

Moving Forward Head Start Children, Families, and Programs in 2003

By Katherine Hart and Rachel Schumacher

The Head Start program, created in 1965, delivers early education and support services to low-income children and their families. While Head Start primarily serves low-income preschool children ages 3-5, the Early Head Start program, created in 1995, serves low-income infants and toddlers (birth to age three) and pregnant women.

In 2003, Head Start took center stage in Washington, DC, as it was scheduled to be reauthorized by Congress. Despite much debate, Congress could not reach agreement on how best to renew the program for the coming years, and the reauthorization stalled. Congress must attempt to complete the reauthorization process, and new federal data on Head Start children, families, teachers, and programs provide insights into the services the program provided and whom it served in 2003. The data are from Program Information Reports (PIR) submitted to the U.S. Department of Health and

Human Services by all federal Head Start grantees.

This policy brief describes the picture for Head Start and Early Head Start children, families, and programs in the 2002–2003 program year. In this brief, “Head Start” refers to all Head Start programs, including programs for preschool-age children and programs serving infants, toddlers, and pregnant women, while “Early Head Start” refers specifically to programs serving infants, toddlers, and pregnant women. In 2003, CLASP released a series of analyses of data from 2001 and 2002, identifying key trends since the program was last reauthorized in 1998 and new data never gathered before for the PIR. This brief presents 2003 data, which largely confirm these trends, and also highlights several changes of five percentage points or greater since 2002:

- **Head Start provides early education and a range of services to poor children and their families.** In 2003, nearly three-quarters of Head Start children were from families earning less than 100 percent of the federal poverty level (\$18,400 for a family of four in 2003). The Head Start child population remained very diverse in 2003,

and 27 percent of Head Start children had a primary language other than English.

ABOUT THIS SERIES

This policy brief is the fifth of a series of analyses of Head Start Program Information Report (PIR) data by CLASP. It was made possible by a grant from the A.L. Mailman Family Foundation. The first four briefs are available at www.clasp.org. The next brief will focus on Head Start teachers and their professional development.

- **Most Head Start families include working parents.** Seventy-two percent of Head Start families had one or both parents working in 2003. In 2003, more than half of the children who needed full-time care received it through Head Start. Twenty-one percent of Head Start families received Temporary Assistance for Needy Families benefits in 2003.
- **In the great majority of Head Start families (77 percent), neither parent has more than a high school degree.** In 2003, however, more Head Start families had a parent in education or job training programs. Eighteen percent of Head Start families

About the Authors

Katherine Hart is a Research Associate and Rachel Schumacher is a Senior Policy Analyst at the Center for Law and Social Policy.

had one or both parents in education or job training, up from 11 percent in 2002.

- **Head Start helps children access medical and dental care.** In 2003, more Head Start children had access to continuous medical and dental care than in previous years. Early Head Start children showed a particularly dramatic increase in access to dental care, rising from 47 percent in 2002 to 64 percent in 2003. In addition, immunizations and health insurance coverage increased slightly in the overall Head Start population.
- **Head Start provides children with developmental and mental health screenings and facilitates special education and early intervention services for the children who need them.** In 2003, more Head Start children with diagnosed disabilities received special education services, especially in the Early Head Start program, in which 93 percent of children with disabilities received special education, an increase from 82 percent in 2002.
- **Head Start families access a variety of support services.** In 2003, the family support services accessed most often were parenting education, health education, emergency or crisis intervention, adult education, housing assistance, and transportation assistance.
- **Head Start agencies often partner and align with other early care and education programs in their community.** In addition to partnering with child care centers to deliver services, Head Start programs are work-

ing with more of the school districts in their communities to coordinate transition services for children and families.

Head Start Children

The 2003 Head Start PIR data include information on all children served over the course of the program year, including preschool children between the ages of three and five, as well as pregnant women and children from birth to age three served in Early Head Start and Migrant Head Start programs. In 2003, 1,047,500 children and 9,548 pregnant women received Head Start services, a number about 4 percent greater than for 2002, and about 9 percent greater than for 2001. Although Early Head Start remains a relatively small program, comprising only 8 percent of the total Head Start enrollment, it served 18 percent more children and pregnant women in 2003 than in 2002.

Among children in Head Start overall, the proportions in each age group remained similar, with 92 percent preschool age (three, four, and five years old) and 8 percent infants and toddlers (birth through age two). Within Early Head Start, the age breakdown of children served was split about evenly between infants, one-year-olds, and two-year-olds, and a small number of children served were preschoolers aged three and up.

As in previous years, the Head Start child population remained diverse in 2003, with 31 percent black or African American, 31 percent Hispanic or Latino, 28 percent white, 3 percent American Indian or Alaskan Native, 2 percent Asian, and 1 percent Hawaiian or other

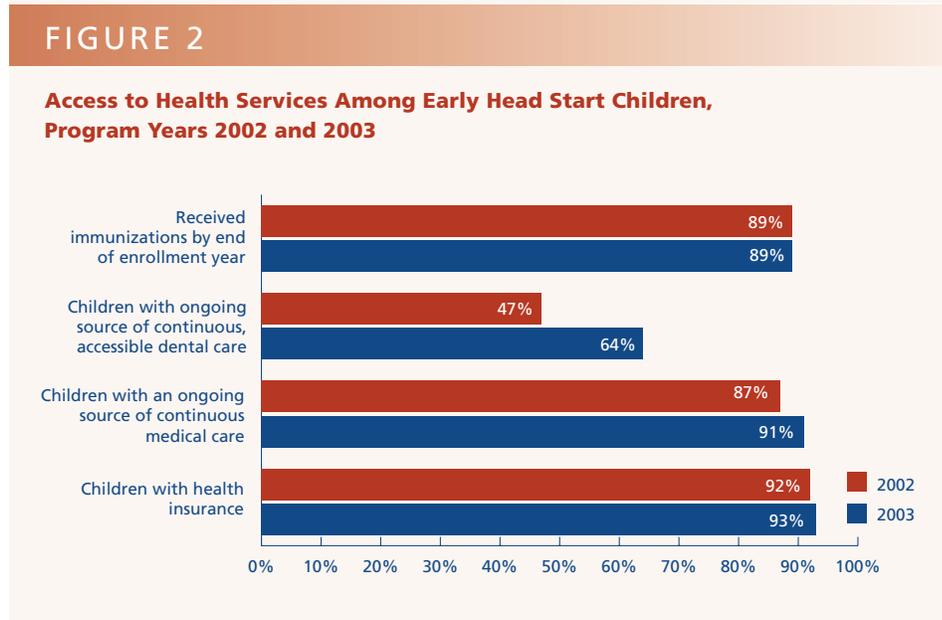
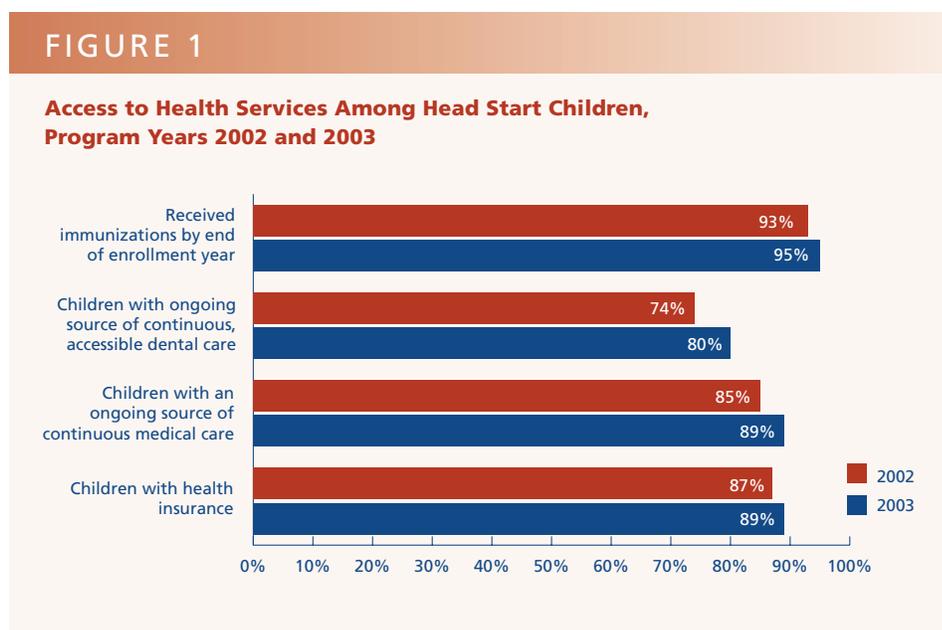
Pacific Islander. Three percent of children served were bi-racial or multi-racial. The primary language for 73 percent of the children was English and for 22 percent was Spanish. Middle Eastern and South Asian, Far East Asian, and Pacific Islander languages were each the primary language for 1 percent of the population, while other languages all fell below 1 percent.

Head Start Program Performance Standards require that children are screened for developmental, sensory, and behavioral concerns within 45 calendar days from enrollment¹ and that programs work with parents to arrange any needed follow-up treatment for their children.² In 2003, 87 percent of Head Start children received medical screenings, 24 percent of screened children were assessed as needing treatment, and 89 percent of that group received follow-up medical treatment.³ Of the 191,904 children who received treatment, 28 percent received treatment for asthma, 23 percent for being overweight, 17 percent for anemia, 14 percent for vision problems, and 11 percent for hearing difficulties. The number of Early Head Start children who completed a screening decreased in 2003, from 85 percent to 80 percent.

Seventy-eight percent of Head Start children received a dental exam in 2003, 28 percent of examined children were diagnosed as needing dental treatment, and 77 percent of that group received treatment through Head Start. More than half of Early Head Start children (60 percent) received dental screenings as part of well-baby examinations, and 29 percent of all Early Head Start children received dental exams.

Head Start Program Performance Standards require that within 90 calendar days of child enrollment, programs must determine whether families have an ongoing source of continuous, accessible health care and must assist parents in securing a source of such health care, if necessary.⁴ In 2003, a higher percentage of Head Start children had access to continuous medical and dental care and more children received immunizations than in previous years (see Figure 1). Head Start agencies reported that 89 percent of children had a source of continuous, accessible medical care in 2003, and 80 percent had a similar source for dental care in 2003 (up from 74 percent in 2002). The increases were even more striking among Early Head Start children (see Figure 2). Ninety-one percent of Early Head Start children had ongoing medical care in 2003, and those with ongoing dental care increased from 47 to 64 percent. Most Head Start children (95 percent) had received all immunizations possible. Two percent of children were referred to mental health services in 2003, and 72 percent of those children referred received treatment.

In addition, 89 percent of Head Start children were enrolled in health insurance programs in 2003, most commonly through Medicaid or the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program (56 percent), private insurance (14 percent), a state Child Health Insurance Program (CHIP) (8 percent), or a combined Medicaid/CHIP program (8 percent). Ninety-three percent of Early Head Start children were enrolled in health insurance programs, most commonly



through Medicaid or EPSDT (66 percent), private insurance (9 percent), CHIP (8 percent), or a combined CHIP/Medicaid program (7 percent). Poor children in Head Start are significantly more likely to have health insurance than other poor children who are not in the program. In 2003, approximately

21 percent of all poor children under age 18 were uninsured,⁵ while only 11 percent of Head Start children were uninsured.

In 2003, 13 percent of Head Start children were diagnosed as having a disability, and 96 percent of children who were diagnosed received special services. Special services

FIGURE 3

Head Start Disability Determination and Special Services, Program Year 2003

Children determined to have a disability	131,015
Percentage with a disability out of all Head Start children	13%
Children who received special services, of those determined to have a disability	96%
Most significant disability that preschool-age children received services for:*	
Speech or language impairments	64%
Non-categorical/developmental delay	20%
Multiple disabilities including deaf-blind	4%
Health impairment	3%
Emotional/behavioral disorder	3%
Learning disabilities	2%

* Disabilities that accounted for 1% or less were not included in this chart.

among Early Head Start children diagnosed with disabilities increased from 82 percent in 2002 to 93 percent in 2003. Of the preschool-age children who received treatment, the most common treatment was for speech or language impairment (64 percent), followed by non-categorical/developmental delays (20 percent) (see Figure 3).

In addition to providing services to young children, Early Head Start provides comprehensive services to expectant families. Pregnant women made up 12 percent of the Early Head Start population, with almost one-quarter of those women under the age of 18. Nearly one-quarter of the pregnant women were identified as having medically “high-risk” pregnancies. Upon enrollment, pregnant women receive help in accessing specialized health services, including prenatal and postpartum health care and mental health interventions (see Figure 4). In addition, the program

provides prenatal education and information on breastfeeding.

The 2003 PIR data included information on the qualifying factor for Head Start enrollment. At least 90 percent of enrolled families must, at time of enrollment, have income at or below federal poverty guide-

lines, receive public assistance, or have a child in foster care. In 2003, the vast majority of Head Start children were in families that qualified for the program with income at or below the federal poverty level (74 percent) or who were receiving public assistance (18 percent) at enrollment. In 2003, the poverty guideline for a family of four was \$18,400.

In 2003, agencies reported that 45 percent of Head Start children and 53 percent of Early Head Start children were in need of full-day, full-year child care services due to their parents’ schedules at the time of enrollment. Of those children in need of full-day, full-year services, agencies determined that 54 percent received full-day Head Start services. About 19 percent of all Head Start children are enrolled in a program offering services for eight hours or more a day. For children enrolled in Early Head Start and in need of full-day, full-year care, agencies reported that 75 percent received full-day services through Early Head Start. Thirty

FIGURE 4

Pregnant Women Enrolled in Early Head Start, Program Year 2003

Enrollment of pregnant women in Early Head Start	9,548
Percent of pregnant women enrolled under the age of 18	23%
Pregnant women whose pregnancies were identified as medically “high risk”	24%
Pregnant women with health insurance	85%
Health services received by pregnant women	
Prenatal and postpartum health care	94%
Information on benefits of breastfeeding	93%
Prenatal education and fetal development	92%
Mental health interventions	28%

percent of all Early Head Start children were enrolled in an eight-or-more-hours-a-day program.

Head Start children in need of full-day, full-year care received care in more than one setting—33 percent received child care through a relative or unrelated adult in a home-based setting, 17 percent through a child care center, 7 percent through a family child care home, and 3 percent through a public school pre-kindergarten program.

Head Start families also access child care subsidies to pay for care during extended hours. In 2003, 10 percent of all Head Start children, and 20 percent of all Early Head Start children, were also receiving a subsidy to help pay for child care services on-site or at a child care provider partner.

Head Start Families

Head Start families are primarily low-income working families with limited education. In 2003, 56 percent of Head Start families were headed by a single parent or caregiver. Seventy-two percent of Head Start families had one or both parents working (see Figure 5). While most single-parent families were working, the share not working was 39 percent in 2003, an increase from 34 percent in 2002.

In the great majority of Head Start families (77 percent), neither parent had more than a high school degree or general equivalency degree (GED). In 2003, the share of Head Start families with a parent in education or job training reached 18 percent, up from 11 percent in 2002. Early Head Start families participated in education and job training at higher rates than the overall Head Start family

population, and their numbers increased between 2002 and 2003 as well. Twenty-eight percent of Early Head Start families had at least one parent in education or job training in 2003, compared with 21 percent in 2002.

Temporary Assistance for Needy Families (TANF) usage among Head Start families remained at 21 percent in 2003 (the same as for 2002), down from a high of 45 percent in 1997. Twenty-seven percent of Early Head Start families received TANF benefits.

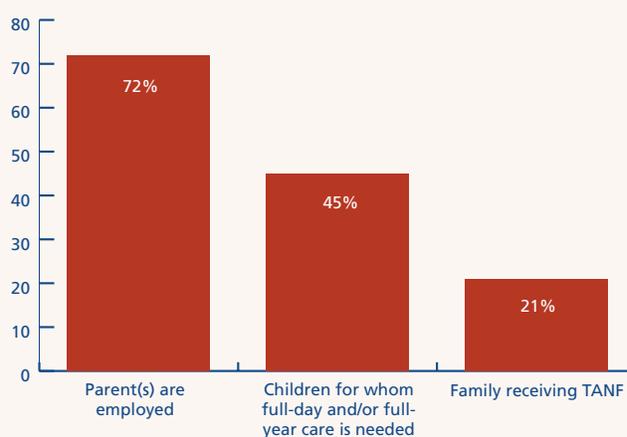
The Head Start program guidelines require that staff work with parents to develop family partnership agreements that identify family goals, responsibilities, and timetables and strategies for achieving these goals.⁶ When appropriate, Head Start programs coordinate with other agencies to support parents in accomplishing their goals. In 2003, 84 percent of Head Start families participated in a family goal-setting process. In addition,

Head Start programs continue to employ many Head Start parents, with 65 percent of the program volunteers and 28 percent of the staff current or former Head Start parents in 2003.

Head Start programs help children and families access a variety of support services, either through direct provision or through referrals. The services that the PIR survey found Head Start families received most often in 2003 are displayed in Figure 6 (see next page). Services that families received less frequently included: job training (8 percent), mental health services (8 percent), child abuse and neglect services (6 percent), English as a Second Language training (6 percent), child support assistance (4 percent), domestic violence services (4 percent), substance abuse prevention or treatment (4 percent), marriage education services (3 percent), and assistance to families of incarcerated individuals (2 percent). For the first time, 2003 PIR data

FIGURE 5

Head Start Parent Employment, Need for Child Care, and Family TANF Receipt, Program Year 2003

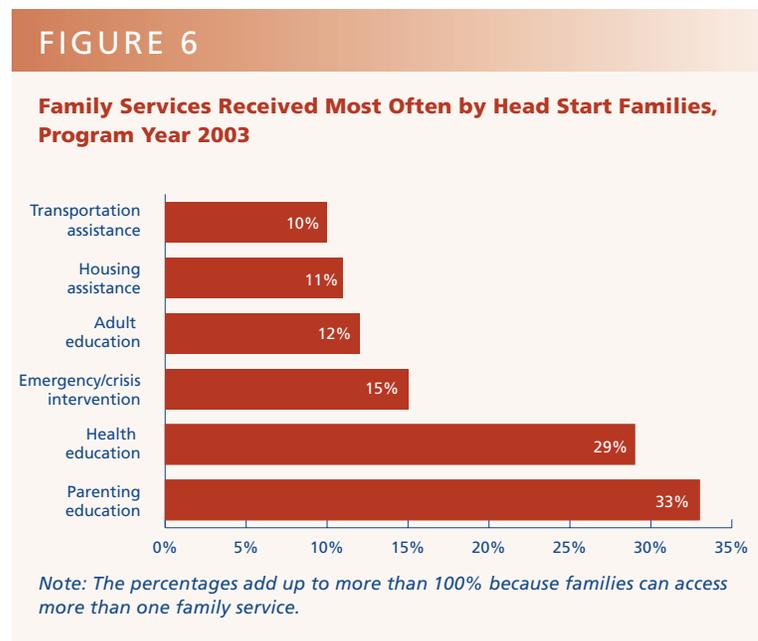


included information about families that accessed more than one support service—32 percent of Head Start families received at least two types of support services.

Like Head Start families overall, Early Head Start families accessed many of the same family support services most often: parenting education (57 percent), health education (50 percent), emergency/crisis intervention (21 percent), transportation assistance (20 percent), housing assistance (18 percent), adult education (15 percent), mental health services (13 percent), and job training (11 percent). In addition, new data for 2003 show that 51 percent of Early Head Start families accessed more than one service category.

Head Start Programs

Based on community needs assessments, Head Start grantees choose whether to offer services for children in classroom settings, through a home-based option by working directly with children and parents in the home, or by combining a mix of both approaches. Some programs also work with family child care homes to deliver Head Start services. In 2003, most Head Start services (91 percent) were available in center-based programs, with 67 percent of all enrollment slots in centers for five days a week. Moreover, most of the five-day-a-week center-based programs offered services for six hours or more a day (69 percent). Another 24 percent of Head Start slots were in center-based programs operating four days a week. The remaining services were offered at home-based (5 percent), locally designed (2 percent), or combination (1 percent) service models, and a small



number through family child care homes (1 percent).

Early Head Start programs use home-based settings much more frequently than Head Start programs overall. In 2003, 48 percent of Early Head Start programs were delivered in center-based settings, and 41 percent were in home-based settings. The remaining services were offered through family child care, combination, and locally designed models.

Head Start agencies often partner with other early care and education entities in their communities. The 2003 PIR data show that 8 percent of center-based Head Start classrooms were operated by a child care center partner. Grantees also worked with 2,216 family child care homes to provide Head Start services in 2003; 21 percent of all center-based Early Head Start classes operated through a child care center partnership in 2003. Additionally, 19 percent of Early Head Start teachers were staff at

partnering child care centers in 2003.

Head Start programs also have agreements with local school districts to coordinate transition services for children and families. Head Start agencies had formal agreements with 8,503 school districts in 2003, which represent 63 percent of the school districts in Head Start service areas. In 2002, Head Start programs partnered with 58 percent of the school districts in their service areas.

In 2003, the ethnic and racial background of child development staff who worked directly with Head Start children was highly diverse, with 36 percent of child development staff white, 28 percent black or African American, 24 percent Hispanic or Latino, 3 percent American Indian or Native Alaskan, 2 percent Asian, 1 percent bi-racial or multi-racial, 1 percent Native Hawaiian or Pacific Islander, and the remaining other or unspecified (see Figure 7). In addition, 27 percent of Head Start staff spoke a pri-

mary language other than English in 2003, which is comparable to the percentage of Head Start children who did so.

Head Start staff continued to improve their educational qualifications in 2003, with 57 percent of teachers having at least an associate's degree. This exceeded a Congressional mandate that 50 percent of teachers in center-based classrooms attain an associate's degree or higher, with a specialization in early childhood education or a related field, by September 2003. The next brief in this series will examine the professional development of Head Start staff in greater detail.

Conclusion

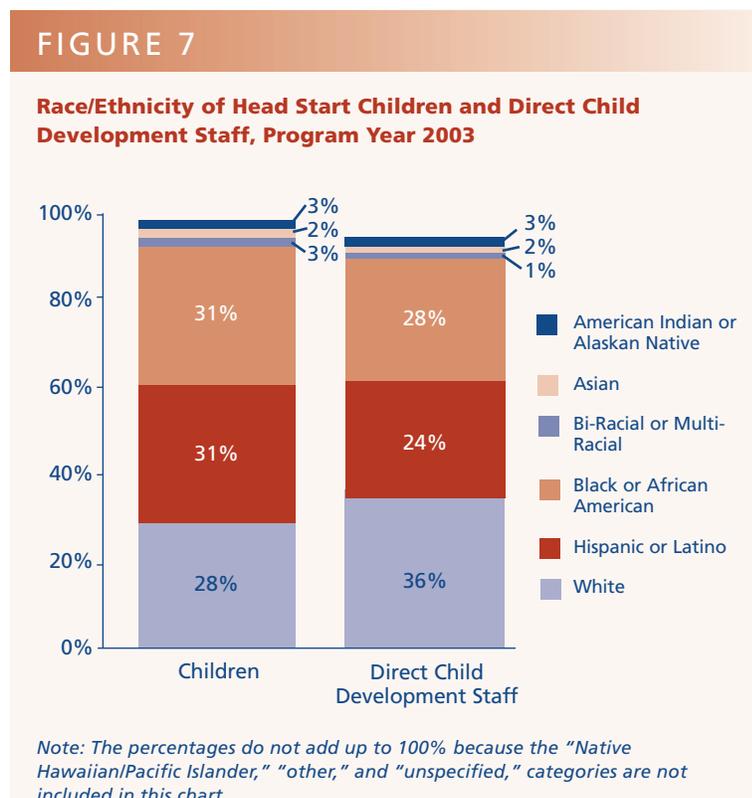
In 2003, Head Start served a diverse population of low-income

children, mostly in working families. Data show that Head Start children enter the program often experiencing multiple risk factors associated with potential developmental delays, including family poverty and limited family education attainment. About one-quarter of the children have health conditions for which they need treatment. A similar percentage of Head Start children speak a primary language other than English. The Head Start program was designed to provide or link these children and families with necessary community services as an essential component of promoting early learning, and the data show the program helps families access an array of services that can help parents in their roles as their children's first teachers, such as parent education, health education, and crisis intervention. Comparisons to other data

sets show that children participating in Head Start are more likely than other poor children to have health insurance. Head Start agencies have formal agreements with a majority of local schools to coordinate transition activities, and the percentage grew in 2003. As the Head Start reauthorization process continues, the PIR data provide important contextual information on how comprehensive early education services are being coordinated and provided to children and families in communities across the country.

Endnotes

- 1 Head Start Performance Standards, 45 CFR 1304.20(b)(1).
- 2 Head Start Performance Standards, 45 CFR 1304.20(a)(1)(iii) & (iv).
- 3 CLASP's calculations of the percentages of children who received medical screenings, dental exams, and immunizations or were referred to mental health specialists may slightly under-represent the percentage of children who received these services because there is no way to adjust the figures to exclude those children who dropped out of Head Start before the 45 calendar day requirement.
- 4 Head Start Performance Standards, 45 CFR 1304.20(a)(1)(i).
- 5 Children's Defense Fund analysis of data from the 2003 Current Population Survey Annual Social and Economic Supplement.
- 6 Head Start Performance Standards, 1304.40(i)(1)-(3).



Head Start Series

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ABOUT CLASP

The Center for Law and Social Policy (CLASP), a national nonprofit organization founded in 1968, conducts research, legal and policy analysis, technical assistance, and advocacy related to economic security for low-income families with children.

CLASP's child care and early education work focuses on promoting policies that support both child development and the needs of low-income working parents and on expanding the availability of resources for child care and early education initiatives. CLASP examines the impact of welfare reform on child care needs; studies the

relationships between child care subsidy systems, the Head Start Program, pre-kindergarten efforts, and other early education initiatives; and explores how these systems can be responsive to the developmental needs of all children, including children with disabilities.

CLASP POLICY BRIEF

Head Start Series, No. 5

www.clasp.org
202.842.2885 fax
202.906.8000 main
Washington, DC 20005
1015 15th Street, NW, Suite 400