

More than Meets the Eye: Head Start Programs, Participants, Families, and Staff in 2005

By Katie Hamm

Introduction

Since 1965, the federal Head Start program has served low-income 3- and 4-year-old children and their families with comprehensive early education and support services. Head Start programs provide services focused on the “whole child,” including early education addressing cognitive, developmental, and socioemotional needs; medical and dental screenings and referrals; nutritional services; parental involvement activities and referrals to social service providers for the entire family; and mental health services. In 1994, policymakers authorized the Early Head Start program to address the needs of children under age 3 and pregnant women.

All Head Start programs are required to complete the Program Information Report (PIR) on an annual basis.¹ Based on information reported through the PIR, this policy brief describes the characteristics of Head Start children and families and the services provided to them during the 2004-2005 program

year. The data cover 3- and 4-year-old children served in the Head Start preschool program; children under age 3 and pregnant women who are served in Early Head Start; children birth to age 5 served in the Migrant and Seasonal Head Start program; and children served by the American Indian and Alaskan Native Head Start programs.

There are several changes to the PIR this year. Racial categories were rearranged to reflect that “Hispanic” is an ethnicity rather than a race. In addition, Head Start programs can now mark “unspecified” when they do not know the participant’s home language or when the parent declined to report it. Also, for the first time in 2005, the programs could report the number of child development staff members with an associate’s degree (A.A.) who are pursuing a bachelor’s degree (B.A.). Finally, programs could report treatment services for two additional conditions: high lead levels and diabetes.

Highlights from the 2005 PIR data include:

- Head Start served fewer children and pregnant women in 2005.

ABOUT THIS SERIES

This is the eighth brief in a series of CLASP analyses of Head Start Program Information Report data. All are available at www.clasp.org. Information on 2005 PIR data for Early Head Start is also available on the website.

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- Most Head Start families include at least one working parent.
- Most families did not have child care subsidies and relied on informal child care during the hours their child was not in Head Start.
- Head Start connects children with medical, dental, and disability services.
- Families increasingly seek support services through the Head Start program.
- Head Start served a linguistically diverse group of enrollees in 2005.
- More Head Start teachers had an A.A. degree or higher in 2005, but salaries remained the same.

About the Author

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Head Start Programs

In 2005, Head Start included 1,890 preschool programs, 741 Early Head Start programs, and 64 Migrant and Seasonal Head Start programs. These totals include 193 American Indian and Alaskan Native programs. The number of Head Start slots (including preschool, Early Head Start, and Migrant Head Start) dropped slightly in 2005 to 904,106, down from 917,423 in 2004.² The federal government funded approximately 10,000 fewer Head Start slots in 2005 than in 2004. The number of slots funded through states and other sources also dropped in 2005.

Head Start programs determine whether to administer services through a center-based or home-based model, or through a combination of both. Center-based programs may be in a classroom operated directly by Head Start or through a partnership with a child care center that complies with the Head Start Program Performance Standards. As was

the case in previous years, most Head Start program slots (91 percent) were in centers in 2005. (See Figure 1 for the breakdown of center-based program slots by operating schedule). An additional 5 percent were home-based programs, which include weekly home visits and group socialization programs. Less than 1 percent of program slots were in family child care homes. Locally designed programs and combination programs each comprised 1 percent of Head Start slots in 2005.

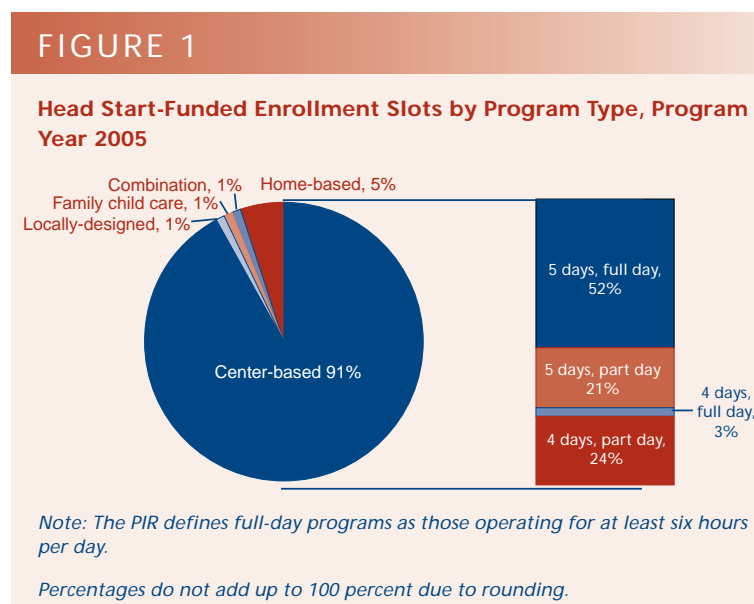
Head Start Participants

The 2005 Head Start PIR data include information on all children served over the course of the program year, including children birth to 5 and pregnant women. In 2005, Head Start served 1,054,740 children and 10,485 pregnant women at some point during the program year.³ Compared to 2004, Head Start programs served about 6,600 fewer children and 190 fewer pregnant women.

In 2005, the age breakdown for Head Start children remained the same as previous years: 3 percent were age 1; 4 percent were age 2; 35 percent were age 3; 52 percent were age 4; and 4 percent were age 5.

At least 90 percent of enrollees must be from low-income families (with income at or below federal poverty guidelines), receiving public assistance, or in foster care. Once enrolled, children remain eligible through the end of the succeeding program year. As in previous years, the vast majority (75 percent) of participants enrolled in Head Start were eligible because their families earned below the federal poverty level. An additional 18 percent were eligible because they received some form of public assistance. Six percent of participants were over-income. Less than 2 percent of enrolled children and pregnant women were eligible due to status as a foster child.

In 2005, the categories for race and ethnicity changed slightly. The “Hispanic” category, previously included as a race category, was moved to a separate question that asks for the number of children and pregnant women who are of Hispanic origin, regardless of racial background. In 2005, 35 percent of participants were white, 31 percent were black or African-American, 5 percent were American Indian or Alaskan native, 2 percent were Asian, and 1 percent was native Hawaiian or Pacific Islander. Seven percent of participants were bi- or multiracial. One-third (33 percent) of participants were Hispanic. The percentage of participants for whom race was not specified rose from 1 percent in 2004 to 18 percent in 2005, which could indi-



cate some confusion surrounding the new race categories.

In 2005, 71 percent of children and pregnant women were from homes where English was the primary language. An additional 24 percent were from homes speaking primarily Spanish. Middle Eastern and South Asian languages and East Asian languages each accounted for 1 percent of home languages.⁴ For the first time in 2005, an “unspecified” category was included for home language, and 1 percent of participants fell into this category.

Head Start Program Performance Standards require that all children receive a complete medical screening within 45 days of enrollment and, if necessary, staff must work with parents to provide referrals for follow-up treatment. In 2005, 89 percent of children completed all medical screenings.⁵ Of these, 22 percent required follow-up treatment and 91 percent received it. Among children receiving treatment, 31 percent were treated for asthma, 24 percent for being overweight, 16 percent for anemia, 14 percent for vision problems, and 10 percent for hearing difficulties. For the first time since 2001, the PIR asked about the number of children treated for high lead levels (2 percent) and diabetes (1 percent).

Head Start programs are required to provide 10 percent of slots to children with disabilities and work with parents to diagnose children with disabilities and provide follow-up treatment. More than half of all children enrolled in Head Start with a disability are not diagnosed until entering the program. In 2005, 13 percent of children participating had a disability, including 6 percent diagnosed prior to the 2005 program

year and 7 percent diagnosed during the program year. Of those children diagnosed with a disability, 96 percent received follow-up treatment.

Head Start Program Performance Standards require staff to assist parents in accessing ongoing sources of dental and medical care for their children.⁶ In 2005, 82 percent of children had an ongoing source for dental care by the end of the program year; including 47 percent of children who entered the program without access to a continuous source of dental care. Within the previous year, 85 percent had completed a dental exam and of these, 26 percent required follow-up treatment and 79 percent received this treatment.⁷

Most children (92 percent) either had a source for ongoing medical care (“medical home”) at enroll-

ment or acquired a source of care during the program year. Of the 13 percent of children who did not have a medical home at enrollment, 60 percent had a medical home by the end of the program year. Most children (96 percent) had also received all immunizations, or all immunizations possible at the time.⁸ Among the 9 percent of children who were not up to date on immunizations upon entering Head Start, 55 percent caught up during the program year.

Children are increasingly receiving health insurance through public programs, even though parental employment rates have remained constant. The number of Head Start children with private insurance continued to decline in 2005, down to 11 percent compared to 16 percent in 2001. Ninety-one percent of children had health insurance by the

FIGURE 2

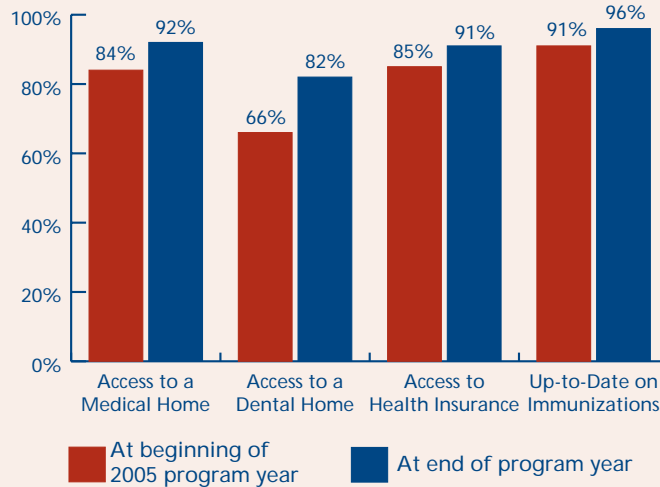
Head Start Disability Determination and Special Services, Program Year 2005

Children determined to have a disability	132,796
Percentage with a disability out of all Head Start children	13%
Children diagnosed prior to Head Start enrollment, of those determined to have a disability	47%
Children diagnosed during the Head Start program year, of those determined to have a disability	53%
Children who received special services, of those determined to have a disability	96%
Most significant disability for which identified preschool-age children received services:*	
Speech or language impairments	63%
Noncategorical/developmental delay	22%
Multiple disabilities including deaf-blind	3%
Health impairment	3%
Emotional/behavioral disorder	3%
Learning disabilities	2%

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

FIGURE 3

Children's Access to Health Care Services Before and After Head Start Participation, Program Year 2005



end of the program year, the same percentage as in 2004. Most children (78 percent) had health insurance through a public program (61 percent had coverage through Medicaid; 7 percent through the State Child Health Insurance Program (SCHIP); 8 percent through a combination of SCHIP and Medicaid; and 2 percent through a separate state-funded program). Among children who entered the program without health insurance (15 percent), 44 percent attained it by the end of the enrollment year.

Although all Administration for Children and Families (ACF) regions administered medical and dental services to the vast majority of children, the rates of service varied from region to region. For instance, in region 1 (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont), an onsite mental health professional was available to programs for an average of 87 hours per month, compared to an average of 36 hours per month in

region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee). Likewise, in region 1 a mental health professional consulted with Head Start staff for 23 percent of children, compared to 7 percent of children in region 4.

Children's access to dental services, both at the beginning of the Head Start program year and during the program year, varied considerably by ACF region. While 80 percent of children in region 2 (New Jersey, New York, Puerto Rico) entered Head Start with a source for ongoing dental care, just 56 percent of children in region 1 had a dental home. In region 4, 64 percent of children who entered the program without a dental home attained a source for continuous care during the program year, compared to 37 percent of children in region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin).

Head Start Families

In 2005, 44 percent of Head Start families included two parents and 56 percent included a single parent. These figures have remained unchanged since 2002. In 2005, the percentage of parents who were employed or participating in school and job training programs remained unchanged from previous years as well. Seventy-one percent of Head Start families included at least one working parent and 16 percent included a parent in school or job training.

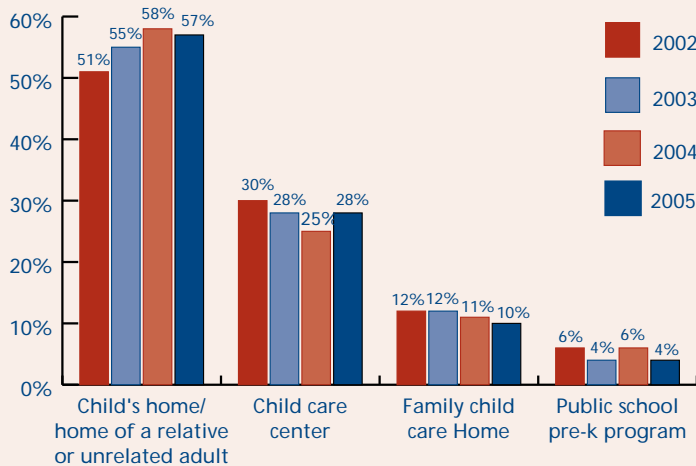
For the most part, child care arrangements outside of Head Start remained similar to those in 2004, although slightly fewer children were in informal care and prekindergarten programs, and slightly more children were in child care centers. Among families who needed full-day, full-year child care outside of the Head Start program, most (57 percent) used family, friend, and neighbor caregivers. An additional 10 percent received care at a family child care home and 28 percent went to a child care center. About 4 percent of children received care through a public school prekindergarten program.⁹

Just 9 percent of children received a child care subsidy in 2005, despite the fact that only 19 percent of children were enrolled in Head Start programs operating at least eight hours per day, and 71 percent of families included at least one working parent.

In general, most Head Start parents had limited formal education. Similar to previous years and again in 2005, most parents had a high school education or less. One-third (32 percent) of Head Start parents had not completed high school or a GED, 44 percent had a high school diploma, 20 percent had some college

FIGURE 4

Primary Child Care Arrangements During Non-Head Start Hours, Program Years 2002-2005



or vocational school, and just 4 percent had a B.A.

The percentage of Head Start families participating in the Temporary Assistance for Needy Families (TANF) program has decreased significantly in recent years. In 2005, just 19 percent of Head Start families received TANF benefits, compared to 45 percent in 1997. In recent years, the percentage of Head Start families receiving services through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has steadily increased from 40 percent in 2002 to 49 percent in 2005.

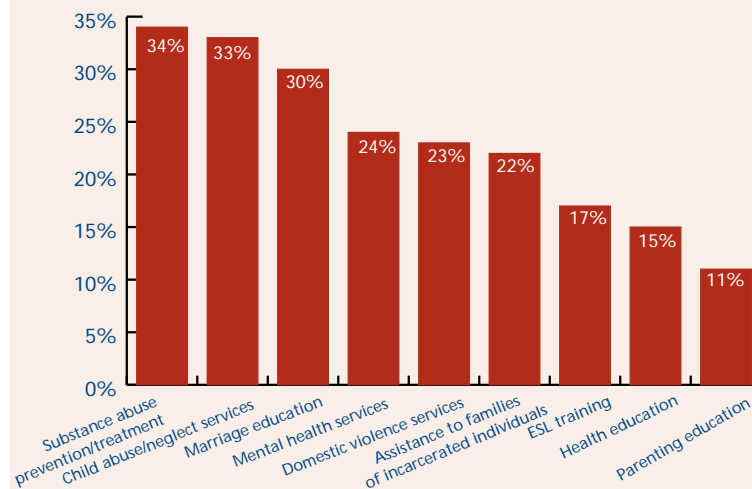
PIR data show that Head Start has become increasingly important in meeting the needs of low-income families. Head Start Program Performance Standards require that programs work with parents to develop a Family Partnership Agreement, which describes the family's strengths and provides a plan to address needs.¹⁰ In 2005, 86 percent of

families participated in the family partnership process, an increase since 2002 (81 percent).¹¹ Participation in Head Start support services has also increased in

recent years. Between 2002 and 2005, the percentage of families accessing health education services grew from 27 percent to 34 percent. Over the same time period, the percentage of families accessing parenting education resources grew from 32 percent to 38 percent. Other services were provided to a smaller proportion of families, but grew substantially between 2004 and 2005. Despite a decrease in the number of families served in 2005, there was an increase in the number of families receiving mental health services; English as a Second Language (ESL) training; substance abuse prevention and treatment; child abuse and neglect and domestic violence services; marriage education; and assistance for families of incarcerated individuals. Two-thirds (66 percent) of families accessed at least one of these support services.¹²

FIGURE 5

Percent Change in Head Start Families' Participation in Family Services, Program Years 2004 to 2005



Note: Between 2004 and 2005, there was a decrease in the number of families served by the Head Start program. Despite the decrease, there was substantial growth in the number of families accessing comprehensive services through Head Start.

The percentage of homeless families has remained at 2 percent since 2002; however, the number of homeless families who were able to acquire housing during the Head Start program year dropped from 62 percent to 57 percent between 2002 and 2005.

An increasing number of programs offered activities for fathers and father figures. In 2005, 85 percent of programs offered activities specifically aimed at fathers, compared to 76 percent in 2002. Twenty percent of children had fathers or father figures participate in these activities in 2005, compared to 13 percent in 2002.

The number of parents participating in Head Start as staff members or volunteers remained the same in 2005. Sixty-five percent of volunteers were current or former Head Start parents, as were 26 percent of staff members.

Head Start Staff

In 1998, Congress mandated that half of all center-based Head Start teachers nationwide obtain at least an A.A. by September 2003. Head Start programs met that mandate, and the number of teachers with degrees and credentials continued to increase in 2005, with 69 percent of teachers holding an A.A. or higher. Thirty-one percent of teachers had a B.A., 33 percent had an A.A., and 5 percent had a graduate degree. For the first time, the PIR asked programs to indicate how many teachers with an A.A. were currently enrolled in a B.A. program; in 2005, 20 percent of those with A.A.s were in a B.A. program.

In 2005, only 31 percent of teachers did not have an A.A. or B.A. degree, whereas in 2002 nearly half (49 percent) of all

teachers did not have such a degree. Among teachers without degrees, 71 percent had a Child Development Associate (C.D.A.) or the state equivalent. Almost half (49 percent) of teachers with a C.D.A. were enrolled in a (A.A. or B.A.) degree program. Among teachers without a degree or C.D.A., 28 percent were in a degree program and 21 percent were in a C.D.A. training program.

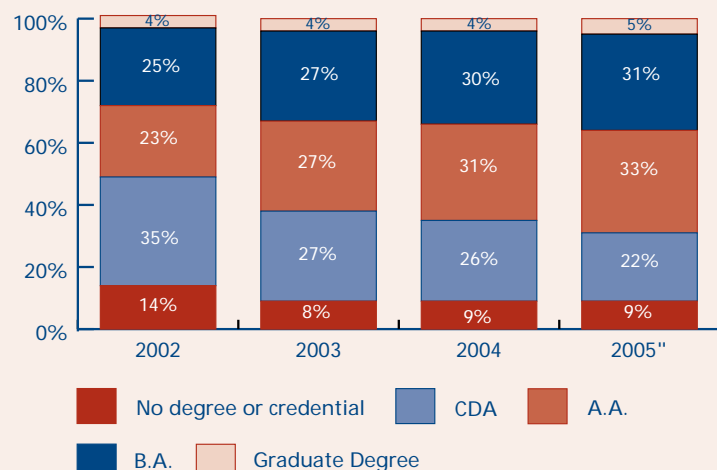
Although teacher education continues to improve, salaries remained stagnant in 2005. Overall, Head Start teachers earned an average of \$24,608 in 2005, compared to \$24,211 in 2004. Teachers with a B.A. earned an average of \$26,522, comparable to the 2004 average. Head Start teacher salaries are similar to the national average for public and private preschool teachers, which is \$24,560. However, Head Start teacher salaries are well below the nation-

al average for kindergarten teachers—\$44,940.¹³

In 2005, Head Start staff who worked directly with children (child development staff), including teachers, assistant teachers, family child care providers, and home visitors, was racially and ethnically diverse: 45 percent was white; 29 percent was black or African-American; 4 percent was American Indian or Alaskan native; 2 percent was Asian; and 1 percent was native Hawaiian or Pacific Islander. There was a sharp increase in the percentage of child development staff members who identified as bi- or multi-racial, other, or who did not specify their race. In 2004, 3 percent of staff members did not specify their race, compared to 13 percent in 2005. Likewise, the percentage of staff identifying as more than one race grew from 1 percent to 5 percent from 2004 to 2005. Similar to program participants, in 2005, the “Hispanic” category was removed from race

FIGURE 6

Teachers with Degrees and Credentials, Program Years 2002-2005



Note: The percentages do not add up to 100% due to rounding.

and included as a separate question on ethnicity. Twenty-seven percent of child development staff was Hispanic, regardless of race. Twenty-nine percent of child development staff was proficient in a language other than English, a rate that has remained relatively constant since 2002.¹⁴

Conclusion

As in past years, Head Start programs served a diverse group of children and families from primarily working families with limited formal education. Again in 2005, teacher education levels improved while salaries remained stagnant. Despite some regional differences in comprehensive services, Head Start provided the vast majority of its participants with access to medical, dental, and mental health services. Increasingly, Head Start has become a provider of last resort for comprehensive services for low-income families as federal resources for other programs serving low-income families decline and fewer families have access to benefits from private employers.

Despite Head Start's vital role in providing services for low-income children and their families, a lack of resources prevent the program from reaching more children. In 2005, the federal government funded 10,000 fewer Head Start slots than in 2004. About half of eligible children are enrolled in the preschool program and just 2.5 percent of eligible children are enrolled in Early Head Start.¹⁵ As Congress continues to think about reauthorizing the Head Start program, access to the program and the value of high-quality comprehensive services provided to low-income families should be primary considerations.

Endnotes

- 1 For more information on Head Start Program Information Reports (PIR) visit <http://www.acf.hhs.gov/programs/hsb/programs/pir/>.
- 2 This figure differs slightly from the level of federally funded enrollment reported in 2005 by the U.S. Department of Health and Human Services, which was 906,993 (Source: U.S. Department of Health and Human Services Administration for Children and Families, Head Start Bureau. *Head Start Program Fact Sheet, 2006*. <http://www.acf.hhs.gov/programs/hsb/research/2006.htm>)
- 3 The PIR collects data on all children and pregnant women who participate at any point, including those who do not complete the year. Since some participants drop out during the program year and are replaced, the total number of participants exceeds the number of Head Start slots.
- 4 Native Central American, South American, and Mexican languages; Native North American or Alaska Native languages; Caribbean languages; Pacific Island languages; African languages; and European or Slavic languages each accounted for less than 1 percent of children enrolled in Head Start in 2005.
- 5 The PIR includes all children who were enrolled in Head Start at any point during the program year, including those who dropped out before 45 days of enrollment, the time frame during which Head Start programs are required to provide medical and dental screenings. In 2005, about 5 percent of participants were enrolled for less than 45 days.
- 6 Head Start Program Performance Standards, 45, CFR, 1304.20(a)(1)(i).
- 7 This data includes only those children enrolled in the Head Start preschool program.
- 8 These children are not on the schedule recommended for their age group but have been brought up to date to the extent possible given the late start on their immunization schedule.
- 9 The percentage of children in each child care arrangement includes those in full-day and part-day Head Start programs, so the amount of time in each child care arrangement may vary within groups.
- 10 Head Start Program Performance Standards, 45 CFR1304.40(a)(1)(2).
- 11 CLASP's calculations of goal-setting participation include families with a child enrolled at any point, including those who drop out before the process begins. Head Start Program Performance Standards mandate consideration of a family's "readiness and willingness" to participate before beginning the process [45 CFR 1304.40(a)(1)].
- 12 This question changed between 2004 and 2005, so it is not possible to compare by year the proportion of families accessing more than one service.
- 13 U.S. Department of Labor, Bureau of Labor Statistics. *November 2004 National Occupational Employment and Wage Estimates*. 2004. (<http://www.bls.gov>). The U.S. Department of Labor, Bureau of Labor Statistics defines preschool teachers as individuals who "instruct children (normally up to 5 years of age) in activities designed to promote social, physical, and intellectual growth needed for primary school in preschool, day care center, or other child development facility."
- 14 The PIR does not collect data on staff proficiency in specific languages.
- 15 National Women's Law Center calculations are based on data from the U.S. Head Start Bureau on the number of enrolled preschoolers and Census Bureau data on children in poverty by single year of age in 2004.

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. 8

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