Introduction: I [We] are very happy to be here with you today. This presentation tells the story of the recently completed Early Head Start Research and Evaluation Project. The story brings good news, and I [we] want to share that with you. I [We] will describe the ways in which the Early Head Start program is having positive impacts on children and parents in a number of areas.

The findings we will present today are from the final impact report of the Early Head Start Research and Evaluation Project, completed when children were 3 years old. The report is entitled *Making a Difference in the Lives of Infants and Toddler and Their Families: The Impacts of Early Head Start*. At the end of this presentation, I [we] will tell you how to obtain a copy of the full report.

First, I will tell you who I am [we are] and what I am [we are] going to cover today. [insert information about presenters]

Today, I'll [we'll] begin with an overview that gives a quick snapshot of the Early Head Start program and the Early Head Start Research and Evaluation Project to provide some context for the program and study; I [we] will then summarize the overall findings.

- Next I [we] will present findings related to how impacts differed for different groups of families.
- Then I [we] will present findings related to how impacts differed by characteristics of programs.
- [Insert other special topics as appropriate]
Let us review the features of the Early Head Start Program—to be sure everyone understands some of the basics about the program. The program began in 1995 and has now grown to over 700 programs serving more than 62,000 children and is now at about 10% of the Head Start budget.

Early Head Start programs are all Head Start programs, but ones that serve pregnant women and their husbands or partners and families with children from birth through age 3.

As such, all Early Head Start programs are required to follow the high standards set by the Head Start Program Performance Standards. The Performance Standards reflect the best thinking from many fields about what is important to include in a high quality early childhood development program.

While all programs follow the Performance Standards, every program tailors its approach to the community it serves. Services provided usually fall into one of three program approaches—home-based, center-based, or mixed-approach (combining both home-based and center-based). In some of these programs, the same families receive both services; in other mixed-approach programs, they receive one or the other.

[If there is an Early Head Start program in your community, provide a few facts about the local program.]
The research began in fall 1995, at same time the first 68 programs were funded.

The project included both an implementation study and an impact study.

The implementation study consisted of three rounds of site visits to the 17 research programs, one near the time of funding in 1996 and again in 1997 and 1999. The study gathered rich data on the implementation of these first Early Head Start programs. Programs were very dynamic—findings are reported in 2 reports—Leading the Way and Pathways to Quality. The findings were also important in understanding the findings from the impact study, as you will see shortly.

The impact study followed 3,001 children from enrollment to age 3.

When the families applied to the Early Head Start program, programs accepted applications for twice as many children as could be enrolled. Half were randomly assigned to a control group and half were assigned to a program group. Control group families could not participate in Early Head Start but could receive other community services. So, both groups were the same, except that the program group received Early Head Start and the control group did not. This is important because any differences between the two groups can be attributed to Early Head Start.

Impacts on children and families were examined when children were 2 and 3 years old.
The research was conducted by the Early Head Start Research Consortium—a group of approximately 80 people. The research was carried out based on partnerships—partnerships between program staff and researchers and partnerships between local and national researchers. The researchers included:

- National contractors: Mathematica Policy Research and its subcontractor Columbia University Center for Children and Families
- Federal staff
- 17 program sites
- 15 university-based research teams.

Each site partnered with a local research team.

This slide shows how many people were involved in planning and carrying out the research. The researchers include many leading scientists in the area of infancy and intervention studies. [Highlight names of local researchers as appropriate.]
This map shows where the research sites were located. As noted, there were 17 research sites altogether, selected from the Early Head Start programs funded in 1995 and 1996.

The research programs were selected to reflect geographic diversity (with research sites in all regions). The 17 programs were also selected to reflect:

- Different program approaches
- Racial/ethnic diversity
- Different program auspices (whether Head Start programs, former Comprehensive Child Development Programs [CCDP], former Parent Child Centers [PCC], and community-based programs)
- Rural and urban diversity
The evaluation measured both process (in the implementation study) and outcomes.

To measure the services families received, parents were interviewed 3 times after they enrolled in the Early Head Start program, at an average of 7, 16, and 28 months into the program. These service interviews were conducted with both the program and control groups.

Children and primary caregivers were assessed at 3 ages—at about 1 year old (14 months), 2 years old (24 months), and 3 years old (36 months). These assessments spanned multiple methods (videotaped interactions, direct assessments, parent reports, and assessor ratings).

Fathers were interviewed in 12 sites and observed in 7 of these sites when the children were 2 years old (24 months) and 3 years old (36 months).
This slide summarizes the impacts that Early Head Start had on the children. All the differences were significant.

**Health:** There were small but still statistically significant impacts on immunization rates. Ninety-nine percent of Early Head Start vs. 98% of control children were immunized.

Fewer Early Head Start children were hospitalized for accident or injury (0.4% vs. 1.6%). In general in the area of health, there were few impacts overall. One reason for this is that the control group families also received high levels of health services.

**Cognitive development:** Being able to solve problems and understanding basic concepts are central to children’s overall development. Using a widely used standardized assessment—the Bayley Scales of Infant Development (with a score called the Mental Development Index, or MDI), the study found two important results:

- Early Head Start children scored higher on average than the control group.
- Early Head Start children were less likely to score in the “at risk” range (under 85 on the MDI).
Language development: At age 3, Early Head Start children had larger vocabularies than control children, using a widely used standardized assessment—the Peabody Picture Vocabulary Test-III (PPVT-III). And, as with the Bayley—a smaller percentage of 3-year-old Early Head Start children scored in the lower, at-risk range.

Social-emotional development: These findings are also crucial to children’s well-being. The programs made a difference in multiple aspects of social-emotional development. This suggests that by the time they turn 3 years old, Early Head Start children behave differently from the control children in important ways. These include:

- **Lower** levels of aggressive behavior problems
- **Higher** levels of sustained attention with objects in a play situation
- **Greater** degree of engagement of their parents—also in a play interaction
- **Less** negativity toward their parents.
Parents are major influences on children’s development. Early Head Start programs aim to enhance parenting.

Evaluations of families participating in the Early Head Start Research and Evaluation Project included several components. One task was a play situation in which the researchers brought the toys into the house and videotaped the parent–child interactions that were later coded on a number of dimensions. Researchers also conducted detailed observation of the home environment and, finally, parents were asked about their activities and behaviors.

- Early Head Start parents were found to have greater warmth and supportiveness towards their children than the control group parents.
- Early Head Start parents showed less detachment.
- They reported more time spent in play with their child.
- They provided more stimulating home environments.
- They provided more support for language and learning.
- Early Head Start parents were more likely than control parents to read daily to their children.
- Early Head Start parents were less likely to spank their children (both mothers and fathers)—and reported a greater repertoire of discipline strategies than control group families.

The bottom line on parenting impacts: Early Head Start parents showed higher levels of positive parenting and lower levels of negative aspects of parenting, compared with the control group parents.
Early Head Start is primarily a child development program, yet the Performance Standards recognize that if parents become more self-sufficient, they can also do a better job of providing for their children.

The program demonstrated some important impacts on parent self-sufficiency by the time parents had been enrolled for 28 months (on average):

- **Education and training**—Early Head Start parents were more likely than control parents to participate in an education or job training program; 60% of Early Head Start parents vs. 51% of the control parents ever participated in such a program during the first 28 months in the program.

- **Employment**—Early Head Start parents were slightly but significantly more likely to have been employed at some point during the evaluation period (through 28 months after enrollment), in contrast with the control group parents (87% vs. 83%).

- **Repeat births**—Early Head Start families delayed subsequent childbearing, perhaps as they became more engaged in self-sufficiency activities (23% vs. 27%).
Of 27 subgroups of families studied, 24 had positive impacts demonstrating in yet another way the broad pattern of impacts.

Strongest impacts were found among parents who enrolled while pregnant; parents with three demographic risk factors, and African American parents.

There were two notable groups with positive impacts. These are groups that previous programs have had difficulty serving or impacting. For both Early Head Start teen parents and parents with depressive symptoms at enrollment, there were significant impacts on child and parenting outcomes.

Few positive impacts and some negative impacts were seen among parents with four and five demographic risk factors. Several other studies have found similar results. (The study examined five risk factors—single parent; teenage mother; receiving public assistance; neither working nor in school; no high school diploma or GED. A sum score of risk factors was developed and three groups were created, those families with 0-2, 3, and 4-5 risk factors.)
Program approaches—center-based, home-based and mixed-approach—all had positive impacts but patterns were different. The mixed-approach programs had the broadest pattern of impacts across the most outcomes.

Program implementation mattered—early- and later-implemented programs had the strongest patterns of impacts. Early implemented had the broadest pattern of impacts across the most outcomes.

Early-implemented mixed-approach programs had the strongest pattern of impacts found in the study across a very wide range of outcomes. Some of the impacts were two and three times greater than overall significant impacts.
Early Head Start was broadly effective across a wide array of outcomes and family subgroups.

In several subgroups impacts were larger as well as broad, demonstrating the potential of the program for the future.

The evaluation points to ways the program can build on a good beginning.
How can Early Head Start build on a good beginning?

- Intensify and specialize services for families with greatest numbers of demographic risk factors.

- Provide more intensive services for children in home-based programs and for parents in center-based programs. Learn from the mixed-approach model.

- Begin services early, during pregnancy if possible.

- Implement the Performance Standards well and early.
All of the Early Head Start national research reports are available at

http://www.acf.hhs.gov/programs/core/ongoing_research/ehs/ehs_intro.html

Reports include the following:

**Leading the Way: Characteristics and Early Experience of Selected Early Head Start Programs**
- Volume I: Cross-Site Perspectives
- Volume II: Program Profiles
- Volume III: Program Implementation
- Executive Summary Volumes I, II, and III

**Building Their Futures: How Early Head Start Programs Are Enhancing the Lives of Infants and Toddlers in Low-Income Families**
- Summary Report
- Volume I: Technical Report
- Volume II: Technical Report, Appendixes

**Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start**
- Executive Summary
- Volume I: Final Technical Report
- Volume II: Final Technical Report Appendixes
- Volume III: Local Contributions to Understanding Programs and Their Impacts