



Helping States Meet their Goals for Pregnant Women, Infants, Toddlers, and Families through Early Head Start

Stronger families. Better early childhood health. Maternal support. Breaking of generational poverty. For three decades, [Early Head Start](#) has leveraged the proven Head Start model to achieve outcomes important to federal, state and local stakeholders.

Combining full-day care, home visiting, health services, and family support, Early Head Start (EHS) helps states meet important goals for pregnant women, infants, toddlers, and their families. With only 1 in 10 income-eligible families able to access EHS, states must play a key role in expanding access. Dozens of states have already done so by taking steps to:

- **Provide supplemental funding.** At least [9 states directly invest in EHS through state appropriations](#).
- **Offer an inclusive state policy environment.** [Washington State's Early ECEAP program](#) standards are modeled on EHS. Recently, multiple states, including Colorado, Connecticut and New Hampshire have invested American Recovery Plan funding in EHS.
- **Build partnerships with EHS programs.** Kansas has long-invested in [Early Head Start-Child Care Partnerships and home visiting](#).

We stand on the precipice of monumental investments in child care and preschool. The below policy brief discusses options for how EHS can help states meet goals embedded in the [Build Back Better framework](#).

Five Common State Goals Met by Investment in Early Head Start

1. **Expanding access** to high-quality infant and toddler care **in child care deserts**
2. Strengthening the **overall quality of birth-to-three supports**
3. Supporting **infant, child and maternal health**, including improved birth outcomes, immunizations, nutrition and early identification of developmental delays
4. Advancing **family economic mobility** and **equity**
5. **Preventing child welfare involvement** and **supporting children in foster or kinship care**

1. Expanding access to high-quality infant and toddler care in child care deserts.

Early Head Start (EHS) is primarily targeted to families living in or near poverty. States, who have the know-how to target [child care deserts](#), can play a critical role in expanding access by directly funding slots with supplemental funding, creating EHS partnerships, and supporting facilities and credentialing for programs.

Most Important State Policy Option

- [Create a state EHS funding stream](#) to direct state funding to federal EHS grantees in good standing or expand the use of contracts to fund or supplement EHS services (see [NHSA partnership with the National Association for the Education of Young Children on contracts as a means to quality and stability](#)).

Additional Policy Options

- If their community needs assessments indicate the need, provide direct state support to federal Head Start grantees to [“convert” slots from Head Start to Early Head Start](#), including for facilities, classrooms, workforce training and credentialing, playgrounds and other common start-up costs.
- The EHS [home-based option](#) is an approved Maternal, Infant and Early Childhood Home Visiting model, but it is up to states to support it. States can provide competitive funding to EHS grant recipients.
- Partner with institutions of higher education eligible for the federal Child Care Access Means Parents in Schools grant program ([C-CAMPIS](#)) to expand access to Early Head Start for student parents.
- Support the competitiveness of interested, non-EHS grantees for federal funding by working with [State Head Start Associations](#) and [Head Start State Collaboration Offices](#).

Report Spotlight: A Compass for Families: Head Start in Rural Areas

Across the country, Head Start provides early education and medical, dental, and family services in areas where few other providers exist. An empirical analysis by the Center for American Progress (CAP) found:

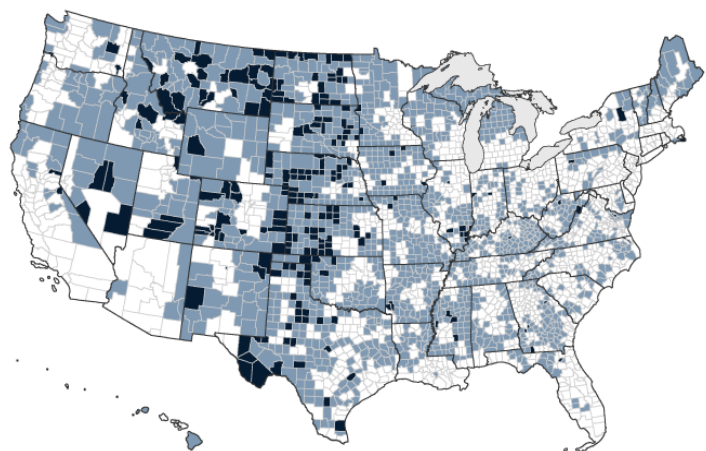
- Head Start has centers in 86 percent of America’s 1,760 rural counties.
- In the 2015-16 program year, rural Head Start programs enrolled more than 175,000 children, employed nearly 50,000 staff, and delivered services to 110,000 families.
- Within a 10-state sample, this study finds that 1 out of every 3 rural child care centers is a Head Start program.
- Across those 10 states, CAP identifies 48 counties that would have no child care centers if not for Head Start.

Source: Center for American Progress, [“A Compass for Families: Head Start in Rural Areas”](#) (2018)

Head Start serves nearly every rural county in America

Rural counties with and without Head Start locations

□ Metropolitan counties ■ Rural counties with Head Start ■ Rural counties without Head Start



Note: For a definition of rural counties, see Methodology.

Source: Authors' analysis of 2017 Head Start location data. See U.S. Department of Health and Human Services, "Head Start Center Locator," available at <https://eclkc.ohs.acf.hhs.gov/center-locator> (last accessed March 2018).



2. Strengthening the overall quality of birth-to-three supports.

Early Head Start’s [proven results](#) and high standards are driven by adherence to a set of program standards and early learning standards, but locally-designed and centered on parent, family and community engagement. Expanding access to the EHS model through application of the standards and cross-cutting partnerships, such as [Early Head Start-Child Care Partnerships](#) (EHS-CCP) is a proven pathway for states to raise overall quality for infants and toddlers and improve access.

Most Important State Policy Option:

- Adjust child care rules and regulations to facilitate EHS-CCP growth, especially for underserved populations and through family child care settings.

Additional Policy Options:

- Require qualifying for your state’s highest QRIS tier for birth-to-three services to include adherence to the full federal [Program Performance Standards](#) for infants and toddlers, which would encompass EHS ratios (1:4), group sizes, staff qualifications, comprehensive services and other features.
- Provide state funding via CCDBG, TANF or other state appropriations to support EHS-CCP, ideally through stable direct contracts.
- Integrate family needs assessments into your early childhood system and fund “[comprehensive services](#)” for infants and toddlers as defined by the Program Performance Standards.

Information Spotlight

- **From NHTSA:** [States Can Strengthen Equity through Head Start and Early Head Start Support and Partnership](#)
- **From Start Early:** [Expanding High-Quality Child Care for Infants and Toddlers.](#)
- **From ChildTrends:** [Approaches to Providing Comprehensive Services in Early Head Start-Child Care Partnerships.](#)
- **From Home Grown:** [Providing Comprehensive Services in Home-Based Child Care Networks.](#)

3. Supporting infant, child and maternal health, including improved birth outcomes, immunizations, nutrition and early identification of developmental delays.

Early Head Start’s comprehensive services start from the beginning, with some programs offering prenatal care and connection to postpartum support. A recent study found that “[mother’s access to Head Start increases average birth weight and reduces fraction low birth weight](#) for both white and black infants” and “that maternal early childhood education is associated with the probability that a new mother is more educated, reduces number of births, reduces smoking and drinking during pregnancy.” EHS also connects children to health insurance, helps families find a medical home, connects families to regular immunizations, offer critical early dental care, attend to nutrition and address developmental delays.

[Children in EHS are more likely to have greater access to health care, receive timely immunization, and have improved behavior.](#) More recently, EHS has expanded its work to address the impacts of childhood trauma, such as home and community violence, housing instability and hunger. EHS participating children are [less likely to be hospitalized for accident or injury; display aggression; evidence behavioral problems.](#)

Most Important State Policy Option:

- Expand support for EHS home visiting. As mentioned, 34% of current Early Head Start enrollment is serviced through home visiting and it acts as a critical outreach and engagement model.

Additional Policy Options:

- Support integration of prenatal services into existing Early Head Start programs. Many Early Head Start programs do not currently provide prenatal services, since they are not required.
- Work with Early Head Start programs to expand access to early intervention services through the Individuals with Disabilities Act (IDEA) Part C in Early Head Start settings.
- Expand on-site medical support for children with significant special needs in Early Head Start programs through [Medicaid partnerships](#) and specialized certifications for early childhood educators.
- Include Early Head Start programs as partners in [Infant and Early Childhood Mental Health Consultation](#) networks.

Resource Spotlight: Parent with Autism Thrives with Early Head Start Support

Seattle mother of two Galena White, who is autistic, signed up for Early Head Start when she was pregnant with her first daughter. She worried someone would try to take her children away and wanted someone to witness and support her parenting.

“I didn’t always know that I was autistic, but I have always had great anxiety and difficulty forming and keeping relationships,” Galena says. **“I used to worry that I would be a terrible mother, or that someone would take my children away because of my mental illness. I wanted someone to witness my parenting and keep me on a good track.** I wanted to have evidence that I was a good parent.”

Galena says Early Head Start has changed both her children’s lives and her own. Her daughter’s speech delay has disappeared, and Galena has had an opportunity to care for herself and family in an entirely different way.



With the support and confidence that Galena has gained, she is learning how to become an advocate for other parents. *Learn more and read her full story [here](#).*

4. Advancing family economic mobility and equity.

In service of equity, Early Head Start is designed to support children and families with low-incomes and prioritizes services to children from at-risk backgrounds. Many families served are New Americans, including immigrants and refugees. Children in child welfare or kinship care and children in families experiencing homelessness are automatically-eligible for enrollment and prioritized. In addition, children with disabilities must make up 10% of enrollment.

[Early Head Start has a strong track record of reaching rural communities](#) and there are dedicated programs for American Indian Alaskan Native and Migrant and Seasonal farmworker families. State funding and support can play a critical role in tailoring and targeting Early Head Start to a state's unique demographics and removing barriers to access.

Most Important State Policy Option:

- Provide state funding for [“quality improvement” services](#) as defined in the Head Start Act, flexible funds programs can be used to address barriers to accessing and maintaining enrollment in EHS, such as a lack of transportation, lagging facility quality, a lack of bilingual staff and staffing needed to provide trauma-informed care.

Additional Policy Options:

- Develop and invest in Early Head Start partnerships between Early Head Start programs and rural schools, child care providers, workforce development agencies, major employers and others, including facility partnerships.
- Fund the expansion of Early Head Start home visiting in rural communities.
- Working with Child Care Resource and Referral agencies, Help Me Grow and other statewide networks that support parent choice, expand outreach to eligible parents in their home language and stress the cultural competence of Early Head Start.

Information Spotlight

- The [BUILD Initiative](#), the [Children's Equity Project](#) and the [Equity Research Action Coalition](#) each offer numerous resources on embedding equity within state early childhood systems.
- The [National Black Child Development Institute](#) has a mission to “improve and advance the quality of life for Black children and families through education and advocacy.”
- [UnidosUS](#) plays a critical role in informing and advocating around early childhood issues that impact Hispanic children and families, including workforce diversity and bilingual education.

5. Preventing child welfare involvement and supporting children involved in foster or kinship care.

States invest hundreds of millions of dollars each year to fund child welfare systems to protect children and strengthen families. Children in foster and kinship care are automatically eligible for services. In the 2019 program year, [35,788 children involved with foster care were served by EHS and Head Start](#).

Two key studies showcase the positive role EHS plays in reducing child welfare involvement and keeping families together.

- A 2017 study from a Michigan State University researcher found “kids up to age 5 in the federal government’s preschool program were [93 percent less likely to end up in foster care](#) than kids in the child welfare system who had no type of early care and education.”
- A 2018 study by ChildTrends found “EHS can effectively reduce child abuse and neglect after services end. Specifically, EHS led to positive short-term outcomes among participating families that, in turn, led to [reduced chances of child welfare involvement](#).”

Most Important State Policy Option:

- Establish a state entitlement to EHS for [children in foster care](#) to build on automatic federal eligibility. Fund federal EHS grantees to address unmet needs. If EHS capacity is too limited, fund EHS grantees to establish supportive child care partnerships.

Additional Policy Options:

- Fund a dedicated staff person(s) within state child welfare agencies to connect families to available EHS programs and/or set incentive-based goals within contracts with local child welfare agencies.
- Develop a formal memorandum of understanding between the state child welfare agency and Head Start State Collaboration Office to align goals, definitions, policies and practices across systems.
- Support transportation services to children in foster care to improve access to high-quality programs.

Information Spotlight

- Learn more about the [protective power of EHS against child abuse and positive impacts on emotional regulation](#) in this 2019 study.
- Children and Youth Services Review, [“The effect of Early Head Start on child welfare system involvement: A first look at longitudinal child maltreatment outcomes.”](#) (2014)
- Learn more about [Head Start’s impact on child welfare](#) in this research brief from NHSA.