



What Docs Should Know About...EARLY HEAD START

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Early Head Start (EHS) was created to enhance the development of infants and toddlers, promote healthy prenatal outcomes, and promote healthy family functioning.

- In response to research stressing the importance of the first three years for children's development, EHS was established by Congress in 1994 with the reauthorization of the Head Start Act. While the larger Head Start program serves primarily preschool age children, EHS serves low-income children ages 0 to 3 (60,663 in 2002), as well as pregnant women (7,669 in 2002).
- Most families served are low-income, working families, with no more than a high school education. Just over half of the children served had full-day and/or full-year child care needs and these needs were met by EHS for 72 percent of these children.
- As with Head Start, EHS is a federal program administered through grants to local public agencies, private organizations, Native American Tribes and school systems. While Head Start programs tend to be mainly center-based, EHS programs are more evenly split between center-based and home-based programs. In home-based programs, families are supported through weekly home visits and group socialization experiences.

Early Head Start provides health services, prenatal services for pregnant women, and family support services.

- As part of the Head Start Performance Standards children entering EHS must receive screenings for developmental, sensory and behavioral issues within 45 calendar days of enrollment. In addition, programs are required to ensure that children receive immunizations, nutrition, dental services and mental health care.
- Services are designed to be family-centered and to be built around individual families' needs and strengths. Families are linked to resources within the community like education, job training, mental health services and health education.
- Nearly one-quarter of enrolled pregnant women were identified as having medically "high-risk" pregnancies in 2002. Through EHS, pregnant women are linked with prenatal and postnatal health care, prenatal education and breastfeeding information.

Early Head Start programs collaborate with other community organizations to create linkages and make referrals in order to provide a range of services to children and families.

- EHS programs often collaborate with local health care providers, social service agencies, child protective services, and schools in order to deliver health and social services to EHS children and families.
- Due to a mandate that 10 percent of all slots be filled by children with special needs, EHS programs often coordinate with service providers operating under the Part C Early Intervention Program of the Individuals with Disabilities Education Act.

Research shows that Early Head Start is making a positive difference in the lives of children and families.

- Compared to a control group, children in EHS scored higher on a scale of cognitive development and were less likely to score in the at-risk range of developmental functioning; scored higher on a test of receptive language; and demonstrated more positive social-emotional outcomes, including higher levels of engagement with their parents and lower levels of aggression.¹
- Compared to a control group, parents in EHS were more emotionally supportive to their children and provided more nurturing home environments and were more likely to participate in education and job training activities and be employed.

Docs can get involved by helping families access Early Head Start and advocating for Early Head Start.

- Children are eligible for Early Head Start if they are between the ages of zero and three and if their families meet the federal poverty guidelines (\$18,850 for a family of four in 2004). To apply, families should contact the Head Start agency in their community at 1-866-763-6481 or at <http://www.acf.hhs.gov/programs/hsb/hsweb/index.jsp>
- The Head Start Program, including Early Head Start was scheduled to be reauthorized by Congress in 2003 but has been carried over for action in 2004. Since only 3 percent of eligible children and families are currently being served through EHS², advocates are urging Congress to expand this program to serve more young children. Contact Docs For Tots for help in advocating for Early Head Start.

Additional Resources for Docs

- What Docs Should Know About...Head Start, Part C Early Intervention and Quality Child Care, www.docsfortots.org
- ZERO TO THREE, www.zerotothree.org
- Head Start Bureau, <http://www.acf.hhs.gov/programs/hsb/programs/index.htm#ehs>

Source: Irish, K., Schumacher, R., & Lombardi, J. (2003). *Serving America's Youngest: A Snapshot of Early Head Start Children, Families, Teachers, and Programs in 2002*. Washington, DC: Center For Law and Social Policy. www.clasp.org

¹ Love, J.M., Kisker, et.al. (2002). *Making a difference in the lives of infants and toddlers and their families: The impacts of Early Head Start: Executive Summary*. Princeton, NJ: Mathematica Policy Research, Inc.

² ZERO TO THREE (2003). *The National Evaluation of Early Head Start: Early Head Start Works*. Washington, DC: Author.