

**Disabilities Among Children Enrolled  
In Head Start:  
Relationships to Child and Parent Outcomes**

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# Introduction

Since its inception, Head Start has promoted enrollment and delivery of services to children with special needs. Head Start programs set aside 10% of available program slots for families of children with special needs regardless of income. Head Start guidelines promote:

- Inclusion of children with special needs in regular classroom activities;
- Development of an Individualized Education Plan (IEP) including an integrated service delivery program to accommodate the needs of these children and their families.

Head Start programs actively recruit children with previously diagnosed disabilities or special needs. In addition, an important function of Head Start is to identify and diagnose disabilities in young children during or after recruitment into the program.

The objective of this poster is to examine similarities and differences between these two groups of children, as well as to provide comparisons to their non-disabled peers.

## Study Groups

Almost 11 percent of the families interviewed for FACES indicated that their Head Start child had a special need and that they had participated in the development of an IEP. These families are noted as:

- EI: Families with a child with special needs identified before Head Start recruitment (N = 121)
- HSI: Families with a child with special needs not identified before Head Start recruitment (N = 160)
- ND: Families including a Head Start child with no identified special needs (N = 2,229)

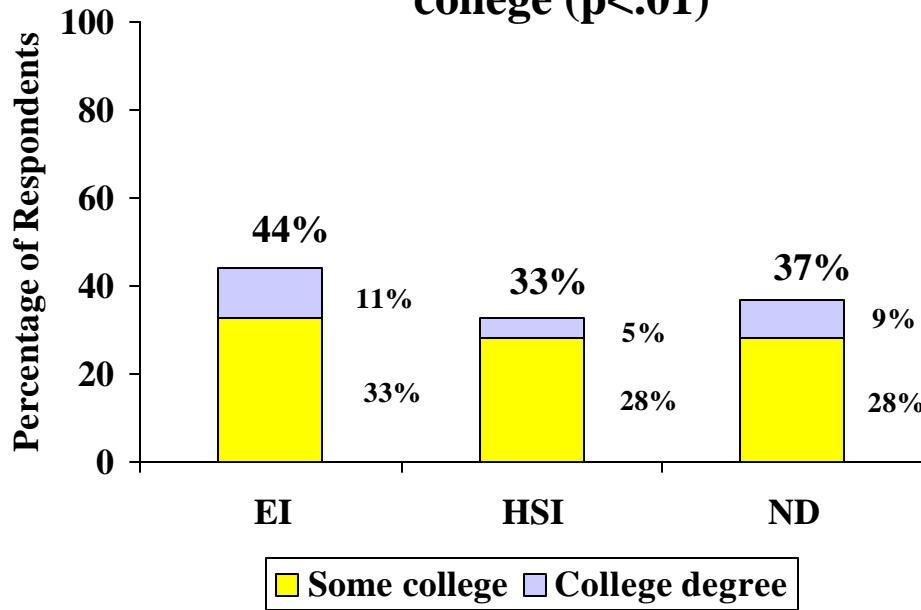
## The Measure and The Method

- Information for this poster was obtained from the Head Start FACES Parent Interview that included such topics as:
  - Child and Family Demographics
  - Parental Well-being & Social Support
  - Barriers to Involvement in Head Start
  - The IEP and Disabilities
  - Activities with Head Start
- In-person interviews with parents were conducted during Fall 1997 and Spring 1998.

## Selected Characteristics of Head Start Families

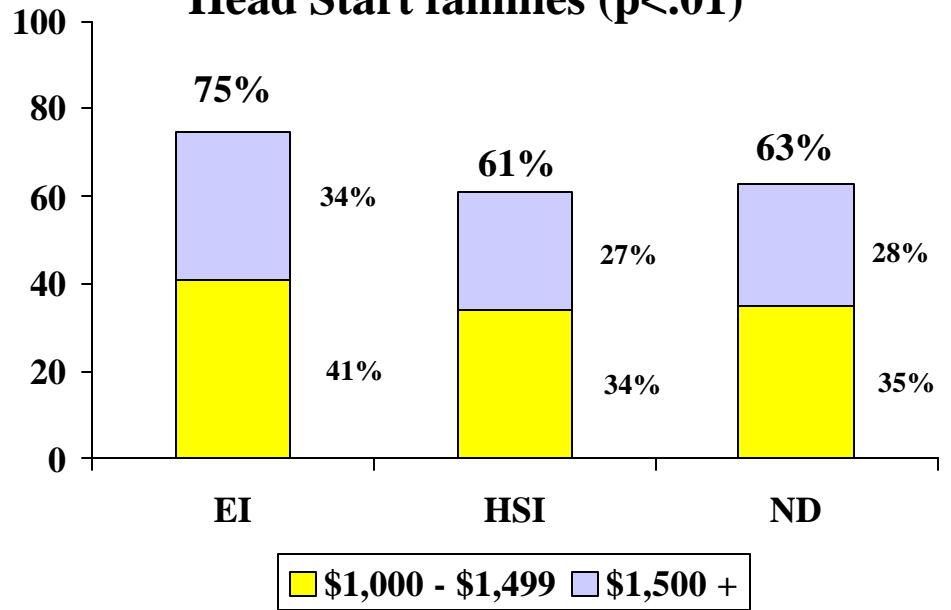
Because EI families were aware that their child had a disability or special need prior to enrollment, they could enroll their child in Head Start even if they did not qualify under the Program's income guidelines. Therefore, it is not surprising that EI families had higher household income and more education. HSI families had very similar characteristics to families where children had no special needs.

**Mothers of EI children were more likely to have attended college (p<.01)**



**Mothers with at least some college education**

**EI families reported higher household incomes than other Head Start families (p<.01)**

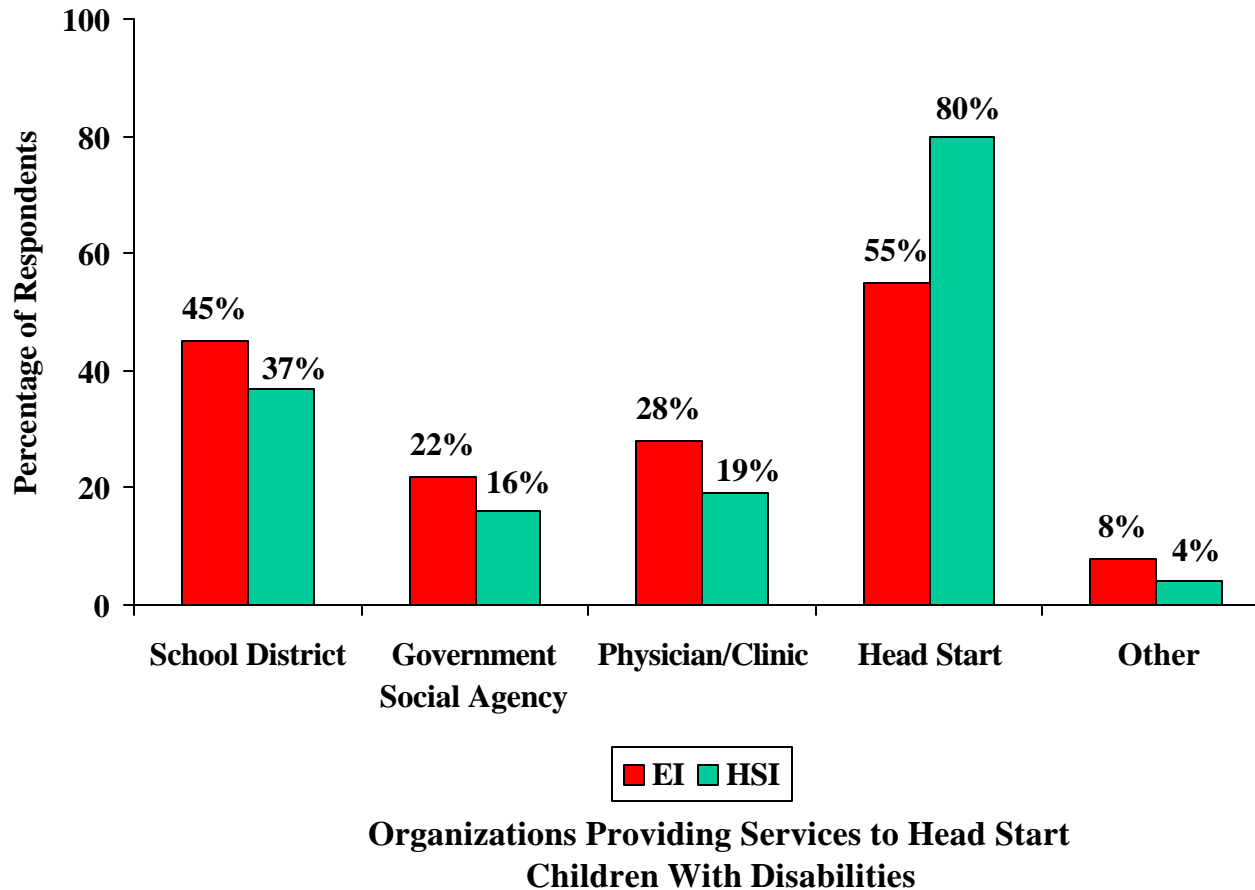


**Monthly household income**

## The IEP and Services

The majority of children with special needs receive services directly from Head Start. In addition to individual, classroom-based, and home-based services, Head Start arranges referrals to other organizations.

**HSI children were more likely to receive at least some services directly from Head Start ( $p < .01$ ). EI children were more likely to receive services from other sources including school districts, government agencies, and physicians.**

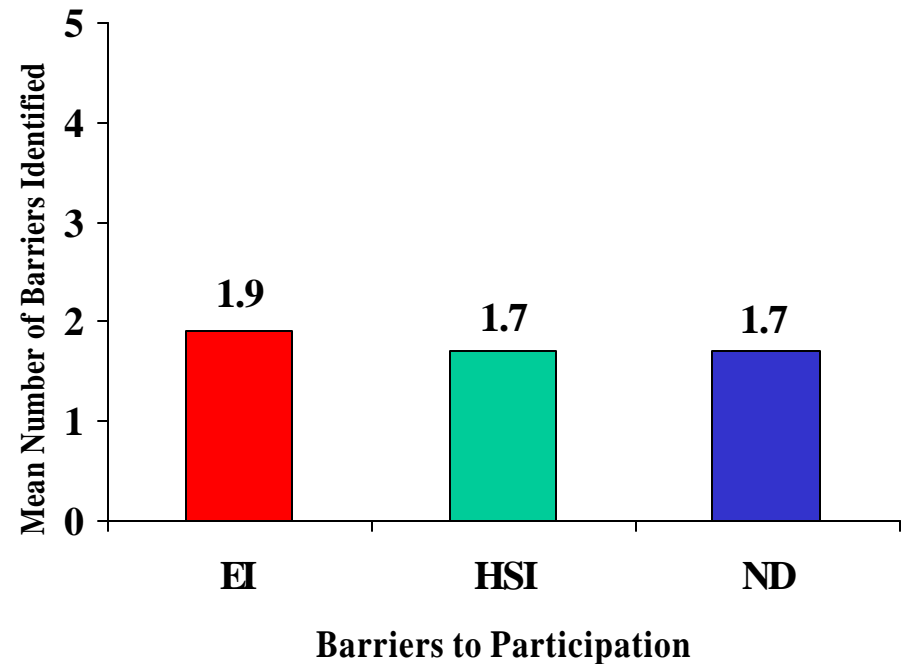
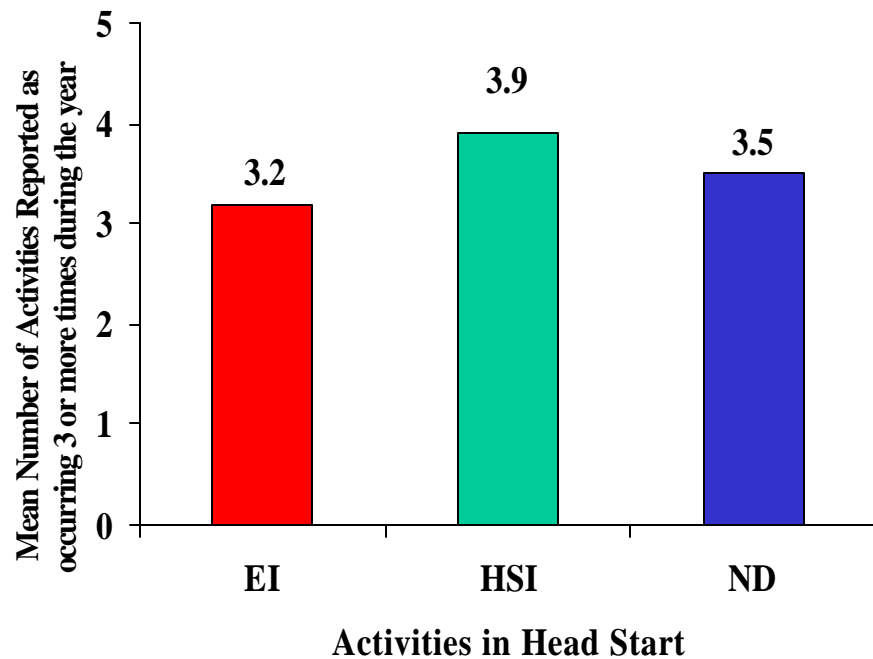


## Caregivers' Involvement with Head Start

Head Start encourages all families to be actively involved in a variety of program activities. Caregivers were asked about how often they had participated in 14 different activities at their center.

Some parents have difficulty participating in Head Start activities. Respondents were asked about 13 different potential barriers that might limit involvement.

**HSI families participated in more Head Start activities ( $p < .05$ ) and reported slightly fewer barriers to participation than EI families ( $p < .05$ ).**

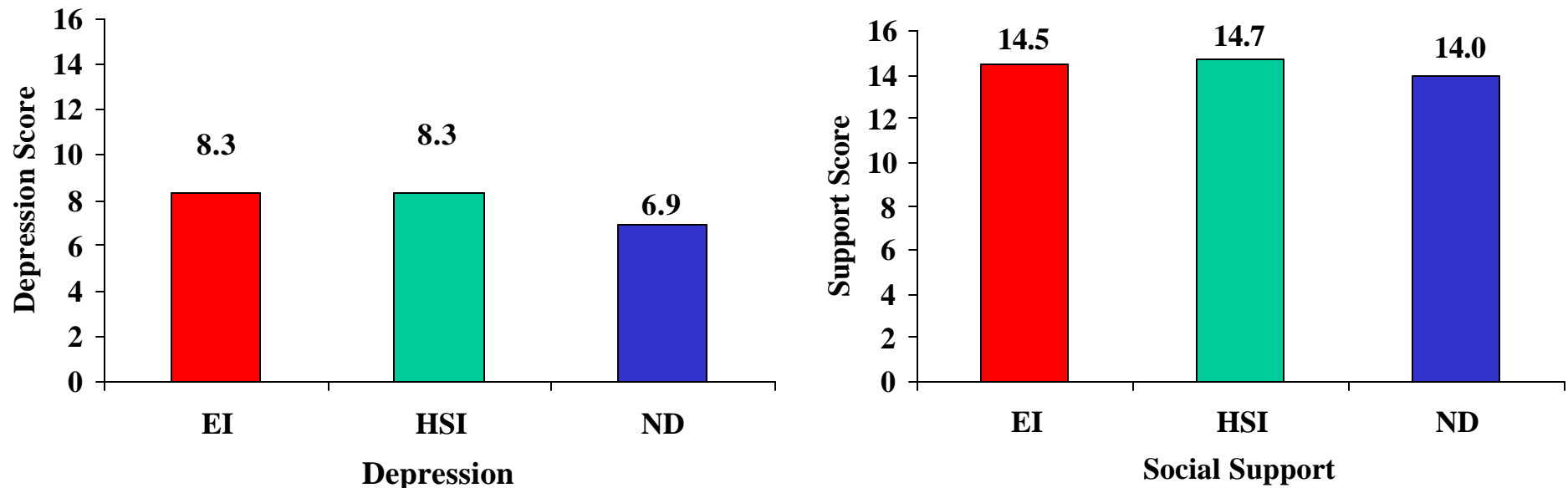


## Caregivers' Well-Being and Social Support

Caregivers were asked a series of questions about their day-to-day physical and emotional state. A total score combining the number and intensity of depression symptoms was calculated.

Many people and groups can be helpful to a family raising a young child. Caregivers were asked how helpful various individuals or groups had been over the previous 3 to 6 months, including the child's father (or mother if the respondent was not the mother); grandparents or other relatives; friends; co-workers; professional helpgivers; Head Start staff; other child care staff; and religious/social group members.

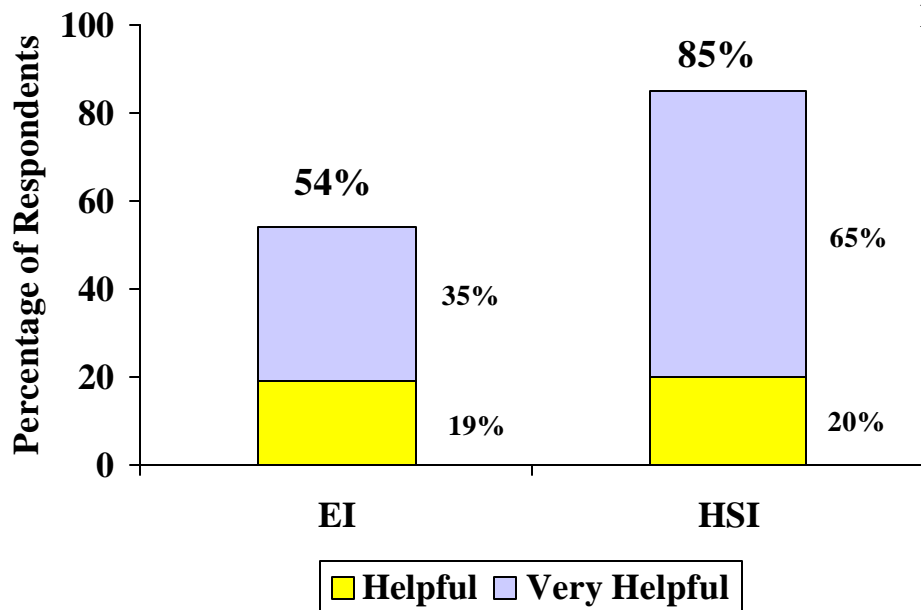
**HSI and EI families had a higher total depression score than families of non-disabled children ( $p<.01$ ). They had, however, greater support for their families ( $p<.05$ )**



## Head Start Identification of Special Needs Resources and Family Satisfaction

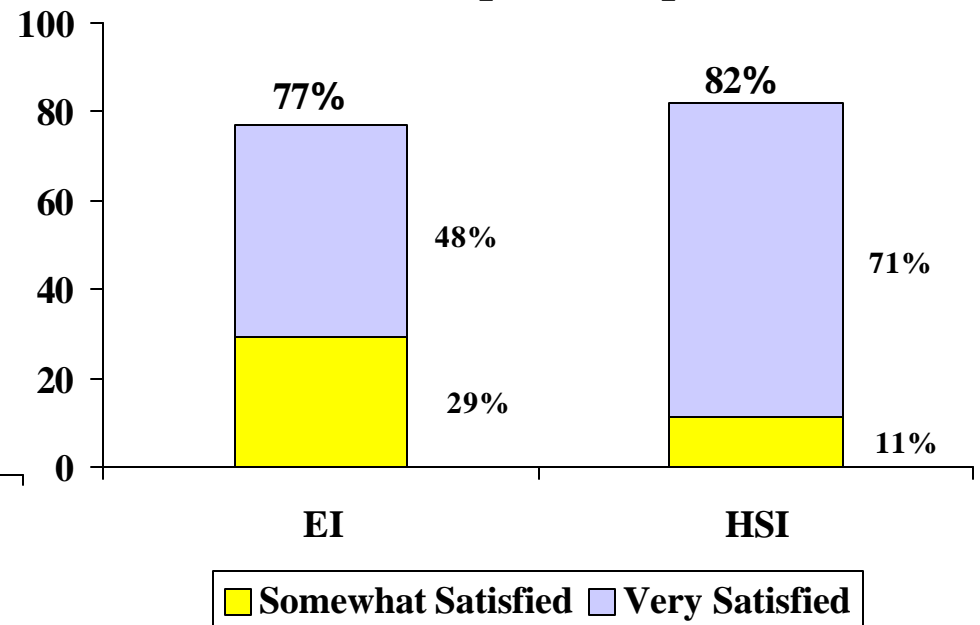
A significantly greater proportion of the parents of HSI children reported that Head Start identified special needs resources that were very helpful to them. Although a high proportion of both HSI and EI parents were satisfied with the IEP services their child received, the HSI parents were far more likely to report that they were “very satisfied”.

**HSI parents felt that Head Start assistance was very helpful, more often than EI parents ( $p < .01$ )**



**Helpfulness of Head Start Assistance**

**HSI parents were very satisfied with IEP services more often than EI parents ( $p < .01$ )**



**Satisfaction with IEP Services**



## **SUMMARY**

Where Head Start provided direct assistance in helping identify a child with a disability or special needs, caregivers appeared to have greater investment in the program. Such parents were far more involved in program activities and were more satisfied with the IEP services provided to their children than families of children identified as in need of special services before coming into contact with the program.

Families where a child had been identified earlier were more likely to receive services from other sources in addition to Head Start, such as: schools districts, government agencies and physicians. It is likely that some of these contacts were established prior to their involvement with Head Start and may contribute to less frequent or intensive involvement in program activities.

The social support system for families who have children with special needs appeared to be somewhat stronger than for other families, primarily due to assistance provided by professional helpgivers. Nevertheless, a measure of caregiver well-being suggested that caregivers of children with a disability were less well off in this area. Programs may want to consider implementing more intensive mental health supports for those caregivers.