

Statement of Matthew E. Melmed, J.D., Executive Director, Zero to Three Policy Center, Washington, DC, Submitted for the Record

Chairman Castle and Members of the Subcommittee:

I am pleased to submit the following testimony on the reauthorization of Head Start on behalf of ZERO TO THREE. I am Matthew Melmed, Executive Director of ZERO TO THREE. ZERO TO THREE is a national non-profit organization that has worked to advance the healthy development of America's babies and toddlers for over twenty-five years. I would like to start by thanking the Subcommittee for all of their work to ensure that our nation's at-risk infants and toddlers have access to positive early learning experiences.

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 Success of Early Head Start

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 impact—patterns of impacts varied in meaningful ways for different subgroups of families. The reauthorization 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.² 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.³
- 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.⁴
- 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.
- Early Head Start Programs Had A Substantial Impact on African American Families and A Notable Impact on Hispanic 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 pro-

grams also had a favorable pattern of impacts on Hispanic children and parents.

- **Early Head Start Had Positive Impact for Parents at Risk of Depression.** Early Head Start parents who had been at risk for depression when they enrolled in the program reported significantly less depression than control-group parents reported when their child reached age three. Early Head Start also demonstrated a favorable pattern of impact on children's social-emotional development and parenting outcomes among these families.
- **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.⁵
- **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.

Children Served by Early Head Start

Early Head Start began with 68 new programs in 1995. Now more than 700 programs serve over 71,000 low-income families with infants and toddlers. However, we know that Early Head Start could benefit many more at-risk children. Currently, only 5 percent of the children eligible for Early Head Start are served. Thousands of eligible children nationwide remain on waiting lists. And waiting lists can be significant. For example, one program has reported a waiting list of over 400 children for only 92 slots. A program in Wheeling, West Virginia reports that they have a waiting list of 216 children for 48 slots. And a program in Asheville, North Carolina reports that they receive phone calls on a daily basis from desperate parents needing a quality early education program. The program rarely has vacancies and has a waiting list of over 100 children for only 40 slots. In short, by every measure of capacity, we clearly must do more to serve eligible babies and their families, delivering the proven benefits of Early Head Start to those who are in greatest need. There are very few high quality alternatives for at-risk babies. Child care for this population is abysmal and there is not much going on in states. Early Head Start has really become a "Beacon of Hope" for at risk infants, toddlers and their families

Funding

Currently, 10 percent of the overall Head Start budget is used to serve 71,000 low-income families with infants and toddlers through Early Head Start—only 5 percent of all eligible children. We strongly encourage the Subcommittee to increase the Early Head Start portion of the program to 20 percent of the overall Head Start budget. Additional funds will enable us to protect and continue to build on the firm foundation that currently exists and to ensure that more eligible babies and families are able to benefit from the services of Early Head Start.

The Head Start Program Performance Standards

Key to Early Head Start's success is its emphasis on the implementation of the Head Start Program Performance Standards—research from the National Evaluation of Early Head Start demonstrates that programs that fully implement the Performance Standards early on have a greater impact on child and family outcomes than those that do not.⁶ This finding indicates that the success of the program is largely dependent on the preservation of these performance standards. The first set of Head Start Performance Standards, published more than 20 years ago, focused only on the provision of services to preschool children. The revised Standards cover the provision of services for pregnant women and children from birth to five years of age. We urge the Subcommittee to protect the Performance Standards as they are key to Early Head Start's success.

The Performance Standards ensure that Early Head Start programs pay close attention to the unique needs of infants and toddlers by: supporting responsive, consistent, nurturing caregiving; promoting social and emotional growth, physical development, and sensory and motor development; and encouraging language development. The Performance Standards pay particular attention to the social and emotional development of infants and toddlers by focusing on their relationship with their teachers and ensuring that center-based and home-based teachers are consistent and nurturing, well-trained, and that they understand the child's family culture. The Performance Standards are different for infants and toddlers. Examples include:

- **A Higher Ratio Requirement:** Agencies must ensure that each teacher that works exclusively with infants and toddlers in a center-based setting has responsibility for no more than four infants and toddlers and that no more than eight infants and toddlers are placed in a group. This ratio is maintained until Early Head Start children are 36 months. For programs serving 3, 4 and 5-year old children, the ratio requirements are quite different. Each Head Start class must be staffed by a teacher and an aide or two teachers. Three year-olds have an average of 15–17 children per class, with no more than 17 children enrolled in any class. 4 and 5 year-olds have a class average of 17–20 children, with no more than 20 children enrolled per class.
- **More Staff Intensive:** Early Head Start program staff working with infants and toddlers who are counted in the ratio must be qualified as an infant/toddler teacher which means that the individual must have a minimum of a CDA credential for Infant and Toddler Caregivers or an equivalent credential at the time of hire or within one year of hire. Thus, the teacher's aide concept that is so common in Head Start preschool programs has no currency in EHS. Unlike Head Start teachers, EHS teachers must also have knowledge of infant and toddler development, safety issues in infant and toddler care, and methods for communicating effectively with infants and toddlers, their parents, and other staff members.
- **Special Nutritional Requirements:** Staff and families must work together to identify each child's nutritional needs. For infants and toddlers, current feeding schedules and amounts and types of food provided, including whether breast milk or formula and baby food is used, meal patterns, new foods introduced, food intolerances and preferences; voiding patterns; and observations related to developmental changes in feeding and nutrition. In addition, infants and toddlers who need it must be fed "on demand". Head Start children do not have these special nutritional requirements. The Performance Standards do note that the feeding experiences for preschoolers should occur at scheduled times, and be flexible enough to deal with the individual needs of children.
- **Services to Pregnant Women Enrolled in Early Head Start:** Early Head Start grantees must assist pregnant women to access comprehensive prenatal and postpartum care through referrals—immediately after enrollment in the program. This care must include: early and continuing risk assessments which include an assessment of nutritional status as well as nutrition counseling and food assistance; health promotion and treatment including medical and dental examinations on a schedule deemed appropriate by the attending health care providers as early in the pregnancy as possible; and mental health interventions and follow-up including substance abuse prevention and treatment services as needed. Requirements for services to pregnant women do not apply for Head Start as only Early Head Start serves pregnant women.

Training and Technical Assistance

From the beginning, Early Head Start's implementation was assisted by a dedicated national and regional training and technical assistance network with specialized knowledge of the needs of infants, toddlers and their families. Given the recent changes in the overall Head Start training and technical assistance system, the small size of the Early Head Start program, and the positive child and family outcomes that the program is yielding, we are concerned about the maintenance of the national and regional Early Head Start training and technical assistance system. In order to sustain the positive outcomes generated by the program, Early Head Start programs and staff need to continue to receive the ongoing training opportunities and technical assistance from organizations with specialized expertise relating to infants, toddlers and families and the demonstrated capacity needed to provide direction and support to the national and regional training and technical assistance system.

Early Head Start's Comprehensive Approach

Research demonstrates that comprehensive services, such as education, health and family support services have a positive impact on Early Head Start families. We urge the Subcommittee to protect Early Head Start's comprehensive approach to serving children and families. Comprehensive services include:

- **Education:** In providing services to infants and toddlers, Early Head Start programs must support the physical, social, emotional, cognitive, and language development of each child. Early Head Start programs are to encourage the development of secure relationships for infants and toddlers by having a limited number of consistent teachers over an extended period of time and are to encourage responsiveness to infants' individual cues and developmental changes.

Teachers in both center-based and home-based settings should understand the child's family culture and speak the child's language whenever possible. Staff must support the social and emotional development of infants and toddlers by promoting an environment that will encourage the development of self awareness, autonomy, and self expression and support the emerging communication skills of infants and toddlers by providing daily opportunities for each child to interact with others and to express him/herself freely. Staff must also support the physical development of infants and toddlers by supporting the development of physical skills of infants and toddlers including motor skills such as grasping, pulling, crawling, walking and climbing and creating opportunities for fine motor development that encourage control and coordination of small specialized motions using the eyes, mouth, hands and feet. Ongoing assessment of each child's skills and behaviors plays a key role in developing a curriculum that is age-appropriate, culturally sensitive, and tailored to meet his or her specific needs. As previously mentioned, the National Evaluation found that Early Head Start produced statistically significant, positive impacts on standardized measures of children's cognitive and language development.⁷

- **Family Support:** Early Head Start programs are required to involve families in every aspect of the program and provide them with added services, such as adult education and employment training. Programs are to work with families to set goals for themselves and their children and should ensure families' access to community resources and services. Programs use community partnerships as a key vehicle for increasing families' access to quality child care, prenatal services, housing, employment, and maternal and child health care. The National Evaluation found that 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.
- **Health:** Early Head Start provides comprehensive health services to infants, toddlers and families through prevention and the early identification of health and developmental concerns, and through links to community health services. Early Head Start programs provide health and developmental screenings when children enroll and periodically throughout children's participation in the program. If a health or developmental concern is identified that indicates a disability or other developmental delay, children are promptly referred to local Part C programs for further evaluation and if eligible, early intervention services are provided. The National Evaluation found that few effects on family health emerged due to very few overall differences between program and control groups in the receipt of health services—nearly all program and control group families reported receiving basic health services.⁸

Conclusion

During the first three years of life, children rapidly develop foundational capabilities—cognitive, social and emotional—on which subsequent development builds. These years are even more important for at-risk infants and toddlers. Early Head Start can serve as a protective buffer against the multiple adverse influences that may hinder their development in all domains.

We know based on research from the National Evaluation that Early Head Start is working! 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. We must protect and continue to build on the firm foundation that currently exists and ensure that our nation's at-risk babies are able to enter school ready to learn.

Endnotes

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 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.

³ Ibid

⁴ 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.

⁵ Ibid

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.

ZERO TO THREE Policy Center (2003). The national evaluation of Early Head Start: Early Head Start works. Washington, DC: Author.

⁷U.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.

⁸U.S. Department of Health and Human Services, Administration for Children and Families (2001). Building Their Futures: How Early Head Start Programs are Enhancing the Lives of Infants and Toddlers in Low-Income Families, Summary Report. Washington, DC.
