

POLICY BRIEF



About the Authors

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Starting Early in the States: Applying the Lessons of Early Head Start

By Moncrieff Cochran and Kristi Lekies

More than two million children under the age of three live in poverty in the United States.¹ Given this stark reality, it is essential that our early care and education system be designed carefully to meet the needs of low-income families with very young children. The federal Head Start program has traditionally taken the lead in this endeavor. Established in 1965 as part of the national Anti-Poverty Program, Head Start was created primarily as a preschool program for four-year-olds living in families with incomes below the federal poverty guideline. From the very beginning, however, many were concerned that intervention at age four—and even at age three—was late in the developmental lives of these children; that the opportunities available for long-term growth and competence during the first three years of life were too important to be missed.²

Federal concern for the developmental needs of very young children and their families living in poverty has evolved since the 1960s to include a series of policy responses. Within the Head Start program, this issue, under discussion and in planning for several decades, finally crystallized in the findings and recommendations of the 1993 Advisory Committee on Head Start Quality and Expansion.³ These recommendations led to the creation of Early Head Start in 1994. Like Head Start, Early Head Start has been designed to provide a national laboratory for the study of how best to bring education and support services to 0-3 year-old children and their families.

SERVICES FOR INFANTS AND TODDLERS

A decade has passed since the establishment of Early Head Start. During that period, a number of developments have occurred in the early care and education field that underscore the importance of reflecting upon the lessons learned from the first ten years of this innovative federal initiative. It is time to consider what these lessons might mean for state and local early care and education policymaking and programming. First, the shortage of early childhood services for infants and toddlers and their families has been well documented.⁴ Second, studies have shown that many of the services currently available are of very low quality.⁵ Third, the Early Head Start program has been carefully evaluated during its first five years. These evaluations are showing heartening results for infants and toddlers, their families, and their communities; results that have significance far beyond the boundaries of the program itself.⁶ Fourth, Early Head Start has been making explicit the use of a community collaboration strategy for service delivery that gives considerable emphasis to working with existing community-based early childhood programs. This strategy is an effort to avoid the service fragmentation that has afflicted U.S. early care and education policy development in the past.⁷

A series of meetings entitled, “Early Head Start Policy Conversations,” were held in New York State in 2003 and 2004 to discuss key research findings, New York State efforts, and implications for



policy and programming at the state level. The meetings were attended by a core group of researchers, policy experts, and program specialists from New York and across the country.

This policy brief summarizes the ideas that emerged from the conversations. The purpose of these meetings was to discuss how current and emerging knowledge about the potential of Early Head Start can be applied to long-term planning for how states can best use federal and state resources to optimize the development of young children living in high-risk conditions. We begin by summarizing key lessons from the findings of the Early Head Start Research and Evaluation Project. Based on these and other findings, we then offer a conceptual framework for the design of comprehensive services for low-income families with infants and toddlers at the state and local levels. Following are some specific guidelines for the planning and development of such a service system in a state, using New York as an example. The brief ends with a set of recommendations.

LESSONS FROM EARLY HEAD START

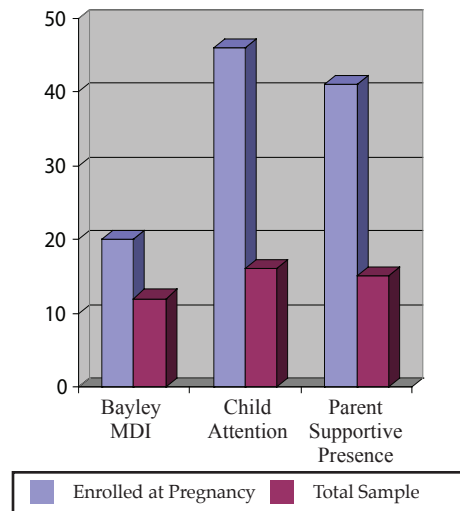
The Early Head Start program has been evaluated carefully, and that evaluation is ongoing. Results from the first five years have shown that Early Head Start has been effective across a broad range of child and parent outcomes. The development of Early Head Start children was better at ages two and three than was the development of children in a randomly selected comparison group. Early Head Start parents also demonstrated more supportive behaviors than their non-Early Head Start peers.⁸

The Importance of Starting Very Early

The Early Head Start (EHS) Research and Evaluation study showed that some children and parents within the Early Head Start program had more positive outcomes than did others in the program. One important factor was the age of the child at the time of enrollment

in Early Head Start. Figure 1 compares the magnitude of differences on child and parent outcomes when parents enrolled at pregnancy vs. the total Early Head Start sample. Measures used included a child development scale, a child attention task, and a measure of parent supportiveness.⁹

Figure 1: Effect Size of Impacts of Enrollment During Pregnancy



Adapted from the Early Head Start Research and Evaluation Project, 1996-2005, *Research to Practice: Overall Findings*. http://www.acf.hhs.gov/programs/opre/ehs/ehs_r_esrch/index.html

It is important to note here that not only the children but also their parents showed particularly positive outcomes when enrollment took place during the pregnancy. These findings demonstrate the importance of bringing families into early development and family support programs before the birth of the baby so that parents maximize the opportunity to learn how to support early development, and that their children can profit from this knowledge even prior to their births.

The Vital Role of Strong Program Standards

Another difference among the Early Head Start programs included in the EHS Research and Evaluation Project was that some programs fully implemented the EHS Performance Standards early in the life of the program while others didn't achieve full implementation until later on.

A comparison of the early implementers with the late implementers revealed that programs fully implementing the performance standards had stronger positive impacts than those that did not achieve those standards when children were two years of age. Furthermore, those programs fully implementing the standards had stronger positive impacts than the programs that were not yet fully implemented when children were three years of age.¹⁰ The box below shows key requirements contained in the EHS Performance Standards.

Selected EHS Performance Standards

- Teachers have at least a Child Development Associate credential or its equivalent at the time of hire or within one year of hire.
- Adult-child ratio of no more than four infants and toddlers per fully qualified caregiver.
- Each child assigned one caregiver who is primarily (but not exclusively) responsible for his or her care.
- Small groups of no more than eight children.
- Each child kept with one primary caregiver throughout tenure in the Early Head Start daily care setting.
- Each enrolled child and family has access to the same comprehensive scope of services.

Head Start Performance Standards are the only national early care and education standards that can be enforced at the local level. These standards are more rigorous than those set by most state regulations.¹¹

At the Early Head Start Conversation meetings, staff from the Early Head Start National Resource Center stressed the high expectations for program quality that were incorporated into these national standards. They maintained that if programs are to be successful at improving child competence by strengthening parenting skills, supporting parent-child relationships, and enhancing child growth and development, then they must set program standards high.¹²

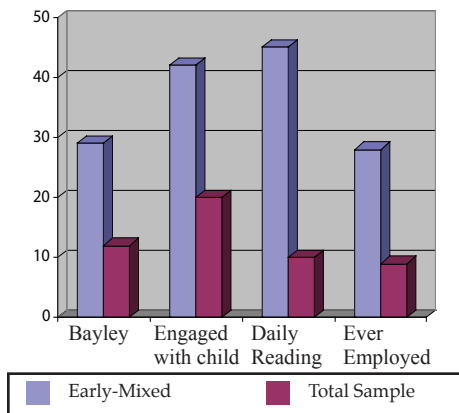
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The Value of Combining Center Settings with Home-based Programming

Early Head Start uses a two-generational model of care that serves expectant parents, parents, and children. Services may be home-based, center-based, or a combination of the two. Some families participating in the EHS Research and Evaluation study received only home-based services, others received only center-based services, and still others received a combination of center and home-based services.

All program models had positive impacts but the “mixed model” of center- and home- based early care and education services had the greatest positive impact on both children and parents. Moreover, when the mixed model was also fully implemented, the effects were particularly strong (see Figure 2).¹³

Figure 2: Effect Size of Impacts in Early-Implemented Mixed Programs Larger than Overall Impacts



Adapted from the Early Head Start Research and Evaluation Project, 1996-2005, *Research to Practice: Overall Findings*. http://www.acf.hhs.gov/programs/opre/ehs/ehs_research/index.html

The impacts with relatively large effect sizes were found both in the area of developmental outcomes for the participating children (on the Bayley Scale) and positive effects on their

parents (more engaged with the child, more likely to read to the child daily, and more likely to have held a job). The finding that these patterns were strongest in those programs that fully implemented the performance standards again reinforces the importance of strong standards. For state planners, they are evidence that the two-generational approach to early education and family support is more powerful than focusing either on children or their parents alone, and that a combination of home- and center-based services, along with strong program standards, is more effective than a strategy carried out only in the home or in a center setting.¹⁴

Making Maximum Use of the Existing Early Care and Education System

Early Head Start has the option of delivering services through existing community settings and services. This provides the potential for more intensive community collaboration than has traditionally been the case in Head Start. In addition, Early Head Start was mandated to “ensure that infants and toddlers who need child care receive high-quality part- and full-day services.”¹⁵ These services can be provided directly by Early Head Start, or by other community providers *as long as those providers meet the EHS Performance Standards*. Early Head Start programs in the national study took a number of steps to assist in improving the quality of local child care programs as shown below.

Enhancing Child Care Quality

- NAEYC accreditation
- EHS/child care partnerships
- Building renovations
- Quality monitoring
- Visiting EHS children in child care settings
- Combined EHS/community training
- New resources to child care programs

Common to all these strategies was the effort by Early Head Start to improve child care quality by setting a standard for the community that was typically higher than that mandated by state law, supporting community-based programs to meet that standard, and monitoring their efforts to do so.

A number of previous studies have shown that children who attend higher quality child care programs develop more optimally than those who experience lower quality care.¹⁶ One would expect, therefore, that the children in the EHS Evaluation Project with higher quality child care arrangements would show more positive child outcomes than those with arrangements of lower quality. This proved to be the case: children in higher quality care showed better cognitive development at 24 months of age and better language development when they were 36 months old.¹⁷

These findings have several implications for policy planners in the states. First, they show that communities do not need to start from the beginning to create high quality, effective services for 0-3 year-olds and their families; existing programs can be strengthened in ways that enhance the development of infants and toddlers. Second, the kind of changes needed to have positive impacts on very young children and their parents is not surprising. High performance standards backed by good staff preparation and training, wise investment of additional resources, and regular monitoring will lead to improved program quality and significant improvements in child and family outcomes.



SUMMARY

Lessons learned from an evaluation Early Head Start that can be applied to state planning of services for low-income families with infants and toddlers include:

- 1) The importance of rigorous program standards, training, and technical assistance;
- 2) The value of the two-generational approach, with specific attention to the development of both children and parents;
- 3) The effectiveness of combining home-based and center-based approaches to reach both children and their parents;
- 4) The importance of starting very early in the life of the child; and
- 5) The benefits of collaboration with existing community agencies.

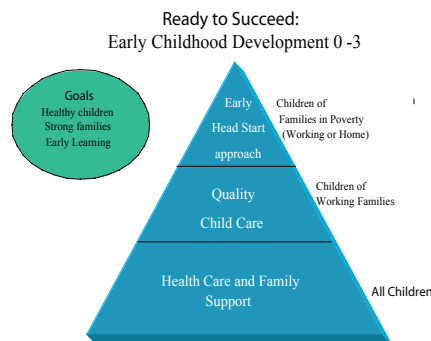
COMPREHENSIVE SERVICES FOR LOW-INCOME FAMILIES WITH INFANTS AND TODDLERS

As a national laboratory, the Early Head Start program takes a comprehensive approach to improving the lives of low-income families with 0-3 year-olds. This approach addresses the needs of parents as well as children, and stresses health and mental health as well as early childhood education and care. It recognizes the critical importance of infrastructure supports like teacher preparation, in-service training, and the mentoring of novice teachers, along with the direct provision of services to children and their parents.

In developing a state system of supports for low-income families and their children, it is essential to conceive of and design these services and supports as a component of a system created to serve all families with young children. At the 2003-04 Head Start Conversation meetings, national policy expert Joan Lombardi presented a schematic

illustration of such a system, which depicts comprehensive programs like Early Head Start as resting upon a foundation of quality child care, health care, and family support services (see Figure 3).¹⁸

Figure 3



Adapted from presentation by J. Lombardi, The Children's Project, at the EHS Conversation meetings.

Lombardi specified goals for this system that include children, their families, and the extraordinary amount of learning that can occur in infants and toddlers if conditions support their interests and explorations. The figure indicates that communities must support all children with health care and family support services and working families with good quality child care. These core services are needed to provide the underpinnings for the kind of two-generational programming that Early Head Start has demonstrated can have such positive effects on both children and their parents living in low-income circumstances.

LESSONS FROM OTHER STATES

A number of other states have invested resources in ways that build upon the examples established by the Early Head Start programs within their jurisdictions. A review of those state initiatives found that they take three general forms.¹⁹

THREE WAYS IN WHICH STATES INVEST FUNDS TO DEVELOP SERVICES FOR INFANTS AND TODDLERS:

- 1) **EXPANSION:** Increasing the number of children and families receiving services
- 2) **EXTENSION:** Enhancing current services in terms of time or value
- 3) **IMPROVEMENT OF QUALITY:** Strengthening the standards and partnerships throughout the field of infant-toddler care.

Lombardi and Bogle, 2004, p. 170.

1) Expansion: Expansion efforts may include converting existing preschool Head Start slots to critically needed Early Head Start infant-toddler slots, expanding care and comprehensive services to serve more children and families, serving new families, reaching out to culturally diverse or hard-to-reach families, and/or adapting all or a portion of the Early Head Start design as a model for new programs.

2) Extension: These efforts may include enhancing child care reimbursement rates to Head Start and Early Head Start providers and child care partners, extending the length of the day from part-day to full-day, or extending the length of the year from school-year to year-around.

3) Quality Improvements: These may include encouraging and/or requiring formal partnerships between community child care programs and Early Head Start. Programs are treated as part of the national Early Head Start system and must follow federal standards; they have access to federal technical assistance and monitoring resources. Quality improvements also include state funding for Early Head Start programs to provide professional development and technical assistance on quality infant toddler care to partnering child care providers.

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NEW YORK: A SYSTEM IN THE MAKING

One of the Early Head Start Conversation meetings focused on New York as an example of a large, complex state working towards expanding services to all families with 0-3 year-olds, and especially those living in low-income circumstances. About 150,000 infants and toddlers in New York currently live in families with low incomes. In 2005, only 4,572 of these children participated in Early Head Start – less than 3% of those eligible by family income. The challenge for New York and other states is to use the lessons emerging from Early Head Start to design and implement a support system that will meet the *healthy children, strong families, and early learning* goals for all 150,000 children in high need and their families. The following steps have been taken in New York to date in an ongoing effort to establish such a support system.

Step One: Develop a Blueprint

Several broad-based planning efforts have contributed to the blueprint design process in New York. Planning specific to infants and toddlers began as part of a broader effort undertaken by a statewide early care and education coalition to map out a comprehensive early care and education action plan for the state.

Infants and Toddlers was one of three working groups (along with *Workforce and Finance and Governance*) around which planning revolved. The resulting document, *New York's Action Plan for Young Children and Families*, describes the current state of services to young children in the state, offers a vision of a comprehensive system, and specifies a number of goals and action steps that are specific to infants, toddlers, and their families.²⁰

One goal focuses on expanding infant-toddler technical assistance centers already underway with grant funds from the New York State Office of Children and Family Services. Another encourages better implementation and marketing of New York's Infant-Toddler

training credential (already in place) within the early childhood community and with links to higher education. Still others, such as the *home visiting programs and services* goal, are expressed in more general terms but have special salience for the quality of services to infants, toddlers, and their families.

Sample Goal and Action Steps: New York State

Goal: Expand Infant-Toddler Technical Assistance Centers to Promote Quality Practices in Programs and among Providers

Action Steps:

- 1) Assess the need for infant-toddler specialists statewide;
- 2) Provide public education to highlight the specific needs of babies;
- 3) Promote partnerships with early intervention, social services, and health providers;
- 4) Adjust reimbursement rates to encourage expansion of infant-toddler programs
- 5) Expand early identification services

A second effort, the *New York State (NYS) Early Childhood Comprehensive Systems Planning Initiative*, was undertaken by the NYS Health Department and the NYS Council on Children and Families, building on the Action Plan and also involving a large working advisory group.²¹ This undertaking cast a wider net, explicitly including health-related services, mental health, parenting, and family support in addition to early care and education. Organized around four general goals—healthy children, strong families, early learning, and supportive communities and coordinated systems—this planning effort has done an especially good job of *cataloguing existing services* for children up to age five and their families and seeking examples of how to *integrate and expand services* to serve families more effectively. This kind of thinking is essential in order to find ways of combining services to undertake the comprehensive, two-generation strategy exemplified by Early Head Start.

Several other key constituencies in New York have recently incorporated infants and toddlers into their long-term planning. The state Board of Regents, which oversees public education statewide, recently called for an early education system providing support for *all* children from birth-grade 3 as one of six goals. Additionally, both the mental health community and the judicial system (related to foster care) have called for greater emphasis on prevention and early intervention.

Step Two: Catalogue Existing System

The catalogue of existing programs in New York shows state initiatives for infants and toddlers and their families in nine different areas: Prenatal care services; health care services; nutritional services; mental health services; special needs services; family support services; quality child care services; infrastructure support; and service integration support.

More than fifty programs were identified within these domains. The strategies employed within each of the program areas are summarized below, along with a brief example in each domain.

NEW YORK: TYPES OF STATE INITIATIVES FOR INFANTS AND TODDLERS

- Prenatal care services
- Health care services
- Nutritional services
- Mental health services
- Special needs services
- Family support services
- Quality child care services
- Infrastructure support
- Service integration

Prenatal Care Services: Most of the prenatal care programs in New York involve some aspect of outreach, either to identify high-risk women and recruit participants or to educate high-risk women and families. These programs aim to identify and reach these women in order to reduce the possible risks associated with their pregnancies. Most specify particular health risks, while



others target a number of risks and offer nutritional services, general prenatal and well-child care, and specialized health care for disabilities.

The funding for these programs comes from various sources, with a large portion provided by Medicaid or the Centers for Disease Control. The expectant parenting education programs aim to improve pregnancy outcomes and generally reduce the effects of poverty on women and their children. Home visits and education ultimately leading to self-sufficiency are major strategies used in these programs.

Sample Prenatal Program in New York

Community Health Workers

The Community Health Worker Program aims to recruit women into prenatal care and enroll them in other programs that will ensure their own and their children’s health (e.g., WIC, Medicaid). Besides outreach, workers also provide home visits and health education. There are 23 separate programs across New York State. The program’s current funding is approximately \$4.6 million.

Health Care Services: Most of the health care programs in New York include prevention. They aim to either screen for problems in order to provide early treatment and prevent later difficulties, or prevent a specific problem, such as hearing loss or lead poisoning. If a screening program identifies a child with a difficulty, the program provides referrals to health care. Many of these programs also offer education and outreach on the problem they specifically target. New York has made good progress toward provision of basic health coverage for young children through the Child Health Plus program.

Sample Health Program in New York:

Child Health Plus

Child Health Plus is a state-funded health insurance program for New York children under age 19. The program is free for families with incomes of less than 1.6 times the poverty level. Families with somewhat higher incomes (up to 2.5 times the poverty level) pay a monthly premium of \$9-\$15 per month. For larger families, the monthly fee is capped at the rate for three children per family, depending on parents’ income. There are no co-payments.

Nutritional Services: The nutrition programs in New York are aimed at low-income children and families. The programs promote nutritious meals through various means, such as providing a family with money, funding meals at day care centers, and educating children about nutrition. Food Stamps, Women, Infants, and Children (WIC), and the Child and Adult Care Food Program are all federally-funded. The Eat Well Play Hard Community Projects coordinate with WIC and the Child and Adult Care Food Program to provide nutrition and health education with the meals.

Mental Health Services: The mental health supports in New York address the needs of children, either directly or indirectly. Most programs have specific target populations (children affected by 9/11, foster children, or preschool aged-children about to enter school), and focus on one aspect of mental health (responding to tragedy and loss or school adjustment). Two programs aim to improve family life as well by targeting either children with mental illness who may need residential treatment or parents with mental illness who are having difficulties raising their children. The programs are generally funded by the state.

Sample Mental Health Program in New York

Primary Mental Health Prevention

This program, run by the Children’s Institute in Rochester, seeks to reduce social, emotional, and school adjustment difficulties for preschool-aged children. The program consists of preventive interventions, screening for early detection of problems, and services to children identified with problems. It is located at various sites across Rochester and is funded by the New York State Education Department.

Special Needs Services: The health care services for children with special needs tend to focus on ensuring that these children are receiving the care that they require. Some programs focus specifically on low-income children, while others aim to identify and assist all children in the state with special needs. These programs focus on screenings and evaluations, referrals, and developing treatment plans. Funding comes from the state, with some from Medicaid and a Maternal and Child Health Block Grant.

Sample Special Needs Program in New York

Early Intervention Program

The Early Intervention Program (EIP) aims to identify infants and toddlers with disabilities and provide them with services as early as possible. The program provides services such as evaluation, service coordination, special instruction, speech and physical therapy, and family counseling. The program serves all of New York State and is administered locally. EIP is funded through Medicaid, third party insurance and state and local funds.

Family Support Services: Family supports for parent-child relationships and family well-being focus primarily on low-income families. Their goals are typically to reduce child abuse and increase the resources available to low-income families. The programs generally employ home visits, parenting and child development education, health care access, and personal support for parents in order to increase family

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self-sufficiency. Some effort is made to combine services in the form of Family Resource Centers. In New York these are funded as child abuse prevention programs targeting families with children ages 0 to 5. These programs aim to improve parenting skills, parent-child interaction, health care access, family self-sufficiency, social support, and family empowerment. There are currently 25 centers in the state. State funding for all programs is approximately \$550,000.

Sample Family Support Program in New York

Healthy Families New York

Healthy Families New York is aimed at expectant and new parents, who can enroll until their infants are 3 months of age. The program promotes parent/child bonding, education on child health and development, family support to achieve self-sufficiency, and other necessary family and child services. There are 28 sites in 9 different counties across the state, determined by high need. Funding is \$17.6 million, provided through Temporary Aid to Needy Families (TANF).

Quality Child Care Services: Early Head Start is the only federal program in New York addressing quality directly. Child care subsidies are provided to low-income families through the federal TANF and Child Care and Development Block Grants, but these subsidies do not promote quality because reimbursement rates are relatively low. The state strategy for the improvement of child care programs for infants, toddlers, and their families is to provide an infrastructure of program supports through an infant-toddler technical assistance network.

Infrastructure Support: The New York State Council on Children and Families serves as a mechanism for coordinating the state's health, education, and human service agencies. This work has included a specific focus on developing coordinated efforts to address early childhood issues, including co-chairing, with the Department of Health, the

Early Childhood Comprehensive Services Planning Initiative.

Within the child care arena, a statewide system of child care resource and referral agencies receives state support, and the state Office of Family and Children's Services provides grant funding to a network of regional Infant-Toddler Technical Assistance Centers. An effort is under way to survey all the higher education teacher preparation programs in the state, to determine teacher preparation capacity and coverage, with particular emphasis on the preparation and training of infant-toddler caregivers and teachers.²²

Sample Infrastructure Program in New York

The Infant/Toddler Care and Education Credential

This is credential awarded by the New York State Association for the Education of Young Children to care providers who have earned 12 college credits concerning standards of infant and toddler care. The credential targets all staff of early childhood programs working with infants and toddlers. It ensures competency in areas including infant and toddler development, family and culture, environment and curriculum, and assessment and evaluation. Coursework is available at many colleges across the state.

Service Integration: One of the sharpest criticisms of the delivery of services to families with children has been aimed at the tendency to create separate "silos" for each type of service (health, child care, mental health, nutrition, and early education), and then establish a different program, with separate funding, to deliver each of those services. A great strength of Early Head Start, building on a long Head Start tradition, has been its commitment to pulling all of those resources together into a single program and delivering them as seamlessly as possible. One outcome of the Early Head Start Conversation meetings was an effort to locate other examples of service integration designed for families with infants and toddlers.

A number of programs in New York combine funding from various sources in order to enhance the services they can offer to low-income children and families. Some combine the funding of two separate programs in order to create one comprehensive program with a larger budget. Other examples consist of cooperation between various service providers, thereby offering more and better services to families and children. All of these collaborations allow programs to improve their services, offer workforce development to their staff, and provide a range of medical and social support services.

One major improvement to child care created by combining programs is that two or more part-day, part-year programs can merge to be one full-day, year-round program. There are many examples of programs that combine the funding streams from contracts for multiple early childhood care, education, and social service programs.

Combining funding sources also allows programs to eliminate redundancies in the different services, freeing up funds to enhance the comprehensive program. For instance, eliminating redundancies in the directors' duties frees up extra funding, which allows for the hiring of additional staff. Programs have used this funding to add special needs coordinators, mental health coordinators, and staff such as art, music, dance, and drama teachers.



Sample Service Integration: Family Child Care Satellites of Rochester, New York

Family Child Care Satellites of Rochester

The Family Child Care Satellites system consists of three family child care networks, each with its own director, tied together by a satellite coordinator who is based in a large early childhood center. Together, the satellites provide services to over 550 child care homes caring for over 4,500 children. The satellite offices administer the federal food programs; offer orientation, training, financial assistance with medical insurance, disability insurance and the cost of income tax preparation; and provide subsidies for field trips to educational sites, a food co-op, screening services for children with suspected developmental delays and hands-on help to providers. Collaboration has led to innovative projects, including a locally-funded initiative that resulted in the accreditation of more than 75 urban providers through the National Association for Family Child Care; a partnership with the University of Rochester to promote science and language in child care settings; and a program through which trained home visitors bring quality-oriented ideas and activities to providers twice a month.

Problems can arise from combining programs and funding streams, however. In New York, there have been difficulties stemming from the need to integrate staff that had originally worked in separate programs. Teachers in the different classrooms sometimes have received different salaries and belonged to different unions. By combining programs, these teachers often end up working side by side in the same classrooms, with differing salaries and union representation, all while doing the same work. Furthermore, teachers who formerly worked only with typically developing children may need to undergo more training or adapt their practices in order to accommodate and effectively care for children with special needs.

Budgeting and auditing pose other challenges. Most of the funding streams are only for limited hours during the week, requiring creative strategies for paying staff from different funding sources during different times of the day or week.

Step Three: Assessment of Existing System

The assessment step involves examining the array of existing policies and services in a state against the existing needs of families with infants and toddlers in that state and then identifying the gaps between needs and services.

In New York, that process has only been completed within the early care and education sector.²³ Examples of gaps in that sector related to infants and toddlers in New York include the absence of paid family leave, a shortage of good quality child care arrangements, a shortage of direct financial supports that would make good quality professional care available to lower-income families, and few incentives encouraging adults to seek college-level preparation for work with 0-3 year-olds.

Although no broad-based assessment of gaps in services to infants, toddlers, and their families has been completed in New York, the example presented previously demonstrates the possible outcomes of such an analysis.²⁴ This illustration is organized around the **Ready to Succeed** framework shown in Figure 3.

GAPS IN THE SYSTEM; NEW YORK EXAMPLE

Health Care

- Approximately 11,800, or 5% of women who give birth annually, receive late or no prenatal care.

Family Support

- Home visiting services during the first two years of life are not available to most families with newborns.
- Family support centers are not available in most cities or counties.

Child Care

- Paid family leave is not universally available.
- There is a shortage of public subsidies allowing low-income families to choose good quality professional care.
- Few incentives encourage adults to seek college-level preparation for work with 0-3 year olds.

Mental Health

- Most families with 0-3 year olds have no access to preventive or intervention services.

Special Needs

- Most early childhood educators have little knowledge of how to serve children with special needs.

Infrastructure

- There is a shortage of infant-toddler technical assistance for communities and programs.
- Few are being prepared through higher education to work with infants, toddlers and their families.

Services Integration

- Service delivery is rarely integrated across traditional service boundaries.

Step Four: Priority-setting

A statewide assessment is likely to yield a long list of gaps in the services and the service system currently available to families with infants and toddlers. Given the reality of limited resources, priorities must be developed to guide advocacy and the targeting of resources. Establishing consensus across the health, education, and social services “silos” will be challenging, because self-interest will push well-meaning agency staff and service providers to make the services they themselves provide their

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top priority. The diagram in Figure 3 uses the pyramid structure to project a generally accepted hierarchy of service needs. Following that logic, a state would give highest priority to ensuring that all families with very young children have access to *health care*.

In New York, this could take the form of expanding registration for Child Health Plus. Under the health care umbrella, special attention would be paid to prenatal care, and to post-partum home visitor services supported by family resource centers. Healthy Families New York is an example of a program approach that could address this key need within the *family support* domain. If a goal is to encourage strong, positive bonding between parent(s) and child, then paid parental leave must be available to allow the time for formation of these relationships. In New York, the requirement that employers give new parents access to Temporary Disability Insurance (TDI) provides the basis for expansion of the TDI infrastructure to make paid parental leave available.²⁵

In the Figure 3 pyramid, *quality child care* is the building block atop the health and family supportive base. Quality child care in turn supports the Early Head Start approach to buttressing low-income families with very young children. The reader will recall that higher quality child care experiences were associated with improved child outcomes in Early Head Start, and that Early Head Start programs engaged in a variety of quality improvement strategies with collaborating child care programs. Two-generation Early Head Start programs (centers plus home visits) were also more powerful than single-focus programs.

Service integration is central to the Early Head Start approach, and in our view, it must also be high on a state's priority list. A central purpose of a state office for children and their families with the power to integrate services to families with children would be to facilitate the establishment of comprehensive, two-generation programs combining home visits with center-based care in

local communities for lower-income families. This state office would need to have an outreach capacity into counties and cities for provision of technical assistance and training. The existing child care resource and referral agencies already functioning in most states might be adapted to serve these purposes.

As the New York example illustrates, the priority-setting process will identify a number of services that are all high on the priority list, and will likely stimulate stakeholders within each of these service arenas to advocate strongly on behalf of their own particular interests. This potential obstacle can be addressed partly by acknowledging the vital importance of more than one priority. A "target of opportunity" action plan can then be developed that first will pursue one of those priorities for which the current likelihood of success is the highest. A second way to resolve the "multiple highest priorities" dilemma is to seek funding for comprehensive programs that meet several needs simultaneously, thus serving the interests of a range of stakeholders.

SERVICE INTEGRATION

There are some strategic ideas that can be used to assist with priority-setting and service integration. These are listed in the box and further elaborated below.

Service Integration Tips

- 1) Make better use of existing infant/toddler registries.
- 2) Build on existing infrastructure.
- 3) Train home visitors to work across service sectors.
- 4) Capitalize on natural helping systems.
- 5) Capitalize on administrative economies of scale.
- 6) Develop and share fund-blending receptacles and strategies.

The Infant/Toddler Registry

In order to coordinate and integrate services to a particular family, it is important for organizations to know which services are currently reaching that family, and to work across agencies

to avoid uncoordinated visits by multiple agencies and organizations. To keep track of what organizations are engaged with which families, it is important to know how many 0-3 year-olds are living within its borders at any point in time, where they live, and what services they are receiving. Only with that information, such as through an infant-toddler registry, is it possible to do an accurate community needs assessment and design comprehensive programming that will reduce redundancies and protect families against service overload.

Building on Existing Infrastructure

Early Head Start does not necessarily create a new center when it establishes a new Early Head Start program. One option is to work with an existing child care center and adapt its program to meet EHS standards. In state pre-kindergarten systems this is very common; pre-kindergarten programs are added onto existing community-based early care and education services rather than starting again with new programs. This strategy is illustrated by the Rochester Family Child Care Satellite system described earlier. There the infrastructure of a large, comprehensive early childhood center (e.g., building, accountants, and mental health consultants) provided services and coordination for a set of family child care satellites, each of which also had an office in a local child care facility. The federal Child and Adult Care Food Program (CACFP) is also integrated into this system, allowing the home visits sponsored by CACFP to be integrated into a comprehensive home visiting program for both registered and informal child care providers.

Training Across Sectors

One argument used to justify involving different workers from multiple agencies with the same family is that they each bring different services, each of which is important to the child or his or her parents. The basic skills needed to work successfully with families cut across content areas and service sectors. There is growing interest in ways to train family workers with family supportive



process skills that transcend a particular content area (health, nutrition, and child development).²⁶ More attention needs to be paid to collaborations across sectors through common-core training for family workers that includes both process skills and multiple-subject matter. Advantages could result for the family worker by bringing a wider range of knowledge to fewer families, and for the family by having to interact with fewer service providers.

Natural Helping Systems

Most parents maintain a functioning network of family members, friends, and neighbors to whom they turn for a variety of informal supports.²⁷ Studies show that being embedded in a supportive informal network is associated with healthy family functioning.²⁸ Religious institutions, parks and playgrounds, and recreational organizations are examples of settings that foster and support the development of positive social ties. By taking a neighborhood-based approach to programming and being intentional about involving these kinds of local community resources, programs can build upon existing social connections and avoid the disruption of valued helping relationships.

Economies of Scale

In retail sales, the “big box” companies have demonstrated the financial advantage of buying commodities in large quantities. The same idea applies to serving families and those who serve families. Again, the Rochester Family Child Care Satellites serves as an example. The economies that resulted from linking centers with child care homes and child care homes with one another ranged from reduced administrative overhead to the capacity for cooperative food buying, reduced insurance rates, and educational programming that otherwise would otherwise be beyond the reach of an individual child care provider.

Fund Blending

One major disadvantage of the current fragmented approach to serving families with 0-3 year-old children is that services

are provided within relatively narrow content and eligibility categories, each with its own, narrowly-defined funding stream. This makes the provision of comprehensive, two-generation programming very difficult, because these separate funding streams are not allowed to be combined in any way that interferes with the capacity to identify exactly who is being paid to do what for whom. Experiments are now under way to develop financial “receptacles” into which to place monies from a variety of public and private sources, which in turn can be used to finance services to families not limited by the narrow constraints of the individual funding streams. One example of such a collaboration is the Tompkins County Early Education Partnership, based in Ithaca, New York. This partnership consists of a child care resource and referral agency, a county Chamber of Commerce, area businesses and banks, the county department of social services, philanthropic interests, and local higher education institutions. It has been established to build a community fund that will “improve access to quality child care for all children, strengthen the economic vitality of the child care sector, and enhance a critical infrastructure for economic development in the county as a whole.”²⁹

RECOMMENDATIONS FOR PLANNING AND DEVELOPMENT IN THE STATES

We reported earlier that states have built upon the Early Head Start programs within their jurisdictions through *expansion* (increasing the number of children and families receiving services), *extension* (enhancing current services in terms of time or value), and *quality improvement* (strengthening the standards and partnerships throughout the field of infant-toddler care). All of these strategies are useful. Based on discussions at the Early Head Start Conversations, and ideas that have flowed from those discussions, we believe that states should capitalize on lessons learned from Early Head Start. This could be done by *using the*

Early Head Start approach as a guide for re-conceptualizing and integrating the services they deliver to low-income families with 0-3 year-olds. The recommendations that follow are built around this general framework for the support of families with young children.

We recommend that states:

- ▲ Re-conceptualize their services to low-income families with 0-3 year-olds as two-generation programs, combining home-based with center-based elements within a comprehensive services framework. This concept should be built upon a system designed for *all families with young children*, which has health care, family support, and quality child care as its building blocks (see Figure 3).
- ▲ Engage in a planning and implementation process, focused on families with very young children and organized around this two-generation concept, that includes the following steps: 1) development of a blueprint; 2) assessment of needs (number and characteristics of children and families); 3) inventory of existing services and gaps in service; 4) priority setting; and 5) actions based on those priorities.
- ▲ Include in the analysis and planning process a critical look at what kind of reorganization of agencies at the state, city, and county levels would be required in order to accomplish true services integration in the Early Head Start framework, and incorporate whatever recommended changes emerge from that process into the overall action plan (within the limits imposed by statutory issues at the federal level).
- ▲ As state pre-kindergarten programs are established, the Head Start Reauthorization should be changed, and funding levels increased, to allow more federally-funded Head Start programs to shift their resources towards services for families with infants and toddlers.

The Cornell Early Childhood Program

- ▲ Advocate at the federal level for an increased investment in the Early Head Start Program.
- ▲ Continue to explore ways that federal Early Head Start programs can partner with state-funded programs to coordinate and collaborate with state initiatives. Under the current system of federal regional offices, the existing means for involving local Early Head Start leaders in collaborations developed at the state level is insufficient.
- ▲ Develop a uniform, locally focused, state-wide data collection, analysis, and reporting capacity that can support comprehensive, coordinated community planning focused on 0-3 year-olds and their families. This capacity is essential for the needs assessments that must guide the targeting of the comprehensive, two-generation early education and support programs that Early Head Start has demonstrated can have such positive impacts on very young, at-risk children and their parents.

CONCLUSION

Early Head Start is a field-based laboratory for testing an approach to improving the lives of infants, toddlers and their families living in low-income circumstances. This approach is providing key lessons that should serve as guideposts for the design and organization of *all* services to these families. While Early Head Start is a specific program, it can also be thought of as a broader concept—an array of supportive services focused on meeting child and family needs. The findings from the ongoing study of the Early Head Start experiment point the way to a very specific, well-documented, family supportive approach that states can use to integrate services for the greater benefit of families both in the short run and the long term. The possible savings to states of this general approach, accomplished both through better preparation of children for success in school and more productive attachment of their parents to the workforce, would be substantial.

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²¹Funded by the U.S. Department of Health and Human Services State Early Childhood Comprehensive Systems Initiative.

²²For more information on this research, see <http://www.human.cornell.edu/che/HD/CECP/Research/teacherprep/Preparing-Teachers-to-Teach.cfm>

²³See New York's Action Plan for Young Children and Families, at http://www.winningbeginningny.org/brochure/documents/action_plan.pdf



²⁴This assessment of infant-toddler-related needs in New York reflects the informed opinions of the authors alone. It has not been endorsed by any state agency or organization, or any individuals within such entities.

²⁵See the New York State Action Plan, page 12, available at http://www.winningbeginningny.org/brochure/documents/action_plan.pdf. See also California's paid parental leave plan, described at the National Partnership for Women and Families web site at <http://www.nationalpartnership.org>

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