

**U.S. House Committee on Appropriations
Subcommittee on Labor, Health & Human Services, Education and Related Services
Budget Hearing – Early Education Panel
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Mr. Chairman, Ranking Member DeLauro, and Members of the Subcommittee, it is an honor to be invited to provide this testimony regarding our nation's investment in our youngest citizens and their families and communities. I appreciate the increased investments Congress has made over the past few years in early childhood programs such as Early Head Start and child care, during tight budgetary times. I will speak on the latest research regarding early learning and the effects of early intervention, care and education; the impact and value of our early education investment; the most efficient ways to target these investments; and where our investment are reaping the greatest returns. My comments will span services provided in both the Department of Health and Human Services and the Department of Education, but will focus most specifically on the important first three years. At Yale University, I direct The Edward Zigler Center in Child Development and Social Policy. The Zigler Center's mission is to improve the well-being of children and families by bringing objective child development research into the policy and public arenas. I also serve on the board of ZERO TO THREE: the National Center for Infants, Toddlers, and Families, an organization whose mission is to ensure that all babies have a strong start in life, as well as Child Care Aware of America. My testimony is based on the available scientific research, as well as twenty-five years of working closely with early education, prekindergarten, preschool special education and early intervention, child care, Head Start and Early Head Start.

What do we know about children and how they learn and develop? Babies are born with an amazing capacity to learn, and the learning happens within the context of meaningful human relationships. They come into this world actively exploring their environments and seeking human interaction. Their behaviors are literally designed to draw adults into their world, to interact with them. It is through this exploration and these interactions that babies learn to read social cues, regulate their own emotions, develop language, learn to solve problems, and figure out how to interact with others – and, in fact, teach their families how to care for them. During the first two to three years of life neurons are being connected at a rate that far surpasses any other age period, and the baby's brain reaches about 80% of adult volume. It is during this time that the basic brain architecture is being formed. At about two to three years of age, something else is happening – the brain connections that are not being reinforced through human interactions and exploration are being pruned away, they die off. In other words, learning begins immediately, but it is only sustained and nurtured when a caring and capable adult is on the other side of those interactions. Rebuilding these connections requires years of neurological

rehabilitation and it is often not fully successful. In educational terms, this neurological rehabilitation is often known by various names – special education, therapy, and remedial education – and it is very expensive, yet in many cases its need is preventable.

Unfortunately, too many of our babies live in circumstances that undermine their natural development. Almost half live in families that are poor or near poor. Of the one quarter of American infants and toddlers who live in poverty, more than half experience at least one adverse experience (maltreatment, domestic violence, parental substance abuse or mental health issues) that can have lifelong negative health and educational consequences. By age five, one third of children in poverty have two or more such experiences. And as the risk factors increase, the likelihood of developmental delays and disabilities rise, as well as the subsequent costs associated with treating those delays and disabilities. This happens early – well before they arrive at the schoolhouse door – placing many of our children on a trajectory toward school failure, delinquency, and lost human potential.

What do we know about the impact of early care and education? Fortunately, we have over five decades of rigorous research on the effectiveness of early care and education and care to help guide public decision making. This includes research from model early education programs, as well as Head Start and Early Head Start, child care, prekindergarten, home visiting programs for infants and families, and early intervention and preschool special education. Across these many studies, what is clear is that investing in our young children as early as possible through the provision of high-quality early care and education programs significantly decreases the school readiness gap, places children on a positive educational trajectory, and provides a sizable return on our public investment. For examples, home visiting programs for infants and families, depending on the model, have shown a range of benefits from improving children’s health, development, and school readiness; enhancing parents’ ability to support their children’s development; and improving family economic self-sufficiency—resulting in savings from \$1.80ⁱ up to \$9.50 for every dollar invested.ⁱⁱ Similarly, child care, Head Start, and prekindergarten have all been shown to promote cognitive, linguistic, and social-emotional development, providing that the level of quality is high, with the relationship between the provider and the child and family being integral. For Early Head Start, serving children prenatally to age three, a Congressionally-mandated rigorous evaluation showed significant impacts by age three in language skills, social skills and interactions, and behavior, with parents being more engaged with their children, more likely to read to them, and displaying more appropriate and safe disciplinary practices. Many of these positive outcomes persisted to school entry and beyond, with the greatest impacts found for African-America children and those at highest socioeconomic risk. When Early Head Start was followed by center-based child care, prekindergarten or Head Start, even greater gains were found in academic school readiness skills.ⁱⁱⁱ One thing that is clear is that the U.S. continues to require a broad and complementary array of programming to meet the varied needs of American families through both home-based and child care options, with supports aimed at both the needs of the child and the parents.

What do we know about our current federal investment in our infants and toddlers?

Depending on which services are counted, the current federal investment in our infants and toddlers is about \$4-5 Billion. The most recent data suggests that these federal resources account for nearly 80% of all public investments in our nation’s children under three, highlighting the essential nature of this support.^{iv} Indeed, our federal investment in our youngest and most

vulnerable infants and toddlers has been the catalyst for important advances in states and communities, by creating a framework by which state and local resources can be added. Unfortunately, the value of the federal investment has not kept pace. Even with the recent addition of the Early Learning Challenge Fund, Preschool Development Grants, and Early Head Start-Child Care Partnerships, the value of federal investment in constant dollars is about the same now as it was ten years ago.

Where should our federal investments be targeted? Early care and learning programs should be integral components of our nation's educational strategy. In order to avoid more costly fixes during the K-12 period and beyond, our strategy for keeping children on a positive learning trajectory needs to begin as early as possible, even before birth. Research shows that the positive impacts of Early Head Start are greater when supports are provided to the family during the prenatal months, especially when the supports are carried through the preschool years. Both educational and economic research confirm common wisdom – supporting and intervening early is far more effective and cost-beneficial than waiting for problems to become more intractable and costly. Research by Nobel Laureate economist, James Heckman, has shown that the greatest return on educational investment occurs during the first five years of life, especially the first three. In fact, earlier supports actually augment the economic return on investment yielded from later supports – high-quality preschool supports augment the economic value of the K-12 experience and, similarly, high-quality infant-toddler supports augment the economic value of preschool and later K-12.^v A recent study of the effects of Educare, a high-quality birth-to-five program, shows that children who receive the supports early in life and have a longer duration in the program do better on school readiness assessments when heading to kindergarten, and this is particularly true for dual language learners.^{vi,vii} In brief, although preschool programs certainly support school readiness, their impacts and return on investment are greatly enhanced by access to high-quality infant-toddler supports. In other words, when it comes to maximizing our nation's educational investment returns, the infant-toddler years should not be our afterthought, they should be our forethought.

Which supports hold the most promise for infants and toddlers? While outside of the purview of this Committee, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program helps pregnant women and families develop the skills they need to support the development and later school readiness of their young children and is an important part of an overall strategy to reach vulnerable families. Using evidence-based models of home visiting supports, the MIECHV program is a stellar example of how federal resources are used to bring highly effective supports to young children and families. In Connecticut, for example, one home visiting model, *Minding the Baby*, recently has achieved evidence-based status. In rigorous evaluations conducted at Yale, participation in the program was directly responsible for higher rates of on-time pediatric immunization, significantly lower rates of rapid pregnancy, better parent-child interactions and attachments, and significantly lower rates of child protection referrals for neglect or abuse.

As this Subcommittee makes decisions about where to devote admittedly scarce resources, I urge you to direct increased funding to key programs for our youngest children. Early Head Start is one of the few supports directed specifically at the one quarter of our infants and toddlers living in poverty. Unfortunately, it only reaches about 4% of the eligible children.^{viii} Last year, appropriators provided funding for an exciting new direction for EHS, forming

partnerships with child care programs to increase access to and promote the spread of quality services in communities. The Early Head Start – Child Care Partnerships are a critical effort to create cost-saving efficiencies in our overall system of early care and education. These projects are just getting started, but could help infuse quality into child care from the ground up, while increasing the percentage served to 5%. Yet, a full 95% of our infants and toddlers in poverty are still left out of this highly effective support. I urge you to provide additional resources for Early Head Start expansion and the Child Care Partnerships to reach more of these vulnerable children.

One of our largest supports for our young children and families is the Child Care and Development Block Grant (CCDBG). CCDBG serves a very disadvantage population of families, of which 52% are below the poverty line and an additional 26% are below the 150% poverty threshold, and 27% of these children are infants and toddlers.^{ix} When implemented at high-quality, child care can have a meaningful impact on young children’s development, especially those from very low-income families. Last November, the 2014 CCDBG reauthorization passed Congress with strong bipartisan support and was signed into law, marking its first reauthorization since 1996. The 2014 CCDBG includes many highly essential fixes to our nation’s child care system. It helps keep our young children safe by requiring comprehensive background checks and safety inspections prior to licensing and annually; it raises the quality set-aside, used to improve quality to reasonable standards, from the previously tokenistic 4% to 9% plus an additional 3% for infant-toddler programs (where quality is typically at its lowest); keeps young children from losing their services mid-year when their parents work extra hours or get a raise; and provides consumer information to parents so they can make informed choices. These are all extremely needed fixes to help make child care beneficial to both working parents and their young children. But this program is facing a crisis. Funding has stagnated over the past decade. It has never served more than 1 in 6 eligible children. Since 2003, CCDF funding levels have not kept pace with the rising cost of child care, decreasing in real value by about 20% during the past 12 years. As a result, since 2006, the number of children served by CCDBG has dropped by more than 300,000 – enough young children to fill every seat in the massive University of Oklahoma football stadium nearly four times over.^x Infant care is more expensive than typical public college tuition in some states, including Connecticut and Oklahoma,^{xi} and far beyond the means of many working families, yet subsidies in most states are below federally recommended levels,^{xii} limiting parents’ options for safe, good quality care for their babies. Furthermore, although the fixes to CCDBG are extremely important for improving the safety and quality of child care, and therefore its beneficial impacts on children, these now mandated fixes come at a cost to the system. Without adequate funding for these improvements, states will be forced to further cut the number of children served, struggling parents who can barely afford child care in order to work would be forced to pay more, or child care providers (many barely able to keep their businesses open) would be paid even less to serve our neediest working families. Working families most in need of child care will have even less access to it, negatively impacting their ability to enter or sustain employment as the economy recovers. Significantly increasing funding for CCDBG is a major priority for our children and our working families.

Part C (Early Intervention) provides services for infants and toddlers with developmental delays and disabilities or conditions that lead to delays and disabilities. But the services are woefully underfunded leading to state eligibility criteria often excluding many children who could benefit. In 2013, 333,982 were served – 2.8% of the infant-toddler population, based on the Department of Education’s point-in-time data,^{xiii} although a cumulative count of children served throughout the year could be as much as double that number.^{xiv} This means only about a

quarter to one half of the estimated number of infants and toddlers with a diagnosable developmental disability are served through the program.^{xv} And current funding levels do not allow for many of the currently served infants and toddlers to be provided a reasonably adequate level of special educational services. These children are in grave need of early intervention services to mitigate the adverse impact of their delays and help establish a course for better school-age outcomes and lessen the need for later special educational supports.

Infant-Early Childhood Mental Health Consultation is a support service designed to provide early care and education providers the skills they need to avoid expelling young children from our early care and education programs. As many as 10% of all prekindergarten teachers report having expelled at least one preschooler in the past year (a rate of expulsion more than three times that of grades K-12 combined), and for child care providers that rate is as high as 39%. A March 2014 report from the U.S. Department of Education's Office of Civil Rights indicated that African-American preschoolers and boys are at far greater risk of expulsion. The children most at risk of expulsion from our early care and education programs are the ones that tend to show the greater benefit from attending them, which means that preschool expulsions sabotage the economic benefit of these programs by undercutting the rate of return on investment. With support, early childhood educators can address or even prevent these behaviors, promoting positive social-emotional development starting with infants. In Connecticut, I have conducted three separate statewide random-controlled evaluations of a state-funded early childhood mental health consultation program called *Early Childhood Consultation Partnership* (ECCP), two evaluations with preschool programs and one with infant-toddler programs. The results were impressive, with significant reductions in challenging behaviors noted in as little as three months of consultation services, making this program very cost efficient. Unfortunately, Connecticut is one of only a few states that have such a service. Supports such as this are a worthy investment because they protect the economic value of our early care and education efforts by helping to maximize the return on investment.

In sum, our system of early care provides meaningful benefits to children and families and reaps a significant economic return, and with the recent passage of the 2014 CCDBG reauthorization several much-needed fixes will greatly improve our system. But the overall effort is woefully underfunded, and the fixes themselves may result in even more children and families losing access unless funding levels are improved. The compelling national interest in ensuring that children get off to a good start should figure into larger conversations about constraints on overall domestic discretionary funding. Early care and education programs provide meaningful short-, mid-, and long-term economic benefits. In the short- and mid-term, they help provide an opportunity for parents to maintain employment by making child care more affordable, plus the early care and education system itself employs many providers and teachers – underpaid workers who are likely to spend their wages immediately and locally to support area businesses. In the mid- and long-term, they help close the school readiness gap and help place children on a path toward greater academic success and subsequent employability, reducing later education costs in remedial education and grade retention and increasing their own potential life earnings. Early care and education is one of the few federal investments that have been shown to yield these kinds of short-, mid-, and long-term economic and public benefits, and I urge you to continue to grow these wise investments.

ⁱ Karoly, L.A., Kilburn, M.R. & J.S. Cannon. (2005) *Early childhood interventions: proven results, future promise*. Santa Monica, CA: RAND.

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- ⁱⁱ *The Extenders Policies: What Are They and How Should They Continue Under a Permanent SGR Repeal Landscape?* Hearing before the Committee on Energy and Commerce. House of Representatives. 113th Cong. (2014) (Testimony of Michael Lu, M.D., M.S., M.P.H.)
- ⁱⁱⁱ U.S. Department of Health and Human Services, Administration for Children and Families. (2006) *Research to Practice: Preliminary Findings from the Early Head Start Prekindergarten Follow-up*. http://www.acf.hhs.gov/sites/default/files/opre/prekindergarten_followup.pdf.
- ^{iv} Edelstein, S., Isaacs, J., Hahn, H. & Toran, K. (2012). *How Do Public Investments in Children Vary with Age?* Washington, DC: Urban Institute.
- ^v Heckman, J. (2008) “The case for investing in disadvantaged young children.” In *Big Ideas for Children: Investing in our Nation’s Future*. Washington, DC: First Focus.
- ^{vi} Frank Porter Graham Child Development Institute (2012). *Educare Implementation Study Findings—August 2012*. University of North Carolina. <http://fpg.unc.edu/resources/educare-implementation-study-findings%E2%80%93august-2012>.
- ^{vii} Yazejian, N., Bryant, D., Freel, K., Burchinal, M., & the Educare Learning Network (ELN) Investigative Team. (2015). High-quality early education: Age of entry and time in care differences in student outcomes for English-only and dual language learners. *Early Childhood Research Quarterly*, 32, 23-39.
- ^{viii} Calculation based on U.S. Department of Health and Human Services (2015) *2013-2014 Head Start Program Information Report*.
- ^{ix} U.S. Department of Health and Human Services (2014). *Characteristics of Families Served by Child Care and Development Fund (CCDF) Based on Preliminary FY 2013 Data*. <http://www.acf.hhs.gov/programs/occ/resource/characteristics-of-families-served-by-child-care-and-development-fund-ccdf>
- ^x Matthews, H. (2014). *Child Care and Development Block Grant Participation at a 15-Year Low*. Center for the Study of Social Policy. <http://www.clasp.org/issues/child-care-and-early-education/in-focus/child-care-and-development-block-grant-participation-at-a-15-year-low>
- ^{xi} Child Care Aware of America, Parents and the High Cost of Child Care 2013, http://usa.childcareaware.org/sites/default/files/cost_of_care_2013_103113_0.pdf
- ^{xii} Schulman, K. & Blank, H. (2014). *Turning the Corner: State Child Care Assistance Policies 2014*. National Women’s Law Center. http://www.nwlc.org/sites/default/files/pdfs/nwlc_2014statechildcareassistancereport-final.pdf
- ^{xiii} The Early Childhood Technical Assistance Center. *Annual Appropriations and Number of Children Served Under Part C of IDEA Federal Fiscal Years 1987-2012*. <http://ectacenter.org/partc/partcddata.asp>
- ^{xiv} Data Accountability Center (October 2011). Part C Child Count Comparison of Cumulative and Point-in-Time Counts Using State-Reported 618 Data, Westat, Rockville, MD, Amy Bitterman and Joy Markowitz.
- ^{xv} Calculation derived from data in Boyle, C.A., Boulet, S., Schieve, L.A., Cohen, R.A., Blumberg, S.J., Yeargin-Allsopp, M., Visser, S., & Kogan, M.D. (2011) Trends in the prevalence of developmental disabilities in US children, 1997-2008. *Pediatrics* 127(6), 1034-1042. <http://pediatrics.aappublications.org/content/early/2011/05/19/peds.2010-2989.full.pdf>