

# The Next Generation of Head Start

EXPANDING ACCESS,  
IMPROVING QUALITY,  
ADVANCING EQUITY



**CHILDREN'S EQUITY  
PROJECT**



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# For more than 60 years, Head Start has been a comprehensive model of early childhood development for children and families.

It was most recently reauthorized in 2007, 15 years ago. New data and research, a shifting policy landscape, and evolving community and family needs warrant an update to the program that will expand its reach, improve its quality, and advance equity. This brief explores 10 changes to the Head Start Act that can boost the Head Start model for the next generation of children and families.

The Head Start program, first established as part of the War on Poverty and in the midst of the Civil Rights Movement, has been providing comprehensive services and supports for young children and their families across the United States for decades. Since its inception in 1965, Head Start has reached 38 million children, birth to age five, and their families in nearly every zip code in the nation.<sup>1</sup> The Head Start model, steeped in communities and led in partnership with families, includes a broad array of services for young children and their families, including high-quality early learning opportunities, access to developmental, behavioral, and health screenings, and connections to other health, nutritional, economic or social supports, as needed on an individual family basis, such as connections to housing or food assistance, medical homes, or job training programs.

Dozens of studies have documented extensive short- and long-term outcomes for Head Start children and their families across health, education, parenting, participation in college, and employment and earnings.<sup>2</sup> A recent study even found positive outcomes for the children of Head Start graduates.<sup>3</sup> Still, other research has found that in some domains, the effects of Head Start are mixed, with significant differences between Head Start children and their non-Head Start counterparts in some areas, and nonsignificant findings in others. For example, the Head Start Impact Study found positive effects on the academic, socioemotional, and health outcomes of children participating in Head Start at the end of the program, compared to their peers who did not attend;

over time, the differences between groups decreased.<sup>4</sup> In interpreting these mixed findings, it is imperative to consider the quality and funding in the schools that Head Start graduates transition into—that is, what experiences follow Head Start and how do they sustain (or fail to sustain) outcomes? Indeed, research has shown that Head Start children matriculate into elementary schools where that are of lower quality than their peers, which strongly suggests the need to examine the whole of children’s educational and learning trajectories.<sup>5</sup>

The Head Start model is governed by the most robust set of standards in the early care and education field; but it is not perfect, funding is not adequate, and implementation challenges unsurprisingly and understandably exist, considering the widely scaled nature of the program and 3,459 of grantees operating programs across the country.<sup>6</sup> What’s more, since Head Start’s inception, the broader early care and education system landscape has shifted and expanded substantially within the last several decades. Public pre-K, in most cases mostly funded and operated by states and cities, has taken root with varying levels of quality. Federal funding for child care has also grown over time, and though still chronically underfunded, received significant increases in 2019 and over the course of the pandemic. States have built and implemented quality rating and improvement systems (QRIS), though many gaps in both the content of QRIS indicators and the process for entering and moving up through the QRIS system, remain.<sup>7</sup> **Today, it remains the case that no set of state child care licensing standards or state pre-K standards measure up to the breadth and robustness of the Head Start Program Performance Standards across several domains—access to comprehensive services, support for and partnerships with families, ratios and group sizes, mental health and social emotional supports for children, full inclusion of children with disabilities, and dual language instruction for emerging bilingual children.**<sup>8</sup>

Still, there is room for updating and improving the Head Start model’s design, aligning it to the latest research and understanding of best practice, ensuring grantees and communities have the resources they need to implement the model with fidelity across diverse contexts, and ensuring the program is both scaled and individualized, while always prioritizing families with the greatest needs. There are also gaps in access to Early Head Start and Head Start. In 2022, more than 226,000 infants and toddlers were enrolled in Early Head Start and nearly 575,000

preschoolers were enrolled in Head Start. Yet, that only represents about 1/10 of children under age three living in poverty (9%) and a little less than 1/3 of children ages three and four living in poverty (30%) respectively.<sup>9</sup> Beyond children eligible under current rules, there is an opportunity to expand access to the Head Start model more to additional children by aligning state and local ECE systems to the Head Start model and funding adequate implementation. **One important strategy that already exists to do this and is ripe for expansion is the Early Head Start-Child Care Partnership (EHS-CCP) model.**<sup>10</sup>

CONGRESS HAS THE ABILITY TO IMPROVE AND EXPAND HEAD START, STRENGTHENING IT SO THAT IT MEETS THE EVOLVING NEEDS OF CHILDREN AND FAMILIES INTO THE FUTURE.

The Children’s Equity Project, in partnership with the Equity Research Action Coalition and the Center on the Ecology of Early Development, propose 10 key updates that could strengthen and improve Head Start for the next generation.



## ONE

### Make Head Start a unified prenatal to school-entry program with a minimum cost per child.

Congress should collapse the wall between Early Head Start and Head Start and make a unified prenatal to kindergarten entry program, continuing to maintain developmentally appropriate and aligned standards across each age group. Children should have the option to be enrolled for multiple years and families should complete a single enrollment for the duration of their child's participation, up until kindergarten entry. All grantees should have the ability to serve children and families across the age spectrum, building supply and capacity in communities across the country.

The relationships that develop between children, parents, and their educators in a consistent early learning setting—referred to as *continuity of care*—are shown to lead to secure and trusting attachments and, as a result, positive growth and development of children's skills.<sup>11</sup> Data indicate that children and parents who participate in multiple years of Head Start have improved outcomes. For example, families of children in Head Start for two consecutive years reported more active engagement in their child's learning and teachers reported that children moved from scoring below norms in developmental assessments to scoring at or above norms in literacy and vocabulary development, compared to their peers.<sup>12</sup> Moreover, continued access to social supports can help lower the likelihood of parents experiencing financial or material hardships. Access to social supports like finding a stable place to live, receiving meals, or obtaining loans have been shown to lead to fewer depressive symptoms reported by parents and improved physical health for children and better overall family well-being.<sup>13</sup>

**Along with this unified birth to kindergarten-entry system, Congress should direct HHS to establish national guidelines for a minimum cost per child and ensure adequate funding to implement.** Today, Head Start cost per child varies significantly across grantees and state lines.<sup>14</sup> This uneven landscape of per child investment across Head Start and Early Head Start programs, and the potential implications of those uneven investments, including staff compensation, the quality of buildings and facilities, dosage of coaching and other supports like infant and early childhood mental health consultation, and other family or child support services, impact children's experiences. **Congress should direct HHS to examine differences in these areas across grantees and provide one time funding to right size inequities that lead to differential experiences and funding for children and families.**

## TWO

### Improve the needs assessment process, ensure slots are geographically accessible to the highest need families, and allow grantees to adjust eligibility criteria based on community need, including the option to establish community-wide eligibility in communities of concentrated poverty.

Congress should direct HHS to give grantees flexibility in increasing income eligibility thresholds to account for the wide range of income and cost of living levels across regions, while requiring evidence that they are prioritizing children below the federal poverty line. They should also allow grantees to establish community wide eligibility in areas of deep and concentrated poverty, particularly in areas that have been historically marginalized and have suffered from chronic under- and dis-investment.<sup>15</sup>

**Congress should also direct HHS to investigate the extent to which Head Start programs are geographically accessible and convenient for families with the highest needs, and create new or modify existing service areas to ensure slots are located where children and families are.** Research has found that Latine, immigrant, and Black families have worse neighborhood accessibility to Head Start, compared to their White peers.<sup>16</sup> Demographic shifts and gentrification have brought about new communities and shifts in where children and families live; it is critical that Head Start continue to be accessible to the families it serves.<sup>17</sup>

### THREE

## Authorize and expand the Early Head Start-Child Care Partnerships (EHS-CCPs).

The EHS-CCPs have proven effective in expanding access to high quality care and learning for tens of thousands of infants and toddlers across the country—reaching more than 45,000 enrolled children at partnership sites in 2022.<sup>18</sup> Through this approach, EHS grantees have been funded to partner with licensed child care programs and provide the necessary resources to meet the quality Head Start standards for infants and toddlers.

The EHS-CCP is the only structured program with funding that expands the Head Start model beyond Head Start programs into community-based private child care. The model resources child care providers to improve the quality of their programs by purchasing learning materials and classroom supplies, making improvements to their facilities, providing ongoing professional development and training for staff, and supporting early childhood educators to access additional credentials, including AA degrees or Child Development Associates (CDA).<sup>19</sup>

Because of their success, the EHS-CCP concept should be expanded to support preschool aged children in public pre-K and child care through new Head Start-Pre-K Partnerships and Head Start-Child Care Partnerships. *Children do not stop needing the comprehensive array of supports Head Start offers when they turn three.* Currently, most pre-K and child care programs do not provide the same level of preschool services as Head Start programs, resulting in children having different experiences across each of these systems. By extending the EHS-CCPs model into preschool, more children, particularly those who live in low income communities, can continue receiving individualized and holistic services. These Partnerships can take a number of forms, depending on local context, to optimize the strengths of each partner, ensuring developmentally appropriate instruction, comprehensive services, and child care for working families.

**Congress should authorize the EHS-CCPs, expand them to serve children, infancy to age kindergarten entry, and add Partnership slots to Head Start grants in every community with unmet needs and available and willing child care partners, to build the supply of high quality early care and learning across the United States. States should continue to be eligible for new EHS-CCPs as the program grows, so long as they continue to commit to meeting the HSPPS, and they should be required to blend and braid their grant with other funds (e.g., state pre-K funds).**

### FOUR

## Explicitly promote socioeconomic integration.

Head Start was designed to disrupt child and intergenerational poverty. This has meant targeting children who live in households with incomes under the federal poverty line. Although programs have the ability to braid and blend funds, the targeted nature of the program has too often resulted in socioeconomic segregation, which, in some communities, is aligned with racial or language segregation. Targeting children from low-income communities does not have to equate to segregation by classroom, site, or program. Many grantees have devised creative ways to ensure socioeconomic diversity at the classroom level, but in too many cases, classroom level segregation is the norm. **Congress should explicitly promote socioeconomic integration, and require grantees to braid and layer funds, to the extent possible and based on community context, to increase socioeconomic diversity at the classroom and program levels.**

## FIVE

### Target family economic mobility and wealth generation meaningfully.

Intergenerational poverty, which persists from one generation to the next, has impacts on the health and well-being of children, families and their communities. Evidence shows that children who grow up and remain in poverty while young are likely to remain in poverty as adults, placing them at heightened risk for an array of adverse experiences.<sup>20</sup> Head Start has always had a targeted focus on breaking intergenerational poverty and a strong track record partnering with families to meet their goals, including goals to support financial stability through, for example, obtaining a GED or higher levels of education.

Building on these efforts, there is more the Head Start model can do to not only promote economic stability by ensuring families have access to all tax credits they are eligible for and partnering with other economic opportunity state programs—including TANF, food security, and housing supports, as well as investing in and building toward **economic mobility and wealth generation**. Congress should build out a new section of the law that requires programs to have a targeted focus on economic mobility and wealth generation by supporting families to access income supports and available tax credits that can reduce child poverty as described in the National Academies of Sciences, Engineering and Medicine’s Committee report *Building an Agenda to Reduce the Number of Children in Poverty by Half in 10 Years*,<sup>21</sup> as well as supporting families with credit building. Head Start programs should be empowered to partner with relevant local organizations and use private, and other flexible or eligible public funds on wealth generation services for families, such as access to Baby Bonds,<sup>22</sup> loan forgiveness programs, college savings accounts, and home ownership programs.

## SIX

### Improve data collection, target community relevant research, launch new pilots.

**DATA.** The Office of Head Start’s Programs Information Report (PIR) is the primary data collected annually on the implementation of Head Start services that children, families, and staff receive. Although the PIR is a strong lever for identifying how to improve services, substantial gaps remain in the types of information collected.<sup>23</sup> For greater transparency and insights into the experiences of children and families, **Congress should require grantees to report at the program, site, and classroom levels, and require HHS to establish a new equity section in the PIR** to better understand strengths, needs, and areas for programmatic growth aligned with the CEP’s recent report: [Advancing Equity through Head Start’s Program Information Report](#).

**RESEARCH.** Research on Head Start is widespread and has made important contributions to programmatic operations and to the lives of children and families. Yet, despite the large quantity of research, many important policy and programmatic questions remain unanswered. Part of the challenge is that research questions, policy questions, and questions that families, communities, and grantees want answers to are not always aligned. Too often, research questions are narrow and not applicable across even subgroups of programs, early educators, families, or communities. **Congress should consider codifying a more explicit alignment between policy, communities, and research and narrowing the criteria for federally funded research to include only questions that produce actionable information on child development and learning, and enabling conditions via policy, programs, communities, and families.** This should include the development and testing of culturally affirming and equity grounded curricula, pedagogies, child-, teacher-, and classroom-level assessment instruments, and identifying broad markers of progress aligned with family and community desires that capture the cultural and linguistic strengths. Finally, efforts should be made to track and ensure that researchers who reflect the communities being served are prioritized for research grants.

Furthermore, if Congress mandates another Impact Study, it should explicitly require attention to experiences children have before, after, and outside of Head Start—including a focus on understanding the impact of adequate funding and quality experiences in elementary school and beyond. In addition, Congress should direct HHS to ensure that

lessons learned regarding study design flaws from the first study are incorporated. A deeper exploration of community assets and a broader array of outcomes over a longer period of time that are important to families should also be more intentionally included. Importantly, this impact study should be designed through engagement with and involvement of diverse researchers, families, workforce, and community leaders.

**PILOTS.** Pilot programs can be a useful mechanism to test innovative ideas at a small scale. The challenge is, rarely are learnings from pilots applied more widely, even when promising and applicable findings are identified. Congress should include a set aside for innovation and pilots to focus specifically on key priorities focused on equity and family wellness, such as pilots that:

- Intentionally connect Head Start programs to full service community schools to create a continuum of support across children’s learning trajectories;
- Explore innovative approaches to building family wealth and promoting economic mobility for Head Start families and the Head Start workforce;
- Identify innovative approaches to address family homelessness and increase housing stability;
- Identify ways to provide avenues to provide health supports for children, family, and Head Start professionals and their families;
- Provide an in-depth look at the learning environment and the supports needed for Head Start staff to optimize high-quality learning environments to ensure programs are responsive to the cultural, linguistic, racial-ethnic, and ability needs of the diverse array of Head Start learners.

## SEVEN

### Build in policies and resources to adapt to a changing environmental climate and mitigate child health and social risks.

For too long, communities of color, especially Black, Latine, Indigenous, and Asian communities, and low income communities, have been disproportionately targeted and impacted by exposure to environmental toxins and by the associated health and social impacts. Critically, children are more likely to be impacted by the quality of the environment and exposure to environmental toxins in the early years during the sensitive period of brain development and development across organ systems.<sup>24</sup> In addition to the well documented, intentional polluting of these communities over time stemming from systemic racism and classism, these communities are increasingly vulnerable to the impacts of the changing climate from flooding, wildfires, heat, pollution, toxic water, and poor air quality. The underinvestment and disinvestment in these communities has resulted in limited resources and wealth to address unexpected climate, economic, and health challenges. The Center for Disease Control and Prevention has stressed the importance of building resilient communities and prioritizing communities that have been historically left behind from access to adequate resources to address climate change and environmental injustices. Head Start has always been the nation’s learning laboratory and leader in innovation. Congress should apply an environmental justice lens in making the appropriate adaptations to mitigate the consequences of a changing climate and maximally protect child and staff health.

**Congress should include a new title in the Act that requires embedding climate and environmental risk factors in Head Start community needs assessments, considering factors like dwindling or polluted water supply, warmer temperatures, poor air quality, and greater numbers and more severe weather events.** They should also dedicate funds to make facility modifications, as needed, and embed requirements in health and safety standards to protect children, such as ensuring water is clean and safe; incorporating air quality, heat levels, and UV index checks as part of daily planning; and improving outdoor and indoor learning environments, including air quality and investing in materials to promote gross motor development in instances when it is unsafe for children to go outside. In addition, Congress should invest in the neighborhoods where Head Starts are located by funding public works and improvements to build resilience in the face of a changing climate.

## EIGHT

### Compensate, support, and continue growing a diverse workforce.

Central to the quality of Head Start experiences is the early childhood workforce of teachers, assistant teachers, home visitors, and other staff who directly support the learning, development, and well-being of young children and families. But like other early care and education providers, Head Start teachers have been chronically undercompensated. Though the Head Start system has more supports for early educators than other parts of the early care and education system, it is not enough. Fair compensation, and competitive benefits like healthcare, mental health, paid time off, and other benefits that set the conditions for positive work environments are essential to the continued functioning of the Head Start system. **Congress should ensure there is adequate funding for Head Start programs to achieve pay parity with local school districts and ensure Head Start staff, even part-time, receive benefits. Congress should charge Health and Human Services (HHS) with exploring the possibility of establishing a shared benefits pool and marketplace for the Head Start workforce.**

Alongside fair and worthy compensation, it is critical that the early childhood workforce has the necessary competencies and dispositions to meet the needs of an increasingly diverse group of children. Those working with and teaching young learners play a significant role in providing quality interactions, developing children's lifelong skills, and facilitating healthy, secure, and nurturing environments.<sup>25</sup> The early childhood workforce requires specialized knowledge and education, training in child development, and ongoing professional development and learning grounded in an equity framework will enable the workforce to stay current on effective and culturally sustaining teaching practices. Adequate compensation along with these workforce supports can develop and retain a strong and effective early childhood workforce that ensures children and families receive consistent, quality care.<sup>26</sup>

Congress should charge HHS, in partnership with the Council for Professional Recognition and higher education, with establishing equivalency standards between early childhood related degrees (AA and BA level) and demonstrated competencies and experience, while still supporting, encouraging, and resourcing staff who are able and willing to attain higher levels of education, to do so. **Congress should fund Head Start-University Partnerships, prioritizing Minority Serving Institutions, or community colleges in every state and in Tribal nations that would offer degrees and support to all Head Start teachers, aides, and parents, at no or minimal costs.** Congress should fund a workforce pipeline specifically for parents and families; bilingual staff who share a home language with children in their program; and community members who reflect the racial-ethnic backgrounds of the children in the program.

## NINE

### Update and improve the training and technical assistance system.

Congress should consider better targeting the training and technical assistance system, tying monitoring to T/TA directly, shifting more resources from the national technical assistance system to local grantees, and focusing the role of national centers. National TA centers should focus on developing and translating concrete tools for the field, particularly where there are gaps, and engage in deeper sequential learning through communities of practice and professional learning that is embedded in principles of adult learning. In addition, Congress should direct HHS to fund a National TA Center focused on equity and social justice that would work deeply with Head Start at every level to improve fair access to resources, experiences that are positive, just, and culturally responsive for all children, and outcomes that are not associated with children and families' demographic characteristics (e.g. race, gender, language, etc.) across the system. With the increasing number of multilingual learners and children being identified for disability services, it is critical to have targeted T/TA support that addresses inclusive and culturally responsive curricula, instruction, and assessment practices.

## TEN

# Deepen the focus on equity and align this focus with the monitoring system.

The Head Start model, while not perfect, is rooted in equity and opportunity. The most recent iteration of the Head Start Program Performance Standards (HSPPS) in 2016 made important strides in advancing equity in programs through, for example, explicitly prohibiting expulsions and articulating suspension prevention approaches. Well documented disparities exist in the use of harsh discipline with Black children, children with disabilities, and boys being consistently and starkly overrepresented.<sup>27</sup> Factors that harm children’s physical or emotional safety, like repeated instances of harsh discipline, should be taken seriously and serve as triggers for more in depth review and potential re-competition. The 2016 HSPPS also required bilingual staff and home language support for dual language learners when they made up most of the program. A large body of research points to the benefits of bilingualism and the effectiveness of culturally affirming, dual language instruction.<sup>28</sup> Still, the vast amount of instruction across the early care and education landscape remains in English, regardless of the languages spoken by children in classrooms.<sup>29</sup> **Congress should build on these strong standards already in regulation and codify them into law.**

In addition, Head Start has always been a leader in the inclusion of children with disabilities, predating preschool special education programs. Congress should build on this leadership and **allow grantees to increase the percentage and expand the definition of children with disabilities for priority enrollment, to include children with developmental delays and children at risk for delay or disability who may not be receiving IDEA services due to restrictive state IDEA eligibility policies, though this percentage should not exceed natural proportions.** This may include children identified by Adverse Childhood Experiences screening, children born premature or with low birth weight, and children with delays that may not meet the state’s eligibility criteria for IDEA services. Congress should stress the importance of partnerships between Head Start and early childhood special education, particularly in service coordination and supporting children who may need supports but are not eligible for IDEA services. Congress should provide enhanced per pupil spending amounts to serve children with disabilities who often need additional supports and resources.<sup>30</sup>

Finally, monitoring is a critical dimension of ensuring quality services; this is perhaps most important in monitoring for indicators intended to promote equity. Presently, it is unclear how much emphasis the Head Start monitoring system places on indicators of classroom quality that disproportionately and directly impact the experiences of children from historically marginalized communities, for example, monitoring indicators related to access to bilingual staff and home language instruction for dual language learners; the use and disproportionate application of harsh discipline; and full inclusion of children with disabilities across all activities. **Congress should ensure that HHS incorporates these indicators of equity into their monitoring and T/TA system in order to ensure that programs are meeting the needs of and equitably serving children who are Black, Latine, Indigenous and other children of color, emerging bilingual children, and children with disabilities.**

The Head Start Act specifies that the Office of Head Start monitoring system use a valid and reliable research based observational instrumentation to assess classroom quality as part of the Designation Renewal System. For the past decade, the Administration for Children and Families (ACF) has selected the Classroom Assessment Scoring System (CLASS) to serve this purpose and has required that programs use it for monitoring. However, the CLASS, while important, has shortfalls. CLASS uses teacher-child interactions as a metric for global classroom quality considering all the children within the classroom but without placing any special emphasis on the learning experiences of and implementation of equitable services and practices for Black, Latine, Indigenous, Asian American and Pacific Islander, and other children of color, emerging bilingual children, and those with disabilities. Consequently, there is no way of determining whether these children are receiving quality educational services needed to leverage their unique strengths and meet their needs. *That is, if the classroom is globally rated a “6” in quality, is every child receiving a “6” experience?*

**Global classroom quality assessments should continue to measure teacher-child interactions, environmental quality, and instructional quality, but they should also measure the inclusive services for children with disabilities, quality of dual language instruction and supports, family engagement, bias, and culturally affirming practices.** As we described in our recent report: [Equity is Quality, Quality is Equity: Operationalizing Quality in Quality Rating Improvement Systems](#), including additional measures such as the Inclusive Classroom Profile for children with disabilities, the [Head Start’s Dual Language Learners Program Assessment \(DLLPA\)](#), and the [Assessing Classroom Sociocultural Equity Scale \(ACSES\)](#) would move programs closer to ensuring that children from historically and contemporarily marginalized communities are receiving the instruction and holistic supports they deserve to reach their highest potential.

In addition, Congress should charge HHS with closely analyzing their monitoring protocol with attention to any modifications that need to be made in monitoring EHS-CCP or other partnership programs.

Finally, Congress should require HHS to convene a collaborative of researchers, grantees, advocates, and families to examine DRS data and identify what the next iteration of DRS should look like, maintaining as the highest priority children’s health, safety, and development, and ensuring a grantee pool that consistently delivers the highest quality services.

## CONCLUSION

For more than six decades, Head Start has been an exemplary model of early childhood development and health for children and families through its comprehensive approach, innovative practices, and community-rootedness. Still, the last reauthorization of the program was over 15 years ago. Research has advanced our understanding of what works well, the broader early care and education landscape has shifted and expanded, and, most importantly, the needs of families and communities have changed over time. The need to update and improve Head Start is critical. Equally important is aligning the broader ECE landscape with the improved Head Start model and using it as a foundation for raising quality at the federal, state, and local levels. The next iteration of Head Start must maintain its roots in justice and equity and grow them, while continuing to meet the need to ensure equitable access, enriching experiences, and positive outcomes for all children and families. Embedding the 10 priorities we list here is an important start that will bring us closer to that vision.



# Endnotes

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