

National Head Start Association

Special Report: Reduced Funding Cripples Head Start from Reaching Its Potential



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Research and Evaluation Department
Ben Allen, Ph.D., and Angela Smith
1651 Prince Street, Alexandria, Virginia 22314
Telephone: (703) 739-0875 Fax: (703) 739-0878
www.nhsa.org

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BACKGROUND

Head Start is a two-generational comprehensive early childhood development and school readiness program serving primarily young children and their low-income families.¹ Head Start's goals are to foster children's school readiness and strengthen the families served by providing comprehensive services. Head Start's founding fathers recognized that the success of the program depended on the provision of comprehensive services, which would enable Head Start to serve the "whole child" and to address the complex needs of children living in poverty.

Because poverty has risen during the past five years, the need for Head Start and its services has increased. At the same time, however, the funding for Head Start has declined. Between Fiscal Year (FY) 2002 and FY 2008, Head Start programs have experienced an 11 percent cut in real funding (inflation-adjusted).² In addition, Head Start is faced with a growing list of regulations, demands, and challenges.

From February 20-March 4, 2008, the National Head Start Association surveyed Head Start directors across the country. The purpose of the survey was to understand the conditions and impacts of reduced funding on these programs. This report provides the results of that survey. Four hundred and seventy-seven Head Start programs in 49 states and Puerto Rico responded to this survey. The sole exception was New Hampshire.

SURVEY FINDINGS

Summary

Overall, this survey found that Head Start programs lack the funding to serve young children and families as Head Start's founders had intended. Head Start programs throughout the country are hampered. Reduced funding is preventing Head Start programs from reaching their full potential and limiting their impacts on children and families. According to many Head Start directors, they are "hanging on by a thread." To just survive, programs are being forced to eliminate their planning time and limit their scope of services, including a reduction in individualized services.

This survey revealed many negative impacts on service delivery, training and professional development, staffing. These impacts on Head Start programs are exacerbated by many of requirements imposed by the federal government under the *Improving Head Start for School Readiness Act of 2007* and other federal, state, and local unfunded mandates. This survey also found budget cuts to state and local social welfare and/or human service programs are affecting Head Start programs. As stated by a program in Massachusetts, "it is increasingly difficult to produce the outcomes expected for children and their families..."

¹ In this report, Head Start programs refer to Head Start and Early Head Start programs. This report provides data on how Head Start programs were affected in each state for which data are available. In a few states, Head Start programs did not respond to our survey.

² Sources: Office of Head Start, U.S. Bureau of Labor Statistics, and the Congressional Budget Office.

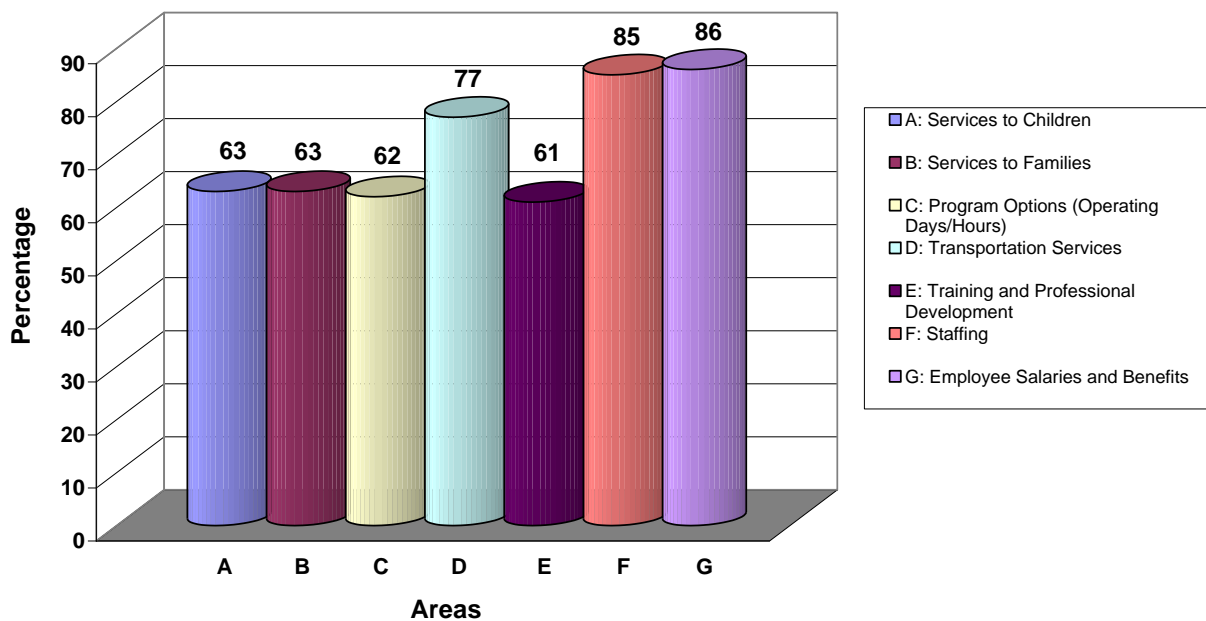
Service Delivery

Sixty-three percent of the responding programs indicated that reduced funding has negatively affected services to children during the 2007-2008 program year (see Figure 1). Sixty-two percent of Head Start programs reported that reduced funding has affected their program options (i.e., operating days/hours). Sixteen percent of programs had to convert their program from a full-day/full-year to a part-day/part-year program. Head Start programs have converted to shorter weeks with reduced hours, ended wrap around services and, in some cases, eliminated summer hours. Programs reported that modified operations have created hardships for parents and limits instructional time for children. Many Head Start children begin Head Start with limited pre-learning skills and other growth and developmental challenges. In light of the service modifications, Head Start programs are experiencing difficulties meeting the needs of these children.

Decreased funding has limited child and family access to Head Start services. Forty-nine percent of programs reported that their waiting lists of children in need of services have increased, but these programs lack the enrollment slots to serve them. Thirteen percent of programs reported that they had to close classrooms over the past year.

Figure 1.

Proportions of Head Start Programs Affected by the 11 Percent Budget Cut in Various Areas



Source: February-March 2008 NHA Budget Cut Survey of Head Start and Early Head Start Program Directors

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Reduced funding has affected transportation services provided by 77 percent of programs. For example, forty-five percent of programs indicated that they have had to cut or eliminate bus services over the past year. In fact, a program in New York reported that they had to cut its transportation services by 75 percent. Transportation increases access to Head Start; without it, many children are not able to attend.

Reduced funding has decreased the number and types of services that families typically use in Head Start programs. Sixty-three percent of programs reported that reduced funding has affected these services. Parent involvement and father-specific initiatives have been cut by many programs. Thirty-six percent of programs reported that they had to reduce services for families, including GED assistance and career development services for parents. Head Start programs around the country have cut mental health services, ESL services, dental services, learning enrichment field trips, and many other programs and services designed to help children to be knowledgeable, healthy, motivated, and engaged. Additionally, 23 percent of programs have had to increase class sizes over the past year.

Training and Professional Development

Quality training and professional development of Head Start teachers and staff is critical in ensuring that Head Start continues to be a high-quality program. Sixty-one percent of programs reported that reduced funding has hampered training and professional development in their programs. Many programs expressed concern because they are unable to send staff to high-quality training that is responsive to their growing needs. Programs reported that they are unable to provide tuition reimbursement for parents and staff. Some programs are experiencing high turnover rates, and, at the same time, are unable to send new staff members for necessary training.

Staffing

Eighty-five percent of Head Start programs reported that reduced funding has had effects on program staff. In fact, 78 percent of programs reported that over the past year they have eliminated staff positions and reassigned job responsibilities to other staff members. According to the survey, Head Start programs have drastically cut “family service” staff and have increased the caseloads of remaining family service staff members. A program in Arkansas, for example, has its family service workers managing average caseloads of 83 families, and in a program in Ohio, each family service worker manages caseloads of 50 to 90 families. This far exceeds numbers that allow a family service worker to be effective.

Meanwhile, 86 percent of Head Start programs reported that reduced funding has affected employee salaries and benefits. With no new funding to pay for salary increases for teachers, Head Start programs are much less able to retain good teachers. Forty-seven percent of Head Start programs reported that they were much less able to keep good teachers because many of these teachers leave the teaching profession or go to work in public schools where teacher salaries are higher. Over the past year, 28 percent of Head Start programs have had to cut or

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eliminate employee health care benefits, and 27 percent have had to cut or eliminate other employee benefits. According to Head Start directors, these factors have led to high turnover rates and low staff morale and have hindered their ability to maintain highly qualified staff members.

New Requirements/Mandates

In addition to contending with decreased funding, Head Start programs must comply with hundreds of new federal requirements recently enacted in the *Improving Head Start for School Readiness Act of 2007*. Among these mandates are the requirements that 50 percent of Head Start teachers nationwide in center-based programs have a baccalaureate degree by September 30, 2013, and that all Head Start teaching assistants nationwide in center-based programs have at least a Child Development Associate (CDA) credential or be enrolled in a program that will lead to an associate degree, baccalaureate degree, or CDA also by September 30, 2013.³ However, no new funds were provided in the FY 2008 funding to help pay for these new credentials. This lack of funding is expected to have negative consequences for teacher retention. Sixty-three percent of Head Start program directors expect to lose good teachers and assistants who lack the financial means to further their education or who will anticipate a salary increase if they can afford to use their own funds to pay for the required credentials.

Facing reduced funding and these new federal requirements, 77 percent of respondents indicated that their programs are already at or near the breaking point and, therefore, cannot absorb new unfunded requirements. Meanwhile, Head Start programs are experiencing a “piling-on” effect in which federal, state, and local governments continue to place additional new mandates on them. In light of these additional mandates, 75 percent of Head Start programs reported that they are already at or near the breaking point and cannot absorb new unfunded mandates.

State and Local Program Developments

Many states and localities supplement funding for Head Start programs or fund social welfare and/or human services in collaboration with Head Start programs. Unfortunately, many of these states and localities are also cutting back on their funding. Seventy-three percent of Head Start programs reported that these cuts have had a negative impact on their programs.

RECOMMENDATIONS

Head Start programs have experienced an 11-percent real cut (inflation-adjusted) in Head Start funding between FY 2002 and FY 2008. To make up for this cut and to help Head Start programs reach their full potential, NHSA has several policy recommendations:

- Federal lawmakers must appropriate an increase of \$472 million for FY 2008 in the FY 2008 supplemental appropriations bill. The \$472 million figure includes the \$461.4 million target authorized in the *Improving Head Start for School Readiness Act of 2007* and \$10.6 million cut in the FY 2008 Omnibus Appropriations bill. The \$472 million

³ Source: Head Start Act, as amended.

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increase would mean that the total Head Start funding would increase from \$6.878 billion to \$7.350 billion in FY 2008.

- Moreover, Head Start programs require an additional \$360 million over and above the previous fiscal year's funding level for each Fiscal Year from 2009 to 2013. Assuming Head Start receives a \$472 million increase in FY 2008, this means that the total Head Start funding would increase from \$7.350 billion in FY 2009 to \$9.150 billion in FY 2013.

Table 1: This table provides the impacts of reduced funding on Head Start programs. The common actions and conditions present within programs across their respective state are described. This data represents a sample of what is being experienced by and at local programs working to meet the needs of Head Start children and their families.

State	What Are the Impacts of Reduced Funding for Head Start Programs?
Alabama	Programs have cut program hours and days, eliminated summer hours, and eliminated enrichment field trips. Transportation has been reduced and, in some cases, eliminated. Programs have reduced and eliminated staff positions, cut training, and frozen or eliminated salary increases. Programs have eliminated non-essential support and operating materials. Programs are experiencing difficulties due to overcrowded classrooms, stressed staff, and growing child behavior problems.
Alaska	Fewer children are being served, hours and days of operation have been reduced, and problems obtaining adequate classroom materials and supplies (e.g., curriculum) are being experienced. Transportation has been cut for children. Some programs have had to cut services for families and have reduced parent trainings. Staff numbers as well as staff training have been reduced. There have also been reductions in health benefits and reductions or eliminations of salary increases. Programs have been unable to find additional resources and feel that they cannot effectively or efficiently meet the needs of children and their families. Programs are asking to reduce the number of children served.
Arizona	Programs have reduced class days, converted center-based slots to home-based slots. Family service workers caseloads have increased. Staff training and staff positions have been reduced and the remaining staff workloads have increased. There has been a reduction in benefits and an inability to offer competitive wages. Many staff members have to work two or more jobs as a result of Head Start’s low salaries.
Arkansas	Program hours, staff positions, and staff training have been reduced, and father involvement programs have been cut. Programs are experiencing staff overloading (for example, a program reported having only four family service assistants to serve 333 families) and high teacher turnover rates. Programs are unable to assist families with transportation to medical and dental appointments. There have been reductions in health benefits and reductions or eliminations of salary increases. Programs are struggling to maintain quality.

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State	What Are the Impacts of Reduced Funding for Head Start Programs?
California	Programs are experiencing significant reductions in operating hours and/or days. Programs have converted center-based slots to home-based slots and have reduced services for families (e.g., ESL, parenting and health trainings, etc.). Programs have been forced to reduce transportation, staff positions, and professional development for staff. Programs are unable to provide adequate salary increases (including merit and COLA) and benefits for staff.
Colorado	Programs reported that there are fewer staff members to address family needs. They have switched to double sessions with fewer hours and days. Training has been reduced. Dental services for children have been reduced. Services and programs for parents have been eliminated, including family literacy programs. Staff positions, transportation, staff training, and college tuition reimbursements have been reduced. Health and other fringe benefits have been reduced or eliminated. Programs are unable to offer competitive wages and salary increases.
Connecticut	Programs have reduced staff, increased caseloads, eliminated a family literacy program, reduced transportation, and reduced staff training. Programs are unable to pay teachers and other staff competitive wages and benefits.
Delaware	Programs have reduced ESL classes, transportation, the number of staff positions, and training. Staff members are leaving Head Start for better paying jobs.
Florida	Programs are experiencing cuts in hours of operations and weeks of service. Family services workers have been cut and caseloads for remaining staff have increased. Programs have reduced transportation services and training.
Georgia	Programs have reduced field trips, transportation, the number of staff positions, and training for staff and parents. Programs have reduced the insurance they offer or offer no insurance to staff. Limited to no salary increases are offered to staff.
Hawaii	Programs are unable to offer adequate infant/toddlers services, which is a growing need in many areas. Programs are experiencing a reduction in staff and high staff turnover rates and are unable to offer competitive salaries and provide health benefits.
Idaho	Programs have had to reduce staff, cut transportation, increase class sizes to the maximum allowed, and provide only the bare minimum training and professional development for staff. Programs are unable to offer competitive salaries and benefits.
Illinois	Programs have reduced hours, classroom supplies and equipment, the number of staff positions, health benefits and salary increases (in some cases, no salary increases and benefits can be given); and cut summer hours, transportation, parent trainings, training for staff, parent involvement

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State	What Are the Impacts of Reduced Funding for Head Start Programs?
	initiatives, family and child services such as dental and counseling. There is growing concern that staff members are not receiving regular wellness physicals (e.g., mammograms, etc) due to limited to no health insurance.
Indiana	Some programs are only able to offer the bare minimum in terms of services. Programs have reduced operating hours and days, the number of staff positions, and field trips. Parent initiatives, staff training, dental services, and transportation have been cut, and family services workers are overloaded.
Iowa	Programs have reduced social service home visits and cut operating hours and days. Some programs cannot maintain classroom supplies, kitchen supplies, and other equipment. Programs have reduced transportation, the number of staff positions, and training for staff and parents. In some cases COLA is given, but in many others, no raises at all are given. Programs are unable to provide health insurance or, if able, the costs to staff are outrageous.
Kansas	Programs reported that they have cut full-day slots, eliminated full-year services, reduced the number of staff positions, special activities and events, classroom supplies and equipment, transportation, and training and college tuition reimbursements.
Kentucky	Programs are experiencing reduced trainings, staff position eliminations, fewer days and hours, reduced field trips, fewer classroom activities, and reduced transportation services. Programs report being unable to provide salary increases, health benefits and other incentives to retain staff.
Louisiana	Programs have reduced staff positions (especially family service staff), transportation services, and staff training. Very few staff members have health insurance due to increased cost every year.
Maine	Programs are experiencing case overloads, center-based service to home based service conversions, and reduced operating days and hours. Programs have reduced family service staff positions and overall staff, mental health services, field trips, transition activities, nutrition activities, transportation, and staff training and professional development. Salaries have been stagnant. Raises and health benefits have been reduced or eliminated.
Maryland	Programs have reduced operating days and hours, transportation, training for staff and parents, and cut special initiatives and critical staff like family services coordinators. Programs are unable to adequately serve immigrant children and families, offer full-time hours to staff, or offer competitive salaries and health benefits.
Massachusetts	Programs have reduced transportation services, mental health services, field trips, the number of staff positions, staff training, and cut operating days and hours. Programs have lost staff members

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State	What Are the Impacts of Reduced Funding for Head Start Programs?
	due to the lack of adequate salaries, health benefits, and/or the cost of health insurance.
Michigan	Programs have reduced mental health services for children and families, the number of staff positions, staff training, transportation, parent training and initiatives, and family services staff (and, as a result, increased the caseloads of remaining staff), and have cut operating days and hours. Programs have eliminated or reduced salary increases and health benefits.
Minnesota	Programs have cut family services staff and other critical staff and programs, reduced transportation, increased caseloads for family service workers, reduced staff training, and reduced operating hours and days. Programs are experiencing high teacher turnovers due to salaries, trimming extra services, and finding an inability to meet the needs of a growing special needs population.
Mississippi	Programs have reduced operating days and hours, the number of staff positions, field trips, and classroom supplies. Programs have had to pass increased health insurance costs onto staff. In some instances, health benefits and salary increases were eliminated.
Missouri	Programs have reduced home visits, staff benefits, transportation, the number of staff positions, extended day services, hours and days of operation, and have closed centers and eliminated summer hours. Extra services have been eliminated. Programs have reduced training, classroom supplies and are unable to replace out-of-date classroom equipment, toys, and computers. One program reported a 33-percent teacher turnover rate. Staff raises have been decreased or eliminated.
Montana	Programs have reduced transportation, the number of parent meetings, family-centered initiatives, classroom supplies and educational materials, and the number of staff positions, staff training, and have increased caseloads for family service staff. Low wages, no raises, and inadequate health benefits have resulted in low staff morale.
Nebraska	Programs have reduced mental health services, the number of staff positions, staff training, transportation, home visits; changed full-day to part-day services; increased family services staff caseloads; and eliminated staff positions (e.g., father involvement coordinators and classroom aides, who are vital to classroom management). Programs are unable to offer competitive salaries, raises, and sufficient health benefits.
Nevada	Programs have reduced training, transportation, the number of staff positions, and operating days, weeks, and hours.
New Jersey	Programs have reduced training for parents and staff, transportation, and the number of staff

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State	What Are the Impacts of Reduced Funding for Head Start Programs?
	positions, and have been unable to provide raises and competitive salaries.
New Mexico	Programs have reduced content staff positions and health benefits (in many cases the high costs are passed off to staff), and have experienced high staff turnover rates. Programs are unable to offer competitive salaries and salary increases.
New York	Programs are combining positions (for example, a teacher position and family service position became a family educator position) and cutting staff. Programs have reduced operating hours and days, mental health services, staff training, family initiatives including father involvement activities, classroom supplies, and transportation services (one program cut transportation by 75 percent). Programs have eliminated full-year services and summer hours and have converted center-based services to home-based services. Programs are struggling to provide services to children with developmental delays and disabilities (one program eliminated its speech/language enrichment program for children). Programs are unable to attract highly qualified staff due to the lack of competitive salaries and benefits.
North Carolina	Programs have reduced staff, staff training, family service staff, transportation, supplies, field trips, parent involvement initiatives, teaching materials, and consultant services; have increased caseloads of remaining family service staff; and have eliminated extended day services. The rising costs of benefits have forced programs to cut health benefits and freeze salaries.
North Dakota	Programs have reduced the number of staff positions, operating hours and days, transportation, father involvement programs, training, and family service staff (while increasing the caseloads of the remaining staff). Programs have been unable to offer competitive salaries, health benefits, or wrap-around services, and have eliminated summer services. Some areas are experiencing growing waitlists.
Ohio	Programs have reduced home visits and family services, transportation, training, and the number of staff positions. Programs are unable to offer competitive wages or to do program improvements and equipment replacements. Programs have reduced or eliminated health insurance for employees. One Ohio program reported that each family service worker manages caseloads of 50 to 90 families.
Oklahoma	Programs have scaled down parent involvement initiatives (including training) and reduced family services, speech services, staff training, transportation services, the number of staff positions, classroom supplies, and operating days and hours (including summer services staff). Programs are struggling because they cannot offer competitive wages, raises, and benefits.

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State	What Are the Impacts of Reduced Funding for Head Start Programs?
Oregon	Programs have increased the caseloads of family service staff and increased class sizes without increasing staff reduced parent meetings. Programs have decreased initiatives for families. Programs are unable to offer full-day services in areas that need it and are losing staff because they cannot offer competitive wages, increases, and benefits.
Pennsylvania	Programs have reduced family service staff, transportation, field trips, the number of staff positions, training, health benefits, fringe benefits, and pay increases. Programs have converted center-based services to home-based services. Programs are unable to provide full-day services to families and center-based services in some areas, and are unable to hire qualified staff due to salaries and budget restraints. Programs have increased caseloads for social service staff, eliminated classrooms, and increased sizes to the maximum.
Puerto Rico	Programs have reduced transportation, training, and the number of staff positions. Programs are unable to increase salaries and are eliminating/reducing health benefits.
Rhode Island	Programs have reduced individualized family activities, transportation, the number of staff positions, and operating days and hours.
South Carolina	Programs are strained due to increased health insurance costs.
Tennessee	Programs have reduced the number of staff positions, transportation, extended-day services, services for families, field trips, playground equipment, and instructional materials and classroom supplies. Programs are unable to provide adequate training for staff, support for teachers dealing with challenging behaviors, competitive salaries, raises, or benefits. In some cases, programs have to give pay increases due to other regulations; these forced raises are hindering other program components.
Texas	Programs have increased caseloads of social workers and have reduced parent involvement initiatives; staff training; the number of staff positions; transportation; classroom supplies and equipment; ESL and GED services; medical, disabilities and mental health services for children; and operating hours and days (including full elimination of summer hours). Programs are unable to maintain a highly qualified staff due to low salaries and noncompetitive benefits. Programs are reducing qualifications to match salary.
Utah	Programs have reduced training, operating hours and days, the number of staff positions, transportation, and salaries and benefits. Programs have increased staff workloads.
Vermont	The reduced funding has increased staff caseloads.
Virginia	Programs have reduced the number of staff positions, training, full-day services, staff benefits,

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State	What Are the Impacts of Reduced Funding for Head Start Programs?
	staff hours, employer contributions to retirement plans, transportation, and field trips. Programs have increased caseloads for family service staff, eliminated raises, and cut summer services and operating hours and days. Programs are unable to purchase quality supplies and instructional materials.
Washington	Programs have reduced home visits, the number of staff positions (especially the family services staff), mental health services, transportation, staff training, and field trips. Programs have doubled sessions and increased class sizes. Programs are unable to provide raises and competitive benefits and salaries.
West Virginia	Programs have reduced transportation, home-based services, the number of staff positions, training, and staff hours. Programs are unable to offer full-day services in some areas and unable to maintain a highly qualified staff due to low salaries and terrible benefits.
Wisconsin	Programs have reduced training, transportation, benefits, family services staff and overall staff, operating hours and days, and transition activities. Programs have frozen pay increases and reduced benefits.
Wyoming	Programs have reduced operating days and hours, the number of staff positions, transportation services, training, and benefits. Programs are unable to provide competitive salaries.