

Research Brief

Head Start Child and Family Well-Being in the Context of COVID-19

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Summary

This research brief draws on data from the 2021–2022 Study of Family and Staff Well-Being in Head Start Family and Child Experiences Survey Programs (the 2021–2022 Study) to investigate associations between the well-being of Head Start children and families (Box 1) and factors related to the pandemic. Based on data collected from October 2021 to January 2022, this brief examines the challenges Head Start children and their families faced during the pandemic, the types of support they received, and how both were associated with their well-being. The findings shed light on children's and families' well-being and can inform which resources families found most helpful, as well as which supports programs could build on (Box 2). Findings also highlight areas where more support may be needed.

The data in this brief provide a window into the experiences of a sample of Head Start children who had teacher child reports completed between November 2021 and January 2022 and families who were able to respond to the survey between October 2021 and January 2022. Readers should not assume the data are nationally representative of Head Start children and families. To learn more about the sample and weights used for the analyses please see the accompanying technical appendix (Litkowski et al. 2024).

Box 1. Key constructs used in the analyses

In this brief, we consider the following components of child and family well-being:

Child well-being

- Learning behaviors, such as concentration and eagerness to learn
- Social skills
- Problem behaviors, such as aggression and hyperactivity
- Literacy skills

Family well-being

- Parents' mental health
 - Depressive symptoms, such as sadness, hopelessness, or restlessness
 - Anxiety symptoms, such as worry
- Financial strains, such as their ability to meet basic needs like housing, clothing, food, and medical care
- Warmth of interaction with their child

Introduction

In January 2020, the World Health Organization (WHO) declared the COVID-19 outbreak an international public health emergency. Just two months later, COVID-19 was officially deemed a pandemic. In the United States, federal, state, and local governments issued stay-at-home orders and restrictions that led to most schools, businesses, and other public spaces closing for several months.

Key findings

Some parents faced challenges in late 2021 and early 2022, during the COVID-19 pandemic. Their employment status changed, their household income decreased, and they observed negative impacts on their own mental health and their children's behavior.

- For the majority of parents, the pandemic changed their work situation. Of those who experienced changes, just over one-third worked fewer hours, lost their job, or were furloughed.
- Almost half of parents noted their household income (including money from jobs, public assistance programs, and other sources, but not government stimulus payments) had decreased either somewhat or very much during the pandemic.
- One-third of parents reported greater parenting stress and more anxiety than they had before the pandemic.
- Almost half of parents noted some negative changes in their child's behavior since the start of the pandemic, for example, reporting their children were acting out or having tantrums more often.

Parents and children were resilient in the face of these challenges. Many parents reported good physical health. Almost all of them had positive relationships with their children, and the majority maintained regular household routines.

- The majority of parents reported good overall health for themselves and for their children.
- Almost all parents reported having positive relationships with their child. More than half of parents said they ate dinner with their family every night of the week and read to their child three or more times a week.

Families received and used government, social, and community supports in late 2021 and early 2022.

- Almost all parents reported that their household received a government stimulus payment.
- The majority of parents noted they had access to social supports—a place to stay, food, or emergency cash—when they needed them.
- The majority of parents used at least one strategy outside their regular child care arrangements to meet their child care needs. More than half relied on families or friends to provide child care on occasion.

Some challenges parents faced were significantly associated with family well-being outcomes. Only one of these challenges was buffered by families' receipt of supports.

- Parents who reported lacking or needing more referrals to counseling or mental health services were also more likely to report depressive symptoms and greater anxiety.
 - The association between lacking or needing more referrals to counseling or mental health services and depressive symptoms and greater anxiety was not mitigated by accounting for other supports received by families.
- Parents who reported lacking or needing more referrals to medical, dental, or orthodontic care were also more likely to report greater household financial strain.
 - The association between lacking referrals to medical, dental, or orthodontic care and greater household financial strain was mitigated by accounting for other supports received by families.

No challenges were associated with outcomes reflecting children's well-being.

Children and families across the nation were affected by the crisis as disruptions and risks to personal safety impacted household employment, economic security, health, and mental health.

Many parents lost their jobs, and those who kept their jobs often faced increasing inconsistency and unpredictability in work hours and income (Gassman-Pines et al. 2020). The income loss exacerbated financial difficulties and material hardship for many households across the country, particularly families with lower incomes who may have less access to expendable resources (Center for Translational Neuroscience 2020; Liu et al. 2022; Russell et al. 2020). Families with children enrolled in Head Start—a federally funded program that promotes early learning and development, health and wellness, family engagement, and family well-being (Administration for Children and Families [ACF] 2023)—may have been especially affected and struggled to meet their basic needs (Fisk and Russell 2022). However, families participating in programs such as Head Start may have benefited from additional services received. Understanding the challenges Head Start families faced and the supports they used is critical for informing how best to support them in the wake of the pandemic.

Research has shown that the added stress and anxiety of the pandemic negatively affected children's and families' well-being (Center for Translational Neuroscience 2020). For example, children whose families experienced multiple financial hardships during the pandemic showed declines in mood and sleep quality (Gassman-Pines et al. 2020). Early in the pandemic, one in 10 families reported worsening parental mental health and deterioration in children's behavioral health (Patrick et al. 2020). Disruptions in children's schooling, child care, and health care and insurance during this time were associated with declines in both parents' mood and behavior and children's behavior (Gassman-Pines et al. 2022; Hanno et al. 2022; Patrick et al. 2020). Some research has indicated that impacts to well-being were most pronounced in fall 2020, with slight improvements seen by spring 2021—perhaps due to access to vaccines, loosened restrictions on in-person school and work, and economic recovery (Fisk and Russell 2022).

During the height of the pandemic, families may have sought or received help from their surrounding communities. These supports may have buffered some of the pandemic's negative effects on children's and families' well-being. For some families, Head Start programs may have been a key access point for services. In addition to supporting children's early learning and development, Head Start programs connect families to community services and help them achieve their financial, housing, employment, and education goals (ACF 2023). During the pandemic, Head Start families may have needed some of these services even more. Responding to this need, in 2020 and 2021, the federal government provided supplemental funding for Head Start programs through the Coronavirus Aid, Relief and Economic Security (CARES) Act and the Coronavirus Response and Relief Supplemental Appropriations Act (ACF 2020, 2021). In line with federal guidance, Head Start programs used these funds to reach more children and families, prepare their facilities for in-person services, and increase support for staff (ACF 2022). Data from summer 2020 indicated that almost all Head Start centers (99 percent) physically closed early in the pandemic. However, by June to July 2020, some programs (11 percent) were able to reopen for in-person services (Doran et al. 2022). When faced with these program closures, Head Start programs and staff quickly pivoted to supporting families and children through virtual and at-home services, including adapting their communication strategies, helping families meet basic needs, having regular check-in calls, and providing more support for at-home learning (Silver and Coba-Rodriguez 2022).

Parents also may have relied on their network of family members or friends for emotional or material help during the pandemic. For example, they may have asked family members or friends for help with meals, child care, or transportation. Prior research has shown that social networks can reduce anxiety and promote physical and psychological well-being during times of stress (Benzies and Mychasiuk 2009; Nunes et al. 2021). Head Start programs work to foster such social networks among families. As parents navigated changes in employment and increased caregiving responsibilities, having others to turn to for support may have buffered negative impacts on family or child well-being. Beyond

these local supports, the federal government also introduced efforts that supported families' well-being, such as the American Rescue Plan. This law expanded unemployment insurance eligibility and benefits, increased and expanded the Child Tax Credit, and provided direct stimulus payments to families that could be used immediately for basic needs (White House 2021). Improving families' financial security may have helped mitigate some of the other ongoing challenges they were facing during the pandemic.

Although prior work has investigated the impact of pandemic-related challenges on families' well-being generally, this brief discusses challenges experienced, supports used, and well-being specifically among Head Start families. Cross-sectional data from before and during the pandemic can shed light on Head Start children's and families' well-being and available social supports. Data from the Family and Child Experiences Survey (FACES 2019) provide a nationally representative snapshot of Head Start families' well-being before the pandemic. Because data from the 2021–2022 Study of Family and Staff Well-Being in Head Start Family and Child Experiences Survey Programs (the 2021–2022 Study) used for this brief are not nationally representative, the findings are not directly comparable to the FACES 2019 data. However, where relevant in this brief, we report those findings to provide context about the well-being of children and families during the pandemic and some of the supports they may have experienced. Additionally, although the 2021–2022 Study was not longitudinal, some survey questions prompted parents to reflect specifically on changes they experienced due to the pandemic. Comparing parents' responses to these retrospective questions to parents' reports of their current well-being can help us better understand how COVID-19 impacted children's and families' well-being. Parents also responded to two open-ended questions about the biggest challenges they faced during the COVID-19 pandemic and what they found most helpful to cope with those challenges. We highlight some of those responses to illustrate parents' experiences.

We investigated four key research questions examining the challenges Head Start children and their families in the 2021–2022 Study faced during the pandemic, the types of support they received, and how both were associated with their

Box 3. Research questions

This brief addresses the following four questions:

1. What challenges did children and families in the 2021–2022 Study experience in late 2021 and early 2022, during the COVID-19 pandemic?
2. What was the well-being of children and families in the 2021–2022 Study in late 2021 and early 2022, during the COVID-19 pandemic?
3. What supports did children and families in the 2021–2022 Study receive or need in late 2021 and early 2022, during the COVID-19 pandemic?
4. How are challenges and supports during the COVID-19 pandemic associated with the well-being of children and families in the 2021–2022 Study?

well-being (Box 3). We present findings for each research question before outlining our conclusions and their implications.

What challenges did children and families in the 2021–2022 Study experience in late 2021 and early 2022, during the COVID-19 pandemic?

As part of the 2021–2022 Study, parents were asked to report on changes they might have experienced due to the COVID-19 pandemic, including changes to their employment and income. Parents were also asked about their levels of parenting stress or anxiety compared to March 2020 as well as any changes in their children's behavior since March 2020.

Parents were asked a series of nine questions about changes in their work situation as a direct result of the pandemic. For example, they were asked whether they were working from home instead of in person, working less predictable schedules, or having more tasks or responsibilities at their job. Among these nine questions, almost three-quarters (72 percent) of parents noted experiencing at least one change in their work situation (Exhibit 1). Two of the changes—the number of hours or jobs worked—could have

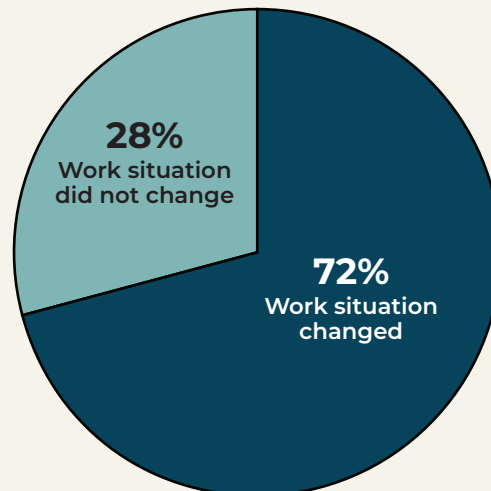
impacted families' financial security. Looking specifically at these two changes (Exhibit 2), just over one-third (36 percent) of parents reported they worked less during the pandemic—either because they were working fewer hours or because they lost a job or were furloughed. Just under one-quarter (23 percent) of parents worked more hours or more jobs. As highlighted in the quote, one parent noted changes in their employment and the resulting income loss, was their biggest challenge during the pandemic.



[The biggest challenges for me and my family during the COVID-19 pandemic have been] “that **work hours were cut short** due to COVID-19 and have not returned to normal, which meant **less income as a family.**”

—Head Start parent, Fall 2021

Exhibit 1. Almost three-quarters of parents experienced changes in their work situation^a due to the pandemic



Source: Fall 2021 parent survey.

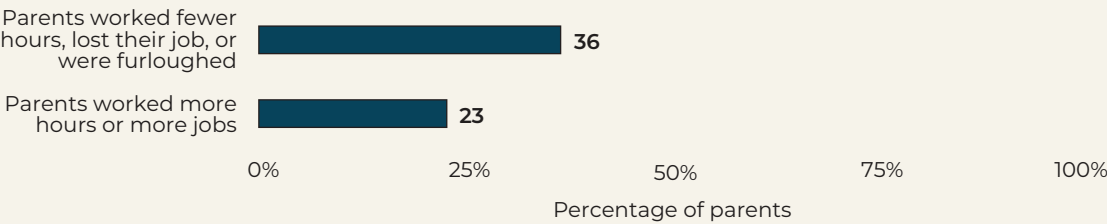
Note: Statistics represent children enrolled in Head Start FACES programs in the 2021–2022 program year whose parents agreed to participate in the 2021–2022 Study. The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or teacher child report (among children whose parents consented for their child to participate in the study). However, given lower-than-expected response rates, we do not recommend assuming national representativeness.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

Data include households with at least one biological or adoptive parent.

^a Parents with a change in work situation indicated that at least one change was a direct result of the COVID-19 pandemic (such as working from home instead of in person, changing jobs, or having a less predictable work schedule).

Exhibit 2. More than one-third of parents worked fewer hours, lost their job, or were furloughed because of the pandemic



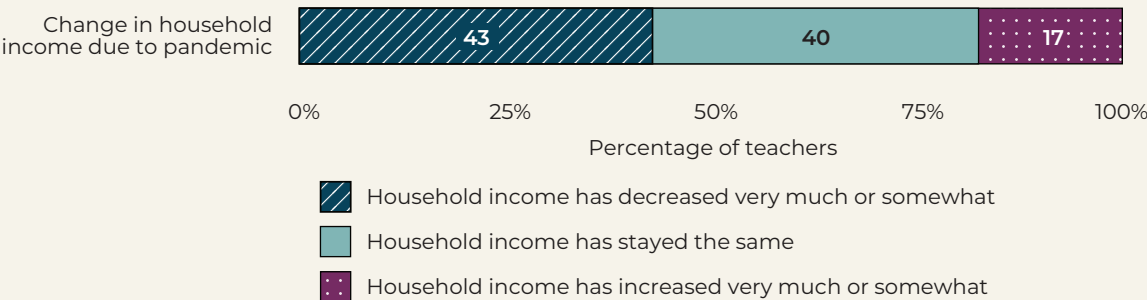
Source: Fall 2021 parent survey.

Note: Statistics represent children enrolled in Head Start FACES programs in the 2021–2022 program year whose parents agreed to participate in the 2021–2022 Study. The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or teacher child report (among children whose parents consented for their child to participate in the study). However, given lower-than-expected response rates, we do not recommend assuming national representativeness.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic. Data include households with at least one biological or adoptive parent.

When asked about how their household income had changed during the pandemic, about the same percentage of parents reported their household income decreased during the pandemic (43 percent) as reported it stayed the same (40 percent). Only 17 percent of parents reported that their household income increased during the pandemic (Exhibit 3).

Exhibit 3. Forty-three percent of parents reported their income decreased^a during the pandemic



Source: Fall 2021 parent survey.

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Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

^a Household income includes all contributions from members of the household, safety net programs, and other sources of income such as rental income, interest, and dividends. Household income does not include stimulus payments from the government.

In addition to changes in their employment and household income due to COVID-19, parents also experienced changes in their mental health. When asked about their current level of stress or anxiety as compared to before March 2020, one-third (33 percent) of parents noted their parenting stress or anxiety was much or somewhat higher (Exhibit 4). For example, one parent shared challenges with anxiety related to their child's experience attending school virtually.

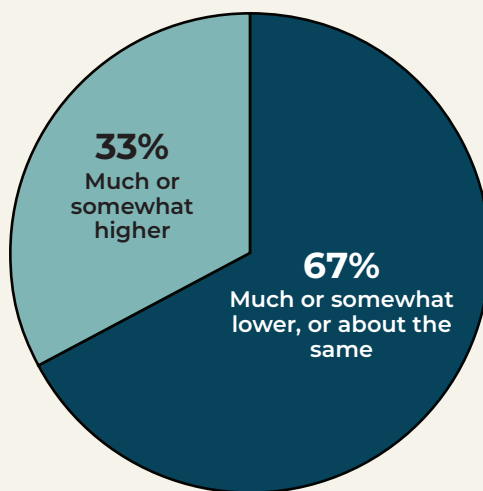
Almost half (45 percent) of parents noted some changes in their child's behavior since March 2020 (Appendix A, Table A.12). About one-quarter (26 percent) of parents reported their child was acting out more or having more tantrums. Twenty-one percent of parents reported their child's sleep was disrupted. Just under 15 percent of parents reported their child developed new fears (14 percent) or complained of physical ailments (13 percent; Exhibit 5).



[The biggest challenges for me and my family during the COVID-19 pandemic have been] “virtual school for my older child. She spent half of kindergarten and first grade learning online ... I feel she didn’t get much education during that time. **I constantly worried that she would be behind in the future grades.”**

—Head Start parent, Fall 2021

Exhibit 4. One-third of parents noted their parenting stress or anxiety was much or somewhat higher as compared to before March 2020



Source: Fall 2021 parent survey.

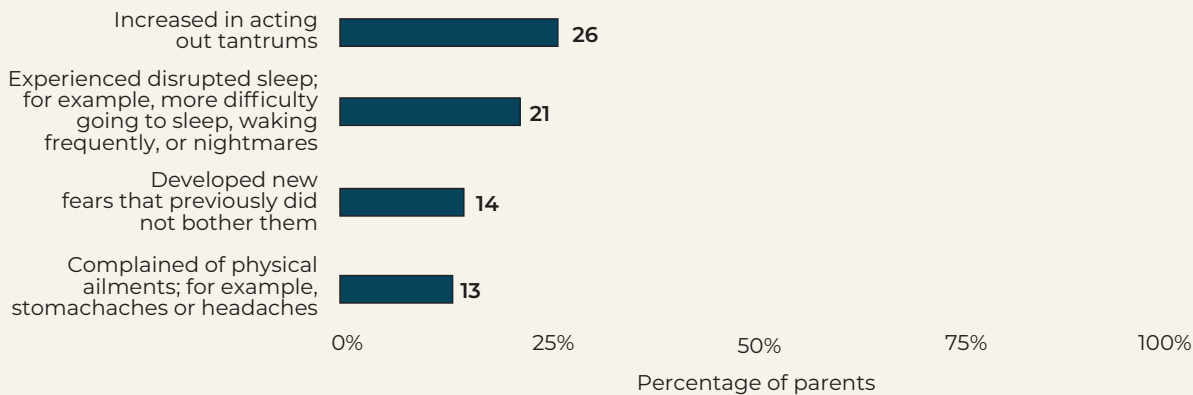
Note: Statistics represent children enrolled in Head Start FACES programs in the 2021–2022 program year whose parents agreed to participate in the 2021–2022 Study. The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or teacher child report (among children whose parents consented for their child to participate in the study). However, given lower-than-expected response rates, we do not recommend assuming national representativeness.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

Parents also faced risks associated with household members, family members, or friends having COVID-19. The majority (65 percent) of parents reported that a member of their household or close friend or family member had COVID-19 (Appendix A, Table A.13). Almost half (46 percent)

of parents reported a household member had COVID-19, and 14 percent reported a close connection outside of the household had COVID-19. Few parents reported that household members who had COVID-19 were hospitalized (5 percent) or passed away (1 percent; Exhibit 6).

Exhibit 5. About one-tenth to one-quarter of parents reported specific changes in their child’s behavior during the pandemic

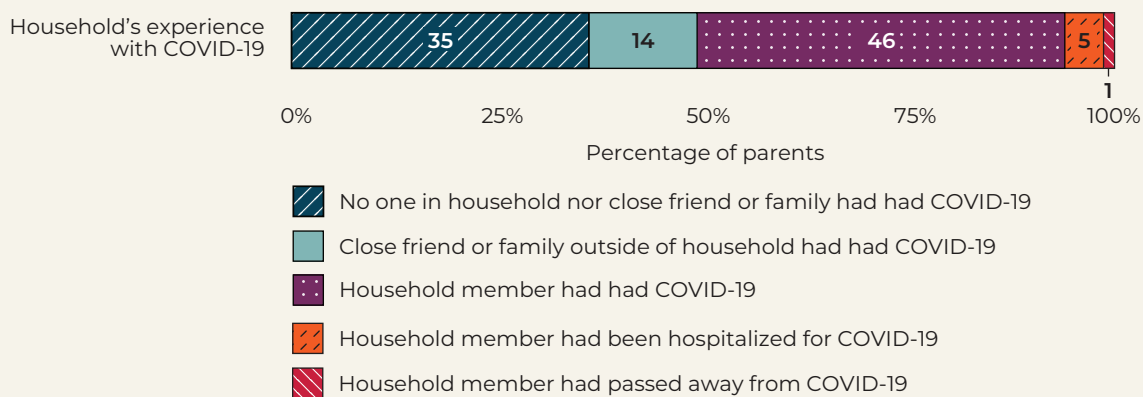


Source: Fall 2021 parent survey.

Note: Statistics represent children enrolled in Head Start FACES programs in the 2021–2022 program year whose parents agreed to participate in the 2021–2022 Study. The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or teacher child report (among children whose parents consented for their child to participate in the study). However, given lower-than-expected response rates, we do not recommend assuming national representativeness.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

Exhibit 6. The majority of parents reported someone from their household or a close friend or family member had had COVID-19



Source: Fall 2021 parent survey.

Note: Statistics represent children enrolled in Head Start FACES programs in the 2021–2022 program year whose parents agreed to participate in the 2021–2022 Study. The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or teacher child report (among children whose parents consented for their child to participate in the study). However, given lower-than-expected response rates, we do not recommend assuming national representativeness.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

What was the well-being of children and families in the 2021–2022 Study in late 2021 and early 2022, during the COVID-19 pandemic?

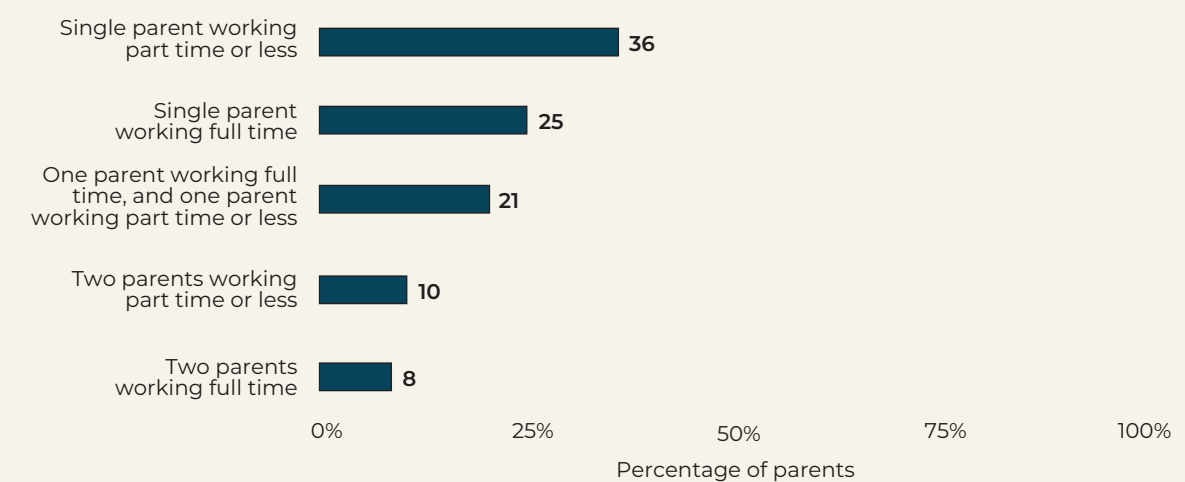
Parents faced challenges because of the pandemic, yet they also demonstrated resilience. As illustrated in Box 1, both children's and families' well-being include many components. In the 2021–2022 Study, parents reported on aspects of their well-being such as their current mental health, relationships with their children, household routines, and financial strain. Parents and teachers

also reported on aspects of children's well-being, including their social skills, approaches to learning (that is, learning behaviors, such as concentration and eagerness to learn), problem behaviors, and literacy skills. Across these—and despite changes families weathered during the pandemic—many parents reported positive aspects of their well-being and their children's well-being. Although data from the 2021–2022 Study cannot be directly compared to nationally representative data from FACES 2019, some 2019 findings are reported here to help contextualize hardships Head Start families may have faced during late 2021 and early 2022.

Of the Head Start families who participated in the survey, more than half (61 percent) of parents were in single-parent households (Exhibit 7). Just over half (54 percent) of parents were in households where at least one parent was working full time.

About one-third (36 percent) of parents were in a single-parent household and were working part time or less (that is, working fewer than 35 hours per week). Ten percent of parents were in a two-parent household where both parents worked part time or less.

Exhibit 7. Most parents were in single-parent households working either part time or less or full time



Source: Fall 2021 parent survey.

Note: Statistics represent children enrolled in Head Start FACES programs in the 2021–2022 program year whose parents agreed to participate in the 2021–2022 Study. The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or teacher child reports (among children whose parents consented for their child to participate in the study). However, given lower-than-expected response rates, we do not recommend assuming national representativeness.

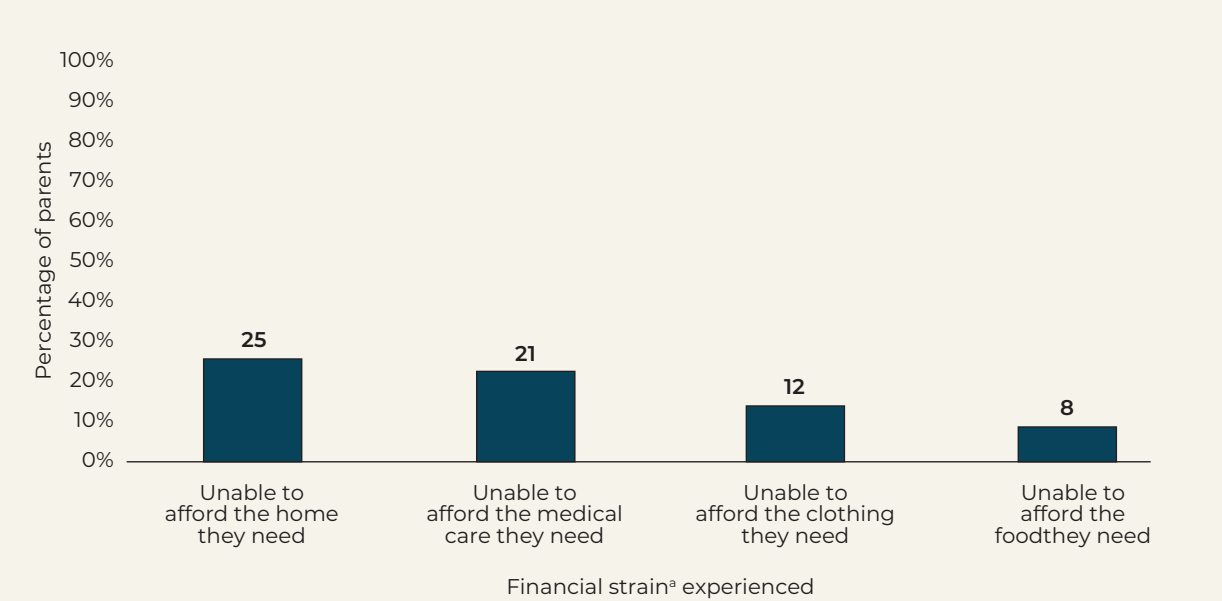
Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

Data include households with at least one biological or adoptive parent. We exclude the 3.7 percent of children whose households do not include a biological or adoptive parent.

In the 2021–2022 Study, parents were asked four questions about their financial strain, including whether they had enough money to afford the kind of home, clothing, food, and medical care they needed. Just over one-third (38 percent) of parents experienced at least one financial strain (Appendix A, Table A.5). Just under one-tenth to one-quarter of parents reported experiencing each type of financial strain (Exhibit 8). Specifically, one-quarter (25 percent) of parents noted they were

unable to afford the home they needed, and 21 percent of parents indicated they were unable to afford the medical care they needed. Parents were asked about these same financial strains in FACES 2019. As context, in FACES 2019, just over one-quarter (28 percent) of parents had reported they were unable to afford they home they needed and one-quarter (25 percent) of parents had reported they were unable to afford the medical care they needed (Doran et al. 2021).

Exhibit 8. About one-tenth to one-quarter of parents reported experiencing some form of financial strain^a



Source: Fall 2021 parent survey.

Note: Statistics represent children enrolled in Head Start FACES programs in the 2021–2022 program year whose parents agreed to participate in the 2021–2022 Study. The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or teacher child report (among children whose parents consented for their child to participate in the study). However, given lower-than-expected response rates, we do not recommend assuming national representativeness.

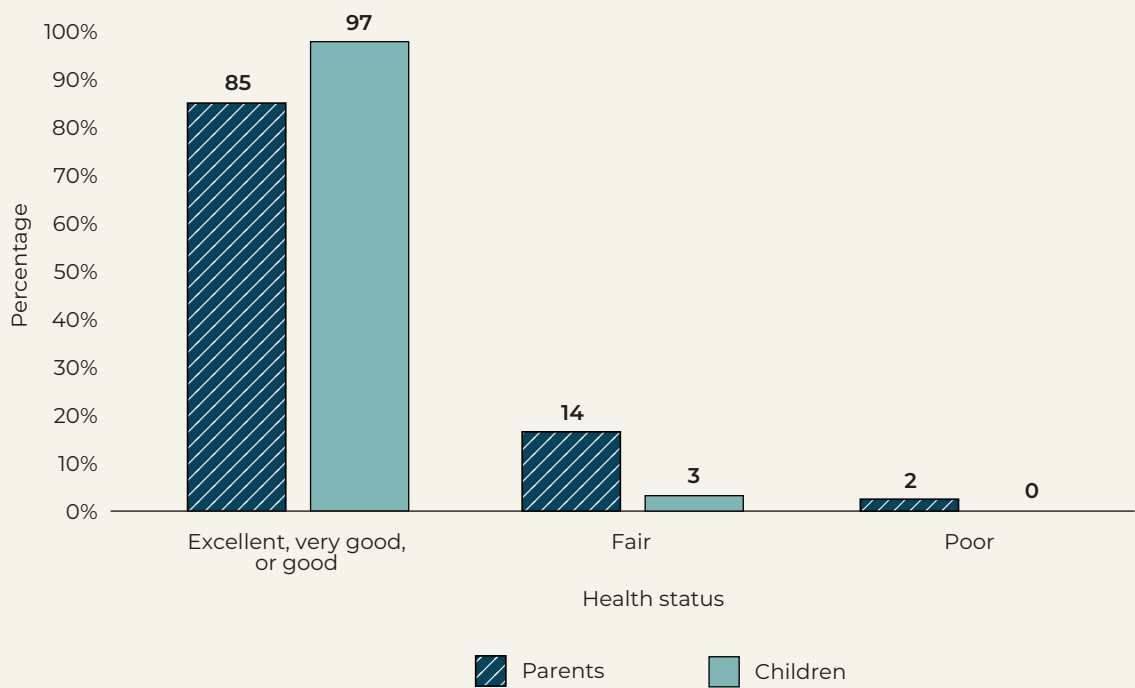
Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

^a Financial strain is a construct built from four items that measure the extent to which a family feels they have enough money to afford the kind of home, clothing, food, and medical care they need. We categorized a family as “experienced a financial strain” if the parent disagreed or strongly disagreed that they had enough money to afford a home, clothing, food, or medical care. The possible range is 0 to 4.

The majority (85 percent) of parents reported they were generally in good to excellent health (Exhibit 9), and only 2 percent reported they were in poor health. Almost all parents (97 percent) thought their children were in good to excellent

health. Although FACES 2019 did not collect data on parents’ self-reported health, parents did report on their children’s health. Almost all parents (96 percent) had reported their children to be in good to excellent health.

Exhibit 9. Most parents reported good to excellent health for themselves and their children



Source: Fall 2021 parent survey.

Note: Statistics represent children enrolled in Head Start FACES programs in the 2021–2022 program year whose parents agreed to participate in the 2021–2022 Study. The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or teacher child report (among children whose parents consented for their child to participate in the study). However, given lower-than-expected response rates, we do not recommend assuming national representativeness.

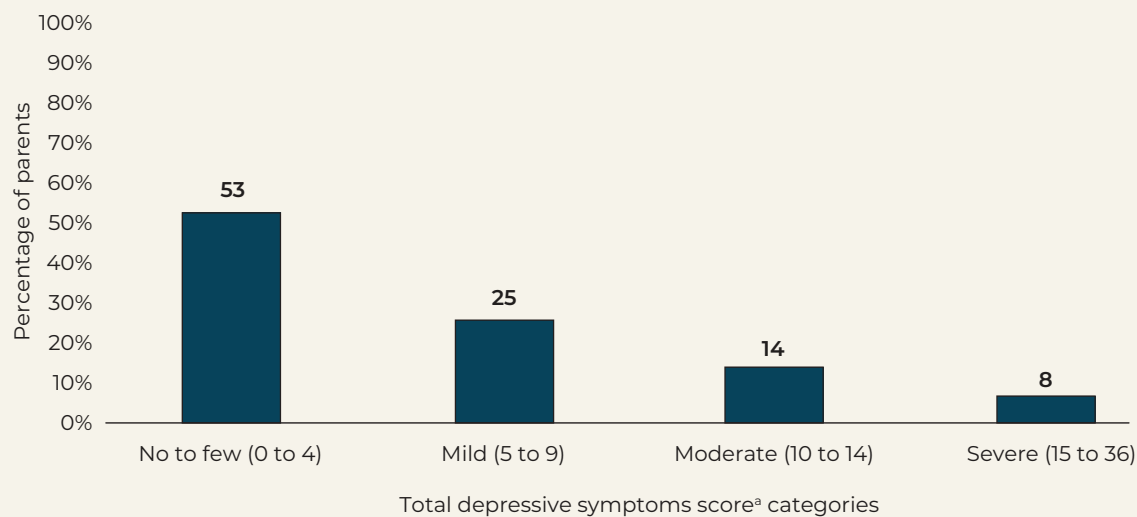
Percentages may sum to more than 100 percent due to rounding.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

In addition to comparing their stress and anxiety levels with those they experienced before the pandemic, parents reported on their current depressive and anxiety symptoms. About half (53 percent) of parents reported few or no depressive symptoms when asked about how they

felt in the past week (Exhibit 10). Almost one quarter (22 percent) of parents reported symptoms associated with moderate or severe depression. For context, in FACES 2019, over half of parents (51 percent) had reported few or no depressive symptoms.

Exhibit 10. About half of parents reported few or no depressive symptoms over the past week



Source: Fall 2021 parent survey.

Note: Statistics represent children enrolled in Head Start FACES programs in the 2021–2022 program year whose parents agreed to participate in the 2021–2022 Study. The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or teacher child report (among children whose parents consented for their child to participate in the study). However, given lower-than-expected response rates, we do not recommend assuming national representativeness.

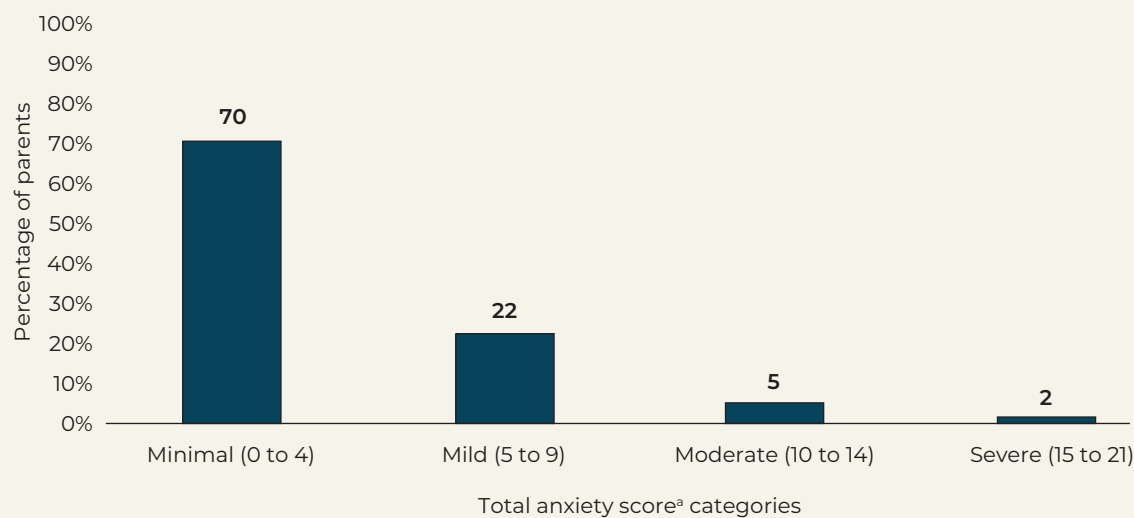
Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

^a The total depressive symptoms score is the total score on the Center for Epidemiological Studies Depression Scale (CES-D) short form (12 items on a 4-point scale for frequency in the past week). Total scores range from 0 to 36. The CES-D is a screening tool and is not used to formally diagnose depression, but the publisher reports that depressive symptoms scores have been correlated with clinical diagnosis.

As compared to parents’ reports of depressive symptoms, fewer parents noted they were experiencing anxiety. The majority of parents reported minimal anxiety over the two weeks

before taking the survey (Exhibit 11). Seven percent of parents had feelings associated with moderate or severe anxiety.

Exhibit 11. Most parents reported minimal anxiety in the preceding two weeks



Source: Fall 2021 parent survey.

Note: Statistics represent children enrolled in Head Start FACES programs in the 2021–2022 program year whose parents agreed to participate in the 2021–2022 Study. The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or teacher child report (among children whose parents consented for their child to participate in the study). However, given lower-than-expected response rates, we do not recommend assuming national representativeness.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

^a The total anxiety score is the total score on the Generalized Anxiety Disorder–7 (GAD–7) scale (seven items on a 4-point scale for frequency in the past two weeks). Total scores range from 0 to 21. The GAD–7 is a screening tool and not used to formally diagnose anxiety, but the publisher reports that anxiety scores have been correlated with clinical diagnosis.

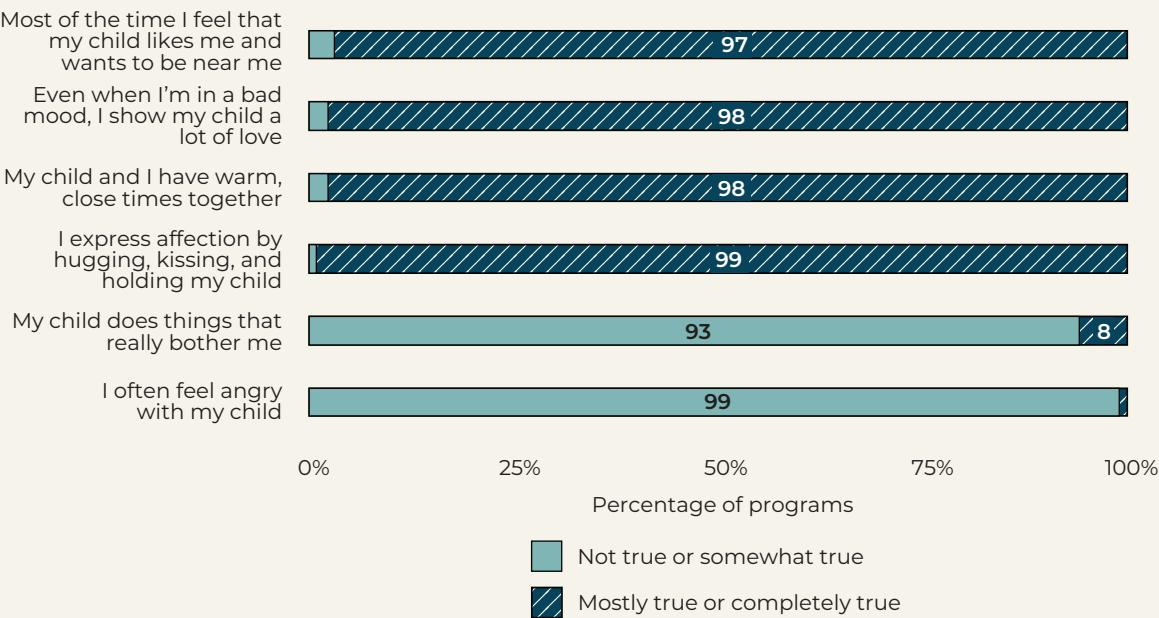
Almost all parents reported positive relationships with their child (Exhibit 12). Ninety-seven to 99 percent of parents reported that their child liked them, and they had warm, close times together with their child, expressed affection, and showed their child a lot of love. As highlighted in the quote, one parent noted that bonding with their family had been the most helpful way to cope with the pandemic. Eight percent of parents indicated their child does things that really bother them, with just 1 percent reporting they often feel angry with their child.

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[The most helpful way to cope with the COVID-19 pandemic has been] **“We’ve just been doing a lot of bonding together.** A lot of family time has been helpful when we have been sent home from work and/or school due to the pandemic.”

—Head Start parent, Fall 2021

Exhibit 12. Almost all parents reported positive relationships with their child



Source: Fall 2021 parent survey.

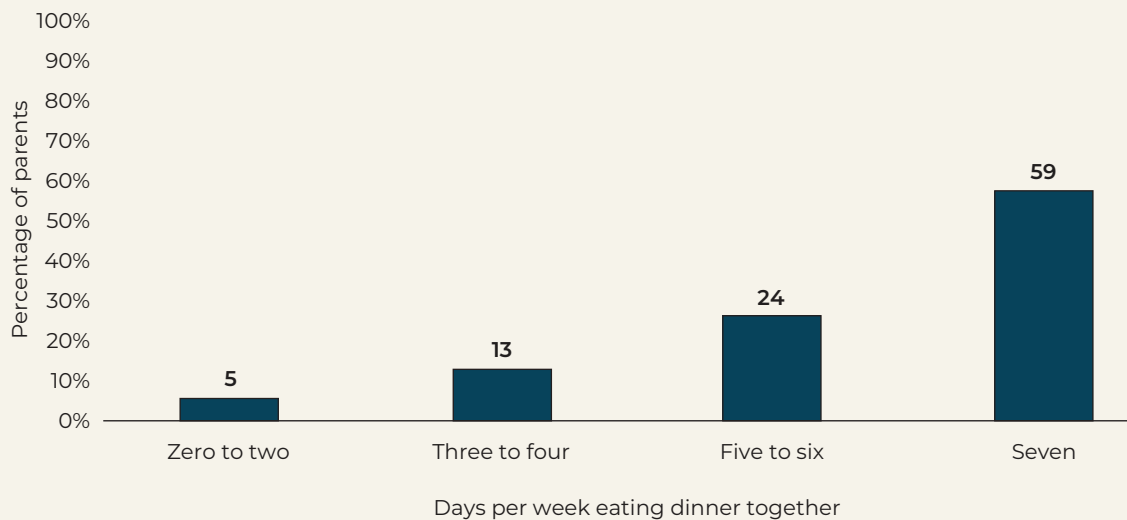
Note: Statistics represent children enrolled in Head Start FACES programs in the 2021–2022 program year whose parents agreed to participate in the 2021–2022 Study. The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or teacher child report (among children whose parents consented for their child to participate in the study). However, given lower-than-expected response rates, we do not recommend assuming national representativeness.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

Research demonstrates that household routines, such as mealtime and bedtime routines, can positively affect children’s well-being and development and increase family connectedness (Kitsaras et al. 2018; Quick et al. 2021). The pandemic could have made maintaining these routines more challenging, but it also introduced more family time as parents and children stayed home (Bates et al. 2021). In the current study, more than half (59 percent) of parents reported their

family ate dinner together every night of the week (Exhibit 13). One-quarter (24 percent) noted their family ate dinner together five or six nights a week. FACES 2019 also collected data about families’ household routines. For context, in FACES 2019, two-thirds (66 percent) of parents had reported their family ate dinner together every night of the week and just under one-quarter (20 percent) had reported their family ate dinner together five or six nights a week.

Exhibit 13. More than half of parents reported their family ate dinner together every night of the week



Source: Fall 2021 parent survey.

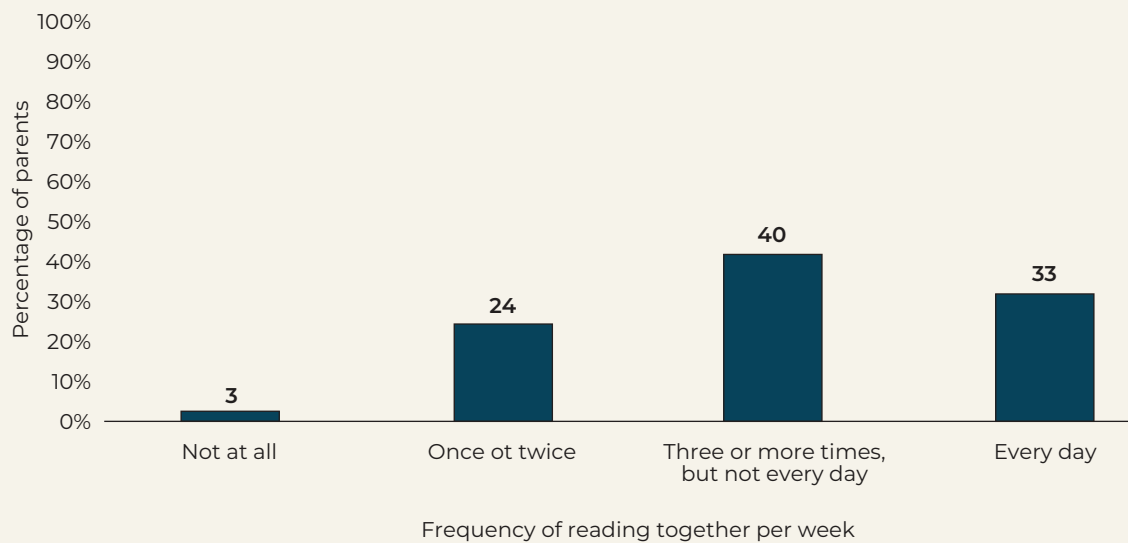
Note: Statistics represent children enrolled in Head Start FACES programs in the 2021–2022 program year whose parents agreed to participate in the 2021–2022 Study. The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or teacher child report (among children whose parents consented for their child to participate in the study). However, given lower-than-expected response rates, we do not recommend assuming national representativeness.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

Shared book reading has many benefits for children’s well-being, including for their language and social skill development (Ece Demir-Lira, 2019), as well as for family well-being (Canfield et al. 2020). In the 2021–2022 Study, almost all parents read to their child at least once a week (Exhibit 14). One-third read to their child every day. Just under

one quarter (24 percent) read to their child once or twice per week. In FACES 2019, almost all parents (98 percent) reported they had read to their child at least once a week, and over one-third (40 percent) of parents reported they had read to their child every day (Doran et al. 2022).

Exhibit 14. Three-quarters of parents read to their child at least three times a week



Source: Fall 2021 parent survey.

Note: Statistics represent children enrolled in Head Start FACES programs in the 2021–2022 program year whose parents agreed to participate in the 2021–2022 Study. The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or teacher child report (among children whose parents consented for their child to participate in the study). However, given lower-than-expected response rates, we do not recommend assuming national representativeness.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

As part of the 2021–2022 Study, teachers reported on several key components of children’s well-being, including their social skills, behaviors, approaches to learning (that is, behaviors such as concentration and eagerness to learn), and their literacy skills. In late 2021 and early 2022, teachers reported positive social skills and few problem behaviors in children. More specifically, teachers’ reports of social skills indicated children generally exhibited cooperative behavior (mean = 17.9 out of 24; Exhibit 15). Additionally, teachers reported relatively few problem behaviors (mean = 4.3 out of 28; Exhibit 15) and low levels of disruptive or aggressive, hyperactive, and withdrawn behaviors (means = 1.2 to 1.4; Exhibit 15). For context, teachers’ reports in FACES 2019 were relatively consistent with those of the 2021–2022 Study.

In FACES 2019, children’s mean social skills scores had been 15.8 and mean total problem behaviors had been 5.0.

According to teachers’ reports, the mean score on children’s approaches to learning was 2.9 out of 4, with higher scores indicating children were exhibiting positive approaches to learning more frequently (Exhibit 15). In FACES 2019, the mean score for children’s approaches to learning had been 2.7. In late 2021 and early 2022, the mean score for children’s literacy skills scores was 4.1 out of 7, with higher scores meaning children were exhibiting greater literacy skills (Exhibit 15). Teachers’ reports of children’s literacy skills were not collected as part of FACES 2019.

Exhibit 15. Mean scores for teacher reports of children’s social skills, problem behaviors, approaches to learning, and literacy skills

Teacher-reported scale	Mean	Reported range	Actual range
Social skills score ^a	17.9	(0–24)	(0–24)
Problem behaviors total score ^a	4.3	(0–26)	(0–28)
Disruptive/aggressive behavior	1.4	(0–8)	(0–8)
Hyperactive behavior	1.3	(0–6)	(0–6)
Withdrawn behavior	1.2	(0–11)	(0–12)
Approaches to learning score ^b	2.9	(1–4)	(1–4)
Literacy skills score ^c	4.1	(0–7)	(0–7)

Source: Fall 2021 teacher child report.

Note: Fall 2021 data were collected from November 2021 to January 2022 for the teacher child report.

^aSocial skills and problem behaviors items come from the Behavior Problems Index, the Personal Maturity Scale, and the Social Skills Rating Scale. For social skills, higher scores indicate the child exhibits cooperative behavior more frequently. For problem behaviors, higher scores indicate the child exhibits negative behavior more frequently.

^bApproaches to learning items come from the Early Childhood Longitudinal Study-Kindergarten Class of 1998–99 (ECLS-K). Higher scores indicate the child exhibits positive approaches to learning behaviors more frequently.

^cChildren’s literacy skills score items are adapted from the National Household Education Survey. Higher scores indicate greater literacy skills.

What supports did children and families in the 2021–2022 Study have or need in late 2021 and early 2022, during the COVID-19 pandemic?

In the 2021–2022 Study, we asked parents to respond to questions about supports they may have received or needed during the pandemic—including whether they had received a government stimulus payment and whether they had access to six types of social supports. We also asked parents to think about the non-child care services and supports they received from their Head Start program during the 2021–2022 program year and then to respond to a series of 10 questions about whether a service would be useful to them now.

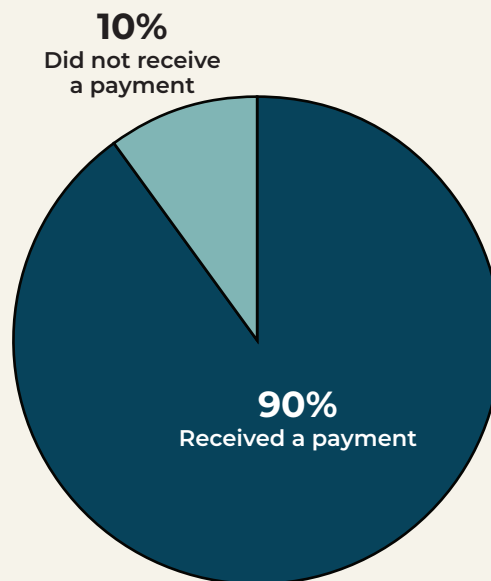
Almost all (90 percent) of parents reported their household received a stimulus payment during the pandemic (Exhibit 16). When asked about the most helpful way to cope with the pandemic, one parent shared the value of receiving a stimulus payment.



[The most helpful way to cope with the COVID-19 pandemic has been] “The **stimulus check helped when we were on lockdown**. When we couldn’t work. We were able to afford things with it.”

—Head Start parent, Fall 2021

Exhibit 16. Ninety percent of households received a stimulus payment during the pandemic



Source: Fall 2021 parent survey.

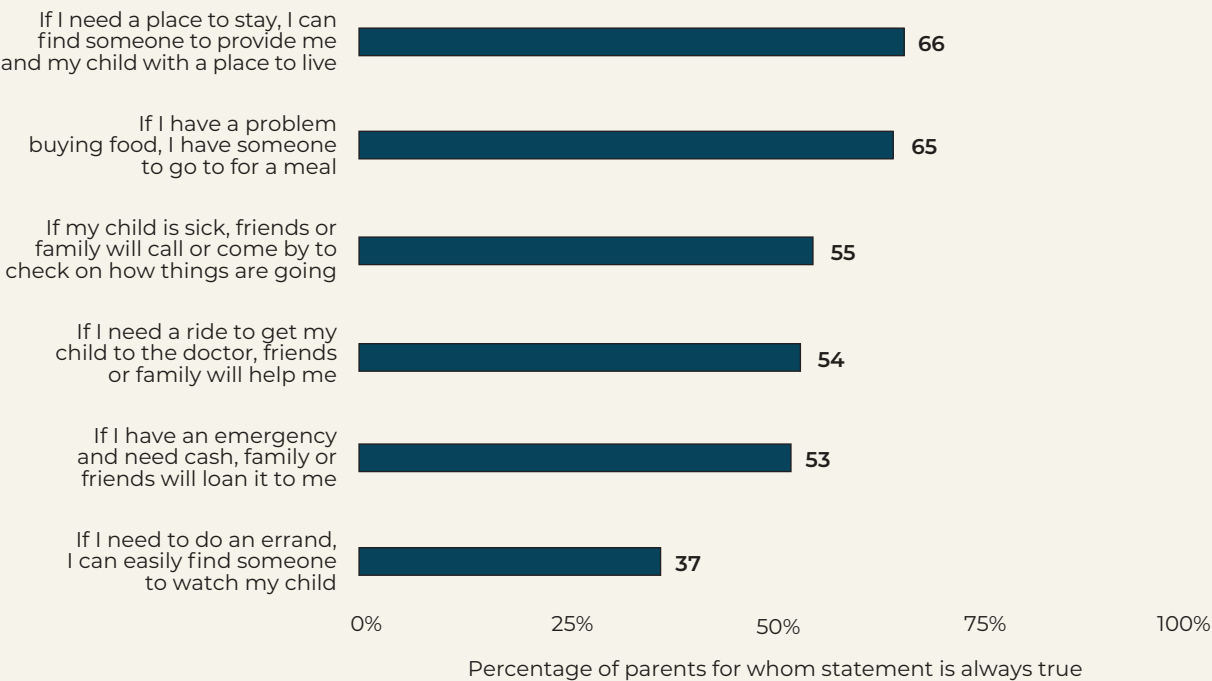
Note: Statistics represent children enrolled in Head Start FACES programs in the 2021–2022 program year whose parents agreed to participate in the 2021–2022 Study. The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or teacher child report (among children whose parents consented for their child to participate in the study). However, given lower-than-expected response rates, we do not recommend assuming national representativeness.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

Parents reported having access to most social supports when they needed them (Exhibit 17). More than half of parents had someone who would provide them with a place to stay, provide them with a meal, check on their child if they were sick, give them a ride to the doctor, or loan them cash in an emergency, should they need it. Most parents said they could find a place to stay (66 percent) and someone to provide a meal (65

percent) if they needed help. Only 37 percent of parents said they could easily find someone to watch their child while they ran an errand. Out of six types of social supports, the mean number of types of social supports parents reported were always available¹ was 3.3 (Appendix A, Table A.16). For context, in FACES 2019, the mean number of types of social supports parents had reported were always available was 3.2.

Exhibit 17. More than half of parents reported having access to social supports when needed



Source: Fall 2021 parent survey.

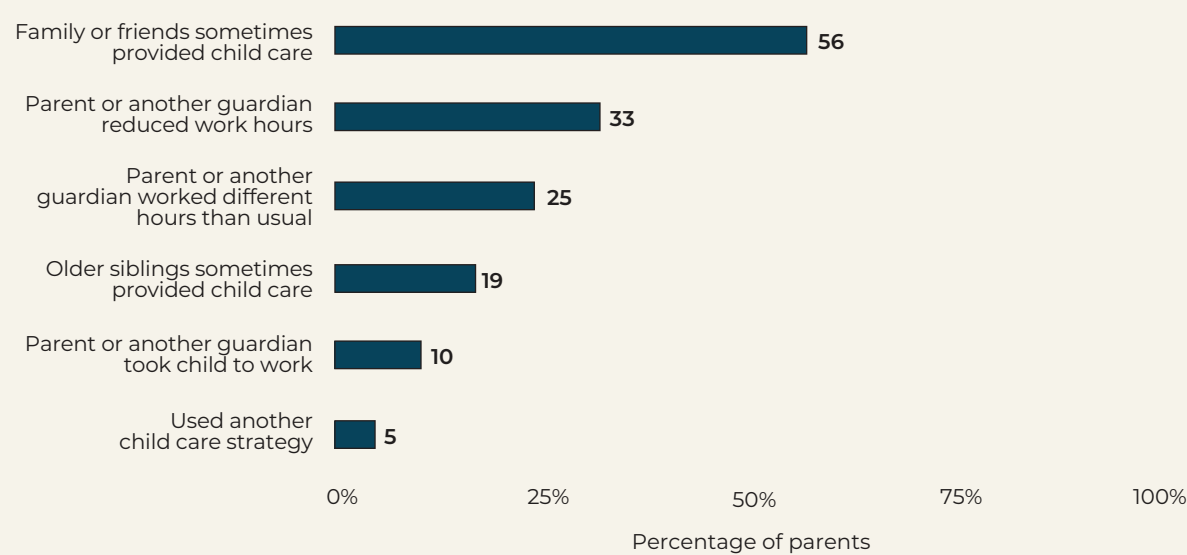
Note: Statistics represent children enrolled in Head Start FACES programs in the 2021–2022 program year whose parents agreed to participate in the 2021–2022 Study. The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or teacher child report (among children whose parents consented for their child to participate in the study). However, given lower-than-expected response rates, we do not recommend assuming national representativeness.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

Many child care programs closed at least temporarily during the pandemic, and many parents relied on other child care arrangements (Lin and McDoniel, 2023). Parents with changing work schedules may also have needed to adjust their work arrangements or find different child care options (Lyttelton et al. 2022; Smith 2021). The majority (75 percent) of parents used at least one strategy outside their regular child care arrangements to meet their child care needs during the pandemic, and the mean number of strategies used was 1.5 (Appendix A, Table A.17).

More than half (56 percent) of parents indicated their family or friends sometimes provided child care (Exhibit 18). Parents also adjusted their work hours to meet their child care needs. One-third (33 percent) of parents reported another parent or guardian reduced their work hours to provide child care, and one-quarter (25 percent) of parents reported that another parent or guardian worked different hours than usual to provide child care. Only 10 percent of parents noted a parent or another guardian took their child to work. Only 10 percent of parents noted a parent or another guardian took their child to work.

Exhibit 18. More than half of parents reported their family or friends sometimes provided child care during the pandemic



Source: Fall 2021 parent survey.

Note: Statistics represent children enrolled in Head Start FACES programs in the 2021–2022 program year whose parents agreed to participate in the 2021–2022 Study. The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or teacher child report (among children whose parents consented for their child to participate in the study). However, given lower-than-expected response rates, we do not recommend assuming national representativeness.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

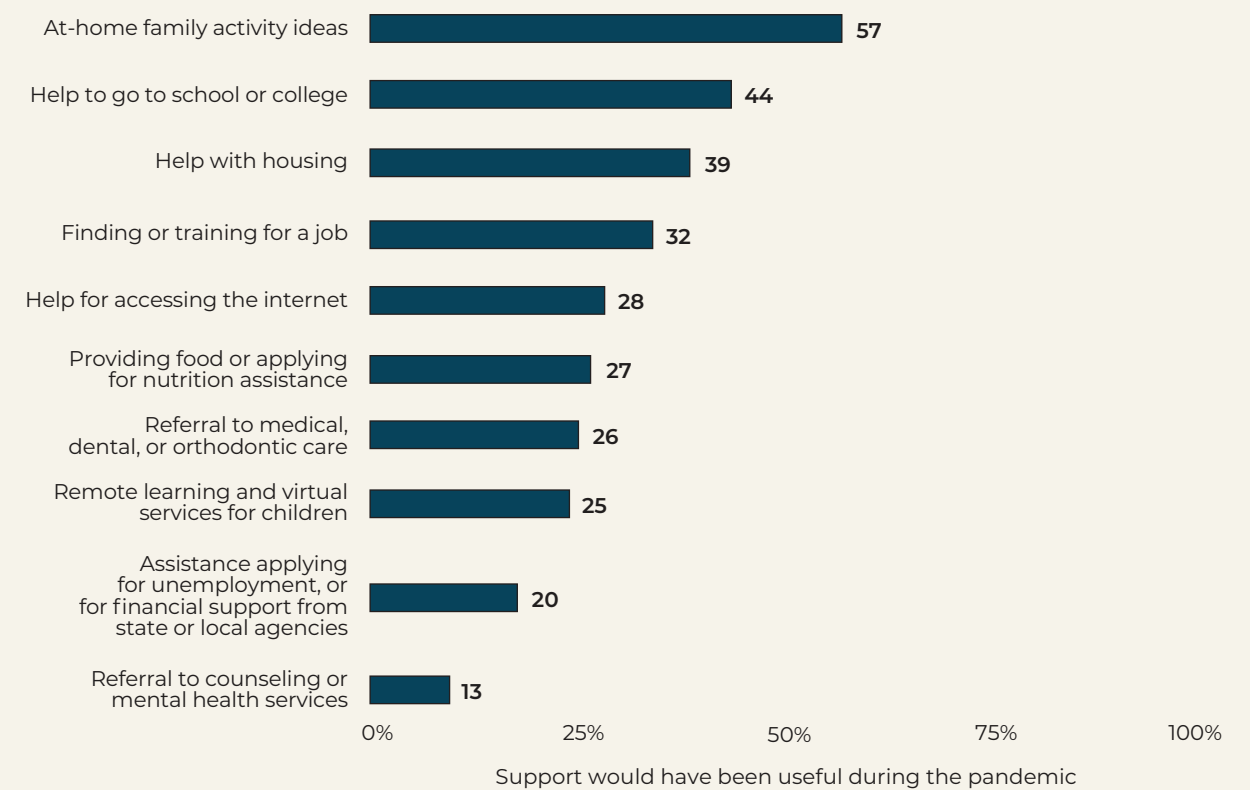
“Another child care strategy” includes, for example, using a babysitter, paying for care before and after school, or not having child care. These strategies were collapsed into “Another strategy” category due to the small number of respondents.

To better understand what programmatic supports Head Start families were lacking or may have needed more of during the pandemic, we asked parents a series of questions about the usefulness of non-child care services and supports. For ten types of community supports, we asked parents whether a particular support would be useful. We consider these items to be a proxy for families' needs. Roughly one-fifth to just over half of parents indicated needing certain supports

(Exhibit 19). For example, 57 percent of parents noted they needed ideas for at-home family activities and 44 percent of parents reported needing help to go to school or college.

Twenty percent of parents reported needing assistance applying for unemployment, and 18 percent noted needing referrals to counseling or mental health services during the pandemic.

Exhibit 19. Over one-third of parents reported needing ideas for at-home family activities, help going to school or college, and help with housing during late 2021 and early 2022



Source: Fall 2021 parent survey.

Note: Statistics represent children enrolled in Head Start FACES programs in the 2021–2022 program year whose parents agreed to participate in the 2021–2022 Study. The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or teacher child report (among children whose parents consented for their child to participate in the study). However, given lower-than-expected response rates, we do not recommend assuming national representativeness.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

How are challenges and supports during the COVID-19 pandemic associated with the well-being of children and families in the 2021–2022 Study?

We explored whether the challenges families experienced during the pandemic were associated with outcomes reflecting child and family well-being and whether the supports families received buffered the association between those challenges and the well-being of children and families. To do this, we examined a set of challenges (including family health impacts from COVID-19 and community supports families may have needed) and supports (including receipt of stimulus payment since the start of the pandemic, parents’ social supports, and child care strategies outside of regular arrangements) families had during the pandemic. We looked at the association of these challenges and supports with eight outcomes reflecting family well-being (including parent

depressive symptoms, parent anxiety, parenting warmth, and household financial strain) and children’s well-being (including scores on social skills, problem behaviors, approaches to learning, and literacy skills).² In this section, we report the findings of a series of stepwise regressions, which added five blocks of predictors in the following order: (1) Challenges: family health impacts from COVID-19, (2) Challenges: Needed community supports, (3) Supports: receipt of stimulus payment, (4) Supports: child care strategies outside of regular arrangements, and (5) Supports: parental social supports (Table 1). In this way we examined the association of the variables that represented challenges and may have a negative association with child and family well-being first, followed by potentially protective variables that represented supports. We report these findings by each block for each of the four family well-being outcomes and each of the four child well-being outcomes. Appendix B includes findings from all regressions.

Table 1. Stepwise regression models predicting each child and family well-being outcome

Block of predictors	Items included within each block
Challenges families faced during the pandemic	
1. Family health impacts from COVID-19	<ul style="list-style-type: none">• Anyone in the household had COVID-19• Anyone in the household was hospitalized for COVID-19• Anyone in the household passed away due to COVID-19
2. Needed community supports	<ul style="list-style-type: none">• Help with housing• Finding or training for a job• Help to go to school or college• Referral to counseling or mental health services• Referral to medical, dental, or orthodontic care• Help for accessing the Internet• Remote learning and virtual services for children• At-home family activity ideas• Assistance applying for unemployment, or for financial support from state or local agencies• Providing food or applying for nutrition assistance

Block of predictors	Items included within each block
Supports families experienced during the pandemic	
3. Receipt of stimulus payment	<ul style="list-style-type: none">Family received a stimulus payment
4. Child care strategies outside of regular arrangements	<ul style="list-style-type: none">Family or friends are sometimes providing child careOlder siblings are sometimes providing child careParent or another guardian is reducing work hoursParent or another guardian is working different hours than usualParent or another guardian is taking child to workOther child care strategies not listed
5. Parental social supports	<ul style="list-style-type: none">Having someone to watch their child if parents need to do an errandHaving someone who will help parents if they need a ride to get their child to the doctorHaving someone to check on parents if their child is sickHaving someone to go to for a meal if they have problems buying foodHaving someone who will loan them cash in an emergencyHaving someone who can provide their family a place to live if they need somewhere to stay

Associations with family well-being

We first examined the association between the two blocks of predictors that represented challenges—family health impacts from COVID-19 and needed community supports—and families’ well-being outcomes. Several challenges were significantly associated with family well-being outcomes before accounting in our analyses for the supports families received. Parents’ reports of needing referrals to counseling or mental health services were associated with more depressive symptoms and greater parental anxiety (Appendix C, Tables C.1, C.2). Parents’ reports of needing assistance applying for unemployment benefits or other financial supports were also associated with more depressive symptoms and greater parental anxiety (Appendix C, Tables C.1, C.2). Lastly, parents’ reports of needing referrals to medical, dental, or orthodontic care were associated with greater financial strain on the household (Appendix C, Table C.4).

After accounting in our analyses for the challenges families faced, we added three blocks of predictors

to the model that represented supports—receipt of a stimulus payment, child care strategies parents used outside of their regular arrangements, and parental social supports. One support was initially associated with a well-being outcome but did not remain significant after all other supports were accounted for. Among the set of child care strategies, parents’ reports of reducing their own work hours or a guardian’s reduction in work hours were associated with greater financial strain on the household; however, this association was no longer significant after all other supports were accounted for (Appendix C, Table C.4).

After all supports were accounted for, two challenges were still associated with family well-being outcomes, but one association was mitigated. Parents’ reports of needing referrals to counseling or mental health services were still associated with more depressive symptoms and greater parental anxiety (Appendix C, Tables C.1, C.2). Parents’ reports of needing assistance

applying for unemployment, or for financial supports from state or local agencies, were still associated with more depressive symptoms and greater parental anxiety (Appendix C, Tables C.1, C.2). In contrast, parents' reports of needing referrals to medical, dental, or orthodontic care—which were initially significantly associated with greater household financial strain—were no longer significantly associated after all supports were accounted for (Appendix C, Table C.4).

Associations with child well-being

We also explored the associations between the challenges and supports families experienced during the pandemic and four child well-being outcomes reflected in scores reported by teachers—children's scores on social skills, problem behaviors, approaches to learning, and literacy skills. Using the same stepwise regression procedure as for investigating families' well-being outcomes, we first examined the association between two blocks of predictors that represented challenges—family health impacts from COVID-19 and needed community supports—and children's well-being outcomes. Children's scores on social skills, problem behaviors, approaches to learning, and literacy skills were not associated with any of the challenges examined in this brief (Appendix C, Tables C.5 to C.8).

We then added the three blocks of predictors to the model that represented supports—receipt of a stimulus payment, child care strategies parents used outside of their regular arrangements, and social supports. Families' receipt of a stimulus payment was initially associated with lower child literacy scores; however, this association was no longer significant after all other supports were accounted for (Appendix C, Table C.8). After all the supports were accounted for, there were no significant associations between either challenges or supports and children's well-being outcomes.

Conclusions and implications

Results from these analyses show that parents faced disruptions during the pandemic—such as changes in employment and income—that could have negatively affected their well-being and the well-being of their children. Despite these changes, parents reported generally positive aspects of their well-being and parents and teachers reported positive child well-being. Several challenges,

including parents' reports of specific needed community supports, were associated with more depressive symptoms, greater parental anxiety, or greater household financial strain. Although we hypothesized that the supports might have mitigated challenges families faced during the pandemic, only the negative associations of one challenge (parents' reports of needing referrals to medical, dental, or orthodontic care) with one family well-being outcome (household financial strain) were buffered by the examined supports.

When asked to report on changes over the past year or since March 2020, parents shared some of the negative impacts on their mental health and on their children's behavioral health. Some parents noted they had more stress and anxiety than before the pandemic. Parents also noted adverse changes in their children's behavior during the pandemic. These findings are consistent with prior research investigating the pandemic's impacts on family and child well-being with families who were and were not enrolled in Head Start. Many households felt the economic toll of the pandemic, which often led to worsening mental and behavioral health and well-being for both parents and children (Gassman-Pines et al. 2022; Patrick et al. 2020).

Despite these challenges, findings from the current study also indicate that parents and children demonstrated resilience. Parents reported that they were in good physical and mental health and that their children remained in good health. Although the pandemic could have affected many families' day-to-day activities, parents reported maintaining positive household routines such as eating dinner together and reading with their children. These routines were complemented by parents' strong positive relationships with their children. Similarly, teachers reported positive aspects of children's well-being, including scores for their social skills, problem behaviors, approaches to learning, and literacy skills that appear similar to those of children who participated in the FACES 2019 study—although we did not statistically test for differences. This pattern of findings with Head Start families is consistent with patterns reported by Fisk and Russell (2022). Their findings from one Early Head Start/Head Start program showed immediate declines in families' well-being after the onset of the pandemic and continuing into fall 2020, but they demonstrated improvements in well-being by spring 2021. Data for the current study were

collected from October 2021 to January 2022. It is possible that parents reported challenges when retrospectively reflecting on the pandemic in its entirety but communicated improvements in well-being when sharing about their current state in late 2021 and early 2022.

Parents in the current study received and used a variety of governmental, social, and community supports. Almost all parents reported receiving a stimulus payment, and many parents reported having access to social supports when they needed them. Many parents also relied on their family or friends to provide child care during the pandemic. However, parents thought some other community supports often provided by Head Start programs—such as help to go to school or college and help with housing—would have been useful during the pandemic, indicating unmet needs. Although we did not ask parents whether they were currently using or receiving these community supports, these may be areas where programs might strengthen supports in the future.

Overall, we found few associations between the challenges families faced, the supports they experienced, and child and family well-being. However, these few associations do shed light on other potential areas for programmatic supports. Some challenges—such as parent reports of needing referrals to counseling or mental health services; referrals to medical, dental, or orthodontic care; and assistance with applying for unemployment benefits or other financial supports, were negatively associated with parents' mental health. In some cases, parents were likely reporting a need to mitigate challenges they were already experiencing. For example, parents who reported that they needed help applying for financial assistance might have been facing financial challenges that could have negatively affected their mental health and well-being. In our analyses, neither of these challenges was mitigated by existing supports, indicating that these needs may not have been fully met. However, parents' reports of needing referrals to medical, dental, or orthodontic care were mitigated by receipt of the supports we examined—providing promising evidence for the supports offered. We collected our data at a single time point, and we would need to use longitudinal data to examine associations between challenges and supports and families' well-being to unpack the directionality of these findings.

No challenges were associated with the outcomes reflecting children's well-being. This may be because we examined supports and challenges that directly impacted parents' experiences. Thus, they may have more indirect relationships with children's well-being that emerge over time. However, one support—receipt of a stimulus payment—was initially negatively associated with children's literacy skills scores. This unexpected finding may be a result of the lack of variation in our indicator for stimulus payment receipt, because almost all parents reported receiving a stimulus payment.

This brief reports on data collected during a single time point—during late 2021 or early 2022. Therefore, we cannot draw any causal conclusions from these analyses. Future longitudinal work should examine whether challenges families experienced and supports they received during the pandemic influenced later child and family well-being outcomes.

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Endnotes

¹ Parents were asked to rate their agreement with six statements as "never true," "sometimes true," or "always true." We counted parents as having a social support if they reported it was always true that they can access that support.

² We controlled for parent race and ethnicity, parent education, parent employment, household income, and—for models with a child-level outcome—child age and child gender. We also controlled for variables from the fall 2021 non-response bias analyses (NRBAs; Reid et al., 2023).

Submitted to:

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Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

Contract Number:

HHSP233201500035I/HHSP23337024T

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Suggested Citation:

Litkowski, E., R. Jones, X. Sun, L. Tarullo, and S. Bernstein. "Head Start Child and Family Well-Being in the Context of COVID-19." OPRE Report 2024-278. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2024.

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