This booklet presents a short history of the Head Start program and discusses some of the challenges that the program will face in the 1990s. Project Head Start, begun in 1965, has helped 12.5 million children become better prepared to start school, and has grown to be the largest early childhood and family education program in the country. From the outset, the program included four components that concerned education, health, social services, and parent involvement. Head Start faces new challenges in dealing with the increasing levels of poverty, drug and alcohol abuse, violence, and other social ills faced by children today. More than ever, the program needs to: (1) create a safe, nurturing environment for young children; (2) foster social competence; (3) assist and involve parents; (4) improve coordination among social agencies and services; and (5) attract and prepare qualified staff. In order that programs such as Head Start can work more effectively, the nation as a whole must be more willing to commit the time and resources necessary to strengthen and broaden the Head Start program, and mainstream American society needs to examine its own attitudes and biases concerning poverty and other social problems. Contains 35 references.

(MDM)
Head Start began as an eight-week summer program in 1965. In church basements and the unused rooms of public schools, in urban settings and rural, it grew into a year-round, comprehensive, multigenerational development program for children and families, which now serves 600,000 economically disadvantaged preschool youngsters a year.

The decade of the 1990s poses new challenges to the Head Start program and offers new chances for even greater impact in the years ahead. Head Start today is on the threshold of making important decisions about policy and program planning. What better time than now to stop and reflect on where we've been and what lies ahead?

For the past sixteen years EDC has worked with local Head Start programs and state and regional Head Start associations. The New England Resource Center at EDC, one of twelve in a national network, provides Head Start programs with a wide range of services to support the education of children, parents and other caregivers, and staff; to improve social services; and to strengthen both parent involvement and program management. The New England Resource Access Project (RAP), one of eleven in the national RAP network, provides services to meet the needs of Head Start children with disabilities and their families. The activities of these projects include on-site training and technical assistance, training conferences, and dissemination of print and audiovisual resources.

Through our work in these and other projects, EDC staff members have contributed to the success of Head Start programs throughout New England and the nation and have gained new insights into many aspects of early childhood education. This monograph is intended to share what EDC has learned with a wider audience and to promote a new understanding of the mission, the design, and the promise of Head Start.

Janet Whitla
President

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Head Start: New Challenges, New Chances

Education Development Center, Inc.
The story we have to tell here is the story of our nation's children in poverty: they are more at risk, in many ways, than ever before. We tell it through the lens of Head Start, one of the few enduring and successful social programs to come out of the 1960s.

Since 1965, Head Start has served 12.5 million children and their families. Along the way it has become the largest early childhood and family education program in the country, the leading health referral system for children from families with low incomes, and the most extensive system for integrating young children with disabilities. Head Start has clearly demonstrated the capacity to change, for the better, the health of young children and their educational readiness for school. An analysis of 210 different follow-up studies of Head Start participants concluded that "Head Start graduates score higher on cognitive tests and are less likely than their non-Head Start peers to be held back in grade (a well-known early indicator of school failure) or placed in special education classes." As a result of tailored, intensive, preschool intervention, children from families with low incomes can go into the first grade and enjoy success in the classroom. These successes, moreover, have been documented for cohorts of children and are not merely the breakthrough of a lucky few. Over the years, as well, Head Start has helped to promote the idea that schools also need to change, in order to meet the needs of changing populations of children.

Just as Head Start was celebrating a quarter century of successful achievements, however, it became evident that the 1990s would confront Head Start with a new and demanding set of challenges. The numbers of children eligible for Head Start services continue to grow and the program has embarked on an era of expansion. In addition, the characteristics and
needs of Head Start children appear to be changing. Concerned teachers report seeing children who are more aggressive, impulsive, disorganized and/or withdrawn; who are less able to manage language; and who are less able to remember and use on Monday what they had learned on Friday.

We can applaud all that Head Start has accomplished. At the same time, given these new challenges, supporters of Head Start must ask some hard questions about policy and about practice. If Head Start expands significantly, can it continue to deliver the program with the same success? In fact, if children's needs really are changing, will the program continue to work in the 1990s?

The Ongoing Problem: The Climate of Poverty

Sobering statistics suggest that the war on poverty is not going well and that our youngest citizens make up the greatest number of casualties. More children are living in poverty than ever. Between 1968 and 1987, even though the number of all children under age six remained relatively stable, the number of poor children under age six increased by 35 percent. Young families, families with unemployed parents, and families with poorly educated heads-of-household all lost ground. A critical factor was employment: as the economy expanded, families without workers were not carried along.

Contrary to what many Americans believe, the greatest numbers of families with low incomes (54 percent) live in rural areas or the suburbs, not in the inner cities. Nevertheless, the impact of poverty in urban neighborhoods is harsh . . . and much harsher than it used to be. Today, several interrelated factors dramatically affect the health and well-being of children in these neighborhoods: violence, drug trafficking, and the use of alcohol and other drugs. Inner cities tend to have much higher rates of interpersonal violence than do rural and suburban communities; from an early age, children in at-risk neighborhoods witness violence and crime close to home. They also witness violence or are victims of violence at home. Researchers report that children in violence-prone neighborhoods have
begun to display the familiar symptoms of posttraumatic stress disorder including depression, violent outbursts, difficulty concentrating, and reduced involvement in the outside world.\textsuperscript{6,7,8} The effects of violence on children's development include impaired cognition, memory and learning disorders, and poor school performance.\textsuperscript{9}

"Many of the Head Start children are like children under siege and are insecure in fundamental ways," says Joanne P. Brady, associate director of EDC's Center for Family, School, and Community. "During the war in the Persian Gulf, people often asked, 'What shall we tell the children? How can we reassure the children that they will be safe?' It illustrated a major problem for Head Start: many of the children in this country are already living in a war zone and the rest of the United States cannot understand what that is like for them."

The effects of violence on children's development include impaired cognition, memory and learning disorders, and poor school performance.

Drug trafficking contributes to the climate of violence.\textsuperscript{10,11} The use of alcohol and other drugs affects caregiving behavior in families. Between 1984 and 1989, for example, there was a 3,000-percent increase in the number of drug-related abuse/neglect petitions in the U.S. juvenile courts.\textsuperscript{12} In addition, to disrupting the social climate and family dynamics, the question arises of how much, and in what ways, prenatal exposure to alcohol and other drugs has damaging, long-term effects on the development of children.

Certainly, Fetal Alcohol Syndrome (FAS) can lead to mental retardation and other life-long and permanent problems.\textsuperscript{13,14,15} Prenatal exposure to alcohol far exceeds that of exposure to illicit drugs.\textsuperscript{16} Yet in recent years media coverage has focused not on alcohol, but on the alarming increase of
babies born to mothers who use illicit drugs, especially cocaine, and the press has tended to convey a picture of drug-exposed infants and children as “hopeless” members of a “lost generation.”

In 1992: A New Understanding

It is understandable that many teachers and other members of the public could easily believe that long-term damage from illicit drugs must be the cause of the learning and behavior problems observed in Head Start classrooms. Recently, however, a more accurate picture of the problem has begun to emerge. There is no typical developmental profile of a child who has been prenatally exposed to drugs. As Richard Barth writes, “Children exposed to drugs in utero do not represent a class of children—they may be as varied as children who are not exposed.”

In January 1992 an article entitled “The Problem of Prenatal Cocaine Exposure: A Rush to Judgment” appeared in the Journal of the American Medical Association. The authors stated, “Our review of the current literature on the subject indicates that available evidence from the newborn period is far too slim and fragmented to allow any clear predictions about the effects of intrauterine exposure to cocaine on the course and outcome of child growth and development.” Commenting on the focus on cocaine in the lay press, they said, “A very large group of children is in danger of being written off. Moreover a social sentiment has arisen that the loss of these children is entirely attributable to the prenatal effects of cocaine.”

This new understanding of the situation has significant implications for the way Head Start teachers view children in their classrooms. We can no longer attribute many of the troubling behaviors encountered to prenatal exposure to illicit drugs. At the same time, it is accurate to say that for many children, in many communities, development after they are born is affected by drugs. The drug culture touches their early lives even if it has not harmed their bodies and minds in utero. Parents who struggle with drug addiction often experience low
motivation, personal disorganization, and a sense of futility. Drug use often fosters neglect and physical and sexual abuse in the family. Drug trafficking contributes to a threatening environment and high incidence of actual violence in the neighborhood. Parents in prison, mothers abusing drugs, neglect, and multiple foster placements are among the many environmental factors that at-risk children encounter. Practitioners who direct programs targeting drug-exposed children are keenly aware of the environment and its influence on children’s development.

Children exposed to drugs in utero do not represent a class of children — they may be as varied as children who are not exposed.

Today, we know much more than we did twenty-five years ago about the deprivation, despair, humiliation, and violence that children experience growing up in poverty. Considerable research has highlighted a miscalculation and an injustice in an assumption of the original Head Start approach: the view of the child as the locus of “educational deficits” and the target for change. In asking the child to change, we failed to see how much, and in what ways, the customs and culture of the larger society contribute to the problems children face. Existing evidence strongly suggests that children born into poverty, including children prenatally exposed to illicit drugs, can “catch up” substantially, depending on the environment and on the kind and consistency of caregiving they receive. But focusing all of our efforts on the child will not accomplish the changes. As a nation it is not enough to ask how we can best support Head Start. We need to ask what more we can do to address the root causes that make Head Start as a program necessary. Given Head Start’s essential role in our current environment, however, it is important to understand its key elements in order to strengthen its effectiveness as one essential component of our national social policy and programs.
The Head Start Model: An Overview

From the outset Head Start, intended to be a comprehensive program, included four components: education, health, social services, and parent involvement.

**Education Component**

Head Start provides early childhood services for children ages three to five. Even though programs are free to devise their own curricula, their educational services must meet a set of specific standards to provide individualized educational experiences for each child, activities that reflect the rich cultural diversity of Head Start families, and to address all areas of development. To provide these services, the teaching team in the classroom includes a teacher, a teacher assistant, and parent volunteers. At the same time, Head Start seeks to educate parents and other family members to strengthen their roles as caregivers and primary educators of the children, and as adults who want to participate in the workplace and the community. Head Start also provides educational and professional development opportunities for staff.

**Health Component**

Health services provided by Head Start (which may be the only health services a Head Start child receives) are nutritional health, mental health, dental health, and medical screening and follow-up services. A major emphasis is on helping low-income parents develop ongoing relationships with health providers and gain more control over their family's health. Head Start uses a variety of educational and hands-on strategies to help families become more knowledgeable consumers of health and related services.

**Social Services Component**

Head Start helps families gain access to important community services such as counseling, financial assistance, and job training and career education. Family workers are available to each Head Start family to support them through crises, help them gain a better understanding of child development, and create opportunities for personal growth.

**Parent Involvement Component**

Head Start parents participate in decisionmaking about the nature and operations of the program, and in various roles as paid staff, volunteers, and observers. They participate in parent-education programs, policy councils, and committees; in activities for parents that they have helped to develop; and in developing in collaboration with staff activities to use with children at home. Parents are equal partners in the educational process that influences their children's growth and development.
Head Start cannot begin to solve, on all fronts, the highly complex constellation of problems that contribute to poverty in America. It can, however, attempt to create at least one safe place for children to stand and provide a more enduring network of support for Head Start families. If Head Start is to achieve these goals, we must keep in mind two key ideas: the concept of resiliency and an understanding of the "ecology of the human environment."

Resiliency, a characteristic of individuals, is an inherent human capacity to recover from adversity and restore equilibrium to functioning. In the past, researchers have studied extensively what can go wrong in children's lives. More recently, researchers have begun to ask a new question: What can go right?

The children who developed well were the children who could rely on supportive and stable caregiving from adults in their lives.

Some "high-risk" children, in spite of the risks they are exposed to, develop normally and adapt well to their world. The Kauai study, for example, which followed high-risk infants in Hawaii for thirty years, found that the combination of perinatal risk and disadvantaged home environment was more devastating than perinatal risk alone. The children who developed well were the children who could rely on supportive and stable care giving from adults in their lives. And the poor development of children who grow up amidst family discord and who do not receive good care, from any quarter, has been reported in study after study.
While caregiving in the family is important, however, the lives of children are also affected by the world beyond the family. Scholars have explored the nature of these interactions—the child and the family, the family and the larger community—what Urie Bronfenbrenner calls "the ecology of human development." We no longer assume, as Sameroff and Fiese say, "... that there are single causes for disorders in children and that the disorders can be eliminated by treating the child as an individual." In the ecological view, larger even than the child's family or community, is what Bronfenbrenner describes as the "macrosystem" and the "overarching institutional patterns of the culture," including the economic, social, and political systems. The family patterns and neighborhood realities are merely specific, concrete expressions of the macrosystem.

Seeing the ecological approach as a series of concentric circles with the child at the center helps us envision all of the influences that affect a child's development. Confirming Head Start's original design—to link the program and the family in
new ways, and to improve, simultaneously, education, health, and social services—the ecological view offers a conceptual framework for thinking about what Head Start needs today.

In Head Start programs, the child is not seen just as a free-standing organism but as an individual acting in the context of his or her known world. Even as very young boys and girls, they behave to a large degree in reaction to the realities of that family and that community. To change how a child behaves, it is necessary to change the child's beliefs about how the world works. The ecological view confirms that the influences on a child's world are not confined to the family and do not stop at the edge of the neighborhood. The family and the neighborhood are deeply affected by the "overarching institutional patterns of the culture." And the ecological view underscores the role all supporters of Head Start must play. Head Start can make strategic changes in its classrooms and strengthen links with the family and with other neighborhood agencies. Changes in the institutions of the culture at a national level, however, if they are to be made at all, require the commitment and resources of a far larger constituency.

Over the past twenty-five years Head Start has refined an approach that depends on five essential features: changing the child's experience of the world by creating an alternative "Head Start" world, fostering social competence, making the most of an essential resource—parents, improving coordination among agencies and services in the community, and preparing Head Start teachers.

Creating an Alternative World in the Program

Head Start has the opportunity to create, for four hours a day, a world different in kind from the day-to-day experience of life as many children know it. The preschool classroom itself is a natural ecosystem with interdependent systems and presents the opportunity to reconstruct reality.30 "The program's most powerful benefit," says Sheila Skiffington, the director of the New England Resource Center at EDC, "may be to provide the knowledge—in many cases, radically new to a child—that
in families and communities characterized by chaos, violence, powerlessness, and neglect, an alternative exists."

"Revising" the world as the child knows it, Head Start provides structure and choice. In the process, it seeks to promote a sense of competence in preschool children. In the early childhood years, adults are a powerful force in shaping the physical environment and emotional climate that create the context for interactions among children. The Head Start teacher's role is less to teach than it is to facilitate learning; it is to assess what the child can do, create an environment that offers possibilities, and then act in supportive ways.

Classrooms need to reflect the culture of the communities they serve, not only in the physical toys, books, pictures, and resources that are available, but also through an understanding of customs and cultures.

Setting up a child-centered classroom means providing the children with numerous opportunities, the chance to build on their strengths as well as to try out new things, and the chance to choose. The most important learning takes place when children initiate exploration and direct their own play experiences. As four-year-olds, what they need to learn is that they are competent, that they can learn new ideas and skills, and that they can get along with others.

Classrooms need to reflect the culture of the communities they serve, not only in the physical toys, books, pictures, and resources that are available, but also through an understanding of customs and cultures. The staffing pattern that seems to work best combines staff who may be from outside the community but professionally trained, and staff—often parents themselves—who are from the community. Children's individual differences, in personality and ability, influence their learning and must be understood and respected. Developmentally
appropriate activities for preschoolers—right for the age group, right for the individual child—include play and project activities, active learning, exploration, and involvement.

Children in Head Start can choose among many activities, whether painting or playing at the sand table, building a block tower, or looking at a book. Some activities assist gross motor development such as playing on slides, climbing equipment, and using mats. Some promote group projects, such as dramatic play centers where imagination creates a house, fire station, shoe store, or grocery market. Classrooms should also offer quiet, soft spaces with some cushions and books, where a child can choose to be alone and to observe the classroom activities quietly or relax with a favorite picture book.

In an environment of this kind, children can begin to believe that there is such a thing as choice, that they can make choices, and that their choices are valid. Not everything can, or should, be presented as a choice; fire drills, for example, are not optional. Teachers do schedule particular activities, on a regular basis, to introduce an element of predictability and continuity into children’s lives. But effective classrooms ensure child-initiated sessions and provide, for the choosing, activities that offer different pleasures and rewards, different challenges.

Social competence emerges as the major skill youngsters need to acquire in Head Start. It is defined as the child’s everyday effectiveness in dealing with both the present environment and later responsibilities in school and life. Children who lack this ability, by contrast, are easily frustrated and disturbed, continuously test the limits set for them, have a hard time controlling their impulses and organizing their play activities, and have difficulty forming relationships with other people.

**Fostering Social Competence**

Several researchers are studying the impact of friendship—and friendlessness—on children. One investigation, which followed children from kindergarten through ninth grade, identified the troubling pattern of an inhibited child who fails to explore, does
not play, and does not learn to solve problems. Another study sees friendship in the early years as the key building block for relationships later in life.

Findings strongly suggest that the child's interpersonal actions with caregivers and other children are not "merely social"—they are critical to how well he or she develops and learns. With social competence, other skills will build more easily; without it, they will build much more slowly. Young children learn from their exploration of the physical world and their interactions with others; through playing alone, with adults, and with other children. As children mature, social interactions become a principal vehicle for engaging in more complex play and exploring more abstract concepts and relationships. Today, the performance standards that guide programs for all Head Start children now emphasize that the overall goal of Head Start is to bring about a greater degree of social competence in children from families with low incomes.

By nature some children may be more sociable than others. Certainly, by the time they enroll in Head Start, the natural ability of some may have been blunted and sometimes seriously compromised as a result of neglect, abuse, or exposure to violence. Nevertheless, all children can learn to better negotiate the many situations they meet in the course of a day. Recently, under EDC's leadership, the eleven Resource Access Projects (RAPs) from across the nation worked together to translate the research findings on social competence into a Head Start training program intended to improve children's chances of being successfully integrated into regular Head Start classrooms. The program applies lessons learned from the ecological model. It focuses not only on changing the child's behavior, but on altering the physical classroom context, and the behavior of teachers and other children as well, to create an environment that supports learning for all the children. Through participating in programs such as these, Head Start teachers gain greater awareness of social development patterns and acquire skills to promote social competency in their students.
If social competence is a personal ability, social integration is a program strategy—a deliberate attempt to build competence in a child and a sense of self-esteem, self-worth, self-efficacy. EDC defines social integration as the process of achieving harmony within a group so that mutually satisfying interactions can take place between a child with disabilities and his or her peers. It is particularly important for teachers to foster social integration for children with disabilities. Over time, EDC has come to understand the value of social integration as a strategy for helping all children to learn.

How is the concept put into practice? First, a teacher values and respects all children in the classroom, regardless of their race, ethnic group, or individual abilities. Head Start activities are designed to be as fault-free as possible. "It is all right for boys to bake lopsided Playdoh cakes, for girls to ride the trucks, or for children at the easel to paint free form," says Eleanore Grater Lewis, project coordinator of the EDC RAP. Teachers refrain from judging wherever possible. Even with antisocial actions, they look for opportunities to ask the children, "How could we have done this differently?" If a child is overly active, teachers look for an activity that he or she can stay with longer and build on that (such as adding funnels or Lego to the water table), then encourage the child for being able to stay with the activity as long as he or she did. Teachers also look for ways to promote constructive social interactions: games that require a partner, puppets that can be used in a spontaneous "show," books that demonstrate social skills, such as three children playing as a group. This is especially important as so much of what children see on television is antisocial. Television, by magnifying certain features in the culture that are not always constructive, intensifies the impact of wider values on individual children.

Mealtimes also provide an opportunity for social integration. Full-day programs serve two meals; part-day programs serve one. For many children, it may be the one reliable meal of the day. These occasions offer more than the basic food groups. Mealtimes provide a pleasant opportunity to sit around a table, to practice making conversation (and using table manners),
and to enjoy food that reflects the ethnicity and culture of the children's families.

Teachers can foster positive social interactions by providing a stimulating environment with many toys and resources. As children play and learn, teachers can help create opportunities for sharing, for cooperation, and for acceptance of one another. Certainly, it is easier to promote sharing when there are three shelves of building materials than when there is only one. More important than classroom materials, however, is what underlies them: an atmosphere of understanding, support, and acceptance.

Guarding an Essential Resource: Parents

Head Start, from the beginning, has put parents at the center of its program, seeing them as people who know their communities, their homes, and their children as no one else can. Acknowledged as experts in their own right, their input has always been intended to “go beyond bake sales.” Their voices have been not only invited, but mandated: they need to be heard if programs are to succeed in strengthening the development of children. Equally, parents' own development has been
understood as central to the health of the family. Today, Head Start performance standards and policies articulate clearly that parents continue to play a strong part in the decisionmaking and operations of local programs.

In 1991, more than 600,000 parents volunteered in local Head Start programs. The role of classroom volunteer, however, is only one of the many roles filled by parents and other family caregivers, such as grandparents, aunts, or cousins. These adults also make up Head Start policy councils and serve on boards of directors. Parent committees set policies and are concerned with health, program evaluation, education, public relations, recruitment, and budget development. They are involved in all aspects of decisionmaking, such as the hiring and firing of staff, location of centers, and the development of funding applications to the federal government. A strong cohort of parents, arrayed behind a director and staff, strengthens Head Start's impact on the community and on the quality of the program.

Beyond participating in local programs, parents represent Head Start in Community Action Programs and act as liaisons to schools, health clinics, and other community agencies. Elected to state and regional Head Start associations and to the national association, parents take an active part in lobbying and advocacy. A parent in the state association who visits the legislature, for example, who gets to know state representatives and brings them back to the program to see it firsthand, can attract attention and gain access to resources in a significant way. Head Start, for many parents, provides a stepping stone to a wider world of community activism and involvement in other community issues such as housing, employment, and benefits.

Parents initially become involved because they want to do more for their children. In the process, they discover they can give themselves another start. "You see how being involved changes people's lives," says Tina Williams, social services specialist at EDC. "In the beginning, when new parents come to a meeting, you can see that some of them have never been to a meeting of any kind before, they don't know what an agenda
is, they are too timid to speak at all. Eight months later, they are canvassing the neighborhood and hammering out tough issues in a policy council. They know what they think. And they're learning skills they can use to put their ideas across."

Parents often speak eloquently about the impact Head Start has had on their own lives. Some of their success stories are quite dramatic. For example, one young mother (we'll call her Diana) was left alone in the 1970s with three children, no education and training, and only welfare support. She began as a classroom volunteer and later served on the program's policy council. She embarked on her GED studies and in time received not only her high school equivalent certificate but also her associate's degree. Now Diana has an advanced degree in the criminal justice field and two of her children are in college.

"For the first time in their adult lives, people they respect may be telling them, 'You are a competent person, a loving mother. There are possibilities out there for you,'" says Joanne Brady. "When Head Start can offer support that makes parents feel worthwhile, not worthless, it also offers an opportunity for them to reciprocate. That's what support should do. It's reciprocity that allows people to maintain their self-esteem when they are vulnerable."

For many parents, even the logistics of minimal parent involvement are formidable. This is particularly true for the working poor who have jobs in the daytime and for mothers who have other children at home, as the Family Support Act, passed in 1988, requires that recipients spend substantial amounts of time working, in educational or training programs, or in community service.

Besides the practical matters of time and transportation, more subtle and insidious obstacles can stand in the way of parent involvement: the feeling of being overburdened that goes along with living in poverty, an attitude of indifference in the community about participation, even cultural attitudes that affect a woman's ability to be assertive and participate in a group. Certainly, parents' struggles with their own chemical
dependence can interfere with their commitment to their child. Head Start staff today need extensive training on substance abuse prevention and treatment in order to be helpful to parents in the program. Local programs face a real challenge to maintain the current level of parent involvement, let alone expand it.

What do parents need, if they are to continue to play a strong role in Head Start? At one level, they need responsiveness to the practical realities of their lives: workshops scheduled in the evening, when it is more possible for them to attend; assistance with transportation; or on-site child care. They value education that is practical, not just theoretical. At another level, they need the same kind of empowerment that is at the heart of the program for their children. Parents need encouragement to voice what they need. Workshops on child-rearing practices, legal rights, women's health issues, or job training are most effective when they are offered in response to what parents say they want, either through formal needs assessments or informal interviews and surveys.

Parents need to be reached through different channels. Some programs offer training to staff and parents together—an approach that presents new information and skills to parents, and does so in a way that underscores the philosophy that they are equal colleagues with staff members. Parents may encounter new ideas about classroom programs through the monthly parent meetings. They may be part of small-group parent sessions designed to address both child-rearing questions and also other issues that concern their lives as adults. They often receive one-on-one assistance from the worker assigned to be the advocate for that family. The trust and friendships that build over time, between staff and parents and among parents, promote parents' development as adults and caregivers.

Head Start training focuses on teaching staff to listen to what is behind the questions that parents raise. If parents say, for example, “Let’s get some computers into the classroom,” what they really may be saying is that they want their children
to do well, once they are in school. Encouraged to collect information about computers in preschool, parents may decide for themselves that computers are not what they want.

Mothers and other caregivers value an attitude of respect and caring. Without this, parent involvement specialists agree, Head Start administrators and staff are handicapped in overcoming the sense of isolation and distrust that many parents experience when they first meet school professionals. Parents will not be eager to participate in programs if they wind up feeling that their weaknesses overshadow their strengths. As the staff become more professionalized, Head Start parents may feel a widening gap between the staff’s world view and their own. The staff—however much they may think they know the answers, or know what is best—are not there to tell the parents what to do. The real role of staff is to monitor a forum where parents can discuss what they think and to engage parents in questioning and collecting information.

**Improving Coordination Among Agencies and Services**

From the beginning, an unprecedented focus on integrating education, health, and social services for children distinguished Head Start from other early childhood programs. Even in 1965, social planners knew that children who are hungry or in poor health will have difficulty learning. They knew that poor children have the most health problems and the least access to health care. The initial design, which continues today, included four program components: education, health, social service, and parent involvement. Then, once children with disabilities began to be actively recruited into Head Start, coordination with other agencies became essential. With the support of Resource Access Projects around the country, the benefits of partnerships with local education and state agencies also became more apparent.

In Connecticut, for instance, EDC helped one large urban Head Start establish a collaborative program with the school district to serve fifteen children with severe, multiple handicaps. Head Start and the district both contribute to special
therapeutic services, transportation, and additional classroom aides, and the staff from both agencies meet regularly to plan programming for the children.

Coordination between Head Start and other agencies is not new. But if taking an ecological view is more essential than ever, as Head Start programs seek to support at-risk families, communities will need to take a second look at the links that may have existed, until now, in largely informal ways and find new ways to make them more explicit. Already, some of the model programs designed for children from families struggling with addiction focus on coordinating services for the caregivers, as well as for the child. In the near future it will be more important than ever to improve this coordination, to look at program intersections and at the network of service referrals and reimbursement systems. Better models for coordination among Head Start programs and interagency agreements with specific health, medical, social service, and education agencies can con-
tribute significantly to the learning of all Head Start children and the welfare of their families.

Preparing Head Start Staff

There is currently a shortage of qualified Head Start teachers and family service personnel; yet Head Start continues to expand. In addition, as many states re-examine their certification standards and as new, more rigorous standards for early childhood education teachers are under consideration, Head Start directors fear an even greater labor shortage.

How will Head Start find the new numbers of teachers needed? Colleges and universities report an alarming drop in their student enrollments in early childhood education. Investing in a college education is expensive, and the salaries people can expect to earn with an early childhood degree are low, compared to the salaries professionals can expect to earn in other fields. Higher salaries can help attract and retain better qualified staff, as EDC found in a research study that documented the way in which increased salaries did help to recruit and retain Massachusetts Head Start staff. As Head Start moves in the direction of increased training and greater professionalization of staff, it will become even more important to pay staff a salary commensurate with their training and skills. It is also important to find the right kind of teachers. In the past, some who may have been the best prepared academically still had a distinct disadvantage: they did not come from or understand the communities where Head Start children and their families live. Greater efforts need to be made to recruit and train teachers who can truly understand the realities of their students' lives.

A continuing and powerful theme in Head Start has been the career path it creates for Head Start parents. In 1991, 36 percent of the staff were parents of current or former Head Start children. Given the volume of new staff needed and the low enrollments in formal early education programs, Head Start will continue to look to the community for many of the new teachers it needs. The Child Development Associate (CDA)
program, begun in 1972, is one important way to train and give credentials to Head Start staff. This competency-based program includes not only course work at community colleges, colleges, and universities, but also a carefully tailored "portfolio" of early childhood teaching experiences. In-service training conferences, such as the numerous conferences offered each year by the New England Resource Center, the New England RAP, and their counterpart organizations in each region of the country, are another path to strengthening Head Start professional development.

Preschool classroom teachers have always been on the front line in the war on poverty. Now, in particular, they need accurate information to dispel some of the popular myths about the "hopeless nature" of drug-exposed children and about ways they can support the learning of children of parents who abuse alcohol and other drugs. Work is underway around the country to achieve this. For example, EDC has embarked on a project to educate teachers and administrators about the highly individualized nature of a child's response to prenatal—or postnatal—drug exposure. The project will capture specific classroom scenes and strategies, and share them through videotapes and manuals.

Creating the Future: Leadership and Management Training

Head Start, nationally, has recognized that new initiatives are needed in order to strengthen the programs and support today's Head Start children. In the beginning of the 1990s, the need for a major initiative in management training became clear. In the face of the significant expansion of enrollment and the more complex needs now apparent in Head Start families, imaginative leadership and exemplary management would be necessary. How could these capabilities be cultivated among Head Start directors and their management teams?

The first phase of the response was the Head Start Management Institute, held in Washington, D.C., in the summer of 1991. The institute targeted directors as the key agents for change in program management. Following the institute, in the second phase, the focus moved outward in two ways.
First, the responsibility for management training shifted to the Head Start regions, with each region taking the responsibility for defining a plan for management training that would consider the region's particular needs. Second, the focus for training became the management team that includes the Head Start director of a local program, the coordinators in charge of managing the program's components—education, health, social services, and parent involvement—and also the executive director. Training focuses on the concept of the team and the role of each coordinator as a manager, acting within the team context.

In the New England region, EDC has supported the Region I office in designing its management training plan. Skill building for the teams will center around organizational management, human resources management, and communication—both interpersonal communication and information systems and technology management. In addition, to help Region I carry out its plan, EDC's New England Resource Center offers training events throughout the year to provide in-depth knowledge about financial management and grant development, and to train directors and coordinators new to their Head Start positions. The center also works to strengthen the management and supervision skills of those responsible for education, health, social services, and parent involvement.

This new and needed emphasis on management training is consistent with Head Start's long-term philosophy. Head Start has always challenged children and parents to expand their personal horizons. Now, the management initiative challenges Head Start staff to envision the needs of their families and communities with a fresh eye.
Head Start in the 1990s has a groundswell of public, bipartisan support and a track record to suggest what works in improving the educational chances of children who are born into and grow up in poverty. It provides a strong national network for reaching at-risk preschoolers and their families. And it offers a quarter century of experience to support the ecological principles of the initial design. Today, more than in 1965, we have evidence to support the belief that if we are to improve the chances for one child, it is necessary to address the world of that child in all of its parts: in the family, in the neighborhood, and in the larger society in which the neighborhood resides.

Until very recently our society has understated the consequences of alcohol abuse and overstated the consequences of exposure to illicit drugs.

Now, as the nation seeks to support Head Start expansion, it is time to look beyond the demands we place on the program and the resources we allocate for it, and consider the impact of this larger society. Only in that way can we really affect the ecology of Head Start children. Many questions have been asked about impoverished families in the inner city, and particularly about those who are chemically dependent. We need to ask some questions about mainstream America as well. It is interesting, for example, to speculate on the reasons that the press has succeeded in making “crack babies” so visible, while devoting such limited space to the very serious birth implications of the most widely used drug in the United States—alcohol. The press, after all, understands the culture in which it operates; it both reflects and reinforces prevailing values. Is it alcohol’s status
as a legal substance that has made the problem comparatively invisible? Or the acceptance of alcohol in the norms and values of middle-class American life? In any case, until very recently our society has understated the consequences of alcohol abuse and overstated the consequences of exposure to illicit drugs.

One explanation may be that the press has tapped into a particular bias in the culture: an unbecoming readiness to write off some members of society as incapable and/or undeserving. As the nation struggles to combat the widespread use of illicit drugs and to control violence, we focus much of our national attention on the behavior of individuals. It has seemed easier, apparently, to see the shortcomings of individuals than to notice the ways in which the underlying systems, the “macrosystem” in Bronfenbrenner’s words, lead to widespread use of drugs and firearms. One example is the tendency to blame, even criminally prosecute, mothers who abuse substances. This lamentable practice assumes that drug-taking is an entirely arbitrary choice, unrelated to cultural patterns about power, companionship, acceptance, and financial support. Moreover, it loads the full responsibility onto those with the fewest educational and vocational opportunities and the least control over their lives: women in general, women of color, and women raised in poverty.

The readiness to dismiss certain individuals as unworthy of our aid or incapable of change is especially disturbing when the individuals are children. As the authors of the 1992 *Journal of American Medical Association* article state, “Such a conviction works toward exempting society from having to face other possible explanations of the children’s plight—explanations such as poverty, community violence, inadequate education, and diminishing employment opportunities that require deeper understanding of wider social values.”

The alternative reality, which we must now confront, is that children are most likely to enter Head Start with significant problems, less because of what happens to them organically before they are born but because of what happens to them environmentally after they are born. At one key juncture after
another, the research concludes, adequate nutrition, health care and loving care can override, at least to some extent, any physiological compromise at birth. The override, however, becomes more service-intensive, more expensive, and increasingly less likely to succeed the older the child becomes.

As a country, we need to look more closely at the ways in which our attitudes affect institutional patterns — economic, social, and political — and how these patterns in turn do, or do not, create openings of opportunity in people's lives.

Although Head Start costs money (currently $2 billion a year) it may also save money in the long run. The High Scope Educational Research Foundation in Ypsilanti, Michigan, has tracked students from preschool to young adulthood since the 1960s, comparing their lives with those of non-preschool control groups. For every $1 spent on a preschool program for poor children, the study found, society will save as much as $6, chiefly by reducing expenditures on public assistance and criminal justice.38

It is in the preschool phase (as well as the infant and prenatal phases) that we have the best chance of safeguarding the potential opportunity that the birth of a child offers. But Head Start cannot do it all. Even twenty-five years ago the architects of the program knew that if we wanted these four-year-olds to succeed, we would need to influence their families and communities as well. Today, we know more conclusively that we cannot expect children to develop well if there are no changes in the neighborhood background and family patterns of substance abuse and violence.

In the same way, we cannot expect Head Start to succeed over the long haul in breaking the cycle of poverty if there are no changes in national attitudes. As a country, we need to look more
closely at the ways in which our attitudes affect institutional
patterns—economic, social, and political—and how these
patterns in turn do, or do not, create openings of opportunity
in people's lives. We need to re-examine the attitudes and
assumptions, not only of those who are poor but of those who
handle power and make policy. Especially, we need to confront
the racism that continues to be an unwelcome subtext in our
national values.

The past twenty-five years have taught us important
lessons about strengthening the child and the child's environ-
ment, involving parents, coordinating community resources,
building staff capacity, and improving program management.
These lessons can be applied now to strengthen the Head Start
program. Above and beyond the program, however, we must
strive for a social policy that can address the patterns of the
culture that also play a part in jeopardizing the development
of children at risk. EDC invites scholars, early childhood
practitioners, private individuals, and organizations at the
local, state, regional, and national levels to again join forces,
to work toward a new social policy and to fulfill the promise
of Head Start—this remarkable national experiment that has
shown it can change the story lines of thousands of children
in poverty.
Endnotes


4. See National Center for Children in Poverty (1990) above (endnote no. 2).


American Journal of Orthopsychiatry, 57(3), 316-331.
35 See U.S. Department of Health and Human Services above (endnote no. 31).
37 See Mayes et al. above (endnote no. 18).
38 See Henkoff above (endnote no. 1).
EDC is a nonprofit, research and development organization dedicated to human development through education. Working throughout the United States and around the world, EDC has been a leader in efforts to solve a wide range of educational, health, and social problems. For over three decades it has been recognized as a leading center for curriculum reform, training, research, and institutional development.

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