FAMILY NEEDS AND EARLY HEAD START SERVICE TYPE DURING INFANCY AND TODDLERHOOD

A CSCH Brief by Delaina Carlson, Kyle DeMeo Cook, and Caitlin Lombardi

This brief is part of a series about Early Head Start. Additional briefs are available at the CSCH website.

Background

Early Head Start (EHS) is a federally funded, two-generation program to support pregnant women and families with young children (ages 0 to 3 years) experiencing low-income. EHS programs deliver services through (1) home-visiting, (2) center-based care and/or family child care, or (3) a combination of both models.[1]

Within programs that offer both delivery models, the specific services a family receives vary based on program availability as well as family and child needs. Families may prefer home-visiting over center-based care (or vice versa) depending on factors such as their employment status, cultural values, or the needs of their child.[2] Programs may steer families toward the model that they believe will best serve the family, based on the program's own interpretation of family needs as well as the program's availability of service models at that time.

Understanding how EHS service delivery differs by child age is essential to understanding how families are experiencing EHS services over time, how each service delivery model is supporting different ages, and how EHS supports diverse family needs.

This study asked:
How do child and family characteristics vary between families enrolled in EHS home-visiting compared to EHS center-based services when children are ages 0 (0-12 months), 1, 2, and 3 years of age?

Research Methods

Data was analyzed from the Early Head Start Child & Family Experiences Study 2018 (Baby FACES 2018) dataset.[3] Baby FACES 2018 included information from a nationally representative sample of children attending EHS in Spring 2018, as well as their program directors, center directors, families, teachers and home visitors.[3] This study included families enrolled in EHS programs that offered both center services and home-visiting services. The final sample included 1,597 families across 311 EHS programs. Analyses were conducted using descriptive statistics and multinomial logistic regression.

Key Findings

0 - 11 MONTHS (AGE 0)

- Children with positive parent-child interactions more likely to be in home-visiting.
- Children with older mothers more likely to be in centers.
- As children approached their first birthday they were more likely to be in centers.
- When parents were working or in job training, children were more likely to be in centers.

12 - 23 MONTHS (AGE 1)

- Children from immigrant families more likely to receive home-visiting services.
- Children with higher behavior problems more likely to be in centers.
- Children from intergenerational households and households with working parents were more likely to be in centers.
- Black children more likely to be in centers compared to Latine children.

24 - 35 MONTHS (AGE 2)

- White children more likely to be in home-visiting compared to Latine children.
- Children with higher behavior problems more likely to be in centers.
- Children from single parent families more likely to be in centers.
- When parents were working or in job training, children were more likely to be in centers.

36 MONTHS AND OLDER (AGE 3)

- White children more likely to be in home-visiting.
- Children with parents who attended some college courses were more likely to be in centers compared to children with parents with a high school degree only.
- When parents were working or in job training, children were more likely to be in centers.

We found that the family and child characteristics associated with EHS program type differed by child age.

In infancy (ages 0 and 1 year), children **were more likely to be in EHS center-based services**, relative to home-visiting services, if they had:

- An older mother or were from an intergenerational household
- An age closer to 12 months old
- Higher behavior problem scores
- Parents who were working or in job training
- Lower parent-child interaction scores
- Less household chaos
- Parents both born in the U.S.

In toddlerhood (ages 2 and 3 years), children **were more likely to be in EHS center-based services**, relative to home-visiting services, if they had:

- A single parent
- Higher behavior problem scores
- Parents with some college education (vs. high school or less)
- Parents who were working or in job training
- Identified as Black, other, or multi-race (vs. White)

Implications

Families' needs, and the EHS service model that fits them best, may change as children grow. Programs offering both options may want to consider the process by which families' preferences and needs are considered in determining their initial service delivery model, and how their preferences and needs for a service delivery model change during the program are communicated and facilitated.

Across all ages, parents who were in job training or employed were consistently more likely to be utilizing center-based care, which may be a practical necessity. Programs may want to consider if home-visiting services are accessible to working families, if that was their preference.

Future research should seek to better understand program availability and family preferences for different types of EHS services for their children and families during different developmental periods.

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For more information about this research, see the full journal article available at: Cook, K. D., Lombardi, C., & Carlson, D. (2026). A national look at Early Head Start services available to and experienced by families and children. Child & Youth Care Forum. https://doi.org/10.1007/s10566-026-09943-2

For other results from this study: Carlson, D., Cook, K. D., & Lombardi, C. M. (2025). *Who has Access to Early Head Start Home-Visiting and Center-Based Services?* Storrs, CT: UConn Collaboratory on School and Child Health. Available from: http://csch.uconn.edu/.

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Data Availability Statement: The data used in this study are available through a restricted use data license from the Interuniversity Consortium for Political and Social Research Child and Family Data Archive.[3]

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[1] Office of Head Start (2019). *Early Head Start services snapshot 2018-2019*. Retrieved from https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/no-search/service-snapshot-ehs-2018-2019.pdf

[2] Rose, K. K., & Elicker, J. (2010). Maternal child care preferences for infants, toddlers, and preschoolers: The disconnect between policy and preference in the USA. *Community, Work & Family*, 13(2), 205–229. https://doi.org/10.1080/13668800903314366

[3] Vogel, C., Xue, Y., Atkins-Burnett, S., and Cannon, J. (2020). *Early Head Start Family and Child Experiences Survey (Baby FACES) Spring 2018* [United States]. Inter-university Consortium for Political and Social Research [distributor], 2020-10-26. https://doi.org/10.3886/ICPSR37666.v2