact study does have a rigorous methodological design. As both previous papers noted, this standard intention-to-treat study has now been conducted and the first-year findings have been reported. Contrary to Curry's inference, although many of the control children received other interventions, the sample is large enough to permit a comparison of children who attended Head Start with those who received nothing but parent care. Nevertheless, there are serious issues posed by this study, e.g. a sizeable number of the control children actually attended a formal Head Start program. (Parents simply took them to nearby centres not included in the study.) These problems are currently being dealt with, and we will have a much better data set at the end of the study than we have now. However, the first-year findings are much too important to the life of Head Start for interested parties to show much patience.

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While there appears to be total agreement among researchers that the findings thus far are essentially positive, there is some disagreement as to whether they are positive enough to justify the considerable cost of Head Start. For example, the two previous papers emphasized the small effect sizes. A much more positive view of the same findings was presented by the premier research organization, the Society for Research in Child Development.6 The response by the federal official responsible for Head Start, Wade Horn, was that the results indicate that "Head Start needs more work."

Implications for Development and Policy

Since its inception, Head Start has been troubled by the lack of a definite, realistic goal. The planning committee had a myriad of benchmarks of human development prescribed as goals, all under the overarching goal of improving children's abilities at the point of school entry. In the early years, most evaluations of Head Start used IQ, or closely related academic test score improvement, as the barometer. In the 1970s, everyday social competence, measured across several domains, became the official goal.[7] The 1998 Head Start reauthorization clarified this by legislating school readiness as Head Start's purpose, defined to include physical and mental health, social and emotional skills, and early academic abilities. Notice that no one other than the Bush Administration has ever proclaimed the goal that Head Start children should achieve the same level of school readiness as middle-class children. Anyone who believes that a nine-month intervention can eliminate the achievement gap believes in magic.[8]

Wade Horn is right that Head Start needs improvement. The two previous papers and this commentary give us considerable direction. Every lead classroom teacher in Head Start should possess a B.A. in early childhood education,[9] and every assistant teacher should have either an AA or CDA certification. We should recognize the great difficulty in improving the growth trajectories of children mired in poverty,[10] and make Head Start a two-year program beginning at age three. Although Hustedt and Barnett assert Head Start "serves most of its children for two school years," 68% actually attend only one year.[5] The current enrolment in Early Head Start (serving children from birth to three, presumably for multiple years) is 62,000.[11] Although there is evidence that a two-year Head Start experience results in greater school readiness than one year,[12] making a longer program standard cannot be justified, as Head Start currently serves only 60% of eligible children, and almost none of the near poor.

The states are now adopting the mission the federal government has left unfulfilled. A well-financed and organized momentum is developing to implement universal preschool education. Four states already have such legislation, and several more are on the cusp.[13] Such a development should not end the Head Start experiment. The program's wealth of experience should be used to inform the state programs. Consistent with our knowledge base, Head Start's emphasis should be shifted to providing comprehensive services to children and their families (which public schools are unlikely to do), delivering mental health services to young children of all income levels with emotional or behavioural difficulties, and expanding Early Head Start, a preventive approach to insufficient school readiness.[14]

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Lessons Learned from the Early Head Start Program

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Introduction

Early Head Start (EHS) is a federal, two-generation program to enhance children's development and families' functioning. It serves low-income pregnant women and families with infants from birth to age 3 in the United States. EHS began in 1995 and in 2010, the American Reinvestment and Recovery Act of 2009 allocated $1.1 billion (U.S.) for it, allowing the program to add 50,000 enrollment slots in fiscal year 2009-2010.[1] In 2014, Congress appropriated a half a billion dollars to expand EHS slots through Early Head Start—Child Care Partnerships (EHS-CCP) grants. By 2017, funded EHS slots increased to more than 150,000.[2] Even so, EHS serves less than 10 percent of eligible children.[2]

Programs are charged with providing high quality, comprehensive, developmentally enriching services to children and services to parents that support them in their role as primary caregivers and encourage self sufficiency. These comprehensive services include core early education and child development, health, oral health, mental health, nutrition, family support, and family and community engagement services (per the revised Head Start Program Performance Standards[3]). Programs help ensure that families receive needed services by acting as a bridge to the community to link families to services. Service integration is built into the model because of its two-generation focus and emphasis on providing comprehensive services. Programs must work to establish ongoing collaborative relationships with community organizations to promote access to services.[3]

Subject

It is expected that families need supports beyond the child and family development services provided through home visits and center-based care, and no single program will likely meet all needs. To create comprehensive integrated services, the performance standards require

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programs to facilitate communication and cooperation among community providers and document their own efforts to establish partnerships.[3] These partnerships are meant to promote service integration, coordination and seamless access to services.

Problems/Issues

Programs face a number of challenges in providing comprehensive integrated services. Making the services available is necessary but not sufficient; there may be a need to follow up to ensure appointments are kept or to provide other supports (such as transportation). Providing specialized services may be challenging if there are few such providers in the community. Further, programs that partner with community child care providers must ensure that partners also meet Early Head Start quality standards. Another challenge to service provision is the prevalence of non-English/non-Spanish languages in many programs, which can make it difficult to provide services in the languages families speak. Moreover, current immigration policy, presents challenges for some programs that serve immigrants. These programs must combat lack of trust that could prevent families from taking up needed services.

When children reach 2½ years of age, programs plan for their transition from EHS. Transition planning fosters service integration by identifying appropriate placements, then establishing lines of communication, sharing records and communicating the progress and needs of the child and family to the new provider. Ideally, other services also continue after transitions, again depending on service availability and families' continued eligibility (they must re-qualify financially for Head Start, which can be a barrier to entry).

Research Context

EHS has been studied extensively, in terms of its effects on children and families and its implementation. The early work of the Early Head Start Research and Evaluation Project (EHSREP) showed that children and families in the 17 original research programs benefitted from EHS in numerous domains and that benefits in some domains (for example, children's social-emotional development), found at age 2 extended to ages 3 and 5, two years after program eligibility ended.[4,5,6] Implementation studies of the early program showed progress in establishing community partnerships that increased the availability of services for families. Accordingly, impacts were stronger impacts for programs that were fully implemented early in the study.[5,7]

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The Survey of Early Head Start Programs (SEHSP)[8] conducted a national survey of program directors to examine program organization (including use of partnerships). More recently, a study of a nationally representative sample of EHS programs, the Early Head Start Family and Child Experiences Survey (Baby FACES 2009),[a] included a census of nearly 1,000 children in two birthday windows (prenatal/newborns or about 1 year old) and followed children and families until age 3 or until they left the program. The study collected information on partnerships, documented service receipt and referrals, tracked program exit, and assessed program quality and parent involvement.[9,10] As part of Baby FACES 2009, the provision and receipt of core child development services in home-based or center-based options were tracked on a weekly basis by program staff. Currently, another national descriptive study of EHS (Baby FACES 2018) is underway to extend the lessons learned from Baby FACES 2009. It focuses on the processes in EHS programs (classrooms in particular) that support infant/toddler growth and development in the context of nurturing, responsive relationships.a Also underway is the study of Early Head Start—Child Care Partnerships (EHS-CCP) that will document the characteristics and features of EHS-CCP partnerships and activities.[b]

Key Research Questions

We know much about the services that programs offer and families actually receive but less about how EHS programs engage with community partners to provide services and how programs integrate services. Understanding how partnerships work in practice and the barriers to full collaboration could spark similar work to help programs become more effective partners and leaders. Also less clear is how programs support responsive relationships between: teachers and children, teachers/home visitors and parents, and parents and children to affect child and family outcomes. Unpacking the black box of program processes would help support teachers and home visitors and improve professional development and quality of services to better meet families' needs.

Recent Research Results

With regard to services provided through partnerships, Baby FACES 2009 found:

1. Nearly all programs (98 to 100%) offered a variety of services to support family self-sufficiency, typically through referral, including financial counseling, education or job training, and employment assistance.

2. Nearly all programs (95% to 98%) offered key child and adult health care services, mostly through referral.
3. Most programs (77%) offered mental health screenings to families and offered therapy services through referral or by a community partner on site.
4. 93% of programs had a formal written partnership with a Part C provider.[c]
5. More than one-third of programs maintained at least one formal partnership with a child care provider, and about 25 percent of children in these programs were served through these partners.

With regard to services families received, Baby FACES 2009 found:

1. The rates of service take-up for core child and family development services (home visit completion and center attendance) are fairly high on average. Families in the home-based option for a full year completed about three-quarters of the home visits offered. Children who are in the center-based option for a full year attended about 85 percent of center days offered.
2. Most mothers of newborns (80%) reported receiving services provided by EHS during their pregnancies, most frequently receiving pregnancy-related information, on topics such as breastfeeding, nutrition, or how to take care of themselves or babies.
3. Apart from services specifically related to pregnancy, families reported receiving a range of services from EHS or from community agencies referred by EHS, including health services, finding good child care, financial support, help with job search or job training, with more than 10% to 20% of families receiving these services. Relatively few families received transportation assistance, help with a job search or job training, financial supports, mental health services, or a variety of other services.
4. About 70% of families received at least one referral in one year—those who received at least one referral averaged six a year. Families who did not receive a referral were more likely to be African American and a single-parent household, and have a mother who is employed, but less likely to have a child who is a dual language learner.

In sum, we know about common types and basic features of partnerships and how they are used in practice but much less about how programs actually work to support and promote responsive

relationships (for example, through professional development, use of data, and service coordination and referrals).

Research Gaps

Research on how services are integrated and whether services match family needs is lacking. In Baby FACES 2009, 35% of families left the program before their eligibility ended.[11] Families with higher risk levels were less likely to be rated as highly involved in the program compared to families with lower risks. Receipt of services while enrolled varied and service use was also associated with risk level. Higher-risk families received fewer services, likely because they were more difficult to engage and serve.[5,7,11] Apart from risk, family involvement in the program may predict early program exit. However, even with the information collected in Baby FACES 2009, we still do not fully understand the circumstances related to early exit and what programs can do to keep children enrolled. We also know less about the uptake of services other than core child and family development services.

Baby FACES 2018 focuses on program processes and functioning, classroom features and practices, and home visit processes. The findings will add to our understanding of how EHS programs support responsive relationships to promote infant/toddler growth and development.

Conclusions

EHS has shown positive effects for the families and children it serves. Service integration seems relevant to the positive effects of the program in that positive impacts were found both for fully implemented programs (which included establishing partnerships to integrate services) and for those that provided both center and home-based services (giving families access to whichever was more appropriate for their needs).[5,6]

Programs have clear practice guidelines in the revised Head Start Program Performance Standards, and evidence suggests that they are successful in establishing community partnerships to offer an extensive menu of services. Many facilitate families' access to services by providing them at the program site. Moreover, most families received core child development services as well as a wide range of other services from EHS or from other community agencies through referrals. Nonetheless, we know little about whether services match families' needs and about gaps in service provision. These gaps are not necessarily a shortcoming of the EHS

program, but may be related to the availability of services in the community. Further hampering understanding is that programs do not use a standard management information system (MIS) to collect data on service use.[8] Although nearly 90% of programs reported using an MIS,[8] individual programs vary greatly in terms of the types of data stored and staff members' technical skills to use them. Hence, there is no readily available national family-level information at this time, although Baby FACES 2018 and a planned Baby FACES 2020 will begin to address this gap.

Implications

Research to find ways of collecting standardized data about service use would help programs to identify any gaps and any families who need more support to take up needed services. Programs that do collect these data might require support to use them effectively.

At a national level, findings on service receipt at the individual family level from Baby FACES 2009 helped identify the characteristics of families and programs associated with higher and lower use of services and with particular types of services used. Such data might suggest strategies for identifying and engaging these families sooner and more effectively. With more findings coming in from Baby FACES 2018, it would be helpful to find ways to add to what we know and make findings accessible to wider audiences so that they can be used by practitioners and the research community.

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Notes:

[a] See Early Head Start Family and Child Experiences Study (Baby FACES), 2007-2020. Office of Planning, Research and Evaluation Web Site. https://www.acf.hhs.gov/opre/research/project/early-head-start-family-and-child-experiences-study-baby-faces. Accessed May 1, 2018.

[b] See the Study of Early Head Start-Child Care Partnerships, 2013-2018. Office of Planning, Research and Evaluation Web Site. https://www.acf.hhs.gov/opre/research/project/early-head-start-child-care-partnerships-study. Accessed May 1, 2018.

[c] Part C of the Individuals with Disabilities Education Act (IDEA) is a federal grant program. It provides funds to help states operate comprehensive statewide early intervention services for infants and toddlers with disabilities from birth through age 2 and for their families.