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Thank you for the opportunity to speak in this Congressional Hearing for the House Labor HHS Education Subcommittee. I am a developmental psychologist at Columbia University who designs and evaluates programs for children and their families as well as follows children and families in large-scale longitudinal studies (usually for a decade or more). My goal is to understand what policies, practices, and experiences enhance children's wellbeing. Relevant to this hearing is my work on effects of early childhood education, parenting programs, supports for working mothers, and low family income on children from Birth to Age Six. I am interested in how we can ensure that all our nation's children enter school ready to learn (physically, emotionally, and cognitively) and that working parents are able to find safe, nurturing, and educational child care for their young children (www.policyforchildren.org).

Early Childhood Education for Children and Child Care for Parents who Work

These two goals (children receiving high quality education and working parents having care for their children) are both addressed by programs funded by HHS. These include Early Head Start, Head Start, and CCDBG. These programs provide early education services or child care subsidies for families whose incomes are low, specifically families who are poor (income below the federal poverty threshold) and families who are near poor (income above the federal poverty threshold but below 200% of the threshold). Together about 40% of all families with children in the U.S. are poor or near poor. Families in both groups have difficulty making ends meet on a monthly basis (in large part because of the high cost of housing and child care). The vast majority of families with young children in these two groups have parents who are working. In our Fragile Families and Child Wellbeing Study (over 4,000 families in 20 cities being followed from birth through adolescence) in which most families are poor or near poor, over 70% of mothers were working when their child was one year of age. The percentage climbs to over 80% in the toddler and preschool years.

Child care, especially center-based child care, is expensive. Costs range from about 4,000 to 12,000 dollars a year depending on the state. Child care is more expensive the younger the child (given child-

teacher ratios differ by age of the child, with fewer children per teacher or caregiver for infants and toddlers than for preschoolers). And not all child care is high quality. Consequently, poor and near-poor families are put into a situation where they have to rely on kith and kin care, on low quality family or center-based care, on a patchwork of arrangements, on reduced work hours, and/or on irregular work hours. All impact parental and child wellbeing.

Effects of Early Childhood Education on Children

What do we know about high quality preschool education? A policy brief published by the Society of Research in Child Development and the Foundation of Child Development in 2013 (Yoshikawa, Weiland, Brooks-Gunn et al.) as well as the volume of the Future of Children in 2016 (Starting Early: Brooks-Gunn, Markman-Pithers, & Rouse) provide evidence on what makes a difference for children in early childhood education. The focus is more on the fourth and fifth year of life (commonly referred to as preschoolers), since less is known about infants (first year of life) and toddlers (the second and third year of life), although in general, the same principles for high quality are relevant across the first five years. Some of the points summarized in these publications include:

- Large-scale public preschool programs can have substantial impacts on children's early learning.
- Quality preschool education is a profitable investment.
- The most important aspects of quality in preschool education are stimulating and supportive interactions between teachers and children and effective use of curricula.
- Supporting teachers in their implementation of instructional approaches through coaching or mentoring can yield important benefits for children.
- A second year of preschool can show additional benefits.
- There are important benefits of comprehensive services when these added services are carefully chosen and targeted.
- Long-term benefits occur despite convergence of test scores in elementary school.

Early Head Start and Head Start

Early Head Start and Head Start are not entitlement programs; they serve families who are poor (with a set aside of about ten percent of slots for children with disabilities). Near-poor families are not eligible. About two-fifths of children eligible for Head Start receive services (fourth and fifth year of life) and less than five percent of eligible children under age three receive Early Head Start services. Most communities offer few other programs for young children from birth to age four, so the need for early education far outstrips what is available. The lack of programs is especially severe in poor and near-poor communities. Pre-K programs, often funded by state and local governments, provide education for some but not all of the poor 4-year-olds not enrolled in Head Start.

How effective are Early Head Start and Head Start programs? A very brief summary of the findings is presented in this testimony. Much more could be said about the impacts of these programs than is possible in a few pages.

Early Head Start was evaluated about a decade ago by HHS. Children and their families were assigned to Early Head Start or a control group in 17 sites. I was part of the national evaluation team. We found significant effects on parenting and on children's cognitive and emotional behavior at the end of the program, when children were aged three. Two years after the program ended, effects on behavior

problems (lower) and engagement in learning (higher) were maintained as well as some positive effects on parents. We believe that such impacts lay the foundations for enhanced learning in elementary school. I recommend that Early Head Start be expanded to serve more than a tiny number of eligible families; at the least the program reach should be doubled. Even then only ten percent of all eligible families would be served.

In non-experimental analyses, we found that the Early Head Start children who went on to Head Start did better than those Early Head Start children who received no services (parental and kin care) or other services (programs other than Head Start) after Early Head Start ended (Love, Raikes, Chazan-Cohen & Brooks-Gunn, 2013). These results suggest that continuity between Early Head Start and Head Start be encouraged. Also, more sustained services are likely to result in larger impacts on children's emotional and cognitive functioning.

We do not know if Early Head Start, which has matured since its inception (and the evaluation) would show even more positive impacts today. More Early Head Start programs offer center-based care than did so when the program was initiated. Early Head Start Performance Standards have been refined. It is likely that more programs are meeting Standards today than earlier. I would recommend that a second national evaluation of Early Head Start be conducted by HHS to look at implementation and impacts in young children today.

In contrast, much more is known about the impact of Head Start on children, given the program's almost 50-year history. Long-term follow-ups of children who attended Head Start demonstrate effects on educational attainment as well as other adult outcomes. Additionally, short-term impacts in physical health, in behavior, and in academic achievement are found in most evaluations of Head Start (although only one evaluation in the history of Head Start has assigned children to either Head Start or a control group based on random assignment). However, the achievement test score effects of Head Start dissipate and sometimes disappear in elementary school. Sustained effects are found for certain subgroups—children who, if they had not gone to Head Start, would have been in parental or kin care in their preschool years, children who were particularly disadvantaged, and possibly, children who attended more high quality elementary schools. In addition, a few Head Start programs, which are of very high quality and are more integrated with early elementary school, do show sustained achievement through middle school (see the program in Tulsa, OK as an example).

I wish to emphasize several points.

First, poor families who are not receiving any early education need to be identified and be offered Head Start. The need is particularly urgent for three-year-olds. Therefore, I recommend that more slots be funded for 3-year-olds in Head Start.

Second, if elementary school education is not of high quality, then the likelihood of sustained effects from Head Start is diminished. While improving K to Sixth Grade education is beyond the purview of HHS, programs that coordinate curricula and teacher training between preschool and early elementary school are needed.

Third, high quality preschool programs besides Head Start can be effective; however, poor families are unlikely to have access to such programs and even if they do, they cannot afford them. Therefore, Head Start needs to consider funding more slots.

Fourth, one intriguing study reported that Head Start programs were most effective when their funds were spent primarily on education and health (rather than other services). Attention needs to be paid to what services are supported in Head Start programs.

Fifth, when it comes to offering services to parents, more attention could be paid to parental education and employment; the two-generational program in Tulsa, OK, discussed today by Steven Dow, is a successful example of the provision of educational services to both mothers and children.

Child Care Development Block Grant

The Child Care Developmental Block Grant (CCDBG) provides federal funding to the states in large part to subsidize child care (for children aged 13 or younger) for poor and near-poor mothers who are employed. These subsidies may be used for a number of providers (not just center-based child care providers), highlighting family choice. The goal is to help families afford child care, given the expense of child care and the particular burden in families whose earnings are low. Unlike the Head Start programs, subsidies are available to parents who are poor and near poor; states have different income cut-offs for the receipt of subsidies, as states have quite a bit of flexibility in setting their income cut-offs. These thresholds are below 200 percent of the poverty threshold, and in many cases, way below that threshold.

In addition, the amount of the subsidy varies by state. States specify what percentage of the market child-care rate will be provided to recipients. Few states even reach the 65th percentile of their market child-care rate.

Finally, not all parents eligible for CCDBG subsidies obtain them (because of administrative burden, intermittent employment, re-certification requirements, and knowledge about the subsidies). Families who do receive subsidies (of those who are eligible) tend to be English speaking, to live in urban areas, and to have higher income-to-needs ratios. Mothers are less likely to say that having a provider who would care for their children if they were ill was important, and less likely to say that cost was very important (Johnson, Martin & Brooks-Gunn, 2011, page 1077). The differences as a function of income and concerns about cost might be related to the fact that child care subsidies do not reimburse families anywhere near the market rate for their communities. It is concerning that the most disadvantaged families are not receiving subsidized care. Estimates vary as to how many eligible families received CCDBG subsidies, with more families with younger children receiving them than families with older children. And, in our 2011 study where 28% percent of subsidy-eligible families received a subsidy, another 22% were in Head Start and 12% in public pre-K programs. Therefore, about 38% of the eligible families with children with preschoolers were not receiving any publically funded services (Johnson et al., 2011).

The quality of subsidized child care is not regulated, given family choice. One analysis examined whether children whose mothers had received subsidies were in higher quality care than eligible mothers who were not receiving subsidies (Johnson, Ryan, & Brooks-Gunn, 2012). The former were in higher quality care than the latter (in part because the former were more likely to be in center-based care). At the same time, those children who were in Head Start or Pre-K public programs were receiving higher quality care than either of these two groups.

Such findings suggest the following.

First, the size of the subsidy needs to be increased; most states reimburse at fairly low percentages of the market rate for child care, which provides a disincentive for families to use center-based care (which on average is of higher quality than other types of care). Ideally, the rate would be raised to the 75th percentile of the market rate (Bassok, Magnuson & Weiland, 2016) or at the very least to the 65th percentile of the market rate.

Second, many families who are near poor do not qualify for CCDBG subsidies. Ideally, all families below the 200% of the poverty threshold would be eligible; the average across states is 160% of the poverty threshold (Bassok et al., 2016).

Third, procedures for re-certification should be streamlined so that children are less likely to change child care arrangements if their mothers are moving between jobs or lower their hours of employment.

Conclusion

The federal government provides support in terms of programs for early education and subsidies for child care to poor and near-poor families. These programs help parents of young children enter the work force as well as, if of high quality, prepare children to enter school ready to learn. These programs do not serve all eligible families and could be expanded to meet the needs of more families who are poor and near poor and their young children. Investments in parents encourage employment and investments in children encourage success in school and beyond.

I would like to conclude by offering a note of caution. Without offering supports for poor and near-poor families of young children for longer than one year we are unlikely to see large impacts on children. It is unrealistic to think otherwise. I entitled a Congressional testimony “Do You Believe in Magic” over 15 years ago, in order to highlight the pitfalls of overblown expectations from a relatively short-term preschool intervention. This is why I emphasize the importance of increased funding for Early Head Start (which is a three year program), of increased funding for Head Start at age three (instead of waiting until age four to enroll children), and providing continuity between Early Head Start and Head Start services. In addition, I recommend increasing CCDBG funding so that parents can afford higher quality care and can insure continuity of care over the early years.

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