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## Why Head Start Needs a Re-Start: Poverty, Violence Threatens the Gains

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The Head Start manual does not say what to do when the staff finds a decapitated body in the playground, or when a group of 4-year-olds finds a pile of used hypodermic needles and starts sticking each other with them. But it should, because in any high-poverty area in the country you can hear similar stories from the staff of preschool programs.

Since its inception in 1965, Head Start has been on the front lines of America's fight against poverty. But it now faces challenges never imagined in the simpler '60s. As a result, a growing number of experts are concluding that the traditional Head Start model needs to be beefed-up so that it can respond to sharply deteriorating family and neighborhood conditions.

Head Start began as a six-week summer experiment in using child development services to help fight the original War on Poverty. It quickly became a year-round, though not full-year, program and now serves about 600,000 children at an annual cost of approximately \$ 2.2 billion.

Head Start is one of the nation's most popular anti-poverty programs. In 1980, President Carter praised it as "a program that works"; President Reagan included Head Start in the "safety net"; and President Bush has almost doubled its funding. Last week, he proposed a further increase of \$ 600 million—the largest one-year increase in its history. With that, the program could give almost all eligible children at least one year of Head Start.

Head Start's impact on the immediate well-being of disadvantaged children is unambiguously impressive. "Children's health is improved through the program; immunization rates are better; participants have a better diet, better dental health, better access to health and social services; their self-esteem and cognitive abilities are improved; parents are educated and become involved both as volunteers and employees," according to Milton Kotelchuck and Julius B. Richmond writing in *Pediatrics*, the *Journal of the American Academy of Pediatrics*.

These are important gains, but Head Start's popularity is based on the widespread impression that it lifts poor children out of poverty by improving their learning ability and school performance. Unfortunately, actual evidence on this score is disappointing.

Claims that Head Start "works" stem largely from widely—and systematically—publicized

research conducted at the Perry Preschool Project of Ypsilanti, Mich. In the early 1960s, researchers began tracking 123 3- and 4-year-old children to determine whether a five-day-a-week, 2 1/2-hour-a-day program (for either one or two years), reinforced by teacher visits to the home, would make a difference in the lives of impoverished children.

They found that children who had this preschool experience fared much better than a control group without it. On a test of functional competency in adult education courses, those who went through the program were more than 50 percent more likely to score at or above the national average than those who did not. Employment and post-secondary education rates were almost double; the high school graduation rate was almost one-third higher; teenage pregnancy rates were almost half; and arrest rates were 40 percent lower. A small number of other research projects report similar, though not as spectacular, success.

Lost in the publicity, however, is the fact that it is based almost entirely on non-Head Start programs, which tend to be better funded and professionally staffed. More importantly, most of this research was conducted many years ago under very different conditions of poverty. Indeed, the final report of the Cornell Consortium for Longitudinal Studies, one of the other major research projects on the subject, specifically warned that "caution must be exercised in making generalizations [about its findings] to Head Start."

When researchers study actual Head Start programs, the findings are less impressive. The most complete assessment of past Head Start research was the "Head Start Evaluation, Synthesis and Utilization Project," conducted for the Department of Health and Human Services in 1985. After reviewing 1,600 documents, including the results of 210 Head Start research projects, the study found that the educational and social gains registered by Head Start children disappear within two years, at which time there are "no educationally meaningful differences" between Head Start and non-Head Start children.

The absence of long-term gains among children in Head Start programs should not be taken as an indication of failure. Even the much-touted Perry Preschool had what can only be described as mixed success in breaking deep-seated patterns of poverty and welfare dependency—the point being that social and academic advances do not come automatically with a child's enrollment in a preschool program, no matter how good the program.

Programs like Head Start can do only so much to combat the powerful family and community forces that combine to keep families in persistent poverty. (In 1990, the blue-ribbon Advisory Panel for the Head Start Evaluation Design Project warned that early education and intervention programs such as Head Start "should not be oversold," they are not a "panacea.") It is unrealistic to expect the Head Start experience—about four hours a day for about eight months for one year—to overcome such powerful negative experiences as poor prenatal experiences and low birth-weight, inadequate nutrition, parental drug abuse, domestic or neighborhood violence and a host of other systematic degradations.

Moreover, Head Start is serving an increasingly troubled part of the poverty population. Many

Head Start programs have, in effect, become child-care ghettos for low-income mothers who collect AFDC (Aid to Families With Dependent Children) rather than work. About 68 percent of all Head Start children are on AFDC, a figure that has climbed steadily over the years.

Parental substance abuse has become a particularly serious problem. "One out of every five preschool children is affected in some way by substance abuse," according to a Head Start Bureau handbook for grantees. The Central Vermont Head Start/Family Foundations program reported, for example, that one-third to two-thirds of its families had substance abuse problems in the home, that 40 percent of its mothers had their first child as a teenager and that 32 percent of the parents had no high school diploma or GED. (Thankfully, those preschoolers who were playing with hypodermic needles still test negative for the HIV virus.)

Among 5,000 families in one demonstration preschool program, five, and perhaps six, mothers died violent deaths in less than a year—17 times the violent death rate for women 15-24 in the population as a whole. But the violence goes both ways: One mother shot the caseworker assigned to her preschooler's class because the mother thought the worker was dating her boyfriend.

"It's amazing that more people who are working with children coming from homes and neighborhoods with these kinds of problems don't throw up their hands in despair," says Jean Layzer, a senior analyst for Abt Associates in Boston who has been studying preschool programs for 16 years.

Many of those who work with disadvantaged children have now concluded that, to counteract the intergenerational transmission of poverty, they must focus their services on both the child and the parent. "In the old days, we used to say, 'Give us children for a few hours a day and we will save them,' " says Wade Horn, the commissioner of HHS's Administration for Children, Youth and Families and the senior federal administrator for the Head Start program. "Now we know that we have to work within the entire family context, that, if we are going to save children, we have to save the family, and that means working with the parents."

Thus, a 1989 Department of Health and Human Services study reported that 84 percent of all Head Start programs had used staff time and other resources to address family problems unrelated to child care. There is even a name for the revised approach: "two-generation programming" and it has three interrelated elements:

Reaching disadvantaged children much earlier with more intensive developmental services: Head Start and other early childhood education programs tend to focus on 3- and 4-year-olds, but by then the damage to young minds may already have been done. Program innovators are now experimenting with ways to involve 2-year-olds, and even 1-year-olds, in a much richer and more diverse set of developmental activities. (For example, there are now 100 Parent and Child Centers that provide instruction on infant care and child development to parents of children under 3, and in 1988, Congress funded the Comprehensive Child Development Program, a five-year demonstration project for pregnant women and mothers with children under age 1.)

Helping low-income parents to nurture and teach their own children: There is only so much that a child development program can do in the few hours that it has with a child. Thus, many local Head Start programs now provide concrete instruction for parents in infant and child care, health care, and nutrition. (Washington's Wider Opportunities for Women program has a slogan: "Teach the mother and reach the child.") Some also provide a range of more general support services for disadvantaged young parents; to assist these efforts, in 1991, Head Start Bureau funded 32 substance-abuse projects in local centers and 11 Family Support Projects for such problems as teenage pregnancy, homelessness and family violence.

Encouraging unemployed parents to work or continue their education: Being a good parent requires a healthy degree of self-respect. And, these days, with so many middle-class mothers working, self-respect—even for single mothers—means being economically self-sufficient, or at least partially so.

To help single mothers who have poor job-related skills and little work experience, Head Start programs have started to provide (or arrange for the provision of) various self-sufficiency services, including literacy classes, employment counseling and job training. Some Head Start programs are encouraging mothers to obtain work and job training under the Job Opportunities and Basic Skills program (JOBS) by providing full-day care.

In Washington, Head Start staff members work informally with the D.C. Department of Employment Services to ensure that spaces are reserved in its JOBS training programs for Head Start parents. Children are eligible for extended day care only if their parent are working or in job training full-time.

Up to now, individual Head Start programs have used their own funds, and the Head Start Bureau has used time-limited research projects, to provide two-generational services, at least on a small scale. So the president's budget proposal, which almost doubles funding for two-generational services—to \$ 120 million—is a welcome enrichment of the Head Start program.

The impetus for this two-generational programming comes from local service providers, child advocacy groups and federal administrators who see first-hand the inability of current Head Start services to break patterns of deep-seated poverty.

No one knows, however, whether these kinds of parent-oriented services will work any better than the basic Head Start model. To find out, we will need a long-term effort to develop and test alternate program designs—a nationwide demonstration whose scope and status is equal to the original Head Start project: a "Project New Start," if you will.

Such a demonstration would be expensive and difficult to mount, but ignoring Head Start's problems—and failing to pursue the promise of two-generational programs—would be unfair to the disadvantaged children and families Head Start is meant to serve. They deserve the best we can deliver.

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