



ZERO TO THREE

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The goal of Early Head Start is not very different from the goal of Head Start when it was established more than 30 years ago. Under this new initiative, there continues to be a commitment to providing services from a comprehensive, holistic perspective — Early Head Start, like Head Start, seeks to meet the needs of the “whole child” in the context of the family. Its aim is to enhance the overall development of infants and toddlers who are growing up in poverty-stricken communities across the country.

THE GENESIS OF EARLY HEAD START

There are a number of scientific developments that led to the establishment of the initiative, only a few of which will be highlighted here.

Developments in the field of maternal and child health have been especially important in illuminating how experiences during the prenatal period impact later development. For example, poor or absent prenatal care, exposure to teratogens, malnutrition, and stress during pregnancy are associated with low birth weight and birth defects for children. Low birth weight is in turn associated with infant mortality, illness, disability, child abuse, relationship difficulties, and problems in learning.

We also know that socioemotional experiences in infancy influence adaptability in later development. Much of the evidence documenting this finding is grounded in attachment literature generated over the past 30 years. During infancy, in the context of relationships, the infant’s sense of self and trust evolves. These early experiences provide the building blocks from which social skills such as empathy, emotional regulation, self-control, and coopera-

tion emerge. We also have known for quite some time, though documented more recently due to advances in technology, that the interplay between nature and nurture is a critical force in shaping brain development that takes place during the first two years of life.

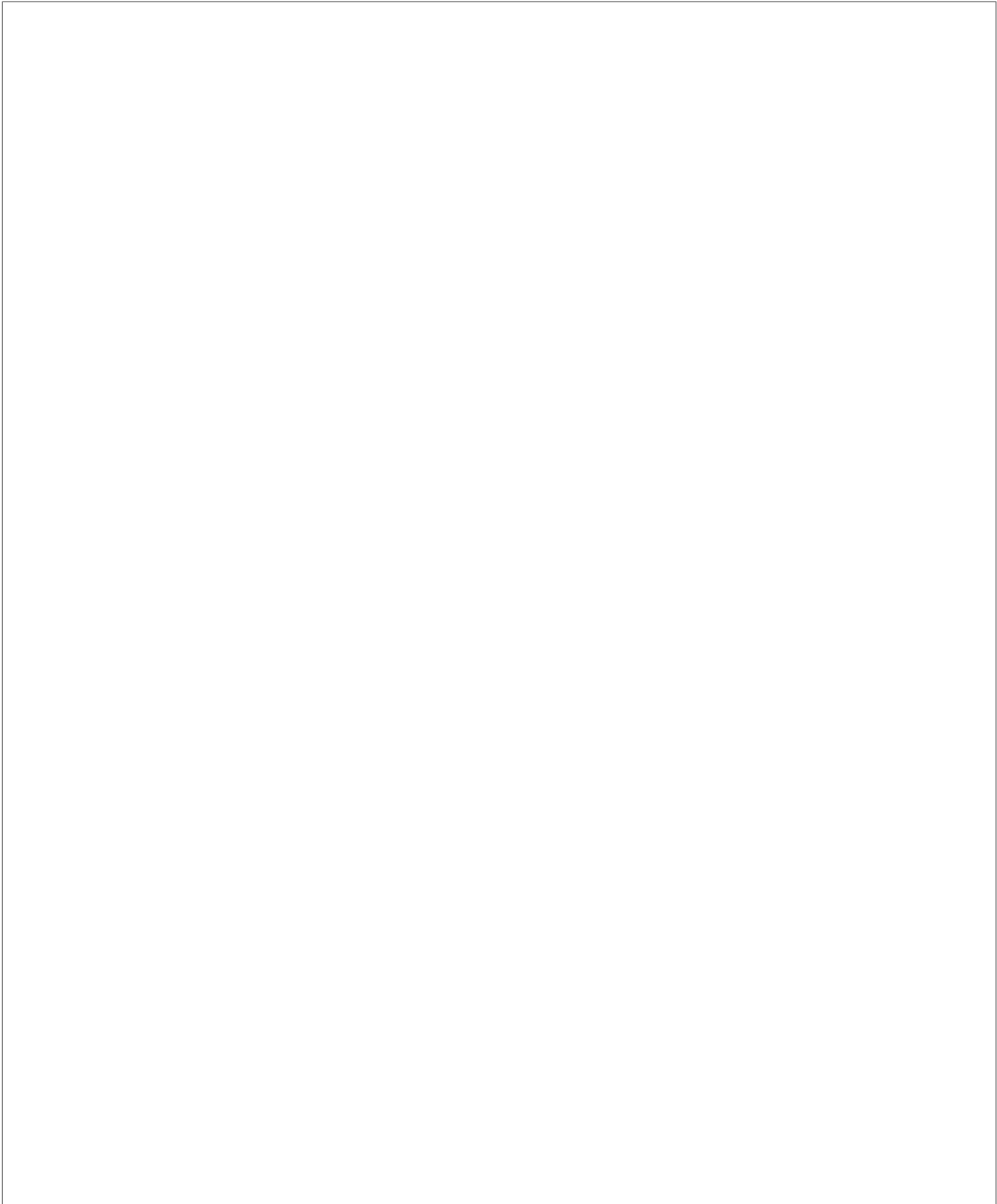
Beyond these scientific developments, recommendations set forth in the *Final Report of the Advisory Committee on Head Start Quality and Expansion* were also important factors leading to the creation of this important initiative.

The Committee released a report in 1993 identifying three key recommendations that focused on:

- the need to reaffirm and bolster Head Start’s commitment to quality and excellence in service, if the program was to be successful in impacting meaningful outcomes for children;
- the need for Head Start programs to be able to respond flexibly to the needs of families; and
- the need to build external partnerships at community, state, and national levels to support its continued growth and development into the next century.

While articulating the second recommendation, the Committee addressed the need and importance of comprehensive child development services for infants and toddlers. Data on families being served by the Head Start program suggested that many families had younger children who needed services, but were unable to access special programs in their communities. Consequently, the committee recommended that Head Start expand services to meet the growing needs of families requiring access to comprehensive child development services for infants and toddlers.

Taken together, these developments provide the backdrop against which Early Head Start was born.





LEARNING THE LESSONS OF PRACTICE

When the Head Start Act was re-authorized in 1994, it incorporated language that charged the secretary of Health and Human Services with establishing an Advisory Committee to guide the development of the Early Head Start program — its philosophy and approach to service delivery. Early Head Start was created with the purpose of providing high quality, comprehensive services — available 12 months a year — to low-income pregnant women and families with infants and toddlers.

While Early Head Start came “online” as a new initiative, it was not the first experience that the Head Start Bureau, the agency responsible for administering the Head Start program, had in providing services to infants and toddlers. Migrating Head Start programs had been providing such services for a number of years, as had Parent Child Centers, which was a demonstration effort funded for nearly 27 years. There were also lessons learned from the Comprehensive Child Development Project that shaped the thinking behind the approaches used in Early Head Start.

The Advisory Committee articulated nine principles as the foundation upon which the program was to operate:

- High Quality
- Prevention and Promotion
- Positive Relationships and Continuity
- Parent Involvement
- Inclusion
- Culture
- Comprehensiveness, Flexibility, Responsiveness, and Intensity
- Transition
- Collaboration

These principles were designed to serve as the “lens” through which the provision of all services should be pro-

jected. The Advisory Committee also developed four cornerstones that described the scope of services these programs would provide to families. The cornerstones include a commitment to comprehensive child development services, family development services, community building efforts, and staff development.

The cornerstone focusing on staff development addressed the importance of ensuring that Early Head Start staff had the requisite skills and support necessary to ensure the provision of high-quality services.

In addition to setting the course for the approach and philosophy of Early Head Start, the Advisory Committee addressed the importance of research and evaluation, training and technical assistance, and program monitoring.

At the program’s inception, a rigorous national evaluation was funded — and currently is being conducted by Mathematica Policy Research Inc., in Princeton, N.J. This will examine the impact of services across 17 Early Head Start sites from the initial pool of programs funded in the fall of 1995.

In addition, 17 locally designed research studies are being carried out by a consortium of researchers to explore the unique characteristics and impacts observed within individual

programs.

The Head Start Bureau collaborates with a regional network of training and technical assistance providers to ensure that Early Head Start program providers have access to information and resources that support them in their efforts to deliver high-quality services.

A NATIONAL-LOCAL FRAMEWORK

Services offered by the Early Head Start National Resource Center (EHS NRC) at ZERO TO THREE demonstrate the Head Start Bureau’s commitment to ensure that EHS workers have access to training and technical assistance as they implement the programs.

The Bureau collaborates with a regional network of training and technical assistance providers to ensure that Early Head Start program providers have access to information and resources that support them in their efforts to deliver high-quality services. Furthermore, every three



years, Early Head Start programs are monitored by the Head Start Bureau to assure compliance with performance standards.

Currently, 436 Early Head Start programs are funded across the United States. The first round of programs began in the fall of 1995. By early 1998, there were more than 22,000 infants and toddlers being served.

Funding for Early Head Start services is taken from a percentage of the overall Head Start Budget, in excess of \$4 billion for fiscal year 1999. Provisions outlined in the recent reauthorization of the Head Start Act pave the way for continued growth in this program. Pending the availability and nature of results associated with the national evaluation, Early Head Start will grow to 10 percent of the overall Head Start budget by 2003.

PERFORMANCE STANDARDS

Early Head Start programs are required to adhere to performance standards as a condition of funding. A new set of standards, which began in 1998, represents the first major revisions since the standards were initially created by the Head Start Bureau in the mid-1970s. Important differences distinguish the current regulations from the previous version.

The revised *Standards* reflect a commitment by the Bureau to provide grantees with increased flexibility to determine *how* they meet regulations as they design services. In other words, the revised *Standards* set the parameters that define the scope of services, but local grantees determine the manner in which these services will be designed and offered. Thus, increased flexibility provides programs with the opportunity to establish creative partnerships and strategies to ensure that needs of families in their community are addressed.

The revised *Standards* also include regulatory language

that describes critical elements of management systems that all programs must have to provide the infrastructure to support effective programming.

The section on child development services explicitly requires Early Head Start programs to promote continuity of care — a direct reflection of the important role that relationships play in shaping development during infancy.

The standards also encourage services that promote the development of trust and emotional security — experiences that are critical to the health and wellness of young children. The regulatory language emphasizes socioemotional development and the quality of the caregiving experience as critical to promoting healthy development in infancy.

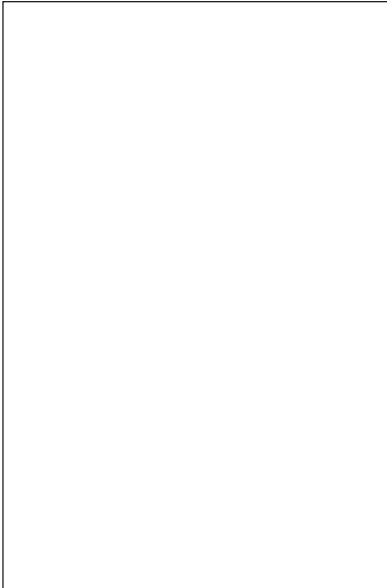
Thus, Early Head Start is, by design, a program that seeks to promote wellness in very young children. Recognizing importance of the early years of life for later development, the Early Head Start programs will certainly provide a fertile ground for understanding benefits that can be reaped as vulnerable infants and toddlers, and their families, are served by this important initiative.

CHALLENGES

Two challenges merit attention:

1. Although there have been many advances made in science, only limited tools are available for reliably

assessing various aspects of socioemotional development in infancy. In an era of “fiscal accountability,” the need for measurement tools that aid program managers in documenting the impact of their services, particularly on social and emotional development, cannot be emphasized enough. Our understanding and ability to reliably assess indicators of cognitive development in young children continue to exceed our ability to understand how we might measure and assess dimensions of socioemotional development. Progress on this front is overdue and sorely needed.





2. Many communities are finding it difficult to locate clinicians and practitioners trained in infant development to “staff” programs and provide the needed clinical consultation when treatment issues emerge. Past experience — particularly in the Head Start context — suggests that mental health services are often not adequately available to meet the needs of families and children served in many agencies.

Training in infant development, as an area of focus in undergraduate and even graduate programs, is not widely available across this country. The need to consider how mental health practi-

tioners can gain access to programs/training experiences that provide the necessary understanding of infant mental health and infant development must be addressed.

If our efforts in Early Head Start and other health

prevention and promotion programs are to be fully realized, we must have access to individuals that understand how to promote health and wellness in very young children, as well as individuals who can provide clinical consultation and treatment services when such services are required.

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