



Head Start in the COVID-19 Era

Standing Strong Despite Challenging Times

The at-risk children and families that Head Start serves across the United States have been deeply impacted by the COVID-19 public health crisis. In response, Head Start programs are rising to the challenge, adapting so they can continue to safely meet the critical education, health, and nutrition needs of their communities.

While the vast majority of Head Start programs have temporarily shut their doors due to the health risks posed by the crisis, [all staff remain employed](#) in order to continue providing critical services to children and families remotely. Staff of all roles are supporting families' basic needs, providing food, baby formula, and support in navigating unemployment applications, while also furthering child development with at-home lessons, activities, and virtual home visits.

In order to assess how Head Start programs, children, and families are coping with the disruptions caused by COVID-19, NHSA partnered with Early Intel to conduct a national survey of directors of local Head Start programs. The survey was conducted from April 30 - May 6, 2020, and 302 responses were received, representing a 19% response rate.

Three key trends about the struggles and strengths of Head Start during this time:

1. **Head Start is still supporting the education, nutrition, and health needs of America's most vulnerable children and families.** Programs moved quickly to meet the basic needs of children and families, while simultaneously finding ways to remotely provide social-emotional support and distance learning opportunities.
2. **Access to technology is more critical than ever.** Among the at-risk Head Start population, lack of access to basic technology threatens to widen gaps in remote service delivery, leaving many of the most vulnerable children unable to receive services and at greater risk of falling farther behind their peers.
3. **The need for greater access to trauma, grief, and mental health care and resources has never been greater.** The at-risk families Head Start serves—those who are already confronting destabilizing challenges—are now facing job loss and uncertainty, physical illness, isolation, and loss of critical services.

Head Start is Adapting to Meet Families' Emerging Needs

Despite unprecedented societal disruption, Head Start programs have been quick to adapt to meet families' unique needs by harnessing their communities' strengths and addressing gaps in services. Most programs (89%) are still able to support America's most vulnerable children and families by connecting them to services with partners.

Even more respondents (93%) report that teachers and family support staff have been in touch with at least half of their enrolled families since centers closed. Nearly 60% report that their programs have been in contact with all or nearly all of their families, a significant accomplishment given the obstacles to connecting with this hard-to-reach population even under better circumstances.

A Head Start program in Mayfield, Kentucky, described their outreach efforts during COVID-19 like this, "Due to our program being in a rural area, not everyone has computer or phone services. Staff has been trying to contact those families through home visits and encouraging their neighbors, friends, and family to reach out to those we haven't been able to contact."

When it comes to engaging children specifically, 90% of respondents reported that they are already engaging with at least half of the children enrolled in their Head Start program (ages three to five). Engagement is only slightly lower for Early Head Start (EHS) children (ages zero through two), with 83% of programs engaging at least half of their program's enrolled infants and toddlers, indicating that this support for caregivers of the youngest at-risk children is just as critical as traditional Head Start is for older children.

For three-quarters of the programs (73%), their teachers are interacting with children for at least an hour per week. 30% of those respondents said children are doing so for 4 or more hours per week. When it comes to EHS, 72% report that infants and toddlers and their caregivers are interacting with teachers for at least an hour per week.



Oregon Head Start teacher [Emma Wampler](#) created a replica of her classroom in her bedroom.

Head Start programs have moved quickly to meet children and families' basic needs.

77% of respondents said their program was providing food to families in need, either through drop-offs at individual homes or distribution hubs, like a center's parking lot or local school partner. More than half are also providing essential supplies for infants and toddlers, such as baby formula (52%) and diapers (69%).

Adapting the Head Start Model

While COVID-19 has created many new obstacles for Head Start, more than one-third of respondents (36%) reported feeling that their Head Start program's overall engagement with parents has actually increased since COVID-19 forced their centers to close.

For example, more than two-thirds of respondents (68%) say staff are interacting with families by calling, texting, or regularly checking in with them on their well-being, and 63% are also providing families with educational resources to use with their children at home. A Head Start parent in Colorado commented, “[Our] family service worker reaches out weekly asking us if we need food or resources and just checking on us.”

More than half (53%) of respondents say their programs have facilitated online groups for parents since the stay-at-home orders began. A majority of respondents (51%) say they've been able to support some of the families enrolled in their home visiting program through regular calls or virtual visits.

“After touching base with families, and giving them resources to work with their child, I found that families were sharing stories and pictures of what their child is doing. As I gave parents specific things to look for they became even better teachers in the home. They are bonding with their children and realizing that THEY are and have always been the expert and best teacher for their children. I just can't describe how proud this makes me.”

– Head Start teacher, Vermont

Utilizing Technology to Support Children's Development at Home

Programs are depending on technology to connect with their workforce and engage with children and families during this crisis. Nearly three-quarters of respondents recently purchased and/or implemented new technology to communicate with staff during the shutdown, and 13% have purchased new online learning platforms to support parents as teachers during the pandemic.

However, lack of access to basic technology threatens to widen gaps in remote service delivery, leaving many of our most vulnerable children unable to receive services and at greater risk of falling farther behind their peers.

While phones are the most prevalent tool families have to access remote services, more than one in five Head Start families does not have access to a phone for remote learning opportunities. 60% of families lack access to a computer for remote learning and engagement. Approximately two in five families do not have access to Wi-Fi or Internet, and about one in four does not have cell phone service.

In addition to serving as the primary means for receiving learning opportunities remotely, access to technology is critical for reducing isolation and continuing social-emotional development for Head Start children. Access to the Internet and appropriate technological hardware and software are necessary for children to be able to access virtual circle time with teachers and classmates, one-on-one time with program staff, and tele-health services.

Preparing Children for Kindergarten

Many programs are planning supplemental summer programs. During a typical summer, many children, [especially those in low-income families](#), lose some of their learning or academic progress. This regression, commonly referred to as “summer slide,” is now exacerbated by months of lost classroom time due to COVID-19, and the impact of such a regression, if left unaddressed, can prove especially detrimental for the young, at-risk children in Head Start. To combat this loss, the majority of Head Start programs surveyed indicated that they will use supplemental funding [made available to Head Start through the CARES Act](#), to help prepare their preschool-aged students to be ready for kindergarten in the fall.

Despite the difficulties of serving children and families during this time, Head Start programs remain an invaluable resource for their communities.

In addition to adapting to the current crisis, Head Start programs are forging ahead with recruiting and enrolling children for the upcoming 2020-2021 program year. Nearly two-thirds of respondents (64%) say their programs are only slightly altering their recruitment plans or proceeding as normal.

The COVID-19 pandemic has turned life upside down, especially for children and families from at-risk backgrounds who were struggling with stability before the virus created additional challenges in their lives. However, Head Start has been turning crises into opportunities for 55 years. During this latest challenge, Head Start continues to be a beacon of hope in communities nationwide.

NHSA and Early Intel’s survey found that Head Start programs have moved quickly to cover the basic needs of children and families, while simultaneously finding ways to provide social-emotional support and distance learning opportunities remotely. The survey also shed light on areas where Head Start is in need of more support from policymakers and elected leaders.

As the voice of the Head Start community, NHSA is advocating for solutions that will close these gaps. As we move into the next phase of the COVID-19 crisis, investment in expanding the workforce’s access to technology, addressing child mental health and social-emotional well-being, and phased approaches to reopening will be essential in mitigating the damage caused by this crisis and creating a more resilient future for America’s most vulnerable children and families.

Addressing the COVID-19 Trauma

The need for greater access to trauma, grief, and mental health care and resources has never been greater.

Even before COVID-19, [the need to expand mental health services was extreme](#). The current crisis has only made the need greater. 72% of programs said they have provided consultations with disability or mental health staff since the stay-at-home orders began.

Since stay-at-home orders related to the COVID-19 pandemic began, some Head Start programs have seen indications of increased domestic violence and child abuse. These reports align with other national reports on national increases in [domestic abuse](#) and [increased child abuse and neglect risks](#). Due to the sensitive nature of these topics, about half of respondents reported they did not know; even still, one in five respondents (22%) say they have seen an increase in signs of domestic violence and/or potential child abuse since stay-at-home orders were put in place. This is coupled with a decrease for some (18%) in the ability to successfully refer victims to community partners for help.