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School readiness in children living in non-parental care: Impacts of Head Start

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ABSTRACT

The current study examines the effects of Head Start on the development of school readiness outcomes for children living in non-parental care. Data were obtained from the Head Start Impact Study, a randomized controlled trial of Head Start conducted with a nationally representative sample of Head Start programs and families. The sample included 253 children living in non-parental care (defined as a primary caregiver who self-identified as someone other than a biological, adoptive, or step-parent), who experienced elevated rates of child and family risk factors. Results revealed modest direct short-term and indirect longer-term impacts of Head Start on school readiness outcomes (increased pre-academic skills, more positive teacher–child relationships, and reductions in behavior problems) for children living in non-parental care. Limitations of this study and directions for future research are discussed.

High-quality child-care and early-education programs appear to have positive effects on several key areas of young children's development, including self-regulation, academic achievement, and psychosocial functioning (Belsky et al., 2007; Magnuson, Meyers, Ruhm, & Waldfogel, 2004; National Institute of Child Health and Human Development Early Child Care Research Network [NICHD ECCRN], 2005a). Exposure to quality early care and education (ECE) programs may be particularly important for children from higher-risk families (Burchinal, Peisner-Feinberg, Pianta, & Howes, 2002; Peisner-Feinberg et al., 2001; Vandell, Belsky, Burchinal, Steinberg, & Vandergrift, 2010). Consistent with this view, Head Start was designed specifically to help children from disadvantaged families prepare for success in school (Child Trends, 2011).

Most children attending Head Start qualify for services as a result of living in poverty; additionally, federal policy designates children in foster care, one form of non-parental care, as categorically eligible for Head Start regardless of their family income. The effects of Head Start, for children living in non-parental care, including children in formal foster-care arrangements, remain unknown. One key mechanism through which Head Start intends to assist children's early learning is through provision of supports for both the family and the individual child (e.g., Takanishi & DeLeon, 1994; U.S. Department of Health and Human Services [U.S. DHHS], 2010a). It is important to investigate the effectiveness of this wrap-around approach for young children who live in non-traditional family situations, such as those in non-parental care. Effectively supporting and engaging these families may be challenging, especially considering that children's primary caregivers and living situations often change, and that these children often exhibit high rates of developmental vulnerabilities (e.g., Billing, Ehrle, & Kortenkamp, 2002). The present study investigates the impact of Head Start on the school readiness development of children living in non-parental care, using data from a randomized control trial.

Needs of children in non-parental care

Children living in non-parental care represent a diverse group whose parents are not able to take care of them for varying reasons, such as concerns about abuse, neglect, or domestic violence; or as a result of parental illness (physical or mental), substance abuse, or legal or economic problems, including incarceration. In the current study, non-parental care is defined as a primary caregiver who self-identifies as someone other than a biological, adoptive, or step-parent. Almost 80% of children in the United States not living with a parent live with other relatives (often called kinship care), and most of these children are not in a formal foster-care arrangement overseen by child welfare services (Denby, 2011). However, children in foster care are perhaps the most often studied group of children living in non-parental care; as such, we draw upon some of this literature throughout this study. Regardless of whether they are in a formal or informal arrangement, children in non-parental care often experience multiple risk factors, including prenatal exposure to alcohol (Astley, Stachowaik, Clarren, & Clausen, 2002), poverty (Ehrle & Geen, 2002; Sousa & Sorensen, 2006), caregiver mental health problems (Ehrle & Geen, 2002; Minkler, Fuller-Thomson, Miller, & Driver, 2000), maltreatment (Chernoff, Combs-Orme, Risley-Curtiss, & Heisler, 1994;

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Pears, Kim, & Fisher, 2008), and instability of home environments (Rubin, O'Reilly, Hafner, Luan, & Localio, 2007).

Exposure to these compounded risks impact both short- and long-term child outcomes. Children living in non-parental care are at higher risk for developmental problems, including poor cognitive and psychosocial functioning (Billing et al., 2002; Pears et al., 2008), and behavior and mental health problems (Billing et al., 2002; Ehrle & Geen, 2002; Rubin et al., 2007; Stahmer et al., 2005). Such difficulties can lead to lower levels of achievement and school engagement (Billing et al., 2002; Pears, Heywood, Kim, & Fisher, 2011). Children in foster care and kinship care, in particular, are commonly represented in special education classrooms (Sawyer & Dubowitz, 1994; Scherr, 2007). Children living in non-parental care also show greater vulnerabilities in self-regulation, a key area of school readiness, than their peers from similar socioeconomic backgrounds (Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007; Pears, Bruce, Fisher, & Kim, 2010).

In sum, this diverse group of children in non-parental care tends to exhibit an elevated need for services and supports. However, many of these children's needs remain unmet (Ehrle & Geen, 2002; National Survey of Child and Adolescent Well-Being [NSCAW], n.d.; Webb, Harden, Baxter, Dowd, & Shin, 2007), especially the needs of children younger than the age of 6 (Stahmer et al., 2005). Importantly, children in non-parental care outside of formal foster care may have even less access to services and insurance, despite high levels of physical and mental health needs, than children in formal foster-care arrangements who are served by child welfare agencies (Ehrle & Geen, 2002; Health Care Financing & Organization, 2004; Main, Macomber, & Geen, 2006).

For all young children in non-parental care, quality early-education and child-care programs may provide an avenue for meeting their service needs. Emerging evidence shows that, even though children in non-parental care often do not receive the formal mental health or special education services they need, many attend ECE programs. Over 50% of children ages 3–5 living in out-of-home placements attend center-based early-education programs, and 17–19% of these children are enrolled in Head Start (Ward et al., 2009). A recent study of a sample of 192 pre-kindergarten children living in foster care found that 88% of them had attended a center-based ECE setting, including Head Start (Lipscomb & Pears, 2011). As such, early childhood education programs, especially those that offer wrap-around services, such as Head Start, may provide an important avenue for serving this, often high-need, population that tends to be difficult to link to services through other means (e.g., Cuddeback, 2004; Leslie et al., 2000).

Head Start and outcomes in disadvantaged children

Created in 1965, Head Start is the largest publicly financed early childhood education and care program in the United States, providing comprehensive services to support disadvantaged preschool-age children and their families (Child Trends, 2011). By providing quality early learning, parental support, and wrap-around services, Head Start aims to promote development of the whole child (e.g., Takanishi & DeLeon, 1994; U.S. DHHS, 2010a). Numerous studies have explored the effects of Head Start on an array of cognitive and social outcomes for the general population of disadvantaged young children (Bryant, Burchinal, Lau, & Sparling, 1994; Lee, Brooks-Gunn, Schnur, & Liaw, 1990; U.S. DHHS, 2010a; Wen, Leow, Hahs-Vaughn, Korfmacher, & Marcus, in press; Zhai, Brooks-Gunn, & Waldfogel, 2011). However, evidence of positive impacts of Head Start remains mixed. Children who attended Head Start perform better on some, but not all, measures of vocabulary and early literacy at the end of preschool than their peers who did not attend Head Start (Nystrom, 1988; U.S. DHHS, 2010a; Williams, 1988). Similarly, Head Start has shown inconsistent effects on children's math skills (U.S. DHHS, 2010a; Wen et al., in press), as well as on their social, emotional, and behavioral development (Abbott-Shim, Lambert, & McCarty, 2003; U.S. DHHS, 2010a; Wen et al., in press). Head Start also strives to promote positive teacher–child relationships through high standards and ongoing monitoring (U.S. DHHS, 2010a). However, to date, little is known about the impact of Head Start on these relationships.

Recent evidence from exploratory subgroup analysis of data from the Head Start Impact Study suggests that Head Start may have particular importance for subgroups of children with risk factors in addition to poverty. For example, 3-year-old children from multi-risk households (distinguished by receipt of TANF or Food Stamps, low parent education, parent unemployment, single parent household, and young age of the biological mother) appeared to demonstrate more benefits from Head Start participation on language and literacy outcomes through the first grade than the overall sample of Head Start children (U.S. DHHS, 2010a). Likewise, children with special needs appeared to experience benefits of Head Start participation on their attention abilities and their relationships with teachers, an effect that children without special needs did not experience (U.S. DHHS, 2010a). These findings are consistent with evidence that center-based child care and preschool programs may be particularly important for children with elevated risk factors (Currie & Thomas, 1999; Fantuzzo et al., 2005; Lee, Brooks-Gunn, & Schnur, 1988; Magnuson et al., 2004; Magnuson, Ruhm, & Waldfogel, 2007; Peisner-Feinberg et al., 2001).

Head Start and children in non-parental care

As noted earlier, children living in non-parental care may be among the most disadvantaged children attending Head Start and exhibit a range of developmental vulnerabilities. As such, they have much to gain from Head Start. It is possible that Head Start could provide a developmentally supportive and perhaps even therapeutic context for these vulnerable children in which warm, sensitive caregiving, cognitive stimulation, and wrap-around services help to promote positive child development. By supporting children's development broadly across multiple areas, Head Start may help to lay the underlying foundations for children's school readiness, which then carry forward as children enter formal schooling.

However, despite recent evidence suggesting that a substantial proportion of children living in non-parental care attend Head Start programs (Lipscomb & Pears, 2011; Ward et al., 2009), as well as recent efforts by the federal government to increase access to Head Start and other ECE programs for children involved in child welfare (U.S. DHHS, 2010a, 2010b), we are not aware of any studies on the impact of Head Start (or other ECE programs) on the development of children in non-parental care. This is a critical gap given the differences between children in non-parental care and those in parental care (e.g., multiple risks and greater vulnerabilities in key skills; changes in primary caregivers who receive the wrap-around family services). It is important to determine whether programs that have been shown to be effective with the general population show the same levels of efficacy with high-risk subpopulations in order to be able to best tailor existing interventions to the needs of those children (Justice, Invernizzi, Geller, Sullivan, & Welsch, 2004).

The present study

The current study provides a rigorous investigation of the impact of Head Start for children in non-parental care by utilizing a randomized controlled trial (RCT). Due to the difficulty and cost involved, large scale RCTs are rarely conducted, especially with children living in non-parental care, even though their importance in accurately estimating program effects is well understood. The present study examines effects of Head Start on children's school readiness, measured here by pre-academic skills, teacher–child relationships, and externalizing behavior problems. Pre-academic skills are well-known precursors to academic success (e.g., La Paro & Pianta, 2000; NICHD ECCRN, 2005b; Stevenson & Newman, 1986). Externalizing behavior problems, including hyperactivity, inattention, and aggressive or oppositional behaviors, impede children's abilities to succeed in classroom environments