Published in final edited form as:

Prog Community Health Partnersh. 2007 ; 1(2): 123–124. doi:10.1353/cpr.2007.0014.

Exploring the Impact of Head Start on Parents: A Pilot Study

Kim Dobson Sydnor, PhD¹, Mackessa Holt, MPH¹, Gayle Headen², Sonya Moore², Dana Yates², and Tara Gee²

⁽¹⁾Morgan State University School of Public Health and Policy

⁽²⁾Union Baptist Head Start Program

Abstract

Background—The national Head Start Program uses a comprehensive, family-centered approach to foster healthy development for low-income children. Over a 1-year period, a university—local Head Start research team developed and implemented a pilot project to explore the impact of the Head Start’s parental support services and other program activities. The interest was in determining any lasting effects on parents after Head Start.

Objective—To assess the change in and impact on education, employment, and personal development for Head Start parents using a community-based participatory approach.

Methods—This retrospective study involved 30 parent—child pairs randomly selected from graduate class lists. Face-to-face structured interviews conducted with parents focused on life changes and parent impact 2 years after Head Start. The focal areas included changes in and impact on education and employment, as well as the lasting effects of Head Start services and activities. Change was assessed using parametric and nonparametric tests.

Results—Descriptive analysis showed changes in education and employment, but none were statistically significant. The program impacted education through financial and emotional support. For employment, educational support facilitated the changes noted. The results also show three other areas of parental impact—personal development, family relationships, and health education.

Conclusion—These findings suggest that there are longer term parental outcomes that could be incorporated in assessments of Head Start effectiveness.

Keywords

Child development; physiological processes; community based participatory research; educational status

Economic disadvantage in the early developmental years can have lasting impact on an individual’s well-being. The research in this area shows that children who grow up experiencing economic disadvantage are less academically successful, achieve lower levels of education, and have less successful employment outcomes as adults.^{1–3} To ameliorate the impact of this early disadvantage, a number of targeted programs have been developed. The major federal initiative of this type is Head Start, a program that began as a pilot project in 1965. Head Start employs a comprehensive, family-centered approach to enhancing child development. Under this approach, programs and services provided for children are complemented by programs and services provided to families.⁴

There is considerable evidence of Head Start’s effectiveness in the short term, but studies do not consistently show the effects long term on intellectual development the program was designed to generate.^{5–7} Because of these mixed results, the strategy of a comprehensive family approach is being reevaluated. Some argue that greater focus on school readiness skills and

minimizing family support would be a more effective way to meet the developmental needs of economically disadvantaged children. One argument against this shift is that the family support services are important for children, parents, and siblings, especially for the most economically disadvantaged children.^{8,9} However, the evidence to address this argument is limited because most of the research on Head Start does not include assessment of the full range of parent support services. Some of the more commonly researched parental outcomes are disciplinary style, parent—child relationships, and parent—child engagement.^{10–12} These are important outcomes, yet they do not reflect all that is being done with and for parents. Fewer studies assess the impact of the other types of parent support services linked to family self-sufficiency (e.g., employment training and educational support). A review of the Head Start research suggests that this is an area that should be examined before making fundamental changes to the Head Start program.¹³

RATIONALE FOR A COMMUNITY-BASED PARTICIPATORY MODEL FOR RESEARCH

The current study seeks to make a contribution to the literature using a community-based participatory approach. Although this is not the only Head Start study using a participatory model, this is one of the few where the community partner initiated the research idea.¹⁴ Head Start programs are local in their implementation, with considerable variation among them. As such, locally initiated research can contribute to the larger body of Head Start literature. More centrally, the Head Start program (community partner) had been looking for assistance in answering a number of questions it felt had been overlooked in Head Start research, particularly in the area of parent support services. Further, the program wanted an academic partner with whom trust could be built and shared ownership of information established. A number of research projects had been conducted at the Head Start Center, but not with the Head Start Center. The opportunity to be engaged in the research was equally as important as the information that could be gleaned from the study.

CONCEPTUAL FRAMEWORK

The idea proposed by the community partner reflected its programmatic model and, not unexpectedly, a life course developmental framework. This framework specifies critical contexts (family, school, peers, and work) that have varying influence on individual development from birth to death. This perspective posits a process of cumulative effects where the current developmental state is built on prior experiences and transitions, with potential for altering life outcomes at each stage.^{15–17} This framework is relevant because it identifies key persons and contexts for child development. For children, the important contexts are family and school (Figure 1). School is the primary setting for academic learning and influences intellectual, social, and emotional development. The family is important in all of these areas as well. A number of aspects of the family environment impact this development. Socioeconomic status (SES) is one of those important aspects. It is associated with the quality of the home environment, the quality and quantity of time spent with children, the quality of parent—child engagement and parental expectations for child success.^{18–20} One indicator of SES—parent education—is particularly salient. It is important as a model of expected achievement, a pathway to employment and income, and an enhanced capacity to facilitate child learning.^{21,22} Parental emotional well-being influences children's development as well.^{23,24} With delivery of services and support linked to education, employment, and parent personal development, the model illustrates that longer term effects of Head Start may be present not only for children, but for parents too. Consistent with the life course proposition of cumulative effects, these parent effects can continue to impact their children through subsequent developmental periods.

The developmental model, the programmatic focus of Head Start, and the gap in the literature noted provide a rationale for assessing the impact of Head Start on parents. This study is a pilot project designed to explore parental changes following Head Start. The specific aim of this research is to examine change in education, employment, and personal development for parents 2 years after Head Start. It also examines if and how Head Start effected these changes.

METHODS

Study Design and Setting

This was a retrospective pilot study that included 30 African American parent—child pairs. The children were former enrollees in a local urban Head Start program. The project was planned and implemented over a 1-year period in partnership with the Head Start program staff. The Head Start program is based in a community where 93.4% of the residents are African American. In 2000, the community's median household was \$22,287.²⁵ The program serves about 200 families each year. Most children enter into the program at age 3 and have 2 years of Head Start enrollment. The program provides both full- and part-day services to families who meet income or other eligibility requirements such as being in foster care. Parent support services include family educational and employment support, child development classes, and mental health education and crisis support. In 2005, about 75% of the Head Start parents were single females and 81% had some form of employment. Seventy-five percent had no more than a high school diploma or its equivalent (G. Headen G, personal communication, December 15, 2005). Nationally, 77% of Head Start families had parents with no more than a high school education and more than 50% were employed.²⁶

The research was supported by a small internal academic grant funded by a National Institutes of Health's Extramural Associates Research Development Award. The study was reviewed by the institutional review board (IRB) of the academic partner's institution and approved by the governing body for the local Head Start, the Child Care Board. The head of the Child Care Board participated in the initial planning meetings for the study. The board includes current and former Head Start parents as well as representatives of the governing agency for the Head Start program. The research being presented focuses only on the parent interviews.

The Research Team

The research team consisted of the principal investigator (PI), a masters' student, and four members of the Head Start staff (director, family service coordinators [FSCs], and a mental health specialist). Three of the four Head Start team members had at one time been Head Start parents. Members of the Head Start core of the team were involved in almost every phase of the research, beginning with the development and submission of the grant proposal through to participating in the shaping of the instrument, the piloting of the instrument, the data collection process, the interpretation of the results, and decisions for next steps.

Through the research team meetings held over a 9-month period, staff members and FSCs became familiar with the methods and protocols associated with research. Meetings were held at the Head Start Center. Some of the research information being shared was not new because a number of projects had already been conducted at the center. Initial time was spent reviewing existing instruments, survey samples, consent forms, and looking at other research that had been conducted in Head Start before creating the protocol for the current study and preparing for IRB submission. None of the team was paid or financially supported for working as a team member.

Recruitment Training and Process

The number of families eligible for participation in the study was 214, coming from the 2001 and 2002 graduating cohorts. The FSCs developed the eligible participant pool by using the 13 full- and part-day class lists from these cohorts, excluding those who had received special education services. From the class lists, 80 children were randomly selected by their assigned number to form a recruitment list for enrolling parent—child pairs into the study. The target number of participants for this pilot was 30. This targeted sample size was based on time and financial considerations as well as the goal of the study. The number of families on the recruitment list was more than double the targeted sample size owing to an expectation of families having moved out of the city or being unreachable.

Using a script developed by the research team, FSCs contacted families by telephone. The targeted parent was the primary caregiver who had been engaged with program activities. Those who indicated willingness to participate were given a scheduled time to come in to the Head Start Center for their interview. When contacted, it was made clear that refusal to participate would have no impact on any current or future relationship with Head Start. No one contacted refused to participate in the study. This high rate of participation seems consistent with the high level of satisfaction with Head Start consistently reported.²⁷ The FSCs continued making phone calls until the target of 30 families was achieved.

Data Collection

The team determined that interviews would be held at the Head Start Center as opposed to family homes. Primary considerations were time and control over interview setting. The interviewers were prepared through a 2-hour training session that covered administration of the structured interview instrument and data recording procedures. Extensive training was not needed because the interviewers were individuals who either had interview experience as part of the Head Start program and/or had been paid interviewers for other research projects. The interviews took place over a 3-month period with sessions held on weekdays and Saturdays to meet parent schedules. None of the interviewers had worked directly with the families they were interviewing, but the training instructions clarified and emphasized the need to minimize influence on the study participants. Interviewers were paid \$25 for each completed interview.

Upon arrival, interviewers reviewed the study procedures with parents and obtained written informed consent. The team process was used to develop the consent form to maximize readability and comprehension. Parent interviews, about 20 minutes in length, took place in a room separate from their children. Interviewers recorded responses directly onto the interview sheet. At the conclusion of the interview, each parent received \$25 in cash for participating. A research team member was present during each of the interviews. Interviews were checked for completeness and clarification of any notes written. Each interview carried a unique identifying number. When data were processed and entered into a database, only the instrument number identified the parent data.

Measures

The parent interview instrument included questions about employment, education, health, life changes, impact of Head Start, and questions about their Head Start child's well-being during and after Head Start participation. It included the demographic items of age (in years), gender, and marital status (Table 1).

The instrument was pilot tested with parents of similarly aged children outside of Head Start. The feedback from this process helped to determine length of time to implement and identify problematic items related to wording of questions and response options. Head Start team members conducted the piloting.

In the employment and education questions, parents were asked their status at the time their child entered into Head Start and currently. For education, parents were asked, “What is your highest level of education?” The follow-up question was, “What was your highest level of education when you came to Head Start?” The final coding of responses is listed in Table 1. If change in status had occurred, interviewers then asked if Head Start had influenced the change (yes/no) and, if yes, how (open ended). Employment questions were asked in a similar two-question format. Responses assessed a range of employment—full time, part time, disabled, unemployed looking, and unemployed not looking. For analysis, the data were recoded into three levels of work.

Parents were asked two questions about services and programs utilized while they were at Head Start. The language for both questions was, “While you were in Head Start, do you remember receiving or taking part in any of these activities?” Parents were provided a list of services/programs that had been offered and asked to indicate yes/no for each of them. The programs covered a broad range of activities. If they indicated participation in any one, they were asked if the program(s) had any lasting impact (yes/no) and how (open ended). Finally, an open-ended format was used to gather information about any other impact Head Start might have had on them or their families that had not already been asked or discussed.

Data Analysis

All analyses were conducted by the PI and the masters’ student. Quantitative data analysis consisted of descriptive statistics and paired sample tests using SPSS 14. Frequencies and percentages were calculated for all of the measures. Parametric and nonparametric tests were used to assess change in employment and education.^{28,29} Qualitative analysis consisted of manual thematic coding. The open-ended responses were entered into a word processing document directly from the interview instrument. Each person independently coded the responses into domains that were then designated a theme. The analyses of the two investigators were then compared. Differences in coding were discussed and agreement achieved.

The quantitative and qualitative data results were presented and discussed in team meetings. As the community members of the team were most familiar with the Head Start families, they helped to clarify questions that arose regarding the findings and to clarify references to particular programs or aspects of the programs of which the academic members had little or no knowledge. These analytic contributions enriched interpretation of the results.

RESULTS

Ninety percent ($n = 27$) of participants were female. The mean age of the group was 39 (standard deviation = 10.5; range, 25–69). About 57% of the parents ($n = 17$) were currently married or living with a partner.

Employment

There was an increase in people reporting full-time work status from 60% ($n = 18$) to 77% ($n = 23$). However, both the t -test and the Wilcoxon sign-rank test showed no statistically significant change in employment status ($P < .19$ and $P < .16$, respectively). For the follow-up question, 5 of 14 (about 36% of respondents) attributed employment status improvement to Head Start. Four of these five responded to the “how” question, three attributing it to Head Start’s assistance with educational advancement and one person who indicated they had become employed in a Head Start program (Table 2).

Education

A combined 66% ($n = 20$) of the parents reported having greater than a high school education during Head Start enrollment. A combined 73% percent ($n = 22$) were at those levels after Head Start. The overall change was not statistically significant (*McNemar test*, $p < .01$; Table 3). Ten parents indicated that Head Start had an impact on their educational improvement. Qualitative analysis showed two types of impact that were themed as instrumental (material) and emotional support. Nine expressions represented instrumental support, with four of these referring to financial assistance. This is exemplified by responses such as “paid tuition reimbursement” or “paid for college credit.” Other instrumental support included references to “flexible program hours,” a “90-hour Head Start certification program,” and parenting skills classes. Three expressions were themed as emotional support with parents using the words “support” and “encouragement” to describe Head Start impact on their education.

Parent activities

Every parent indicated having participated in at least one activity. Among them, 28 responded that one or more of these activities had made a difference in their lives. Two themes emerged from the qualitative analysis—improved parent—child/family relationship and personal development. Examples of parent—child/family impact include, “parenting skills helped me be a better parent to my three sons,” “helped [me] with discipline behaviors,” and “brought family closer together by being involved in education.” The theme of personal development included expressions such as, “empowered me to be all that I can be,” “[gave me] exposure to leadership roles,” “[gave me] training on how to handle different problems, to diffuse them before they get out of hand,” and “opened doors to opportunity.”

Child and Family Activities

All of the parents checked at least one of the child- and family-focused items listed. Twenty-one of the 30 parents responded to the open-ended item regarding impact of child- and family-focused activities. Three themes emerged from this analysis—parent—child/family impact, personal development, and health education. Examples from the parent—child/family theme included, “got involved in grade school,” “learned patience to work with children,” and “highlighted importance of parent—child time.” For personal development, illustrative expressions included, “let me know someone cares about me,” “learn[ed] how to give more of myself,” and “helped with my socialization skills.” For health education, this theme was reflected in “[gave me] insight and information, more aware [of health],” “better outlook on health ... ideas of how to eat vegetables,” and “made me more aware of... blood pressure, cholesterol, dental check-ups.”

DISCUSSION

Overall, these findings point to continuing effects of this Head program on its parents in the areas of education and employment, with education being a central component. Impact was also evidenced in the areas of family relationships, personal development, and health education. These observations of parent effect on family relationships and personal development are consistent with other Head Start studies that report and examine these types of parent outcomes.³⁰ What is new is the examination of these effects after Head Start, with insight into the role of the local program in effecting those changes. There were parents who improved education and employment but did not see a Head Start contribution to that process. This is relevant information for assessment of program effects. Health education as a parent impact theme was not unexpected given Head Start’s emphasis on improving nutrition among the target families.³¹ The age distribution was fairly wide: 25 to 69 years, with a mean of 39. The mean is consistent with the Head Start national average. The range reflects the fact that parents in Head Start actually represent a variety of primary caregivers who are not necessarily biological parents.

³² The educational level was fairly high in this parent sample, higher than national Head Start numbers and higher than more recent cohorts for the local Head Start program. The Head Start staff indicated that educational levels have been trending downward over the past 4 years, partially owing to the increasing presence of preschool programs within the public school system and increase in the number of teenage parents bringing children into the program. The parents who have been shifting from Head Start to the public school programs tend to be older and more educated (G. Headen G, personal communication, December 15, 2005). Employment numbers were also larger than national Head Start numbers, which may have factored into the nonsignificant result.

Academic—Community Impact

The contributions of the community partners were significant. This approach enhanced the ability to translate and disseminate knowledge from the research arena to the lay public. Having the community partners ground the research made it a more meaningful process, and added a perspective that would have been missed had the work been done without the partnership.

The challenge of the partnership was to maintain the balance and boundary between community partner interests and the demands of the research. In the collaborative decision-making process there were few occasions when this inherent tension surfaced. Community partners worked within the boundaries of the research. It was more the case that the PI had to maintain focus on the research aspects, having approached the project from the perspective of the community partner.

Limitations

There are several limitations to the current study. The first and major limitation is the study's generalizability. The sample was small and may not be representative of all Head Start parents. Further, this Head Start program may not reflect the norm given the variation across programs.

A second limitation is reliance on recall and self-report data. Although the attribution of impact may accurately reflect attitude and beliefs regarding the program, the recall of education and employment status was not validated. Although this could have been accomplished, it would have involved revisiting family files, a more costly process with regard to time and money that was not deemed necessary for the immediate purpose of the pilot study. A point to consider is that self-reported data of this kind are frequently found in the literature and deemed valid and reliable.

A third limitation of the study is potential bias in the use of Head Start staff for interviews. Although most of the parents had not been directly engaged with their respective interviewees, their position as Head Start staff may have moved some of the respondents to be more positive in their assessment of Head Start. This potential bias was discussed with the research team. In the interest of community partner engagement and capacity building, it was decided to use the Head Start staff. To address this issue, participants were asked to be forthright in responding and informed on two occasions (phone call and interview) that responses would be confidential and not impact any current or future relationship with Head Start. Interviewers were cautioned against eliciting more positive responses.

Even in light of these limitations, the research has a contribution to make to the literature and to a Head Start research agenda. It was intended to be exploratory in nature, aimed at looking at potential areas for study and establishing next steps for research. It served that purpose.

Implications of the Research

Limitations notwithstanding, the findings lay some foundation for further inquiry. Placing the results in the context of the conceptual framework, these positive impacts would be expected to lead to enhanced child outcomes over time. Inquiry into what happens when parents do not experience this type of benefit from the program, and understanding why that might be the case, could be valuable information and an area of research to be pursued. Differential parent effects may be contributing to the mixed results for long-term effectiveness of Head Start programs. Consequently, including this expanded assessment of parental outcomes may contribute to a better understanding of Head Start effectiveness, along with consideration of other contextual variation that may be contributing to mixed results regarding Head Start effects.

Adding these measures would be consistent with the 1999 Head Start Research and Evaluation panel recommendations. One of the areas it suggested for research was specifying for whom and under what circumstances does Head Start work best. The panel's recommendation noted specifying effects for racial/ethnic mix, program components and quality of delivery, as well as community setting.³³ Some parent support service data has already been collected as part of the national Head Start evaluation. Examining parent impact would be consistent with this research recommendation and may enhance the value of the studies being carried out. This is especially important in a period when the fundamental approaches to Head Start are being reevaluated. Even small studies such as this may make a contribution to the research and the overall discussion.

This study continues to make the case for the value of community partnered research. These partnerships enrich research and foster exchange of information and ideas between academic institutions and communities that should lead to better and more widely utilized research.

Acknowledgments

Supported by funds provided by the National Institute of Health's Extramural Associate Research and Development Award Program through the Morgan State University Office of Sponsored Programs and Research.

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Figure 1.
Framework for Assessing the Impact of Head Start

Table 1

Overview of measures

Item	Responses
Age	In years
Marital Status (current and former)	1 = married 2 = separated 3 = divorced 4 = widowed 5 = living with a partner 6 = never been married
Employment Status (current and former)	1 = not working 2 = working part time 3 = working full time
Educational Level (current and former)	1 = less than high school 2 = high school/GED 3 = some college 4 = college degree
Parent Activities Checklist	Parenting classes Child development seminars Education assistance Employment or professional training Crisis intervention Mental health services Health seminars and services Volunteer awards banquet Head Start advocacy Classroom committee meeting/total parent group Policy committee/council Head Start conferences, training
Child and Family Activities Checklist	Child-focused meetings Closing exercises Classroom volunteering Field trips Health fairs End-of-year outings Fall Festival Community resources

Table 2
Frequencies, Percentages, and Paired Tests for Employment

	While at Head Start % (<i>n</i>)	After Head Start % (<i>n</i>)
Not working	20 (6)	10 (3)
Working part time	20 (6)	13 (4)
Working full time	60 (18)	78 (23)

Table 3
Frequencies, Percentages, and Paired Tests for Education

	While at Head Start % (<i>n</i>)	After Head Start % (<i>n</i>)
Less Than High School	18 (5)	10 (3)
High School/GED	17 (5)	17 (5)
Some College	40 (12)	40 (12)
College Degree	28 (8)	33 (10)