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ABSTRACT

This report of the National Conference on Home-Based Child Development Programs is intended to serve as a resource document to people interested in developmental programs for parents and children. The report includes (1) a summary of Home Start evaluation findings; (2) brief descriptions of programs such as Dr. Ira Gordon's Florida Parent Education Program, Dr. Susan Gray's DARCEF program, Dr. Phyllis Levenstein's Mother-Child Home Program, and Dr. David Weikart's Ypsilanti-Carnegie Infant Education Project; (3) brief descriptions of OCD programs; (4) synopses of panel discussions on topics such as how school systems operate home-based programs, how to go about converting to the home-based approach, how Head Start programs implement home-based components, and how parents feel about home-based programs; and (5) complete texts of speeches by such notables in the field of early childhood and parent education as Dr. Edward Zigler, Dr. Earl Schaefer, Mr. Stanley E. Thomas, Jr. and Mr. Fay Collins. This document also includes a detailed list of conference participants and their addresses. (Author/JMB)

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**report of a national
conference on**

**HOME START AND
OTHER PROGRAMS
FOR PARENTS AND
CHILDREN**

U.S. DEPARTMENT OF HEALTH,
EDUCATION, & WELFARE

Office of Human Development

Office of Child Development

March 18-21, 1975

St. Louis, Missouri

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Foreword

Home Start was planned in 1971 as a 3½-year Head Start demonstration program for the purpose of developing, refining, and evaluating an alternate way of providing comprehensive Head Start services to families interested in a program which focuses on the parents as the primary influence in the lives of their own children. It was hoped that, if the concepts, approaches, and techniques developed in Home Start were found to be both valuable and feasible, then other programs especially Head Start center-based programs would begin both adapting and adopting these approaches into their ongoing programs when such adaptation and adoption seemed feasible. This also represented a response to the widespread and growing interest in parent involvement in general, both in Head Start and school systems.

Thus, the intent of the demonstration program was to provide a knowledge base on which others could draw.

Thanks to an almost unprecedented team effort between programs (and their families) and evaluators, the Home Start demonstration program was able to accomplish its mission. Valuable evaluation information on both program process and program outcomes or effects was obtained (see pages 1-2); this information has indicated that a home-based, comprehensive child development program (in which trained paraprofessionals go into homes and provide needed services) can provide favorable and effective experiences for children and their parents, and that the program effects can be comparable to those achieved by children in center-based Head Start programs.

The Home Start program entered its dissemination & replication phase at the end of June 1975, and six Home Start Training Centers have been funded by the OCD national office to provide training and assistance to Head Start, schools, and other child care programs interested in the home-based approach. Five of these six Home Start Training Centers were former Home Start demonstration programs, and the sixth had previously demonstrated considerable expertise in the home-based approach. (See page 96 for a list of these programs.) Thus, the knowledge gained from the Home Start demonstration program will continue to be available to, and applied by, others.

Home Start is part of an emerging pattern of programs geared to parents working actively and directly with their own children. Other programs of this nature include Parent and Child Centers (PCC), Parent Child Development Centers (PCDC), Child and Family Resource Programs (CFRP), Project Developmental Continuity (PDC), Education for Parenthood (EFP), the U.S. Office of Education's programs emphasizing the role of parents, Parents as Resources (PAR), etc.

In order to foster knowledge about Home Start and other programs for parents and children, the Office of Child Development sponsored the National Conference on Home-Based Child Development Programs, held in St. Louis, Missouri, March 18-21, 1975. This document provides a substantive report of that conference and should serve as a valuable resource document to people interested in developmental programs for parents and children. For example, this document contains (1) a summary of Home Start evaluation findings, (2) brief descriptions of programs such as Dr. Ira Gordon's Florida Parent Education Program, Dr. Susan Gray's DARCEE program, Dr. Phyllis Levenstein's Mother-Child Home Program, Dr. David Weikart's Ypsilanti-Carnegie Infant Education Project, (3) brief descriptions of OCD programs such as CFRP, PDC, EFP, PCC, PCDC,

etc., (4) synopses of panel discussions on topics such as how school systems operate home-based programs, how to go about converting to the home-based approach, how Head Starts implement home-based components, and how parents feel about home-based programs, and (5) complete texts of speeches by such notables in the field of early childhood and parent education as Dr. Edward Zigler, Dr. Earl Schaefer, Mr. Stanley B. Thomas, Jr., and Mr. Ray Collins. This document also contains a detailed list of participants (following the Appendices) which provides information on how the reader can obtain more information from representatives of the programs present at the conference which are described in this document.

The National Conference on Home-Based Child Development programs was attended by over 750 people--both Home Start "newcomers" as well as "veterans," researchers, educators, parents, state and local school officials, Office of Education staff, Office of Child Development headquarters and regional staff, and programs (Head Start, Home Start, Child and Family Resource Programs, Parent and Child Centers, Parent-Child Development Centers, Developmental Continuity, Experimental Programs Serving Handicapped Children, Education for Parenthood programs, and many others). The conference was a major event, signifying, on the one hand, national widespread interest in Home Start and, on the other hand, the readiness and ability of OCD to provide leadership and resources which it has helped identify and develop over the past several years. In addition to the conference audience, over 125 different people had a leadership role at the conference, as speakers, panelists, discussants, moderators, workshop leaders, etc.

Home Start has demonstrated that parents are indeed prime educators and developers of their children. Home Start has been shown to be a good idea, an idea which can come to life when people (both staff and parents) want it and are willing to develop in themselves the skills and resources on which such a program is effectively built.

It is our hope that this document will assist the reader in applying and utilizing some of these skills and resources and becoming more familiar with Home Start and other programs for parents and children.

The success of this conference was due in large part to the planning, organization, and tremendous energy of Dr. (Ruth) Ann O'Keefe, Director, Home Start and CFRP. Dr. Jim Gage provided a leadership role in assisting with publication of this document.

We are indebted to Ms. Sherry Kapfer, for organizing, writing the majority of, and editing *in toto* the report and in general taking responsibility for making the report "happen." In addition to Ms. Kapfer, conference sessions were covered by Ms. Gretchen Umbeck, Mrs. Anne App, Mrs. Dodi Sanel, and Mr. Frank Sanel.

Conference photographs were taken by Mr. Kelley Lott.

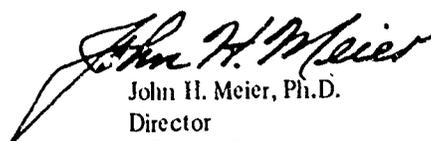
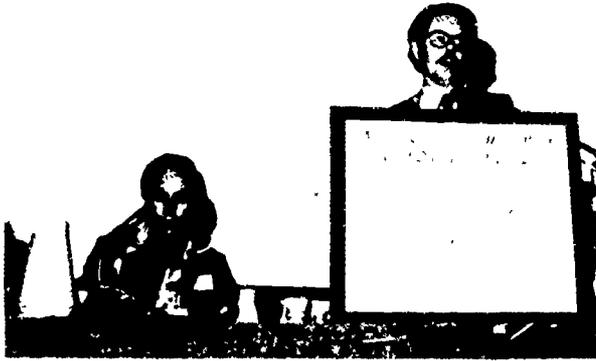

John H. Meier, Ph.D.
Director
Office of Child Development

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Evaluators Detail Home Start Findings



From left, Mr. Richard Ruopp, Mr. Dennis Deloria, and Mr. John Love.

In a general session on March 18, Mr. Dennis Deloria and Mr. John Love (both from High/Scope Educational Research Foundation, Ypsilanti, Michigan) and Mr. Richard Ruopp (from Abt Associates, Cambridge, Massachusetts) presented highlights of the Home Start evaluation findings.

"Home Start has lived up to its expectations," began Mr. Deloria. "Its evaluation design has very important features which are farsighted and unusual, and the design is largely due to the efforts of Dr. Ann O'Keefe and Dr. Esther Kresh, OCD Project Officer for Evaluation, who was unable to attend the conference due to illness."

Mr. Deloria elaborated that the evaluation design allowed for a true experiment, was comprehensive, used a variety of people, information, measures, and methods, and allowed adequate planning and start-up time. He commented that the design provided for random assignment of families to treatment groups by over-recruitment, which compensated the families who did not receive treatment by promising a guaranteed enrollment the following year.

"By successfully approaching the random assignment problem this way, we have been able to obtain the most conclusive set of findings for any similar national program," he said.

Relating that the evaluation was composed of three parts, he described the first part (the summative evaluation) as a set of tests, questionnaires, and rating scales used on a pre- and post-basis (namely, at 7, 12, and 18 months after enrollment in the program). The second part (formative evaluation) consisted primarily of two site visits per year to local programs during which evaluators interviewed staff and families and observed home visitors and families on actual home visits to provide case studies of all 16 programs.

The third part, an information system, consisted of a series of report forms completed by the 16 Home Start

programs on a quarterly basis and containing information not obtainable from other measures on characteristics of staff and families, documentation of services provided, etc. Mr. Deloria noted that cost data were also gathered.

He remarked that in spite of the comprehensive design (which included measures of social/emotional development, nutrition, physical development, child school readiness, and mother interaction with child, family, and community), there were still many questions when evaluators began work. Areas such as whether randomization would work, whether testing could feasibly be done in homes, whether locally hired testers could be trained and how data would be collected were questioned, but he noted that all of these concerns had been worked out successfully. He also mentioned that evaluators had concerns about the best way to analyze and present the data collected.

Mr. Deloria then told participants that all 16 sites were included in the formative evaluation, and six of these were included in the summative evaluation. Data were collected twice a year on three groups of families: the Home Start children's families, families in the delayed-entry control group, and Head Start families. These data were collected primarily to answer two questions: whether Home Start families would show any improvement over control group families, and whether Home Start families were able to keep pace with Head Start families. He stated that during the spring of 1975 evaluators were also attempting to find out if there was a difference between families who had been in the program for two years and families who had only been involved for one year.

Next, Mr. Love turned to summative evaluation results. He said that evaluators felt most confident of findings comparing Home Start programs with control groups, because they seem to be representative of all 16 Home Start programs. He noted that less confidence was felt about the Home Start-Head Start comparison due to

known differences at entry into the program and an uncertainty as to whether the Head Start programs tested were representative of all Head Start programs.

Mr. Love stated that 7-month outcomes were measured by the Pre-School Inventory, the Denver Developmental Screening Test, and a variety of other instruments. On the Pre-School Inventory, a measure of children's achievement in areas related to school readiness, Mr. Love said that the Home Start children gained significantly more than control group children. The Home Start children also gained more on the Denver Developmental Screening Test's language scale. Seven-month outcomes also showed that the Home Start children were more task-oriented than control group children and had few differences in development and nutrition from control children. (Both Home Start and control children were below national norms on the physical development and nutritional assessments used.) He said that Home Start was found to be effective in improving medical care, and that doctors had been seen more frequently, more recently, and for more preventive medicine in Home Start families than in control group families. He related that Home Start produced more desirable changes in the ways mothers interacted with children, and noted that Home Start mothers spent more time with their children and provided more positive support for their children. He also said that Home Start had been effective in getting the parent more involved in the community.

Mr. Love then spoke of 12-month outcomes, noting that Home Start children continued to fare better than control children on child development measures and that Home Start was producing an important change in this area. In the area of social/emotional development, he said that Home Start children showed significant differences over the control group on three measures. He noted that 12-month outcomes still indicated better medical care and more preventive medicine for Home Start families, and also reported that Home Start was impacting on the home environment and maternal influence in that Home Start children had more materials and playthings in the homes than control group children.

Mr. Love concluded by saying that the Head Start/Home Start comparison produced fewer differences and seemed less reliable. He noted that there was some indication that some of the differences were probably related in large part to the differences between center- and home-based services. (For example, a center-based Head Start program may serve a day care need by the nature of the service provided in the center, but a Home Start program, by definition, does not serve a day care need.)

Mr. Ruopp then told participants about the formative evaluation, which he commented was extremely impor-

tant to provide a descriptive context for statistics and scores.

He noted that although he had viewed Home Start with some "suspicion" in its early development, he felt that the success of the program was due to the caliber of the dedicated and committed home visitors and to the way that they provided for an integrated, comprehensive service delivery system.

"The home visit is where it all happens," he said, "and a home visit will describe the activities that are going on and show you the highly interactive structure in Home Start."

Noting that some programs started with two home visits per week and then reduced the number to one per week, Mr. Ruopp stated that most programs found that regular visits of 1 to 1½ hours' duration seemed to be most effective.

"Home visits have a very rich context," he said, "and are extraordinarily complex. We are still uncertain as to whether the program should be one year or two years, but data indicate a fair amount of family turnover and the school year seems to be the general model."

Turning next to cost findings, Mr. Ruopp related that personnel costs generally use 73-78 percent of the budget (including approximately 65 percent for salary and wages, 7 percent for fringe benefits, and 6 percent for consultants and contract services); travel costs are roughly 8 percent; space rental is generally 2 percent; consumable supplies use about 6 percent; equipment costs are about 2 percent, and other costs use up the remaining 3 percent.

He compared the Home Start cost per child of \$1,376 to the 1974 full-year Head Start cost per child of \$1,763, but he cautioned that it cannot be argued that Home Start is more cost-effective than Head Start due to inherent differences in the programs. He did say that the good outcomes across all local programs indicate the strength of the Home Start concept and an increase in self-reliance and confidence for Home Start families.

Commenting that salary scales in Home Start programs should be adjusted for cost of living and Regional differences, he suggested that funding for programs should be adjusted to compensate for these variances.

In conclusion, Mr. Ruopp said, "There are other issues to be resolved. The issue of males in Home Start must be dealt with; there is no evidence that females have more maternal instinct than men. The push is coming; unemployment promotes getting children into day care. Education does not solve poverty, and poor children plus compensatory education does not equal non-poverty. The most important present resource for children is US, and we need to take better care of each other if we want to do something for our children."

O'Keefe, Antoine, Williams, Mudge-Lisk Welcome Participants to Conference

Participants in the National Conference on Home-Based Child Development Programs held in St. Louis, March 18-21, 1975 heard official welcoming remarks from Dr. (Ruth) Ann O'Keefe, National Director of the Home Start and Child and Family Resource Programs, Mr. Harold Antoine, General Manager of the Human Development Corporation of Metropolitan St. Louis, Dr. Kenton Williams, Director of the Office of Child Development for Region VII, and Mr. Henry Mudge-Lisk, Assistant Regional Director for Human Development for Region VII.

After greeting the 750 conference participants (including school system and State departments of education personnel, representatives from various governmental agencies, State Office of Child Development Directors, Head Start staff, Home Start and Child and Family Resource Program staff, parents, and representatives of a wide variety of other programs interested in the home-based concept), Dr.

O'Keefe commented that the conference originally planned seemed to have become a convention. She noted that she was delighted with the turnout and added that she hoped that those who gave their valuable time and effort to attend would find the week worthwhile and would take information presented at the conference back to their programs or agencies.

Following Dr. O'Keefe's remarks, Mr. Harold Antoine briefly welcomed all conferees to St. Louis, encouraged them to take time to visit the city, and said he hoped that they would choose to return to St. Louis for future conferences.

In his remarks, Dr. Kenton Williams said that it was a great honor to host once again a Home Start child development conference. Noting that he was proud of the accomplishments of Head Start over the past ten years, Dr. Williams cited two Head Start demonstration programs in Region VII (the Wichita, Kansas Home Start program and

Gening Nebraska CRP) as outstanding programs providing new ways of delivering services to families. Stating that concepts and ideas lead to innovations in the delivery of human services, Dr. Williams urged participants to glean ideas regarding how other programs can incorporate the ideas implemented in the Home Start program.

Following Dr. Williams, Mr. Henry Mudge-Lisk extended greetings from the Region VII Office of Child Development Regional Director, Mr. Max M. Mills, and introduced Mr. Stanley B. Thomas, Jr., Assistant Secretary for Human Development, U.S. Department of Health, Education, and Welfare. Speaking of Mr. Thomas as a dynamic man, who brings a sense of "no-nonsense" leadership to his job, Mr. Mudge-Lisk then provided a few biographical details about Mr. Thomas and listed the key programs in the Office of Human Development for which Mr. Thomas is responsible.

Thomas Addresses 'Child Development In Whose Best Interests?'

In an address to conference participants in a general session on March 18, Mr. Stanley B. Thomas, Jr., Assistant Secretary for Human Development, U.S. Department of Health, Education, and Welfare, spoke of recent developments in the field of child development and their effects on society.

Mr. Thomas noted the convergence of two trends: the evolution of the concept of child development and deterioration of the support system for family life, and remarked that Head Start and Home Start programs have realized the potential for effecting change and have learned how to make a viable and effective change strategy for children.

(For the complete text of this address, see Appendix A.)



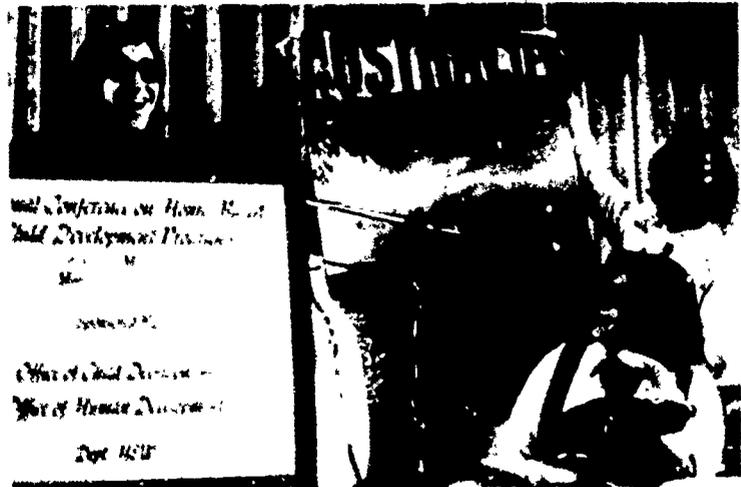
Mr. Stanley B. Thomas, Jr.

O'Keefe Announces Departure for Australia

Dr. (Ruth) Ann O'Keefe, National Director of the Home Start and Child and Family Resource Programs, officially announced to conference participants that she would be taking a leave of absence from her position in Washington, D.C. and spending the rest of 1975 in Australia.

After informing attendees that Dr. Jim Gage, who has been working with both the Home Start and CER programs since their inception, would become the Acting Director of both programs until her return (in January 1976), Dr. O'Keefe outlined her plans for her stay in Australia.

She said that she had been invited to teach early child development in a special program at Macquarie University (the largest teacher training university in Australia). Her teaching will assist the Australians with modern child development theories and techniques with special emphasis on the concepts exemplified in Home Start and CERP. The course will be



Mr. Carson Patterson, left, Executive Director, Region II Community Action Agency, Jackson, Michigan, and Dr. Kyo Jhm, Home Start Director, Huntsville, Alabama, present Dr. Ann O'Keefe with farewell gifts and a hom voyage poster at the dinner meeting held on March 19.

attended by about 50 participants, most of whom are faculty members of teacher training institutions throughout Australia.

Dr. O'Keefe also announced that she and Mr. Howard Lesnick, a member of the Home Start/CERP support staff, may be working

jointly with UNESCO to develop guidelines for home based programs which can be adapted by different countries to their own needs.

Participants wished Dr. O'Keefe a happy and exciting trip and told her that they would be looking forward to her return.

Schaefer Outlines Research on Parent-Focused Child Development Programs, Emphasizes Need to Work With Parents

In a general session on March 18, Dr. Lari Schaefer, Professor of Maternal and Child Health at the University of North Carolina, told conference participants that with them lay a large part of the responsibility for the future of education, the future of comprehensive child development programs, and the future hopes of parents, children, and professionals.

"We are here to share our successes, experiences, hopes, and dreams, as well as our failures and how to learn from them," Dr. Schaefer began. "We need to plan for the future and think of the needs of professions now."

As a first step in this planning, Dr. Schaefer discussed the research leading to parent-centered intervention and the emerging consciousness of the need to work with parents.

Using the title of a book he read in college (*Id, as Have*

Consequences) Dr. Schaefer emphasized that any idea can have consequences and effects just as the ideas and research that led to the development of Home Start yielded a new paradigm and a new model which stressed the importance of working with parents.

Acclaiming Skeels and Skodak, Hunt, Gray, Weikart, Gordon, Karnes, Levenstein, Zigler, and O'Keefe as pioneers in the development of home-based programs, Dr. Schaefer stressed the importance of looking at people's strengths, skills, and potential.

Tracing the history of child development trends, Dr. Schaefer remarked that first we thought there was a need for *early* education, secondly we were stuck with the need for *continuing* education, and only recently has there been a trend toward *parent-centered* education encompassing all the years from birth to maturity.

Noting that Dr. Edward Zuckerman has for years maintained that the basis of a child's education stems from the interactions of the child with his environment, Dr. Schacter said that we still have not succeeded in developing the comprehensive view of education. He added that our role must be that of leaders, organizers, and resources to build the role of parents, and said that we must promote positive growth (not treatment or remediation) in order to attain equality of education for all.

Referring to the research of Hovv, Bronfenbrenner, Lazar, and Chapman, he noted that they all found that intellectual skills developed most significantly in the first three years of life, and that school entry does not seem to change children's level of development. Stressing that schools cannot educate children without the skills and assistance of their parents, Dr. Schacter emphasized the need for the early development of skills at home so that the child could later function in the classroom.

Noting that he had learned from the mistakes made in his parent-focused home tutoring program in the mid-sixties, Dr. Schacter urged participants to work with parents rather than to do things for them.

Commenting that often people have a tendency to translate "parents" to mean "mother," Dr. Schacter said we must do all we can to involve both men in education and child care.

Dr. Schacter then spoke of the problem his home tutoring program had had in achieving long-term results in contrast to the long-term results obtained for children participating in programs such as Dr. Steinberg's and Dr. Hedy Eisenstein's.

Expressing concern over the fact that many professions

seem to be discrediting the family, and to pit it, when mother and father are separated from their infant, Dr. Schacter stated that consultation, support, and training would be available to all parents.

"Home Start has broken out of the standard path to be providing an alternative and an option to center-based care," Dr. Schacter said. "But our children need care in centers, thus we should work with everyone in developing new means for child care and education."

He further stated that Home Start has done much to enhance the role of parents, and that the demonstration program had a variety of experts which should be extended to all programs in the country.

Stressing the need for a new consciousness of parents and an attempt to make them more of resource information, and materials available to help them educate their children, Dr. Schacter said that a positive approach emphasizing the positive about children is needed for brother-in-lawment, or sharing them.

He urged that survival and security are necessary prerequisites before anyone can promote the growth and development of children, and urged that people lobby to more cost-effective payment for low-income families.

Acknowledging that it is not always that money can be used to begin working with parents, rather than focusing on children, Dr. Schacter emphasized the necessity of training paraprofessionals and professional staff, support of parents, and conveyed his wishes to all participants to continue to provide excellent education and alternatives to parents.

After the complete text of this address is available by ERIC.



Dr. Ed Schacter

Rosoff and Zigler Acclaim Head Start and Home Start Successes



Mr. Saul R. Rosoff

At a luncheon on March 15, Mr. Saul R. Rosoff, Acting Director of the Office of Child Development, introduced Dr. Edward Zigler, former Director of the Office of Child Development and currently the Head of the Psychology Section at Yale University's Child Study Center.

Commenting that Dr. Zigler played a key role in the development of Head Start, Mr. Rosoff spoke of Dr. Zigler's conviction of the overriding importance of parents in the home and his concern regarding assuring the individual needs of families and children that led to the design of the Home Start program. Noting that the home-based option provides a valuable supplement and alternative to the Head Start program, Mr. Rosoff said that Home Start has been one of many initiatives used in improving the lives of our nation's children.

"Head Start and Home Start: Their Past and Their Future"

"It's tough to be an advocate for kids but nobody promised it would be easy," began Dr. Zigler. Noting that times have changed since the mid 1960's when it was very easy to be an advocate for children, Dr. Zigler cautioned attendees not to be overcome by criticism and pessimism regarding the achievements of Head Start and its experimental programs. While stating that it takes courage to be willing to admit that one has been wrong and that this is a valuable quality, Dr. Zigler said that he felt basically optimistic about the Head Start program's achievements.

"Although Head Start has not done as well as I would like, it has done better than I expected," he said, "and its accomplishments are due to the good works of individuals."

After publicly thanking Mr. Stan Thomas, Mr. Saul Rosoff, and Dr. Ann O'Keefe for their leadership and dedication, Dr. Zigler mentioned some of the hostile criticism of Head Start by those who feel that it lacks compensatory effects, or that it expects too much.

Although he agreed in part with some who have felt that Head Start was overly optimistic, Dr. Zigler then listed some of the positive accomplishments of the program. Citing its record in the health and nutrition field, Dr. Zigler emphasized that Head Start has corrected unnumberable physical defects and nutritional problems in enrolled children.

"Why we made up parent involvement," he continued. "It didn't even exist before 1965, and we've demonstrated that parent involvement can be done and is worth doing. We've developed a cadre of socially involved leaders in minority and disadvantaged groups."

Lamenting that the Westinghouse study is commonly quoted regarding Head Start's failures, Dr. Zigler referenced the Kirschner Report, which cites 1,500 identified incidents of improved delivery of health and educational services to children in Head Start communities.

In addition to Head Start's success in improving services to children, Dr. Zigler also emphasized the career development component and stated that Head Start has placed over 10,000 people in college programs and is allowing them to pursue professional roles in child care programs.



Dr. Edward Zigler

Since Head Start children experience greater gains than children in control groups, Dr. Zigler noted that those who speak of the failure of Head Start base this statement on the finding that the gains were not maintained in

school and said that he felt this was perhaps more an indictment of schools than of Head Start.

"I am forced to concur with Dr. Urie Bronfenbrenner and Dr. Sally Ryan," he said. "There are these two critical factors: first, that parents should be involved in training their own children, and secondly that we must get the schools to follow up Head Start with further efforts."

Dr. Zigler commented that Head Start has been an *evolving* concept throughout the years and that it may be a victim of its own evaluation procedures. Stating that there is as much or more variation *within* the Head Start program as there is *between* Head Start and non-Head Start programs, Dr. Zigler cited parent-child advocacy programs, Planned Variation, Home Start, the Child and Family Resource Program, and Health Start as some members of the family of programs that have evolved from the Head Start concept throughout the years.

Saying that evaluation should be the servant of social policy rather than its master, he added that he hoped that previous tensions between research and evaluation staff and program people could diminish and that they could work together to adapt and expand promising efforts made to date.

In conclusion, Dr. Zigler forecast that the next decade will see a change in the direction of Head Start centers so that a variety of programs (under Head Start sponsorship) will be made available to children on the basis of the children's needs.

(For the complete text of Dr. Zigler's speech, see Appendix C.)

Huntsville and Harrogate Home Starts Emphasize TV in Educational Component

In a concurrent session on March 18, the Huntsville, Alabama and Harrogate, Tennessee Home Start programs told participants how they use the *Captain Kangaroo* television program as part of their educational component.

Both Ms. Paulette Spicer, Huntsville Home Start Coordinator, and Mr. Desmond Tatter, Harrogate Home Start Supervisor, emphasized that they use the television aspect primarily as a time for a mother with her child

Mr. Tatter also related that the

Harrogate program publishes weekly guides listing activities based on material covered in the TV series so that mothers can do them with their children. In addition, the Harrogate program also distributes weekly suggestions for home visitors on how to emphasize certain areas covered in the program to parents.

Both programs listed some of their primary goals as getting parents to talk *to* and *with* children rather than *at* them, fostering healthy parent/child interaction, and

encouraging the parents to realize that they are the most important teachers of their children.

The Huntsville program also sends out a series of weekly newsletters to enrolled families including items on topics such as family planning, health, and safety so that families can help home visitors cover all component areas.

Both programs stressed the need for accurate and up-to-date record-keeping, and regular communication between home visitors and other program staff.

Houston Home Start Plans Follow-Up Evaluation on Families

In a concurrent session on March 18, Houston, Texas Home Start Program Coordinator, Ms. Ella Guidry, told participants that the Houston program was planning an evaluation in the near future to determine the effects of Home Start on families that have been enrolled in Home Start and are now on their own. Commenting that one facet to be explored would be whether Home Start had a lasting impact on parents of Home Start children, Ms. Guidry also said that contact would be established with

the public schools to see how Home Start children are faring. She stated that the Home Start program has a good relationship with the school system particularly because elementary and school personnel feel Home Start helps children to learn.

Ms. Guidry and other Houston staff members also provided an overview of their program operations, stating that home visitors serve 3-4 homes per day for approximately 1½ hours per visit.

No set curriculum is used, but each week Houston Home Start

staff devise a lesson plan for their families, which is used in conjunction with other activities that Home Start parents express a need or desire to pursue.

The program encourages parents to make toys from homemade materials and places a heavy emphasis on parent involvement, as do other Home Start programs. Most families served live in rural areas on the outskirts of Houston. The program has several bilingual home visitors who serve Spanish-speaking families as well as black and white families.

San Diego and Fairbanks Home Starts Serve Variety of Ethnic Groups

The San Diego, California and Fairbanks, Alaska Home Start programs joined forces in a concurrent session on March 18 to outline how their urban programs serve families from a wide variety of ethnic groups and cultural backgrounds.

Dr. Allana Hovson, San Diego Home Start Director, emphasized that although many programs attempt to match the ethnic background of the home visitor with that of the families served, this is not necessary in all cases. Since Home Start is a parent-centered program, she said that service delivery to the families is provided through both the home visitor and resources in the community, and the program's primary goal must be to meet the expressed needs of parents and individual family members.

Dr. Hovson also stressed the importance of working cooperatively with the local Head Start program and compensating for difference in physical location of facilities if necessary.

The San Diego home visitors take a wide variety of materials into the homes so that parents can see the range of activities a child can pursue. Examples include fine-motor games and toys, household items, music activities, manipulatory and auditory activities, etc. Since the child and family have a wide range of needs, home visitors carry a bit of everything, including the Community Resource Book, which lists many local resource agencies, clinics, etc.

In contrast, Ms. Westeen Holmes, Fairbanks, Alaska Home Start Director, noted that home visitors in her program provide parents with a looseleaf folder so that parents can make up their own resource book throughout the year.

Ms. Holmes also commented that the Fairbanks Head Start program has been influenced by the Home Start program in that now Head Start teachers must make a home visit as part of preservice training before they begin working with their Head Start class. Home

visitors and Head Start teachers also help each other with constructive criticism, she said.

Both groups agreed that it is essential to get parents involved in the program and, if necessary, to provide transportation so that they can attend meetings with other parents.

They also both stressed the importance of informing the public as to the purpose and goals of Home Start, as the San Diego program has been doing with 3-minute television spots to inform the community about Home Start.

Ms. Holmes added that the Fairbanks program has encountered a problem with lack of peer interaction when children enter school. Since Home Start staff realize that a valuable part of growing up is learning to interact with children of the same age and size, the program has been able to provide a sort of socialization structure, which has also been of help in getting parents involved in the program.

Weslaco (Migrant) Home Start Develops 'Teen Start'

In a concurrent session on March 18, Ms. Estela Aguilar, Coordinator, Weslaco, Texas Home Start program, described her program operations, saying that Home Start serves 100 percent Chicano families in a 50-mile radius around Weslaco.

She noted that migrant workers, defined as those who work in the field and work in a radius at least 75 miles out of the state, are the target population. She related that when the migrant workers go north to work, the Home Start staff accompanies them and sets up classrooms, Head Start-style, for their children. Ms. Aguilar stated that parents are involved in meetings, policy decisions, and actual teaching.

Commenting that one of the most recent developments in the program, due to family structure, has been a "Teen Start" program, Ms. Aguilar mentioned that one



project has been developing playgrounds inside barrios.

She said that the Home Start program works with the county

extension agent for the nutrition component and staff have developed a directory of resources for the social service component.

Parkersburg and Franklin Home Starts Stress Preventive Dentistry

Two rural Home Start programs, located in Parkersburg, West Virginia and Franklin, North Carolina, described their dental hygiene and preventive dentistry programs in a concurrent session on March 18.

Ms. Susie Bradley, Coordinator for the Parkersburg program, told participants that the program had spent \$2,000 over a 2-year period to furnish its 160 Home Start fami-

lies with fluoride tablets, toothbrushes, toothpaste, mirrors, and dental floss. She noted that the program had secured the services of a consultant from HEW's Public Health Service, Division of Dentistry to familiarize staff with training in preventive dentistry. She attributed the overwhelming success of the fluoride tablet program in large measure to the perseverance and

assistance of this consultant, Ms. Alice Horowitz.

Ms. Esther Cunningham, Director of the Franklin program, related that the nurse plays a large role in the program and goes to dentists and doctors to explain the program as well as educating parents regarding dental and health problems and practices.

Wichita and Cleveland Home Starts Highlight

Parent Involvement

Parent participation is a large part of the Wichita, Kansas and Cleveland, Ohio Home Start programs, as evidenced by the concurrent session held by these groups on March 18.

Ms. Laura Daniel, Director of the Wichita program, and Ms. Dell Graham, Director of the Cleveland program, stressed to participants that parents will become interested in the program if it draws on parental strengths, such as emphasizing parents' ability to teach. Many of the families in both programs are forming their own parent groups, in addition to attending and participating actively in some center-based activities for parents.

The group emphasized the importance of flexibility regarding home visitors and stressed that the family should be allowed an opportunity to be exposed to new options and to select which, if any, fit in with their own family goals.



Both programs stressed that parents usually want to learn and that a home visitor who approaches families slowly and carefully and thus builds confidence in the parents will succeed.

"Parents can be taught to use

their local resources so that they can profit after they are no longer in the program," said a parent from the Cleveland, Ohio program. "My primary interest is for my child and family, and I will do anything I can do to improve my skills as a parent."

Gloucester Home Start Uses Variety of Resources

In a concurrent session on March 18, Ms. Betty Stressenger, Director of the Gloucester, Massachusetts Home Start program, told participants about the variety of resources that her Home Start program taps.

Although the staffing structure of the program is quite separate from that of the local Head Start (since the Home Start program has its own director, service coordinator, and six home visitors), Ms. Stressenger said that the Home Start staff has also been very suc-

cessful in finding and coordinating resources.

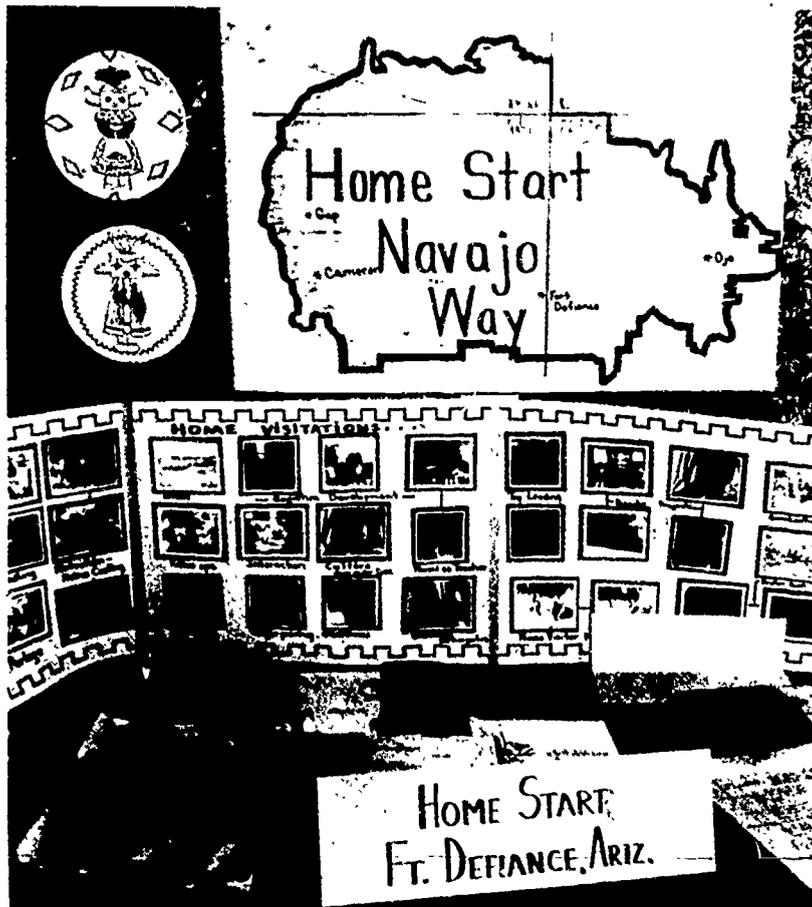
She noted that the nutrition component has used the county extension service as a resource to help obtain food stamps, surplus food, etc. and said that, in general, program staff try to use both information and people as resources.

Much interest was expressed in the program's home visitors, and Ms. Stressenger related that particular consideration in their selection

was given to people who were interested in the program, who liked people, who liked children, who were open to change, and who knew the community well.

She said that the Gloucester program has learned a great deal from visiting other home-based programs and accompanying other home visitors on visits, and she suggested that participants interested in the home-based approach also try this technique as a learning and staff development tool.

Fort Defiance Home Start Emphasizes Navajo Culture



Following a slide presentation on Navajo life and the Navajo Home Start program, Ms. Pauline Marshall, Home Start Coordinator, described the main features of the

Fort Defiance, Arizona program in a concurrent session on March 18.

She related that the program serves 54 Home Start families located over a 2,000 square mile area

of the reservation. Home visitors are all from the reservation and stress the Navajo way of life in their visits, including parent projects, cooking, and education.

Ms. Marshall said that the Home Start program is really needed particularly because of the isolated country and because most parents prefer to teach their children at home rather than sending them to boarding schools, which is the general practice.

Although she noted that Home Start staff, who are themselves Navajo, use the Navajo language daily in their interaction with families, she said that written materials in English are left by home visitors in the homes so that families have activities and materials to work with on a daily basis.

Home visits generally last from 1 to 1½ hours each, and the six home visitors usually visit four families per day. Parent participation has been good, she said, in group meetings and many parents have provided assistance with materials. The elders on the reservation assisted with the development of a hand-drawn chart which is taken into Home Start homes and depicts the life cycle.

Reno and Binghamton Programs Stress Sharing

The Reno, Nevada and Binghamton, New York Home Start programs told participants in a concurrent session on March 18 that one of the major goals of their programs is to share information with parents, rather than to give it to them.

Mr. Louis Conn, Home Start Director for Binghamton, New York, showed slides focusing on the community resources used by the Home Start program, home visits, and health services provided by the

program.

Mr. Jack Peters, Home Start Director from Reno, Nevada, added that problems with parents not keeping commitments generally stem from their not understanding the importance of home visits, and he urged participants to communicate frequently and openly with parents. He commented that parents in the Reno program assist in writing their children's curriculum, and this has been extremely successful.

Noting that Home Start programs should have a strong social service component, Ms. Barbara Keith, Home Start Supervisor from Reno, Nevada, described how the Reno program compiled a resources guide. She related that contacting parents is sometimes a problem in Reno due to late-night working hours and lack of phones in Home Start families; thus, the program conducts some home visits at night and on weekends.

Dardanelle and Millville Home Starts Discuss Goals and Objectives

The Dardanelle, Arkansas and Millville, Utah Home Start programs conducted a joint discussion in a concurrent session on March 18 regarding areas common to both programs.

Ms. Jo Ann Braddy, Head Start/Home Start Director for the Dardanelle program, related that the program serves an 8-county area and provides one home visit per week to approximately 290 children in 80 families.

Since Head Start and Home Start share staff, she noted that it

was particularly important for each program to establish its own appropriate goals, even though they may sometimes be different for the two programs. She stated that two supervisors are responsible for seeing that the goals of home visitors and families are met.

Ms. Sheri Noble, Director of Head Start/Home Start in Millville, said that she also felt that great strength resulted from having Head Start and Home Start work closely together. She commented that there are advantages in being able

to draw on Head Start experiences for Home Start staff, and vice versa, and added that the additional monies in effect have permitted stronger staffing for both programs.

Ms. Noble noted that after the first year of experience with Home Start, the staff felt the need for clearer definition of goals in each component area. Therefore, they established a monthly and yearly work plan to chart progress toward goals and pinpoint areas which need improvement.

Researchers Urge Awareness of Parental Importance in Child-Rearing

Further discussion of research on home-based programs and findings of the Home Start evaluation took place in a concurrent session on March 18, chaired by Dr. Jim Gage, currently Acting Director of Home Start and CFRP.

Dr. Earl Schaefer, Professor, Maternal and Child Health, School of Public Health, University of North Carolina, Chapel Hill, North Carolina, told participants that earlier, the "old" professionals told parents to "send us your children and we'll do the job for you." That does not work, Dr. Schaefer noted.

"Using available resources, people become aware of their own importance," he said.

Turning to the subject of IQ, Dr. Schaefer stated that the child's "ability to persist, methods, and task orientation determine his school success as much as IQ." He urged participants to focus on learning and to direct evaluations so that parents can be assisted with growth and development of their children.

"Stress specific areas, reinforce positive behavior, get the idea of the total range of the child's competence, and avoid looking for labels, pathology, and symptoms. Evaluation can help us do the 'intervention phase' better, and the Home Start evaluation is an excellent model of a broad type of evaluation," Dr. Schaefer said.

Admitting that program people have been ahead of evaluation people for many years, Mr. Dennis Deloria, Project Director for Home Start Evaluation, High/Scope Educational Research Foundation, Ypsilanti, Michigan,

commented that changes should not be expected too soon.

"Program people march ahead, and science marches along, but behind. We are starting to involve program people more and more with evaluators due partially to the Head Start experience, from which we have found some very constructive input to the evaluation process. We are starting to structure the outcome evaluation to match what program people are trying to do," he said.

Mr. Richard Ruopp, Vice President and Project Director for Home Start Formative Evaluation, Abt Associates, Cambridge, Massachusetts, commented that a large number of program people provided feedback to help shape the evaluation questionnaires and they developed indicators themselves which assisted evaluators in gathering and disseminating this wealth of knowledge and data.

In response to a question about turnover among families in the Home Start program, Mr. Deloria answered that there was a 20 to 22 percent turnover after only six months of the program but that this tended to stabilize after seven months.

Dr. Schaefer queried whether the effects of the home visitor in doing his/her job could be tested, and Mr. Deloria responded that, by and large, there was no clear relationship of home visitor characteristics to outcomes. He noted, however, that evaluators now have some insights into that area, although they have no clear findings.

Dr. Gage remarked that this evaluation offers a broad

vista of new considerations, such as whether other programs are overwhelmed by the variety of needs and qualifications involved in the selection of a home visitor and the fact that no institutions currently exist to train this new cadre of workers.

In response to a question as to whether Home Start programs incur more social service costs than center based programs, Mr. Deloria stated that home-related, social service-type problems are more visible in home-based than in center-based programs and that therefore more resources are likely to be used. Whether this would result in additional social service costs was largely up to the ingenuity of the programs in mobilizing available resources, he said.

Dr. Schaefer then noted that although a teacher can describe a child in detail in one minute, based on observation of intelligence and task orientation, gregarious and verbal tendencies (or shy and inhibited qualities), and tolerance/hostility measures, mothers and fathers can also describe their child just as well but their descriptions are considered much less valid because of their personal involvement.

Asked what effect the Home Start program has had on parents and how this was measured, Mr. Deloria responded that there are three primary measurements: scales (on which the parent makes a self-report), an eight-block sort task, and an analysis by testers of mother-child interaction. Specifically, the scales consist of

one which measures home environment and the mother's involvement with the child in informal ways, one measuring the child's involvement with the mother's tasks, one measuring the number of times the mother reports teaching the child, one reporting the number of books in the home and how frequently the parent reads to the child, and one measuring the number of certain common items or playthings in the home, such as paper, tape, etc.

The eight-block sort task involves teaching mothers how to sort four kinds of blocks into four slots, and mothers then teaching this to 3-5-year-olds. This is taped and coded for the mother's teaching styles.

The testers also note how many times the mother praises and scolds the child during the visit.

"We found that after seven months of being in the program, the Home Start mothers related better with their children," Mr. Deloria said. "They teach more and better and they have more materials at home in contrast to the control group."

Dr. Schaefer concluded the discussion by saying, "It is universally more effective if parents are involved in teaching. Also, children teach children, and children who teach learn more than children who are taught. Children teach and learn with everyone. We need to educate the schools to reach out to use community resources, parents, and families. We're all learning and teaching and need to share with each other."



Participants at a general session of the conference

Participants Recognize Critical Need for Network of Community Resources

Conference participants agreed, in a concurrent session on March 18, that community resources comprise a vital part of a home-based program and discussed various ways of mobilizing them.

Ms. Mary Jo Rudolf, Resource Specialist for the San Diego, California Home Start program, related that the San Diego program has compiled a list of the most valuable community resources. This list is given to families for use in their homes as a ready reference. She noted that the list has been translated into all languages needed by various ethnic groups enrolled in the program, and said that it has been revised after the original complete list was found to be too bulky and hard to use.

She commented that Home Start staff often take families on visits to resource agencies to familiarize them with the services available and emphasized that home visitors must be familiar with the community so that they can find agencies to pro-

vide services to families quickly when needed.

A member of the Houston, Texas Home Start staff noted that the Houston program attempts to get parents involved in seeking help from local government and tries to help parents become independent in finding their own resources.

A Dardanelle, Arkansas Home Start staff member also encouraged participants to get parents involved politically and to let politicians know their problems.

Ms. Marian Campbell, Social Services Specialist from the Las Vegas, Nevada CFRP, cautioned that staff should always make certain of an agency's actual capability (and willingness) to meet a commitment, before asking it to help families. She also noted that it often takes time before agencies really begin to cooperate with a program, and said that her staff actually went through agency processing themselves so that they would know exactly what would be ex-

pected of families seeking agency assistance.

Ms. Arlene Ryan, Specialist in Library Resources, Home Start/CFRP Support Staff, Washington, D.C., emphasized the importance of the local library as an information and referral service. She noted that bookmobiles can be an excellent source for getting educational materials into the community and explained that the library provides a good circulation device for materials on resource agencies.

In summary, participants voiced the following suggestions for using resources. (1) share facilities and help fill gaps with other agency programs, (2) use television and radio to get your messages across, (3) ask specialists to provide guidance on resources, (4) use high school students and school systems as a resource, and (5) invite community resource people to your meetings so that families and staff in your program can get to know them.

Randolph, Judge, and Shearer Discuss Head Start Services to Handicapped Children

In a concurrent session on March 18, Dr. Linda Randolph, Director of Health Services, Office of Child Development, Washington, D.C., and Dr. Dom Judge, Pediatrician and Consultant to Head Start, Home Start and CFRP, discussed what the recent legislative mandate (OCD Notice N-30-333-1, dated 2/28/73) that Head Start must serve handicapped children means and how it has been implemented.

The key issue, according to Dr. Randolph, is how to provide services to handicapped children in a

mainstream setting, rather than segregating other children from the handicapped.

When Head Start began to implement the legislative mandate, a survey was conducted of all Head Start grantees using diagnostic criteria for professionals to assist in identifying or locating handicapped children, Dr. Randolph said. She stressed that professionals must diagnose handicaps, and that they can not merely be observed or perceived, or estimated by program staff who lack the certification to make such

diagnoses.

In locating handicapped children, Dr. Randolph noted that Head Start found some agencies that were providing only part of a total program (such as speech therapy, etc.) and did not meet the mandate for provision of comprehensive services. She also mentioned that many programs were already providing Head Start-type developmental services to handicapped children, and had been doing so well before the Congressional mandate.

"It was never intended that Head Start become the sole agency for providing for preschool handicapped children," she said. "It (Head Start) was meant to round out developmental services, to provide linkages with other agencies, to look for referrals, to help in diagnosis, and to help in training staff not only in practical matters but also in providing resource people to assist teachers and parents in working with handicapped children. We had to approach this with no additional funds to offer, but it has usually worked quite well, and 50 percent of our services to handicapped children now come from other agencies."

Noting that the home-based model and other variations in the standard center-based Head Start model have helped, Dr. Randolph stressed the idea of individualizing services so that handicapped children would benefit from the program while at the same time other children in the program would benefit from being with the handicapped.

The next step, Dr. Randolph said, is working with the school systems to provide ongoing services for handicapped children after they leave Head Start, according to their individual assessed needs.

Mr. David Shearer, Project Director of the Portage Project, Portage,

Wisconsin, emphasized that handicapped children are more *like* normal children than they are *unlike*. They have the same developmental needs, he said, and their needs must be assessed in basically the same way.

Concurring with Mr. Shearer, Dr. Judge added that there has often been too much emphasis on putting a label on handicapped children. Stating that many of the same skills and talents are needed to work with both handicapped and non-handicapped children, he asserted that special care and attention should naturally be given when needed, just as special resources and referrals should be provided as necessary.

Eicher Calls Nutrition 'Family Affair'

Ms. Esther Eicher, Senior Nutrition Specialist, OCD, Washington, D.C. told participants in a concurrent session on March 18 that nutrition is a family affair and should be a major part of any home-based program's health component.

With assistance from Ms. Carol Mollner, Nutrition Specialist, OCD, Kansas City, Missouri, Ms. Eicher described some of the essentials for a good nutrition program.

Ms. Eicher began by stating that the goal of the nutrition component of any child-oriented program is to ensure that the child attains or maintains the best possible nutritional status, both for the present and for the future. She said that this goal must be expressed in terms of actual food, eating, and related information appropriate to family needs, patterns, preferences, and resources.

Ms. Mollner added that in home-based programs, this involves trying to ensure that the families (1) have or gain access to resources to provide an adequate diet, (2) realize what differences food makes to the growth and development of the child, and (3) have or gain access to information about the many ways possible to have an adequate diet, various food preparation methods, avenues for stretching the food dollars, and a variety of other home management techniques as appropriate.

Noting that the whole family should benefit from a well-planned nutrition component in the home-based program, Ms. Eicher then listed the following steps needed to accomplish this:

1. Food and nutrition needs must be identified with the family based on family resources, results of physical examinations of the child regarding growth data, hemoglobin, etc., equipment available, and other assessments by and with the family.
2. A plan must be evolved with the family to meet the most immediate needs - e.g., perhaps for food itself and for meeting other related needs and goals of the family, and such a plan must be based on the family's patterns and preferences.
3. Along with the plan, needed resources must be identified and families must be informed regarding where and how to obtain assistance. Examples of such resources include money, food stamps, emergency food banks, support persons (such as other mothers with food preparation skills to share, home economists, nutritionists), space and equipment needed for any group work, sources of equipment for the home (such as welfare equipment funds), etc.
4. Someone must be available and responsible to put this all together.

Ms. Eicher commented that all available resources must be utilized, whether governmental or private. Although she said State and local public health nutritionists usually have the most up-to-date information on resources, she also suggested that home visitors have an ideal opportunity for becoming friends and advisers to Home Start families and can then serve as resource people to assist with development of nutritional goals for the families.

Home Start Panel Agrees Parent Involvement Stimulates Better Parent-Child Interaction

"Parents want to share," began Mr. Jack Peters, Reno, Nevada, Home Start Director in a concurrent session on March 18. "Parents have lots of experiences, joys, and problems to share, and the Home Start program can help them do it," he said.

Explaining that the Reno Home Start conducts two or three formal training sessions per year for parents, Mr. Peters described its parent involvement program. He stressed that activities planned for parents should be realistic and should originate from parents. The Reno program includes parents in all phases of the program, including the development of goals and objectives for Home Start and Head Start, as well as Policy Council meetings, Head Start activities, etc.

"Two years ago we had almost no parent involvement," added Ms. Barbara Keith, Reno Home Start Supervisor. "We sent out letters to all parents inviting them to a meeting, and only 5 out of 85 attended. So we met with parents and found that they didn't feel the Policy Council or center meetings were relevant."

Parents in the Reno program suggested that they select the topics for their meetings, and attendance started to grow. Pediatricians spoke, sessions on hair cutting were held, and as activities began to be geared to parental interests, the parents became more relaxed and more familiar with the staff. All of this resulted in a strong Policy Council and a tremendous increase in parent participation, Ms. Keith concluded.

"Parents need to know what participation can mean for them before they'll participate," commented Ms. Darta Glenn, Policy Council Vice Chairperson, Cleveland, Ohio Home Start.

"Home Start is a wonderful way to bring about better understanding between children and their parents," she added. "Since I've been in the program, I've learned to participate in my child's activities, to recognize that every child is different and has his own feelings and emotions, and to prepare for what's ahead in my children's development, and I've learned that I, as a parent, am

responsible for deciding what I want my children to experience. Children need only a little bit of guidance and a little understanding in most cases, and they should feel that they can come to their parents to ask questions freely. Parents should supervise activities, but they should also let the children experience for themselves. You have to understand yourself as a parent, what your obligations are, and what your children really mean to you in order to participate fully and this is what Home Start has helped me do," she concluded.

Following Ms. Glenn's remarks, Ms. Betty Zenker, Policy Council Chairperson, Bismarck, North Dakota CFRP, outlined the steps taken by the Bismarck program in its parent involvement process.

She began by stating that when a family is enrolled in the program, it receives a "parent packet," which explains the program's purpose, activities that parents can do with their children, the program's administrative structure, and job responsibilities of various staff.

Next, the family completes a Parent Questionnaire detailing (1) what the family needs to know (including things such as how to manage a budget, where to get food stamps, how to apply for welfare, etc.), (2) what the family would like to know (skills such as crocheting, sewing, upholstering, cooking, etc.), and (3) what the family already knows and areas in which it could probably help some others.

From the questionnaire responses, the program can determine how many parents are interested in various areas and can plan parent services accordingly. To date, parents have heard speakers, held discussions about, or participated in demonstrations on nutrition, household hints, early stimulation classes for 0-3-year-olds, discipline, children's emotional levels, etc.

A center committee also meets periodically, Ms. Zenker added, to arrange social activities where parents can meet other parents. Parents also serve as classroom volunteers in the Head Start program and thus interact with staff, in a partnership arrangement.

Elovson Advocates Simple Assessment Procedures



Dr. Allana Elovson, Mr. Mark Sullivan, and Dr. Pam Coughlin address session on assessing needs.

Dr. Allana Elovson, Home Start Director, San Diego, California, told participants in a concurrent session on March 18 on assessing needs of individual children to keep the assessment simple and down-to-earth.

"Assessment should result in planning a profile for action," she said. "It should be prescriptive and tell you where to go and what to do. Most assessment is information gathering or observation and if there are no constraints, there are no problems with assessment."

Noting that there are two facets to assessment, "Ask 'ems" and "Watch 'ems," Dr. Elovson related that it is best to try to get a comprehensive picture, constructed from simultaneous input. She stressed that assessment must be reliable and valid, and that assessment is a changing process.

"In the old days, we used to feel that if we got a good measure, it would be reliable, and we designed measures to get reliability," she said, "but we often found out they were not valid."

Describing some of the pitfalls the San Diego program found in approaching assessment, Dr. Elovson said that you must know what you're looking for, you must listen very carefully to parents since they know much more about their children than you do, and you should design some kind of inventory of concepts, attributes, and relations. Without telling the parents what this inventory is, you can approach parents by saying you are interested in what the child is ready to learn next and use a tape recorder with the child to obtain some idea of the child's ability to recognize items, verbalize, and express himself. She emphasized that this technique will show parents that everything has "teaching" potential, it will determine how children can generalize, and it is not threatening. Dr. Elovson commented that the inventory is performed every

six months in the San Diego program, and data are recorded on forms and later translated to charts.

Dr. Elovson emphasized that all assessment is partial, temporary, continuous, and ongoing, and that it should instruct both parents and staff and should lead to a plan of action.

Mr. Mark Sullivan, Systems Coordinator, Jackson, Michigan CFRP, then mentioned that in his program the approach is largely medical and social. Medical assessment, parent input, and staff input comprise the medical assessment. In terms of social development, he said the program offers four options: home-based, center-based, cluster care, and day care.

Noting that upon a child's enrollment, extensive medical screening (including vision, dental, hearing, and nutrition) is performed, he said that assessment helps staff work with parents to develop approaches for children.

"We have staff people working with parents and children to decide which options are best for children," he said. "We try to meet as many needs as possible so we can reduce stress and therefore help remove pressure on our families."

Dr. Pamela Coughlin, Director of Special Programs, OCD, Washington, D.C., remarked, "We don't have all the answers. We are interested in the whole child, and we don't believe in only one assessment instrument."

She noted that the Judge Baker Guidance Center has designed a new instrument for use with Head Start programs for which results will be available in June 1975.

"Although we don't have all the answers, we are trying hard. Many instruments are being used, and we must test and evaluate all of them to determine the good ones," she said.

Johnson, Robinson, Gage Describe Programs Serving 0-3-Year-Olds

In a general session on March 19, participants heard a panel discussion chaired by Mr. Howard Lesnick, Home Start/CIERP Support Staff, Washington, D.C., on various programs funded by OED serving 0-3 year old children and their families.

Mr. Lesnick began the session by listing the reasons that Dr. Burton White (Harvard University) feels this age is critical, namely that the foundations of educational capacity are built during this period, including language development, curiosity, social development, and the roots of intelligence.

Parent and Child Centers (PCCs)

The first speaker, Mr. Rick Johnson, Chief, Parent and Child Centers, OED, Washington, D.C., described the history of the PCC program, variations in program models, demographic data, and significant outcomes to date.

Commenting that the PCC program began as a demonstration program representing a natural outgrowth of the Head Start experience, Mr. Johnson informed participants that 36 PCC programs were initially funded at \$175,000

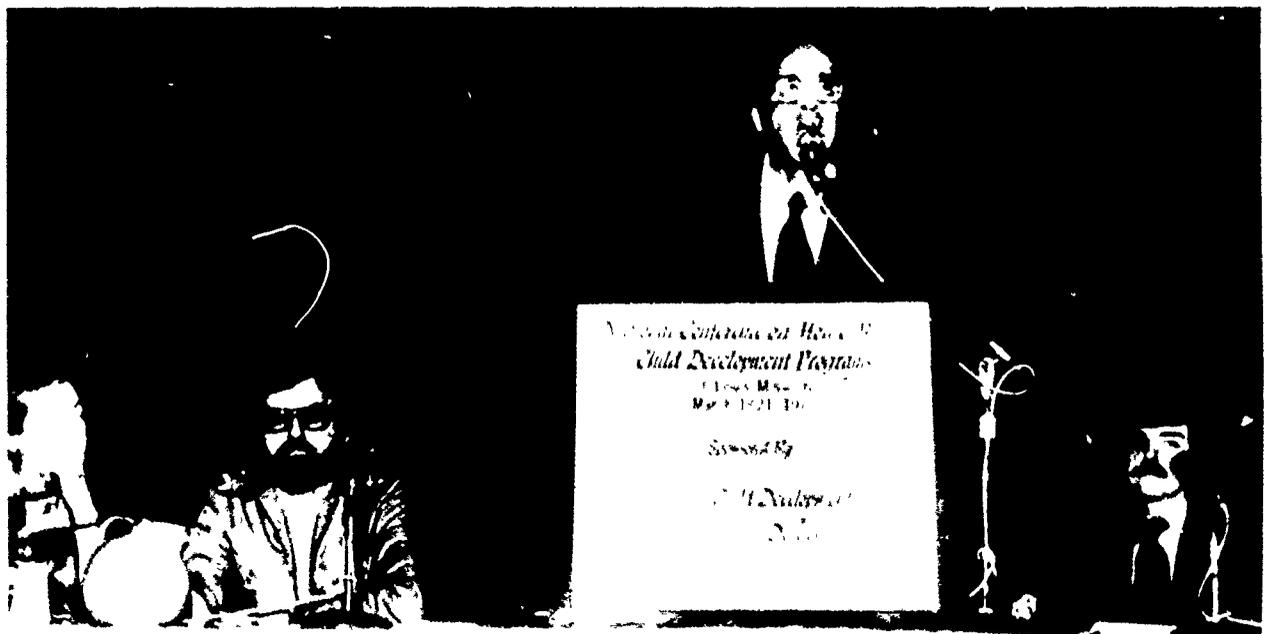
each by OED in 1967, based on the recommendations of an HEW and a White House task force.

Goals and objectives of the PCC program included: (1) improving the overall developmental progress of 0-3-year-old children, (2) increasing parents' knowledge of their roles as teachers of their own young children, (3) strengthening the family and its functions through parent involvement, (4) creating community awareness in the parents of infants, and (5) serving as a locus of research for the above.

Currently OED administers 33 PCCs, Mr. Johnson added, the remaining three are now known as Parent Child Development Centers (PCDCs) and are funded primarily for research purposes.

Remarking that the general concept entails serving 0-3 year-olds, Mr. Johnson noted that there is a good deal of flexibility at the local level in program models. Some models are entirely center-based, some are completely home-based, some provide a combination of center- and home-based services, and some provide only home-based services to one group of families while other families receive only center-based services.

Noting that PCCs have not been able to accumulate



From left, Mr. Marv Robinson, Dr. Jim Gage, Mr. Rick Johnson, and Mr. Howard Lesnick

one body of research relevant to all programs, a lack of evaluation fund. Mr. Johnson related the following data which he had analyzed and out-cast on all six programs.

According to Mr. Johnson, all six PCCs incorporated a center concept. Twenty-two of the 33 PCCs incorporated a group concept while 12 of the 33 incorporated children not already enrolled in the program in their child contact stimulation.

Seven PCCs incorporated with 13 strategies in Community Action Programs, 12 operated and a delegate centers, three strategies in university, two programs operated by cities, three in limited purpose agencies, and two in private centers.

The PCC in Philadelphia offers the family day care approach and serves children 0-2. Another PCC pays parents a stipend or supplement for parent training, they operate out of housing projects and come six after a brief five minute.

Commenting that PCCs must differ due to differences in historical, economic, culture, etc. Mr. Johnson informed participants that the most significant correlations with parent and children were found when a combination of the center and home based approach was used and when parents were more completely involved in the program, since their role, understood the purpose of the program, and participated actively in all program phases.

At an afternoon session at the conference, participants asked questions and were provided with a detailed description of the Portland, Oregon PCC by Mr. Tom Raley, Education Coordinator of the Portland PCC.

Parent Child Development Center (PCDC)

Ms. Mary Robinson, Director, Parent Child Development Center, DDD, Washington, DC, told participants that PCDC evolved from the same general thinking that stimulated all parent involvement and underlies other different efforts. She explained that it is a constant, hard effort to build team trust, project parents' child development strategies of building carefully constructed models to encourage data telling the story of the intervention, and give needed.

According to Ms. Robinson, one of the specific requirements for intervention is that the parent education program would affect the attention of parents, (1) what kind of programs could be that help parents understand the dimensions of growth in infants, (2) how the program effects could be measured appropriately, and (3) what kind of growth in children was related to what variables of growth in parents.

Three of the Parent and Child Centers, intervention research, and development were selected as PCDC demonstration

projects, and provided resources to test optimal intervention strategies.

The first step was to go to the literature and build alternative model, with 9 months to 1 year period. He related "We drew from Dr. LeGordon, Dr. Sroufe, Dr. David Warburton, and many others, and we emphasized cognitive, physical, and psychological development.

Ms. Robinson drew attention to the fact that each PCDC works with a different kind of population. The Houston, Texas PCDC serves Mexican American families and emphasizes different cultural characteristics. The Birmingham, Alabama PCDC serves a group of integrated black and white families in the central city, and the New Orleans, Louisiana PCDC serves a disabled families in the central city.

The three PCDCs also use different delivery systems. Ms. Robinson added. While the Birmingham program is completely center based, the New Orleans program offers either home based or center based services, and the Houston program used home based services during the first year of the program and center based services during the second year. Other 50 minutes of time ranging from one to three hours are spent working with the parent and children in a laboratory.

She noted that key ideas regarding child development in the program focus on providing basic services during the first three years of a child's life, followed by dynamic stimulation so that mothers can anticipate and predict their children's developmental stage, and thus continue to monitor events and to interpret of that development.

Commenting that more and more emphasis has been placed on the quality of the environment that PCDCs are creating for the mother, Ms. Robinson remarked that PCDCs have become much more parent focused and more concerned in judging the organization of all elements of an intervention in terms of the social and emotional needs of the mother.

Ms. Robinson noted that data will be available on the role of PCDC on how mother grew and changed as a result of PCDC, how their attitudes changed, how their child interaction skills changed, and how their children and their child continue.

Emphasizing that the PCDCs represent applications of E. Ms. Robinson explained that a central development had been maintained on the curriculum used for children, the curriculum used for mother, formative evaluation, decision, etc., and said that she hoped that applications could be in by early 1976.

An afternoon comment session of the conference provided an opportunity for questions and clarifications of the curriculum used by the Houston, Texas PCDC. Dr. Hazel Laker, Director, Houston PCDC, and Ms. Robinson explained this session.

Child and Family Resource Program (CFRP)

Dr. Jan Gage, former Home Start CFRP support staff member and currently Acting Director, Home Start and CFRP, spoke of CFRP as one of the most comprehensive early childhood programs ever undertaken.

Explaining that CFRP is a national Home Start demonstration program, designed to provide family support services necessary and critical for the sustained and healthy development of children and U.S. Dr. Gage said that CFRP represents the distillation of the best knowledge and experience of the past decade.

During this 30th anniversary between Home Start and CFRP, Dr. Gage told participants that CFRP serves families with children and U.S. children on the family unit. It is a comprehensive development program with a wide range of services based on individual assessment of the strengths and needs of each child and family. It establishes a linked program in two ways: active in the neighborhood community to ensure a form and if possible, support services, and to be enhanced and build on the strengths of individual families.

There is a great recognition of trends within families that can and should be tapped. Dr. Gage remarked "As such, implications that are sometimes unappreciated, the wrong variables we need to focus on the family. Thus, CFRP has developed its own unique program based on community needs and strengths as well as on individual and family needs and strengths.

Noting that one important component of the CFRP approach is provision of services to 0-3 year olds, Dr. Gage stressed that each CFRP has developed a component designed to assist parents with the total development of their newborn, infant, and toddler children. Since CFRPs recognize that each parent and child has different strengths and needs, Dr. Gage pointed out that CFRPs help to enhance the role and recognize the importance of parents by providing support and guidance in parenting.

Examples of activities carried out in various CFRPs include providing weekly visits by infant/toddler specialist who bring developmental activities into the homes, working with unwell teenage mothers to help them continue their education during pregnancy and to provide them with information on childbirth and child rearing, and operating an infant day care program for working mothers. In addition, some CFRPs use a mobile child development center operated by an infant/toddler specialist to lend books and toys to families, offer sponsor weekly parent education classes for parents of 0-3 year olds, and still others provide a drop-in center for parents and children where parents can attend group activities or use the child care facilities while they volunteer in other parts of the center, or attend to personal matters.

In summary, Dr. Gage said that each CFRP can and does provide a center with a wide array of services that are not only economically feasible, but are also effective in providing support for parents and children.

Panel Discusses School Systems Operating Home-Based Programs

Dr. Robert Weathford, Special Assistant to the U.S. Commissioner of Education, United States Office of Education, Washington, D.C., gave the opening address on the day's activities which opened home-based programs as a central theme of the conference on March 19.

Stating that the U.S. Office of Education is currently studying the home-based parent education concept, Mr. Weathford recalled that the Office of Education is currently studying proposals for a home-based parent education program for parents, emphasizing the training of parents. Although many local school systems have not yet worked extensively with parents, Dr. Weathford said that other local school systems considerable work on this and indicate that it is not a new and basic would be a dominant theme in the future.

Dr. Kenneth G. McClellan, Director, Office of Education, Georgia State Board of Education, Tallahassee, Florida, was the first speaker on the panel. He noted that

educators are well aware of the parent's role in the early and later learning of the child and of parental impact on the child. Stating that Dr. Bell is a strong advocate of adult as well as child education, Dr. McClellan commented that educators must form a partnership with parents.

"We must realize that parents have already taught their children a great deal before they enter school," he said, "and we need to recognize parents as great teachers."

Referring that parents are constantly calling the school system to ask for assistance with parenting, Dr. McClellan spoke of his own program designed to teach parents, funded through adult education monies.

In setting up a parent education program, Dr. McClellan noted that many parents involved were Spanish-speaking and realized that the program must conform to these standards. Using the basic premise that parents were to be supported rather than supplanted, program staff went into homes, talked to families regarding their needs and capabilities, and began providing information, work

shop experiences, and group sessions on what and how teachers teach.

"Through working with parents, we found that objects in the home were more successful than commercially prepared materials as teaching aids," he said, "and the more we shared, the more we found out about parents."

Noting that the program uses both formal training sessions and one-to-one relationship with parents in the home, he emphasized that the program builds on parental strengths and recognizes individual differences in learning styles.

Following Dr. McClellan's remarks, Ms. Eleanor Franquez, Project Manager, Bilingual/Bicultural Parent Involvement Program, Home Start/Kindergarten, Compton Unified School District, Compton, California, spoke about her program.

Relating that she decided to convert the kindergarten classroom in which she taught to a Montessori classroom, Ms. Franquez told about delivering Montessori materials to homes to help parents teach their children and said that he began to teach in the mornings and make home visits in the afternoons.

She earmarked the educational module as a special feature of her program, and remarked that fathers were provided with lumber and tools for them to build shelves for their children's toys.

Heralding the passing of the Bilingual Education Act in California as a step in the right direction, Ms. Franquez stated that it allows the use of another language as the primary language and the use of English as a second language. She said she felt that this was very important so that a child's home language becomes more than a means of communication, but also a socially acceptable tongue.

Ms. Franquez noted that when she received additional funding, she hired four aides and purchased materials to work in homes so that she could operate two kindergartens. Home visitors began working twice a week in the homes, first to promote a toy or game and give the mother an assignment, and secondly to follow up on the first visit's activities.

Listing malnutrition, early infant diseases, and infant mortality rates as particular problems for her program's target population, Ms. Franquez concluded by saying that she feels she is helping a little bit by bringing a bit of school into the home and vice versa, so that the adults of tomorrow may have a better life.

Next, Ms. Helen Thompson, Director, Home Start (non-OCD), Waterloo, Iowa, related some of the problems and progress experienced by her program. She said that the program evolved from a Title I program in 1965 and that the program has been in operation for seven years now.

The program is a three-year preschool program which utilizes weekly home visits where paraprofessionals confer with mothers regarding their children's development. The program staff use both homemade and commercially prepared materials, and a center for instructional materials incorporates the toy lending library concept.

One-third of the children in the program are physically or mentally handicapped, and over 100 children are served in a three-year period, she said. A speech and language consultant and an audiologist are attached to the program to assist with handicapped children.

Due to the longitudinal nature of the program, research can easily be performed on the program's effects, and Ms. Thompson noted that the University of Northern Iowa's



From left, Mr. Louis Hebert, Ms. Helen Thompson, Dr. Kenneth McClellan, Dr. Robert Weatherford, and Ms. Eleanor Franquez

Educational Clinic is responsible for diagnostic testing of children.

Ms. Thompson remarked that as a result of being supported by a local school system, the program had the advantage of being able to use all school facilities (personnel, transportation, etc.) to operate the program and it was therefore less costly than other programs. She cited that over 900 requests have been made by other school systems for information on how to adapt or modify the Waterloo program to other localities.

Following Ms. Thompson's remarks, Mr. Louis Hebert, Assistant Superintendent, Curriculum and Instructional Development, Pittsfield Public Schools, Pittsfield, Massachusetts, talked about why his school system decided to operate a home-based program.

He remarked that in 1970, school officials noticed that deficits in second to sixth-grade disadvantaged children were becoming increasingly greater, and they felt that help was needed so that the children would not fall even farther behind.

After reading the research of Dr. Earl Schaefer and others, Mr. Hebert realized that schools should begin

working with younger children, and Dr. Schaefer suggested that Mr. Hebert replicate Dr. Phyllis Levenstein's Mother-Child Home Program.

The Pittsfield program now uses Dr. Levenstein's model, which emphasizes supporting the mother in her role by showing her toys and books to assist with child development. Mr. Hebert related that two ex-Head Start teachers were hired as the first toy demonstrators, and said that IQ levels seem to have improved significantly as a result of the program.

Comparing the program to a local Head Start "control" group, Mr. Hebert said that the programs both agree that parents play a critical role in children's education and that they are not competitive and should be working toward complementary goals.

"Test results show the program works, it is cost-effective, and the program tries to stop problems before they really get started," he concluded.

(Dr. McClellan, Ms. Franquez, Ms. Thompson, and Mr. Hebert provided details on their programs in concurrent sessions later in the conference, which space limitations prohibit our reporting.)

Mother-Child Home Program Provides Educational Diffusion

In a concurrent session on March 19, Ms. Penny Kirschenfeld, Supervisor of the Verbal Interaction Project Model Program and Consultant to the Demonstration Center, Freeport, New York, told participants that the Mother-Child Home Program has all children at home (as well as the target child) participate in its home sessions and thus experiences both upward and downward diffusion of the educational or learning process within families.

The philosophy of the program is based on the fact that parents are the primary teachers of their children and that by working with the mother and child in their own home environment, it is possible to affect children's thinking ability through concept building verbal interaction.

The program uses a toy demonstrator to visit the homes. The toy demonstrator begins by modeling for the mother and encourages the mother to take over the teaching activities as soon as possible. The toy demonstrator permanently assigns books and toys to the home and selects them in developmental order, so that the mother will have these "tools" which she can use in her own style.

Mothers in the program act as an advisory committee and review materials, participate in mid-year and final interviews about program content and effect, and fill out anonymous evaluations of the program. Many former participants in the program eventually become toy demonstrators, who consist of both paid and volunteer staff from the community.

Ms. Kirschenfeld noted that participation for two years in the program ensures gains when the children enter school, and teachers feel that these children seem to be more motivated to learn (which the data corroborate).

To date, she said that there have been 30 replications of the program throughout the country by different organizations serving various populations. The Verbal Interaction Project (under the direction of Dr. Phyllis Levenstein) provides training and consultants to replicators.

In closing, she stressed that the program can be used by any group in any income bracket, and that one of its most appealing features is that mothers can experience immediate success with their children when using the materials.

Gordon Says Home-Based Success Due to Parent Participation

Dr. Ira Gordon, Graduate Research Professor of Education and Director, Institute for the Development of Human Resources, Gainesville, Florida, told participants in a concurrent session on March 19 that a home-based approach is a good, viable one because parents are involved in working with the child in their own homes.

In designing the Florida Parent Education Program, Dr. Gordon explained that some very basic beliefs about children and parents were taken into consideration. For example:

1. Parents love their children and want to give them certain things.
2. Parents want to learn and will use information given to them as long as their culture and self-esteem is respected.
3. Language, personality development, and attitudes toward learning start developing at birth.
4. Home circumstances always influence child development.
5. Parents gain self-esteem when they see the impact of their activities.

Among the parental emotional factors Dr. Gordon listed as important elements regarding school and achievement are:

1. Consistency of management and order, within adults
2. Disciplinary pattern and open communication among adults, across the family
3. Emotional security and self-esteem, both for parents and their effects on their children
4. Impulsiveness
5. Attitudes toward school
6. Work habits
7. Knowledge that what parents do affects everything

Dr. Gordon also pointed out that cognitive factors are important parental indicators regarding their children's development. Such things as academic training, open

communication about all things, planned cultural enrichment activities outside the home, direct instruction to the child (whether through setting examples, informal instruction, etc.), educational aspirations of parents, intellectuality within the home, and verbal facility with the child all play important roles in a child's development.

Dr. Gordon then turned to a specific description of the Florida Parent Education Program, founded in 1966, which utilized 15 paraprofessional home visitors who visited each home once a week beginning when the child was three months old. Recruitment was done by home visitors who conducted interviews with mothers after childbirth and emphasized the experimental nature of the program.

Each home visitor worked with ten families. The five-week preservice training period focused on questions such as how to help a mother to see ways of working with her child and why this was important and necessary. The training included practice, role playing, use of a doll, etc. In retrospect, Dr. Gordon advocated for a shorter preservice training period with more emphasis on continuous and frequent in-service training, preferably at least one day per week.

All materials used in the Florida program were home-made, Dr. Gordon said, both for economic reasons and for improved mother self-esteem.

He told participants that by the time the children were one year old, both they and their mothers seemed to be happy. When their children reached age two to three, parents and children attended a home learning center which provided group experiences for both parents and children.

Evaluation results on the Stanford-Binet showed that at age six, all of the experimental groups were doing better than the control, three to five years after they had been in the program and after one year of public school. Thus, although earlier test results using a different measure were less favorable, long-term gains appear to have been achieved.

DARCEE Program Shares 12-Year Home-Based Experience

Dr. Susan Gray, originator of and Senior Investigator for the Demonstration and Research Center for Early Education (DARCEE) program in Nashville, Tennessee, and two DARCEE home visitor trainers, Ms. Beulah Hardge and Ms. Jo Von Nieda, gave a presentation on their program in a concurrent session on March 19.

Stating that DARCEE has been working with home-based programs for approximately 12 years, Dr. Gray noted that there has been a special interest in the impact on, and impact of, the mother. Recently the program has been concerned with helping mothers to interact with children and has worked with both mothers and fathers of infants and toddlers in family-oriented home visiting, with emphasis on the parent and the parent with the family group.

Some of the key guidelines of the DARCEE approach, according to Dr. Gray, include:

1. Consider the relationship between the program and the parents as a partnership, beginning with an emphasis on parental strengths.
2. Use as a long-range goal the

provision of more options for the parent, to assist the parent in dealing with the child.

3. Try to make interactions relate to specific parental goals for children.
4. Use materials and time at hand to teach parents to use their daily routine and familiar objects in working with children.
5. Try to assist parents to become increasingly independent and to show initiative in dealing with their children.

Dr. Gray stressed the importance of the mother and father as the child's first teachers, and the home as the child's first school.

Following Dr. Gray's remarks, Ms. Jo Von Nieda showed slides depicting the DARCEE program. She commented that when a mother is working with both children at once, it may be helpful to try to find materials that can be used in varied ways by children of different ages. She noted that the program includes social, language, cognitive, fine-motor, and gross-motor developmental activities and

places a heavy emphasis on safety. It also includes young men on the staff, since many homes served are single-parent families where the father is absent.

Following the slides, Ms. Beulah Hardge spoke about training home visitors. Emphasizing that the home visitor will motivate parent/child interaction, she said that home visitors must be very clear about their own values and goals and must have respect for the people with whom they work.

"Keep in mind that you are there to help, not to judge," she admonished, "even if it is sometimes difficult to understand and respect people with different values."

She added that the home visitor teaches by example, showing rather than telling how to do things, and that the role of a home visitor includes that of a teacher, a reinforcer or model for the parents, a friend and confidante, and an organizer.

In summary, Ms. Hardge said that the final reward for a home visitor is in seeing mothers more involved with their children and happy about it.

Xavier Program Stresses Evaluation

In a concurrent session on March 19, the Xavier University, New Orleans, Louisiana Home Start Program (non-OCD) was described by Sister Mary Loyola Edelen, Coordinator of Special Programs in Education, and Ms. Jan Doherty, Director, Home Start, Title VII, Lafayette, Louisiana.

Attendees were divided into three groups which rotated between: (1) an explanation of the

program components, including materials that are used and a manual including activities to use at different levels of development, when an aide is with each child, (2) slide presentations depicting actual home visiting, and (3) discussion of the various types and areas of evaluation.

Several different types of evaluation are incorporated in the program, one of which is the aides'

evaluation of each child's performance. This is an ongoing process, and involves use of a scale ranging from excellent to good to fair to no skill. (Aides used in the program are paraprofessionals who are trained and placed at work in the field gradually. Sister Loyola noted that the benefits of using paraprofessionals seem to outweigh greatly the problems, which can usually be well handled and controlled by training.)

Portage Project Serves Handicapped Children in Home-Based Setting

In concurrent sessions on March 19 and March 20, Mr. David Shearer, Project Director, Portage Project, Portage, Wisconsin, described how his program, funded jointly by the Office of Child Development and the U.S. Office of Education, began serving handicapped children in their homes.

He related that in 1969 he started designing a model to help handicapped children but found that the children varied so greatly in age, problem, and location that it seemed better to go to the homes.

The program serves children aged 0-6; all levels of teachers, from paraprofessionals to people with master's degrees, visit homes once a week for approximately 1½ hours per visit, to teach parents to teach their children.

Although the program is now supported by the local school district, it still uses the county resources to make certain that every child receives complete care.

Mr. Shearer explained that an immediate evaluation is performed on each child entering the program

so that the assessor can design a program for him. The parents are given specific instructions on what they should do each week with the child, and the home visitor observes the parental teaching, reinforcing, and assessing of the child's behavior.

Parents do the only recording of a child's progress, he said. A log is kept at the program office of the specific procedures followed for each child, and the staff meets regularly to discuss problems and consult with necessary specialists. The program supplies the schools with data when the child enters school to make the transition period easier.

Mr. Dick Boyd, OCD Coordinator for the program, then provided some specifics on the program. He began by stating that the program receives a great deal of help with identification and screening of handicaps from public health nurses, doctors, and parents.

Mr. Boyd then told participants that both a formal and informal

assessment is conducted on each child, as well as an assessment of his performance on certain curriculum base lines. He said that assessment continues each week to determine whether a child has mastered the task assigned, and if not, why not.

Regarding curriculum planning, Mr. Boyd related that the program uses a checklist of approximately 450 behavior patterns for which there are resource materials to give help in developing that particular behavior or skill.

Activities that the child can perform are checked off, and those that he cannot perform are the ones that receive attention. Parents provide feedback to curriculum planning, reporting progress or problem areas to staff, and the curriculum is altered continuously.

Asked whether any group activities were provided for children, Mr. Boyd responded that there would be if the need was voiced but that the families were spread out over a large area now and it was often geographically unfeasible.



This van is used by the members of the Traverse City, Michigan Northwest Human Services Agency, Inc., in the home based component of their program. The inside of the van is equipped with materials for use by Head Start children.

HOPE Program Combines TV, Home Visiting, and Group Experiences

In a concurrent session on March 19, Dr. Edward Gotts, Director of Early Childhood Education, and Dr. Joe Shively, Evaluation Professional, from the Appalachia Educational Laboratory, Charleston, West Virginia, described the AEL Home-Oriented Preschool Education (HOPE) program.

Dr. Gotts began by noting that the program has three service components (1) television lessons provided daily to the homes, designed for 3-5-year-olds, (2) home visits to families to demonstrate to the parents how to teach the children using materials available at home, and (3) group experiences provided in a mobile or stationary classroom facility. All three components focus upon a common set of objectives for a given week so that the child's experiences support and reinforce one another.

Relating that a new color TV series, *Around the Bend*, is ready for production, Dr. Gotts told participants that the series will be directed to both the child and parent. Each program will provide specific guidance to the parent regarding how to follow up the day's television viewing with learning activities that are practical for home use with the preschool child. The new series is a direct result of the

success of the original black-and-white series used from 1968-1973 by the HOPE program and others.

Dr. Shively then stated that a series of studies was conducted on Appalachian parents of preschool children to define home and family characteristics, television reception and viewing habits, and the mothers' ability to use reading materials at the second, fifth, and eighth grade levels. The studies showed that these parents had television available in almost 96 percent of the homes and that families had from one to ten working television sets in their homes, of which over 40 percent were color sets.

"All in all, you can see that the stereotype of the poor, barefoot Appalachian is not accurate here," Dr. Shively remarked. "But it is important to remember that these families are only representative of households having preschoolers, and that there are many other Appalachian families who lack electricity and other necessities."

In response to a question regarding use of the mobile classroom, Dr. Shively replied that the HOPE staff prepared a series of seven "how-to-do-it" manuals, known as the HOPE manuals, which describe program operation, equipment, staffing, etc. and are available through

the ERIC system.

Dr. Gotts noted that each home visitor sees 30 families per week which have, on the average, 35 preschool children. He explained that they were able to work with such a large number of families because the home visitor operates in a small local area near home, works a 40-hour week, has no classroom duties, uses a prepared curriculum which eliminates much preparation time, completes many of the records during the visit, and begins and ends home visiting hours at home, thus eliminating additional travel time.

He also told participants that the HOPE program devised a Home Visitor Training Package in 1973 containing modules on an introduction to training, the HOPE process, helping children grow and develop, instruction and learning, instructional materials, and resources. The package is being field tested for pre-service training with home visitors and will be revised and available for publication in early 1976.

It should be noted that no formal provisions were made for assistance from HOPE with social services, health, and nutrition, although Dr. Gotts commented that these services are sometimes provided on an informal basis.

BEEP to Expand Services to Include 0-5 Age Range

Ms. Mary Jane Yurchak, Director of the Education Program, Brookline Early Education Project, Brookline, Massachusetts, announced in a concurrent session of the conference on March 19 that BEEP will extend the age range of its children served from the previous 0-3 to 0-5.

Noting that the program for 3-5-year-olds would begin in September, Ms. Yurchak said that the program would then be divided into three basic periods: late pregnancy and early infancy, late infancy and toddlers, and preschool.

The program, which was originated by Dr. Burton White, Professor of Education, Harvard University, started as an offshoot of a pediatric clinic and evaluates the physical and total development of children. It uses 13 teachers (many of whom work part-time). Services are delivered by home visitors until the child reaches the age of one, following that, services are delivered through group meetings in which home visitors continue to participate so that the one-to-one relationship continues and confidentiality of information is maintained.

The program has two criteria for teachers: they must be parents, and they must be sensitive to parents and have some experience dealing with young children on an everyday basis. Experience of the teachers varies; some are nurses, several are occupational therapists, and some have master's degrees in child development.

Teachers use the Brazelton Neonatal Assessment Instrument, which focuses on the skills a newborn brings to the world, and is administered to the baby at home when it is 7-10 days old. Including audio, visual, and kinesthetic stimuli, the instrument shows how easily aroused and soothed a newborn is, and helps to attune mothers to these characteristics in their own infants.

A curriculum guide has been developed for early home visits, Ms. Yurchak said, which delineates the kinds of developmental steps that a baby is expected to take in different situations. She cautioned, however, that this is not intended to be a rigid "do-this" type of guide, but merely a general indication of the kinds of skills babies should be

developing at different stages.

When the babies are one year old, more emphasis is placed on the processes underlying the child's activities. For example, his newfound control over his body (crawling, walking, etc.) can lead to all kinds of new experiences, and at this point prevention of accidents is stressed, Ms. Yurchak added.

BEEP also uses videotape to critique the teachers, allow the teachers to assess their own actions with families, allow parents to assess their own behavior toward their children, and to assist supervisors and team leaders in providing teachers with constructive criticism.

The program also has a day care services component which serves a wide range of families since it is operated under the public schools and is available to all residents of Brookline with children born between March 1973 and March 1974. The only other criterion for participation in the program is that the families should plan to stay in the area until the child is in the second grade, so that a longitudinal evaluation can be performed.

Ypsilanti Program Features Home-Based Training Built on Parents' Goals for Kids

Ms. Phyllis Dukes, Curriculum Consultant and Home Trainer, Ypsilanti-Carnegie Infant Education Project, Ypsilanti, Michigan, described her program in a concurrent session on March 19.

"The first obligation is to parents," she said, "The strength of a home visit is based on active involvement between parents and their children, and success requires shared participation among teachers, parents, and children."

Noting that the program builds on parents' own goals for their children (aged 3 months to 3 years) and assists them to meet these goals, Ms. Dukes commented that an effective home visitor wants to involve the parents in each session and encourages parent participation. She stated that home visitors should reinforce perceived strengths and encourage parents to

make observations about their infants. Ms. Dukes remarked that home visitors in her program may volunteer information about activities useful to both child and parent, answer and ask questions, help build sharing processes, and emphasize that parents are important to the home visit process.

She noted that her program focuses primarily on cognitive development, due to funding constraints, and that the program is designed to work with a non-handicapped child unless the handicap is slight.

"In homes where there is no money, the parents are relieved not to have to spend money to get to the center," she said, "but a combination of center- and home-based activities seems to be ideal. Parents like to get together in group meetings, too."

Some of the activities the program uses include playing with a rattle on a string (to develop eye movement and develop reflexes), hiding (to reinforce parents' observations and build children's confidence), development of means to ends, development of causality, construction of objects in space, development of vocal and physical interaction, development of imaginative skills, and feedback of sounds.

Ms. Dukes related that the home visitors do not tell parents what to do, nor do they leave assignments in the homes.

"During the home visit, we plant suggestions verbally and on the next visit, we check to see what has happened. The mothers pick up on this and try to get the infant to do new things so they can show the home visitor," she said.

PAR Reaches Out to Parents---and Conference Participants!

In a concurrent session on March 19, Ms. Ann Cole, Consultant, Parents as Resources, Northfield, Illinois, gave a participatory workshop and a description of the PAR program.

Ms. Cole began by stating that PAR is a team of three teachers and a social worker (all parents) who believe that parents are the key to child development and who have designed concrete learning activities which they hope will lead to positive and enjoyable shared experiences between parents and children.

She commented that the PAR staff uses various approaches to help parents in their role as educators, including:

1. A series of paperback "Recipes for Fun" activity books
2. A weekly syndicated newspaper column
3. Magazine articles
4. A television series (funded by a grant from the National Institute of Mental Health) which is currently in production
5. A participatory workshop format used in the direct training of parents
6. Leadership training, which PAR offers locally and nationally to parents, teachers, and others

"The essence of the participatory workshop format is that the

activity is the means for parents to share, both during the workshop and at home," Ms. Cole said. "Through a workshop parents can experience sociability, success, the learning value of play, creativity and individual self-expression, and motivation for home follow-up activities with children."

The mini-workshop that Ms. Cole conducted at the conference focused on creative learning activities using everyday experiences and materials. Beginning with a rhythmic warm-up and get-acquainted word games, Ms. Cole demonstrated uses for household materials that might ordinarily be thrown away, led the participants

in sensory activities and crayon games, and then arranged a group action game involving participants assuming the roles of dogs and cats.

The end of the session consisted of a group craft project where

participants made hats and a demonstration of toddler and preschool crafts including making macaroni jewelry and sewing cards.

"Workshops represent an outlet of self-expression for parents and a

way to get rid of tension," Ms. Cole concluded, "and involvement is the key to the workshop because, through involvement, parents can really understand the learning concept."

'Three Strikes and You're Out'

In a concurrent session on March 19, Dr. Galen Dodge, Director, Human Resources Foundation, Lincoln, Nebraska, and Ms. Mercedes Crawford, Director, Language Enhancement Program for Mexican-American Children, Lincoln, Nebraska, described the latter's program, which has a home-based component designed to strengthen cultural identity, enhance English as a second language, and help develop a positive self-image in 3-4-year-old Mexican-American children.

Dr. Dodge opened the session by noting that the Language Enhancement Program is the product of 26 years of action research dealing with characteristics that influence human potential.

"What can the possibilities be? What can you do to help facilitate human development?" he asked. "We study things which make differences in how people use potential, and one thing is increasingly clear people make the difference."

He remarked that the talents of Mexican-American children often

go unrecognized simply because their instruction and tests are in English.

"It's like giving written intelligence tests to the blind," he said. "Tests to show readiness levels do not show real ability and talent. Educators say Mexican-Americans do not score as well, chiefly because school success is 90 percent related to verbal ability. Thus, our task was to find 20-30 children and work with them to prove they are as able as others."

Ms. Crawford then noted that Lincoln, Nebraska has only approximately 300 families of Mexican-American background, but the program was begun to help even that small a group of people.

"We work with 10 children in the morning and 10 in the afternoon," she said. "We have to transport them to center-based activities, but we also have a home-based program. Our main emphasis is language enhancement on a bilingual basis. We have five bilingual teachers who are very understand-

ing and incorporate the family concept."

Ms. Crawford remarked that there are no single-parent families in the program and said that the families are visited on an individual basis according to individual needs ranging from once a day to once a month.

She mentioned that a vocabulary list is sent once a week to parents in the homes and that staff have found that some children know more Spanish than anticipated. She emphasized that classroom work is all bilingual and bicultural, although the program advocates speaking Spanish in the homes, so that children will be able to function well once they enter public school.

The program serves Mexican-Americans regardless of economic circumstances, and Ms. Crawford commented that Spanish is mingled with English about 50 percent each in conversation, group activities, etc.

Lesnick Cites Planning, Staffing, Parents, and Home Visiting as Main Questions in Going Home-Based

Mr. Howard Lesnick, Home Start/CFRP Support Staff, Washington, D.C., told participants about situations that trainers commonly encounter in assisting Head Starts to go home-based, in a concurrent session of the conference on March 19.

Regarding program planning, Mr. Lesnick noted that questions are often asked about the applicability of Head Start Performance Standards. He urged participants to be sure that the community understands the definition of the term "home-based" and suggested that it should be defined as part of the community needs assessment process. Commenting that there may be other models in the community which may appear to "compete" with the home-based approach, Mr. Lesnick encouraged participants to work in concert with such programs, thereby offering a choice of alternatives to parents.

He emphasized that the goals and objectives of the program must be defined clearly and relate to the community needs, the environment, and the families to be served. Warning against viewing home based programs as "either/or" type decisions, Mr. Lesnick spoke of them as providing a range of possible service delivery combinations.

He stressed that questions must be asked such as to whom the services will be provided, how services will be delivered when both parents work, who will be enrolled (e.g., the child, the family unit, or the child and parent), what the cost considerations would be in converting from center based to totally or partially home-based operations, and what new kinds of guidance, needs assessments, documentation, orientation, and training might be needed.

With regard to staffing, Mr. Lesnick reminded participants that the change from center- to home-based may be threatening or frightening to staff who fear they may lose their jobs, and that staff may lack confidence in their ability to handle the broadening of program focus from the child to the adult.

"The fact that the *parent* becomes the teacher represents a change in philosophy for some Head Start staff," Mr. Lesnick said, "but fears can be reduced through training, and staff can be convinced that it can be done and that they can work with parents in the home."

Mr. Lesnick then turned to the subject of parents, saying that sometimes it is necessary to convince parents that they are the primary influence on their children and that their home is a learning center and they are teachers.

He commented that parents often view a Head Start teacher as a figure of authority who "should" work with a child, but he added that this can often be changed through modeling and working to increase parents' self-confidence.

Finally, Mr. Lesnick emphasized that the main communication process in a home-based program should be between a home visitor and the parents, rather than between the home visitor and the child. He also stressed that the duties and responsibilities of a home visitor are different from those of a social worker, in that a home visitor must be familiar with community resources, child development, health, education, and *all* components of the program.

Following Mr. Lesnick's remarks, Mr. William Fillmore, Director of the St. Petersburg, Florida Head Start and CFRP, discussed factors that influenced his community to go home-based. Based on the community needs assessment and interviews with all staff members, the decision was made to design a combination of center- and home-based activities in four Head Start centers. Since the schools were on split sessions, one-half of the Head Start children went to Head Start on Mondays and Tuesdays while the other half went on Wednesdays and Thursdays. On the day the children are not in school, the teachers now make home visits. Mr. Fillmore noted that he feels CFRP families are better served now and said he wished that these services could be provided for everyone who desired them.

Ms. Donna Griffith, Center Manager for the St. Petersburg, Florida Head Start/CFRP, then spoke from the point of view of a staff member about the program's change to home-based. Although she commented that the Head Start staff experienced frustrations in the conversion (such as filling out extra documentation, explaining the split to other Head Start components, maintaining good communications with the administrative staff, etc.), she said that as time went by, the staff became less dependent and less wary, and began developing their own leadership, goals, requirements, and guidelines. As for the parents, Ms. Griffith remarked that although it took a while to convince some of them to try the home-based program, after a while they became "hooked" on it and began to work well with the home visitors.

In summary, all agreed that communication is the key of utmost importance in making such a conversion, and that everyone involved must make a special effort to keep communications open.

'Public Relations is Not Brainwashing'

"Public relations is not brainwashing," declared Ms. Dorothy Brown, Resource Coordinator, Gering, Nebraska CFRP, in a concurrent session on March 19 entitled "Keep Your Community Informed. Know How to Use the Media."

"You have to *do* something to have good publicity or any publicity," she continued, "and you must never assume that anyone knows what you're doing."

Speaking of the communications blizzard in which most people in the media seem to be caught, Ms. Brown warned conference participants that the media would generally use material that was short, interesting, and provided names of people involved in a given event.

Noting that personalization is extremely important, Ms. Brown suggested that someone be responsible for meeting media personnel from the date the program is funded and that constant contact be maintained.

"Make your news items worthy of public service time," she added. "The FCC requires that radio and TV stations devote a certain amount of time to public service spots, but most stations don't have to look for items to fill these spots because so many organizations are clamoring for them."

Commenting that people seeking media coverage should take any time slot that a station is willing to give them, she explained that often if a particular program is successful, the station will move it to a better time period.

She suggested that participants consider sending taped interviews to radio and TV stations along with a letter stating the tape speed, amount of time on the tape, whom it features, where it was taped, and what the occasion was. She noted that most radio stations will use such a tape as "filler" material but that they prefer reel-to-reel tape unless a cassette is of very good quality. Another suggestion on filler material was that programs prepare 30-second announcements such as, "Parents. If you'd like your child to learn to make play dough call (123) 456-7891. Brought to you by the XYZ Home Start program."

"Never say 'I'm not the public relations person'," Ms. Brown urged. "Everyone who works for an agency is a PR person for that agency, and not all public relations is done in the news media. Some is conducted at bridge clubs, in sewing circles, and in bars. Bombard the media with all of the *good* things your agency is doing, and try to have

someone in your organization really responsible to see that your 'official' public relations work gets done."

She suggested that programs invite the program director or news director of local TV stations, daily and weekly newspapers, and radio stations to do in-service training with the programs to assist them in determining newsworthy items and to demonstrate techniques of presenting them.

"Above all, be enthusiastic with the press," she said. "Only if *you* are convinced that your program is doing something exciting will you be able to get press coverage on it."

Ms. Brown noted that communications objectives include: (1) disseminating agency information, (2) promoting agency activities and programs, and (3) communicating the "why's" of the agency activities. As a result of attaining these objectives, she commented that (1) the total agency image will be projected; (2) a greater understanding of the agency objectives will be created; (3) attitudes and thoughts will be affected; and (4) many community resources will be motivated.

In summary, she provided the participants with the following checklist of questions for effective communications.

1. Does your city have an inter-agency council?
2. Is your agency active in it?
3. If not, could you organize one?
4. Do you know about the available resources in your community?
5. Do they know about your agency?
6. Do you have an easy, simple-to-read resource manual for your community?
7. If not, have you considered publishing one?
8. Do you send news releases to all appropriate outlets, newspapers, radio, and TV?
9. Do you know your news media personnel, personally?
10. Do you have an agency news letter?
 - a. For your own staff?
 - b. For public distribution?
 - c. Is it mailed to other resource agencies?
11. Do staff members of your agency serve on community boards, or committees (for example education, health, social services, library, service clubs, local government)?

Toy Lending Libraries Deemed Valuable to Home-Based Programs

Mr. Bill Locke, Director, Elementary Education, Tennessee State Department of Education, Nashville, Tennessee, and a former director of the Harrogate, Tennessee Home Start program, chaired a concurrent session on March 19 on the use of toy lending libraries as part of a home-based program.

Ms. Ernie Hutchins, Infant Toddler Specialist, Oklahoma City, Oklahoma CFRP, told participants that their program is supplemented by a toy lending library on wheels. The program uses the mobile library jointly with commercial centers and day care homes to reach roughly 1,100 children per month.

The Oklahoma City program works with mothers of infants aged one month and older, and uses some Montessori techniques to help parents realize that each child is an individual.

Several other community organizations assisted the CFRP with initial sponsorship and funding of the toy lending library, she said. The interiors of the three buses used are changed frequently, and toys and

materials are rotated often among participating families.

Mr. Desmond Tarter, Home Start Supervisor, Harrogate, Tennessee, then explained how the Harrogate toy lending library operates.

"We have a set of eight basic toys and we have 20 sets of each," he began. "The home visitors distribute books to parents to help them learn how certain toys can be most beneficially used, and the visitors also guide the parents in their use."

He noted that the toys include film cans with things in them to help children listen better, stacking toys in four colors and sizes, puzzles, color lotto games, flannel boards with shapes on them, a wooden table box, a Bead-O-Graph, and "feely" cans or bags (which contain different items the child tries to identify solely by touching).

He commented that many of the toys could be homemade and that the program uses these toys primarily with younger children.

Next, Ms. Joan Cromer, Head Start/CFRP Director, Gering, Ne-

braska, informed participants that her program used the idea of a city bus and operates vans as toymobiles during the summer. She commented that one of her staff members had designed the program and that many homemade toys were used because families seemed to prefer them.

"All toys are marked with waterproof magic markers that designate the age level (newborn through eight) and the basic skills that children are expected to possess to use them," she said. "The toys were field-tested first, so that we had an idea of how to categorize them."

The toy librarian assists parents with ideas on how to use the toys and keeps a record of which parents have certain toys. She also keeps a card catalog of consumable goods (paper, pencils, etc.) so that staff can determine whether the children are using them.

Ms. Cromer related that the senior citizens helped with flannel boards, writing up finger plays, and pasting pictures on blocks to assist with story-telling.

Collins Looks 'Toward A Future Strategy For Child Development'



Mr. Raymond C. Collins

Mr. Raymond C. Collins, Chief, Program Development and Innovation Division, OCD, Washington, D.C., was the dinner speaker on Wednesday, March 19.

Mr. Collins referred to the past decade as the "decade of the child" and touched on topics including the search for a national consensus on the needs of children and how these needs can best be met, institution-centered versus child-centered child development strategies,

the need for child care and innovative programs. In closing, he provided a checklist for a child-centered strategy.

(For the complete text of this speech, see Appendix D.)

Head Starts Tell How They Implement Home-Based Programs

Dr. Paul Vicinanza, Home Start Regional Representative, Region III, Office of Child Development, Philadelphia, Pennsylvania, chaired a panel discussion on March 20 on Head Start programs which are implementing the home-based option.

The discussion, which centered on special concerns and considerations given by Head Starts to converting to the home-based approach, began with a description of some of the areas and target populations served by these Head Starts.

Ms. Jill Witherell, Education Director, Cambria County Head Start, Johnstown, Pennsylvania, told participants that her Head Start serves 216 of its 250 children in center-based settings, while the remainder are served by two home visits per week, with alternate weeks including one home visit and one group meeting. She noted that parent participation in food preparation in center-based settings carried over into the homes, and that parents decide what subjects they want to cover in the homes.

Ms. Janice Winters, Educational Director, Ninth District Opportunity, Gainesville, Georgia, related that her rural program serves 48 families with four home visitors and alternates one week in the home with one week in the center. She said that the parents record children's daily progress for the educational component.

Ms. Patsy Thomas, Head Start Director, Ninth District Opportunity, Gainesville, Georgia, commented that although people don't often accept changes readily, she has found that her home-based program has generated excitement, pride, and self-confidence in families.

Ms. Mary Hammack, Instructional Coordinator, Home Visitation Program, Eastern Missouri Community Action Head Start, Flat River, Missouri, mentioned that her program serves 500 children in eight rural counties and has 16 of the 63 staff members who work with the home-based component. She stated that two Head Start centers conduct a split session with one group attending Monday and Tuesday and another group attending Thursday and Friday as well as weekly home visits.

Ms. Caretha Collins, Head Start Director, Rockford Area Community Action Agency, Rockford, Illinois, noted that her program began the home-based component on a small scale with 15 families, but she said that parents were so enthusiastic about the home-based program that

its size was increased to include 85 families.

In response to a question by Dr. Vicinanza as to how the community was shown the need for changes in service delivery, Ms. Collins said that staff talked to parents directly in the home and that parents in turn convinced others in the community that the home-based component was needed.

Ms. Witherell added that her program made the change to home-based when there was no center space available, no transportation to buildings, and not enough parent involvement. She said that her staff approached the parents who had been in the center-based program and told them about the home-based idea, and that the transition was made all at once in two parts of the counties. The rest of the program consists of four days per week in a center and one day in home visits.

Ms. Hammack commented that in the summer of 1973 her staff conducted a pilot program for the home-based component using three staff members and families located near the center. Experiences gained from these efforts were used to plan the subsequent program and to train staff members.

Ms. Collins related that once the decision to go home-based was made, training was not difficult because they called the Portage Project and asked for assistance. Ms. Winters added that her program also enlisted help from the Portage Project, and they found that intensive training for one day per week was necessary as well as weekly planning sessions with home visitors.

Dr. Vicinanza said that trust, loyalty, and acceptance are necessary by both home visitors and parents *before* the program can get off the ground. Adding that home visitors should not be *afraid* of families they serve, Ms. Collins said that the key is accepting other people as they are and realizing that you, yourself, are a person who can deal with others.

Panelists agreed that it is a special experience walking into the home for the first time and that it is not always easy to explain to parents and families that a home visitor is there to *facilitate* what parents can do with their own children.

The discussion concluded on the subject of supervision, which everyone agreed was both necessary for staff and for making training relevant to staff needs.

'So You Want To Go Home-Based'

On March 20, participants selected one of 12 concurrent workshops focusing on the same topics: the home visit, recruitment of new staff, program goals, objectives and assessment, and determining the feasibility of home-based programs.

The Home Visit

During the discussions of the home visit, group leaders first emphasized the responsibilities and relationships of home visitors, families, and program staff. It was noted that home visitors must both observe the confidentiality of family information and respect and acknowledge resources of the families. Planning and record-keeping were noted as two important areas of responsibility for home visitors. In addition, home visitors are also responsible for organizing and participating in parent group activities, providing transportation for families when necessary, and mobilizing community resources to assist families in securing needed services.

Group leaders also noted that families enrolled in home-based programs must understand that home visitors are not babysitters and that parents have a responsibility

of trying to learn from or "model after" home visitors.

Important attitudes cited in working with families include accepting families uncritically, respecting confidentiality, building on family strengths, avoiding the fostering of dependency on home visitors, realizing the limits of a home visitor's intervention, respecting people's reactions and feelings, and always viewing parents as the principal "change agents" in the situation.

On the topic of the role of home visitors in using community resources, it was emphasized that the existing resources must be surveyed and defined, relationships with resource agencies must be built upon, and follow-up work must be done on referrals, both to families and agencies.

Commenting that planning and preparation for home visits cannot be overemphasized, group leaders noted that planning should also be a part of pre-service training and that the family's assessed needs and program goals must be the major basis of planning. Although the type of planning must naturally depend on the phase of the visit, leaders stressed that home visitors should always have a goal in mind for each visit, should always be aware of the status of the family, should not overwhelm families with information during any visit, and should attempt to



Participants discuss home-based program operations in this concurrent session.

involve as many family members as possible.

In conclusion, leaders reminded participants that home visits are a professional activity and that common sense and courtesy should prevail while information, support, and services are being provided.

Recruitment of New Staff

Agency policies, job descriptions and qualifications, and recruiting staff from the area to be served were three factors listed as important in the recruitment of new staff. Leaders mentioned that the use of present staff should always be considered when programs decide to go home-based, and that the strengths and personal qualities of existing staff, together with the amount of retraining needed, should also be assessed.

Regarding selection of new staff, participants listed as important such items as applicants' personal qualities (maturity and sensitivity), health, and own experience in parenting, and generally agreed that nonprofessionals and area residents could usually be most useful in home-based programs.

The importance of training that is individualized yet relates to program goals and uses program and community resources was also stressed. Leaders noted that in-service training should be continuous and frequent, and that it should be flexible enough to deal with all component areas and also incorporate regular periods of "sharing" for home visitors. The need for evaluation of training and identification of future training needs was also emphasized.

Program Goals, Objectives and Assessment

Most leaders categorized this topic into assessment and goals of (1) program, (2) family, and (3) service delivery.

They noted that factors such as the capability and attitudes of staff, the geography, and cost should be assessed, and that local community goals as well as goals of program components should be considered when a program begins conversion to home-based.

Individual and family assessment should include education, parent involvement, health, and social services, and

delivery of services should be based on the perceived and real goals and needs of individuals with recognition that they are constantly changing.

As to delivery of services, leaders stressed that a community needs assessment should be conducted to determine resource agencies and services. They noted that continuing program evaluation is a must and should include techniques such as interviews, "checklists for change," and "soft" as well as "hard" data.

Determining the Feasibility of Home-Based Programs

In deciding whether to implement a home-based program, leaders stressed that many factors must be investigated.

1. The clientele must be identified, as to rural/urban, ethnic/cultural groups, age, income, and involvement in any existing similar programs.
2. Family and community needs must be identified. Existing census or welfare data and data from social services agencies may be used, a questionnaire may be devised, and a sample group from existing programs may be interviewed as part of this identification process.
3. Existing and needed services and resources must be identified, in areas such as health (medical, dental, and mental health), education, transportation, housing, and legal services.
4. Costs of purchasing available services, providing new services, and transporting clients or staff must be considered.
5. The need for and feasibility of the program must be documented. The feasibility of going partially or completely home-based must be determined, as must the feasibility of affiliating with existing programs or agencies, and the program must be geared to family needs.

(Many specific suggestions were made by group leaders on all the above topics. Unfortunately, space limitations prohibit a detailed discussion of them all.)

CFRP Highlights Needs Assessment, Community Linkages, 0-3 Programs, and Videotape

In a concurrent session on March 20, staff from several Child and Family Resource Programs provided an overview of some of the important aspects of this program.

Ms. Judy Cooper, CFRP Director from Salem, Oregon, began by telling participants about the CFRP needs assessment process. Although she noted that each of the 11 Federally-funded CFRPs uses a slightly different process, she said that the purpose of the assessment was to assist families in identifying strengths and needs from which family goals could then be established and activities designed to meet the goals. She commented that when needed resources are not available, the CFRP attempts to create them.

In the Salem CFRP, Ms. Cooper explained that the assessment process has several parts, beginning with the collection of data on the family. She related that most information is obtained directly from the family, rather than from other agencies. After all data have been collected, the CFRP staff members meet with all the family members to establish a family plan. The Salem program uses a written agreement signed by both CFRP staff and the family to maintain the CFRP commitment to the family and vice versa. Periodic reassessments are conducted every six months or as needed, following the initial needs assessment of the family.

Following Ms. Cooper's remarks, Mr. William Fillmore, Head Start/CFRP Director from Pinellas County (St. Petersburg), Florida, told participants about coordinating services and developing linkages with resource agencies to follow up on assessment of CFRP families.

Mr. Fillmore stated that before the programs were selected to participate in the CFRP demonstration, it was stressed that there must be existing community agencies to assist CFRPs because CFRPs cannot provide all the direct services needed by families. The St. Petersburg Head Start therefore invited all community resource agencies to send a representative to a planning meeting for CFRP, and stressed that CFRP would be a joint responsibility for the entire community and a joint failure for the community if it failed.

Mr. Fillmore noted that the program could not have been successful unless all community agencies had been involved and had committed themselves to the concept of CFRP's acting as a single, central coordinating agency.

Next, Ms. Ernie Hutchins, Infant/Toddler Specialist from the Oklahoma City, Oklahoma CFRP, talked about

the 0-3 (or, as she put it, conception-3) age range and its place in CFRP. Relating that each CFRP has the option of developing its own strategy for serving this age range, she mentioned that among the approaches used in various CFRPs were infant day care for working mothers, mobile child development vans, weekly parent education classes, and a drop-in center for mothers and their babies.

She stressed the importance of performing an in-depth assessment of each child and formulating a plan with the parents to enhance the child's development.

Ms. Charlene Shavers, Family Visitor from the Jackson, Michigan CFRP, then discussed the role of the home visitor (or family advocate) in CFRP. Stating that the home visitors are the most important people in the program, she described some of her many duties, including becoming a friend of the family, helping relieve their fears, seeing that their needs are met, ensuring that their goals are achieved, and gradually helping the family to become more and more independent.

The last speaker in this session, Ms. Barbara Providence, CFRP Coordinator for the New Haven, Connecticut program, informed participants of the ways in which the New Haven CFRP is using videotape.

The New Haven program uses a "portapack," which allows staff to move about freely while using it. The portapack includes a tape deck, a camera, some accessories such as microphones, and a small monitor which allows staff to play back the tapes.

In addition to using the videotapes as a training device for role playing with CFRP staff, Ms. Providence explained that videotape also is used as part of an information system for families, staff, and community agencies. Other agencies may borrow the equipment to videotape the kinds of services delivered and the tape may also be used as a public information device as well as for training of the agency's staff. All tapes are housed in a resource library in the CFRP offices and are available to anyone in the community.

The New Haven program has also used videotape with parents in the infant/toddler portion of the CFRP, so that parents can recall their baby's actions and understand more about the development of young children.

Ms. Providence quoted the cost of the equipment mentioned above as approximately \$1,750 and assured participants that it was an easy and very interesting tool to use.

Chandler Calls for Comprehensive Approach to Family-Related Adult Education

Dr. Barbara Chandler, Education Program Specialist, Division of Adult Education, U.S. Office of Education, Washington, D.C., chaired a concurrent session of the conference, on adult education programs on March 20.

After providing a brief history of adult education programs, Dr. Chandler said that adult education is hoping to find assistance from home-based programs in providing a comprehensive approach to adult education.

Ms. Sally Schwyn, CFRP Director from Jackson, Michigan, then outlined the basic strategy for involvement of adult education in home-based child development programs. She noted that first, families should be surveyed and a feeling as to their interests should be obtained. Secondly, she suggested that programs contact adult education specialists and offer support services such as child care, transportation, space in a center, etc. in exchange for assistance with adult education. Then, she suggested that programs start negotiating for a program for adults, requesting flexibility in time and location, sensitive

staff, frequent communication at all levels, and options for various types of education programming.

Noting that activities could be coordinated if joint planning were done on how to meet adult education requirements as well as requirements of other groups and individuals, Ms. Schwyn also suggested that curricula could be coordinated so that home-based materials could be used to introduce some skills (such as weighing and measuring children, food buying, etc.) on basic levels.

She told participants that staff can also benefit from special courses designed for adults as well as workshops given for credit.

Ms. Sharon Moore, Reading Specialist, Appalachian-Adult Education Center, Morehead University, Morehead, Kentucky, then spoke of her work with adult education. She related that home instruction for adults was one feature of her program, and said that home instruction aides work with 15 to 25 students apiece on subjects such as basic reading, math, and language.

"Different people work on varied goals," she said. "They vary

all the way from basic reading to high school diplomas, and include both academic and other skills."

Demonstrating a "coping skills" kit which contains materials used by aides with adults to assist them in all areas of life, Ms. Moore noted that most materials are pamphlets with a low reading level. She suggested that any program could develop similar kits providing material on varied subjects and recommended that participants use their public libraries as resources in locating materials.

Dr. Chandler added that it was important for people to "do their homework" and become familiar with the legislation so that they could see areas in which programs could support each other.

"We need family support programs to help deliver education to adults outside schools, and to take education to the people where they are," she concluded. "We also need a new definition of what it means to be 'functionally literate'—a definition that encompasses consumer, health, and monetary areas. Grade levels and functional competency do not always correspond."

Home Start and CFRP Hold Pre-Conference Meetings

Home Start and Child and Family Resource Program staff gathered on Monday, March 17 for a series of pre-conference meetings centered around programmatic issues.

The CFRP meetings focused on plans for CFRP evaluation, including a summative evaluation, as well as review of narratives and outlines from cluster workshops held earlier in 1975 and a discussion of changes made as a result of the cluster workshops.

Dr. Ann O'Keefe, National Di-

rector of CFRP and Home Start, explained that families enrolled in CFRP as of September 1975 would be the baseline group for program documentation and descriptions for evaluation, and would thus need to provide a good cross-section for analysis.

Dr. Jim Gage, currently Acting Director of Home Start and CFRP during Dr. O'Keefe's stay in Australia, spoke of upcoming plans for CFRP including refunding matters, program operations, documenta-

tion, and assessment tools.

The Home Start group discussed Home Start evaluation findings and the probability that six home-based programs would be selected as training grounds for home visitors and administrators of home-based facilities. Other topics discussed included what to do to help new programs with the home-based concept, planning and project organization problems, staff coordination and training, and internal evaluation.

Project Developmental Continuity Promotes Preschool-School Transition

Ms. Juanita Dennis, Education Program Specialist, Program Development and Innovation Division, OCD, Washington, D.C., provided participants with a brief overview of Project Developmental Continuity in a concurrent session on March 20.

"Project Developmental Continuity (PDC) is the newest Head Start demonstration program and is aimed at providing more and greater developmental services to children between preschool and school ages," she said. "As children go from preschool to school, they are confronted with a lack of ability to adapt to changes in the curriculum and educational goals. Teaching is best served through and with the involvement of parents, and PDC is trying to address these problems."

Ms. Dennis noted that the program goals are to assure continuity of experience by stimulating cognitive, language, and emotional development which would in turn lead to social competence and to develop models for national implementation on a wide scale throughout Head Start as well as in school systems.

She commented that two approaches have been developed: (1) preschool-school linkages, implemented through existing institutions, providing a mechanism to bring Head Start and schools closer together; and (2) early childhood schools, implemented by creating a new institution of early childhood schools which would combine into one facility programs for children age 3 or 4 through 8.

In response to a question regarding training, Ms. Dennis noted that Head Start and school staff are trained jointly and that parents must be involved in every part of the program.

"Fifteen projects were funded in 1974 for a year of planning their programs," Ms. Dennis remarked, "and nine have selected the preschool-school linkages approach while six have selected the early childhood schools approach."

She related that many task forces worked on the plans, including parents and teachers from both public schools and Head Start and representatives from the community.

According to Ms. Dennis, PDC evaluation will be focused on the process of program development and implementation, degree and cost, changes made as a result of the program, and compliance with PDC Guidelines and Head Start Performance Standards. Case studies, an implementation study, and impact studies on involved institutions and child involvement will be part of the evaluation effort.

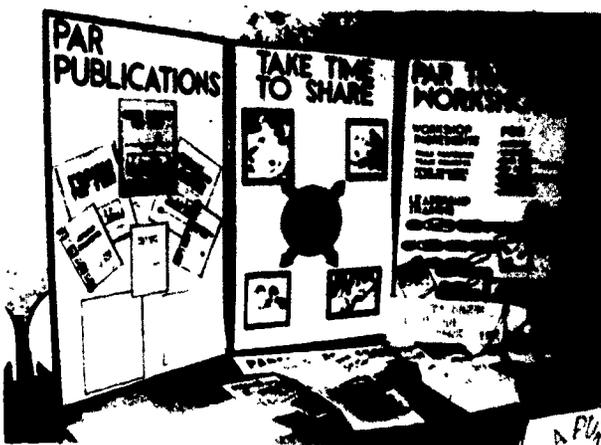
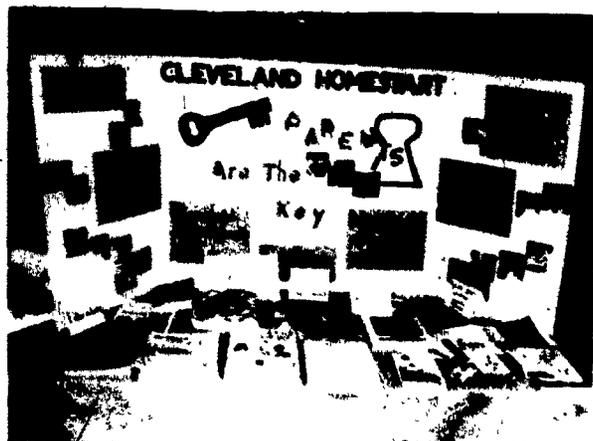
Following a question-and-answer period, Ms. Soledad Arenas, Education Program Specialist, Program Development and Innovation Division, OCD, Washington, D.C., spoke about the bilingual/bicultural component in Project Developmental Continuity.

"We expect PDC to be aware of the language and cultural needs of bilingual children as they go from preschool to school," Ms. Arenas began. "We work on the philosophy that you must take a child where he is and work with what he has, rather than forcing him to learn English before his first language has been fully developed. We're trying to help children experience success, and to do this requires that they use their own native language."

Ms. Arenas noted that four of the PDC programs have 70 percent or more Spanish-speaking children, and in one program the children speak Navajo but no English. She said that these are considered demonstration projects in bilingual, bicultural child development, with initial instruction in the native language.

Ms. Arenas also remarked that the emphasis is on enhancement, and the use of language as an instrument to develop cognitive concepts for continuous enhancement, rather than on the deficit model.

The photos on this page represent some of the displays provided by programs participating in the conference.



Education for Parenthood Helps Teens Work With Children

Participants heard about the OCD Education for Parenthood programs called "Exploring Childhood" in a concurrent session on March 20.

Mr. David Wallsteadt, Midwest Regional Field Coordinator, "Exploring Childhood," Education Development Center, Columbus, Indiana, began by explaining that the program for teenagers combines classroom instruction with practical experience in working with children.

Explaining that 234 school districts field-tested the basic idea and materials and that 500 more have now begun to use the program materials, he said that the program is designed to help teenagers learn how to relate to children and to help them look at different families to see parent/child interaction.

One of his staff, Ms. Rita Holt, who has been working with a seminar for parents, told participants that most parents felt the program would not only help prepare the teenagers for parenthood but that it could also be expected to facilitate dialogue between parents and adolescents.

Ms. Sandra Hemman, Region II Community Action Agency, Jackson, Michigan, commented that high school credit should be considered for participation in the course.

Mr. Wallsteadt noted that one purpose of the course was to alter behavior toward children by showing some of the common problems parents face in child rearing.

"In working with young children, the prime issue seems to be whether discipline means punishment," he said. "Adolescents often feel it does. And parents often say they don't like permissiveness."

Mr. Wallsteadt then asked several students present (Ms. Liza Finkel, Mr. Mark Greenberg, Ms. Lisa Levine, and Ms. Toni McMurphy) who had participated in the course and worked with toddlers what they felt they had learned. They replied that when they had first started the course, they felt overwhelmed about how to handle a demanding child, but they said that these and other problems had been dealt with in class and in booklets used during the course.

Ms. Carolyn Becker, Teacher, University City Alternative School, St. Louis, Missouri, added that parents of the high school students had held seminars with the students and her staff discovered that these parents were very interested in how their children were relating to young children in the centers where they were working. She noted that students and parents had found some of the same kinds of discipline problems, so that it became a mutual learning process whereby parents and students could empathize with each other.

Ms. Mary Schatzkamer, Teacher, University City Alternative School, St. Louis, added that each student has separate assignments in the center and in schools. She said that the students had built a preschool child development laboratory for the program in her classroom, and that they do much of the course planning and act in the role of teachers under her supervision.

Mr. Wallsteadt concluded by saying that some students are working in homes and that much of their material could be used by parents.

CFRP Group Says Quality of Parent Participation More Important Than Quantity

In a concurrent session on March 20, parents, home visitors, and other staff from the Child and Family Resource Programs met to continue discussions held earlier in the conference regarding progress to date of the CFRPs and areas which needed improvement or clarification.

The CFRP parents and home visitors recommended that an assessment of parent strengths be conducted before parents are asked to participate in certain activities, and that activities be geared to

parent strengths.

The attendees also generally agreed that people are often concerned about the *number* of parents attending functions and participating in the program, rather than about the quality of parental input and the amount and kind of knowledge that they receive as a result of attending.

The CFRP directors discussed program impact, criteria for judging success with a family, family employment problems and successes, parent-child relationships, and vari-

ous kinds of information which might be helpful in relating to other information already collected on CFRPs. They stressed that the frequency, quality, and intensity of family visits should be documented, as should areas such as whether the family was growing and becoming more independent as a result of CFRP, whether objectives and goals were being attained, what changes appeared to be happening to community resource agencies as a result of CFRP, and whether social changes were resulting.

Dr. Jim Gage, Acting Director of CFRP and Home Start, acknowledged the concern of many CFRPs that replication of the CFRP concept might begin too quickly and assured participants that a CFRP meeting would be held in the summer of 1975 to put the finishing touches on guidance papers begun in CFRP cluster workshops earlier in 1975 and to establish plans for a

reasonable CFRP replication effort.

At the suggestion of one CFRP that a local evaluation tool be developed, Dr. Ann O'Keefe, Director of Home Start and CFRP (on leave of absence until January, 1976—see page 5), commented that the national CFRP evaluation would group together commonalities among all programs but that any in-depth, individual local evalu-

ation would have to be conducted by local program staff with demonstration program monies. She noted that the CFRP would continue as a demonstration program for at least three more years and would then be continued on a year-to-year basis until the needed evaluation data had been collected.

Parkersburg Home Start Becomes Training Site for Home Visiting

"We provide a one-week intensive training course in home visiting at no expense to participants except food and lodging," began Ms. Susie Bradley, Director, Parkersburg, West Virginia Home Start, in a concurrent session of the conference on March 20.

Adding that the recipients of the course work 12 hours per day during every day of the course, she related that the course leaders (trainers/teachers) try to achieve approximately 80 specified objectives per day. Every evening a meeting with everyone in the course is held so that the group can evaluate its progress and make any changes necessary in the following day's schedule.

On the final evening of the course, a three-hour session is held in which every trainee presents a plan as to what he/she will do on

returning to his program to implement ideas gleaned from the training course. Two months after the course, the trainee and his supervisor are mailed a follow-up questionnaire to determine how many and which ideas or techniques were actually used.

Ms. Helen Huopp, Training Coordinator for the Parkersburg Home Start, noted that each trainee accompanies Parkersburg home visitors on three home visits during the training. The home visitor explains to the trainee the objectives of the visit, the long-range goals of the family, and the general background of the family. The family is notified well ahead of the visit, and, according to Ms. Huopp, there has never been a complaint from a family about the outside visitors; in fact, families often indicate that they enjoy the visitors.

In response to a question regarding the occupations of trainees, Ms. Bradley answered that some are Head Start teachers, some are day care staff, some are familiar with home-based programs, and others are new to the concept.

"Be yourself," she urged. "Remember that people have feelings and that everyone is a person. One of the get-acquainted techniques we use involves dyads in which participants express only feelings to describe their partners."

In closing, she said that the Parkersburg program (which is funded by the OCD Regional Office) has had a good mix and wide range of trainees to date and has received excellent feedback as to their training and resource materials, teaching aids, and general course content.

'A Home Visitor Is A Loyal Friend'

"A home visitor is a loyal friend," began Ms. Mary Anstead, Head Start parent, Pittsford Home Visit Option, Jackson, Michigan, in a general session of a panel of parents on March 21 chaired by Ms Dorothy Brown, Resource Coordinator, Gering, Nebraska CFRP.

"She helped me become aware of community resources and how to use them to benefit both me and my children," Ms. Anstead continued.

"When the home visitor came to my home to explain the program, I had some doubts in the beginning," added Ms. Durita Glenn, Policy Council Vice Chairperson, Cleveland, Ohio, "but I am so pleased with Home Start now. My home visitor is helping me in every area, and she's always there to help."

Ms. Beatrice Brantley, CFRP parent from New Haven, Connecticut, noted that her son had been in Head Start when she heard about the home-based program and enrolled in it.

"My family is becoming independent now, and I feel so much stronger because of the program," she said.

Ms. Betty Burns, Home Start parent from Wichita, Kansas, commented that home visitors can assist families in many ways, but she stressed that parents have a commitment to home visitors just as home visitors have a

commitment to parents.

"Every minute of my home visitor's time is worthwhile," she said, "and if I can't be home when she schedules our visit we've worked out an arrangement so that my home visitor leaves a letter of instructions and my 16-year-old daughter can take over implementing the suggestions in the letter."

Ms. Glenn noted that a home visitor makes you realize that you're a person with a worthwhile place in the world.

Ms. Brantley added, "You can apply what your home visitor shows you to all of your children, and the oldest can help build on things the youngest learns."

Most panelists agreed that group meetings with other parents were helpful, as long as everyone communicated.

"There's a difference between parent *involvement* and parent *participation*," Ms. Glenn added. "You can be involved if you sign your name to a piece of paper, but you're not participating then. We need parents who want to participate," she stressed.

In conclusion, Ms. Brown summarized the feelings of the panelists that everyone connected with all of the programs had done a beautiful job, and that the parents and children appreciated the program and all it had done for them.

'Captain Kangaroo' Stresses Effects of TV on Children

Television's "Captain Kangaroo," Mr. Robert Keeshan, addressed a general session of the conference on March 21, and expressed concern over the effects of television on children.

"I am deeply concerned about the use of television for children in the United States," Mr. Keeshan began. "Although the quality of TV is much improved over what it was previously, due to groups such as Action for Children's Television and others, I am especially concerned with the quantitative effects of television."

Although he acknowledged that more programming could and should be provided for children, Mr. Keeshan noted that most preschool children watch mostly adult

programming because parents use television as a babysitter.

"The preschool period is one of great development for children," he observed. "Children learn from their experiences, but most television does not contribute to the growth of children."

Stating that by the time a child reaches first grade he has usually watched over 5,000 hours of television and that the hours spent in the classroom will not equal the hours spent watching TV until a child enters junior high school, Mr. Keeshan pleaded for intelligent parental use of television.

"Most American parents are caring," he remarked. "If a child has a physical problem, his parents help him. Why not also help him when

television is affecting and influencing him? Often, we simply don't think about it."

Noting that participants at the conference have direct access to parents, Mr. Keeshan urged them to discuss with parents the implications of television for their children's growth and development. He stressed that when parents watch television a great deal they are providing models of behavior for young people, and commented that although children should watch some television, parents should be selective about it.

He urged participants to let television stations know their positive feelings about certain programs as well as negative feelings and emphasized the importance of various

reactions regarding time slots allocated to programs and continuation of programs on the air.

In response to a question regarding whether the *Captain Kangaroo* show publishes schedules of

its programming in advance, Mr. Keeshan noted that the Harrogate, Tennessee Home Start program is using his program as part of its educational component and said that the program distributes in ad-

vance script-overviews and suggestions as to how the program can be used both by parents and home visitors.

O'Keefe Advises Attendees on 'Using What We Have Learned From Home Start'

Dr. (Ruth) Ann O'Keefe, Director of the Home Start and Child and Family Resource Programs, Office of Child Development, Washington, D.C., spoke to conference participants in a general session on March 21 about what has been learned from Home Start and how to use this information.

She noted that throughout her experience as National Director of Home Start (since its beginning in 1971), one of the most important points she had learned was to recognize and enjoy, use, acknowledge, and appreciate people.

"A one-person show really isn't too good," she said, "and if there's any advice I can give you, it's to recognize and rely on other people's talents. Sometimes people are reluctant to accept ideas that are not theirs or come from a source they don't like. Try to avoid that trap," she urged.

After acknowledging the efforts of the 125 people on the agenda

and her staff in Washington, she stressed the importance of thinking ahead and anticipating potential problems and the reasons for them, and she emphasized the need for specific goals to be established.

Looking back on the development of the Home Start program, she related that more emphasis should have been placed on the adult education aspect of home visiting in the early stages of the program. Remarking that home visitors function as educators of adults and possess specific types of skills in relating to adults, Dr. O'Keefe said that this must be a highlight of any home-based program. She also urged participants to place heavy emphasis on staff supervision and support, saying that this was terribly important.

Dr. O'Keefe stated that in the Home Start program evaluators found an almost perfect match between staff and families regarding ethnicity, language, race, and neigh-

borhood, but she noted that this need not always occur for a home-based program to be successful.

In summary, Dr. O'Keefe said that we have learned there is a need and desire for home-based programs as a result of the Home Start effort.

"Home-based programs can be successful, and there is a variety of approaches to implement them," she said. "We've also learned that home-based programs can be effective for children and parents who participate in them and that we have provided an acceptable option for parents and communities."

Noting that when Home Start was still an idea (rather than an entity) she had dreamed that the idea would have two kinds of legacies—an extensive written record and a wealth of people with demonstrated experience, Dr. O'Keefe concluded by saying that she hoped the conference would be a significant part of such legacies.

'The End of the Beginning'

In a panel discussion and evaluation of conference events on March 21 entitled "The Sounding Board," panel members heralded the conference as "the end of the beginning" for home-based programs.

Noting that the Home Start program had been launched with a similar conference only three years ago, Dr. Paul Vicinanza (Home Start Regional Representative, Region III, Office of Child Development) reminisced that three years ago we felt that we were part of a revolutionary vanguard, but now we realize that we were part of an evolutionary movement.

"We've now come to the end of the beginning, and we now know that home-based programs can do beautiful things for children, parents, and educators. The know-how is in the community, and we need to be flexible and open-

minded, to listen, and to try to understand that communities can do a superb job," he said.

Dr. Allana Elovson, Director of the San Diego, California Home Start program, commented that one extremely important aspect of the effect of Home Start which had not received sufficient emphasis was the effect which could be expected on the later parenting behavior of those children whose parents had been enrolled in the Home Start program.

"Due to the well-documented impact of modeling on children's behavior, we should expect that the parenting behavior of these children would be enhanced beyond that which would be expected had the parents not been in the Home Start program," she said.

Other panelists, including home visitors, directors, and parents in-

volved in Home Start and related programs, remarked that the conference assisted them in realizing the scope and diversity of home-based programs and expressed the hope that such programs would affect the children and parents of the future to have a better life.

Dr. Jim Gage, Acting Director of Home Start and CFRP, concluded the session by recalling that three years ago we had had ideas but had not yet tried them out, and that many people were skeptical about their success.

"We feel we've met the skeptics and answered them now," he said, "and we can reflect with pride on the development of skills, interest, and enthusiasm for home-based programs as well as the cadre of talented people who are implementing them across the country."

Conference Films Praised by Participants

The following films were shown at the conference and enthusiastically received by participants.

Time, Price	Title and Synopsis	Available From
15 minutes, color \$27.15 per copy	"The Home Start Sound/Slide Presentation" -- An in-depth look at home-based services as demonstrated by Home Start programs throughout the country.	Education and Development Corporation 1400 N. Uhle Street Arlington, Va. 22201
14 minutes, color	"Good Times" -- A highlight of the April 1972 First National Home Start Conference; the film describes the New Approach Method (NAM) program, which includes a preschool reading readiness component.	Mr. Gregory Simms The New Approach Method 194 Brunswick Avenue P.O. Box 1303 Trenton, New Jersey 08618
26 minutes, color	"What Color Is the Wind?" -- The story of twin boys, one blind, one sighted, and of their parents' determination to treat both equally in the face of societal pressures. The film is a warm, appealing portrayal of the parents' positive attitude toward their young sons, of pleasures mutually shared and perhaps even heightened by a child with a disability.	Modern Talking Pictures
18 minutes, color \$21.25	"Child Safety in the Home" -- A sound/slide filmstrip highlighting common household accidents that can occur with children and suggesting various preventive measures.	Education and Development Corporation 1400 N. Uhle Street Arlington, Va. 22201
30 minutes, color	"The Adventure of Early Childhood Education" -- An explanation of the Riles' Plan for comprehensive early childhood education in California.	Early Childhood Education Management Team Department of Education State of California State Education Bldg. 721 Capitol Mall Sacramento, California 95814
15 minutes, color \$175 plus shipping and sales tax	"Ninos de Dos Culturas" -- An informal training film designed to show a bilingual home-improvement program for preschoolers in action; it focuses on one day's activities for a home tutor in the Spanish Dame Bilingual Bicultural Project.	Office of the Santa Clara County Superintendent of Schools Glenn W. Hoffman, Superintendent Attention: Ms. Toni Micotti Project Manager 100 Skyport Drive San Jose, California 95110

Time, Price	Title and Synopsis	Available From
11 minutes, black and white \$91.00	"Jeffrey at Home" -- A film showing a 4-year-old and family at mealtime, and allowing viewers to compare families' meal-time routines and group interactions and develop a keener appreciation for the universal and variable aspects of raising children.	Education Development Center Attention: Mrs. Kathleen Horani Exploring Childhood Program 15 Mifflin Place Cambridge, Massachusetts 02138
16 minutes, color \$19.65*	"Fun In the Making" -- A sound/slide filmstrip containing numerous innovative suggestions on how parents and children can make low-cost developmental toys and throwaway household items.	Education and Development Corporation 1400 N. Uhle Street Arlington, Virginia 22201
25 minutes, black and white	"Pearlie" -- A beautiful film made in 1968 focusing on a young mother-to-be and the training she receives as an enrollee in the Chicago Parent and Child Center	Presently not available for sale or rental. For more information, contact Model Cities - Chicago Committee on Urban Opportunity 640 N. La Salle Street Chicago, Illinois 60610
15 minutes, color \$175.00	"Days of Discovery" -- A motivating film sponsored by the U.S. Office of Education, dealing with the importance of early childhood learning and the potential role of the school in training parents to provide learning experiences for their children.	Olympus Publishing Company Two Olympus Plaza 1670 E. 13th South Salt Lake City, Utah 84105
1 hour, color rental price \$30.00	"On Being an Effective Parent" -- A film on the Parent Effectiveness Training program, created by Dr. Thomas Gordon. In the film, Dr. Gordon teaches parents the skills of active listening and how to communicate accurately their own needs and concerns to their children. The second part of the film presents the "No Lose" method of conflict resolution, the core of P.E.T.	American Personnel and Guidance Association, Inc. 1607 New Hampshire Ave., N.W. Washington, D.C. 20036
18 minutes, color \$28.50 per copy	"The Child and Family Resource Program Sound/Side Presentation" -- An overview of the Child and Family Resource Program, a program designed to provide family-oriented comprehensive child development services to children from the prenatal period through age eight in accordance with assessed needs	Education and Development Corporation 1400 N. Uhle Street Arlington, Va. 22201

Time, Price	Title and Synopsis	Available From
26 minutes, color \$350.00 per copy (purchase price) or \$25.00 per 3 days (rental price)	"Learning in Joy" - An informational film (produced by the Verbal Interaction Project and Synchro Films, Inc.) detailing the theory, operation, and dissemination of the Mother-Child Home Program.	Synchro Films, Inc 43 Bay Drive West Huntington, N.Y. 11743
20 minutes, color	"Playing for Keeps" - A film describing the Florida Parent Education Program sponsored by the Institute for the Development of Human Resources	Dr. Ira Gordon Director, IDHR 513 Weil Hall University of Florida Gainesville, Florida 32601
25 minutes, color \$3.00 rental	"Parents and Children - The Gold of the Barrio" - A film on the University of Houston Parent Child Development Center whose purpose is to develop and test a parent education program for families with children below three years of age	Mr. Dickerson Audio-Visual Department University of Houston Houston, Texas 77004
25 minutes, color rental price \$30 - 2 days \$45 - 3 to 5 days purchase price \$300.00	"Rock-a-Bye Baby" - A fascinating film examining some of the techniques psychologists use to weigh and measure mothering practices around the world	Time-Life Films 100 Eisenhower Drive Paramus, New Jersey 07652

APPENDIX A

CHILD DEVELOPMENT IN WHOSE BEST INTERESTS?

Remarks made at National Conference on Home-Based Child Development Programs by Mr. Stanley B. Thomas, Jr., Assistant Secretary for Human Development, U. S. Department of Health, Education, and Welfare, Washington, D.C.

Good morning! The recent proliferation of books and articles on how to be a good parent or how to relate to your children tells us, I think, that adults are both confused and concerned about parenting. Small wonder, for we have all been hit by the convergence of two accelerating trends: Evolution of the concept of child development, and deterioration of the support systems for family life. Over the last decade or so, general agreement has emerged that the first five or six years of a child's life are crucial for the future realization of her/his potential, obviously, parents play a critical role in these formative years. The burden of responsibility for a little person's success or failure - however you define that in later life has been assigned to parents as primary influences by educators, health professionals, psychologists and psychiatrists, behavioral scientists, criminologists, the mass media, child and youth development professionals, and a variety of other people. Where parenting used to be thought of as providing food, clothing, shelter, schooling, love, and discipline for one's children, the increasingly sophisticated concept of child development tells us that there is really a whole lot more involved.

At the same time, the extended family has by and large shrunk to the nuclear family, networks of friends and neighbors are periodically split up by necessary mobility, urban density demands that the human need for privacy be met by some degree of isolation and indeed anonymity, institutional age-segregation increases, economies of scale produce multiversities, large supermarkets, massive bureaucracies, and corporations. In short, the transience and depersonalization of our society have diminished the community support systems for human contact and assistance which we once took for granted.

And so while our notions of the significance of parenting become ever more complex and demanding and indeed while the very rapidity of social change creates a sometimes baffling world for children to grow up in which their parents have never experienced, parental access to essential human resources for information, guidance, support, and assistance are diminishing. When these pressures and the incidence of child abuse attests to their universality are compounded by poverty and discrimination, the situation may seem hopelessly overwhelming. Because your experiences, I would hope, have taught you the potential for bringing about change, I doubt that is how you feel. Indeed, Home Start has made visible the real dimensions of substantive parent involvement which Head Start began. You have increased the recognition of the importance and potential of parents themselves to enhance their own children's development, you have actually begun to work with that potential on a regular basis and to learn how to make it real, how to make it a viable and effective change strategy for children.

One of the truly remarkable things about both Head Start and Home Start and this you already know is that parents like them. Rather than dismissing them as helplessly incompetent, as part of the problem, these programs actually involve parents directly with their children's development as part of the solution. Many other parents have simply not had the opportunity to develop the skills, competencies, and understanding of developmental processes which you foster. Yet parents do indeed play a critical role in the formative years - whether we ignore them or not and they are the single most pervasive, pervasive, and persistent continuous influence on a child's development. Improve their grasp of developmental processes must necessarily improve a child's development.

I used to think that this was intuitively obvious until I began to realize what creeping experts had done and continue to do to our institutions and social arrangements. With the tacit collaboration of nearly everybody in this society, experts have divided up areas of human endeavor and claimed exclusive decision-making prerogatives for themselves on the basis of their superior knowledge and abstruse language.

A problem that causes, unfortunately, is the expert's tendency to see things or even a person from his or her professional point of view and to develop a vested interest in maintaining this point of view as incontestable. Often various professional "competes" will be brought in and often a common sense get lost in the process of "proving" that the professional's point of view is the correct expert's point of view. It is not only bureaucracies which

are afflicted by parceling out human problems in bits and pieces. It also happens that the definition of the problem gets muddled up as various experts try to claim exclusive jurisdiction, and then we get one solution which tries to please everybody without working!

I do not intend to give you the impression that I am against the development, pursuit, acquisition, or use of complex knowledge or the interplay of ideas. I think these activities are indisputably valuable to us all. I do believe that human beings, non-experts, ordinary people, have allowed themselves to be intimidated by the jargon of "experts" at the expense of their own common sense and have allowed "experts" to take over many decisions as an easy way to excuse themselves from responsibility. I see no reason why abstract ideas and informed judgments cannot be rendered into intelligible English.

The tendency to make things seem as complicated as possible in order to ensure respectful and unquestioning acquiescence with your own opinions, values, attitudes, and behaviors expert-itis—is itself a complicating factor in resolving many of the societal problems we face. Credentialing serves a very real and necessary purpose in a mobile society of well over 200 million people. I have a great deal of sympathy, however, for people who charge that too much of the credentialing process has lost touch with the real world; that credentialing has become a subterfuge for limiting the number and kinds of people who can have access to a particular occupation; that it perpetuates the elitist mystique of an inordinate number of occupations and professions; that it fails to deal with qualities, attitudes, and behaviors essential to many jobs, such as commitment, ability to relate with respect to many different kinds of human beings (especially important to people-oriented jobs), willingness to listen and to hear other people and so on.

Because child development is a newly emerging field without its own history or set of traditions to contend with, we can avoid these problems if we really want to. In order to do that successfully, we must remain flexible and open to a variety of strategies and settings for training and credentialing which rest on a competency-based approach meshing the theoretical what's and why's with the practical how-to's. And because, contrary to popular impressions, the preponderant majority—something like 80 to 85 percent—of children cared for outside their own homes are in someone else's home, we need to keep in mind the generation of appropriate training strategies for home-based caregivers as well as for day care center workers.

It is quite clear to all of us, I think, that working with young children requires different skills than have been traditionally rewarded in our other institutions, and in developing the necessary competencies, we want child care workers to have an *experiential* integration of theory and practice. Among the competency areas identified as significant which are different from the goals of other training are bringing about optimal coordination of child rearing practices and expectations among parents, and child care homes and centers (one *MUST* relate to the parents), organizing and sustaining the *positive* functioning of children and adults in group learning environments, building children's *positive* self-concept and strength. Among identified capacities essential to these competencies are some things we don't hear much about except among parents discussing qualities they want in people who work with their children: being sensitive to children's feelings, protecting orderliness without sacrificing spontaneity or exuberance, listening to children and understanding their meaning, being perceptive of the child's individuality.

One strategy for developing and spreading these special skills is the Office of Child Development's competency-based Child Development Associate credentialing effort, intended to enhance the quality of personnel in child care centers, as you know, this credential is to be awarded on the basis of observable behaviors demonstrating these and other skills, knowledge, and attitudes toward young children. There are lots of obstacles in launching a new profession, of course, and we have not overcome all of them yet. But we are working on them, and at the very least we have gotten a lot of people to think about what it really takes to work well with young children. Hopefully many more strategies will be put forth and tried out, for this thinking and experimentation is essential if we are to resolve some of the problems regarding children's environments and opportunities.

The biggest debate now is surfacing over who will "control" early child development, over what experts will have exclusive jurisdiction, and certainly not least of the concerns, over what experts will get to decide how to spend whatever money there may be.

What I have talked about thus far are concerns I think crucial to this debate: substantive parent involvement, the need to develop those skills which have been identified as essential to working effectively with young children, credentials based on the demonstration of those skills and attitudes, the importance of people in the community participating in decisions in consultation with experts. There are other elements which must be considered as well: respect for community variations, the importance and magnitude of the task itself, financing, legal constraints, and, in the final analysis, at the base of our discussions must be a concern for what is in the best interests of children.

This debate is surfacing to a very large extent because some people have seen early child development as the

answer to growing teacher unemployment and emptying classrooms and some of the schools' financial difficulties. I think we must all take a long, hard, cold, thoughtful look at this sort of reasoning, for it is couched in terms of the kind of expert-itis which muddles the issues.

First, what is good for unemployed teachers and foundering school systems is not necessarily good for preschool children, and I think it would be a terrible mistake with unfortunate future repercussions for anyone to confuse these issues by using the child as a mere tool to remedy those situations. Second, it is sometimes stated that the child's developmental needs are best met by the school system because of its experience in the educational process. Such an approach to the issue overlooks the fact that child development is a much more encompassing term in which the education process that is, cognitive development—is only one aspect among a number of other important elements. Further, I think it ought to be observed that in the delivery of educational services to poor children, particularly in urban settings, school systems have not been as successful as those children's parents would have liked.

Third, why should this debate be settled among several groups of experts, each advocating for his or her own profession's exclusive jurisdiction, without engaging parents and the ordinary people of whom I have spoken? And why should this debate be settled on a national level? For the last 5 or 6 years, a resounding message delivered to Washington from States and communities contending with "social action hangover" has been the impossibility of meeting needs by conforming to a national model of this or that program in every community, every State. Why has it taken us so long to admit that communities are different from one another, and within the limits of individual rights protected by the law, they are entitled to those differences? Why are we hearing a demand for ONE answer, ONE model, ONE set of experts to be given exclusive control? And why can't we seem to grasp the importance of relating to each individual as a whole person, of designing programs which relate to each child as a whole person?

The importance of parent involvement in what is happening to children cannot be underestimated. Who has a more legitimate right and indeed, a more legitimate responsibility to have knowledge and understanding of and to participate in the processes which affect their children? Few parents are experts in education or child development, but given experts who respect them enough to explain as much as possible, I firmly believe that parents—like most human beings—will return that respect with trust and cooperation. I'm sure this is something many of you can attest to, and sometimes I wish you would attest to it more vigorously.

In recent years this country's public school system has not been known for its enduring commitment to substantive parent involvement in the schools and their processes. Some say this is changing, and there are probably many exceptional communities where parents are actively involved in the content of what goes on every day, of policy and operational decisions. I would like to see more of it. But it is not an institutionalized commitment across the board. And if the debate over control of early child development is settled on a national level, once again people will not be able to take these local variations into account in choosing the most responsive organizations in their communities.

Some people suggest that giving the schools control of early childhood programs would provide leverage for change. That has been the rationale behind several other Federal programs for elementary and secondary education; recent history would seriously question the efficacy of that position.

The increasing rate of unemployment among teachers is a very valid concern, but I do not think the solution is to automatically rechristen them Child Development Specialists. As I have said before, the skills, competencies, and attitudes necessary for working with young children are quite different from those required in the school classroom. Among many, many differences, simply consider the school's premium on order and discipline, the scheduling process, the almost singular emphasis on academic-related skill development. Or consider the difference in emphasis between teacher training for the classroom, and the kinds of skills I mentioned before as crucial for working with young children—learning to listen to children and understand their meanings, or building on children's positive self-concept and individual strengths. Now I certainly don't mean to imply here that school systems are unable to provide the kind of flexible environments or that teachers cannot develop the different skills necessary for working effectively with young children. Indeed, some 25 percent of the children in Head Start are in programs operated by school systems. But it will take energy, commitment, and change, and I think that each community must decide for itself.

So I think if we look at this whole question in terms of what is in the best interest of children, we come to the conclusion that it must be left to the choice of each community and there cannot be a universally applicable rule on which experts may have exclusive jurisdiction. There should be no exclusive jurisdiction, and we should not even set one up by default through Congress' enacting, for example, a program for which only education agencies are eligible, or even a program where education agencies cannot be eligible.

It has only been relatively recently that we as a nation have made any commitment to early child development, and we are now moving into the throes of finding out how all our marvelous theories contend with reality. There is certainly room for experimentation and contributions from everybody—indeed, there is a need for cooperation and the sharing of interdisciplinary perspectives. But we cannot forget that our efforts and energy must be dedicated to the best interests of children, and on their behalf, of parents and of ordinary human beings. Because of our individual fantasies, we are all ordinary human beings, struggling with life's complexities and attempting to meet its awesome challenges.

APPENDIX B

SUMMARY OF RESEARCH ON PARENT-FOCUSED CHILD DEVELOPMENT PROGRAMS

Remarks made at National Conference on Home-Based Child Development Programs by Dr. Earl Schaefer, Professor, Maternal and Child Health, School of Public Health, University of North Carolina, Chapel Hill, North Carolina.

Friends and colleagues, I really can't tell you how pleased I am to be part of this community of people who are learning and teaching, of parents, teachers, and those who are forming the future of education, the future of health services, and the future of parents, children, and the professions.

I think we are here at a time of great hope. We've heard the Assistant Secretary of HEW, Mr. Stanley B. Thomas, tell about his visions for parents. We know that the current Commissioner of Education, Dr. Terrell Bell, sees parent-centered education as the future of education. Our presence here today shows that realization of the importance of parent-centered education is growing rapidly. We are here to share our successes, our experiences, our hopes, and our dreams; and some of us are here to share our failures and what we've learned from those failures.

I think that what we're trying to do here is plan for the future of children, parents, and the professions. I stress the professions, because I think that we've emphasized the needs of children and parents for too long. Now we must think about the needs of the professions and how they can relate in a more constructive manner to parents and children.

Before we do that, we need to look at the growth of ideas and of research which has led to the parent-centered interventions of the early and middle Sixties, to Home Start during the last three years, and to an emerging perspective on early child care and education. This perspective involves a consciousness of the role of parents and of the need to work with parents. I think this new consciousness, this new perspective will lead to renewed enthusiasm, and to many different ways of involving the current professions, institutions, and parents in promoting the welfare of children.

To stress that a bit, I'd like to mention a book which has influenced my work: *Ideas Have Consequences*. The whole idea of Home Start is a very powerful idea which will have major consequences in this country in the coming years. The idea of parent-centered intervention has been developing rapidly over the last 10 years. In the next 10 years I think it will come to fruition through your efforts, alongside with the efforts of the people who are engaged in Home Start, and of those who have contributed to it, and through the efforts of those who will take ideas from this conference and apply them in their own communities.

Kuhn said that new research leads to a new paradigm, a new model, a new definition of a field including what is necessary, what is possible, and what are the important problems in a field. I think that the research which has led to Home Start is developing that new paradigm for health and education. Whitehead once said in *The Function of Reason* that new ideas lead to new technology and new ways of doing things. I think that we all must take the ideas of Home Start and develop new technologies and new methods for our professions and institutions. Reich stated that a new consciousness leads to new structures, we are developing a new consciousness of the importance of parents, and of the importance of working *with* parents, which will lead to changes in our professions and the methods they use to support child development.

So we come at a time of great hope. Not only do ideas have consequences; people have consequences and significance in their work with other people. I would just like to mention some of the pioneers who have contributed to this emerging perspective and consciousness.

Let's go back to the Iowa group, Skeels and Skodak, who demonstrated the importance of early development, early education, and its long-term effects if it is followed up by continuing education. Let's look at Hunt, who, in his book *Intelligence and Experience*, has summarized much of the early evidence and promoted much of the early work on parent-centered intervention. Let's look at the pioneers, Gray, Weikart, Gordon, Karnes, and Levenstein and those people of vision who in the early and middle Sixties developed the parent-centered programs which have led to Home Start. Let's look at Ed Zigler who established Home Start at OCD at the national level; and at Ann O'Keefe whose energy and enthusiasm and ability has led to this conference today; and let's applaud all of those pioneers.

I think we need to recognize people's strengths, skills, and potentialities and what they can do for others, and so I'd like to talk about a bit of research. I think the early research suggested a need for early education. At that point, some of us thought that if we educated in the early years, that was sufficient. It turned out that early education was not

enough. Then we began to realize the need for continued education through Follow Through and other programs, but continued education in the schools was not enough. Then we began to see the need for parent-centered education and for involving the parent in the child's education from birth to maturity. That's the concept which Home Start is working on.

We must go back to evolution, history, growth, and development because everything has its roots in the past and everything grows and develops. The question is, "How can we help people and ideas grow and develop?" We also need to consider the need for positive growth and change in the child, in the parent, in the professions and institutions which relate to parents and children, and in communities. Communities are mentioned because I think that Home Start is also contributing to the development of communities which, in turn, support parents. The research is leading to what I now see as a lifetime and a life-spaced perspective on education. It doesn't merely focus on the child in the classroom during the school day, but it includes his whole lifetime and his whole life space and how they contribute to his education.

In his writing on socialization, Ed Zigler spoke about the interactions and transactions of the child with his environment, as leading to socialization. We're seeing increasingly that the interactions and transactions of the child with his environment are the basis of both his socialization and education, and that we must promote those interactions and transactions throughout his lifetime and space.

And yet, where are we today? Last fall I spoke to a school superintendent and asked him, "Are you in favor of sending your teachers out to work more with parents?" He said, "No, we don't have time, money, and manpower for that." I asked him then, "What would you do if you had more money?" He said, "I'd bring the child into the schools at two or three years of age." So he's still missing the point. He still doesn't want to work with parents. And the American Federation of Teachers, in suggesting that all family services be cut out of the Child Care Bill and that children be sent to the schools at 2½ to 3 years of age, don't get the point yet either. It's to this group that we must spread the ideas of Home Start.

Schooling is the old paradigm. How do you educate a child? Do you bring him into the classroom with a professional teacher who teaches him the academic subjects? That has not worked and it will not work. That's why we must develop Home Start for the future of education and health.

We need a comprehensive view of education—the family, the community, the mass media, the schools, and the professions. All have a role to play, just as we do. Our role is to be leaders, organizers, resource persons, and consultants who build the strengths of family, community, professions, and institutions. We need an educational system which emphasizes confidence, competence, and responsibility of the parent, which the professions too often take away.

I heard a teacher say to a group of middle-class parents, "Please don't teach your child how to read or do arithmetic; your method may be different from mine. Send me a happy child and I will educate him." That is not my view of education. I also think that we should not merely be engaged in remedial education or treatment. I now see that we really should not focus upon the prevention of pathology.

What we should be doing is promoting positive growth and development. Let's get away from that pathological model of treatment, remediation, and prevention. Let's get on with this Home Start model of promoting strengths, skills, and competence in children and parents. Then we'll have equality of education for all, not merely in the classroom, but in families and communities, throughout lifetime and life space.

Now I will touch on the research. There are many research reviews by Hess, Bronfenbrenner, Lazar and Chapman, etc. which I suggest you read for the details. What I am doing is integrating and synthesizing the research into a perspective for the future of education—a perspective which I think we will carry out. Looking at the early origins of parent-centered programs, we began to realize that intellectual skills begin to develop heavily during the first three years of life, so that every social group seems to arrive at its own level on the standard tests as early as three years of age. School entry doesn't seem to change children's level of functioning.

So the schools are too late in some ways, and they're inadequate in many ways, because schools apparently cannot educate without the help of parents. What happens in the first three years of life? We see the early development of relationships and language. Mental tests are largely measuring the child's ability to relate to the examiner, to be engaged in tasks in that examination, and to use language in coping with those tasks. Thus, we need the early development of relationships, language, interests, skills, and motivation in the home for the child to function in the classroom. I saw this evidence, and I'm going to tell you about my mistakes in hopes that you'll profit from them.

I decided we should have an infant education program for children aged 15 months, but at that time I had too little trust in parents and in our ability to work with parents. So we sent tutors into the home to do the job for parents for one hour a day, five days a week. It seemed successful at the time: at three years, the children had a mean IQ of 106 and the control group mean IQ was 89. However, three years later there were no differences between the group we had worked with and the children we had not worked with.

In that study, we confirmed the need for early education. We saw the need for continued education and for family-centered education from birth to maturity, because we found that by the time the child was 15 months old, we were already doing remedial work. When we were doing this for the parents, one of the parents, in talking with us, referred to the child we were tutoring as "our child" and to the younger child as "her child." Now how many of the professions are telling parents, "We will educate your children for you; we will care for your children for you: they're *our* children" and, thereby, turning the parents off? That doesn't work. We're going to have to work with parents; but how do professionals react to this?

At a conference on Early and Periodic Screening, Diagnosis, and Treatment, I said that professionals must learn to collaborate with parents in the health care of children. One psychologist stood up and said, "How can you suggest that I collaborate with those parents? They are the people who are fouling up their children." That's the professional institutional approach--supplementing, sometimes supplanting parental care.

I think we must turn to strengthening and supporting family care of the child from birth onward, if not earlier. I won't review the characteristics of family care with you; we all know them. But what are some of the characteristics of family care which make the family so important? I stressed the early development of relationships. We learn through interactions with one another; if a child cannot relate to teachers, parents, and peers, he doesn't learn as successfully. The early development of language--through interaction in rich and varied experiences--is really the basis of all future education. Vocabulary alone is one of our best predictors of how well a child will do in schools.

Let's consider what a child does in schools. He reads, writes, talks, listens, and thinks--and language is the tool. If parents aren't promoting use of language in the home, and if the child comes to the school unable to relate, to understand language, and to listen, think, and work with others, he can't profit from that experience as much. Therefore, we need to do this early work on relationships and language with parents.

I fear that many of us still translate parents as mothers, and still turn the education and care of the child over to women. For example, this audience is mostly female. I think it's time for all of us to begin to involve males more in education and child care. Rode's research on fathers shows that the child's alienation is related as much to the father's behavior as to the mother's. Rutter finds that the child's adjustment is as much related to his father's behavior as to his mother's. Radin finds that the father's interaction with the child predicts his mental test scores also. So we must involve fathers as well as mothers in the child's care. Beyond that perspective, it's not enough to see only the mother and the father teaching the child; we should involve the entire family and community.

Rutter finds that the best predictor of the antisocial or social behavior of boys is the marital relationship between the father and mother. Now I hope that, in focusing on our work with mothers, we don't drive a wedge between mothers and fathers and don't contribute to the stress in marriages. Rather, I hope that our efforts will support the marriage, the father's as well as the mother's role, and perhaps also the roles of siblings in the education of the child. We are all teachers and students, and we can all contribute. So we must recognize those human resources in the family and utilize them.

Again, to comment upon my mistakes and the successes of others, I'd like to contrast my infant education program, in which we saw children over a 21-month period in over 300 visits, with Levenstein's approach, in which she went into homes approximately 31 times over a seven-month period. My program resulted in an immediate IQ gain of approximately 17 points, but had minimal long-term effects. On the other hand, Levenstein's program had approximately the same short-term intellectual development results with far greater long-term effects. Gray's group at Peabody has said that the Peabody home-centered program not only has an immediate and long-term impact on the target child, but also on subsequent children in the family and perhaps on education of other families, friends, neighbors, and relatives. The cost-effectiveness of working with families is much greater. For if we would work with families from birth onward, this would give the child a lifetime of learning within the family and within the community.

I'm really very concerned about our professions and the way they disregard family and parents. I'll use the health professions as an example. I think the work of Klaus on the process of maternal attachment to the infant in the hospital is very significant and important, if it can be replicated. In the Fifties, researchers found that if a mother goat is separated from her offspring for 24 hours, she never accepts that offspring. Klaus and his colleagues found that if you separate the mother from the low-birth-weight infant who is in intensive care, these children are often neglected and abused and fail to thrive. There is also a high proportion of low-birth-weight children among neglected and abused children. So Klaus began to suspect that how our hospitals treat mothers and infants in newborn care may be having an impact on families. He then studied a typical hospital with a routine amount of mother-infant contact. After increasing the amount of mother-infant contact, he reported significant effects upon maternal behavior at one month and at one year.

If that is true, our professions and institutions may be influencing family relationships and family care at the time of birth and may have very significant effects on child development. Our hospitals may be having more negative effects upon child development than the positive effects of all our remedial and treatment programs. It seems to me we must study our professions and institutions and ask what their impact is on families. We need a family impact analysis of all of our programs. If a hospital is separating the mother from her infant at the time of birth and is pushing the father out of the hospital—breaking up the family right at the moment of birth and delivery—is that promoting the family's effectiveness in child care and education? Apparently not. So we should extend the insights of Home Start to a critical analysis of all our professions and institutions to help them develop more positive and supportive roles with families.

Who is currently training and supporting families besides Home Start? Chamberlain asked parents who reported that their child had a definite behavioral or developmental problem if they had spoken with anyone about that child's problem. Of those middle-class parents, 51 percent said that they had spoken with no one despite the fact that they were seeing pediatricians regularly, and 33 percent said that they had spoken to the pediatricians. Apparently they did not see consultation and support available, yet the majority of those who had spoken to pediatricians found it useful.

We should make consultation, support, and training available to all parents, including middle-class parents. Starfield and Barkow also find that in pediatric visits parents' questions about the child's growth and development are often unacknowledged and unanswered. We must make the professions listen more to parents' needs and become more responsive to meeting these needs. Nurse practitioners also tell me they spend most of their time in direct treatment of the child rather than in working with the parent on the child's health and care. This seems to be the professional model. Perhaps it is this professional perspective—that to provide care and education for the child, we bring him into a center or a classroom under professional care—that is determining much of our planning for education and care in this country.

I think that Home Start has broken out of that pattern by recognizing that Home Start is an alternative, an option, or even a supplement to center care. From the point of view of cost effectiveness, I think it is far more effective to work with a parent than to bring the child into a center. Although some children do need preschools and care in centers, let's not neglect the role of the family in providing that center and preschool care. Let's work with parents to develop a new image of care and education, in which professionals are communicating, cooperating, and collaborating with parents on the care and education of children.

I think it is apparent from the research literature that the kinds of support available to the family do influence its functioning. Some of those supports and stresses are internal: if husband and wife are in conflict, the children suffer. Some of the stresses and supports are external—from neighbors, friends, and relatives in the community. Some of the supports are from the professions and institutions for parents who need them; I think we must make the professions and institutions more aware of their potential in supporting, training, and strengthening families.

That leads us to the need for training new professionals who are aware of the family's role, of how the family educates and cares for children, and of how professionals can strengthen, support, and train families. So the future of Home Start should not be a limited set of programs. Instead, the insights of Home Start must be extended to all of our health and education professions and institutions in this country.

Also we need a new consciousness on the part of parents. I have done research on parents' and teachers' views on parent-teacher interaction and parent involvement. I find that some parents are aware that their education of the child is more important than that of the school while others are not. Related to this awareness is the parents' statement that they are seeking information on how to do the job of educating their child, from doctors, teachers, friends, neighbors, books, and magazines. These parents who are conscious of their role are also seeking information on how to perform that role better, and they also say that they are using the mass media and community resources in the education of their children.

I think the goal of Home Start is to increase the level of consciousness in all parents, to make them aware of their importance in their children's lives, to help them obtain the information they need, to provide the help they need to be more effective with their children, and to make them aware of mass media and community resources that they can use in the education of their children. Then the professions and institutions must become more effective collaborators with those highly conscious parents. That means we need to develop a new consciousness in professionals—a consciousness that their role is not restricted to the school-age child in the classroom or the child in the day care center, but that their major role is in strengthening and supporting the family's care of the child, with a secondary role of supplementing but never supplanting family care.

It seems to me we need a new consciousness by professionals of the power, competence, and importance of parents. There is one aspect of this I would like to stress as Assistant Secretary Thomas did—that is the need for a positive approach of emphasizing strengths, skills, growth, and development.

Recently a psychologist proposed that preschool teachers and day care workers check off 30 symptoms (deficiencies, pathologies, and such) that children might have, arrive at a percentile score, and then interpret this pathology to parents. I think that would be counterproductive; instead, we should ask, "What are the positive qualities of children? What are the potentialities for growth in children? How can we point out these potentialities for growth to parents and support them?" Baer's and his colleagues' work on behavior modification has shown that very clearly. Baer worked with children who showed a great deal of inappropriate behavior which made them very difficult to place in classrooms. He asked the mothers to note and count the number of times they attended to the child's positive qualities. The parents' counts of attention to appropriate behavior increased, the child's appropriate behavior increased, and the inappropriate behavior dropped out. This occurred not by focusing on deficiencies and pathologies but by focusing on positive growth and development. I think that is what we need to do. Yet the American Psychological Association and American Psychiatric Association are sponsoring on national educational television five programs on mental health with the titles: "Depression," "Guilt," "Anxiety," "Aggression," and "Sexuality." Is sexuality the fifth pathology? I think we need to emphasize the development of the positive potentialities of people, as I think Home Start is, rather than the treatment of pathology. We need to bring to the attention of the behavioral sciences the need for this positive approach with children, parents, communities, and the professions.

Who is going to do this job? Who is going to implement this perspective? The number of people who want to carry out this perspective is growing rapidly, as the size of this audience today shows.

So far I have looked back 10 years or so, at what has been happening in early education and parent-centered education. Now, let's look forward 10 years and ask, "Where are we going?" Are we going to have all children in day care from infancy on, are we going to have all children in schools from age 2½ to 3? Is that the only alternative or choice we're going to offer parents in supporting the care and education of children? If so, I see that as a form of economic coercion of parents. That would tell parents that if they put their child in a center or school, we would provide food, care, and education, but that if they kept their children at home, we would provide nothing. Is that a choice, option, or alternative? I think not.

We must point out to policy-makers and the professions that they need to provide choices, options, and alternatives for parents. The first option and first alternative should be to provide support for those parents. I think the participants in this conference are the group that can develop that option with our consciousness of children's needs, our consciousness of parents' needs, and our consciousness of the need to develop more supportive professions and institutions.

APPENDIX C:

HEAD START AND HOME START: THEIR PAST AND THEIR FUTURE

Remarks made at National Conference on Home-Based Child Development Programs by Dr. Edward Zigler, Professor of Psychology, Head of Psychology Section, Child Study Center, Yale University, New Haven, Connecticut.

I'm delighted to be with you. Thank you, Saul, for that nice introduction. One of the themes that I will present at this short meeting is that it's tough to be an advocate for children today. It's interesting how times have changed. Back in 1965, it was easy to be *for* child development and Head Start programs—you might say we were the Sesame Street of 1965. We were going to do away with the problems of illiteracy, school failures, mumps. People couldn't say enough good things about us, and it was gratifying. However, the mark of the advocate, the mark of the individual who is committed, is: Can you fight when people are saying negative things about you? Can you pull yourself up off the canvas and re-enter the fray once again?

Well, I know many of you in this room, and I feel that you can. But I would be less than candid if I did not say that my own reading of the times is that this is a very, very difficult time to be *for* child development programs. In fact, for those of you who don't know what I am driving at, I would recommend that you read a paper published a few months back in the *American Journal of Orthopsychiatry* by one of child development's most illustrious personages, Dr. Bettye Caldwell. Bettye and I have teamed up on many occasions, but I must confess that her paper troubled me because I found it too filled with pessimism, nihilism, and apathy. Now, Bettye is not alone. Gil Steiner, a very competent social policy analyst at the Brookings Institution, started out to write a book on what we should be doing for children and why. In my last discussions with him, he turned out to be writing a book on the theme that things are so tough and we're suffering from such apathy and pessimism that we probably can't do anything.

Now I know what these people are talking about, and I think they're probably reading the times just right. What troubles me is that we just don't have the time to sit around telling each other our woes and wringing our hands. There's work to be done; and if we act as though the criticisms that we have received undo us, then why should anybody expect us to do anything? If we let the knocks of our critics reduce us to such a stance, I think we will have lost.

I think we each must ask ourselves in this important juncture in our nation's history, "Should one be pessimistic or optimistic about the future of child advocacy?" It's not an easy question, and you each have to search your own soul for the answer. I would recommend a presidential address to the American Association of Orthopsychiatry by Dr. Julius Richmond, whom many of you remember as being the first Director of Head Start. Dr. Richmond entitled his address, "Is the Bottle Half-Full or Half-Empty?" The answer of course depends on your own perception. If you've got guts, and you can see how far we've come, and you've got faith in the future, then the bottle is half-filled. Now let's fill the rest of it.

I guess this shows that I prefer to be basically optimistic. I don't mean that I am satisfied. We haven't done as well as I would have liked, but we certainly have done better than many expected. What we have accomplished is due to the good works of some individuals whom I consider to be of heroic stature. Some predated OCD and Head Start.

We've been fortunate to hear some good talks by some good people today. I would be remiss if I did not first say something about Earl Schaefer, whom I've known as a colleague for a good number of years. What's always characterized the professional to me is the confidence to follow through wherever it might lead you. We have to be willing to take chances, but we should also be willing to say when we think we've won and when we think we've lost. When we've lost, let's cut our losses to a minimum and strike out on another tack. What's the next best thing to do? Dr. Schaefer is one of the very few behavioral scientists I've ever encountered who had the courage to say, "Hey, I was wrong, but I learned something. There's a better way." He is not so concerned about defending his image and what he was committed to at the outset that he can't move forward and show us what the better way might be. Over the years Dr. Schaefer has shown how the knowledge gained from research and evaluation can be used to move us from questionable programs to better programs. I will always admire Dr. Schaefer for displaying the kind of courage which can be a model to us all.

There are many other people here whom I would like to single out, but there isn't enough time in an hour to point out those in this audience whom I think have made major commitments to our nation's children. So let me impinge

upon your hospitality by using this podium at this very appropriate time to call out three of the many people whom I would like to thank publicly.

One is Stan Thomas whom we all heard this morning. I am sure that his speech convinced you that he is a man not only with good values but with courage and with a good head. I have been interested in advocacy for children for at least two decades now, and I'm much too skeptical—not cynical, just skeptical—about promises and rhetoric. Words are cheap, and I guess I've reached a place in my life where a few words don't impress me. Instead, give me a product: show me something tangible for children that you've produced. I think Stan Thomas has done exactly that. Perhaps the product most prominent at this time which we have this man to thank for is the recent 3-year extension of Head Start. We're talking about something over 1 billion dollars for children. I think this happened because of two things: the program is worth selling, and we had someone like Stan Thomas to sell it for us. I'm indebted to him for the advocacy job he's done for all of us.

The second person I would like to mention by name is my old friend and colleague, Saul Rosoff. We were chatting earlier and I realized that Saul has run OCD for a longer period than I did. It's only appropriate that we commend Saul, not only for the fine job he has done since I left OCD—a very substantial job as the head of what can be a very difficult shooting match—but also for his magnificent organizational and administrative skills. I have never seen a man more capable in this regard. Whatever good I managed to accomplish in that trying 2-year period I was at OCD, I owe most of that good to Saul Rosoff because he knew how to get things done. We tend to think ideas are all important. They are important, but a good idea isn't enough. You've got to have people who can take an idea, run with it, and turn it into a viable, ongoing, programmatic effort. Those of you who have taken the trouble to read some of my boring academic papers know that I have spent about 20 years studying intelligence and its manifestations. As a result, I think I can use the language of intelligence appropriately. There is a word that I hardly ever use and that's the word "genius." Saul Rosoff is an administrative genius.

Someone I would also like to commend is Dr. Ann O'Keefe. I have been with her since the very beginning of this particular effort as well as others, and she is a woman of fantastic skills. She combines knowledgeability and sensitivity, and I think that she has demonstrated superbly how one moves from an idea to a programmatic reality. I cannot praise her enough for the work she has done to bring into being Home Start and the Child and Family Resource Program.

This is my first talk in over a year due to my recent illness, and I've asked myself—what brings me back to the banquet circuit? I am here because of the great respect and admiration that I feel for these three people and that I feel for you, a group of individuals who are in the vanguard of our nation's efforts on behalf of children.

To return to my theme, this is an extremely difficult period for those of us committed to child development programs, particularly programs directed at optimizing the development of economically disadvantaged children. It seems that we are being attacked on all sides, both by individuals who probably share our values concerning the importance of child development programs and by those whose values and priorities differ from our own. In other words, I think we have friendly critics and hostile critics.

On the more hostile side we have the attack of the hereditarians—such as Jensen, Herrnstein, and Eysenck—who have argued that compensatory efforts must fail since genetic factors are such overriding determinants of human behavior. In fact, our English colleague Eysenck felt the need not only to say compensating programs, but to pick out Head Start by name as an error in judgment in my estimation.

I don't think that these heredity-oriented individuals are really on the right track. I do not think that the old nature-nurture controversy concerning the phenotypic expression of intelligence is necessary here. My view is that this argument is essentially irrelevant to the issue of whether or not compensatory programs are of value. This point can be made relatively simply. As Cronbach recently noted, even if we accept Jensen's estimate that the heritability index for intelligence is .80 (and many do not, feeling this figure is an inflated one) this would mean that the reaction range for the phenotypic expression of intelligence is about 25 IQ points. Stated somewhat differently, this means that the same individual could show a 25-point difference in intelligence test performance when subjected to the worst possible environment as opposed to the best possible environment. Thus, even using Jensen's estimate, we can theoretically improve through environmental manipulation (such as compensatory education) children's IQ performance by as much as 25 points.

This raises the question of whether IQ changes of this magnitude are worth our time and effort. The question here revolves around the troublesome issue of statistical versus practical significance. Whatever the statistically reliable difference in IQ might be, we still have to ask, "How much change in IQ is required for us to assert that our effort was *practically* significant?" I am indebted to Shep White of Harvard, who pointed out that educators have adopted the convention of treating, as a practical consequence, changes in test performance having a magnitude one-half as large as the standard deviation of the test. Since the standard deviation of most IQ tests is approximately 16, this would mean

that a change in IQ of approximately 8 points would signal a practically significant and worthwhile intervention effort. The most constant finding in the compensatory education literature is a 10-point increase in IQ, whatever type of program the child experienced. Thus even if one adopted the most stringent criteria of success, one would have to conclude that compensatory education was an impressive success.

In addition to the hereditarians, indictments of the value of preschool compensatory education programs have now come from a number of learned investigators who can hardly be considered hostile to preschool intervention efforts. I am thinking here of the analytic papers and assessments of preschool compensatory education, which have appeared in the last 3 or 4 years, by such individuals as Carl Bereiter, Herbert Ginsburg, Larry Kohlberg, and Sheldon White. Reading this critical but nonetheless responsible literature convinced me that in the past we have adopted, or at least appear to have adopted, theoretic and programmatic positions which are in error. We must not be so concerned with our current image that we fail to disavow our theoretical presuppositions once they have been demonstrated to be in error. We must purge compensatory education, especially the bellwether Head Start, of the theoretical excesses and fallacious views of the mid-Sixties.

I agree with Bettye Caldwell's recent assertion that at the inception of Head Start, we were overly optimistic concerning the amount of effort required to produce permanent changes in the quality of children's behavior, and that such over-optimism invariably had to give way to the pessimism that now confronts us. Allow me to jog your memory. In reaction to the Gesellians and other proponents of the fixed IQ, Joe Hunt, Ben Bloom, and others constructed a theoretical view which conceptualized the young child as possessing an almost unlimited degree of plasticity. As late as 1971, Joe Hunt continued to assert that the norm of reaction for the IQ was 70 points rather than Cronbach's more reasonable estimate of 25 points, and further stated that relatively short-term intervention efforts could result in IQ gains of 48 or 63 points. With such environmental sugarplums dancing in our heads, we actually thought that we could compensate for several years of impoverishment as well as inoculate children against the future ravages of such impoverishment, by giving them a 6- or 8-week summer Head Start experience. How naive! It should surprise no one that we soon found such minimal efforts to be relatively ineffective. It's just not that easy.

It is now my view that such tokenistic programs probably are worse than no programs at all. The danger in tokenistic efforts is not so much that they damage children, but that they give the appearance that something useful is being done and thus become a substitute for more meaningful efforts. Children have the right to the best programs we are capable of mounting, and we should all join ranks in opposing tokenism which allows our society to evade its responsibilities to those children who need our help the most. Since positions suffering from theoretical excesses always appear to give rise to opposing excessive positions, there should also be no surprise in noting that the naive environmentalism of the Sixties now is being attacked by the neomaturationalist views of one of America's most thoughtful developmentalists, Jerry Kagan of Harvard.

In addition to naive environmentalism and its corollary, the almost limitless plastic child, another error is badly in need of correction. I am thinking here of the cognitive emphasis in so many of our compensatory education efforts. We should never have allowed the IQ score to become the ultimate indicator of compensatory education's success or failure. The goal of Head Start should never have been interpreted to be the production of an academy of geniuses to man the teaching posts in our universities. We should reduce the confusion that I now see in this area by clearly and openly asserting that the goal of Head Start is the production of socially competent human beings. We should make clear to everyone that cognitive functioning is just one of several criteria that must be employed in the definition of social competence.

When the history of compensatory education in the Sixties is finally written, it will be reported that our early efforts embraced a cognitive emphasis tied to a naive environmentalism. My argument here today has been that both of these tenants must be repudiated. Once we evaluate Head Start in terms of appropriate rather than inappropriate criteria, we will discover that Head Start has been far more successful than its critics would have us believe. Let us examine the record.

I continue to be surprised and disappointed that the health and nutrition aspects of Head Start are almost totally ignored in formal assessments of the program done to date. Approximately one-third of the children who have attended Head Start have been found to have identifiable physical defects, and about 75 percent of these defects have been treated and corrected. We thus see that, over the years, Head Start has been our nation's largest deliverer of health services to poor children. Let's tell people about it.

This is exactly the wrong audience to tell this next point to, but I must say it for the sake of completeness. Also underappreciated has been Head Start's pioneering effort in parent involvement. There was no such thing as parent involvement before 1965. We made it up because, after listening to Earl and others, we thought that was the way to proceed. We were right then and we are right today. From its inception to the present time, Head Start has been a

model, not only in demonstrating that parental participation can be done, but also that it is worth doing. In a recent discussion with my colleague at Yale, Seymour Sarason, he expressed to me the view that the single greatest accomplishment of social action programs of the Sixties may prove to be the development of a cadre of socially involved leaders among minority groups and among the economically disadvantaged groups that history tells us have been almost powerless in influencing the nature and quality of their own lives.

Head Start has led the way in this important social development. Let's ask the question - does the development of such a cadre of leaders among the Head Start constituency have value for children? In a recent paper Ed Gordon of Columbia, whom many of you may recollect was the first Research Director of Head Start back in 1965, intimated how the development of leadership potential among the poor might be an important factor in optimizing the growth of children. In taking exception to the newly emerging conventional wisdom (which in my opinion tends to be more conventional than wise) that variations in schooling make very little difference in variations in intellectual and personality development in children, Professor Gordon pointed out a finding in the Coleman Report that has gone relatively unnoticed namely, that with the exception of family background, the variable most related to school performance was the child's sense of control of the world he inhabits. How does a child's sense of control develop? The modeling formulations of Bandura and others instruct us that children will develop a world view that they can influence their own destiny if they have the opportunity to interact with adult models who themselves feel that their actions make a difference in influencing their environment. I believe that such an outlook is fostered by Head Start's parent involvement effort, and I therefore conclude that a commitment to parental involvement leads relatively quickly to attitudes among children that must be nurtured before school performance can become optimal.

Somewhat related to the parental involvement phenomenon is the success Head Start has had in improving services to children. Now I am not forgetting my typical litany of all the things we should be doing for children and are not, you know them as well as I do. But how can we get more services to children who need these services desperately? When Head Start was conceived, we hoped that this program would be an important institutional change agent in improving the lives of children not only during the Head Start years but in those years before and after the child's participation in Head Start. How successful has Head Start been in regard to this goal? It has been more successful than many people know. I would like to call your attention to the Kirschner Report which looked at the services to children in approximately 50 communities having Head Start programs as contrasted with about seven communities not having Head Start. In the Head Start communities, they found nearly 1,500 identifiable incidents of improved delivery of health and educational services to poor children. Nothing approaching this record was found in the non-Head Start communities. Allow me to ask the rhetorical question - why does everyone quote the Westinghouse Report, which allegedly is a definitive demonstration of the failure of Head Start, while no one quotes the Kirschner Report, which documents clearly the success of Head Start? It strikes me as too selective for my taste.

Another major accomplishment of Head Start has been placing well over 10,000 unemployed and underemployed poor people into college programs which will enable these individuals to pursue professional roles in child care programs. Such an accomplishment is a major one inasmuch as our nation currently does not have a large enough cadre of caretakers to provide good services for children already in our child care programs, to say nothing of the much larger number of such professionals who will be required as we expand our child care services in America and expand we shall.

Let us now ask the simple question, "Do children who have experienced Head Start manifest greater gains on cognitive and personality measures than do comparison children who have not had Head Start experience?" The answer to this question is a resounding yes. They do do better. Why has it become fashionable, then, to speak of the failure of Head Start? The assertion of Head Start's failure is based upon the finding that the advantage of Head Start children over non-Head Start children is not maintained once the children have spent 2 or 3 years in elementary school. But how is this finding to be interpreted? The raw data would appear to represent more an indictment of schools than of Head Start.

I have now spent a decade reading the results of studies investigating the effects of early childhood interventions. As many of you know, evaluating intervention programs has become something of a cottage industry among psychologists and psychometricians. What does all this work show, and what direction does it give to our future efforts in aiding children? After digesting all of these data, I have come to the conclusion that once again science has labored mightily to demonstrate the obvious. Any rational reading of this literature forces one to concur with both Urie Bronfenbrenner and Sally Ryan, whose conclusions taken together indicate that two factors are critical: (1) getting parents involved in the training of their own children, and (2) guaranteeing that schools follow the Head Start program with further compensatory efforts. I firmly believe that if those two requirements are met, our success will be obvious to everyone.

It was our growing awareness of the value of training parents to work with their own children, rather than training

these children apart from their families, that gave rise to the Home Start program. Just as I consider the Home Start effort to be a wave of the future, I also think OCD's continuity-project, which attempts to guarantee children continuous intervention during the early childhood years, is most promising and innovative. I guess if I brought anything to OCD, I brought a kind of sensitivity to just *which* of my colleagues possessed ideas that I wanted to steal. Earl Schaefer is an example of such a person. I was lucky. There were a lot of ideas around, and we picked some of the best ones.

I am troubled by the current tendency, even upon the part of certain knowledgeable workers, to conceptualize Head Start as though it were the same program that we initiated almost a decade ago. We may have become the victims of our own evaluation procedures inasmuch as these procedures deal best with static programs which involve a homogeneously administered treatment condition. The thousand Head Start centers do not represent a homogeneous treatment condition. There is probably as much variation within Head Start as there is between Head Start and non-Head Start programs. Furthermore, Head Start is not a static program. We must shout out to the world that the true meaning of Head Start is that it is an evolving concept and not a static program. Many of us have witnessed this evolution. As the evidence came in, we examined it for its social action implications and devised a family of programs which, taken together, currently define Head Start. Thus, Head Start formed the Follow Through program, the Parent Child Centers, the Parent-Child Advocacy Centers, the Planned Variation program, Health Start, Home Start, programs for handicapped children, the continuity effort, and the Child and Family Resource Program.

As I look at this family of programs, I must conclude that we have probably allowed our programmatic efforts to outdistance our evaluation efforts. At one level, such a state of affairs can be troublesome to the scientific purists among us. However, I firmly believe that rigorous evaluation is the servant of social policy and not its master. On the other hand, this state of affairs does force social policy people to do some serious soul searching concerning the role of research and evaluation in constructing social policy. There is too much hostility between the research and evaluation people and the program people. We must eventually come together for our mutual benefit.

As a behavioral scientist committed to the empirical tradition, I will continue to champion the value of research and program assessment in aiding the policymaker in his decision-making function, especially in those instances when difficult choices must be made between competing program alternatives. I find myself essentially in agreement with the views of one of America's most thoughtful analysts and also our current President of the American Psychological Association, Professor Donald Campbell of Northwestern University. Allow me to quote briefly from Campbell: "The United States and other modern nations should be ready for an experimental approach to social reform, an approach in which we try out new programs designed to cure specific social problems, in which we learn whether or not these programs are effective, and in which we refrain, imitate, modify, or discard them on the basis of apparent effectiveness in the multiple, imperfect criteria available."

I assert to you here today that Head Start has been a model of the way in which Professor Campbell feels that society should proceed and I take pride, as you should, in being a part of the kind of effort that Campbell has been talking about. During the past couple of years, you have been in the vanguard of our nation's efforts to provide programs for children. You should take considerable satisfaction in having performed a difficult job and having performed it well.

What then of the future of Head Start? We shall continue with a variety of efforts and adopt and expand those which appear to hold promise. My best hunch is that over the next decade the concept of a Head Start program will be replaced by the concept of the Head Start center involving a variety of programs, and the programs will be made available to the child on the basis of the child's needs rather than on the basis of our preconceptions concerning the child.

This is difficult time for researchers committed to designing social action programs for children. You will need all of the courage and resilience of which you are capable if you are to continue fighting the good fight. We are fortunate to have the type of leadership that we now have in Washington. I am sure that you will prove yourselves worthy of such leadership. You have not let children down before, and I know that you will not do so now. Thank you.

APPENDIX D

TOWARD A FUTURE STRATEGY FOR CHILD DEVELOPMENT

Report made at National Conference on Home Based Child Development Programs by Mr. Raymond C. Collins, Chief, Program Development and Evaluation Division, Office of Child Development, Washington, DC

DECADE OF THE CHILD

In many ways this great decade of the '60's might be regarded as the Decade of the Child. It has witnessed the birth of Head Start which is now about to celebrate its tenth anniversary. The last ten years have also spawned Title I of the Elementary and Secondary Act, Follow Through large-scale day care programs and many new efforts on behalf of the young child. Home Start and other parent and home-focused programs that we are here to discuss this week are part of this effort and a tribute to the fruits of innovation and research in early childhood.

In addition to the thousands of these Federally supported efforts providing needed services to several millions of young children, there is a record of program growth as marked by such developments as:

- a 25 percent increase in the number of children attending kindergarten
- a doubling of the number of children aged three and four in nursery schools
- a doubling of part of competitive nursery school enrollment over 20000

IN SEARCH OF A NATIONAL CONSENSUS

One might expect that such the coming of new programs and expansion of services for young children would reflect a clear national consensus on the needs of children and how they might best be met. One might expect that perhaps if they descended on a planet from outer space, but they would be sorely surprised.

Far from consensus, there is a raging national debate over the purpose of child care, the nature of such programs, and above all, who should have responsibility for managing the delivery system. From one prairie we hear that only the public schools should be entrusted with the children, others would leave parents in charge of their own devices without help, still others would turn the responsibility over to State government and hope for the best, then there are advocates of a pluralistic community based delivery system.

A comparable debate also waxed over the proper age at which program intervention should begin. There are the proponents of universal intervention, a few who still believe a special start can only be worked in the preschool years, those who claim that intervention must begin at birth, and a dogged group who would bet their chips on a crash that starts prior to the embryonic stage. More recently, advocates of developmental continuity have argued for a stream of interventions keyed to the age, life and learning of the child.

While few ever discuss concretely how to proceed on the nature of the program itself, issues such as custodial versus developmental day care, child day care versus social purpose programs, and criticisms of the deficit model are sure to spark a lively debate on the various questions connected with early childhood policy.

INSTITUTION CENTERED VERSUS CHILD CENTERED STRATEGY

As we proceed with a search for a strategy for the future of children, it is not done not out of an expectation that we are going to solve a clearly defined problem or that important social policy national priorities and objectives will be preserved or that we know our goals and objectives are at stake. These are a legitimate topic of debate and controversy. Rather, it is a matter to begin to reflect on the nature of the issues and the thrust of the solutions.

By and large, the center of gravity in the current programmatic discussion is *institution centered* and not *child centered*. It is the institutions that are the focus of attention, that is, the structures of child development

policy of the past highlighted the institutions themselves rather than what difference the programs were likely to make for the children affected. This is, in fact, the way most programs for young children are managed at the federal, state, and community level.

One might take first the public schools in this country as they have evolved historically. Michael Katz in his provocative book *Class, Bureaucracy, and Schools*, which he aptly subtitled, "The Illusion of Educational Change in America," points out that the essential structure of American education was fixed by about 1880 and has remained unchanged since. He characterizes the basic features of American education then and today as "universal, tax supported, free, compulsory, bureaucratic" (with which most observers would agree) and adds "racist, and class-based" (which might elicit somewhat less accord). None of these characteristics, however, have very much to do with the type of program experienced by the children. The thesis of Katz' book is that attempts of reformers to instill innovation on behalf of the child have not succeeded largely because they have failed to reckon with these ingrained institutional features.

It takes nothing away from the successes of public schooling over the past century to recognize that the roots of school actions can often only be explained from the perspective of the teacher, the principal, the superintendent, or the school board. The overriding concern is often the budget or the school bond issue (true even in affluent communities today). Sometimes the focus shifts to the union, contract negotiations, or the PTA. In all these cases, the interest of the adults, not the children, tends to dominate. Even when the name of the child is invoked, as in debates over busing and desegregation or concerns about curriculum suspected of being "too liberal," the real issues at stake are all too often community mores or political objectives. These are the items that dominate our daily headlines. This is not to say that such perspectives are bad in themselves. On the contrary, these concerns are part of our daily life. Any way of life, and in a way, of all human society. However, we deceive ourselves when we imagine that the child is the central target of these activities or that, however issues come out, they will greatly alter the shape of education or child development.

If some of you at this point suspect that schools are the only groups prone to this tendency, let me rush on quickly to dispel that misapprehension. Similar institution-centered patterns exist throughout the child care world.

Much of the debate in recent years on the nature and scope of day care has highlighted issues of cost, the delivery system, the role of mothers in relation to the work force and the home, and values related to welfare, the poor, and minorities. These are the factors that dominated consideration of the day care aspects of the Family Assistance Plan (HR 1) and the Child Development Bill vetoed in 1971. This is not to gainsay that there are concerned persons with deeply held views over the nature of developmental day care, whether children should be in their own homes, or under the care of qualified family home day care providers, or in well equipped and run centers. However, these are not the pivotal issues on which policy has turned. Decisions are made for other reasons.

Similarly, with Head Start, a program designed expressly to respond to the developmental needs of children from low-income families. However, even Head Start was launched on a large scale more as a front of the war on poverty than as part of a coordinated effort to upgrade the status of children. Intensive efforts have been made through the Head Start Improvement and Innovation initiative, launched in 1972 by then OCD Director, Dr. Ed Zigler, and under the aegis of the Head Start Improvement and Innovation effort, to revitalize that initial child-centered philosophy and build on work done in 1,000 communities and focus behavior on children.

In the remainder of my remarks, I wish to:

- present the expanding need for child care over the next decade as a stimulus to reexamine quickly our approach to young children;
- cite some examples of innovative OCD programs from the perspective of lessons that could be drawn in shaping policy; and
- set forth briefly a checklist of priorities that provide a justification for a future child-centered strategy.

NEED FOR CHILD CARE

One point is discussed in through the dramatic growth of programs for children over the past decade were a bleak and dismal expansion within the next ten years were highly unlikely. Such an interpretation reflects a fundamental misunderstanding of the underlying forces of social and economic change to which policy, however belatedly, responds.

For openness it would be a big step forward if Americans would devote comparable attention to basic social and economic factors, such as the 1971-72 energy crisis, to the baby boom, and to the fact that we must remember how many home runs Hank

Aaron hit last year and Catfish Hunter's spectacular record. Many fans will offer a prediction as to which team is likely to win the World Series next fall, and they will back their claim with impressive analysis and statistics. And yet if we are asked to venture an opinion on child care, we immediately resort to anecdotes, mythology, and the conventional wisdom. The facts, indeed, are startling and worth careful attention.

The first consideration is the number of preschool children. The Census Bureau projects that children under age five will increase from 19.1 million in 1973 to 21.9 million in 1980 and to 26.3 million by 1985. This represents a 38 percent increase, equivalent to a *second generation baby boom*. The reason we are surprised is that our attention has been captured by talk of zero population growth, declining birth rates, and shrinking numbers of children in public school. We have overlooked the dramatic rise in the numbers of persons at prospective child-bearing age, which have risen from 6.9 million in 1965 to 9.4 million in 1974. The children are there and policy-makers should take heed.

A second factor is the growing number of children requiring care because of mothers entering the labor force. The number of working mothers with preschool-aged children more than doubled, from 3 million in 1960 to an estimated 7 million in 1975. It is estimated that by 1980 about 50 percent of mothers with children under six will be working, many with more than one such younger child. In fact, if we consider mothers (with children under six) who work at least some of the time during the year, the figure rises to 65 percent of such mothers. Work force participation, as you know, is markedly higher for low-income and minority families.

Nor should ingenuitous male chauvinists imagine that this simply reflects the search of liberated women for a fuller life (however important that may be in its own right). Rather it represents harsh economic reality. For example, of 3.9 million families headed by men with children under six, and whose mothers work, 73-percent would have an annual income of less than \$10,000 (well below the average family income in the U.S.) without the mother's wages. The situation is even more stark in the case of the more than 10 million children (most of whom require and are not receiving child care) in single-parent families. I don't need to tell this group that the number of single-parent families is skyrocketing.

I have cited some of the data and a few of the socioeconomic forces that generate the underlying demand for child care. To put this in perspective, I would only point out that I have not mentioned other, equally compelling, considerations, such as the growing acceptability of child care outside the home and the demands for better quality day care, whether in centers or by family day care providers, or in any other setting.

Since only a fraction of this growing demand is being met by present day care programs, public school preschool activities, or Head Start, there is a clear stimulus for a policy response. If my hypothesis is correct that public policy generally reacts, however laggardly, to such underlying forces in the society, we can confidently expect new programs to be launched in this decade, probably sooner rather than later. The central issue then becomes, what kind of child care policy and what type of programs?

INNOVATIVE PROGRAMS

I am reminded of a story Dr. Hans Carott, the noted psychologist and author, told shortly before his death. A teacher was honored as Teacher of the Year for her love of children. As she was leaving the ceremony and returning home, she saw two children playing in the wet cement sidewalk in front of her house. She began yelling at the children and struck them both as she chased them out of her yard. The next day, the superintendent of schools remonstrated with her for her behavior. "How could you, who love children so much, have beaten two of them?" The teacher replied, "I love them in the abstract, not in the concrete."

Children are always in the concrete, in the here and now. They heed the words of the philosopher, "Don't think, look." And they touch and taste, play and teap, and thereby learn and develop. How can we shape programs to reflect this concrete reality of the child's world, and find ways to reconcile the needs of the child with the competing claims of institutions and the adult world?

We have begun the attempt in OGD, building upon the research and ideas of others, including many participating in this conference. This attempt focuses on the revitalization of Head Start through the Improvement and Innovation effort (particularly the development of program options and performance standards), and such demonstrations and innovative projects as Home Start, Developmental Continuity, the Child and Family Resource Program (CFRP), Services for Handicapped Children, the Child Development Associate (CDA), Head Start Collaboration with Medical Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and the Head Start Bilingual-Bicultural Strategy for Spanish-Speaking Children. Since many of you are already intimately familiar with one or more of these projects, and in the interests of time, I will cite only the most salient features of the activity from the standpoint of its significance in policy or program formulation.

1. *Home Start* is the end of the beginning and the beginning of something new and it represents a major breakthrough in programs for children. It is the first large-scale effort, with hard data, demonstrating the potential of working with parents to assist them to enhance the learning and development of their own children. We have found that significant gains in such important areas as school readiness and mother-child interaction can be brought about by well-trained paraprofessional home visitors working with mothers in the home one or two days a week. These gains are comparable to those in a developmental center-based program such as Head Start.

Building on the early promise of Home Start, we opened home-based options to every Head Start program which could mount an acceptable effort. We now have over 8,000 children in nearly 200 communities who participate in Head Start programs that are wholly or partly home-based.

As a further step in Home Start dissemination and replication (of which this Conference represents a major milestone), OED plans to launch approximately six Home-Based Training Centers. These centers will provide training and technical assistance support to Head Start programs nationwide, and will have a limited capacity to respond to requests for help from schools and other child development programs.

2. *Head Start Program Performance Standards* reflect the first effort by Head Start or any other Federally supported child care program to set enforceable standards, as a condition of funding, based on a concept of developmental care and comprehensive services. These standards, recently promulgated for comment in the *Federal Register*, apply to the basic components of the Head Start program: Education, Parent Involvement, Social Services, and Health Services (including Medical, Dental, Mental Health, and Nutrition). They define the program inputs necessary to attain the overall goal of a Head Start program which is to bring about a greater degree of *social competence* in children of low-income families. By social competence is meant the child's everyday effectiveness in dealing with both present environment and later responsibilities in school and life.

3. *Developmental Continuity* is a Head Start demonstration, in partnership with schools and parents, to develop new program and delivery system approaches to foster continuity of education and development during the period preschool through early schooling (roughly ages four through eight). Two models are being tested in 15 communities nationwide. The first, *Early Childhood Schools*, involves the public schools "moving downward" to assume responsibility for a program beginning with Head Start and continuing through third grade. The second, *Preschool-School Linkages*, is a cooperative effort between Head Start and any other comparable child development program and the schools to serve children in that same age range. In both cases, careful program guidelines in such areas as education, parent involvement, and developmental support services must be implemented. The hypothesis is that *both models* are viable ways to respond to the child's needs in different community settings. The premise is that it is the nature of the intervention experienced by the *child*, rather than the institutional arrangements, which is the primary consideration.

4. *The Child and Family Resource Program (CFRP)* is another Head Start demonstration that takes a continuity approach, recognizing that there is no single critical period in a child's life. In eleven communities across the country, families are participating in a child-centered family service program to sustain the healthy growth and development of children from the prenatal period through age eight. The Head Start grantee serves as the nucleus of a community service network that provides services tailored to the needs of children and families based on an individualized needs assessment. CFRP builds upon the capabilities of existing services being provided by other agencies and makes all relevant community resources available to families. At the same time, CFRPs are working to reduce fragmentation and gaps in the community delivery of services.

5. *Head Start Services to Handicapped Children* follow two streams of activity. The first concerns implementation of the requirement in Head Start legislation that at least 10 percent of enrollment consist of children with substantial or severe handicaps. In response to this mandate, Head Start serves over 30,000 children who have been professionally diagnosed as meeting the legislative definition of "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired children who by reason thereof require special education and related services." These children are afforded the opportunity to learn and play in mainstream settings with non-handicapped children. It's working not perfectly -- but it's working and Head Starts deserve additional applause for that.

In addition to this large-scale provision of services, fourteen demonstration projects (six funded jointly with the Bureau of Education for the Handicapped of the U.S. Office of Education) are developing new approaches to mainstreaming and providing appropriate services to Head Start children. Those of you attending the Council of Exceptional Children's National Conference this spring will have an opportunity to see some of the pioneering techniques of needs assessment, staff training, and provision of services being developed by this demonstration.

6. *Child Development Associate (CDA)* program similarly has the potential for a major breakthrough in child

development. It focuses on upgrading the skills and competencies of the primary caregiver who works directly with the child, the person who, apart from the parents, is likely to have the greatest impact on the child's growth and development. Thirteen pilot training projects are moving into their third year of testing innovative approaches to equip trainees with defined child development competencies, utilizing a combination of supervised field experiences and theoretical training. Replication of the CDA approach has already begun in Head Start Supplementary Training and over 5,000 participants, or half of those in HSST, are receiving CDA training. The CDA Consortium, a private nonprofit organization representing roughly 40 of the major child care groups, is responsible for assessment and credentialing of competent CDAs. The Consortium expects to finalize its developmental work on the assessment system shortly and should be ready to begin granting professional credentials to CDAs before the end of this fiscal year. This is subject to formal action of the Consortium Board which meets the end of March.

7. *Head Start Collaboration with Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)* involves 200 pilot programs working with State and local health agencies to improve outreach and services for Medicaid-eligible children. Roughly 100,000 Head Start and other children in these communities are receiving EPSDT services as a result of this effort. It should lead to upgrading the quality of medical and dental services in Head Start, should serve as a stimulus to more effective utilization of Medicaid, and is one model of a child-centered community level health delivery network.
8. *Head Start Bilingual-Bicultural Strategy for Spanish-Speaking Children* is the most recent OCD attempt to tailor program services to the needs of individual children. This effort, still in the planning stages, will consist of four streams of activity. First, there will be pilot projects to design child-oriented curriculum, building on existing Head Start philosophy, child development and education theory and practice, and adapting it to the special circumstances of the Spanish-speaking child, particularly in the areas of cognitive functioning, language, and socialization. Second, bilingual-bicultural staff training models will be developed utilizing the principles of CDA training. Third, one or more resource centers (in a sense similar to Home Start demonstration replication centers) will be created to extend assistance to Head Start programs seeking to evolve a bilingual-bicultural approach. Finally, a parallel set of research activities focused on areas that a task force of Spanish-speaking consultants found necessary will be undertaken.

While the above by no means exhausts the innovative OCD activities underway, this serves to highlight for your consideration a number of projects of considerable importance. More to the point, for purposes of this talk, it illustrates for you some of the key dimensions of what I mean by a child-centered approach to public policy.

CHECKLIST FOR A CHILD-CENTERED STRATEGY

In this last portion of my remarks, I shall attempt to sharpen the focus on those principles that must be considered as we formulate future policy and programs for young children. In the interests of time, they are presented as a *checklist* for a child-centered strategy.

1. Child development programs must focus on the *whole child*. The programs should be judged by the extent to which they contribute to the young child's *social competence* (or to some comparable overall goal). Consequently, they must involve, in one way or another, the provision of *comprehensive services*. There is a place in this approach for single-purpose programs, assuming they are the best way of accomplishing a particular objective (say in health or nutrition), but they should be linked in some meaningful way to other programs that meet the needs of the whole child.
2. An *individualized approach* utilizing some carefully developed *needs assessment* system is an essential feature. We are better at jawboning individualization than practicing it. A good test is whether identifiably different efforts are directed at children whom we would all recognize as having needs substantially different from those shared by all children in the program (e.g., handicapped children, Spanish-speaking children). Such an approach should be balanced by the recognition that young children share most developmental needs in common even if they are sometimes best responded to in different ways.
3. *Developmental Continuity* should be a central feature of every early childhood program. Public policy must be based on the clear recognition that the learning and development of children occurs in successive stages, each of which is of vital importance. We must move away from the chimerical "magic period" to seek out that program, or combination of programs, that respond to the child's needs at various points in time.

Cognitive development is only one phase of a child's life. Maybe Westinghouse got us to focus on one problem, aims must be long-term, and it is the *cumulative* impact on the child's social competence that matters.

4. *Parent Involvement* is another key aspect, whether in the form of Home Start, or through the parent's participation as paid staff, a volunteer, a partner in decision-making, or as a person in the community working with other community institutions. A compelling statement of the importance of parents is afforded by Dr. Urie Bronfenbrenner's summary of early childhood research, *Is Early Intervention Effective?*:

The evidence indicates that the family is the most effective and economical system for fostering and sustaining the development of the child. The evidence indicates further that the involvement of the child's family as an active participant is critical to the success of any intervention program. Without such family involvement, any effects of intervention, at least in the cognitive sphere, appear to erode fairly rapidly once the program ends. In contrast, the involvement of the parents as partners in the enterprise provides an on-going system which can reinforce the effects of the program while it is in operation, and help sustain them after the program ends. (OHD-74-25, p. 55)

5. *Staff training* is another priority principle. After the parents, the caregiver is the most important key to the program's success. Staff training in any program should reflect clearly defined *competencies* that speak to the needs of the child with a foundation in early childhood education and child development. CDA represents one such approach, and other staff training strategies should be modeled on similar goals and objectives.
6. *A community level delivery system* that combines the above features in an effective way should be the ultimate aim of public policy. For many of us who view the world from the Federal or State perspective it is difficult to see clearly what is meant by this. However, it is helpful for us to be reminded that the children are in communities and they must be reached by people who work with them directly. Our laws, regulations, and institutions are only abstractions that can contribute to or detract from the concrete reality that the child experiences at the local level.

IN SUMMARY

I have described above a *pluralistic institutional approach* in which parents, Head Start programs, public schools, day care centers, health institutions, and other community groups work together as partners. No one is excluded from participation who can contribute to the needs of the child, and no one need have a monopoly to make the system work. This, I believe, is the essence of an approach to a *child-centered strategy*.

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