

CLASP

CENTER FOR LAW AND SOCIAL POLICY

Testimony of Danielle Ewen
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Center for Law and Social Policy
Washington, DC
Before the Committee on Appropriations
Subcommittee on
Labor, Health and Human Services, Education and Related Agencies
U.S. House of Representatives
March 18, 2009
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Testimony Summary:

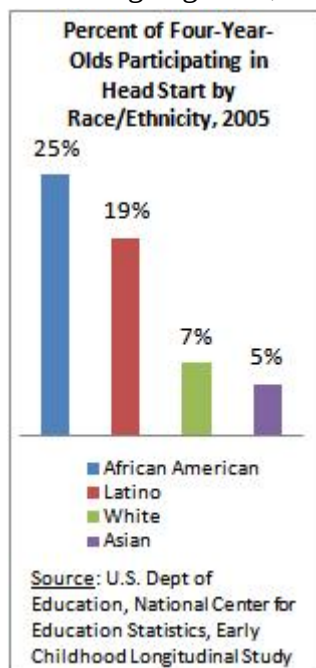
Ms. Ewen will testify about the importance of growing federal investments in Head Start and Early Head Start, part of the Administration for Children and Families in the Department of Health and Human Services, in order to support our most vulnerable infants, toddlers, preschoolers, and their families.

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Chairman Obey, members of the Subcommittee, thank you for the opportunity to testify about the importance of growing federal investments in Head Start and Early Head Start in order to support our most vulnerable infants, toddlers, preschoolers, and their families. Your support for these programs has long been critical to their success.

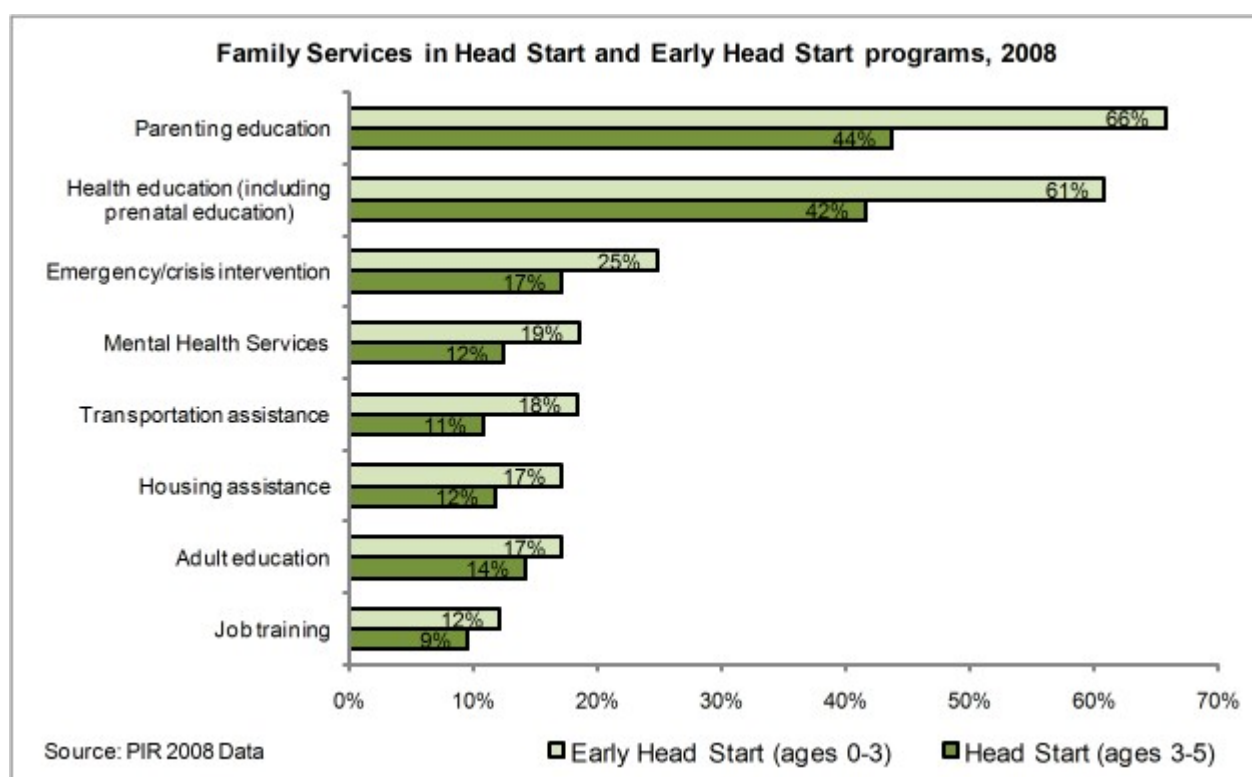
I am testifying today on behalf of the Center for Law and Social Policy (CLASP). CLASP is a national nonprofit that works to improve the lives of low-income people. CLASP's mission is to improve the economic security, educational and workforce prospects, and family stability of low-income parents, children, and youth and to secure equal justice for all. To carry out this mission, CLASP conducts research, provides policy analysis, advocates at the federal and state levels, and offers information and technical assistance on a range of family policy and equal justice issues for our audience of federal, state, and local policymakers; advocates; researchers; and the media.

As you know, Head Start and Early Head Start are the only federally funded programs providing comprehensive early education and support services for poor children and their families. Head Start programs provide services focused on the "whole child," including early education addressing cognitive, developmental, and socio-emotional needs; medical and dental screenings and referrals; nutritional services; parental involvement activities; and referrals to social service providers for the entire family. Both Head Start and Early Head Start have proven their effectiveness in national studies; more importantly, both programs have proven their effectiveness by improving the lives of children and families.



Head Start and Early Head Start serve a diverse array of children and families living in poverty. Seventy-seven percent of participants across all Head Start funded programs (including children participating in Head Start, Early Head Start, American Indian/Alaskan Native, and Migrant and Seasonal programs) are in families earning below the federal poverty level; another fifteen percent qualify because they receive public assistance.¹ Yet Head Start and Early Head Start families are working hard to become self-sufficient: 70 percent of all Head Start families include at least one working parent, and 13 percent of families include a parent in school or job training. Sixty-six percent of Early Head Start families have at least one employed parent, and 22 percent have at least one parent in school or job training. A greater proportion of African-American and Latino children participate in Head Start than do White or Asian children.²

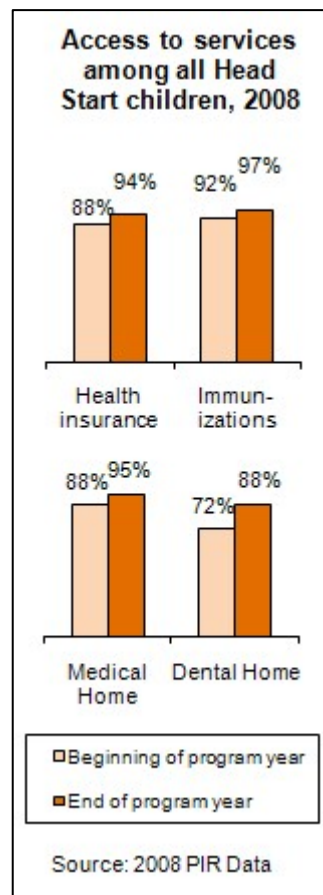
Children living in poverty face many risk factors to healthy development. Low-income children need comprehensive health and developmental services to identify and treat conditions that negatively affect their growth and development. Recognizing this, a core part of the Head Start/Early Head Start model is that programs must identify and meet these needs. For example, federal Head Start Program Performance Standards require that children attending Head Start and Early Head Start receive a comprehensive screening within 45 days of entering the program. Head Start and Early Head Start grantees must work with parents to determine that each child has an ongoing source of continuous, accessible health care, and is up-to-date on appropriate care and services within 90 days. If health and/or developmental concerns are identified, Head Start and Early Head Start staff members work to coordinate follow-up, treatment, and ongoing care for the children. The majority of families participating in Head Start programs receive services or referrals through Head Start; 84 percent of families in Early Head Start families and 73 percent of families in Head Start for preschool-age children accessed at least one service in 2008.



And this approach works. Head Start and Early Head Start promote better health for young children. Among children without health insurance at entry into Early Head Start, 55 percent obtained insurance during the program year. In 2008, 94 percent of children in the Early Head Start program had received all immunizations appropriate for their age (or all immunizations possible at the time) by the end of the program year—higher than national averages. According to the Centers for Disease Control and Prevention, 80 percent of all young children nationwide (ages 19-35 months) had received their recommended vaccination series in 2008. Among young children living in poverty, only 75 percent had received their recommended immunizations.³

Head Start and Early Head Start programs routinely screen children for developmental and physical delays and provide them with the services they need. In 2008, half of all children in Head Start with disabilities were diagnosed during the program year; without the intervention of the program, it is likely that these issues would have gone undetected until children entered kindergarten or even first grade, putting them further behind their peers.

Research has demonstrated that children in Head Start and Early Head Start benefit from the program in other ways as well. The Family and Child Experiences Survey (FACES) demonstrated that children who have participated in Head Start are close to national norms in early reading, writing, and math skills after kindergarten.⁴ Early Head Start has also been positively evaluated, with researchers reporting that: 2-year-old children with at least one year of Early Head Start performed better on measures of cognitive, language, and socio-emotional development than their peers who did not participate, and children who attended Early Head Start continued to outperform children in the control group at age 3. Parents of Early Head Start children also performed better on measures of the home environment, parenting, and knowledge of child development. These parents were also more likely to participate in job training and education and to be employed, in comparison to families who did not participate in Early Head Start.⁵



These results are not surprising to the children and families who participate in Head Start and Early Head Start programs. The success of the programs is tied to a set of core beliefs that ensure that the needs of every child are met. Head Start providers are experts at forming community partnerships, engaging in coordination, and reaching out to new and diverse allies in their community. They also recognize the need for continual improvement.

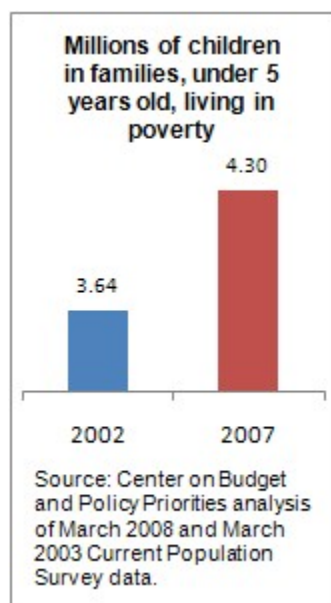
As a result, across the country, Head Start programs are partnering with state pre-kindergarten programs to provide high-quality full-day experiences for the children in the state programs. In Hamilton County Schools in Chattanooga, Tennessee, the school district uses Title I funds in conjunction with Head Start funds to expand the availability of high-quality classrooms. In these classrooms, Head Start funds ensure that the Performance Standards are met for the time children are in the program and Title I supports the instruction of a bachelor degreed teacher for the 6.5 hour day.

In Birmingham, Alabama, the Head Start agency has taken another approach to partnerships. Recognizing that children are in a variety of settings when working families need full-day and -year child care, the agency has partnered with family child care providers to provide Head Start services in family child care homes. Child care providers are trained in the Head Start model and receive the full range of professional development and other supports; providers meet all of the Performance Standards for each child and are monitored on a regular basis.

Head Start and Early Head Start also partner with the child care subsidy program to help families access full-day and -year settings, but state shortfalls in funding for child care assistance means that parents of children who participate in Head Start and Early Head Start often cannot get help paying for child care for the rest of the day. Programs, or individual families, must turn to multiple funding sources to piece together a full-day, comprehensive program that meets the needs of working families. Yet, insufficient funding for the Child Care and Development Block Grant (CCDBG) limits the ability of many Head Start and Early Head Start programs and families to do so and ensure that the full range of children's and families' needs are met.

Programs are also working to improve the quality of the services they provide to children and families, building on the reauthorization of the Head Start program in 2007:

- Among Head Start teachers serving preschool-age children, 80 percent had at least an Associate's Degree (A.A.) in early childhood education or a related field in 2008. In addition, 42 percent of teachers had a Bachelor's Degree (B.A.) or higher in early childhood education or a related field.
- Among Early Head Start teachers serving infants and toddlers, 54 percent had at least an A.A. in early childhood education or a related field in 2008. In addition, 25 percent of teachers had a B.A. or higher in early childhood education or a related field.
- Among Early Head Start teachers without a degree in 2008, many had a credential or were pursuing a degree program. Thirty-two percent of teachers had a C.D.A. or state equivalent and of these teachers, 34 percent were in a degree program. Among teachers without a degree or C.D.A., 60 percent were in a degree program or C.D.A. training.
- Teacher qualifications have increased dramatically in recent years. Across all types of Head Start programs, in 2001, only 41 percent of teachers had at least an A.A., and only 22 percent of teachers had a B.A. or higher in early childhood education or a related field. In 2008, across all types of Head Start programs, 75 percent of teachers had at least an A.A., and 41 percent of teachers had a B.A. or higher in early childhood education or a related field.



Even as they leverage as much support as possible for vulnerable children and families, Head Start and Early Head Start programs are unable to serve the majority of eligible children and families. Recent estimates suggest that Head Start is serving only about half of eligible preschool-age children, and less than 3 percent of babies and toddlers who are eligible for Early Head Start are reached at current federal funding levels.⁶ Infants and toddlers are more likely to live in poverty than older children, and recent data suggests that the percentage of children living in poverty is increasing. Economists predict that this recession will be longer and more severe than any the United States has faced in recent decades,⁷ which means that many more families will need Head Start and Early Head Start services. Many of these families live in poor communities with only a handful of pediatricians, dentists, or health clinics; limited access to job training and other supports; and few high-quality early childhood programs, making the

Head Start and Early Head Start services even more important. Unfortunately, appropriations for these programs have not been keeping pace with growing need.

The comprehensive approach that Head Start and Early Head Start take is currently available to only a limited number of families. Federal funding has been limited in recent years, and programs have had to make dramatic cuts in the number of children served, in the hours they are available, and in the services they provide. Programs have had to limit meals, provide powdered milk instead of more expensive real milk, stop transporting children to doctors and dentists, and cut other critical support services.

CLASP looks forward to working with the Committee to continue to reverse these cuts and ensure that early childhood programs, including Head Start, Early Head Start, and CCDBG, stay firmly on the growth path that the Administration set out in the recent economic recovery package and their 2010 budget proposal. These investments are vital components of economic recovery, because they invest in the critical early years of a child's development, which is an investment in our nation's future.

Growth in Head Start and Early Head Start is necessary in FY 2010 to enable these programs to continue to meet the needs of the young children and their families that they serve as well as reach the growing number of unserved children who could benefit from a comprehensive early learning experience.

¹ Data throughout this testimony is from the 2008 Head Start Program Information Reports (PIR) if not otherwise noted.

² U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study, Birth Cohort.

³ Centers for Disease Control and Prevention, "Vaccines & Immunizations, Statistics and Surveillance: July 2007-June 2008 Table Data," http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_0708.htm. The reported recommended vaccination rates are for the five vaccine series known as the 4:3:1:3:3 combined series.

⁴ Nicholas Zill and Alberto Sorongon, Children's Cognitive Gains during Head Start and Kindergarten, Presentation at the National Head Start Research Conference, Washington, DC, June 28-30, 2004.

⁵ U.S. Department of Health and Human Services. *Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start*. 2002.

⁶ Calculations by National Women's Law Center, based on Census data on children in poverty and Head Start Bureau data on children served by Head Start and Early Head Start, 2006.

⁷ Jared Bernstein, *Testimony Before the House Committee on Ways and Means*, October 29, 2008. <http://waysandmeans.house.gov/hearings.asp?formmode=view&id=7463>