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EDUCATION AND CARE

Head Start Key Among Array of Early Childhood Programs, but National Research on Effectiveness Not Completed

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Education, Workforce, and Income Security Issues

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Highlights

Highlights of GAO-03-840T, a report to Senate Committee on Health, Education, Labor, and Pensions

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Why GAO Did This Study

The federal government invests over $11 billion in early childhood education and care programs. These programs exist to ensure that children from low-income families are better prepared to enter school and that their parents have access to early childhood education and care that allow them to obtain and maintain employment. The federal government invests more in Head Start, which was funded at $6.5 billion in fiscal year 2002, than any other early childhood education and care program. Head Start has served over 21 million children at a total cost of $66 billion since it began. The Chairman, Senate Committee on Health, Education, Labor, and Pensions asked GAO to discuss Head Start--how it fits within the array of early childhood education and care programs available to low-income children and their families and what is known about its effectiveness.

What GAO Found

Head Start, created in 1965, is the largest funded program among an array of federal early childhood education and care programs, most of which did not exist until decades later. The early education and child care demands of families have changed significantly since Head Start's inception. More women are working, the number of single parents has been increasing, and welfare reform has resulted in more families, including those with young children, entering the workforce. To help meet families' demands for early childhood education and care services, an array of federal programs, such as the child care block grant, have been added over time. Program legislation requires some of these programs to coordinate the delivery of early childhood education and care services for low-income families with young children. For example, to provide parents with full day coverage, Head Start, a predominately part day program, may coordinate with child care programs for the other part of the day. However, barriers--such as differing program eligibility requirements--sometimes make it difficult to blend services across the different programs.

Although extensive research exists that provides important information about Head Start, no recent, definitive, national-level research exists about Head Start's effectiveness on the lives of the children and families it serves. In its last reauthorization, Congress mandated a Head Start effectiveness study and specified that it be completed this year. According to HHS, the study will be completed in 2006.

www.gao.gov/cgi-bin/getrpt?GAO--03-840T.
To view the full product, including the scope and methodology, click on the link above.
For more information, contact Marnie S. Shaul at (202) 512-7215 or shaulm@gao.gov.

Mr. Chairman and Members of the Committee:

I am pleased to be here today to discuss our work on early childhood education and care programs, and in particular, Head Start, which many view as one of the most successful social programs. Nationwide attention has been focused on ensuring that children from low-income families are better prepared to enter school and that parents have access to early childhood services that allow them to obtain and maintain employment. In response, the federal government has increased funding for early childhood education and care programs to over $11 billion. Head Start—the federal government's single largest investment in early childhood education and care for low-income children—has served over 21 million children and their families at a total cost of $66 billion since its inception in 1965; its funding for fiscal year 2002 was $6.5 billion.

The reauthorization of the Head Start program offers a timely occasion for considering the two major issues my statement will address today: How Head Start fits into the array of early childhood education and care programs available to low-income children and their families and what is known about Head Start's effectiveness. My statement is based primarily on recent studies that we have conducted on early childhood education and care programs.

In summary, much has changed in society since Head Start was established nearly 40 years ago, including an increase in the availability of federal early childhood programs for low-income families. Changes in women's employment, family structure, and public assistance have dramatically increased the demand for early education and child care for low-income families. To help meet the increased demand brought about by societal changes, an array of federal education and care programs, as well as many state and local community programs, has been created for children from low-income families. The largest sources of additional federal funding for child care services come from the Child Care and Development Fund (CCDF) and Temporary Assistance for Needy Families (TANF). To meet the demands of families, some federal programs require coordination of services among early childhood education and care programs. To illustrate, most Head Start programs are predominately part day, part year programs, and they cannot meet the demands of working families who need full-day, full-year education and care services. In response to this requirement, some Head Start programs collaborate with other programs to provide families full day coverage. However, differing program eligibility requirements and other coordination barriers sometimes impede coordination efforts.

Although a substantial body of Head Start research exists that provides important information about the program, little is known about its effectiveness on the lives of the children and families it serves. Although the Department of Health and Human Services (HHS) currently has studies that show that the skills of children who participate in Head Start have improved, the studies do not provide definitive evidence that this improvement is a result of program participation and not other experiences children may have had. HHS has a study underway, however, that is expected to provide more definitive information on Head Start's effectiveness in preparing young children for school. The study, mandated by Congress to have been completed this year, is expected to be completed in 2006, according to HHS. Currently, no preliminary results are available.

Background

Head Start was created in 1965 as part of the "War on Poverty." The program was built on the premise that effective intervention in the lives of children could be best accomplished through family and community involvement. Fundamental to this notion was that communities should be given considerable latitude to develop their own Head Start programs. Head Start's primary goal is to prepare young children to enter school. In support of its school readiness goal, the program offers children a broad range of services, which include educational, as well as medical, dental, mental health, nutritional, and social services. Children enrolled in Head Start are primarily 3 and 4 years old and come from varying ethnic and racial backgrounds. Most children receive part day, part year program services in center-based settings.

Head Start is administered by HHS. Unlike most other federal early childhood education and care programs that are funded through the states, HHS awards Head Start grants directly to local grantees. Grantees may contract with organizations—called delegate agencies—in the community to run all or part of their local Head Start programs.

Array of Early Childhood Education and Care Programs Exists to Help Meet Increased Demand

Families' needs for early childhood education and care have changed dramatically since Head Start's inception, and to meet the increased demand, the federal government has created an array of federal early education and care programs. Many of these programs are required to coordinate the delivery of services to low-income families with children. However, barriers sometimes exist, making it difficult to blend the services offered across programs to meet the demands of families.

Increased Demand for Early Childhood Education and Care Services Has Led To An Increase in the Size and Number of Programs

Since Head Start was created in 1965, it has provided a wide range of services, through part day, part-year programs, to improve outcomes for children from low-income families. However, the demographics of families have changed considerably over the past several decades and increasingly, families need full-day, full-year services for their children. More parents are working full time, either by choice or necessity, and the proportion of children under age 6 who live with only one parent has increased. Moreover, welfare reform has meant that more families, including those with very young children, are expected to seek and keep jobs than ever before.

To help meet the demand for early education and care, the federal government has increased the number of, and funding for, programs providing early education and care services. For example, Head Start program funding has tripled over the past decade. Moreover, the federal government invests over $11 billion in early education and care programs for children under age 5, primarily through six major programs, including Head Start (see table 1). These programs are funded through HHS and the Department of Education. While these six programs receive most of the federal funding for early childhood education and care, many other smaller programs also fund services for low-income families with children.[1] Funding under these six programs can generally be used to provide a range of services: early education and care; health, dental, mental health, social, parental, and nutritional services; speech and hearing assessments; and disability screening.

[1]GAO analysis of Department of Education and HHS data using proportions based on analysis in U.S. General Accounting Office, *Early Education and Care: Overlap Indicates Need to Assess Crosscutting Programs*, GAO/HEHS-00-78 (Washington, D.C.: Apr. 28, 2000).

Table 1: Characteristics of the Six Major Federal Programs Supporting Early Childhood Education and Care

Program	Agency	Program goals	Estimated number of children served under age 5	Estimated amount spent for children under 5 (in billions)
Head Start[a]	HHS	Promote school readiness	912,000	$6.5
CCDF	HHS	Increase the availability, affordability and quality of child care services	1,260,000	$2.2
TANF	HHS	Provide assistance for needy families; end dependence of needy parents by promoting job preparation, work and marriage; prevent and reduce out-of-wedlock pregnancies; and encourage the formation and maintenance of two-parent families	350,000	$1.3[b]
Special Education—Preschool Grants (IDEA)	Education	Ensure that children with disabilities have access to a free and appropriate public education	316,000	$0.206
Title I (preschool programs)	Education	Ensure that all children have a fair, equal, and significant opportunity to obtain a high-quality education and reach proficiency on challenging state standards and academic assessments	313,000	$0.407
Even Start	Education	Improve the educational opportunities of low-income families by integrating early childhood education, adult literacy or adult basic education, and parenting education into a unified family literacy program	25,500	[c]

Sources: Programs' legislation and regulation.

Note: Unless otherwise indicated, number of children and funding for them are fiscal year 1999 estimates as determined through our survey. With the exception of Head Start, these are the most recent data available estimating the number of children under age 5 served.

[a]Number of children based on fiscal year 2002 data and funding reflects 2002 appropriation.

[b]May include funds expended directly on child care and transferred to CCDF.

[c]Estimate of the amount spent on children under age 5 is not available.

All of the programs—with the exception of IDEA—specifically target low-income children and their families, though they may actually serve different populations and age ranges of children. For example, Even Start programs serve a larger percentage of Hispanic children and a broader age range of children than Head Start.[2] Moreover, some programs differ in their goals. The primary goal of early childhood education programs such as Head Start, Even Start, and Title I, is to prepare young children to enter school. In contrast, a primary goal of child care programs, such as CCDF is

[2]U.S. General Accounting Office, *Head Start and Even Start: Greater Collaboration Needed on Measures of Adult Education and Literacy*, GAO-02-348 (Washington, D.C.: Mar. 29, 2002).

to subsidize the cost of care for low-income parents who are working or engaged in education and training activities. In addition, states have the flexibility to use block grant funds to subsidize child care as states pursue one of the key TANF goals—promoting employment for low-income adults with families.

In addition to federal programs that support services for poor children, many state and local community programs also offer education and care services for low-income families.[3] The majority of states, 39, fund preschool programs. Moreover, some states provide funding to supplement Head Start and fund child care programs.

Head Start and Other Early Childhood Programs Report Service Coordination, but Barriers to Coordination Exist

To better ensure that low-income families and their children can access the services provided through the myriad federal programs, Congress mandated that some programs coordinate with one another to deliver services to low-income families and their children. As a result, program officials have reported collaborative efforts with one another to deliver services; however, barriers still remain.

Head Start programs are required by law to coordinate and collaborate with programs serving the same children and families, including CCDF, Even Start, IDEA, and other early childhood programs. Similarly, CCDF agencies are required to coordinate funding with other federal, state, and local early childhood education and care programs. To promote more integrated service delivery systems and to encourage collaboration between Head Start and other programs that fund early childhood services, HHS began awarding collaboration grants to states in 1990. In fiscal year 2002, Head Start provided $8 million to states to support collaborative activities. Moreover, in awarding program expansion funds, Head Start has given priority to funding first those Head Start programs that coordinate with other child care and early childhood funding sources to increase the number of hours children receive early education and care.

Positive outcomes have occurred as a result of early childhood education and care program collaboration, enabling some states to expand the options for low-income families with children. For example, Head Start and CCDF officials reported pooling resources by sharing staff to add full-

[3]U.S. General Accounting Office, *Education and Care: Early Childhood Programs and Services for Low-Income Families*, GAO/HEHS-00-11 (Washington, D.C.: Nov. 15, 1999).

day care to the half-day Head Start program and to add Head Start services, such as nutrition and medical care, to day care programs. At the local level, about 74 percent of Even Start grantees reported that they collaborated with Head Start in some way, including cash funding, instructional or administrative support, technical assistance, and space or job training support.[4]

However, collaboration does not eliminate all gaps in care, and sometimes barriers, such as differing eligibility requirements, program standards, and different locations of programs, hinder collaboration. For example, program officials in 1 state said that the differing eligibility requirements between CCDF and Head Start made collaboration difficult. CCDF funds may be used for families with incomes up to 85 percent of state median income, which generally allows the states to give subsidies to families whose income is higher than the federal poverty level.[5] Head Start's income eligibility standard requires that 90 percent of enrollments be from families at or below the federal poverty level or from families eligible for public assistance. Thus, collaboration between these programs to achieve objectives might be difficult because some children may be eligible only for CCDF.

Effectiveness Study Underway to Determine Whether Head Start Makes a Difference

Although an extensive body of Head Start research exists that provides important information about the program, no definitive, national-level research exists on the effectiveness of Head Start for the families and children it serves, prompting Congress to mandate such a study when it reauthorized the program in 1998. HHS has other studies underway that provide important information about the progress of children enrolled in the program; however, these studies were not designed to separate the effects of children's participation in Head Start from other experiences these children may have had. Although obtaining information about Head Start's effectiveness is difficult, the significance of Head Start and the sizeable investment in it warrant conducting studies that will provide answers to questions about whether the program is making a difference.

[4]GAO-02-348.

[5]In fiscal year 2000, the federal poverty guideline was $17,050 for a family of four while the state median income ranged from a low of $24,694 for West Virginia households to a high of $43,941 in Maryland in 2000. States have the flexibility to set income eligibility limits up to 85 percent, but generally set them lower.

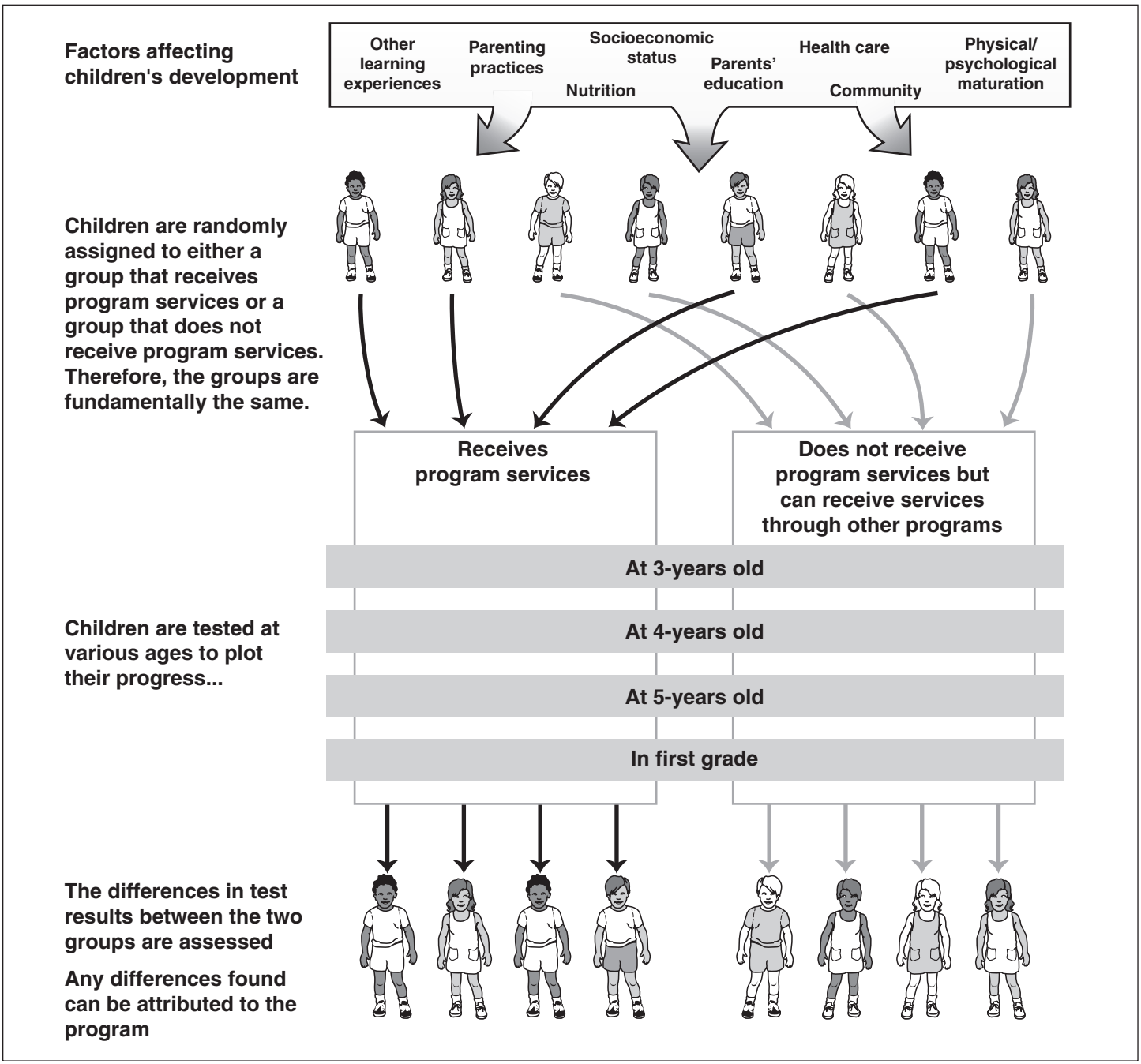
In 1998, we testified that the body of research on Head Start though extensive, was insufficient for drawing conclusions about the program as a whole and recommended that HHS undertake a study of Head Start's effectiveness.[6] In reauthorizing Head Start in 1998, Congress mandated such a study. The law mandated that the study be completed in 2003 and was very specific in detailing the kind of study HHS was to undertake. Specifically, Congress required that the study use rigorous methodological designs and techniques to determine if Head Start programs are having an impact on children's readiness for school. The mandated study addresses two questions: (1) what difference does Head Start make to key outcomes of development and learning for low-income children and (2) under which conditions does Head Start work best and for which children?

The study is using a rigorous methodology that many researchers consider to be the most definitive method of determining a program's effect on its participants when factors other than the program are known to affect outcomes.[7] This methodology is referred to as an "experimental design" in which groups of children are randomly assigned either to a group that will receive program services or to a group that will not receive program services. This approach produces information that is more likely to show the effect of the program being studied, rather than the effects of other developmental influences on young children (see fig. 1).

[6]U.S General Accounting Office, *Head Start: Challenges Faced in Demonstrating Program Results and Responding to Societal Changes*, GAO/T-HEHS-98-183. (Washington, D.C.: June 9, 1998).

[7]U.S. General Accounting Office, Early Childhood Programs: *The Use of Impact Evaluations to Assess Program Effects*, GAO-01-542 (Washington, D.C.: Apr. 16, 2001.

Figure 1: Experimental Design for Early Childhood Program Impact Evaluations



Source: GAO visual rendition based on requirements of experimental impact evaluations

The Head Start study is a $28.3 million national impact evaluation that follows participants over time. The study has two phases. The first phase, a pilot study designed to test various procedures and methods, was conducted in 2001. The second phase began in the fall of 2002 and entails data collection on 5,000 to 6,000 3- and 4- year olds from 75 programs and communities across the country. The study will track subjects through the spring of their first grade year. An interim report, scheduled to be released in September of this year, will describe the study's design and methodology and the status of the data collection; it will not contain findings. Although Congress required that the study be completed in 2003, HHS reports that the study will be completed in 2006. This study is a complex, multiyear, longitudinal study and considerable attention had to be given to both study planning and execution. According to HHS, many aspects of the study needed to be pilot tested before the larger study could begin.

In another effort, Head Start is collecting outcome data on a nationally representative sample of Head Start children and families as part of its Family and Child Experiences Survey (FACES). FACES is an ongoing, longitudinal study of Head Start programs that uses a national sample of 3,200 children. FACES provides national data on Head Start child outcomes, family involvement, and key aspects of program quality and teaching practices. New findings from FACES research published in 2003 show that children enrolled in Head Start demonstrated progress in early literacy and social skills; however, their overall performance levels when they left Head Start was below that of children nationally in terms of school readiness.[8] This study, however, was not designed to provide definitive data about whether the initial gains children made in early literacy and social skills resulted from their participation in Head Start or some other experiences children may have had.

Mr. Chairman, this concludes my prepared statement. I will be happy to respond to any questions you or other Committee Members may have.

[8]Department of Health and Human Services, *Head Start FACES 2000: A Whole-Child Perspective on Program Performance*, 2003.

GAO Contact and Staff Acknowledgments

For further information regarding this testimony, please call Marnie S. Shaul, Director, at (202) 512-7215. Individuals making key contributions to this testimony include Sherri Doughty and Harriet Ganson.

Related GAO Products

Child Care: Recent State Policy Changes Affecting the Availability of Assistance for Low-Income Families. GAO-03-588. Washington, D.C.: May 5, 2003.

Head Start and Even Start: Greater Collaboration Needed on Measures of Adult Education and Literacy. GAO-02-348. Washington, D.C.: March 29, 2002.

Title I Preschool Education: More Children Served but Gauging Effect on School Readiness Difficult. GAO/HEHS-00-171. Washington, D.C.: September 20, 2000.

Early Childhood Programs: Characteristics Affect the Availability of School Readiness Information. GAO/HEHS-00-38. Washington, D.C.: February 28, 2000.

Early Childhood Programs: The Use of Impact Evaluations to Assess Program Effects, GAO-01-542. Washington, D.C.: April 16, 2001.

Education and Care: Early Childhood Programs and Services for Low-Income Families. GAO/HEHS-00-11. Washington, D.C: Nov. 15, 1999.

Early Education and Care: Overlap Indicates Need to Assess Crosscutting Programs. GAO/HEHS-00-78. Washington, D.C.: April 28, 2000.

Head Start: Challenges Faced In Demonstrating Program Results and Responding to Societal Changes. GAO/T-HEHS-98-183. Washington, D.C.: Jun. 9, 1988.

Head Start: Challenges in Monitoring Program Quality and Demonstrating Results. GAO/HEHS-98-186. Washington, D.C.: June 30, 1998.

U.S. General Accounting Office, *Head Start Programs: Participant Characteristics*, *Services*, *and Funding*. GAO/HEHS-98-65. Washington, D.C.: March 31, 1998.

Head Start: Research Provides Little Information on Impact of Current Program. GAO/HEHS-97-59. Washington, D.C.: April 15, 1997.