

New Directions for Head Start

By Douglas J. Besharov
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HEAD Start, the federal government's early-childhood development program for low-income children, began in 1965 as a six-week summer experiment in using child development services to fight President Lyndon Johnson's War on Poverty. Now 26 years old, it is one of the nation's most popular domestic initiatives. But the professional view of Head Start is decidedly more mixed. Among knowledgeable observers, there is growing consensus that it is not nearly as effective as it could be and that it needs to be modernized to reflect what has been learned over 25 years.

The most complete study of past Head Start research found that Head Start makes an immediate difference in students' intellectual skills, emotional development, and general health. But long-term educational and social gains are another story. After reviewing 1,600 Head Start docu-

ments, including results of 210 previously funded Head Start research projects, the study found that its immediate impact on children disappears within two years.

Head Start's short-term and social benefits alone justify its continuation, but ignoring its problems is unfair to the disadvantaged children it is meant to serve. Improvement requires action along two fronts, the first being to increase the quality of services. The absence of documented long-term cognitive gains from Head Start does not mean that quality preschool programs cannot make lasting improvements in the functioning of disadvantaged children. Other research and what we know about child development illustrate that they can. The key word is quality.

Head Start is a loosely monitored program of 1,321 individual grantees supervised by 250 employees (including secretaries, clerks, and other support staff) of the Department of Health

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and Human Services. Its funding formula provides little incentive for individual grantees to maintain high levels of program design and management. It is also a distinctly low-budget operation.

Due to concerns about the quality



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of Head Start services, the Head Start Reauthorization Act of 1990 designated 10 percent of total funding to improve quality of programs, at least half of these funds to be used to increase staff salaries and fringe benefits. The other half could be used for child and parent transportation costs, insurance other than employee benefits, additional staff, structural improvements, and training and technical assistance. In future years, 25 percent of any increase in program funding, above inflation, must be used for quality enhancements.

The second front to be pursued in improving Head Start involves two-generational approaches. We should not expect a one-time, short-term intervention—Head Start tends to be three or four hours a day for about eight months—to overcome such powerful negative experiences as inadequate nutrition, parental drug abuse, domestic or neighborhood violence, and other systematic degradations.

Helping children and their families overcome these enormous obstacles requires an understanding of how problems interconnect—and a social intervention powerful enough to counteract these forces. Services must be intensively focused on achieving planned change in the lives of families—that is, in the lives of both children and parents.

Service providers are increasingly recognizing that they can leverage far more change in the lives of children if they can help parents become more ef-

fective nurturers and “teachers.” To do so, parents need concrete instruction in parenting skills and help in attaining self-sufficiency, and thus self-respect. Programs across the nation are using varied approaches to help both disadvantaged children and their parents meet the goals of school readiness and self-sufficiency.

“Two-generation” programs are built on two themes that reflect recent convergence in thinking about future directions for child care and early childhood development—reaching children early and involving parents in therapeutic interventions. Both of these concepts have always been part of the Head Start philosophy, but their implementation has remained essentially the same throughout the tumultuous 1970s and 1980s. It is now recognized that major changes in their implementation are needed.

From its earliest days, Head Start has attempted to reach children

younger than the three- and four-year-olds who are its prime targets. In 1967, the first Parent and Child Centers (PCCs) were established to provide instruction on infant care and child development to parents of children aged 0 to 3. Usually, a staff member visits the family at home once or twice a week. Caseworkers introduce parents to other forms of assistance and to appropriate infant health care services. PCCs have also expanded their services to address problems of young parents, such as literacy. Many centers have developed partnerships with high schools, in addition to creating their own literacy programs.

Parent involvement has always been a basic tenet of Head Start, but now that more mothers are in the labor force, pure Head Start programs have, in effect, become irrelevant to the needs of low-income mothers who *work*, rather than those who collect Aid to Families with Dependent Children.

Most Head Start programs are available for only a half day and only part of the year, a problem that has grown worse over time.

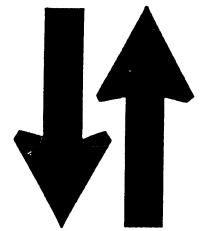
As a result, working parents have a hard time taking advantage of Head Start, and parents with children already in the program have a built-in disincentive to achieve self-sufficiency. Thus, over half of mothers of Head Start children neither work nor attend school. About 68 percent of

all Head Start children are on AFDC.

Head Start could encourage mothers to enter the Job Opportunities and Basic Skills (JOBS) program by tying into work and job training programs while providing full-day care—even without additional funding. For example, the Washington, D.C., Head Start works 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 parents are working or are in job training full-time. (Roughly half of all Head Start parents are eligible for the JOBS program.)

In many ways, the problems facing Head Start families have become

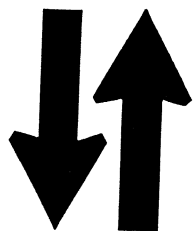
Pure Head Start plans have become irrelevant to low-income mothers who work rather than collect AFDC.



more severe. Individual Head Start programs have responded to the growing prevalence of multiproblem families by using their own funds to provide additional services on a small scale, such as informal parenting lessons and extra home visits, and by referring families to other sources of help, such as job-training programs and housing services. A 1989 study reported that 84 percent of all Head Start programs had used

staff time and other resources for family problems unrelated to child care, with two-thirds of programs reporting that these additional service demands increased worker stress and burnout.

In the last three years, the Head Start Bureau has taken additional steps to develop national models to help



Head Start's Family Service Centers address substance abuse, unemployment, and illiteracy.

dysfunctional families. In 1988, Congress established the Comprehensive Child Development Program (CCDP), a five-year demonstration project in which pregnant women and mothers with children up to age 1 were accepted into the program for up to five years of comprehensive two-generational services.

CCDP programs vary dramatically from site to site. While there is no single demonstration model, all attempt to meet one general goal: To carry out demonstration projects for intensive comprehensive, integrated, continuous support services for low-income children, parents, and other household family members, with services intended to enhance the intellectual, social, emotional, and physical development of children and hence the economic and social self-sufficiency of parents.

CCDPs use a case-management system to provide a combination of the following: health care, child care that meets state licensing requirements, child development programs, nutritional services, and intervention services for children with developmental problems or those at risk of developing difficulties. Workers also assist parents and family members with prenatal care and referrals for education, vocational training, employment counseling, housing, and income support. Education is given in infant and child development, nutrition, health care, and parenting.

CCDPs have relatively low levels of funding, given their ambitious goal of addressing a host of problems of low-income families. In fiscal 1992, \$24.3 million was appropriated to support 24 projects at various universities, health agencies, public schools, social service agencies, and private agencies. (Some 2,500 families will participate in the CCDPs.)

Finally, as part of Head Start expansions in 1990 and 1991, three additional groups of grants were funded to broaden the scope of services provided by existing Head Start grantees: Family Service Centers, substance-abuse programs, and Family Support Projects.

Family Service Centers (FSCs) are three-year projects funded to demonstrate how Head Start centers can address substance abuse, unemployment, and illiteracy. In addition to



providing referrals and support for substance-abuse treatment, FSCs also try to raise the level of Head Start parent employability. Actual job training is provided by some FSCs to parents of Head Start children, occasionally through coordination with the Job Training Partnership Act or JOBS training programs. Other centers provide only classes in job-searching skills or employment referral services. By the end of 1992, there will be 41 Family Service Centers, and an additional 32 focusing solely on substance abuse were recently funded.

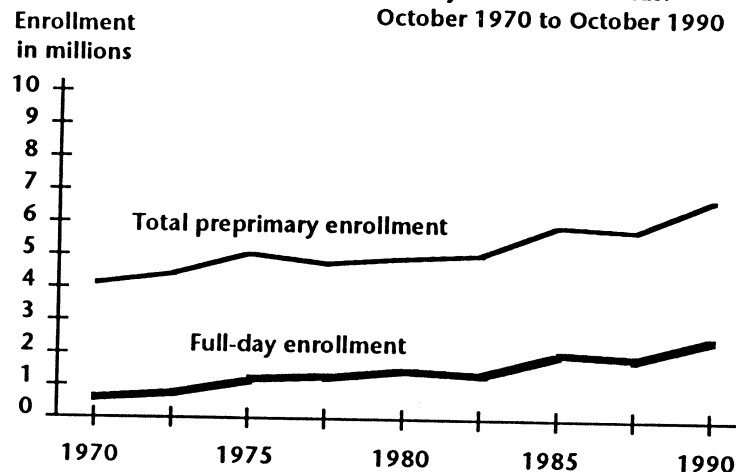
Family Support Projects are designed to show how Head Start centers can improve the self-sufficiency of families. Head Start funded 11 of these with \$1 million in fiscal 1991.

Individual grantees operate case management systems to address problems other than those covered by FSCs, including teenage pregnancy, homelessness, and family violence.

These projects are only a beginning: Out of 1,500 Head Start programs nationwide, there are only 50 Parent and Child Centers, 41 Family Service Centers, 32 substance-abuse programs, and 11 Family Support Projects. Their importance lies not in their numbers but in what they are learning about how to increase the impact of Head Start on disadvantaged children and their families. **ED**

Digest Statbox

Preprimary enrollment of 3- to 5-year-olds, by attendance status: October 1970 to October 1990



Source: U.S. Department of Education