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## ABSTRACT

After the announcement of Head Start Innovative Projects in 1985, local Head Start programs were able to expand their services. A total of 32 projects were funded in 22 states and the District of Columbia, the majority for a 2-year period. This document reviews the accomplishments of five groups of Head Start Innovative Projects and calls on Head Start to build on these accomplishments. Innovative Projects concern child health, family support services, parenting skills, job training, and playground development. Projects in each area are profiled. Head Start program staff are urged to invite more parents to participate, further bolster skills of staff, and enlist new support for outreach projects. Three major policy recommendations are advanced; it is recommended that Head Start: (1) reduce the cost of health and dental care for Head Start children by providing preventive care from birth; (2) cluster services to increase participation; and (3) address the mental health needs of staff and families. (RH)

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# *Head Start Reaches Out*

## **1985 Innovative Projects**

### **Final Report**

**Head Start Bureau  
Administration for Children, Youth and Families  
Office of Human Development Services  
Department of Health and Human Services**

**June 1988**

PS 013321

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## Introduction

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Head Start's traditional comprehensive services extend rays of hope to low-income young children and their families who are struggling to take charge of their lives. Head Start offers . . .

. . . **opportunities** for parents to learn more about ways to support children's growth and learning.

. . . **improved** health services and nutrition for children.

. . . **promise** that children will have a joyful preschool learning opportunity.

. . . **respite** from the unceasing demands of childrearing.

. . . **confidence** that children's disabilities will be identified and remediated early before they cause permanent or more severe damage.

. . . **aspirations** for greater economic self-sufficiency through job training and employment opportunities for parents.

. . . **hope** that children's futures will be brighter--due to broader educational opportunities that lead to lower delinquency, drug dependence, school dropout, and teenage pregnancy rates in the next two decades of their lives.

Reports of the short- and long-term effects of these many-pronged programs document how successfully Head Start helps families get on their own feet, directs children toward brighter futures, and breaks the destructive cycle of poverty.

Nevertheless, Head Start staff and other child advocates are keenly aware that many other families, equally qualified for and in need of Head Start services, are not reached. Some low-income groups, the inner-city

homeless or isolated rural families, for example, have enormous hurdles to overcome in their efforts to provide for their children.

When the 1985 Innovative Projects were announced, Head Start rejoiced. These additional funds made it possible for local programs to reach beyond their current level of services--to address a nagging problem or to try a new idea--so families with young children could take greater control of their economic and personal lives.

Thirty-two Innovative Projects were funded in 22 states and the District of Columbia, the majority of them for a 2-year period. This report can only offer a glimpse into their commitment, struggles, frustrations, and successes. Congress and the entire country have ample reason to be proud of what these projects are accomplishing. At the same time, we are challenged to look for ways to expand these efforts to reach even more at-risk children and families.

**Dodie T. Borup**  
Commissioner  
Administration for Children,  
Youth and Families

## Executive Summary

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New skills for family day care providers . . . intriguing playgrounds . . . parents able to pursue their education without worry about child care. . . hearing-impaired children treated. . . abusing families on the mend. . . Head Start parents offering to help other parents--all these successes and more were achieved through the 1985 Head Start Innovative Projects grants. These projects, selected through a national competition, demonstrate how Head Start can reach out to help even more low-income children and their families. People accomplished so much in just 32 programs:

A mother in a child abuse prevention program realizes, "The classes have taught me to be patient and more understanding of small children."

"I would be interested in teaching in the fall, if you know of any children in my area that could come to my house and do it," offers the mother of a child in a Head Start family day care project.

Staff and parents agree: "Without the child care . . . parents could not participate in the other components of the [JTPA job] training program."

A project director observes, "Our program also serves and strengthens communities by helping families stabilize and become part of the neighborhood."

Articles in professional publications spread the word about how similar programs can be introduced elsewhere.

Children have more loving parents, families reach out to give others a chance to work or go to school, children are healthier, parents become

employable, roots grow in neighborhoods, playgrounds enrich children's educations, and professionals gain new skills, all because of Head Start's Innovative Projects.

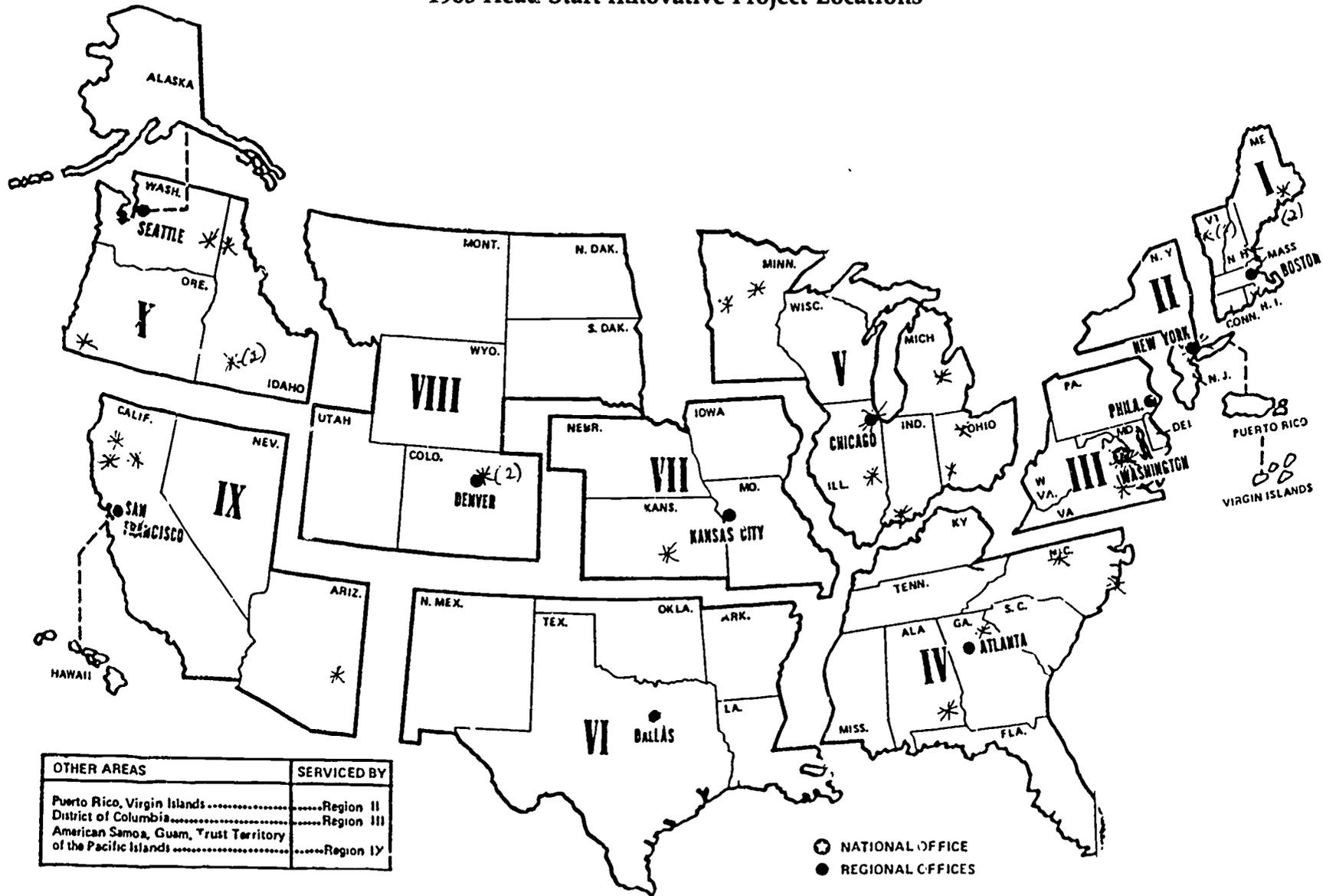
These immediate benefits--to children, families, communities, Head Start staff, the early childhood profession, and ultimately all of society--are abundant. The long-term, ripple effects of this extended Head Start funding will continue to touch the lives of individuals and communities as children succeed in school, families grow stronger, local economies grow, and the high cost of special education drops. As aspects of these innovative approaches are replicated in other communities, these effects will be felt across the nation.

How could so few programs benefit so many people? The Innovative Project funding through the federal government was just the beginning of the success story. Head Start staff led the way to collaborate with business, local and state government, volunteer, and other groups to pool resources and reach into the heart of the community to support high quality services for young children and their families. Across the nation, people worked together to enable families to make their futures brighter (see Figure 1 for project locations).

This document briefly reviews the accomplishments of each group of Head Start Innovative Projects. Those who are interested in learning more about any of these efforts can obtain copies of the final reports, at cost, from the local project leaders. Some of the publications that were generated through these efforts will be sent to all Head Start programs as they are released.

Figure 1.

1985 Head Start Innovative Project Locations



## Children are healthier\_\_\_\_\_

Only healthy children can take full advantage of education and make the most of their lives. When hearing, vision, dental, social-emotional disorders, and other problems are identified early, they can often be dealt with before they further jeopardize children's ability to learn or get along with others. By the time children get to Head Start, however, some of the damage may already be irreversible.

All Head Start staff are keenly aware of this, so eight Innovative Projects tackled the health problems of younger siblings of Head Start children or of children eligible for the program but not enrolled (see Table 1). These children were screened, immunized, treated, and referred to specialists. Families learned some of the basics of good health, nutrition, mental health, and dental care. As might be expected, several programs ended up serving more children than anticipated.

Thanks to these expanded Head Start efforts, hundreds more children have been given relief from pain or disabilities, and can now enjoy fuller, more productive lives. A preschool girl from an isolated rural area of North Carolina has bifocals and is delighted that she can finally see, although she lives too far away to attend Head Start.

One mother relates in her own words how a Head Start Innovative Project resolved her dilemma for her Head Start son and his brother:

"I have wanted to get my childrens [sic] teeth fixed for 2 years but couldn't afford the high cost of dental care. I use [sic] to feel guilty because of this but am relieved somewhat now to finally see the end of there [sic] suffering from bad teeth."

For every success such as these, however, project staff are equally frustrated by the critical need for additional services: They see older siblings and parents who obviously need health care, too. People all do their best when they are healthy--they learn, work, play, and parent better--and yet thousands of individuals cannot perform at their best because of correctable health difficulties.

Head Start Innovative Programs are making it possible for parents to learn how to take good care of their own and their children's health. As a result of their preventive measures, tax dollars are saved in the long run: When health problems are ignored, they get worse and become even more costly to treat. Remediation is expensive, too. The cost of treatment has already been reduced for those children who were later enrolled in Head Start. Thus, the benefits of these Innovative Projects will extend far into these families' futures and can be realized by every American taxpayer.

### Project Sketches

**Title:** Preventive Health Education

**Project leaders:** Mary Clyde Brown, Patricia Barker, ACTION, Inc., Head Start Program, 594 Oconee St., P.O. Box 1072, Athens, GA 30603. 404-546-8293.

**Purpose:** Extend access of health and special education services to parents and younger siblings of Head Start children in three rural counties in collaboration with the local health department. Train parents to provide a responsive environment for their children.

**Major accomplishments:** Provide child care during parent education sessions. Families obtain more consistent and regular health care. Positive interactions increase within families. Parents select more appropriate toys and activities for their children. Local services are more accessible to families.

\* \* \*

**Title: Sibling Dental Project**

**Project leaders:** Donna Sühr Twila Hanchey, South Central Community Head Start, South Central Community Action Agency, P.O. Box 531, Twin Falls, ID 83301. 208-733-9351.

**Purpose:** Provide dental exams and treatment for younger siblings of Head Start children and eligible children not enrolled in Head Start. Train parents in dental hygiene and nutrition.

**Major accomplishments:** Conduct dental exams, provide follow-up services for siblings and Head Start-eligible children. Give dental care materials to families. Train parents in dental health and nutrition. Reduce dental expenses for children later enrolled in Head Start.

\* \* \*

**Title: Dothan City Schools Preventive Health Model**

**Project leaders:** Kebekah Troutman, Yvonne Williams, 500 Dusy St., Dothan, AL 36301. 205-793-1397.

**Purpose:** Screen and expand health services to children on the waiting list and younger siblings of Head Start children. Provide speech therapy as needed.

**Major accomplishments:** Establish a preventive model program. Increase staff awareness of speech and language problems. Build networks with other community agencies. Strengthen parents' abilities to stimulate children's language development.

\* \* \*

**Title: Comprehensive Health and Dental Program**

**Project leaders:** Von H. Langston, Julie Hosley, Carteret Community Action, Inc., P.O. Drawer 90, Beaufort, NC 28516. 919-728-4528.

**Purpose:** Provide vision, hearing, physical, and dental screening at home for children in isolated rural areas. Refer as needed for follow-up; provide dental work. Offer intensive summer program for children. Build parent resources and skills.

**Major accomplishments:** Identify and treat a multitude of vision, hearing, physical, and dental problems. Increase awareness of Head Start services in extremely isolated rural area.

\* \* \*

**Title:** Resource Center for Parents and Children

**Project leader:** Glenda Wilcox, Child Care Association of Wichita, 1653 South Martinson, Wichita, KS 67213. 316-682-1853.

**Purpose:** Provide routine well-child health care and health screenings for younger siblings and families of high-risk children enrolled in a home-based Head Start program.

**Major accomplishments:** Serve more children than projected. Parents more involved and aware of good health practices. Develop linkages within community among service providers and clientele.

\* \* \*

**Title:** Handicapped Children Support Project

**Project leaders:** Claude Enfield, Archie Catron, Judy White, White Mountain Apache Tribe, Whiteriver, AZ 85941. 602-338-4938.

**Purpose:** Therapy aides make home visits to show parents how to carry out individually designed activities for their handicapped children to support what is being done in the classroom. Teach parents about fetal alcohol syndrome and baby bottle mouth tooth decay prevention activities. Train aides about a wide variety of handicapping conditions, how to work with parents, and how to prevent health problems.

**Major accomplishments:** Most parents understand how important it is for them to reinforce classroom activities and to follow up on Individualized Educational Plans for their Head Start children.

\* \* \*

**Title:** Rural Hearing Conservation Project

**Project leaders:** Maggie Tallman, Charles Brown, North Idaho Head Start, North Idaho College, 1000 W. Garden Ave., Coeur d'Alene, ID 83864. 208-263-6232.

**Purpose:** Provide complete ear examinations for Head Start children and their younger siblings, make referrals, offer treatment. Educate parents about symptoms and risks of otitis media and importance of hearing conservation.

**Major accomplishments:** Identify speech and/or language delay in nearly one-third of children. Purchase impedance bridge so screening can continue as part of the Head Start program. Parents more aware of need for hearing examinations.

\* \* \*

**Title:** Otitis Media Prevention Project

**Project leaders:** Marilyn E. Thomas, Jerry L. Scott, Miami Valley Child Development Centers, Inc., 1034 Superior Avenue, Dayton, OH 45407. 513-278-8293.

**Purpose:** Screen all 3-, 4-, and 5-year-old children in Madison County for hearing deficits, make referrals, provide information to families.

**Major accomplishments:** Screen children. Refer nearly half of those screened for further testing and/or treatment.

Table 1.

## 1985 Head Start Innovative Projects: Children are healthier

Location	2-Year Grant	People Served			Services Provided						
		Head Start	Siblings	Parents	Screen	Health	Refer	Mental Health	Child Care	Transportation	Home Visits
Athens, GA	\$124,000	--	178	98	x	x	x	x	x	x	x
Twin Falls, ID	\$ 16,424	--	183	--	x	x	x	--	--	--	--
Dothan, AL	\$119,059	240 <sup>1</sup>	196	--	x	x	x	--	--	--	x
Beaufort, NC	\$243,250	146 <sup>2</sup>	--	118	--	x	x	--	--	--	x
Wichita, KS	\$ 28,448	--	76	61	x	x	x	x	--	x	x
Whiteriver, AZ	\$ 4, 5	--	--	28	x	x	x	x	--	x	x
Coeur d'Alene, ID	\$ 25,227	320	125	--	x	x	x	--	--	--	--
Dayton, OH	\$ 7.892	252 <sup>3</sup>	--	--	x	--	x	--	x	x	--

## Notes:

<sup>1</sup> Head-Start eligible, on waiting list

<sup>2</sup> 115 were enrolled in an intensive summer Head Start program

<sup>3</sup> Attempted to test all 3-, 4-, and 5-year-olds in Madison County

## **Families gain greater control over their lives\_\_\_\_\_**

Unemployment or underemployment. . . separation and divorce. . . single parenthood. . . teenage parenthood. . . social isolation. . . child abuse or neglect. . . alcohol and drug abuse. . . transience--these are just some of the severe mental health problems with which Head Start families and staff must contend. All of these crises are common, whether families are cramped in temporary quarters for the homeless or live in isolated rural areas.

Not surprisingly, then, the largest group of Innovative Projects, 10 in all, directed their energies to help families deal with the stresses of poverty, to set goals for themselves, and to achieve greater stability (see Table 2). Many reached far more families than they had planned because the need was so great.

These new Head Start initiatives offer an anchor for young children in these families. They have someone to trust, a place to be themselves. "Their behavior shows how little they can count on in their lives," points out one staff member who notes that homeless children may hoard toys or gorge at snack time.

Two common threads emerge from these Innovative efforts. First, working with stressed families is a demanding, exhausting job that requires a considerable amount of training and support from professional mental health workers. The implications of this key point are explored in the Charge to Head Start section of this report.

Secondly, as is true with children's health, programs that focus on prevention and help families become self-sufficient make wise use of limited funds and human energy. It is much more difficult (and thus even more

expensive) to help families deal with entrenched problems than it is to enable families to avoid crises.

Again, Head Start is reaching out through the Innovative Projects to help those who would otherwise have nowhere to turn. The program already serves migrant workers, and clearly, based on the experiences of these special projects, can lend direction to the lives of homeless, refugee, and other transient populations as well. The effectiveness of these efforts are confirmed by participants:

"Children feel successful and happy with themselves & their environment," reports one grantee who has seen children's lives become more stable.

In one city, bus tokens and even cloth diapers are provided--evidence that the neediest of needy Head Start families are being served.

Perhaps most promising of all is the joy reflected in the wisdom that, "Parents who are excited about their own personal development are in a position to give their children a real and long-lasting head start!!"

### Project Sketches

**Title:** Family Enrichment

**Project leaders:** Dianne L. Seeger, Meg Kauppi Hostetler, Koochiching Itasca Action Council, 413 13th St., S.E., P.O. Box 828, Grand Rapids, MN 55744. 218-326-0344.

**Purpose:** Train staff to work more effectively with high-risk families. Offer parenting workshops.

**Major accomplishments:** Prepare Home Visitors to work better with families on mental health issues. Form small parent groups to address common needs. Families better able to cope with stress.

\* \* \*

**Title:** Milton Family Community Center

**Project leaders:** Annette Babcock, Lisa Horel, Champlain Valley Office of Economic Opportunity, Inc., P.O. Box 1603, 191 North St., Burlington, VT 05402-1603. 802-862-2771.

**Purpose:** Establish a family community center to strengthen low-income rural families, promote parent-child interaction, offer easier access to agencies, and build community awareness.

**Major accomplishments:** Offers child care, parent-child play groups, parent education, resource and referral, drop-in services, home visits. Extensive community support to purchase a building and continue operation. Feature article about program in Children Today, journal published by the Office of Human Development Services, Department of Health and Human Services.

\* \* \*

**Title:** Head Start: A Federal-State Partnership

**Project leaders:** Grant Lee, Ingrid Chalufour, Jane Weil, Action Opportunities, Inc., P.O. Box 562, Ellsworth, ME 04605. 207-667-2995.

**Purpose:** Study how state funds can be integrated for Head Start.

**Major accomplishments:** Document value of use of state funds for Head Start and encourage other states to seek similar support.

\* \* \*

**Title:** Develop a Mental Health Curriculum

**Project leaders:** Grant Lee, Ingrid Chalufour, Barbara Peppy, Action Opportunities, Inc., P.O. Box 562, Ellsworth, ME 04605. 207-667-2995.

**Purpose:** Develop a mental health curriculum for Head Start.

**Major accomplishments:** Complete and field test As I Am curriculum. Includes staff development component to ensure successful implementation.

\* \* \*

**Title:** Mental Health Integration Project

**Project leader:** Leah Pigatti, Mahube Community Council, Inc., P.O. Box 747, Detroit Lakes, MN 56501. 218-847-1385.

**Purpose:** Train Head Start staff in development and implementation of Mental Health component of Head Start Program Performance Standards.

**Major accomplishments:** Improve staff morale and cooperation so service to families is more effective. Make more appropriate referrals to community agencies. Staff integrate mental health in work with children and families.

\* \* \*

**Title:** Head Start for the Homeless

**Project leader:** Leslie Lannon, The Children's Aid Society, The Prince George Hotel, 14 East 28th St., New York, NY 10016. 212-949-4919.

**Purpose:** Provide two Head Start classes and all other services in a welfare hotel for homeless families. Provide an Infant Home Care Program for parents in their rooms.

**Major accomplishments:** Model appropriate child-adult interaction. Conduct weekly parent support meetings. Increase availability of large-motor activities for children. Establish an orderly environment in which children have sense of control, can trust adults, and feel safe. Help children develop social relationships, communicate, solve problems, and deal with stress.

\* \* \*

**Title:** Salvation Army Emergency Lodge Nursery and Home Visiting Project

**Project leaders:** Alice Rose, Miriam Toelle, The Salvation Army Child Care Program, 800 W. Lawrence Ave., Chicago, IL 60640. 312-271-5773.

**Purpose:** Connect families who recently left a short-term family shelter with community resources including Head Start and screening and referral for disabilities. Emphasize parent-child relationship.

**Major accomplishments:** Increase family stability and chances that home environment is less chaotic and stressful for children. Enroll especially needy families in Head Start and other community services. Featured in Children, Families & Cities: Programs That Work at the Local Level published by the National League of Cities (1987, John E. Kyle, Editor).

\* \* \*

**Title:** Bancroft Early Intervention Parent Project

**Project leader:** Pam Praeger, Spokane County Head Start/ECEAP, E. 7401 Mission, Spokane, WA 99212-1148. 509-536-8060.

**Purpose:** Educational programs for parents and infant and toddler siblings of Head Start children in immigrant families (Hmong, Ethiopian, Vietnamese, Afghan, Saudi Arabian, Polish) to help them adapt to U.S. culture and become more self-sufficient.

**Major accomplishments:** Provide child care while parents attend ESL (English as a Second Language) and survival skill classes. Increase staff and community awareness of the critical needs of refugees. Train native speakers to be mental health interpreters.

\* \* \*

**Title:** Variation in Educational Services Project

**Project leaders:** Carin Niebuhr, Allen Berlin, Jackson County Child Development Center, Inc., 343 N. Ivy St., Medford, OR 97501. 503-779-5876.

**Purpose:** Provide more intensive Head Start services for higher-risk children and families: extra class days, home visits, speech/language or physical therapy, small-group intervention.

**Major accomplishments:** Rapid developmental progress by high-risk children. Higher attendance rates. More extensive parent leadership.

\* \* \*

**Title:** An Individualized Parent Program

**Project leaders:** Donna Suhr, Penni Janes, South Central Community Head Start, South Central Community Action Agency, P.O. Box 531, Twin Falls, ID 83303. 208-733-9351.

**Purpose:** Compile parent resource material to increase involvement, individualize system to support parents' personal growth, increase home visit completion rate, and decrease home visit preparation time to allow more time for direct service to families.

**Major accomplishments:** Phenomenal growth in parent participation. Parents set their own lifetime goals. Collect and use materials with parents.

Table 2.

1985 Head Start Innovative Projects: Families gain greater control over their lives

Location	2-Year Grant	People Served				Services Provided								
		Head Start	Siblings	Parents	Staff	Screen	Health	Refer	Ment	Health	Child Care	Trans.	Home Visits	Educ.
Grand Rapids, MN	\$ 12,476	160	-	40	13	-	-	-	x	-	-	-	-	x
Burlington, VT	\$135,061	x	x	115	-	-	-	x	x	x	x	x	x	x
Ellsworth, ME	\$100,000 <sup>1</sup>	-	-	x	x	-	-	-	x	-	-	-	-	x
Detroit Lakes, MN	\$ 29,800	--	-	-	186	-	-	-	x	-	-	-	-	x
New York, NY	\$512,404	96	-	96	-	x	x	x	x	-	-	x	-	x
Chicago, IL	\$205,408	53	127	44	-	x	x	x	x	x	x	x	x	x
Spokane, WA	\$ 70,461	-	71	71	-	x	x	x	x	x	-	-	-	x
Medford, OR	\$ 56,700	140	-	35	-	-	-	x	x	-	-	x	-	x
Twin Falls, ID	\$ 20,680	--	-	184	-	-	-	-	x	-	-	x	-	x

Note: <sup>1</sup>Includes funding for two projects.

## **Parenting skills improve in home settings**\_\_\_\_\_

Originally a half-day, center-based program, Head Start soon recognized that many families, particularly those in rural areas, can best be served by programs in home settings. Two types of services have emerged in an effort to meet the diverse needs of the nation's families.

Head Start's Home-Based programs focus on the parent as the primary factor in the child's development and the home as the central facility. Trained home visitors carry out learning activities that involve parents and children. The same core of Head Start services is available to families in home- and center-based programs.

Other families need accessible, full-day child care. Head Start's flexible family day care is especially responsive to the needs of parents who are working or in training, have more than one child younger than age 5, are under stress and need a home-like environment for their children, or have a child with diagnosed handicaps and the IEP (Individualized Educational Plan) recommends the child be placed in a small group. Because family day care takes place in a child care provider's home, it provides the ideal context for parents to see first-hand which childrearing techniques are most appropriate for young children.

Of course, home visitors and family day care providers must be trained so they can model good parenting skills. Four Innovative Programs concentrated on training these staff members in Head Start's tradition of solid, comprehensive skills (see Table 3). As a result, several caregivers earned the national Child Development Associate (CDA) credential for family day care providers. Participants are convinced about the value of their training:

"... A lot of average providers become enthusiastic about their jobs."

"I've grown professionally, and learned how to work with families of different life styles than my own."

"Because of this training. . . , I have decided to pursue a BA in Early Childhood Education, even though I am middle aged."

Parents, their children, and communities benefit from these projects in two ways: Good, affordable child care enables parents to hold down regular jobs or enroll in training programs. Local economies grow, and more new jobs open up.

Of equal importance is the fact that parents in both home-based and family day care programs build stronger families when they see how professionals interact with children. Parents play more appropriately with their children, use effective discipline techniques, serve nutritious food, stay healthier, and try to establish a stable home.

The need for comprehensive family day care services is demonstrated by the plight of one large family who was plagued by stressful events. "This family could not have survived without this help, and it was unavailable anywhere else. . . ," reports the project leader.

### Project Sketches

**Title:** Home-Based Training Network

**Project leaders:** Annette T. Babcock, Jay Leshinsky, Champlain Valley Office of Economic Opportunity, Head Start, 138 Church St., Burlington, VT 05401. 802-862-2771.

**Purpose:** Train home visitors from Home-Based Head Start programs to use a learner-focused adult education model with other home-based programs. Set up clearinghouse for home-based resources for Region I.

**Major accomplishments:** Develop and field test training model for trainers. Conduct workshops. Prepare Home-Based Training Network Resource Manual.

\* \* \*

**Title:** Family Day Care Project

**Project leaders:** Ina Dickenson, Susan Howland Thompson, Shasta County Head Start Child Development, Inc., 2151 Kenyon Dr., Redding, CA 96001. 916-241-1095.

**Purpose:** Train licensed family day care providers in a satellite network about developmentally appropriate practices. Provide respite care for Head Start families under severe stress and full-day care for Head Start children as needed.

**Major accomplishments:** Nearly half of the trained providers earn the Child Development Associate (CDA) credential as family day care providers. Parents receive job training while children are in family day care. Reports of child abuse decrease.

\* \* \*

**Title:** WSOS Head Start Home Provider Project

**Project leader:** A. Fredericka Larsen, WSOS Community Action Commission, Inc., 109 S. Front St., Fremont, OH 43420. 419-334-8911.

**Purpose:** Train family day care providers to care for Head Start children while parents obtain job training.

**Major accomplishments:** Trained providers to offer developmentally appropriate experiences for children. Collaborated with JTPA and Title XX Family Day Care. Filled all available places. Expanded to another county. Parents were able to work or attend school.

\* \* \*

**Title:** Head Start Home Day Care Model

**Project leaders:** Nels M. Andersen, Rhonda J. Schroeder, Saginaw County Child Development Centers, Inc., P.O. Box 3224, Saginaw, MI 48605. 517-752-2193.

**Purpose:** Contract with and train providers of Head Start family day care to serve children for extended day while parents work or receive job training. Offer resources for providers through a mobile unit.

**Major accomplishments:** Parents able to attend work or school. All openings are filled. Provide supplies, manipulative toys, library books, and planning resources in the Resource Mobile Unit.

Table 3.

## 1985 Head Start Innovative Projects: Parenting skills improve in home settings

Location	2-Year Grant	People Served				Services Provided				
		Head Start	Siblings	Parents	Staff	Head Start	Child Care	Home Visits	Education	CDA
Burlington, VT	\$ 70,897	--	-	-	14	-	--	-	x	-
Redding, CA	\$230,971	69	59	69	66	x	x	-	x	31
Fremont, OH	\$ 45,560	16	-	16	2	x	x	x	x	-
Saginaw, MI	\$331,121	50	-	30	10	x	x	-	x	-

## Job training is more accessible for parents \_\_\_\_\_

"Highly motivated students may be able to overcome one difficult obstacle--such as an unsettled home environment, young children, low income, a lack of self-confidence, or peer support. However, AFDC women often face all of these problems at once," observed the director of one ambitious Innovative Project.

As we have seen, Head Start family day care programs enable families to obtain job training or employment as well as develop their parenting skills, and help staff learn how to work with parents and children. Four projects provided full-day, center-based care for the same reasons (see Table 4).

These projects were built on collaboration with a variety of other programs, some national, some state, and some local. For example, Job Training Partnership Act (JTPA) funds are available through each community's Private Industry Councils (PICs) to purchase child care services for JTPA trainees. Programs such as California's welfare reform plan, Greater Avenues for Independence (GAIN), subsidize and provide child care and other incentives for low-income parents to work. Local tax incentives and business support to stimulate employment opportunities enabled one program to develop a solid financial foundation in one community.

Efforts such as these are promoted through an Interagency Agreement between the Department of Health and Human Services and the Department of Labor designed to facilitate the use of resources from JTPA to train, assess, and credential child care providers, including Head Start staff, as well as to provide Head Start services to the children of JTPA trainees.

When parents have convenient and affordable, good quality child care arrangements, they are better able to devote themselves to their work or training. They don't have to worry about transportation or whether their

children are safe. Head Start is the logical choice to provide this care. These programs, much like the family day care models, enable parents to take concrete steps to get off welfare and onto their feet.

### Project Sketches

**Title:** Head Start Innovative Preschool Project

**Project leaders:** Diane Dotson, Kathy Davidson, Jan Harris, Community Action Agency of Butte County, Inc., 2269 Del Oro Avenue, Oroville, CA 95965. 916-538-7710.

**Purpose:** Provide flexible care for Head Start children while parents attend work or school.

**Major accomplishments:** Broad use of community services. Open a before- and after-school program for children attending kindergarten. Start a career development scholarship plan so employers can pick up service costs.

\* \* \*

**Title:** New Directions

**Project leaders:** Don Bolce, Shirley Snowden, Leslie Wayman, North Coast Opportunities, Inc., 413 A North State St., Ukiah, CA 95482. 707-462-1954.

**Purpose:** Combine comprehensive, extended-day Head Start program with JTPA employment training in a residential setting through cooperation with Mendocino College and Mendocino County Office of Education Regional Occupation Program.

**Major accomplishments:** When it became apparent that the residential program was not an incentive for parents to take advantage of training, it was phased out and a better screening process is now used to select parents ready to make a commitment. Provide Head Start for children and support services to parents enrolled in job training. Offers infant and after-school care through JTPA.

\* \* \*

**Title:** Head Start/Community Coordinated Child Care Center (5 C's)

**Project leaders:** Joyce R. Cosby, Christine L. Hudson, 301 N. Ninth St., Richmond, VA 23219-3913. 804-780-7794.

**Purpose:** Provide comprehensive child care and training for very young parents enrolled at the Adult Career Development Center, Park School (for pregnant teenagers), and the JTPA program. Serve as field placement for students enrolled in the Child Care Curriculum Course, Richmond Public Schools.

**Major accomplishments:** Provide comprehensive child care services to children whose teenage parents were enrolled in school. Families improve parenting skills. School system effectively serves young children. Other high school students gain knowledge about child care through field placement in program.

\* \* \*

**Title:** Adams County Day Care

**Project leader:** Francis Wardle, 7111 E. 56th Ave., Commerce City, CO 80022  
303-289-4530.

**Purpose:** Provide child care for parents attending Adams County Employment Center training programs through JTPA.

**Major accomplishments:** Provide child care for parents in training. Serve as incentive for parents to prepare for employment. Project helps support Head Start building and playground. Collaborates with and receives funds from the PIC.

\* \* \*

**Title:** Enterprise Zone Head Start/Day Care

**Project leaders:** Ora L. Ogburn, Donna Newman, 906 Main Street, Evansville, IN 47708. 812-425-4241.

**Purpose:** Offer affordable full-day care for Head Start children whose parents work in the Enterprise Zone (an area in which tax incentives are granted to increase employment opportunities). Refer parents to agencies and train them to stay in the work force.

**Major accomplishments:** Parents can work while their children are well cared for. Train staff to work with 2-year-olds. Winning support and financing from companies in Enterprise Zone. Involve Foster Grandparents.

Table 4.

## 1985 Head Start Innovative Projects: Job training is more accessible for parents

Location	2-Year Grant	People Served				Services Provided		
		Head Start	Siblings	Parents	EC Students	Head Start	Child Care	Parent Ed./Refer
Oroville, CA	\$ 77,425	27	-	27	-	x	x	-
Ukiah, CA	\$212,650	34	29	47	-	x	x	x
Richmond, VA	\$328,562	65 <sup>2</sup>	-	x	x	x	x	-
Commerce City, CO	\$233,531 <sup>1</sup>	100 <sup>3</sup>	-	x	-	20	x	-
Evansville, IN	\$217,622	59	30	46	-	x	x	x

Notes: <sup>1</sup> Includes funds for playground (see Figure 6).

<sup>2</sup> Range in age from 2 1/2 to 4 years.

<sup>3</sup> Range in age from 2 1/2 to 5 years.

## Playgrounds enrich children's educations\_\_\_\_\_

Outdoor play is essential in a good program for young children, but the expense and space required to build a truly fine play area often prohibit Head Start programs from offering the best playgrounds. The 1985 Innovative Projects funding allowed dreams to come true for five programs (see Table 5). Grantees were required to use a playground expert to help them develop plans and provide parent education resources.

Each Head Start program now has a safe, developmentally appropriate playground that can be used by disabled and able-bodied children. Most of these playgrounds also serve as visible models for the community, so sound outdoor play opportunities are extended to many children in schools, parks, and other facilities.

### Project Sketches

**Title:** Adams County Playground

**Project leader:** Francis Wardle, Adams County Day Care, 7111 E. 56th Ave., Commerce City, CO 80022. 303-289-4530.

**Purpose:** Build an innovative playground for Sunshine Head Start Center and Adams County Day Care.

**Major accomplishments:** Involve community in construction. Playground is large enough to serve more children in expanded program. Children and staff are delighted to have a safe, developmentally appropriate playground. Playground is model for community. Won an award from the National Association of Counties. Publish several articles about playgrounds.

\* \* \*

**Title:** Model Playground Curriculum and Environment for Head Start

**Project leaders:** Anne Sanford, Jean James, Chapel Hill-Carrboro Head Start, Chapel Hill Training-Outreach Project, Lincoln Center, Chapel Hill, NC 27514. 919-967-8295.

**Purpose:** Devise new approaches to outdoor learning. Design and build a playground to promote family involvement of Head Start children. Make the

playground as appealing, suitable, and accessible as possible for handicapped children. Generate support from community leaders.

**Major accomplishments:** Extensive community involvement to design, build, and maintain playground adapted to children with special needs.

\* \* \*

**Title:** Playground Accessibility Project

**Project leaders:** Sandra Fidler, Ross Weaver, Rockingham County CAP, Portsmouth, NH 03801. 603-431-2911.

**Purpose:** Create a playground accessible to disabled children and safe for all Head Start children.

**Major accomplishments:** Parents, staff, children, and volunteers involved in design and construction.

\* \* \*

**Title:** Urban Playground

**Project leaders:** Helen Taylor, Mattie Jackson, National Child Day Care Association, 1501 Benning Rd., N.E., Lower Level, Washington, DC 20002. 202-397-3800.

**Purpose:** Build an appropriate, easily maintained playground in a small area outside a high-rise apartment building.

**Major accomplishments:** Playground promotes creative combinations of various kinds of play: dramatic, large muscle, water, and sand. Includes garden area so inner-city children can watch plants grow.

\* \* \*

**Title:** Model Community Playground

**Project leaders:** Christiane Traub, Margaret Stanley, Merced County Community Action Agency, Merced County Board of Supervisors, Merced, CA 95340. 209-723-4565.

**Purpose:** Design a model community playground for Head Start program on County Fairgrounds.

**Major accomplishments:** Playground is demonstration site for the whole community and is used by two other groups including a preschool for handicapped children. It is available to children attending the County Fair each year, and will be used as a Head Start training site.

Table 5.

## 1985 Head Start Innovative Projects: Playgrounds enrich children's educations

Location	2-Year Grant	People Served/Involved			Services Provided	
		Head Start	Parents	Community	Head Start	Model Site
Commerce City, CO	\$ 9,000	150	x	x	x	x
Chapel Hill, NC	\$25,000	80	-	x	x	-
Portsmouth, NH	\$25,000	x	x	x	x	x
Washington D.C.	\$25,000	x	x	x	x	x
Merced, CA	\$25,000	x	x	x	x	x

Each of these 32 Head Start Innovative Projects has an interesting story to tell—about challenges met, services expanded through community commitment, parents who found new directions for their lives, and children who can enjoy their childhood learning opportunities. These thumbnail sketches and brief charts can only present some of the basic facts about each project.

Therefore instead of concentrating on just the facts, try to imagine the smiles on the faces of the parents and children that reflect growing self-confidence, and the sense of gratification the staff feel as a result of their successes. Thousands of lives have been given new hope and purpose through the 1985 Head Start Innovative Projects.

## Charge to Head Start:

### Build on These Experiences

The Head Start community is known for its dedication, creativity, and resourcefulness. The 1985 Innovative Projects prove once again that the reputation is well deserved. This wide array of efforts--funded by grants awarded in a national competition because they intended to go beyond the scope of regular Head Start programs--addresses some of the most compelling needs in society. Some projects overcame many obstacles, some modified their services in midstream, but every one successfully reached out even further to other families and children. All of Head Start can be proud of what these 32 projects accomplished.

The challenge now is to keep up the momentum of this first group of Innovative Projects. Some Head Start programs are already involved in community outreach efforts similar to this first group of special projects. These groups will want to exchange experiences immediately so they can learn from each other and make improvements in their services.

Many other Head Start program staff will be intrigued by the accomplishments of these trailblazing programs. So much can happen when pressing problems are tackled or new ideas tried. Using the Innovative Projects as a guide for planning, more Head Start leaders will want to expand their impact within their own areas.

The beauty of these efforts is that by studying what was learned in these projects, people involved in existing or new efforts can avoid some of the pitfalls and duplicate what works. Head Start can pool funds, resources, and

volunteers to reach out to even more families, children, and professionals. Programs can collaborate with Parent Councils to build similar projects in their communities. Head Start can lend its voice and experience to assist other agencies who are addressing similar problems.

This brief summary of what worked, and what was not as effective, will lead to some policy implications for Head Start's future.

### **Invite more parents to grow**\_\_\_\_\_

Deciding how to reach more families and what direction to take is not an easy task, especially in areas where unemployment is high, parents are single and young, or the plights of rural or homeless families are seemingly invisible. Head Start can't tackle every problem, so priorities must be set and networks established. Then the community coalition can concentrate on just one area at a time, develop a realistic plan, and get started.

Planners of these programs will be sure to keep in mind that all parents want the best for their children and themselves. However, only when parents set their own goals, establish their own priorities, and select from their own options can they be expected to make real progress to make good things happen for themselves.

This process takes time, patience, and skill. Parents and program staff must grow in their trust for each other. Professionals listen and offer encouraging support as parents work things out for themselves. If their work is to be effective, they need to resist the temptation to provide advice. Staff also must know about and respect individual and cultural differences--there are often several good ways to do things.

One of the most important recommendations derived from the experiences of these Innovative Projects is the critical requirement for

specialized mental health services--for parents and staff--when programs serve high-risk families. Families who are homeless or faced with a multitude of problems are under a great deal of stress, and there are no simple or quick solutions. Only professional mental health workers can be expected to provide the type of intense counseling necessary to help families attempt to regain control of their lives.

The Head Start staff who work with such high-risk populations also need constant support to help them deal with the daily challenges of dealing with the demands of their work. Children may attend the program only for one day or one week, rather than a year. Emergencies constantly arise for the parents. Families may relocate just before a breakthrough seemed possible. Without continuous professional mental health support for staff, rapid burnout is inevitable, turnover is constant, and the program will lack the internal continuity and cohesiveness upon which its very survival depends.

Realistic expectations are essential for everyone involved in programs serving high-risk groups. It is difficult to make sure parents follow up on referrals, attend meetings, or even learn new job skills. The Innovative Projects boost parent participation by making their events and services useful, fun, and accessible. Door prizes such as toys, bus tokens, refreshments, child care, active involvement, and calendars can increase attendance. Convenience is a key: Find out when and where parents are most likely to attend.

One of the best drawing cards for families is to offer an array of services in one place: Perhaps the baby gets health care, the preschooler has a good time in a play group, and the parent attends a workshop or is referred to resources, all at the same time in the same building. Similarly, Head Start's full-day programs make it possible for a parent to get training while their

child is in one continuous program, often with siblings, without the need for transportation mid-day.

A few of the Innovative Programs took still another approach to try to increase participation. Some of them went out to the families, offering health screenings in their homes or in nearby community buildings, for example. Reasonable travel schedules, space arrangements and publicity to increase participation are all vital ingredients when programs are mobile.

Programs also benefit from the flexibility to modify their approach when plans did not work out as expected. One cost-saving new lesson learned from these projects is that housing for job trainees is not an incentive for enrollment. The families who typically need housing also have an abundance of other needs. As a consequence of these multiple needs, their lives are not yet organized enough to take on the increased responsibility of attending classes and studying. Instead of offering a residential program for job trainees, then, it is clear that a more careful selection process is essential to help locate participants who are ready to make a commitment to the program.

In addition, several of these Innovative Projects came to realize that parents enrolled in job training programs need child care not only during class time, but also while they study. Child care schedules must be extended in order to mesh with the demands of job training that go beyond regular school hours.

In summary, the Innovative Projects and other similar efforts enable many families to take greater control of their health, personal, and economic circumstances. As families get on their feet, the entire community benefits. More new jobs open up. Tax revenues increase when more people are employed. And all children have a more promising future.

## **Bolster staff skills even further** \_\_\_\_\_

Without well-trained, firmly supported Head Start staff, good programs would never get off the ground. Working with at-risk children every day is difficult. It requires vast stores of energy and commitment. Head Start staff who work with unstable and transient populations face even more intense, demanding, and emotionally draining situations, as was pointed out in the previous section.

The constant attention of a mental health professional is needed in all Head Start programs, and especially when staff work with high-risk populations--homeless, immigrant, or abusing families. Mental health professionals can help staff sharpen skills to deal with crises. They can suggest how to establish and maintain a pleasant, supportive environment.

These experts also can help everyone cope with the daily stress of their work. With the assistance of a mental health professional, staff can more readily recognize the slow changes that indicate progress. All staff feel more in control of their work when they feel supported and involved in a joint effort. Frequent breaks from the tension of work are essential as well, if staff are to maintain a sense of balance in their own lives.

In addition, staff in group programs and family day care always can benefit from opportunities to learn more about appropriate practice in early childhood education and child development. Head Start often relies on knowledgeable people in local communities for mutual support and to make sure staff keep abreast of the latest developments in the profession.

One project sensed that "Having training done by peers has brought . . . credibility to sessions because the peer trainers have field experience as well as theoretical information to share. . . ."

The "fierce independence of the family day care providers" is typical in most communities. However, as one program learned, "Once they began to see us as helpers in their program (not dictators), they asked us for ideas."

Just as parents are more likely to use convenient, self-directed services, staff are more likely to attend training programs when they are easy to get to and when staff feel involved in their own professional growth.

The Innovative Programs also lead to another opportunity to increase staff skills. In national, state, local, and even project meetings, participants talk with others in similar jobs about the challenges and successes. When people get together, they eagerly share their experiences. They learn about what works, what can be modified, and what can be eliminated. They see that they are not alone with their feelings of frustration and their ability to rejoice in small triumphs. As a result, projects are better managed, funds are spent more wisely, and staff become more committed to their work.

Every Head Start program can find a way to expand training opportunities as a result of these Innovative Projects. Some may adopt the As I Am mental health curriculum. . . others will tap into or compile a resource bank for staff . . . and most can support someone in their efforts to earn a CDA, for example.

Some of the Innovative Project staff are using their skills and materials to teach college classes. They write for or speak to groups interested in similar community efforts. Professional pride blossoms as each person in Head Start reaches out to familiar and new colleagues in early childhood education.

## **Enlist new support**

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Extensive publicity, community support, and volunteer involvement are also keys to both the immediate and long-range success of the Innovative Projects. Family issues have never been more visible than they are today. The timing is right to get new groups involved both for finances and other avenues of assistance.

Special Head Start funds are not always the answer for new or current outreach projects. Instead, other fiscal sources should be explored to help assure a financially stable and long life for programs that go beyond Head Start's core of comprehensive services. State and local government funding may be available and should be pursued.

Some of the best opportunities will arise if you look beyond grants and government, however. Seek out civic associations, businesses, religious groups, professional organizations, foundations, and community activists who can be relied upon for permanent support. Proposals that are clear, articulate, and well formulated have the best chances for approval. Good ideas are just the beginning of a well-run, successful program.

Even with the best of proposals, funding may be tough to find, and probably won't fill all of any program's needs. Head Start staff already know about the value of soliciting in-kind contributions (space, office supplies, outgrown clothing, computer services) and of recruiting volunteers (to drive, file, clean, shop, distribute flyers, or assist with children). "By pooling our resources, we multiplied our impact," declares the leader of one project.

## **Suggestions to consider**

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Three major policy implications spring from the experiences of this first group of Head Start Innovative Projects:

**1. Reduce the cost of health/dental care for Head Start children by providing preventive care from birth,** rather than waiting until they enroll in Head Start. Not only are children healthier during their early formative years and better able to benefit immediately from participation when they begin the program, but the long-range expenses for medical treatment and remediation are decreased as well.

**2. Cluster services to increase participation.** Families are much more likely to take advantage of a program if their needs can be met conveniently in one location. Family day care, child care at job training sites, community centers with a range of services, or comprehensive screening programs, for example, can all make programs as accessible as possible for parents. The visibility of Head Start increases, too, when parents see the program in action.

Similarly, staff support services can be grouped on a geographic basis. This helps assure that resources are available for a broader audience and expertise is shared with as many people as possible. Duplication is diminished as programs work together to deal with joint concerns. Learning opportunities multiply when staff from different programs discuss their experiences.

**3. Address the mental health needs of staff and families as an integrated part of Head Start.** Programs that serve high-risk populations, such as the homeless, need the in-depth support that can be offered only by a psychiatric social worker. The multiple and continuing stresses facing both staff and families can easily become overwhelming without constant

professional attention. Families can then function more positively, and staff will be more effective in their work. When staff morale is high, every aspect of the Head Start program benefits.

A further suggestion is to continue the "shoulder to shoulder" learning opportunities for Innovative Project leaders. These meetings enable participants to expand on the stated agenda and elaborate upon their experiences, challenges, and successes with each other. The energy and enthusiasm generated through these meetings solidifies professional commitment and is carried back to local programs.

\* \* \*

Now it is up to other Head Start staff and parents to demonstrate the dedication, creativity, and resourcefulness exhibited by these 1985 Innovative Projects. Share the excitement of making a difference in the lives of children and families as eloquently described by these two project leaders:

"As it has turned out, the benefits have been very large for all involved. The children and families who received hearing testing and educational information over the two year period benefited greatly, as did my staff member and I who had the opportunity to interact with other Innovative grantees in the series of meetings that have been held. . . . The exposure to other Innovative grantees was extremely enlightening and stimulating. . . . My level of understanding has been greatly expanded as I have reflected on what I have done and contemplated what is yet to be done. . . . Without a doubt, this has been one of the most intellectually enriching experiences of my Head Start career and one that I will always value."

"I personally know that I will never do anything so important and fun as the Day Care Project. Ever. . . . The children, families and family day care providers extend their thanks. . . ."

Head Start programs across the country can duplicate this enthusiasm by rising to the challenge: Each community can find innovative ways to integrate Head Start with other efforts to build stronger, healthier families

END

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