



THE ROLE OF EARLY HEAD START IN SUPPORTING FAMILIES WITH DIVERSE STRENGTHS AND NEEDS

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This brief is first in a series about Early Head Start and was updated in August, 2023. Additional briefs are available at the [CSCH website](https://csch.uconn.edu).

Background

Children from families with a low income have, on average, lower cognitive and behavioral skills relative to children from families with higher incomes. Researchers have documented that these income-based gaps in children's development emerge as early as age three.¹ Low-income families have important strengths and resources to draw upon, and also unique needs.² The Early Head Start (EHS) program is a federal program designed to support low-income families with infants and toddlers in an effort to build upon family strengths and promote child and parent wellbeing. Understanding how the EHS program can support children and families living with diverse strengths and needs offers an opportunity to target the delivery of services. We undertook a research study to enhance our understanding of the strengths and needs of low-income families enrolled in EHS, and the role of EHS to support them.

The study focused on three questions:

- How do strengths and needs among families with infants combine to identify unique groups of families?
- Do children and families in these identified groups have different child and parenting outcomes at age three?
- Do more home visits or days in center care through the Early Head Start program benefit children and families in specific groups?

Methods

This study analyzed data on 527 children and their families and EHS providers from the Early Head Start Child and Family Experiences Study 2009-2012 (Baby FACES).³ Families all had low incomes, 48% of children were female, and 36% identified as White, 18% Black, 35% Latinx, and 11% another or mixed-race. We used a statistical technique, latent profile analysis, to identify distinct groups of families that had different patterns of strengths and needs when their child was one year old. With these groups identified, we compared how families varied between the different groups. Next, we examined how the profiles were associated with children's development and parenting quality at age three using regression analyses. Finally, we considered how associations between the groups and child and parent outcomes varied by the amount of EHS services that children received from ages one to three. EHS services were measured in the number of days children were in center-based EHS, and the number of EHS home visits they received from ages one to three.

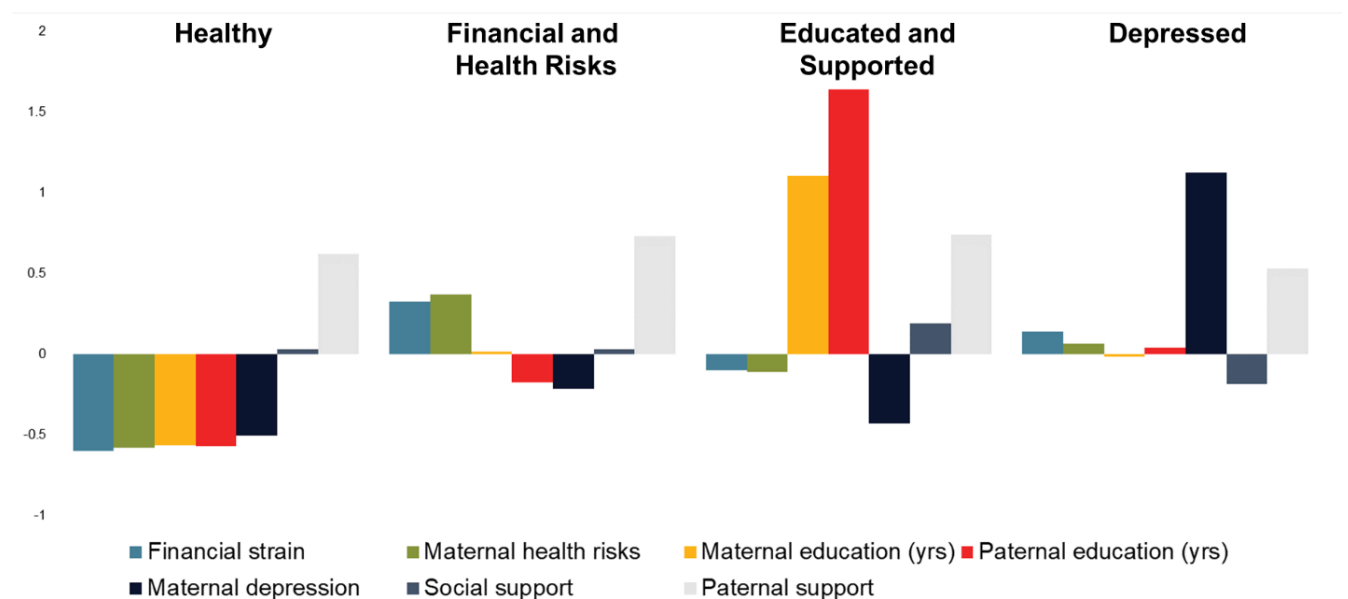
Key Findings

Four Groups Capture Varying Strengths and Needs Among EHS Families

- **Healthy (27%):** Families with low maternal depression, low maternal health risks, low financial strain, and low parental education. Higher proportion of Latinx families, immigrant families, and dual language learners.
- **Financial & Health Risks (36%):** Families with higher financial strains, higher maternal health risks, moderate parental education, moderate maternal depression, and higher paternal support. Higher proportion of white families and non-immigrant families. Families received more home visits.
- **Educated & Supported (13%):** Families with higher parental education, higher social support, higher paternal support, moderate financial strain, moderate maternal health risks, and lower maternal depression. Higher proportion of families were higher income, married, and older parents.
- **Depressed (24%):** Families with higher maternal depression, moderate financial strain, moderate maternal health risks, moderate parental education, and lower social support. Lower proportions of Latinx, dual language learners, immigrant families, married parents, and lower income.

Figure 1. Characteristics of Strengths & Needs between the Four Family Groups.

Means of the family strengths and needs (standardized) within each of the four family groups.



Differences in Parent Outcomes for Families in the Depressed Group

We found that families and children in different groups had similar *child* outcomes. However, we found some differences between groups for *parent* outcomes.

- Families in the **Healthy** group had lower family conflict compared to the **Depressed** group.
- Families in the **Financial & Health Risks** group had lower stress levels compared to families in the **Depressed** group.

Increased Home Visits and Time in EHS Center-Based Programs Matter

We examined whether families in the four groups had different outcomes depending on whether they had more or fewer days in center-based programs or more or fewer home visits. We found that more time in EHS made more of a difference for children and families in some groups.

- Children in the **Healthy** group who had **fewer home visits** or **days in center-based programs** had **lower social competence** compared to the **Financial & Health Risks** group. As the **home visits** or **center care increased**, social competence scores were more similar.
- Children in the **Depressed** group who had **more days in center-based programs** had **higher language scores** compared to children in the **Financial & Health Risks** group.
- Families in the **Depressed** group who had **fewer home visits** had **lower home environment** scores compared to families in the **Financial & Health Risks** group. As home visits increased, the home environments of families in the **Depressed** group improved.
- Families in the **Financial & Health Risks** group with **fewer home visits** or **days in centers** had **higher stress** compared to the **Healthy** group. As the days or visits increased, the stress between these groups became more comparable.

Implications

- Policies and programs that seek to promote child and parent outcomes among low-income families may vary in their effectiveness dependent upon family strengths and needs.
- We found four distinct groups among EHS families that were not linked with later child outcomes, but evidence that families in the Depressed group had higher family conflict and parenting stress at age three, suggesting the need for additional supports for these families.
- Increasing the amount of EHS services for families with particular strengths and needs may yield greater benefits for children and parents over early childhood.

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For more information about this research see the full journal article available at: Lombardi, C. M., Cook, K. D., & Fisk, E. (2023). Family ecological resources and risks: The moderating role of early head start. *Early Childhood Research Quarterly*, 64, 216–228. <https://doi.org/10.1016/j.ecresq.2023.04.001>.

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¹ Johnson, S. B., Riis, J. L., & Noble, K. G. (2016). State of the art review: Poverty and the developing brain. *Pediatrics*, 137(4), e20153075. <https://doi.org/10.1542/peds.2015-3075>

² García Coll, C., Lambert, G., Jenkins, R., McAdoo, H. P., Cnric, K., Wasik, B. H., & Garcia, H. (1996). An integrative model for the study of developmental competencies in minority children. *Child Development*, 67, 1891-1914.

³ Vogel, C. A., & Boller, K. (2009-2012). Early Head Start Family and Child Experiences Survey (Baby FACES) spring 2009–spring 2012. ICPSR36074-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research. <https://doi.org/10.3886/ICPSR36074.v1>.