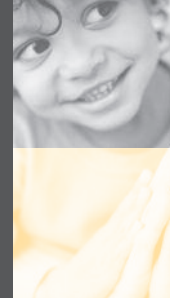


Vulnerable Infants and Toddlers in Four Service Systems



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This brief focuses on four key service systems engaged in the lives of vulnerable families with very young children: Early Head Start (EHS); the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); the child welfare (CW) system; and the Part C Early Intervention Program (Part C) (box 1). This brief compiles the best available data on the characteristics of the young children served by each system. Vulnerable children are defined as those living in families with circumstances that might compromise a child's healthy development.

Why focus on very young children? A landmark study concludes that nearly all aspects of early human development are shaped by a child's experiences in its early years (Shonkoff and Phillips 2000). Specifically, neuroscience research has established that the brain develops rapidly during the early years of life, largely forming the trajectory of a child's future cognitive and emotional development (Shonkoff and Phillips 2000; National Scientific Council on the Developing Child 2007). Years of research have also demonstrated that the attachments very young children form with caregivers largely shape their later relationships (National Scientific Council on the Developing Child 2004; Bowlby 1969; Ainsworth 1985). More recently, research drawing on evaluation data from early childhood programs documents significant returns to society when investing in disadvantaged children in their early years of life (Heckman 2006).

The early years of a child's life also represent a uniquely challenging time for families. Parents caring for very young children, with and without means, struggle to nurture their children's development, maintain connections with the workforce, juggle child care arrangements, secure needed services, and build supportive relationships with family, friends, and the broader community. Families' efforts to navigate this difficult period can be further challenged by insufficient income, domestic violence, substance abuse, or mental health problems. As a result, vulnerable families with infants and toddlers may come to the attention of or seek support from various public service systems.

Studies of public systems, however, rarely focus on very young children. This brief explores and compiles the existing data on these children from four service systems. Data are compiled on several dimensions: age, race/ethnicity, parental income, parental education, parental employment, receipt of public benefits, family structure, child health, and home environment. It is important to note that the estimates in this brief are derived from the best available published sources. Estimates are often based on data from different years and populations, making exact comparisons difficult. Future research will want to produce similar estimates by year and population. Future analyses should also include other systems with which young chil-

dren are frequently involved, such as the child care, Medicaid, food stamps, housing, and Supplemental Security Income (SSI) systems.

The children and families in these systems look fairly similar on some dimensions (table 1). Minority populations are represented in similar portions in each system. Relatively high shares of families experience various vulnerabilities, like poverty, single parenthood, or minimal formal education. It is also notable that significant numbers of parents of these very young children work. Where differences are seen, they are not surprising given the eligibility requirements of the program. Notably, the children served by Part C differ most markedly from children in the other programs. Lower percentages of these children are poor, have mothers that did not graduate from high school, or live in single-parent families. Part C does not have an income eligibility requirement, which likely contributes to these distinctions.

In light of the general similarities observed among children in these programs, what is particularly striking is that these four service systems are represented by three different federal departments. Yet despite different funding streams, administrative oversight, and purposes, they serve similarly vulnerable clients. Further, while at times the focus of these systems may differ, their ultimate goals are fairly congruent: they aspire to promote the healthy development of young children while at the same time encouraging nurturing family relationships. An implication of these findings, then, is that policy initiatives to support young children's development might be best informed by distilling common lessons from the different research bases that inform program development and practice in each system.

Age of Child

Due to their overall missions and eligibility requirements, these systems serve many, or in some cases only, children under the age of 3.

EHS: EHS is targeted exclusively at infants and toddlers from birth to age 3, and services are restricted to this population (Hamm and Ewen 2006).

WIC: This program serves infants up to 1 year old and children age 1 through 4 (Abt Associates 2006).

CW: Although the CW system serves children of all ages, children under age 3 represent a notable portion of the population. Data from the National Survey of Child and Adolescent Well-Being, a nationally representative sample of children involved with CW services (both those remaining in their homes and



Box 1. Four Service Systems for Very Young Children

Early Head Start (EHS): EHS is a federally funded child development program, administered by the Department of Health and Human Services (HHS), that serves low-income pregnant women and low-income families with infants and toddlers under age 3. EHS encourages healthy family functioning, prenatal outcomes, and development of young children.^a The programs, which include both home-based and center-based models, use various approaches to improving child development (HHS 2002). In 2005, 81,914 children infants and toddlers and 10,485 pregnant women participated in more than 700 Early Head Start programs nationwide. This total represents only 2.5 percent of the eligible population of infants and toddlers (Center for Law and Social Policy 2006).

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): WIC, administered by the Department of Agriculture, provides nutritional supplementation, education, counseling, and referrals to health care for eligible infants, children under age 5, and pregnant, breastfeeding, and postpartum women. To be eligible, participants must be at nutritional risk and meet the program's specified income requirements. States are required to set income limits between 100 and 185 percent of the national poverty guidelines. In April 2004, 8.6 million participants enrolled in WIC (Abt Associates 2006).

Child welfare system (CW): The CW system, administered by HHS, includes a network of child protective services agencies that respond to allegations of child maltreatment or risk of maltreatment to ensure children's safety. Services include in-home services, such as family preservation and support services, as well as out-of-home services including placements in foster care, kinship care, pre-adoptive placements, supervised independent living, and group homes and institutions. In 2005, approximately 3.6 million children were investigated by CW agencies in the United States for possible maltreatment. About 899,000 of these children were confirmed as victims, and child protective services agencies sought to put in place the appropriate services to support the child and family. Of these victims, nearly a third were age 3 or under (HHS 2007).

Part C Early Intervention Programs (Part C): The Early Intervention Program for Infants and Toddlers with Disabilities, administered by the Department of Education, is included in Part C of the Individuals with Disabilities Education Act (IDEA) as amended in 1997. This legislation provides funding to states to build service systems for children under age 3 with developmental delays and disabilities (Scarborough, Hebbeler, and Spiker 2006). Services, which vary widely by state, include screening and assessment services, family resources coordination, occupational and physical therapy, and health, nutrition, speech, and psychological services. In 2000, 231,000 infants and toddlers were receiving services under IDEA, an increase from 165,000 in 1994 (U.S. Department of Education 2002).

^a See HHS, "Early Head Start Information Folder," http://www.headstartinfo.org/infocenter/ehs_tkit3.htm.

those in foster care), indicate that 19 percent of children in families investigated by child welfare services following a report of abuse or neglect are under age 3 (HHS 2005). Further, the proportion of young children who have been removed from their homes and are living in foster care appears to be growing. In the 1990s, the number of children under 5 years old in foster care increased 110 percent, compared with a 50 percent increase in the number of children overall (Dicker, Gordon, and Knitzer 2001).

Part C: This program is targeted exclusively at infants and toddlers from birth to age 3 and restricts services to this population (Scarborough, Hebbeler, and Spiker 2006).

Race/Ethnicity of Child

Because key indicators of children's well-being frequently reveal disparities for black and Hispanic children (Federal Interagency Forum on Child and Family Statistics 2007), this section focuses on these minority populations. Black children make up 15 percent of all children under age 5 nationally and 29 percent of poor children under age 5.¹ In all four systems, black children appear overrepresented compared with the percentage of blacks nationally; in EHS, WIC, and Part C, however, blacks are slightly underrepresented relative to portions of children in poverty.

EHS: Black children represent 25 percent of infants and toddlers (Center for Law and Social Policy [CLASP] 2006).



TABLE 1: Selected Data on Children Served by Four Service Systems

	EHS <i>Department of Health and Human Services</i>	WIC <i>Department of Agriculture</i>	CW^a <i>Department of Health and Human Services</i>	PART C <i>Department of Education</i>
Age of child	Only serves children under age 3	Only serves infants up to age 1 and children through age 4	19% of children are under age 3	Only serves children under age 3
Race of child	25% black 29% Hispanic	22% of infants and 19% of children black 36% of infants and 41% of children Hispanic	28% black 18% Hispanic	21% black 16% Hispanic
Household income	95% at or below federal poverty level	67% at or below federal poverty level	50% below federal poverty level	32% at or below federal poverty level
Parental employment	66% with at least one parent employed	About 25% of women employed	53% of caregivers employed	44% of female caregivers employed
Parental education	35% of parents have not graduated from high school	30% of mothers have not graduated from high school	29% of caregivers have not graduated from high school	16% of mothers have not graduated from high school
Receipt of public benefits	24% of families receive TANF; 77% Medicaid; 7% SSI; 50% food stamps	15% of families receive TANF; 58% Medicaid; 33% food stamps	21% of in-home caregivers receive TANF	26% of families receive TANF; 12% SSI; almost 25% food stamps
Family structure	25% of caregivers live with spouse	51% of mothers are married	32% of caregivers are married	68% live with two parents
Child health	13% have disability; 10% low birth weight	53% under age 2 at high risk of developmental delay; 12% low birth weight or premature	Over 40% low birth weight or premature	Requirement that all children have developmental delay; 32% low birth weight

Source: Abt Associates (2006); CLASP (2006); Child Trends DataBank (2007d); Dicker et al. (2001); Hamm and Ewen (2006); Hebbeler et al. (2003); Scarborough et al. (2004, 2006); USDA (2001); HHS (2002, 2005); and HHS, "Early Head Start Information Folder," http://www.headstartinfo.org/infocenter/chs_tkit3.htm.

^aWith the exception of estimates on child health, estimates are based on a nationally representative sample of children involved with CW services. Estimates are based on children of all ages involved with the CW system unless it is indicated that the estimate refers to just infants and toddlers. These children were investigated by CW services and may or may not have been removed from their homes. Therefore, the population of caregivers includes out-of-home caregivers (often foster parents) as well as in-home caregivers (often biological parents), unless otherwise specified.

WIC: Black children represent 22 percent of infants and 19 percent of children (Abt Associates 2006).

CW: Black children represent 28 percent of children (HHS 2005).²

Part C: Black children represent 21 percent of infants and toddlers (Hebbeler et al. 2003).

Additional research should explore this potential underrepresentation using precisely matched age

groups and data years. If these patterns persist, it will be important to understand why poor black infants and toddlers appear less likely to receive services than poor infants and toddlers who are not black.

Hispanic children make up about one-fifth (19 percent) of all children under age 5 nationally and nearly one-third (30 percent) of poor children under age 5.³ Hispanic children are overrepresented in EHS and WIC compared with the general population, and they are somewhat overrepresented in WIC relative to poor chil-



dren. Relative to poor children under age 5, Hispanics are underrepresented in CW and Part C.

EHS: Hispanic children represent 29 percent of children (CLASP 2006).

WIC: Hispanic children represent 36 percent of infants and 41 percent of children (Abt Associates 2006).

CW: Hispanic children represent 18 percent of children (HHS 2005).

Part C: Hispanic children represent 16 percent of children (Hebbeler et al. 2003).

Parental Income

Nearly a quarter (24 percent) of children under age 3 live in families with incomes at or below the federal poverty level (Scarborough et al. 2004). A higher percentage of children in all four systems lives in families with incomes below the poverty level.

EHS: Ninety-five percent of children and pregnant women participating in EHS in 2004 were from families with incomes at or below the federal poverty level (Hamm and Ewen 2006).

WIC: Almost 70 percent of participants who reported income in 2004 were at or below the federal poverty level (Abt Associates 2006).⁴

CW: Half of children live in families with annual household incomes below the federal poverty level (HHS 2005).

Part C: Nearly a third (32 percent) of children entering Part C in 1997 and 1998 lived in families with incomes at or below the federal poverty level (Scarborough et al. 2004).

The high percentage of poor children in these systems is to some extent driven by program eligibility requirements. At least 90 percent of EHS families that enroll must have incomes below the federal poverty level (HHS 2002). To participate in the WIC program, families must meet the income eligibility standards set by the state. States are required to set income limits no lower than 100 percent and no higher than 185 percent of the national poverty guidelines (U.S. Department of Agriculture [USDA] 2001). While states have considerable flexibility in determining eligibility requirements for Part C programs, there is no universal income threshold above which families are ineligible (Scarborough et al. 2006).

Parental Employment

Over half (57 percent) of primary female caregivers with children up to 3 years old are employed (Hebbeler et al.

2003). Considering the challenges of working and supporting a very young child while dealing with the stresses of poverty or being a single parent, the high percentage of parents in all four systems employed either full time or part time is notable.

EHS: Most families (66 percent) have at least one working parent (CLASP 2006).

WIC: A quarter of women in WIC are employed at the time they enroll in the program, and almost three-quarters of participants have a wage earner in their families (USDA 2001).

CW: Over half (53 percent) of the caregivers of children are employed either full time or part time (HHS 2005).

Part C: Almost half (44 percent) of the female caregivers of children are employed (Hebbeler et al. 2003).

Parental Education

Among mothers with children under age 3, 17 percent have not graduated from high school (Hebbeler et al. 2003). Compared with this national average, parental education levels for children in EHS, WIC, and the CW system are low. However, mothers of children in Part C have similar education levels as mothers with children under age 3 in the general population.

EHS: Over a third of parents (35 percent) had not graduated from high school in 2004 (Hamm and Ewen 2006).

WIC: Almost a third of women (30 percent) who are old enough to have graduated from high school do not have high school degrees (USDA 2001).

CW: Almost a third (29 percent) of caregivers of children do not have high school diplomas (HHS 2005).

Part C: Only 16 percent of mothers have not graduated from high school (Hebbeler et al. 2003).

Receipt of Benefits

The number of children living in families receiving Aid to Families with Dependent Children or Temporary Assistance to Needy Families (TANF) fell from 9.5 million in 1994 to 3.9 million in 2004. In 2004, only 30 percent of children in families with incomes below the federal poverty level received TANF (Child Trends DataBank 2007d). A slightly lower percentage of children in EHS, WIC, CW, and Part C lives in families that receive TANF.

EHS: Almost one-quarter (24 percent) of families received TANF assistance in 2005 (CLASP 2006).

WIC: Fifteen percent of families receive TANF (HHS 2005).

CW: One-fifth (21 percent) of families whose children remain in the home receive TANF (HHS 2005).

Part C: About one-quarter of families (26 percent) receive TANF (Hebbeler et al. 2003).

The percentage of children nationally receiving other public benefits increased over the same period. In 2005, 27 percent of children were covered by Medicaid, up from 20 percent in 2000 (Child Trends DataBank 2007b). The percentage of SSI recipients who were children increased from 6 percent in 1990 to 14 percent in 2004 (Social Security Administration 2005). Further, nearly all (95 percent) children in poverty in 2004 received food stamps (Child Trends DataBank 2007a). Given that these systems largely serve low-income families, it is not surprising that many families in each system receive these forms of public assistance.

EHS: Nearly 80 percent of families in the EHS Research and Evaluation Project are covered by Medicaid, 7 percent receive SSI payments, and 50 percent receive food stamp benefits at enrollment (HHS 2002).⁵

WIC: Fifty-eight percent of participants are covered by Medicaid, and 33 percent of families receive food stamps (HHS 2005).

Part C: Slightly more than one-tenth (12 percent) of children receive SSI, and almost one-quarter of families whose children are enrolled receive food stamp benefits (Hebbeler et al. 2003).

Family Structure

Nationally, nearly three-quarters (72 percent) of children up to age 3 live in two-parent households (Hebbeler et al. 2003). Family structure for children in these service systems varies, although available indicators of family structure differ (i.e., in some cases, family structure is indicated by two-parent families and in other cases it is noted by whether the caregiver is married; similarly, sometimes it is noted for children and sometimes for the caregiver). In general, children in EHS, WIC, and CW appear less likely to live in two-parent households than children in the general population.

EHS: One-quarter of the primary caregivers in the EHS Research and Evaluation Project live with their spouses (HHS 2002).

WIC: Approximately half (51 percent) of mothers of enrolled children are married (USDA 2001).

CW: Almost one-third (32 percent) of the current caregivers of children are married (HHS 2005).

Part C: Over two-thirds of children (68 percent) live in two-parent households; only 15 percent live in households headed by single parents (Hebbeler et al. 2003).

Child Health

Nationally, 2 percent of children under age 3 are considered to have a developmental delay (Steinmetz 2006). In part due to eligibility requirements or their reasons for system involvement, a high percentage of children in these four systems have developmental delays.

EHS: EHS requires that 10 percent of enrollment opportunities are available for children with disabilities, and 13 percent of children in EHS are identified as having a disability (CLASP 2006).⁶

CW: Over half (53 percent) of children under age 2 who are involved with CW systems are at risk of a developmental delay or neurological impairment (HHS 2005).

Part C: Eligibility requirements for Part C dictate that all participating infants and toddlers must have a developmental delay, which can include physical, social, emotional, communicative, or cognitive delays according to varying state requirements (Scarborough et al. 2006).

Nationally, 8 percent of infants are born at a low birth weight (less than 2,500 grams). Percentages of children with low birth weight in these systems are considerably higher than among children generally.

EHS: Approximately 10 percent of children in the EHS Research and Evaluation Project are low birth weight (HHS 2002).

WIC: Twelve percent of enrolled infants are premature or low birth weight (Abt Associates 2006).

CW: Over 40 percent of infants in foster care are low birth weight or premature (Dicker et al. 2001).

Part C: Almost one-third (32 percent) of infants and toddlers who entered Part C in 1997 and 1998 were low birth weight (Scarborough et al. 2004).

Home Environment

Children's healthy development depends on stable, nurturing relationships with the adults in their lives. Parental mental health problems, substance abuse, and domestic violence can disrupt this stability and impede children's healthy development (HHS 2003). Maternal depression can be particularly detrimental for infants.⁷ While less information is available on the home environment of young children served by these different systems, some data exist on parental mental health, substance abuse, and exposure to violence.



In 2004, 5 percent of parents reported symptoms of depression (Child Trends DataBank 2007e). Data suggest high rates of depression among EHS families and families involved in the CW system.

EHS: Nearly half (48 percent) of mothers in the EHS Research and Evaluation Project reported a level of depressive symptoms high enough to indicate a diagnosis of depression. EHS fathers also demonstrated high rates of depression: nearly one-fifth (18 percent) reported symptoms that met criteria for depression when children were 24 months old (HHS 2003).

CW: Nearly one-quarter (23 percent) of in-home caregivers experienced depression in the past year (HHS 2005).

In 2003, 4 percent of parents reported that they drank five or more drinks on one occasion at least once a week (Child Trends DataBank 2007c). The limited data available suggest elevated levels of substance abuse in CW families.

CW: One-fifth (21 percent) of in-home caregivers report that they abused legal or used illegal drugs in the past year (HHS 2005).

About one-fifth (22 percent) of women nationally have been victims of domestic violence in their lifetime (HHS 2005). Rates of domestic violence were markedly high among caregivers of children involved with CW systems who remained at home.

CW: Nearly half of in-home caregivers (45 percent) have been victims of domestic violence in their lifetime. Notably, in-home caregivers of young children are significantly more likely to be victims of severe domestic violence: one-quarter (24 percent) of caregivers of children age 0–2 report experiencing severe domestic violence in the past year, compared with approximately 15 percent of caregivers of children age 6 and older (HHS 2005).

Implications

A look at the populations of vulnerable young children supported by four key service systems reveals some notable similarities. High levels of poverty and single parenthood, low parent high school graduation rates, and representation by minority populations are similar in EHS, CW, and WIC. Where differences are observed, as with the Part C program, they are not unexpected given the eligibility criteria of the service system. These similarities suggest implications for research, practice, and policy to support the healthy development of vulnerable infants and toddlers and their families during this uniquely challenging period in their lives.

Research

A substantial and growing body of research guides policy development and best practice in each service system. Systems have increasingly sought to rigorously evaluate some of their signature programs. As a result, substantial expertise has accumulated about supporting vulnerable families and what works. But sharing research findings among systems is less common. As systems have their own funding streams, administrative cultures, datasets, and conferences, research experts may not know each other or share insights. Further, research reports are not likely to incorporate lessons from other systems. Given the similarity of the populations served by these systems, policymakers concerned with improving them might benefit from greater integration of emerging research findings.

Practice

Each system has developed valuable knowledge about engaging and retaining families, preventing recidivism, forming referral networks, and training and supporting providers. Looking for practice lessons across systems could provide valuable insights for program development and practice strategies. For example, the EHS model may offer useful lessons around engaging caregivers in developing nurturing relationships with young children and providing a supportive network of services for very young children and the families caring for them. These lessons might be meaningful for CW systems both in terms of reunification efforts with biological parents and in developing approaches to support foster families caring for infants and toddlers. Similarly, EHS might benefit from the significant knowledge that has accumulated in the CW field around risk assessment and understanding when and how to intervene with troubled families.

Policy

There are several considerations for policymakers regarding how these systems fit together to create a support network for vulnerable families with young children. One consideration is how cross-system connections are made to encourage access and use of the different systems. For example, the Child Abuse and Prevention Treatment Act was recently amended to require that children under age 3 who are involved in a substantiated case of child abuse or neglect be referred to Part C intervention services. This provision is designed to ensure maltreated infants and toddlers receive needed developmental assessments and interventions. Interconnections like this one may be considered for other systems. For example, little is known about how families involved with CW access child care services. Findings also suggest poor minority populations are underrepresented in some of these systems. Outreach

to particular poor minority populations might increase access to needed services.

Another consideration is gaps in the network of services. For example, these families likely have needs that are not easily addressed by the service systems they access, such as depression or substance abuse. The high proportions of parents and caregivers experiencing depression in the CW and EHS systems raise significant concerns, given the serious effects of depression on infant development. These pervasive and devastating problems for families can require years to resolve, and treatments can be costly. Results from an EHS evaluation suggest declines in maternal depression for parents at risk of depression (HHS 2002). These findings are potentially of great interest and value to other service systems, given they serve similar populations.

A final important consideration is how families piece together the services they need and then navigate this network of services. While researchers have studied issues around service coordination extensively for years, service coordination issues for these families carry a certain weight. Caring for a very young child is demanding for any family, with or without means. When resources are scarce, trying to access multiple services to ensure the child's basic needs are met while also working can put an inordinate amount of strain on a family. The situation is further exacerbated if the child has a disability and services are required to address the child's particular developmental needs. Given the children in these systems share many similar characteristics, it is likely that many of these populations overlap and families are accessing multiple services. Future research could help untangle the extent to which families with infants and toddlers are engaged with multiple systems and programs during this tenuous stage in their lives.

With their different funding streams and administrative structures, it is challenging to think about these services as part of one network of supports for vulnerable families with young children. Yet a more integrated perspective that views each service system as just one component in a broader approach that seeks to ensure families with young children can access adequate nutrition, health care, and quality child care services may reveal important gaps in services and ways to better connect service systems to support all needs during a critical time. Highlighting some of the similarities of the families these systems serve sets the stage for future research and discussion about the value of a more integrated perspective when considering the needs of vulnerable families with very young children.

Next Steps

This brief quickly scans the key service systems touching the lives of families with infants and toddlers. Future work in this series will attempt to address three key goals:

Describe the Full Spectrum of Service Systems

A more expansive look at the service systems affecting this population is needed. For example, this analysis can be expanded to include the child care, Medicaid, Food Stamps, housing, and SSI programs.

Provide a Detailed Picture of Children under Age 3 in Each System

A more detailed picture of how each service system addresses the needs of families with children under age 3 is critical to understanding how services fit together. Future work can look at the specific services each system provides and to what extent they are received by families with young children. While it can be challenging in administrative data to isolate families with children under age 3 and assess their service needs and receipt relative to other families, analyses of various national surveys may enable a closer look at the under-3 population in different service systems. A key aspect of this analysis would be to look more closely at the underrepresentation of poor minority children in particular systems.

Map Service Connections

Once the full spectrum of services is described and the unique needs of families with children under age 3 in each system are specified, it will be important to understand overlaps, intersections, gaps, and incongruities among the service systems. National survey data can be used to identify when and to what degree families with very young children access multiple services simultaneously. Studies of policy and practice can then identify challenges around service access issues and when policies do not facilitate a smooth blending of services.

Convening policy experts, practitioners, and researchers from the different systems could confirm and highlight some of these challenges and help formulate an agenda to address them.

Notes

1. From "Race, Hispanic Origin, and Income and Poverty Profiles for the United States," Kids Count Census Data Online, <http://www.kidscount.org/census/>.
2. Unless otherwise noted, estimates for the child welfare population are based on a nationally representative sample of children involved with CW services. These children were investigated by CW services and *may or may not have been removed* from their homes. Although at the time data were collected, 89 percent of children were living at home, the population of caregivers therefore includes some out-of-home caregivers (often foster parents) as well as in-home caregivers (often biological parents),



unless otherwise specified. Additionally, estimates for children are based on children of all ages involved with CW unless it is indicated that the estimate refers to just infants and toddlers.

3. From "Race, Hispanic Origin, and Income and Poverty Profiles for the United States."
4. According to exhibit 3.5, 33 percent of participants in 2004 were from families with incomes between 0 and 50 percent of the national poverty level and 34 percent of participants were from families with incomes between 51 and 100 percent of the national poverty level. So 67 percent of participants were from families with incomes at or below the poverty level. This does not include 14 percent of WIC participants who did not report their income or less than 1 percent who reported no income.
5. The EHS Research and Evaluation Project was a national random assignment evaluation involving 3,001 families across 17 sites.
6. Also from HHS, "Early Head Start Information Folder," http://www.headstartinfo.org/infocenter/ehs_tkit3.htm.
7. From HHS, "The Effect of Maternal Depression on Infant/Toddler Emotional Development," <http://www.ehsnrc.org/InformationResources/ResourceArticles/rmdepre.htm>.

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