What are the Effects of a Two-Generation Human Capital Program on Children’s Attendance & Chronic Absence in Head Start?

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EXECUTIVE SUMMARY

■ Children need to attend Head Start regularly if they are to benefit from the program’s developmental, social, and academic services (Ready, 2010; Reynolds, et al., 2014).

■ One area of concern for Head Start is the subgroup of children who miss many attendance days, i.e., chronically absent children, who as a result are not regularly exposed to Head Start’s programming.

◊ Chronic absenteeism is related to a range of family risk factors, including economic hardship, low parent psychological well-being, limited parent employment or career attachment, and logistical issues such as poor access to transportation or a Head Start center nearby (Gottfried, 2017; Romero & Lee, 2008; Susman-Stillman, et al., 2018).

■ Most past interventions designed to improve children’s school attendance have focused on outreach to parents (e.g., texting, phone calls). An innovative alternative is to offer direct education and career training programs to parents while children are enrolled in Head Start.

◊ Our hypothesis is that parent participation in education and career training may promote children’s Head Start attendance due to parents’ need for consistent care and the program’s key supportive elements, which promote family functioning and the human and social capital of parents and children.

■ The current study evaluates the effects on children’s attendance and chronic absence of CareerAdvance®, a career pathway training program for parents of children enrolled in Head Start. It also examines whether the program is more effective in reducing children’s chronic absence among certain families (i.e., grouped by family, parent, and child characteristics at baseline).

CAREERADVANCE®

■ CareerAdvance®, developed and run by the Community Action Project of Tulsa County (CAP Tulsa), is a model two-generation intervention that pairs early childhood education for children with career pathway training for parents.

■ CareerAdvance® recruits parents from high quality Head Start centers and offers career certification programs in the healthcare field at no cost to families. Additional program elements include career coaching, weekly peer learning groups, financial incentives/in-kind assistance, and wraparound child care.

■ Past research has found positive short-term effects of CareerAdvance® on parents (Chase-Lansdale, et al., in press).

◊ After one year, CareerAdvance® parents had higher rates of certification and employment in the health care sector, and they reported higher levels of optimism, commitment to work and careers, and self-efficacy than did matched comparison parents.

◊ CareerAdvance® parents’ earnings were lower over the course of the year, but there were no differences in reports of material hardship or stress between the two groups.
The study estimated the effects of parent CareerAdvance® participation (healthcare career pathway training for parents combined with Head Start services for children) on children’s average daily attendance and rates of chronic absence compared to a matched comparison group that received Head Start services alone. Before the intervention began, the study selected a matched comparison group of parents who were similar to the CareerAdvance® participants based on observable characteristics.

Our sample included 293 CAP Tulsa Head Start children and their parents, of which 119 were enrolled in CareerAdvance® and 174 in the matched comparison group. All study families were low-income (average income per year of $14,343) with an average household size of four. The child sample was ethnically and racially diverse: 41% Black, 18% White, 10% Hispanic, and 31% non-Hispanic other. Roughly one-third of the sample were single parents at program entry. Most parent participants were mothers, on average 29 years old.

Children’s attendance in Head Start was tracked daily and calculated based on the number of days a child attends out of the total number of school days available, over the initial five months of parents’ CareerAdvance® enrollment (approximately one semester).

Chronic absence in this study is defined as missing 10% or more of school days offered out of the number of days available in one semester.
KEY FINDINGS

Description of Average Attendance in Head Start:

■ We used logged attendance to adjust for the skewed distribution of child attendance over five months (Figure 1).

![Figure 1. Child Attendance in CAP Head Start during Parents' First Five Months Enrolled in CareerAdvance® (or Study)](image)

Note: vertical line indicates the cutoff for chronic absence

CareerAdvance® improves children’s attendance in Head Start:

■ The study found that the average rates of children’s attendance were 5.13% higher in the CareerAdvance® group than in the matched comparison group after one semester.

◊ This translates into CareerAdvance® children attending Head Start about 4.66 more days than matched comparison children over the course of one semester.

CareerAdvance® reduces chronic absence in Head Start:

■ CareerAdvance® participation was associated with significant reductions in children’s chronic absence. The proportion of children who were chronically absent among the CareerAdvance® group was 37% compared to 59% among the matched comparison group, a 22 percentage point difference (Figure 2).
CareerAdvance® also appeared to work similarly across a range of high- and low-risk subgroups at baseline including:

- Family demographic risk
- Parent college readiness
- Child school readiness
- Distance from home to Head Start
CONCLUSION

- Our past research found that CareerAdvance® promoted parent career certificate attainment, employment in the healthcare sector and psychological well-being after one year.

- This current study tested if CareerAdvance® has positive effects on children’s attendance and chronic absense after one semester.

- We found that children of CareerAdvance® parents exhibited higher levels of daily attendance (by 4.66 days) and lower rates of chronic absence (by 22 percentage points) during the first semester than children of matched comparison parents.

- These benefits were similar across a range of subgroups (i.e., family demographic risk, child school readiness, parent college readiness, distance from home to Head Start).

  ◆ Surprisingly, we did not find differences in chronic absence across any of our four subgroups. We speculate that there may be other family characteristics beyond the scope of this study (such as immigrant status, employment constraints, child or parent health) that would inform future intervention strategies to reduce chronic absence.

- By providing workforce training from a platform of Head Start, CareerAdvance® addresses childcare needs, one of the greatest barriers to parents’ participation in school and work. Another possibility is that more positive parent outcomes also make it easier for parents to bring their children to school.

- This study suggests the potential promise of two-generation programs for improving attendance and reducing chronic absence in Head Start, and thus supporting children’s development.
PROGRAM/STUDY DESCRIPTION

■ The program offered stackable training in three healthcare tracks —nursing, health information technology, and medical assisting— designed so that participants could make concrete progress, exit at various points with certificates, and return for further career advancement.

■ CAP Tulsa developed close partnerships with community colleges and offered college coursework and trainings while children were in Head Start.

■ Peer meetings with other participating parents were led by trained CAP Tulsa career coaches and took place at the Head Start centers.

■ Incentives to reduce the financial burden of entering school (up to $3,000 each year) were offered to parents for meeting grade or credit requirements, attending peer partner meetings, or attaining a certificate.

■ In-kind assistance was provided to further help parents make ends meet, including bus passes, gas cards, and child care outside of Head Start’s normal hours.

■ The evaluation included multiple cohorts of parents who entered the study in either the fall or winter of the children’s Head Start year (fall 2011 through fall 2014). This study drew on the first semester (5 months) of children’s attendance data so that parents and children were exposed to the same program dosage during a Head Start year, regardless of when the parent entered.

■ To select the matched comparison group, we used propensity score matching, which adjusts for differences between groups in demographics and interest in pursuing educational and career activities. The CareerAdvance® and matched comparison groups were balanced across all parent characteristics at program start.