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COMMENTARY

Does Head Start Differentially Benefit Children with Risks Targeted by the Program's Service Model?

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Since Head Start's creation in 1965 as part of the War on Poverty, its mission has been to improve the school readiness of low-income children. To encourage this goal, the Head Start program uses a "whole child" model, which aims to promote children's transition to school by enhancing their development through the provision of educational, health, and nutritional services to children and families. Head Start also engages parents in their children's learning and helps parents with their own educational, literacy, and employment goals with the belief that these too are important in promoting children's preparedness for school.

Over the course of its nearly fifty year history, Head Start has evolved into a comprehensive service delivery program designed to serve poor children at risk in the targeted domains of cognitive development, socio-emotional development, health, and family functioning. This "whole child" approach to school readiness offers multiple services to children and families with the expectation that the accurate targeting of services to needs, and the positive synergy among the services and benefits received, will act together to adequately prepare children for kindergarten.

In this study, we used the Head Start Impact Study (HSIS), a nationally representative sample of 84 Head Start grantee/delegate agencies and nearly 5,000 newly entering, eligible three and four-year-old children, to test whether the program is meeting its conceptual goals of promoting school readiness outcomes for children whose risk profiles matched those targeted by the Head Start service model. Using Head Start's "whole child" approach, we created ten conceptually-based risk factors in four broad areas based on the Head Start program model: 1) children's pre-academic skills; 2) children's behavior problems; 3) children's health; and 4) family functioning.

Our principal research question was: Does Head Start differentially benefit children at greatest risk on achievement and behavioral outcomes after one academic year in the program and at the end of kindergarten compared with control group children? On the basis of the program design and the match between children's needs and the services provided by Head Start, we hypothesized a positive interaction between the Head Start treatment and the cumulative risk index, with the largest positive treatment effects for children with the greatest number of risks.

Our results were largely mixed. There was no evidence that Head Start differentially benefitted high-risk children's pre-academic skills at either time point. On total child behavior problems, our results varied depending on whether the respondent was the child's mother or teacher. On the maternal-report, interactions between Head Start and risk at the end of the program year were negative.

A child assigned to Head Start, on average, had higher maternal-reported behavior problems for each additional risk factor they had both after one program year and after kindergarten, compared with controls. Conversely, on the kindergarten teacher-report of a child's behavior problems, the interaction between Head Start and risk was positive. A child assigned to Head Start, on average, had marginally fewer behavior problems for each additional total risk factor they had, compared with controls.

The mixed interaction findings provided at least suggestive evidence that Head Start was better able to effectively individualize the program to improve teacher-reported behavior rather than pre-academic school readiness. Although attempts to individualize the Head Start program occur and vary at the center level, there are no systematic or formal guidelines for doing so at the national level. Therefore, although the differential benefits of Head Start for high-risk children are limited, nonetheless children enrolled should continue to receive services as, on average, the program boosts pre-academic skills and reduces problem behavior. Future research should continue to examine ways to help Head Start be more responsive to the individual needs of high-risk children and families, particularly in the cognitive domain, providing them with higher levels of support than they currently receive.

The full study is in Elizabeth B. Miller, George Farkas and Greg J. Duncan, "Does Head Start differentially benefit children with risks targeted by the program's service model?" Early Childhood Research Quarterly, Volume 34, 1st Quarter 2016, Pages 1–12.

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