

Still Going Strong: Head Start Children, Families, Staff, and Programs in 2004

By Katie Hamm and Danielle Ewen

Over the past 40 years, the Head Start program has delivered early education and support services to 23 million low-income preschool children and their families. In 1995, Head Start expanded to serve children from birth to age 3 and pregnant women through the Early Head Start program. In addition to early education, Head Start programs must provide children and families with access to a range of comprehensive services, including parenting resources, health screenings and follow-up, and social services.

Head Start has been widely debated recently, as Congress discusses how to reauthorize the program. Although Head Start was scheduled for reauthorization in 2003, Congress was unable to agree on the best way to renew the program and no bill was passed. Now, as Congress considers pending legislation to reauthorize and strengthen all aspects of the program, new data on Head Start children, families, and programs provide insight into the people and services impacted by

About the Authors

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the program. The data come from Program Information Reports (PIR), which are submitted to the U.S. Department of Health and Human Services by all federal Head Start grantees.

This policy brief describes the characteristics of Head Start and Early Head Start children, families, staff, and programs during the 2003-2004 program year. This includes children ages 3 to 5 served by the Head Start preschool program; children birth to age 3 and pregnant women in the Early Head Start program; and families served through Migrant and Seasonal Head Start and American Indian and Alaskan Native Head Start programs. In this brief, “Head Start” is used as an inclusive term to refer to all of these programs. “Early Head Start” refers specifically to programs serving infants, toddlers, and pregnant women.

This brief is part of a series of briefs CLASP has released that analyze Head Start data from 2001, 2002, and 2003 to identify key trends since the program was last reauthorized in 1998. In this brief, we use 2004 data and note changes of 5 percentage points or more since 2001. In some instances, smaller changes are highlighted if they are particularly noteworthy. PIR data is available for all pro-

gram years since 2001, although some items are recent additions to the PIR.

ABOUT THIS SERIES

This is the sixth in a series of CLASP analyses of Head Start Program Information Report data, made possible by a grant from the A.L. Mailman Family Foundation. All are available at www.clasp.org. The next brief will discuss programs serving infants, toddlers, and pregnant women in more detail.

Key findings in 2004 include:

- **Head Start continued to serve primarily poor children in 2004. Most children were from working families with limited education.** The majority (77 percent) of Head Start parents did not have formal education beyond high school and one-third had not completed high school or an equivalent degree program. In 2004, 71 percent of Head Start families included at least one employed parent and 17 percent had at least one parent in school or job training. Twenty-one percent of families participated in TANF, less than half the share participating in 1997.
- **Head Start children were from diverse racial and ethnic backgrounds.** The Head Start

population remained racially and ethnically diverse in 2004. The participants— children and pregnant women—were 31 percent Hispanic, 31 percent African American, and 27 percent white. Other races, including American Indian, Asian, and Native Hawaiian or Pacific Islander, each accounted for less than 3 percent of participants. Approximately 28 percent of children came from homes where English was not the primary language.

- **Head Start provided medical, dental, and mental health screenings for children.** In 2004, 88 percent of children received a medical screening and 23 percent of children screened required further treatment. Seventy-eight percent of children received a dental exam; 27 percent of these children required additional treatment. Mental health professionals were available on-site an average of 50 hours per month—a decline of 38 hours since 2002. Thirteen percent of children exhibited behavior necessitating consultation with a mental health professional.
- **In 2004, Head Start continued to provide support services to children and families.** In 2004, 83 percent of families participated in the family goal-setting process to describe strengths and weaknesses in the family and identify services to help meet goals. The most widely accessed services in 2004 were parenting resources, health education, emergency or crisis intervention, housing assistance, adult education, and transportation assistance.

- **Parents were involved in Head Start as volunteers and employees in 2004.** In 2004, current or former Head Start parents comprised 65 percent of volunteers and 27 percent of staff. A large share of programs (82 percent) provided activities specifically for fathers.
- **Head Start teachers continued to seek further education and credentialing.** In 2004, 91 percent of teachers had at least an Associate Degree (A.A.) or a Child Development Associate (C.D.A.). Sixty-five percent of teachers had an A.A. or higher and 34 percent had a Bachelor's Degree (B.A.) or higher. The proportion of teachers with degrees increased substantially since 2003, when 57 percent of teachers had an A.A. or higher. Among the 35 percent of teachers without a degree in 2004, 43 percent were in an early childhood education (or related field) degree program.

- **In 2004, Head Start teacher salaries continued to be far below those of kindergarten teachers.** The average Head Start teacher salary in 2004 was about \$24,211. Teachers with a B.A. earned an average of \$26,241. Head Start teachers earned considerably less than kindergarten teachers, who earned an average of \$44,000 in 2004, and preschool teachers working in elementary and secondary schools, who earned an average of \$36,770.

Head Start Children

During the 2004 program year, Head Start served 10,675 pregnant women and 1,061,399 children

between birth and age 5 for a total enrollment of 1,072,014.¹ Early Head Start enrollment accounted for about 8 percent of total Head Start enrollment.

Three-quarters of Head Start children were eligible to participate because family income was below 100 percent of the poverty level at the time of program enrollment. An additional 18 percent were eligible based on enrollment in public assistance. Just 1 percent of children qualified for Head Start because of status as a foster child. Six percent of children participating in Head Start lived in families earning above the federal poverty line at the time of enrollment.

The proportion of children in each age group remained similar to 2003 figures. Preschool children (ages 3 to 5) comprised 91 percent of children in Head Start and infants and toddlers (from birth to age 3) accounted for 9 percent of children enrolled.

Head Start served a racially and ethnically diverse group of children and pregnant women in 2004, in keeping with trends from previous years. Participants were 31 percent Hispanic, 31 percent African American, 27 percent white, 3 percent American Indian, 2 percent Asian, and 1 percent Native Hawaiian or Pacific Islander. Four percent of participants were biracial or multi-racial.

Approximately 28 percent of children were from homes where English was not the primary language. Of these children, 83 percent came from homes speaking primarily Spanish. Children from primarily Spanish-speaking homes accounted for 23 percent of the overall Head Start population. East

Asian languages were the second most common, but accounted for just 4 percent of children from homes where English was not the primary language and 1 percent of Head Start children overall. Children from homes with other primary languages each accounted for less than 1 percent of the total Head Start population.

The proportion of children from homes where English was not the primary language varied considerably across states. California was the only state where the majority of Head Start children (58 percent) came from such homes. In Washington, Massachusetts, New Jersey, and Oregon, over 40 percent of Head Start children spoke a language other than English in the home. Programs in North Dakota, Mississippi, and West Virginia had the lowest proportion of children from homes where English was not the primary language; these children accounted for less than 2 percent of Head Start children in these states.

Head Start Performance Standards require grantees to collaborate with each child’s parent to conduct a developmental, sensory, and behavioral screening within 45 days of entry into the Head Start program. Program staff must also provide a referral for follow-up treatment if needed and work with parents to ensure that children receive appropriate treatment.² In 2004, as in previous years, 88 percent of children received a medical screening. Twenty-three percent of the children screened were identified as needing further treatment; 89 percent of these children received additional treatment either through Head Start or a referral.³ Among children receiving treatment,

conditions included asthma (29 percent), overweight (24 percent), anemia (16 percent), vision problems (14 percent), and hearing difficulties (10 percent). Two percent of children were referred to mental health services outside of Head Start and 72 percent of those referred received mental health treatment.

Thirteen percent of Head Start children had a disability in 2004, over half of which were diagnosed during the Head Start year. Of the children identified with a disability, 95 percent received treatment and related services, and 94 percent had an Individualized Education Plan (IEP) or Individual Family Support Plan (IFSP). Among children identified as having a disability, the majority of children had a speech or language impairment (58 percent) or a developmental delay/non-categorized disability (19 percent).

Most Head Start children received dental care during the program

year. In 2004, 78 percent of Head Start children received at least one dental exam during the program year. Among children receiving an exam, 27 percent required additional treatment and 80 percent received this treatment. Eighty percent of children who received an exam received preventative treatment.

Head Start Performance Standards require staff to assist parents with accessing an ongoing source of dental care for children.⁴ By the end of the enrollment year, 81 percent of children had access to ongoing dental care, compared to 65 percent of children at enrollment. Among children who entered Head Start without access to an on-going source of dental care, 46 percent accessed a source of ongoing treatment during the Head Start year.

Head Start Performance Standards require grantees and delegate agencies to determine whether each child has access to an ongoing

FIGURE 1

Head Start Disability Determination and Special Services, Program Year 2004

Children determined to have a disability	134,331
Percentage with a disability out of all Head Start children	13%
Children who received special services, of those determined to have a disability	95%
Most significant disability for which identified preschool-age children received services:*	
Speech or language impairments	58%
Non-categorical/developmental delay	19%
Multiple disabilities including deaf-blind	4%
Health impairment	3%
Emotional/behavioral disorder	3%

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

source of medical care within 90 days of program entry and to work with parents to find a source of medical care if needed.⁵ Ninety percent of children had an ongoing source for medical care by the end of the program year in 2004, an increase of 5 percentage points since 2002. Of children without a consistent source of medical treatment, 44 percent obtained access to ongoing medical care during the Head Start year—up from 35 percent during the 2002 program year. By the end of the 2004 program year, 95 percent of children either had all immunizations appropriate for their age, or had all immunizations possible at the time.⁶

Most Head Start children had access to health insurance. By the end of the end of the 2004 program year, 91 percent of children had health insurance. Among children who entered Head Start without health insurance, 43 percent acquired insurance by the end of the program year. The majority of children with health insurance (64 percent) participated in the Medicaid program. Other common types of insurance included private providers (14 percent), state Children's Health Insurance Program (SCHIP) (9 percent), and a combination of SCHIP and Medicaid (9 percent).

Head Start Families

Most Head Start families include low-income parents who are working or in school, with limited higher education. In 2004, 44 percent of Head Start families were two-parent households and 56 percent were headed by a single parent. Among single parents, 60 percent were employed and 17 percent were in school or job training. In

two-parent families, 86 percent of families had at least one employed parent and 17 percent of families had at least one parent in school or job training. Employment rates remained similar to those in 2002, when the PIR began asking about parental employment.

Most Head Start parents had limited formal education. One-third of Head Start parents had not completed high school or an equivalent degree. An additional 44 percent had a high school diploma or G.E.D. Twenty percent had some college coursework, an A.A., or a vocational degree. Just 3 percent held a B.A. or higher.

Among children requiring full-time child care who received it outside of the Head Start program, the proportion in formal child care settings has decreased, while the proportion in informal child care settings has risen in recent years. In 2004, 58 percent of children primarily received care in a home with a

relative or unrelated adult during non-Head Start hours—up from 51 percent in 2002. The proportion of children needing full-time child care who were in formal child care dropped from 48 percent in 2002 to 42 percent in 2004. Formal child care arrangements in 2004 included child care centers (25 percent), family child care homes (11 percent), and public pre-kindergarten programs (6 percent).⁷

The number of Head Start families receiving Temporary Assistance for Needy Families (TANF) in 2004 remained at 21 percent, as in 2002 and 2003. However, TANF participation has dropped substantially since 1997, when 45 percent of Head Start families received TANF assistance. As in 2002 and 2003, just 10 percent of all Head Start children received a child care subsidy in 2004. While public assistance rates have decreased, Head Start families did access other government services. Forty-five percent of Head Start families

FIGURE 2

Head Start Parent Employment and School/Job Training, Program Year 2004

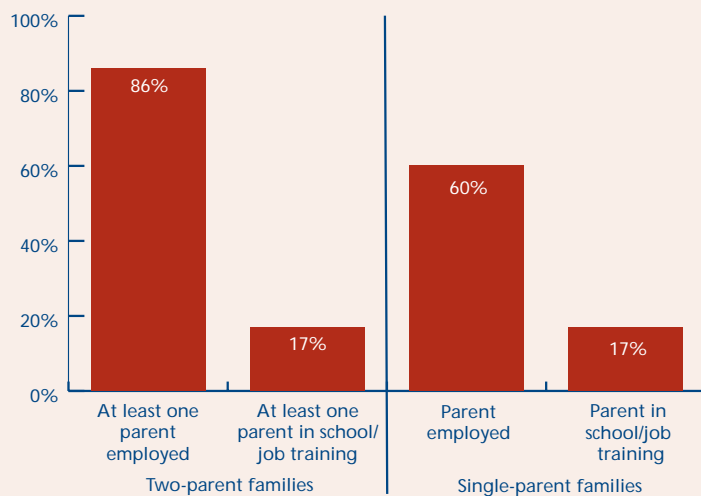
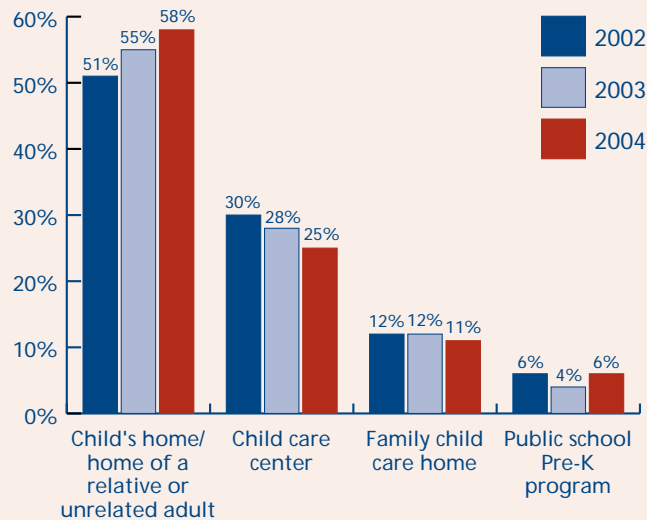


FIGURE 3

Primary Child Care Arrangements During Non-Head Start Hours, Program Year 2004



Note: Chart includes non-Head Start child care arrangements for children for whom full-year and/or full-day child care was needed to meet the needs of parents who are working or in job training.

participated in WIC, an increase of 5 percentage points since 2002.

Head Start Performance Standards require grantees to work directly with parents to develop a Family Partnership Agreement, which describes the family's goals and strengths and identifies services that may be useful in achieving specified goals.⁸ In 2004, 83 percent of families participated in the family goal-setting process.⁹

Head Start families continued to access support services at high rates. Nearly one-third of Head Start families used at least two services during the 2004 program year. The most commonly accessed services were parenting education (34 percent) and health education (30 percent). A substantial portion of families also accessed emergency intervention services to seek immediate

need for shelter, food, or clothing (15 percent); housing assistance (11 percent). Two percent of families were homeless when the child was enrolled in Head Start, and 58 percent of these families acquired housing by the end of the program year.

Other services included adult education (11 percent); and transportation assistance (10 percent). Services that families used less frequently included: mental health services (8 percent); job training (8 percent); ESL training (6 percent); child abuse or neglect services (5 percent); child support assistance (4 percent); substance abuse treatment or prevention (3 percent); domestic violence services (3 percent); marriage education (2 percent); and assistance to families of incarcerated individuals (1 percent).

Parents continued to be involved as volunteers and staff members, and in Head Start activities. In 2004, current or former Head Start parents comprised 65 percent of volunteers and 27 percent of staff. More children had fathers or father figures involved in Head Start program than in previous years. In 2004, 17 percent of children had a father or father figure involved in Head Start activities, compared to 13 percent in 2002. Eighty-two percent of Head Start programs reported having activities geared towards fathers in 2004, up from 75 percent in 2002.

Head Start Programs

According to the PIR, funded enrollment for Head Start in 2004 was 923,650, including 896,299 slots funded by the federal government and 18,909 slots funded by other sources.¹⁰ This figure differs from the level of federally funded enrollment reported in 2004 by the U.S. Department of Health and Human Services, which was 905,851.¹¹

Head Start grantees determine how to best administer services based on a community assessment that examines when and where programs should operate. Program options include home-based;¹² center-based, which may be full-day (operating six or more hours) or part-day (operating fewer than six hours); a combination of the two; or a locally designed option. Grantees may also contract with community-based providers—for example, private child care centers or family child care providers—to provide services.

In 2004, the majority of Head Start services were delivered via center-based programs. Ninety-one percent of Head Start slots were in

center classrooms. Forty-seven percent of Head Start slots were center-based for a full day, five days per week; 20 percent were part-day center-based slots offered five days per week. Twenty-one percent were part-day four days per week, and 3 percent of slots were full-day four days a week. Five percent of slots were home-based. In 2004, 19 percent of children were in programs offering services for eight or more hours per day to cover the non-Head Start part of the day for working families, as in 2003 and 2002.

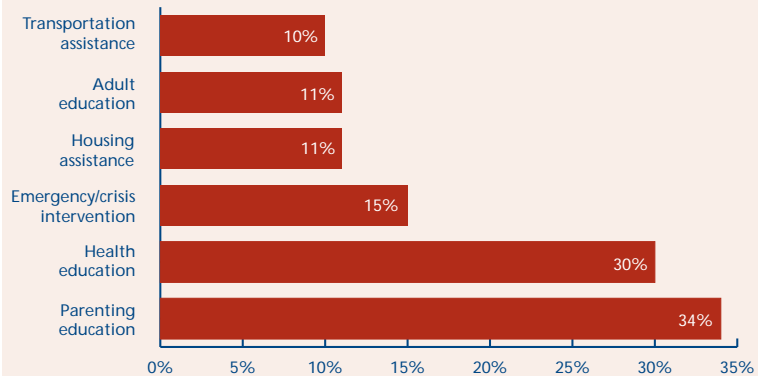
Head Start Teachers and Staff

In 1998, Congress passed a mandate requiring 50 percent of Head Start teachers nationwide to have an A.A. or higher by September 2003. The mandate was met, and in 2004, 65 percent of teachers had an A.A. or higher, compared to 57 percent in 2003 and 51 percent in 2002. The proportion of teachers with a B.A. grew from 28 percent in 2002 to 34 percent in 2004. Teachers without degrees also pursued further education; 43 percent were in a degree program for early childhood education or a related field and 6 percent were enrolled in a C.D.A. or equivalent training program.

For the first time in 2004, the PIR included data on the percentage of classrooms where at least one teacher had an A.A. or higher in early childhood education. Among classrooms operated directly by Head Start, 54 percent had at least one teacher with an A.A. or higher in Early Childhood Education or a related field. For classrooms operated by a community-based child care provider contracted to provide Head Start services, 56 percent had at least one teacher with such a degree.

FIGURE 4

Family Services Received Most Often by Head Start Families, Program Year 2004



Note: The percentages add up to more than 100% because families can access more than one family service.

The average Head Start teacher salary in 2004 was about \$24,211. Teachers with a B.A. earned an average of \$26,241. Salaries for teachers with a Bachelor's Degree or Graduate Degree grew less than 1 percent between 2002 and 2004 after adjusting for inflation. Teachers with an A.A. or C.D.A. saw a salary increase of 1.5 percent and 2.7 percent respectively after taking inflation into account. Despite widespread increases in education levels, Head Start teachers earned considerably less than kindergarten teachers, who earned an average of \$44,000 in 2004, and preschool teachers in elementary and secondary schools, who earned \$36,770.¹³ Teacher turnover remained at 15 percent; 28 percent of teachers who left cited higher compensation and benefits at other jobs in the early childhood education field. An additional 20 percent left due to a change in job field.

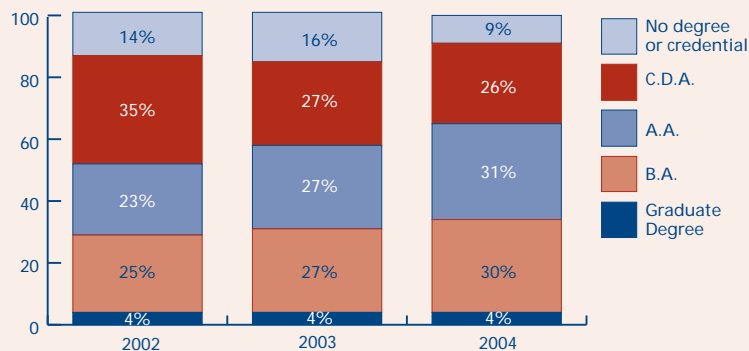
Head Start child development staff were racially and ethnically diverse. In 2004, 36 percent were white, 29

percent were African-American and 24 percent were Hispanic. Other racial and ethnic groups less represented among child development staff included: American Indian (3 percent), Asian (2 percent), Native Hawaiian or Pacific Islander (1 percent), biracial or multiracial (1 percent), and other races or unspecified (3 percent). Twenty-nine percent of child development staff were proficient in a language other than English, a similar rate as in 2003 and 2002.¹⁴

In addition to child development staff, a number of other staff members work with teachers, home visitors, and family child care providers to deliver services to children and families. Disability resource managers were available an average of about 23 hours per week in 2004. Eighty-six percent of programs had a Family and Community Partnerships Manager to facilitate services for families, and 81 percent of programs had a Health Services Manager to coordinate health and dental screenings and referrals.

FIGURE 5

Teachers with Degrees and Credentials, Program Years 2002-2004



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

Head Start teachers continued to receive on-site mental health consultation for working with children with problematic behavior, although this support was less available than in previous years. Mental health professionals were available on site an average of 50 hours per month, compared to an average of 88 hours per month in 2002. Mental health professionals consulted with program staff on 13 percent of children and provided an individual mental health assessment for 7 percent of children.

Conclusion

In 2004, Head Start continued to serve low-income children from diverse backgrounds with multiple risk factors. These children and their families received comprehensive services to support their healthy development. Head Start also has worked to raise education levels among its staff so that more children have access to trained teachers. Currently, however, Head Start can only provide these needed services to about half of eligible children.¹⁵ As Congress considers legislation to reauthorize the Head

Start program, the PIR data provides important information on the characteristics of Head Start families and the services currently available to meet their needs.

Endnotes

- 1 The PIR collects data on all children who participate at any point, including those who do not complete the year; it is not simply the number of funded slots.
- 2 Head Start Performance Standards, 45 CFR 1304.20(b)(1) & (c)(1).
- 3 The PIR includes all children who were enrolled in Head Start at any point during the program year, including those who dropped out of Head Start before 45 days of enrollment, the time frame during which Head Start programs are required to provide medical and dental screenings.
- 4 Head Start Performance Standards, 45 CFR 1304.20(a)(1)(i).
- 5 Ibid.
- 6 These children are not on the schedule recommended for their age group but have been brought up to date to the maximum extent possible given a late start on their immunization schedule.
- 7 The percentage of children in each child care arrangement includes those in full-day Head Start and in part-day programs, so the amount of time in each child care arrangement may vary within groups.
- 8 Head Start Performance Standards, 45 CFR 1304.40(a)(1)(2).
- 9 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. Performance Standards mandate consideration of a family's "readiness and willingness" to participate before beginning the process [45 CFR 1304.40(a)(1)].
- 10 This number reflects slots funded by the U.S. Department of Health and Human Services, as reported in the PIR.
- 11 U.S. Department of Health and Human Services Administration on Children and Families, Head Start Bureau. Head Start Program Fact Sheet, 2005. <http://www.acf.hhs.gov/programs/hsb/research/2005.htm>.
- 12 Home-based services entail weekly visits from a trained home visitor, group socialization activities, and access to Head Start support services for families.
- 13 U.S. Department of Labor, Bureau of Labor Statistics. *May 2004 National Occupational Employment and Wage Estimates*. 2004. (<http://www.bls.gov>) Wages are adjusted to reflect year-round, full-time wages for each occupation.
- 14 The PIR does not collect data on staff proficiency in specific languages.
- 15 National Women's Law Center calculations based on data from the U.S. Head Start Bureau on number of enrolled preschoolers, and Census Bureau data on children in poverty by single year of age in 2004.

Head Start Series

November 2005
Brief No. 6

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. 6

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