

Executive Summary

Living in poverty can have profound effects on young children's development and their prospects for the future. One strategy for addressing the challenges that low-income parents and their young children face is a two-generational program that aims to address both children's developmental risks and low-income families' often-precarious and unstable economic circumstances.

As part of the multisite Enhanced Services for the Hard-to-Employ Demonstration and Evaluation Project (the Hard-to-Employ project), MDRC, together with its research partners, is conducting an evaluation of an enhanced version of Early Head Start (EHS), a two-generational, early childhood developmental program that serves low-income families who are expecting a child or who have a child under age 3. In the program model tested here, formalized parental employment and educational services were implemented within EHS (in a program called "Enhanced Early Head Start"). The Hard-to-Employ project is sponsored by the Administration for Children and Families and the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services, with additional funding from the U.S. Department of Labor.

This report presents the final results from a rigorous evaluation of the effects of Enhanced EHS on parents and their children in two sites in Kansas and Missouri approximately 42 months after families first enrolled in the study. MDRC randomly assigned families either to a program group that was eligible to receive Enhanced EHS or to a control group that was not enrolled in EHS services but could receive alternate services available in the local community. Any subsequent differences between families in the program and control groups can be attributed to Enhanced EHS.

Key Findings

- **Because of implementation challenges, the program's formalized employment, educational, and self-sufficiency enhancements were never fully integrated into core EHS services.** The field research uncovered substantial variation in how frontline staff addressed self-sufficiency issues. Therefore, although programs increased their focus on self-sufficiency, they did not provide employment, educational, or self-sufficiency assistance at an intensive level to most families.
- **Enhanced EHS provided a comprehensive array of home visiting and center-based child care services, but control group members also re-**

ported receiving relatively high levels of similar services.¹ At the 18-month, interim follow-up point, a high proportion of families (91 percent) in the program group reported receiving child development, child care, parent education, and family support services, but many control group families (80 percent) also reported receiving assistance in these areas.²

- **Enhanced EHS affected children’s child care and early educational experiences.** Over the 42-month follow-up period, Enhanced EHS increased children’s receipt of formal child care — particularly EHS or Head Start (HS) care — and it decreased their receipt of home-based care provided by unrelated caregivers.
- **At the 42-month follow-up, Enhanced EHS did not have significant impacts on parental employment and economic outcomes for the full research sample.** These findings are not entirely surprising, given that the programs had difficulties implementing the programmatic enhancements that focused on parental employment and educational needs.
- **At the 42-month follow-up, Enhanced EHS did not significantly affect parenting practices or child development and well-being for the full research sample.** Although Enhanced EHS had produced scattered modest positive impacts on some aspects of parenting and child well-being at the 18-month follow-up point, there is little evidence to suggest that these effects were sustained over the longer-term follow-up.
- **The impact results at the 42-month follow-up point are more encouraging among families who were expecting a child or who had an infant (a child younger than 12 months old) when they first entered the study.** Enhanced EHS generated positive impacts on parental employment and economic outcomes for this subgroup. Even so, Enhanced EHS did not produce significant effects on parenting behaviors and child well-being for this subgroup at the 42-month follow-up.

¹For a detailed presentation of the implementation findings, see Hsueh, Jacobs, and Farrell, *A Two-Generational Child-Focused Program Enhanced with Employment Services: Eighteen-Month Impacts from the Kansas and Missouri Sites of the Enhanced Services for the Hard-to-Employ Demonstration and Evaluation Project* (New York: MDRC, 2011).

²Because families were likely to age out of the eligibility criteria for Enhanced EHS services by the longer-term, 42-month follow-up point, detailed measures about families’ receipt of child development, parent education, and family support services were not collected at the later follow-up, and this report does not assess the differential in service receipt at the 42-month follow-up point.

What Is the Program Model?

The program model that is being tested in two sites in Kansas and Missouri is an expanded version of EHS. It includes an array of intensive early childhood developmental services, parent education, family support, and social service assistance that is commonly found in traditional EHS programs *plus* formalized services aimed at proactively addressing parents' employment, educational, and self-sufficiency needs. The programs used mixed-approach service delivery models in which home-based and center-based service options were offered. (See Table ES.1.) Families had the flexibility of receiving either service option, depending on their needs, but they could not receive both home- and center-based services at the same time. Before participating in this evaluation, the two programs in this study, like many traditional EHS programs, had limited capacities to address such needs or to offer such options.

The programmatic enhancements that were aimed at parents' employment, educational, and self-sufficiency needs include:

1. Hiring on-site "self-sufficiency" specialist(s) to oversee and develop the programs' employment and educational services; work directly with families on employment, educational, and self-sufficiency needs and goals; and act as "resource experts" by developing resource guides to help staff identify available employment and training-related opportunities in the community
2. Building partnerships with welfare agencies and local programs that provide employment and training services
3. Conducting staff trainings on the use of employment and educational resource guides to further develop the skills and competencies of frontline EHS staff, so that they were able to work with parents on employment, training, and self-sufficiency goals as needed
4. Conducting parent trainings focused on employment, educational, and self-sufficiency issues

Whom Did the Program Serve?

Enhanced EHS targeted low-income families with infants and toddlers or families who were expecting a child. Beginning in 2004 and ending in 2006, in two program sites in Kansas and Missouri, a total of 610 families who were new applicants to Enhanced EHS were randomly assigned in this study. About 90 percent of the primary parents who are identified on the EHS

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Table ES.1

Core Components and Service Delivery Options of Traditional EHS and Service Delivery Options of Enhanced EHS

Early Head Start with Enhanced Self-Sufficiency Services

Component	
Home-based service option	Families receive weekly home visits with bimonthly group socialization experiences that facilitate interaction among families receiving EHS. Home visits are conducted by EHS program staff and primarily focus on conducting individualized developmental activities with children, demonstrating activities that parents and children can engage in together to foster parent-child interaction, modeling appropriate parenting behaviors, assessing children's developmental progress, and addressing families' social service needs.
Center-based service option	Families receive high-quality, center-based child care for at least 6 hours a day, 5 days a week, either directly through EHS/HS centers or through child care centers in the community that provide care in line with EHS quality and safety requirements. While in center-based care, children receive daily lesson plans and activities tailored to their individual developmental needs and those of other children in the classroom. Families also engage in parent-teacher conferences or home visits conducted on at least a quarterly basis (depending on the program site and where children receive center-based care) in which parent education and family support and social service needs are addressed.
Other specialized EHS services	All families, regardless of whether they receive home- or center-based service options, also are offered an array of health, mental health, nutrition, and child disability services directly through EHS or through referrals to other providers in the community.

application forms are women. More than half were single and never married when they entered the study. Of the parents in the sample, 86 percent identified themselves as white, 8 percent as black, and 5 percent as Hispanic/Latino(a) regardless of race. Slightly more than half worked more than 12 months in the three years prior to random assignment; about one-third worked 12 months or less; and 15 percent had not worked at all during that period. Slightly less than one-third of families were receiving Temporary Assistance for Needy Families (TANF), and slightly less than half reported ever having received TANF before random assignment. At study entry, relative minorities of the sample were pregnant (11 percent) or teenage parents (12 percent). As expected, children in the sample were about evenly distributed between boys and girls. On average, they were about 17 months old on entering the study. At the 42-month follow-up, children in the sample were between 3 and 7 years old.

Although the study's sample mirrors in many ways the range of characteristics of families being served by EHS programs across the United States, it does include relatively few prenatal cases and more white and fewer black and Hispanic/Latino(a) parents and children.³ This difference could have implications for the impacts detected here. Among sample members in the Early Head Start Research and Evaluation Project examining the effects of traditional EHS services, for example, impacts on a range of outcomes — such as parenting and children's social and emotional, cognitive, and language development — are larger in magnitude for pregnant women at study entry and for ethnic minority families.⁴

How Was Enhanced EHS Implemented?

The programmatic enhancements were implemented by the two Kansas and Missouri EHS programs from 2004 to 2007. The programs increased their focus on parental employment, educational, and self-sufficiency needs. However, several implementation challenges led to a relatively weak enhancement that was never fully integrated into core EHS services. Following is a summary of the key implementation findings from earlier reports on the evaluation:⁵

- **Not all families received the core EHS services, and fewer families received Enhanced EHS self-sufficiency assistance and services.** Approximately 81 percent of program group families received any EHS services. About 63 percent of program group families discussed employment, educational, or self-sufficiency issues with program staff, but most families were not discussing these issues regularly with staff.
- **The extent to which program staff delivered enhanced self-sufficiency services varied substantially.** Some frontline staff felt that they lacked the expertise to help families with self-sufficiency issues, and they called on the self-sufficiency specialists when families asked for such help; other frontline staff provided more direct assistance to families. One program, which employed two specialists, sought assistance from outside agencies to help the

³Center for Law and Social Policy, "Early Head Start Participants, Programs, Families, and Staff in 2006" (Washington, DC: Center for Law and Social Policy, 2008).

⁴U.S. Department of Health and Human Services, Administration for Children and Families, *Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start*, Vol. I: *Final Technical Report* (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, 2002).

⁵Detailed analyses of the implementation findings are presented in earlier reports on this project. See Bloom et al., *Four Strategies to Overcome Barriers to Employment: An Introduction to the Enhanced Services for the Hard-to-Employ Demonstration and Evaluation Project* (New York, MDRC, 2007); and Hsueh, Jacobs, and Farrell (2011; cited above).

EHS families, but the other program, which had just one specialist, devoted less time to this effort.

- **Lack of interest on the part of some families might have reduced the overall level of self-sufficiency assistance that they received.** Staff noted that some parents were not interested in finding employment or pursuing an education, believing that it was better for them to spend time at home during their children's early years. Staff wanted to respect this decision, which was reinforced in the more rural areas by limited transportation and child care services and the lack of well-paying jobs.
- **Families with infants received more Enhanced EHS services than families with toddlers.** Families with younger children spent more time in Enhanced EHS, in part because they were less likely to age out of the program over the follow-up period and were more likely to receive home-based services, which provided opportunities to interact more directly with parents on a regular basis.

What Impacts Did Enhanced EHS Have at 18 Months?

The short-term impact results at the 18-month follow-up indicate that, for the full research sample, the program affected the type of child care used by families and had a small positive impact on children's abilities to regulate their behaviors. Enhanced EHS had no significant impacts, however, on the full sample's parental employment, parenting behaviors, or other aspects of child development and well-being that were examined at the 18-month follow-up. At the same time — consistent with prior evaluations of EHS — the beneficial impacts of Enhanced EHS were more evident among families who had an infant or were expecting a child when they entered the study; among this subgroup, Enhanced EHS appears to have modestly improved parental employment and job characteristics, increased parental warmth, decreased parenting-specific stress and aggravation, and reduced children's social and emotional behavior problems according to parental reports. In contrast, the program's impacts were mixed among families who had a toddler at study entry; among this subgroup, Enhanced EHS had scattered unexpected negative impacts on parental employment and job characteristics and on parental psychological distress, but it also improved toddlers' self-regulation.

Did Enhanced EHS Make a Long-Term Difference for Parents and Children?

Enhanced EHS had limited overall long-term impacts for the full research sample, with the exception of affecting families' receipt of EHS/Head Start (HS) services and the type of child care that they used for the focal child.⁶ Among families with an infant or a pregnant woman at study entry, there is evidence of significant program impacts on selected employment and economic outcomes at the 42-month follow-up. These subgroup impacts differ significantly from the impacts on the same outcomes for families with a toddler at study entry. Because of small subgroup sizes, however, statistical imprecision in impact estimates can result, and so the magnitude of the subgroup impacts should be interpreted with caution.

Table ES.2 summarizes the key findings for the full research sample at the 42-month follow-up point, and these findings are discussed below.

- **Program group families were significantly more likely to receive EHS/HS services than their control group counterparts, although receipt of EHS/HS was fairly common among control group families.**

Differential receipt of EHS/HS between program and control group families was sustained over the longer-term follow-up. About 84 percent of families in the program group ever received any services from EHS/HS over the follow-up period, compared with 40 percent of families in the control group (Table ES.2). Receipt of EHS/HS services among control group families may have been fairly common in part because these families were able to access HS when their child turned 3 years old.

- **Enhanced EHS increased children's receipt of formal child care overall and of EHS/HS care, in particular. The program also decreased the use of home-based care provided by unrelated caregivers.**

Enhanced EHS increased the number of months that children spent in formal care and in EHS/HS care by an average of 3.6 and 6.1 months, respectively (Table ES.2). Over the 42-month follow-up period, the program encouraged some parents to trade other forms of formal care for EHS/HS care, as evidenced by a modest program-driven decrease of 1.6 months, on average, that children spent in other formal care. In addition, the program decreased — by 2.0 months, on average — the amount of time that children spent in home-based care provided by unrelated

⁶As is true with all applications to EHS, families identify a particular child who is up to age 3 or during the prenatal period and who will be enrolled in the program. In this study's 42-month parent survey and direct child assessments, this child is identified as the *focal child* who is the target of program services and is the focus of all questions related to child care and early educational experiences, parenting practices, and child development and well-being.

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Table ES.2

Impacts on Selected Outcomes 42 Months After Random Assignment

Early Head Start with Enhanced Self-Sufficiency Services

Outcome	Program Group	Control Group	Difference (Impact)	Effect Size ^a	P-Value
<u>Early Head Start (EHS)/Head Start (HS)</u>					
Received any EHS/HS child care and/or family development services since random assignment (%)	84.1	39.8	44.3 ***	0.90	0.000
<u>Child care use since random assignment</u>					
Any nonparental child care (%)	91.0	87.0	3.9	0.11	0.176
Number of months spent in:					
Any nonparental child care (months)	19.5	16.2	3.3 ***	0.27	0.007
Any formal care	11.1	7.5	3.6 ***	0.44	0.000
EHS/HS care	7.8	1.7	6.1 ***	1.53	0.000
Other formal care	4.5	6.2	-1.6 **	-0.20	0.022
Any home-based care	8.6	8.9	-0.3	-0.03	0.746
Care provided by relative	7.4	6.2	1.3	0.15	0.126
Care provided by nonrelative	2.9	4.9	-2.0 ***	-0.27	0.002
Total hours in any care per week in past month	21.6	22.7	-1.1	-0.05	0.598
<u>Maternal employment and earnings</u>					
Employment Year 1 ^b (%)	81.9	79.2	2.7	0.07	0.391
Employment Year 2 (%)	79.0	80.2	-1.2	-0.03	0.705
Employment Year 3 (%)	78.0	73.4	4.7	0.11	0.171
Ever employed (%), Quarters 2-15	91.8	89.1	2.7	0.09	0.245
Earnings Year 1 ^b (\$)	8,197	7,951	246	0.03	0.737
Earnings Year 2 (\$)	9,304	8,881	423	0.04	0.600
Earnings Year 3 (\$)	9,819	8,815	1,004	0.09	0.263
Total earnings (\$), Quarters 2-15	32,537	30,096	2,442	0.08	0.347
<u>Parental psychological well-being</u>					
Psychological distress (scale of 0-24)	5.4	4.6	0.7 *	0.18	0.078
<u>Interviewer assessment of child's task orientation</u>					
<u>(scale of 1-4)</u>	3.1	3.0	0.1	0.12	0.179

(continued)

Table ES.2 (continued)

SOURCES: MDRC calculations based on responses to the 42-month survey, direct child assessments, and the National Directory of New Hires (NDNH) database.

NOTES: Statistical significance levels are indicated as follows: *** = 1 percent; ** = 5 percent; * = 10 percent. The significance level indicates the probability that one would incorrectly conclude that a difference exists between research groups for the corresponding variable.

Results in this table are regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics.

Dollar values include zeroes for sample members who were not employed, unless otherwise noted.

The sample used in this analysis includes females from two-parent cases (41.3 percent), females from one-parent cases (57.1 percent), and males from one-parent cases (1.5 percent). Thirteen sample members are missing Social Security numbers and therefore could not be matched to employment data.

Sample sizes for survey-based measures vary as follows: EHS/HS services (total = 478: 237 program group, 241 control group); child care and psychological distress (total = 455: 229 program group, 226 control group); interviewer child assessment (total = 406: 202 program group, 204 control group). Due to missing Social Security numbers for 13 sample members, employment and earnings data are reported for 597 sample members (300 program group, 297 control group).

Outcomes in this table are defined in Boxes 2.1, 4.1, and 4.2.

^aThe effect size is calculated by dividing the impact of the program (the difference between the means for the program group and the control group) by the observed variation for that outcome within the control group (the standard deviation for the control group).

^bQuarter 1 is the calendar quarter in which random assignment occurred. This quarter may contain some earnings from the period prior to random assignment and is, therefore, excluded from follow-up measures. Accordingly, Year 1, Year 2, and Year 3 are defined as Quarters 2 to 5 after random assignment, Quarters 6 to 9 after random assignment, and Quarters 10 to 13 after random assignment, respectively.

caregivers. As such, Enhanced EHS did not affect the rate at which children were placed in nonparental care over the follow-up period, but it did affect the amount of time that children spent being cared for by others; program group children spent, on average, 3.3 more months in nonparental care than their control group counterparts over the course of the follow-up period.

- **At the 42-month follow-up, Enhanced EHS did not have significant impacts on parental employment and economic outcomes, parenting, or child outcomes among the full research sample.**

Enhanced EHS did not significantly affect parental employment and economic outcomes for the full research sample (Table ES.2). Even though the program produced scattered modest positive impacts on some aspects of parenting and on child well-being at the 18-month follow-up, its effects in these areas were not significant at the 42-month follow-up. This suggests that the positive effects of Enhanced EHS on these outcomes tended to fade over time, perhaps in part because the positive impacts for the program group deteriorated or because control group families engaged in child development, parent education, and family support services at relatively high levels since the 18-month follow-up. Lastly, somewhat unexpectedly,

the program slightly increased parental psychological distress for the full research sample, but the reasons for this are not clear.

- **Enhanced EHS generated positive impacts on parental employment and earnings among families with an infant or a pregnant woman at study entry.**

Enhanced EHS led to more positive impacts on employment and earnings for families with infants and pregnant women at study entry than for families with toddlers, though the magnitude of these impact estimates should be interpreted with caution because the subgroup sample size is small. As shown in Table ES.3, significant impacts on parental employment and earnings emerged later in the follow-up period for the program group families with infants. By Year 3, Enhanced EHS increased program group parental employment by 13 percentage points among families with infants at study entry. Similarly, two and three years after families with infants first entered the study, the program increased parental yearly earnings by \$2,400 and \$2,900, respectively. Over a follow-up period of three and a half years, program group parents earned about \$7,700 more than their control group counterparts. Interestingly, the timing of program-driven increases in parental employment and earnings corresponds loosely with children's preschool years (that is, among the subgroup of families with infants and pregnant women at study entry; infants were between 3 and 5 years old at the 42-month follow-up). Among the subgroup with infants at study entry, the program did not yield measurable significant improvements in families' economic circumstances, parenting behaviors, or child outcomes at the 42-month follow-up.

- **Enhanced EHS had mixed impacts on employment and earning outcomes for families with toddlers at study entry.**

The program did not have a significant impact on annual employment or earnings over the follow-up period among parents in families with toddlers at study entry (Table ES.3). According to the 42-month survey, program group parents with toddlers at study entry reported that they were less likely to be working for pay (not shown) and that they worked fewer hours per week than their control group counterparts (not shown). It is not clear why the program might have had more positive impacts on parental employment and earnings for families with infants than for families with toddlers. It could be that families with infants at study entry were engaged in the program for longer periods of time. In addition, families with infants and pregnant women were more likely to receive home-based EHS services, which provided more frequent opportunities for program staff to discuss employment and educational and self-sufficiency issues with parents.

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Table ES.3

Impacts on Selected Outcomes 42 Months After Random Assignment, by Age of Child at Random Assignment

Early Head Start with Enhanced Self-Sufficiency Services

Outcome	Age of Child at Random Assignment									
	Infant Group					Toddler Group				
	Program Group	Control Group	Difference (Impact)	Effect Size ^a	P-Value	Program Group	Control Group	Difference (Impact)	Effect Size ^a	P-Value
<u>Early Head Start (EHS)/Head Start (HS)</u>										
Received EHS/HS child care and/or family development services since random assignment (%)	85.9	36.9	49.0 ***	1.01	0.000	82.5	42.3	40.3 ***	0.81	0.000
<u>Child care use since random assignment</u>										
Any nonparental child care (%)	91.8	85.8	6.0	0.17	0.191	91.1	87.2	3.8	0.11	0.313
Number of months spent in:										
Any nonparental child care	18.0	13.2	4.9 ***	0.42	0.006	21.1	18.2	2.9 *	0.22	0.089
Any formal care	9.6	4.1	5.5 ***	0.84	0.000	12.6	9.7	2.9 **	0.33	0.019
EHS/HS care	7.2	1.2	6.0 ***	1.89	0.000	8.3	2.0	6.2 ***	1.38	0.000
Other formal care	3.1	3.2	0.0	-0.01	0.951	6.0	8.0	-2.0 *	-0.22	0.063
Any home-based care	8.5	9.3	-0.7	-0.09	0.562	8.8	8.5	0.2	0.03	0.830
Care provided by relative	7.3	6.4	0.9	0.11	0.457	7.6	5.9	1.8	0.22	0.120
Care provided by nonrelative	3.5	5.5	-2.1 **	-0.28	0.047	2.4	4.5	-2.1 ***	-0.29	0.009
Total hours in any care per week in past month	26.4	24.8	1.6	0.06	0.644	18.4	20.8	-2.4	-0.12	0.337

(continued)

Table ES.3 (continued)

Outcome	Age of Child at Random Assignment									
	Infant Group					Toddler Group				
	Program Group	Control Group	Difference (Impact)	Effect Size ^a	P-Value	Program Group	Control Group	Difference (Impact)	Effect Size ^a	P-Value
										† ^b
<u>Maternal employment and earnings</u>										
Employment Year 1 ^c (%)	82.6	78.9	3.7	0.09	0.426	81.7	79.1	2.6	0.06	0.551
Employment Year 2 (%)	80.2	82.7	-2.5	-0.07	0.592	78.3	77.6	0.7	0.02	0.872
Employment Year 3 (%)	84.9	71.6	13.3 ***	0.30	0.006	73.2	74.3	-1.1	-0.02	0.823 ††
Ever employed (%), Quarters 2-15	92.14	93.03	-0.89	-0.04	0.7780	91.66	85.58	6.07 *	0.17	0.0760
Earnings Year 1 ^c (\$)	7,687	6,696	991	0.13	0.260	8,617	9,012	-395	-0.04	0.727
Earnings Year 2 (\$)	9,845	7,429	2,416 **	0.30	0.017	8,931	10,064	-1,133	-0.10	0.358 ††
Earnings Year 3 (\$)	10,132	7,224	2,908 ***	0.35	0.007	9,562	10,187	-625	-0.05	0.655 ††
Total earnings (\$), Quarters 2-15	32,774	25,117	7,657 **	0.31	0.015	32,405	34,300	-1,895	-0.05	0.637 †
<u>Parental psychological well-being</u>										
Psychological distress (scale of 0-24)	5.0	4.4	0.6	0.17	0.298	5.6	4.9	0.8	0.18	0.197
<u>Interviewer assessment of child's task orientation (scale of 1-4)</u>										
	2.7	2.7	0.0	0.07	0.667	3.3	3.2	0.1 *	0.23	0.057

(continued)

Table ES.3 (continued)

SOURCES: MDRC calculations based on responses to the 42-month survey, direct child assessments, and the National Directory of New Hires (NDNH) database.

NOTES: Statistical significance levels are indicated as follows: *** = 1 percent; ** = 5 percent; * = 10 percent. The significance level indicates the probability that one would incorrectly conclude that a difference exists between research groups for the corresponding variable.

Results in this table are regression-adjusted using ordinary least squares, controlling for pre-random assignment characteristics.

The infant group is defined as families with children younger than 12 months old at random assignment. The toddler group is defined as families with children 12 months or older at random assignment.

Dollar values include zeroes for sample members who were not employed, unless otherwise noted.

The sample used in this analysis includes females from two-parent cases (41.3 percent), females from one-parent cases (57.1 percent), and males from one-parent cases (1.5 percent). Thirteen sample members are missing Social Security numbers and therefore could not be matched to employment data.

Sample sizes for survey-based measures vary as follows: EHS/HS services (total = 478: 237 program group, 241 control group); child care and psychological distress (total = 455: 229 program group, 226 control group); interviewer child assessment (total = 406: 202 program group, 204 control group). Due to missing Social Security numbers for 13 sample members, employment and earnings data are reported for 597 sample members (300 program group, 297 control group).

Outcomes in this table are defined in Boxes 2.1, 4.1, and 4.2.

^aThe effect size is calculated by dividing the impact of the program (the difference between the means for the program group and the control group) by the observed variation for that outcome within the control group (the standard deviation for the control group).

^bTests of differences across subgroups were conducted, and statistical significance levels are indicated as follows: ††† = 1 percent; †† = 5 percent; and † = 10 percent.

^cQuarter 1 is the calendar quarter in which random assignment occurred. This quarter may contain some earnings from the period prior to random assignment and is, therefore, excluded from follow-up measures. Accordingly, Year 1, Year 2, and Year 3 are defined as Quarters 2 to 5 after random assignment, Quarters 6 to 9 after random assignment, and Quarters 10 to 13 after random assignment, respectively.

In terms of parenting behaviors and child developmental outcomes at the 42-month follow-up, there is little evidence to suggest that the effects of Enhanced EHS varied for subgroups of families defined by the child's age.

What Are the Implications of the Results?

The results at the 42-month follow-up indicate that Enhanced EHS had very limited long-term impacts on families and children in the full research sample. Thus, while Enhanced EHS produced scattered modest positive impacts on some aspects of parenting and child development and well-being at the interim follow-up, the results presented here suggest that these short-term effects generally tended to fade over time.

Overall, this study's results paint a cautionary picture about the challenges of integrating proactive services aimed at addressing parents' employment, educational, and self-sufficiency needs into an early childhood, two-generation program. The lack of overall significant impacts on parental employment and earnings outcomes for the full research sample are likely a function of the modest and inconsistent implementation of the programmatic enhancements that focused on parental employment, educational, and self-sufficiency needs. The implementation findings highlight real-world challenges and obstacles to implementing enhanced parental employment and educational services within the scope of an early childhood intervention. First, it was difficult to ensure that program staff viewed addressing parents' employment, educational, and self-sufficiency needs as core components of program services. Second, some staff were uncomfortable encouraging parents to pursue employment and educational activities, particularly when children were very young. Lastly, some parents who sought out early childhood developmental services were not interested in the program's parental employment, educational, and self-sufficiency services — in part because they preferred to be at home while their children were young.

At the same time, this study of Enhanced EHS finds evidence that the approach can be effective for some families. In line with an earlier evaluation of EHS, the positive effects of Enhanced EHS were clustered among families with very young infants and pregnant women at study entry. Enhanced EHS generated positive long-term impacts on parental employment and earnings for families with an infant or those who were expecting a child at study entry. Therefore, even though the program did not result in broader longer-term impacts on parenting practices or child development and well-being, the results for this subgroup of families are somewhat encouraging — particularly given the difficulties that the two sites had in implementing programmatic enhancements that focused on parental employment and educational needs and in regularly engaging parents in such services.