

Promoting optimal brain development for children from conception to three.

Center for Urban Child Policy

LEARNING, FLOURISHING AND READY TO ACHIEVE: EXPANDING ACCESS TO EARLY HEAD START IN SHELBY COUNTY

Young children are the poorest group of Memphians, and poverty strikes young children especially hard. Between conception and age three, a child's brain develops at an astonishing pace as that child interacts with her environment. During this period, pathways in the brain that are used repeatedly are strengthened, while pathways that are not used are pruned. Children living in poverty during these early years face developmental disadvantages as a result of social deprivation, language deficits, and hightened levels of stress, fear and uncertainty.

Children placed at high risk due to poverty are also the most likely to benefit from access to high quality, center based, early care and education. However, these programs are expensive, placing them beyond the means of the families who need them the most. The federal **Early Head Start program (EHS)** is a promising exception.

- » Designed to promote healthy physical, emotional and cognitive growth for at-risk children, EHS has been shown to improve child developmental outcomes and to strengthen parenting skills.
- » Currently, less than one percent of eligible children in Shelby County have access to EHS.

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Early Head Start reaches children during their critical early years and supports optimal social, emotional, cognitive and physical development.

The first 36 months of life are a period of rapid brain development. What happens during these early months establishes the trajectory for children's later successes in school and life.

- » Long before they reach Kindergarten, children begin to develop pre-reading and pre-math skills, their sense of curiosity, confidence, and their attitude toward learning (Shankoff & Phillips, 2000).
- » Infants and toddlers in poverty face risk factors that leave them at a developmental disadvantage compared to their middle-class counterparts (NCCP, 1999).

Many young children in Memphis live in poverty.

» From 2005 to 2007, the number of impoverished children under age 5 in Memphis increased by 25% (ACS, 2005-2007).



U.S. Census Runsau, American Factlinder, "Table B17001. Powerty Status by Sex and Age," 2005-2007.



Middle- and upper-income families have placed their children in high-quality early care and education programs for many years.

» Almost 80% of preschoolers from families with incomes above \$100,000 attend high-quality early childhood education programs (Barnett, Epstein, Friedman, Boyd, & Hustedt, J., 2005).

Careful evaluations show that high quality early childhood education can improve the intellectual growth of impoverished children (Burchinal, Lee & Ramey, 1989). However, across the country, there is a shortage of affordable, high-quality early childhood care and education programs.

» More than 40% of infants and toddlers are in child care classrooms of inadequate quality. At-risk children frequently are enrolled in poor quality programs that can lead to diminished cognitive, social and emotional outcomes (Cohen & Lurie-Hurvitz, 2009).

A vital exception is Early Head Start, a federal program designed to advance the early education experiences of lowincome babies and toddlers.

Early Head Start was developed in 1994 to help reduce the developmental discrepancies between low-income and middle-income children, and guarantee that all children reach the classroom ready for academic success (Early Head Start Works, 2007).

Early Head Start offers:

- » Developmentally appropriate early learning
- » Parent support and home visitation
- » Access to medical, therapeutic and early intervention services

The broad-spectrum model of Early Head Start promotes the physical, social, emotional and cognitive development of the child within the framework of the family, home environment and other child-focused settings (DiLauro, 2009).

Eligibility for Early Head Start is based on family income, but there are many more children who are eligible for the program (because their families are in poverty) than there are spaces available.



EARLY HEAD START IS EFFECTIVE.

Careful scientific evaluations demonstrate that Early Head Start improves child health and development, and also improves parenting practices (Love et al., 2005).

EHS Improves Intellectual, Social and Emotional Development:

Compared to children who did not receive the intervention, Early Head Start Children:

- » Scored higher on measures of cognitive and language growth at age 3 and were less likely to score in the "at-risk" range of developmental performance,
- » Displayed fewer difficult behaviors (i.e. fighting, hitting or withdrawal),
- » Demonstrated more positive approaches to learning (i.e. liking to try new things, showing imagination in work and play),
- » Had more positive interplay with their parents,
- » Were more interested in objects during play.

These results suggest that Early Head Start improves intellectual, language, and school outcomes (Early Head Start Works, 2007).

EHS Improves Health and Health Care:

Compared to children who did not receive the intervention, Early Head Start Children:

- » Were more likely to visit a physician for treatment of illness and were more likely to receive immunizations on time,
- » Were less likely to be hospitalized for accident or injury (ACF, 2003).

The health status of young children can promote or hinder brain development, and cognitive, social-emotional and physical development are inseparably connected during this time of early growth (Kossen, 2009).

EHS Strengthens Parenting and Families:

Compared to parents who did not receive the intervention, Early Head Start Parents:

- » Exhibited greater concern and were more emotionally supportive of their children,
- » Provided more assistance for language and learning,
- » Were more likely to read to their children every day,
- » Were more likely to be involved in their child's education, and attend school events.



Early Head Start advances early attachment and bonding, elements that are critical for optimal cognitive, social and emotional development (Early Head Start Works, 2007).

The research also suggests that the effects of EHS were long-lasting, and remained in effect when these children entered kindergarten two years later (Dilauro, 2009).

Nationwide, Early Head Start Reaches 3% Of At-Risk Children and Families (Melmed, 2008).

In Shelby County, the numbers are more discouraging:

- » Approximately 12, 479 children in Shelby County are eligible for Early Head Start services* (CUCP, 2009).
- » Currently, only one organization (Porter-Leath) offers the program, with spaces for 95 children (Warr, 2009).

INCREASED FUNDING IS GOOD NEWS FOR EARLY HEAD START.

Nationwide:

- » The American Recovery and Reinvestment Act of 2009 allocates \$619 million to expand EHS enrollment by 55,000 (ACF, 2009).
- » Education Secretary Duncan wants to double the funding for Early Head Start next year (Sullivan, 2009).

Statewide:

» \$12.5 million dollars in federal funding has been allocated for Early Head Start in Tennessee (ACF, 2009). A similar amount may be available next year (Ewen, 2009).

In Shelby County:

» Porter-Leath and Shelby County HeadStart are both interested in expanding the number of EHS slots in Shelby County. Their proposals would expand enrollment by as many as 550 children. This expansion would mean that 4.5% of eligible children would be served by local EHS programs.



Expanding Access To Early Head Start Can Be Challenging.

Schumacher and DiLauro (2008) identify obstacles that can make it difficult to increase enrollment in Early Head Start:

- » Inability to recruit and hire highly qualified early childhood educators,
- » A considerable initial investment is needed in professional development and technical support.

Given the demonstrated promise of Early Head Start, expanding the program would support the developmental needs of children and families in Shelby County.

Policy Suggestions:

- » Recognize the positive contribution of high quality early care and education on developmental outcomes.
- » Work to expand the pool of ECE certified teachers (e.g.: through loan forgiveness)
- » Support the development of early childhood education concentrations in more schools of education (Melmed, 2008).
- » Collaborate with community partners to implement EHS methods and curricula.
- » Continuously evaluate short and long-term effects of Early Head Start, and improve the program accordingly (DiLauro, 2009).

Local Resources

For more information on poverty guidelines and application information for Head Start services, please visit the Shelby County Headstart Website or phone the Head Start office at: 901.922.0700.

For over 150 years, Porter-Leath has been the primary resource for Memphis' at-risk children and families. For more information on the services provided by Porter-Leath, please call 901.577.2500.

For more information on the well-being of children in Memphis and Shelby County, please visit The Urban Child Institute, and The State of Children in Memphis & Shelby County: Data Book.



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U.S. Census Bureau, American Factfinder, "Table B17001. Poverty Status by Sex and Age," 2005-2007.

Warr, M. (personal communication, May 12, 2009)

*There is no single source of data that would generate the exact # of children from birth to age 3 and women who are pregnant who live below the Federal Poverty Line. Therefore, the number of eligible children is always going to be an approximation of the total cohort. The best source for this particular number is the Census Bureau's Factfinder website. According to the Census Bureau there were 24,957 children between birth and age 5 living below the poverty line in Shelby County in 2006. Since there are roughly the same number of children born in Shelby County every year, according to Health Department records, we assume that each year of age in this cohort is roughly equal to the others.

Therefore, in order to estimate the number of children from 0 to 3 in the cohort of kids who live below the poverty line we would multiply the total by 3/6 which yields a cohort of 12,479 eligible children.

The Urban Child Institute (TUCI) promotes optimal brain development for children from conception to age three. TUCI's Center for Urban Child Policy supports that mission bybuilding our understanding of inputs to - and implications of - early brain development in our community.

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