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ABSTRACT

This paper describes Head Start services to parents and families involved in the Head Start program, what the program impact has been on these families, and the goals, services, and accomplishments of other family-focused Head Start programs. There are 14 sections, most of them brief. The sections discuss sources of data information, Project Head Start Performance Standards, and ways parents contribute to the functioning of the program as decision-makers, home educators and employees. Program-community relations, service benefits to handicapped children and their parents, and gains parents receive from participating in the program are noted. Also described briefly are post Head Start parent activities in the school and community. An extensive review of the historical impact of the program on parents and families is also presented and documented with research study results. The last section focuses on 3 special Head Start demonstration programs (Parent Child Centers, Home Start, and the Child and Family Resource Program). (SE)

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WHAT HEAD START MEANS
TO FAMILIES

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FOREWORD

This paper was prepared in response to a request from the Secretary asking for information on how the Head Start program relates to and affects families. The paper was researched and written by Ann O'Keefe, Director of Home Start and the Child and Family Resource Program, two demonstration programs in ACYF's Head Start Bureau. Dr. O'Keefe has been associated with Head Start since 1965 and has been a staff member of the Head Start Bureau since 1972; thus her personal experiences in visiting dozens of Head Start programs help form a backdrop for the extensive compilation of information presented in the paper.

WHAT HEAD START MEANS TO FAMILIES

EXECUTIVE SUMMARY

"Head Start Is Building Families." Although this was the theme of a recent national Head Start Association conference, it might surprise many a "man on the street" who still views Head Start at best solely as a preschool educational program for poor children. However, the fact is that the Head Start program was conceived and implemented from its earliest moments as a broad comprehensive program which, while providing educational, health and social services to low income children, would do so in the context of the child's family and would emphasize parent involvement and participation in all aspects of the program. Parents have always had a key role in Head Start, and Head Start has served and worked with parents and families of enrolled children from the very beginning.

The Cooke memo of 1965, which outlined the philosophical foundation of Head Start, directed attention to the child within the context of the family and community. Indeed, one of the memo's recommendations was that parents participate in Head Start by planning programs, participating in parent education programs, participating in their children's classrooms, serving as a link between children, staff and neighborhood, and filling appropriate job roles in the program. This emphasis on parent involvement was based on the evidence at hand--which in recent years has been even further supported--that the greater the parent involvement, the greater the benefits that accrue to the children themselves.

In 1972, a giant programmatic step was taken with the issuance of the Head Start Program Performance Standards. All of the program component areas outlined in the Standards--education, health, social services and, of course, parent involvement--address the role of Head Start parents. Thus, program

objectives related to parents and families permeate the entire Head Start program.

There is considerable evidence showing how Head Start is actively involving parents, families and communities, as mandated by the program requirements (although much more needs to be learned about the "invisible" kinds of involvement that may be meaningful to individual parents and families). Parents are an integral part of the decision-making process and comprise a majority of each local Head Start policy council. They are part of the staff hiring (and firing) process, the program self-assessment teams, and the program-planning process--to name only a few of the general areas of parent participation in the decisions which affect the operation of their local Head Start program.

Parents are also offered innumerable opportunities within Head Start to strengthen and further develop their understanding and skills as parents. These opportunities include conferences with Head Start staff, parent meetings and discussion groups, suggestions on how to capitalize on the home as a learning environment and how to follow up at home on the activities which are begun at the center.

Parents also are involved in Head Start as paid employees and volunteers, performing a variety of functions, including assisting with children in the classroom, helping with health screenings done in the center, menu planning, food purchasing and menu preparation.

Although Head Start at present is by no means reaching and actively involving all parents in the program, it is reaching a significant number on a regular basis. Further, virtually all parents--whether actively involved or not--view Head Start positively, seeing it as an asset to their children and to themselves.

Head Start not only affects parents and families directly, but indirectly

through their communities, Head Start has been cited in studies as sparking beneficial community changes, bringing families into direct contact with social service agencies in the community, providing a source of jobs for parents, and exerting a positive influence on the community as a whole. Head Start also plays an advocacy role on behalf of handicapped children and their parents, often serving as a supportive structure for these families.

Some other effects Heads Start exerts on parents/families are:

- increased social contacts for parents
- assessment of family needs, strengths and goals, and development of a program with the family to meet those goals and link up with appropriate community services and resources.
- the program "Exploring Parenting," which is proving to be an excellent, well-received opportunity for parents to learn more about themselves, their children, and to develop even better parenting skills.
- strengthened understanding and ability of parents to support their child's education and development later on, after the child enters school.

Three Special Programs

Within the overall Head Start program, three merit special attention because of their extensive commitment to activities which support parents in their childrearing roles.

The 33 Parent-Child Centers (PCCs), first funded in 1968, grew out of the increasing recognition at the time that it was "essential to assist children as early as possible in their lives, even before they were born." Thus, the PCCs focused on families who had at least one child under the age of three. Like Head Start, PCCs have involved parents in a wide variety of ways related to their role as decision-makers and planners in the program, and their role as childrearsers of their own children.

Two formal evaluations of PCCs have been done, one in 1969 and one in 1972. Parents' reports of their own feelings about what PCC had done for them

and their families were, as with Head Start, overwhelmingly positive.

In the 1972 study, about 95% of the parents reported positive impacts in areas such as their own educational development, self-confidence, and home-making and parenting skills.

The PCCs have continued to garner enthusiastic support from participating parents and, for the most part, have continued to develop as strong family-focused programs.

The 16-program Home Start demonstration was funded for 3 1/2 years (1972-1975) to evaluate the feasibility of providing comprehensive Head Start services through a Home Visitor. Home Visitors were trained to work with parents in their own homes, to help them do with and provide for their own children the same kinds of activities, experiences and services provided in center-based programs.

The Home Start evaluation provided clear evidence of the feasibility of the Home Start approach and showed that the outcomes for children and parents were comparable to the outcomes obtained by participants in Head Start center-based programs.

Currently the Home Start approach is available throughout the Head Start program via the "home-based option" and about 400 Head Start programs are serving a total of about 20,000 children through such a program option. (Virtually all children in a home-based option have a regular group experience, usually weekly, in addition to their regular home visit.)

The Home Start demonstration program and the current home-based options provide perhaps the best evidence of the general feasibility of intensive parent-participatory programs within the "real world" Head Start context.

The Child and Family Resource Program (CFRP) was launched in 1973

in 11 diverse locations and is scheduled to continue through 1984. It is a family service/support program with emphasis on promoting the healthy growth and development of the young children in the family, from the prenatal stage through third grade.

One of the key elements of the CFRP is the family assessment, which results in a Family Action Plan laying out specific services and supports needed by the family as a whole (as well as by individual family members).

The backbone of the CFRP staff is the family advocate who, working closely with his/her families, makes sure that appropriate services are provided to families on a continuing basis, as old needs are met and new ones emerge.

There is considerable evidence that CFRP is having a favorable, constructive impact on community resource/service agencies. There is also evidence of strengthening in overall family functioning with regard to home environment, safety, health care and housing.

As with Home Start, PCC and indeed all Head Start programs, parents are consistently positive with regard to their perceptions of CFRP's value and impact.

The evaluation design for CFRP, which has recently been re-structured and strengthened, will focus sharply on child and family outcomes and their relationship to specific program processes.

Conclusion

From Head Start's very beginning, studies and evaluations which have looked at the relationship between Head Start, parents and families have documented a number of actual program activities and services which involve and support parents and families; and considerable data have accumulated over the years testifying to the favorable effects of the program on parents' attitudes and behaviors as well as on Head Start communities.

In recent years, several demonstration programs have provided a great deal of information and experience about how Head Start programs can better equip themselves to work even more closely and effectively with families.

Head Start is indeed a program for children and their families, and while parents have from the start been generally pleased with Head Start, there has been an increased effort in recent years--as well as an increased capability--to work more directly with parents, and to support parents and families in their respective roles as child developers and the child development context.

WHAT HEAD START MEANS
TO FAMILIES

"Head Start Is Building Families." This was the theme of a recent national Head Start Association conference (May, 1978), but it might surprise many a "man on the street" who still views Head Start as a "baby-sitting program for poor children," or perhaps at best as solely a preschool educational program for poor children. Within Head Start, of course, the program was conceived and implemented from its earliest moments as a broad comprehensive program which, while providing educational, health and social services to low income children, would do so in the context of the child's family and would emphasize parent participation in all aspects of the program. The fact is that parents have always had a key role in Head Start, and Head Start has served and worked with the parents and families of enrolled children from the very beginning.

The purpose of this paper is to highlight and describe some of the specific ways and areas in which Head Start is charged with involving and serving parents and families and to present available evidence bearing on the extent to which Head Start is in fact doing what it has been charged to do. Any available data bearing on the effects or impact of parental/family participation and involvement will also be presented. In addition, attention will be given to three efforts within Head Start which are especially family-focused: the Parent-Child Centers, Home Start and the Child and Family Resource Program.

Sources of Information

Few studies have been devoted solely to the study of parental and family involvement in Head Start, but many Head Start-related studies have addressed parents and families to some extent. In addition, there is a wealth of knowledge gleaned over the years by hundreds of people who have been or are involved in Head Start.

The information on which this paper is based is drawn from both written and oral sources, all of which are detailed in the Footnotes. The written sources which are specifically cited throughout the paper include 18 original Head Start studies/evaluations and 6 major reviews/analyses of Head Start (and other) studies. In addition, other written documents (such as handbooks, guides, Performance Standards, letters) are cited, while numerous others, although not cited specifically, served to provide a backdrop and to validate the general context and findings presented in the paper. In addition, about fifteen individuals with extensive Head Start knowledge and experience contributed suggestions, opinions and facts that helped shape the paper.

The Head Start Program Performance Standards

The relationship between parents/families and Head Start is not merely a "spin-off" of the Head Start program, for Head Start has from the beginning been charged with being a program for, by and with parents. The Cooke memo of 1965, which outlined the philosophical foundation of Head Start, directed attention to the child within the

context of the family* and community and called for parent involvement "both for their own and their children's benefit."

(The underlying assumption, then as now, was that benefits to parents which resulted from opportunities for their development and participation would both directly and indirectly be passed on to the children in the family. Considerable evidence to support this assumption has emerged over the years from the work of a number of researchers. For example, Susan Gray -- who originally coined the term "vertical diffusion" to describe the benefits to all children within a family when parents are the focus of the child development program -- has found sustained gains in children over a 2-year period, when parents were an important focus of a program.^{1**} And Phyllis Levenstein found that the parenting behavior of parents of 4-year old children correlated well with various aspects of the children's competence when observed two years later, at age six, in the child's classroom.² As a last example, Lazar found that the persistence of program effects for children in child development programs was particularly strong when parental involvement and participation were high.³)

The Cooke memo, then, laid the groundwork for parent participation as we know it today by recommending that parents assist in planning the program, participate in parent education programs, participate in

*While the Cooke memo did not define "family," it presumably intended -- as is intended in this paper -- to include rather flexibly any child-rearing structure which seems appropriate to be considered as the "family" of any particular Head Start child.

**Footnotes appear at the end of the paper.

their children's classrooms, serve as a link between children, staff and neighborhood, and fill appropriate job roles in the program.⁴

Accordingly, the evaluation study which looked at the very first Head Start effort during the summer of 1965 included descriptions of and effects on parents, families and communities as well as the children themselves.⁵ While the actual impact of the summer 1965 program could only barely be assessed at the time of the evaluation study, the evaluation was able to document parent participation and the considerable opportunities provided by these earliest programs for the parents' own development. Thus, even though in the Summer of 1965 many Head Start programs construed Head Start goals fairly narrowly as school readiness,⁶ 74% of the teachers felt responsible for helping families solve problems, 42% felt responsibility for helping parents learn about their children, and hundreds of programs -- even in the crunch of that first brief summer program -- offered programs to parents on childrearing, and homemaker and consumer education.⁷

Of course the early years of Head Start were considerably different in quality than recent years, and our primary interest here is in how Head Start relates to and supports parents and families and communities today. Still, it is worth remembering that many of the facets of Head Start which we tend to take for granted today were revolutionary in the "salad days" of the program. For example, a study of 25 parents whose children were enrolled in the Dane County

Wisconsin Head Start program⁸ at various times during the 1966-1972 period revealed some fascinating information that can serve as useful reminders to Head Start program administrators -- lest they forget! For nearly all these parents (96%), preschool was a totally new experience and for all of them, a preschool experience of any kind for their child would have been impossible without Head Start. None of these parents had ever been visited in their home by a "school" person before. For all these parents, the idea and experience of "volunteering" was totally new.⁹ Thus, the ideas and experiences that form the very foundation of Head Start -- and which can easily be taken for granted today -- were startlingly new to many parents when Head Start began.

There was no history or precedent for low-income parents to be valued contributors and participators in programs and to have an important decision-making role.

Even in the short 13-year history of Head Start, the revolutionary concepts it embodied can be easily forgotten, yet must be kept fresh in memory.

In 1972 a giant programmatic step was taken with the issuance of the Head Start Program Performance Standards. Revised in 1975, these standards are the programmatic heart of the program. Although it is well known that the Parent Involvement Performance Standards spell out Head Start's responsibilities to parents, it is not as

well known that in fact all program component areas (education, health and social services as well as parent involvement) address the role of Head Start parents. Three of the five program objectives in the Education component are aimed directly at parents, as are three of the five Social Service and six of the fourteen Health objectives. And of course all the Parent Involvement Performance Standards clearly place parents at the core of the Head Start program and both require and provide extensive opportunities for parents to be served by the Head Start program as well as to serve (participate in) the program.

Thus, objectives related to parents and families permeate the Head Start program. As a convenience to the reader, all the Head Start objectives which in fact relate to parents and families are listed below:

1975 Head Start Program Performance Standards:¹⁰

Objectives Aimed at Parents and Families

Overall Head Start Program Goals (Sec. 1304.1-3)

- The child's entire family, as well as the community must be involved. The program should maximize the strengths and unique experiences of each child. The family, which is perceived as the principal influence on the child's development, must be a direct participant in the program. Local communities are allowed latitude in developing creative program designs so long as the basic goals, objectives and standards of a comprehensive program are adhered to.

Education Component (Sec. 1304.2-1)

Three of the 5 objectives are related to parents/families:

- Involve parents in educational activities of the program to enhance their role as the principal influence on the child's education and development.
- Assist parents to increase knowledge, understanding, skills, and experience in child growth and development.
- Identify and reinforce experiences which occur in the home that parents can utilize as educational activities for their children.

Health Services (Sec. 1304.3-1)

One of the 3 general objectives is related to parents/families:

- Provide the child's family with the necessary skills and insight and otherwise attempt to link the family to an ongoing health care system to ensure that the child continues to receive comprehensive health care even after leaving the Head Start program.

Three of the 6 mental health objectives are related to parents/families/communities:

- Provide handicapped children and children with special needs with the necessary mental health services which will ensure that the child and family achieve the full benefits of participation in the program.
- Provide staff and parents with an understanding of child growth and development, an appreciation of individual differences, and the need for a supportive environment.
- Mobilize community resources to serve children with problems that prevent them from coping with their environment.

Two of the 5 nutrition objectives are related to parents/
families/communities:

- Help staff, child and family to understand the relationship of nutrition to health, factors which influence food practices, variety of ways to provide for nutritional needs and to apply this knowledge in the development of sound food habits even after leaving the Head Start program.
- Involve all staff, parents and other community agencies as appropriate in meeting the child's nutritional needs so that nutritional care provided by Head Start complements and supplements that of the home and community.

Social Services (Sec. 1304.4-1)

Three of the 5 social services objectives are related to
parents/families:

- Achieve parent participation in the center and home program and related activities.
- Assist the family in its own efforts to improve the condition and quality of family life.
- Make parents aware of community services and resources and facilitate their use.

Parent Involvement (Sec. 1304.5-1)

All parent involvement objectives are related to parents/families:

- Provide a planned program of experiences and activities which support and enhance the parental role as the principal influence in their child's education and development.
- Provide a program that recognizes the parent as:
 - 1) Responsible guardians of their children's well being.
 - 2) Prime educators of their children.
 - 3) Contributors to the Head Start program and to their communities.

-- Provide the following kinds of opportunities for parent participation:

- 1) Direct involvement in decision making in the program planning and operations.
- 2) Participation in classroom and other program activities as paid employees, volunteers or observers.
- 3) Activities for parents which they have helped to develop.
- 4) Working with their own children in cooperation with Head Start staff.

It is clear that parent participation and involvement are intended to permeate Head Start and that Head Start is intended to affect, build and strengthen parents (and through them, entire families), as well as children. If Head Start has done and is doing so, its effect would be widespread, for since 1965, Head Start has involved not only 6,500,000 children in the more than 10,000 Project Head Start Child Development Centers, but also 7,000,000 parents, and 15,000,000 brothers and sisters (as well as 500,000 adult staff and volunteers).¹¹

Let us look now at specific aspects of Head Start as it relates to parents, families and communities, to see what such aspects really mean, and how well Head Start is fulfilling its charge.

Decision-making

Parents as decision-makers in the Head Start program and parents as childrearsers are the two fundamental roots of parents' relationships

to Head Start.* A recent study (by ACRA, April, 1978) which looked at opportunities for parent involvement in a nationally representative sample of 38 Head Start programs found that 89% of the members of the policy-making councils/committees were in fact parents or former parents.¹² All programs had parents on their SAVI (program self-assessment) teams and in 91% of the programs parents helped in developing the plans to correct whatever weaknesses were identified in the SAVI process.¹³ Parents' ideas and suggestions were reflected in the program work plans of 87% of the programs, 58% of the programs involved parents in conducting a community needs assessment,¹⁴ and 80% involved parents in hiring of staff.¹⁵ Parents were also involved in making decisions about program operations at the center and classroom level, for 88% of the programs indicated that parents helped in such functions as determining parent volunteer activities, deciding on how parent activity funds would be used, and selecting sites for field trips.¹⁶ Ninety-two percent of the programs indicated they had a specific process (such as survey, written communication or meeting) to solicit parents' ideas about program operations.¹⁷

The ACRA study looked at parent involvement in decision-making for each program component also. Most of the decision-making

* An important off-shoot of the decision-making "root" which was especially notable in the early days of Head Start was the kind of political action exemplified by parents involved in the Child Development Group of Mississippi (CDGM). For a complete account of the CDGM experience, the reader is referred to Polly Greenberg's book, The Devil Has Slippery Shoes: A Biased Biography of the Child Development Group of Mississippi, MacMillan and Co., New York, 1969.

revolved around the work plans for the various components. The chart below shows for each program component how parents participated in the planning:¹⁸

	<u>Percentage of Programs</u>			
	<u>Education</u>	<u>Nutrition</u>	<u>Health</u>	<u>Social Services</u>
Parents reviewed the plan	37.8	64.3	70.0	78.6
Parents raised questions about or suggested changes in the content of the plan	43.2	85.7	63.6	67.9
Parents organized a special subcommittee to work on updating the plan	45.9	42.9	45.5	28.6

For most programs, there was more parental involvement in planning the nutrition, health and social services components than the education component.

Parents and Their Own Children

Head Start offers almost unlimited opportunities for parents to strengthen their understandings and skills as parents. In the ACRA study (April, 1978) 86% of the Head Start teachers reported that they had provided parents with training on recognizing opportunities and activities that could be capitalized on as learning activities in the home. All 76 teachers in the sample held informal conferences with parents about their children's progress, and 92% held scheduled conferences.¹⁹

Teachers also sent activities home for the children to do; 66% of the Head Start teachers in the ACRA study said they regularly sent "homework" suggestions, and 87% of the teachers reported that parents requested such reinforcement suggestions and in fact about 21% of the requests for home activities were initiated specifically by the parents.²⁰

According to the Head Start teachers, 43% of the children showed evidence that someone was working with them at home to help reinforce experiences in the classroom.²¹

Recent program data show an increasing interest among parents in the Head Start home-based option, in which parents are helped by Head Start Home Visitors to fulfill Head Start goals for their own children in the home setting. Often initially favored primarily by rural communities as a necessary alternative to a preferred center-based program, the home-based option is now being more widely accepted by urban families as well, who want support from Head Start in helping them identify and meet their children's developmental needs in the home setting. About one-third of all Head Start programs now offer a home-based option to some or all of their families, and about 7% of Head Start children are currently enrolled in such an option.²²

(It is worth noting that about 90% of the home-based programs do provide regular -- generally weekly -- group experiences for the children in addition to the Home Visit program.)²³

Parents as Paid Employees and Volunteers

The ACRA study (April, 1978) indicated that about 32% of Head Start staff were parents of children currently or formerly enrolled.²⁴

Employed parents were provided many opportunities for further training, and another recent study of HSST/CDA (Kirschner, May, 1978) showed that 38% of CDA trainees were employed Head Start parents.²⁵

Volunteering is an important part of Head Start. In the ACRA study an average of about 5 parents per program volunteered in the classroom on a weekly basis, another 10 volunteered at least once a month, and yet another 13 parents volunteered their time in the classroom about once every six months.²⁶ Parents also volunteered in the other program components, although opportunities were not as extensive as in the education component, with its need for classroom assistance.

When parents volunteer in Head Start, they perform a wide variety of almost endless functions, some of which include assisting with children in the classroom, helping with health screenings done in the center, menu planning (for example, 83% of the programs in the ACRA study used ideas suggested by ethnic parents), food purchasing, meal preparation (in 80% of the programs parents are helpful here), planning holiday celebrations, recruiting families for Head Start, keeping records, helping with communications (phone calls, newsletters, etc.), and transporting children.²⁷ These activities are of course in addition to whatever roles they have on policy councils, working with their own children, and doing whatever is necessary to get their child to the center.

In another recent study (Abt Associates, March, 1978), 95% of the center directors of 32 nationally representative Head Start programs rated parent involvement as "frequent" or "occasional." Sixty-seven percent (67%) of the parents themselves said they had helped in the classroom, and 49% said they had helped at least once a month.²⁸

These statistics, as well as others throughout this paper, indicate clearly that Head Start is by no means yet reaching and actively involving all parents of enrolled children, and thus that Head Start must continue its efforts along these lines. (For example, if 49% of parents are helping out in the classroom at least once a month, then 51% of parents are helping less than once a month. Indeed, for whatever percentage of parents who are involved and participating in any aspect of Head Start, there is a countervailing percentage of parents who are not.) However, it should also be noted that, although such figures certainly give an indication of the degree of some types of parent participation in Head Start, they do not give a complete picture because they do not reflect the innumerable instances of "invisible" parent participation -- that is, participation and commitment of parents who, by choosing to place their children in Head Start, are investing time and effort in many ways not previously required, such as in readying the child on time each day, welcoming staff into their home, etc. In fact, a 1976 study of 25 parents whose children had been in Head Start at various times between 1966 - 1972 highlighted that, to many parents, the entire notion of receiving program staff into one's home, or participating as volunteers, or as policy-makers, or even as suggestors or contributors to any kind of program policy, planning or operation, was totally foreign to them prior to their Head Start experience.²⁹

Thus, although we do know that virtually all Head Start programs do offer opportunity for parent involvement and participation as required by the Performance Standards and other Head Start policies, and although we do know that some parents in virtually all programs do participate in Head Start along the lines delineated in the Standards, there are few data available to tell us what parent involvement and participation may mean to some individual parents who are not visibly and actively involved with the program as specified by the Standards. Indeed, for a family under severe stress, or coping with unusual problems or a temporary crisis, the involvement shown in having the child ready for bus pick-up may be just as meaningful as the involvement shown by another parent in contributing several hours in the classroom or actively engaging in policy council meetings. Thus what is meant by active and meaningful parent participation really varies from family to family depending on the unique set of circumstances at any given time in each family's situation. The crux of the question, then, is "What constitutes active and meaningful involvement and participation for an individual parent?" While the Performance Standards mandate and describe some areas of participation, they (rightly in our view) leave flexible how and to what extent individual parents should participate. Some parents undoubtedly play a more active role in the program per se than other parents -- and it is important to encourage, document and study such participation. But, if we are to arrive at a clearer and fuller understanding of parent involvement within Head Start it is just as important to document and study what parent involvement can and does mean to those parents whose participation is personally significant, although less evident.

Parents, Head Start and the Community

The first Head Start study to document extensively the relationship between Head Start and the communities in which they are located was done by Kirschner Associates (May, 1970) and examined the 18-month period between July, 1968 - January, 1970.³⁰ A representative national sample of 58 communities with full-year Head Start programs was studied to determine if community health and educational institutions had changed in specific ways relevant to Head Start. Field interviews were done in 42 of the 58 communities, and 7 additional communities in which there was no Head Start were used for comparison purposes.

The study identified 1,496 changes, 80% of which were education-related and 20% of which were related to health institutions. By contrast, almost no changes were observed in the comparison communities. The Kirschner study was -- and is -- considered strong evidence of Head Start's positive influence in bringing about four categories of community change: 1) increased emphasis on the educational needs of the poor and minorities; 2) modification of health services and practices to serve the poor better and more sensitively; 3) increased involvement of the poor with community institutions, especially with respect to decision-making; and 4) increased employment of local people in paraprofessional jobs.³¹

Positive changes were seen in all communities in the study. Considering that at the time this study began (Fall, 1968) most full-year programs had been in operation scarcely a year, these findings seem especially significant. And they seem to hold up over time. The recent ACRA study (April, 1978) identified 5 types of Head Start program community involvement as follows:³²

<u>Types of Involvement</u>	<u>Percentage of Programs Involved</u>
Head Start staff has joined community organizations to increase community's awareness of family needs	63.2
HS staff has helped form community organizations	28.9
Staff encourages parents to join organizations	76.3
Training is given to parents on how they can participate in organizations	60.5
Parents are encouraged to discuss the proceedings of public meetings with other parents and staff	71.1

The ACRA study also indicated that 97% of the programs had a list of available community resources for parents, and almost all programs (92%) distributed the lists to individual parents, and in 82% of the programs parents received training in how to use the lists.³³ (Parents themselves were involved in developing the resource list in 71% of the programs.)³⁴

Head Start is also bringing families directly into contact with a number of social service agencies in communities. For example, the recent Abt study (March, 1978) indicated that when mental health, guidance, good family planning clinics, or recreation facilities are available, they are in fact used by 86% - 90% of the programs.³⁵

Much of Head Start -- and Head Start parents' -- community involvement is specifically related to Head Start. For example, the large national Head Start Association, composed of staff, parents, and "friends of Head Start" actively analyzes Head Start-related legislation and lobbies for specific recommendations. Other Head

Start efforts go to help make local communities more responsive to Head Start-related needs. Yet other efforts are more broadly targeted. The Kirschner report (1970) cites example after example of Head Start's community involvement bringing about a change beneficial to the broader community, such as:³⁶

- changing a regulation that required students in a school to purchase lunch (rather than having the option to bring a bag lunch) even though many students could not afford to buy the lunch
- getting a midwestern school system to employ indigenous teacher aides in low-income neighborhoods to tutor children after school
- desegregating a mental health facility in the South so that it actively reached out to black families
- getting a visiting nurse program established in Appalachia to provide routine nursing care to the sick, in an area with scarce medical services.

More recently, the California State Parent Association, comprised primarily of former Head Start parents, studies and takes a stand on far-reaching social issues, such as housing, Proposition 13, and television commercials. And a 1976 study of 25 parents who were involved in Head Start at various times between 1966 - 1972 found that nearly half (44%) became "re-investors" -- that is they now serve on other community and agency boards and are involved actively and broadly in their communities.³⁷

Some parents use their Head Start experience as a foundation on which to outreach and strengthen other Head Starts and the broader community. For example, a group of experienced Head Start parents in Washington, D.C. has organized as a consulting firm to train others in such areas as how to get and keep parent involvement, understanding

group dynamics, conducting a business meeting and organizing/using standing and special committees.

Countless parents have used their Head Start experience to equip themselves for jobs which can and do exert a positive influence on the community. According to several long-time experts in Head Start parent programs, the number of parents who have gone on to become CAP directors, Head Start directors, consultants, teachers, officials in local and state governments, family day care providers, and business people is "overwhelming" and "incalculable." While such facts could be as well reported in the "Impact" section (page 22), they deserve also to be seen as community involvement facts, for these people, for whom Head Start was a springboard and a releaser of unknown talents and abilities, often exert a positive and far-reaching force into the community and help strengthen the ties between program, families, and community.

Parents, Handicapped Children and Head Start

In 1977, over 18,000 parents of handicapped children (a significant increase over the previous year) received special services such as counseling, information and materials, referrals to other agencies, and transportation assistance.³⁸ Handicapped parents who also had handicapped children often received instructional and other supportive services.³⁹

Head Start has often played a powerful advocacy role on behalf of many handicapped children and their parents (e.g., with regard to legal rights, smooth transition into public schools and identification and mobilization of resources). For example, a recent account (from a New York State Head Start) details a 7-month struggle on the part

of a Head Start "Child Services Specialist" to obtain legally allowable transportation for a handicapped child.⁴⁰ The author of the case history -- and there are many such case histories -- concludes, "Looking back at the 7-1/2 months of red tape, I wonder how any parent can be expected to do all this, unless they have the supportive services of an involved agency."

The recent (May, 1978) evaluation study by Applied Management Sciences on the mainstreaming effort in Head Start indicated that parents of 27% of the children were very active in program activities, and another 29% were moderately active. The degree of parent activity was minor for 31% and nil for only 13% of the parents.⁴¹ The major ways in which parents were involved with the Head Start program for their handicapped children were: keeping informed of the child's progress (81%), teaching the child at home (71%), approving the child's individual plan (53%), assisting in the evaluation of their child's progress (48%), and participating in classroom activities (38%).⁴²

According to available Head Start/Home Start program statistical data, about 18% of children in home-based programs are handicapped (as contrasted with 13% in overall Head Start). There are indications that parents are often working actively with Home Visitors to enable these children to participate in a regular "mainstreamed" Head Start program, in addition to receiving home-based services.

Increased Social Contacts

A recent Abt study (March, 1978) documented an important fact long assumed and respected by Head Start personnel -- that the vast majority of parents (96%) reported that Head Start provided welcome

opportunities to get together with other parents.⁴³ Countless parents have felt that the isolation imposed by their environment has been alleviated. And many parents have had their horizons broadened by undertaking their first out-of-town travel to attend a Head Start meeting.

Family Needs Assessment

Recent contact with dozens of Head Start programs indicates that many programs are routinely conducting an assessment of family needs, strength and goals. Thus, upon enrollment of the child, information is obtained on areas such as family's housing status/needs; employment status/needs; educational/training goals/needs; health status/needs; transportation status/needs and eligibility for services such as EPSDT, food stamps, public housing, etc. The program then works with the family to help the family achieve its own goals, meet its own needs, and effectively link up with appropriate community services and resources.

Exploring Parenting

Reference to this new curriculum to increase parents' effectiveness as the primary educators and developers of their own children could rightly be included earlier (p. 10) in the section on "Parents and Their Own Children." But the program is so new, so important, and has been so enthusiastically received by parents who have worked through it, that it deserves special attention as a new opportunity Head Start will soon be making available to all parents.

The Exploring Parenting program is an adaptation of Exploring Childhood and has five parts for parents:⁴⁴ to get to know oneself better; to learn more about children; to examine various approaches

to childrearing; to recognize and improve one's own parenting skills; and to examine how society influences families and children.

Three of the original 13 content sessions are focused on parents, families and the community ("Your Family and Others," "When You're Under Stress" and "What Others Expect"). They examine family relationships and some of the situations which create stress within the family, ways in which such stress affects the family, and the expectations which other groups outside the family have of the family and its members.⁴⁵

Parent interest in Exploring Parenting has been so great, that often parents stayed beyond the 2-hour sessions to continue the lively discussions, which marked the entire program.* All parents who evaluated Exploring Parenting have expressed a desire to see it continued and offered to other parents.⁴⁶

Exploring Parenting is likely to be viewed eventually as one of the outstanding opportunities Head Start offers to parents.

Post-Head Start Parent Involvement

Reference has been made throughout this paper to ways in which parents use their Head Start experience as a springboard for future activity. However, the fact that many parents continue the community-spirited activism that often had its first outlets in Head Start is important enough to merit another look at Head Start as it relates to parents after they leave Head Start.

* In fact, upon the strong recommendation of the parents in the pilot program, the number of sessions has been increased from 13 to 20.

The recent (March, 1978) Abt study of Head Start "graduates" tells us that most (82%) of Head Start graduates' parents have gone to their child's elementary school to meet and talk with the teacher.⁴⁷ In addition, the large majority of parents felt that Head Start had helped them with regard to elementary school as follows:⁴⁸

<u>Parents' Activities and Knowledge of the Current School Year</u>	<u>Percentage of Head Start Parents Agreeing</u>
Head Start gave me a better understanding of what children do in school	89%
HS helped me get acquainted with my child's teacher	62%
HS helped me to help my child with current schoolwork	80%
HS helped me to understand how children learn	91%
HS helped me to plan my child's current school program	79%

All indications are that the large majority of parents feel Head Start helped them understand and promote their child's education and development in school.

In addition to school-related post-Head Start parent activities, it has already been mentioned that many parents assume responsible positions in employment (both within and outside of Head Start) and in the community (as board members, etc.), and many form organizations through which to continue their activism in promoting Head Start-related goals in the broader community.

Countless thousands of parents have responded to educational and training opportunities by completing high school (G.E.D.), enrolling in and/or completing other educational courses, and generally improving their own skills and abilities.

Impact on Parents and Families

Sometimes a program's input, or process, is closely related to -- or can even be considered synonymous with -- a program's impact. For example, the fact (cited earlier on page 20) that many (82%) of Head Start "graduates" parents have gone to meet their child's new elementary school teacher could be viewed partly as a program activity (facilitating the transition) or an impact (effect of the program). Likewise, the fact that many parents experience their first out-of-town travel could be considered a program activity or a program impact.

Rather than differentiating precisely between input and impact, this section simply recounts the study findings -- some of which have also been mentioned earlier -- which shed light specifically on the impact of Head Start on parents and, via parents, on families and communities.

Before 1969

Evidence of Head Start's impact on parents, families and communities prior to 1969 is sketchy at best. The study of the Summer 1965 Head Start program⁴⁹ reported on interviews with 1,742 parents, most of whom considered their contacts with Head Start teachers, parent meetings and other Head Start-related activities

to have been worthwhile. The vast majority (88%) said they had a more hopeful outlook for their child's future as a result of Head Start, and 80% felt a new awareness in the community of concern about their problems.⁵⁰ However, only a small percentage of parents felt that they themselves had directly received help, improved their job status or planned to continue their education as a result of Head Start.

With regard to communities, some agencies were very supportive of and involved with Head Start during that first summer, and some were not.⁵¹ Public health, welfare agencies and schools were generally very supportive.⁵² In general, the people interviewed for the study (agencies in over 1,000 communities which had a Head Start in Summer 1965)⁵³ considered the project to be worthwhile and believed it should be continued.⁵⁴ (The report also included summaries of a number of independent studies done during that first summer program. These studies, mostly funded by OEO, focused on the effects of the program on the children.)

The evaluation of the 1966 Full Year program did not focus on parents at all, but rather on the effects of children, with length of time in Head Start as the main independent variable and children's test scores as the main dependent variable.⁵⁵

The well-known "Westinghouse Report" studied children who had been in Head Start in its earliest years and had moved into first, second or third grade during the June 1968 - May 1969 period.

Although the study was focused almost entirely on the impact of Head Start on children, parents of children in the study were interviewed and "voiced strong approval of the program and its influence on their children."⁵⁶ They also reported on their participation in the activities of the centers. Specific findings of interest were:⁵⁷

- About 30% of summer and 43% of full-year parents reported that Head Start had made a positive change in their own lives (apart from any changes in the child), including such matters as making new friends, having more activities away from home, reading more, and getting help from a social agency.
- Parents of former Head Start children who were currently in Grade 1 indicated greater participation in school than Grade 2 parents, who in turn indicated greater participation than Grade 3 parents.
- When parents were asked if they read to their child,
 - 9% said, "Regularly" (once a day)
 - 33% said, "Once a week"
 - 33% said, "Seldom or Never."
- When parents were asked if they played games with their child,
 - 4% said, "Daily"
 - 25% said, "Sometimes" (at least once a week)
 - 56% said, "Seldom, if ever."
- When parents were asked (during the summer) if they were doing anything at home to assist their child to prepare for school,
 - 50% said they were helping the child improve his/her academic skills, and
 - 40% said they were doing nothing to assist the child.

- 53% of the parents of children in full-year Head Start (and 45% of parents associated with summer programs) said, "Yes" to the question, "Did you ever go to the Head Start Center?" They said they visited the classroom, volunteered in the classroom, and worked on committees.
- 75% of the parents of children in full-year Head Start (and 56% of parents associated with summer programs) said they had attended at least one parent meeting at the Head Start Center.
- 21% of the parents in full-year Head Start (and 15% of parents associated with summer programs) indicated a "real involvement" in the program, while another 12% of full-year (and 5% of summer) parents reported a "slight involvement."

1969 - 1976

An extensive and careful review of Head Start research between 1969 - 1975 specifically examined findings concerning Head Start's impacts on parents, families and communities.⁵⁸

The reviewers identified 17 studies (nine of which were dissertations) done between 1969 - 1975 which addressed the question of impacts on a) attitudes of parents towards their children, b) behavioral changes in parents, and c) parent participation as a factor in producing gains for children and their families. In addition, the reviewers identified three studies (two done in 1970 and one in 1972) which addressed the question of Head Start's role in influencing changes in the community. The specific findings are recounted below:

Impact on Attitudes

The majority of studies reported an improvement in parenting abilities as well as satisfaction with the educational gains of their children. Indeed, parental reaction to Head Start was termed "overwhelmingly positive."⁵⁹

Impact on Behavior

The studies which looked at changes in parents' behavior reported an increase in positive interactions between mothers and their children, as well as an increase in parent participation in later school programs. (The Home Start evaluation was specifically cited as showing that Home Start mothers, in comparison with control children, allowed their children to help more with household tasks, did more teaching of reading and writing skills, provided more books and playthings, and read to their children more often.)⁶⁰

Impact of Parent Participation

The reviewers concluded that parent participation does produce (is associated with) positive gains for children and their families, but that the research to date had not identified what kinds of parent involvement result in most gain.⁶¹ However, the reviewers commented, "...it is clear that high parental involvement is associated with gains both on the

part of the child and the parent."⁶² (The 1972 MIDCO study, which was of course cited by the reviewers but is referred to now as a primary source, even suggested that "the mere identification with Head Start may be an asset to parents.")⁶³

Impact In and On the Community

The reviewers concluded that Head Start plays a role in bringing about community change.⁶⁴ Two of the studies were on Head Start (Kirschner, 1970, and MIDCO, 1972) and one on the Parent-Child Center (1970). (The 1972 MIDCO study found that the greatest number of community changes -- as well as the most significant changes -- were reported in centers in which parent participation in both decision-making and learner-activities was rated high.)⁶⁵

1976 - Present (August, 1978)

Phase II of the previously mentioned ACRA study⁶⁶ will focus on the impact of various aspects of Head Start on parents and families (as well as children). Until that study is completed, probably the richest source of current research data on the impact of Head Start on parents (and families) is the survey of Head Start "graduates" done by Abt Associates (March, 1978).⁶⁷

In this study, 33% of the Head Start parents reported that Head Start had been either of some help, or a great deal of help, in dealing with family or personal problems. Only 16% of parents who had had children in other types of preschool programs responded in a similar manner. In addition, 82% of the Head Start parents

reported that the program provided them with an opportunity to get together with other parents at least once a month, while only 48% of the other preschool parents reported likewise. The report notes, "Meager as these data are, they suggest that a closer study of social services in Head Start would reveal that the program is successfully responding to a number of personal and family needs."⁶⁸

The entire Abt report is permeated with evidence that Head Start is impacting on parents and families:

- Parents report benefits they received in provision of medical and dental services and in a greater knowledge of how to provide better nutritional and personal hygiene practices for their families.⁶⁹
- Parents report that Head Start helped them in several important ways regarding their child's school experience (e.g., gave better understanding of how children learn, of what children do in school, of how to help with the child's homework, and of how to plan the child's school program).⁷⁰
- Parents (95%) enthusiastically endorse Head Start as having been helpful to them personally*.⁷¹
- Sample comments: "Excellent--helps the children and helps the parents who participate." "Head Start really helped James and the whole family."
- Head Start is bringing families into contact with a number of social service agencies in the communities.⁷³

In addition to the Abt study, there are other sources of information about the impacts of Head Start on parents and families -- including information on how parents view the program.

*However, only 8% of the 647 parents responding in this study reported that Head Start had helped them find jobs, and only 9% that Head Start had helped them acquire further education.⁷²

The Region III Study 74

The Children, Youth and Families Unit in Region III (Philadelphia) is currently completing a study in which over 800 statements were obtained from parents in 13 programs in Region III during the 1976-77 program year, concerning their view of Head Start's impact on them. It was found that the bulk of the family support services were provided in the health area through the health component, in that the nurse or health aide often served as a "medical social worker," making referrals, counseling, etc. The study also found that parents in programs that had more personalized contact (for example, via home visits) between staff and parents, tended to see themselves as having a more important role in their own child's development than parents who had less personal contact with the program.

The Dane County, Wisconsin Study (1976) 75

This study of 25 Head Start parents has been cited several times throughout the paper. The study identified eight levels of parent involvement and related the parents' involvement to the program's impact (or perceived impact) on the parents. The results described and documented the eight levels of parent involvement and indicated that all parents in the study felt their participation had had favorable effects on them regardless of their level of involvement and that most respondents reported changes at several levels of involvement. The study notes that "the more intensely involved respondents seem to have more pronounced changes in themselves, and give evidence

of equally vast changes in economic status. Of the 13 highest on the intensity index, 11 have moved from being On Welfare to being Off Welfare."⁷⁶ Other types of effects or impacts reported included: increased communication skills (84%), overwhelmingly favorable attitude towards Head Start as a good entry into the job market, improved understanding of children, widened horizons on the world of childrearing, increased acceptance by own peer group, ability to apply new practical information to own lives, increased education, increased employment opportunities, and increased commitment to and participation in the broader community.

The Hertz Impact Study (1977)⁷⁷

This review of federally funded early childhood programs and how they impact on children, parents, families and communities serves to reinforce the trend of the cumulative findings of other studies and reviews: "The bulk of the findings concerning impact on the family relate to changes in parental attitude."⁷⁸

"The Parents Speak" Study (1978)⁷⁹

The authors interviewed about 90 parents in several programs across the country concerning their view of the impacts Head Start had had on them. The parents, as in other studies, were virtually unanimously positive about the effects Head Start had had on their lives. The report contains some of the most heartwarming and illuminating recent anecdotal evidence available from Head Start parents and illustrates in warmly human terms how

Head Start enters and influences the lives not only of children, but parents and families as well:

-- From a Missouri parent:

"Head Start not only cares for our children, but for us as parents, the family, and community. It seems to me that people have had a chance for excellent training in everything but being a parent. Head Start is the only organization that I know of which is trying in a positive way to correct this deficit. Parents are invited to be in the classroom as volunteers. I feel this is good for us because a lot of times we can see a more positive way to handle our children. I feel that in the classroom, we can see things to do at home to increase our child's awareness, emotional stability, and sociability. This will perhaps increase his chances when he begins school. I try to watch what is done in the center and copy the practice at home, because I've never seen anything done there that would not contribute to better family life."

-- From Massachusetts:

"Head Start was good for my children in the opportunities it opened up for them, but the best has come out of the changes in myself. I started out as "just a depressed housewife," but my experience made me feel that I was not stupid, and my confidence began to grow. For me, the most important change is in the way I can work with the systems -- the public schools, hospitals, and other agencies. I know now how to speak up for what I want."

-- From Alabama:

"The first thing I heard about Head Start was "it's a day care center. They pick up your child, bring it to school and bring it back. You have the day free to do what you want to. You run around; you go visit; or stay home and watch television. You've got a free day, from Monday to Friday; you are free from the time the bus picks them up at 8:00 till it brings them home at 2:30. . .you've got a free day." But that's not what Head Start is. Head Start is a program that, if your child is in, it wants you there with that child. It wants you involved as well as the child. The child's part is coming, learning, and participating with other children; the parent's part is to take interest in her child, and to take advantage of what the center is giving.

the parent to help herself. . . to further herself. I attended courses at night. Head Start paid for me to take some courses. It offers parents an opportunity to learn a trade. If it is the last child a parent has in school, maybe by the time that child is in the first grade, the mother is ready to go out in the world and get a job. She's trained. Even if she doesn't work, she can always come back and volunteer in the center and help the center out. There is always something for a parent to do at the center. They can always keep a parent involved."

-- From Alabama:

"I entered the Head Start program as a youth corps worker, as an office trainee. The office director saw something that I didn't see in myself, and she encourages me to work with the children. I'd quit school when I was in the 10th grade. I had three children, and I found no time to go back to school. After I was employed by the Head Start as a teacher's aide, I was asked to go and take the GED test. I took the test, and the Instructor asked me if I wanted to see my test. I said "no" because I was so afraid. He said, "you should be proud because you passed very high in all areas!" The director wouldn't let me stop there, and I went on to Supplementary Training, and I'm now on the sophomore level in college credits. I was one of the first in the state of Alabama to take and pass the CDA, and I hope to go back to school. I'm applying for a grant, and I hope one day to receive my B.A. or B.S."

-- Again, an Alabama parent:

"Before I entered the Head Start Program, I was afraid. I wouldn't talk; my voice got shaky, and my knees would tremble. . . and I couldn't talk in front of anybody. I was afraid to open my mouth. But my program director pushed me. She told me I could do it. . . and I kept trying. I kept getting up. She kept pushing me and I didn't stop trying. Today, I'm a new person. I can get up in front of anybody. . . I can talk to anybody. I'm not afraid to talk anymore!

It had changed my family life too. I can remember back in '66 and '67. I didn't have any money. . . I didn't know how to work with my children. . . and I didn't really care. I didn't want to work with them. I was more concerned with getting some money. . . I was more concerned with living, and I really didn't care. But since I've been with the Head Start Program, I have got a new lease on life. I have learned to live. I can talk

with the children. . . we eat supper together. . . we have meetings once a month. . . I get their feelings, they get mine. They come home from school and we talk together. I don't yell anymore. . . and they don't have to wonder what's wrong with Lorraine. Why is she yelling all the time? Why is she upset all the time? I don't have to be this way anymore, and I'm thankful to Head Start for that. And I am so proud and glad that I can be Parent Involvement Coordinator and work with the parents. I love my job: I love getting the chance to help other people the same way I was helped."

-- From Kentucky:

"Even though you love your children, you sometimes need to get away from them or you'll go crazy. Since my husband died, I've been staying home all the time, but on Wednesdays, I have a place to go. It's a place to get together. . . to gossip and lose your tensions. You find out that other people have the same tensions as you. The problem you're having at home, they're having too, and you can get together and talk."

These comments, which would be echoed by thousands if not millions of parents throughout the country, highlight some of the major areas of impact that parents report:

- increased ability to deal with "the system"
- more knowledge about children and child development
- greater sense of control over own life
- more at ease in social situations
- increased appreciation of idea that they as parents are the key to their child's development -- and increased ability to follow-through on this idea
- increased skills concerning employment and employability
- increased desire and opportunity to help others
- increased ability to continue involvement into the public school, as well as into the broader community.

Other Areas of Impact

Other areas or aspects of the impact of Head Start on parents and families that have not yet been specifically mentioned include:*

- reduces frequency of everyday crises
- improves ability to deal with older siblings
- improves ability to identify and attain realistic goals
- strengthens cultural identity and self-concept (because Head Start is a program "by the people, of the people, for the people" and recruitment -- as well as other program functions -- is carried out by someone similar to the person being recruited)
- helps and supports during stressful periods in family life
- offers a "forum to develop abilities you might not even know you have."

Summary of Head Start Impacts on Parents/Families

Head Start is a program that is greater than the sum of its parts. Although effects on parents and families are seen to be delivered through each specific program component area (education, health, social services and parent involvement) there appear to be a number of general effects on parents, and through them, either directly or indirectly, on families.

Although there is still a need to increase the number of parents who actually take advantage of the wide array of opportunities for parental involvement and participation offered by virtually all Head Start programs, and although there is still a need for further careful documentation and study of program effects on families

* There was little or no available written documentation of these areas, but they were mentioned by people knowledgeable about Head Start and thus may be of interest to the reader.

(e.g., on family structure, family functioning, siblings, economic status, etc.), there seems to be ample evidence at present to support the view that Head Start is indeed "building families."

Three Special Head Start Programs

Virtually all the data and discussion in the preceding sections have been in reference to the regular Head Start program which enrolls preschool children between the ages of 3 - 5 and is governed by the Head Start Program Performance Standards. There are three other programs which, although funded as part of the overall Head Start effort, merit special attention because of their extensive commitment and activities which support parents and families in their childrearing roles. These three programs are the Parent-Child Centers, Home Start and the Child and Family Resource Program; a brief discussion of each follows.

Parent-Child Centers

First funded during 1968, the 36* Parent-Child Centers (PCCs) were a direct outgrowth of a 1966 - 1967 White House Task Force on Early Childhood which was convened by President Johnson.⁸¹ The program concept grew out of the increasing recognition at the time "that it is essential to assist children as early as possible in their lives, even before they are born."⁸² The PCC strategy was to provide an array of services to low-income families who had at least one child under the age of three. Services would be an outgrowth of the following primary goals:

1. To discontinue the 36 Core National Parent-Child Development Centers and begin concentrating on research and the development of specific program models.

- to improve the overall developmental progress of the child
- to increase parents' knowledge of their own children's development.
- to strengthen the family unit and functioning by involving all family members in the program
- to create in parents an increased awareness of their community.⁸³

Of the eight criteria all PCC proposals had to meet, 4 related specifically to parents and families, namely the provision of:⁸⁴

- health education for parents and siblings, family planning services and prenatal care
- parent activities designed to strengthen
 - understanding of child development
 - competence as family managers
 - skills essential to making a living, including maximum opportunities for PCC employment
 - self-confidence and self-image as parents
 - family relationships
 - role of father within family
- social services for entire family*
- program to increase family participation in the neighborhood and community.

Like Head Start, PCCs have provided employment to PCC parents; in 1974, 35% of all PCC staff were PCC participants.⁸⁵

Evaluations of PCC were undertaken in 1969 (by Kirschner Associates)⁸⁶ and in 1972 (by Center for Community Research).⁸⁷

* Between 1972-1974, 7 PCCs were funded with special "advocacy" components to expand their scope of activities. This effort was designed to identify and address, through a process of advocacy, the unmet needs of families with children from the prenatal stage through age 5 in a given target area being served by the program. Such families included those being served by the PCC, as well as other families outside the PCC program, but living in the area.

The 1969 Study

Some of the findings from the early (1969) Kirschner report were:

- when parents genuinely have the opportunity to select the kinds of programs they want, they choose services for themselves, such as job training and employment, rather than direct services for the child.⁸⁸
- many PCCs saw themselves as "junior-sized CAAs" which would coordinate all possible services to families.⁸⁹
- the benefits to mothers in the areas of relaxation, socializing and reducing loneliness are very important.⁹⁰
- parent participation is most active when the program is relevant to the parents.⁹¹
- PCC was perceived by most of the center directors as a service and education program focused on infants and their families.⁹²
- mothers reported improved health for themselves and, to some extent, other family members.⁹³
- most centers reported favorable effects on family life.⁹⁴
- PCCs were very effective in bringing together a variety of agencies serving children and families.⁹⁵

From the first, parents in PCCs, like parents in Head Start, were involved in all aspects of the program. Some types and examples of parent participation in PCC activities and services were documented in the 1969 Kirschner study, including:⁹⁶

- observing and assisting with children in the nursery
- attending social functions such as "family nights" and outings
- working with PCC staff to develop and plan activities not only for children, but for other family members as well
- taking responsibility for implementing particular program activities

- attending lectures and demonstrations
- initiating suggestions, to make the program as relevant as possible.

The 1972 Study

The 1972 PCC evaluation conducted by the Center for Community Research in New York, provided a more complete picture of the PCCs, since the programs were more firmly on their feet by that time. The evaluators visited 32 of the 33* PCCs between October, 1971 and January, 1972, and interviewed 385 parents and 327 PCC staff. There were at that time about 100 children in each PCC, with an average age of 26 months.

The study documented a wide variety of health, education and social service benefits to parents and, often through them, to families. These included:⁹⁷

- parent education (childrearing) courses
- home management and consumer education
- skill training and job counseling
- referrals made to -- and received from -- community agencies (the PCCs had made 6,000 referrals to, and had received 500 from, community service agencies)
- employment in PCC
- educational opportunities (G.E.D. as well as college programs):

The parents' reports of their own feelings about what PCC had done for them and their families were, as with Head Start,

* The PCC in Alaska was not visited.

overwhelmingly positive. About 95% of the parents reported positive impacts in areas such as their education, self-confidence, home-making and parenting (e.g., decrease in use of corporal punishment and increase in ability not only to recognize and meet children's needs, but also to enjoy their children).⁹⁸

Although at that time there were few teen-age mothers in the PCCs,⁹⁹ there was a huge increase in involvement from fathers, from almost none at the time of the 1969 Kirschner study, to over 500 at the time of the 1972 study.¹⁰⁰

There was ample evidence in the study that although the PCCs offered a multitude of direct services to the families enrolled (e.g., many -- 18 -- had a veritable social services department within their PCC program, 19 had a fund earmarked for family emergencies¹⁰¹ and virtually all offered their own home management education¹⁰²), most served also as a key coordinating mechanism for linking families to other existing agencies.¹⁰³ Specific examples of agencies with which PCCs maintained close and cooperative contact were:¹⁰⁴

- Medical: Health departments, hospitals, neighborhood health centers, Visiting Nurses Association, MCH (Maternal Child Health), food stamp agencies.
- Educational: Head Start, elementary schools, high schools, institutions of higher education.
- Social: psychological service clinics, counseling facilities, housing agencies.
- Community: CAAs, child care groups, other neighborhood service programs, religious groups.

Public: welfare and employment departments.

Business, legal aid, business organizations, labor
Civic, and organizations.

Legal:

But, as is often the case, the generally reported impacts that permeate such a study ("decrease in feelings of isolation, in feelings of being totally without support or nurturance from any source,"¹⁰⁵ increase in skills, abilities, knowledge and hope) can perhaps be understood through the words of the parents themselves:

"If I have a problem I can count on them to listen and to help -- and they have helped with many problems. Before, I was all alone."¹⁰⁶

"PCC taught me. . . to take responsibility towards my family in health aspects. . ."

"PCC made me a mother -- before that I just gave birth . . . but now I really enjoy [children]."

"I've learned that kids are individuals. . . I'm aware of even little differences and praise them. . . I feel therefore I'm a better parent and an important person. Before, I felt that anyone could do this job."

PCCs Today

Today's PCCs are much like those described in the 1969 and 1972 evaluations -- only more so. They have continued to garner enthusiastic support from participating parents, and, for the most part, have continued to develop as strong family-focused programs. The Head Start Program Performance Standards are currently being revised to include Standards for PCCs, and soon additional technical assistance will be made available to the

PCCs so that they can continue to learn from one another -- as well as from others -- through meetings and papers, and continue to serve as good examples in the "real world" of how programs can assist and support families from their very beginnings.

In the absence of "hard data" on the current PCCs, this section will close with two recent quotations that seem representative of the majority of PCCs today:

-- A young mother of twins in Kentucky: 107

"I started in the PCC program when I was five months pregnant. I was just 14 and I didn't know anything about babies. I didn't know how to hold or change a baby. . . and I had twins. The PCC taught me how to be a mother."

-- A PCC program director: 108

"The aim to develop a strong, positive sense of self-
undergirds all we do with parents, staff and children
. . . Our Social Services and Health components work
intensively and harmoniously with each other and with
the neighborhood and community. . . close working re-
lationships have been established with all of these
groups [Native American Center, an adult education
center, a county social service agency, a public
library, two community colleges, and a museum] as well
as with other social service agencies servicing
Alameda County. . . Our home-based program. . . in-
volves parents in stimulating their children to dis-
cover, to try out, to learn. . . we are also experi-
menting with a home-visit plan for small groups of
parents. . . to see if we can develop a parent support
system in a particular block or area of the city."

* The reader living in Washington, D.C. might want to visit the PCC at 2124 14th St. NW. This excellent PCC, which includes a home-based program as well as a center-program, is active with babies, children, parents, local schools and the entire neighborhood. Mrs. Ruth Rucker, the Director, can be reached at 202-462-3375, and will be happy to arrange a visit.

Home Start

The 16 Home Start demonstration programs were funded for a 3-1/2 year period (March, 1972 - June, 1975) to evaluate the feasibility of providing comprehensive Head Start services through a delivery system considerably different from that used in most Head Start programs, in which the classroom facility is the physical "heart" of the program. In Home Start, Head Start home visitors were trained and employed to work with parents in their own homes, to help them do and provide for their own children the same kinds of activities, experiences and services provided in center-based programs. Three of the four major Home Start objectives addressed parents directly.¹⁰⁹

- to involve parents directly in the educational development of their children
- to help strengthen in parents their capacity for facilitating the general development of their own children
- to demonstrate methods of delivering comprehensive Head Start-type services to children and parents (or substitute parents) for whom a center-based program is not feasible.

Each of the 16 Home Start demonstration programs received approximately \$100,000 with which to service about 80 families for each 12-month period. At any given time there were about 1,100 families participating in the 16 programs, and they came from a wide variety of locales and represented many different ethnic, cultural and language backgrounds -- including white, black, urban, rural, Appalachian, Eskimo, Native American, migrant, Spanish-speaking, and Oriental.

Although the Home Start design guidelines implicitly made Home Start a "family affair," the program's operation made it inevitable, because "each week brought Home Visitors into living rooms where children and parents played and lived; into kitchens where there often wasn't any food for the evening meal; and into complicated family affairs where husbands or wives were ill, in-laws needed help, or older children were plagued by emotional or physical problems."¹¹⁰ Even on a "routine" home visit, siblings in the home were almost always (85% of the time) included in the home visit activities.¹¹¹

Each week Home Visitors assisted parents in countless ways to strengthen their parenting role, and to become, in a real sense, the "child development specialist" for their own children.

Home Start was carefully evaluated: to document its process, to determine its feasibility, and to assess its impacts.

The evaluation revealed that Home Visitors on the average undertook about 8 different activities during a typical 60 - 90 minute home visit. Examples of the myriad of types of activities include:¹¹²

- Nutrition: -- read and evaluate newspaper food ads with mother*
-- help mother develop shopping list
-- prepare snack or part of meal with mother and child as a means for increasing knowledge of nutrition

* The mother was usually the adult at home; when the father was available, he was included in as many ways as possible.

- show mother how involving the child in meal preparation can be a learning experience for the child (e.g., noting colors, shapes and textures of food; counting eggs, spoons and other items; and language-expanding conversation)
- help family obtain food stamps or other food supplements for which family is eligible
- arrange for local home economists to demonstrate preparation of nourishing but inexpensive food to small groups of mothers

Health:

- help parents accompany child on visits to doctor or dentist
- arrange first aid and home safety courses for parents
- help parents assess and correct home hazards
- give parents health information
- show mother how to keep home health records
- show mother how to assist child with oral hygiene

Social Services:

- help parents obtain the referrals their family needs
- acquaint parents with community and its resources, as necessary
- help families arrange transportation
- help arrange social activities to provide much needed social and recreational outlets

Education:

- help parents recognize "everyday living experiences" that can be capitalized upon to become effective learning experiences
- accompany parent and child to library
- read story with mother, to child
- hold group meetings on child development
- help parents learn ways of enhancing their children's language development

More thorough descriptions of these activities and the actual processes of Home Start (program operations, activities, specifics of parent involvement, staff training, etc.) can be found in the evaluation and in two other major Home Start publications, A Guide for Planning and Operating Home-Based Child Development Programs

(1974)¹¹³ and the previously mentioned Partners With Parents (1978).¹¹⁴

With respect to the impact of the program, the evaluation provided clear evidence that mothers working at home to promote the education and development of their own children could, with the support and assistance of a Head Start Home Visitor, elicit outcomes comparable to those attained by children attending regular Head Start centers.¹¹⁵ Home Start mothers did in fact encourage their children to help with household tasks, did teach pre-reading and pre-writing skills to their children, and did provide books and playthings for their children.¹¹⁶

The Hertz (1977) analysis of the impact of selected federal programs concluded, after analyzing the Home Start evaluation, that in Home Start, impact on parent attitudes and behavior followed the same lines as in Head Start, but appeared to be more positive and comprehensive.¹¹⁷

The findings of the Home Start demonstration program have encouraged a number of Head Start programs to capitalize even more on the strengths of the parents vis a vis their own children, and at present, approximately 400 Head Start programs (about 1/3 of all programs) are serving a total of about 20,000 children through a home-based option.* (As in the Home Start demonstration, the home-based options usually provide a regular group experience -- usually weekly -- for the children, in addition to the home visit.) An

* In 1975 some of the original 16 Home Start demonstration programs were converted into Home Start Training Centers (HSTCs) to provide training and technical assistance to the entire home-based effort within Head Start. There are currently 6 HSTCs: West Virginia, Tennessee, Wisconsin, Arkansas, Utah and Nevada.

even larger number of Head Start programs are using information gained from the Home Start experience, to expand and strengthen their parents' roles in the program. For example, there are indications that many programs which consider themselves a "variation in center attendance program," in which children attend the center fewer than 5 days per week (usually 2 - 4 days per week) are also increasing the number of home visits aimed at involving parents in Home Start-type ways.

As indicated earlier in this paper (page 3), there has been strong evidence gathered from many sources¹¹⁸ in recent years concerning the benefits of involving parents in a true program-parent partnership, but the Home Start demonstration and the current home-based options provide perhaps the clearest evidence of the general feasibility of such intensive parent-participatory programs within the "real-world" Head Start context.*

The Child and Family Resource Program

The Child and Family Resource Program (CFRP) was launched in 11 diverse locations throughout the country in 1973 as the most family-focused demonstration program ever undertaken within the Head Start context. In fact, the "unit of enrollment" in CFRP is the family, rather than the child, and the CFRP is in effect a family support program, with emphasis on promoting the healthy development of the young children in the family from the prenatal

* A follow-up evaluation of Home Start children into their early school years is currently underway by Abt Associates (Cambridge, Massachusetts) and will shed light on some of the longer-term effects of the Home Start program. The evaluation report is due in December, 1978.

stage through third grade. All four major objectives of CFRP directly involve parents: 119

- (1) to individualize and tailor programs and services to meet the child development-related needs of different children and their families
- (2) to link resources in the community so that families may choose from a variety of programs and services while relating primarily to a single resource center (i.e., the CFRP) for all young children in the same family
- (3) to provide continuity of resources available to parents, that will help each family to guide the development of its children from the prenatal period through their early school years
- (4) to enhance and build upon the strengths of the individual family as a child-rearing system, with distinct values, culture, and aspirations. The CFRP will attempt to reinforce these strengths, treating each individual as a whole and the family as a unit.

To fulfill these objectives, each CFRP uses a Head Start program as a base to develop a community-wide system linking a variety of programs and services to families who have children from the prenatal stage through age eight. And, like Head Start, each CFRP encompasses a comprehensive approach to child development, and provides for education, health services (including physical and dental health, mental health, and nutrition), social services, and extensive parent involvement and participation.

One of the key elements of the CFRP is the family assessment, in which the needs, strengths and goals of the family as a whole (as well as each family member) are identified by the family and CFRP staff working together. The assessment results in a Family Action Plan which lays out specific services and supports needed by the family as a whole (as well as family members). The plan

addresses a comprehensive array of potential family needs (such as health, social services, educational and vocational training, child care, etc.) and includes steps that can be taken by the family itself, and/or the CFRP and/or other agencies to help meet the family's current specific needs as well as to sustain and promote the family and its strengths.

The backbone of the CFRP staff is the family advocate who, working closely with her/his families throughout all phases and aspects of the program, makes sure that appropriate services, linkages, referrals, supports, and resources are provided to families on a continuing basis as new needs emerge. Thus, the CFRP makes available to families a continuity of services (on an as-needed basis) that helps parents guide the development of their children and enhances and supports the fundamental strength of the family.

Each CFRP receives a yearly grant of about \$135,000 as a supplement to its basic Head Start grant, and serves at least 80 families. (In the Spring of 1977, 1,058 families were enrolled in CFRP; these families had 2,333 children from the prenatal stage through age eight.)

Program Impact

One of the areas of impact on which some reliable data are available is the relationship of CFRP to other community resource/service agencies. Almost all (85%) of the 80 agencies interviewed for the study reported that CFRP helped them do

their job better in the community. Further, about 1/4 of

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the agencies reported that CFRP was responsible for sparking changes in their service delivery (changes such as an agency increasing its interaction with families by going beyond the immediate problem to look at the total family situation in an effort to build family strength, or an agency changing its style of providing services).¹²¹

Another area of impact for which some data are available concerns improvement in overall family functioning with regard to home environment, safety, health care and housing. The source of information on these changes is a 15-month field study conducted during February, 1977 - May, 1978 by the GAO* (General Accounting Office). The study reviewed and analyzed a number of early childhood and family development programs and included an in-depth look at services provided to a total of 82 families in 4 of the 11 CFRPs, as well as an estimate of change in overall family functioning. On a 4-point scale describing home environment factors (with 0 = critical and 4 = excellent), findings indicated the reviewers gave families an average rating of 1.99 on the scale at the time of entry into CFRP, 2.51 after 1 year in CFRP and 2.92 after 2 - 4 years in the program.

In addition, interviews were conducted with 64 families, and with a number of community agency officials, all of whom were consistently positive with regard to their perceptions of CFRP's

*The report of this study has not been completed, and data reported here were obtained from a preliminary briefing to AGYE by GAO on May 1, 1977.

value and impact.

Although there are few other reliable program impact data available so far, the feasibility of such a family-focused approach within the Head Start context is being amply demonstrated because all 11 sites are in fact able to implement the program guidelines/requirements and are successfully conducting (and taking action on) family needs assessments, implementing programs for parents of infants and toddlers, individualizing services, linking effectively with other community resources and earning a favorable reputation for themselves among the enrolled families and the community at large. CFRP, then, is serving as a valuable "laboratory" within Head Start to develop, refine and demonstrate a variety of models and ways by which Head Start programs can move even further in the direction of becoming family-oriented child development programs. Certainly the CFRP experience has already demonstrated* that many parents and families do welcome active participation in such a program, community agencies do cooperate and even see their cooperation as beneficial to their own operation, services can be and are being individualized in accordance with assessed needs, and program staff have been and are able to learn to broaden their

*The future evaluation design for CFRP will focus sharply on child and family outcomes and will address questions such as, "What particular program variables, singly or in combination, elicit what particular outcomes for children and families?"

own skills to accommodate the comprehensive approach engendered in CFRP.

CFRP's foundation is not only its philosophical concept, which places the family at the heart of the program, but also the actual experience of the many Head Start, PCC, PCDC, Home Start and myriad other child development programs that have laid the groundwork for a program which Dr. Edward Zigler recently predicted would become Head Start's "wave of the future."¹²²

Summary and Conclusion

Head Start was intended to be a parent and family program from the first, just as it was to be a program for children, and all services to children were to be viewed in a family context. As the years have passed, the actual program operations have moved more and more in line with these intentions. All studies and evaluations which have looked at the relationship between Head Start, parents and families have documented a number of actual program activities and services which involve and support parents and families, and considerable data have accumulated over the years testifying to the favorable effects of the program on parents' attitudes and behaviors as well as on Head Start communities. Several Head Start demonstration

programs in recent years (notably Parent-Child Centers, Home Start and the Child and Family Resource Program) have provided a great deal of information and experience about how Head Start programs can equip themselves to work even more closely and effectively with families, and there is good evidence that many Head Start programs do in fact use information developed by the demonstration programs (as well as information developed elsewhere) to strengthen the family aspects of their programs.

There are a number of mechanisms by which Head Start programs are helped to strengthen their service to families. For example, all Regions have T/TA (Training and Technical Assistance) providers who can provide local programs with help concerning their parent involvement and social services components. The six Home Start Training Centers are especially geared to providing expert guidance to Head Start home-based programs and over the past three years have trained over 4,000 Head Start staff in 3-5 day sessions, as well as given over 5,000 briefings and orientations to the home-based concept. CDA training, in which many Head Start staff are involved as they work toward being awarded a CDA credential, specifies as one of its six competency areas that trainees understand the importance of parents and know how to effectively encourage parent participation at home as well as in the center. Head Start conferences -- as well as many other conferences that Head Start staff are likely to attend -- provide opportunities (through displays, audio-visual presentations, discussions, meetings and presentations) for Head Start staff to

learn more about working with families. A periodic newsletter ("Home Start Report") aimed at home-based programs has been sent to all known Head Start home-based programs since October, 1977. The PCCs, CFRPs, and other "model programs" open their doors to visitors and in fact, many receive so many visitors that they have to have a plan and strategy for handling such visitors, who want to learn how better to apply family-focused concepts to their own program.

The national ACYF office has developed a number of helpful guides and resource information since 1972, to help programs improve their functioning in relation to families, and a number of specific programs (including the Home Start Training Centers and the Child and Family Resource Programs) have also developed (and are disseminating) guides to assist their fellow Head Start programs in their search for better ways to strengthen families.

Head Start is indeed a program for children and their families, and while parents have from the start been generally pleased with Head Start as it relates to both themselves and their children, there has been an increased effort in recent years -- as well as an increased capability -- to work more directly with parents, and to support parents and families in their respective roles as child developers and the child development context.

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- 118 For example, Bronfenbrenner, Urie, "Is Early Intervention Effective?" (Volume II of "A Report on Longitudinal Evaluations of Preschool Programs"), ACYF Children's Bureau, 1974, and Lazar, Irving, et al., The Persistence of Preschool Effects: A Long-Term Follow-Up of Fourteen Infant and Preschool Experiments, ACYF DHEW, September, 1977.
- 119 "The Child and Family Resource Program: An Overview," ACYF, P.O. Box 1182, Washington, D.C. 20013, 1978 (revised), p. 4.
- 120 "Final Report on a Project to Conduct an Evaluation of the Implementation, Effects and Costs of the Child and Family Resource Program During the Third and Fourth Years of Program Operations," Development Associates, 2924 Columbia Pike, Arlington, Va., October 21, 1977 [Contract No. HEW-105-76-1102], Appendix D, p. D-19.
- 121 Ibid., Appendix D, p. D-9; p. D-10.
- 122 Dr. Edward Zigler, in speech delivered at National Head Start Conference, El Paso, Texas, May 23-25, 1977.