



DEPARTMENT OF HEALTH & HUMAN SERVICES

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NOTE TO CAROL RASCO

In response to your request for research findings on Head Start and HIPPY, attached are summary findings and background explanatory material.

As you might imagine, there is a great deal more information available on Head Start particularly, and depending on the context in which the information is to be used, some of it may be useful to you. I would be pleased to talk with you further about your needs in this area. In the meantime, I hope the attached is helpful.

A handwritten signature in cursive script, reading "Ann Rosewater", is positioned above the printed name.

Ann Rosewater

**HEAD START:
What We've Learned from the Research**

- o The research is unequivocal that Head Start, for 30 years, has worked for low-income children and their families. It helps low-income children get ready and stay ready for school. It helps parents improve their parenting skills, improve their ability and willingness to contribute to their communities and, in many cases, helps put parents on the road to economic and social self-sufficiency.
 - o Head Start improves intelligence (IQ), academic readiness and achievement, self-esteem, social behavior, and physical health (including better dental and nutritional status, greater immunization rates, and periodic medical screening and treatment). (Zigler and Styfco 1993; McCall, 1993; Datta, 1979; Fosburg et al, 1984; Haskins, 1989; Mann, et al, 1976; McKey, et al, 1985).
 - o According to the bipartisan Advisory Committee on Head Start Quality and Expansion, "The evidence is clear that Head Start produces immediate gains for children and families."
 - o Several studies show that Head Start helps to improve the lives of parents, including increased parental communication with their children, increased participation in their children's school activities, increased satisfaction with the quality of their own lives, enhanced confidence in their ability to cope and interact in society, improved disciplinary practices with their children, and decreased feelings of depression and anxiety. (Mann, et al, 1976; McKey, et al, 1985; Parker, et al, 1987)
 - o Current child development theory is that parent involvement enhances the effects of early childhood programs by producing less subsequent school failure. (Greensburg, 1989; Lazar and Darling, 1982; Lee, et al 1989; Powell, 1986; Seitz, et al 1989; Washington, 1985). In Head Start specifically, research has found that high levels of parental involvement in Head Start are associated with higher levels of subsequent academic achievement. (Kincaid, 1975; Mann, et al, 1976; Monroe and McDonald, 1981; Weld, 1973).
- o Despite all the countervailing forces in the lives of low-income children and their families, there is

substantial and growing evidence that early intervention programs in general and Head Start in particular can have important and lasting positive effects on children's development.

- o Two large longitudinal data bases, the Philadelphia Public Schools and the Montgomery Public Schools, contain evidence of consistent lasting effects for Head Start graduates over low-income children across a number of cohorts. (Hebbeler, 1985; Copple, et. al., 1987).
- o An analysis of Head Start children through the age of 10 identified in the National Longitudinal Study of Youth (NSLY) found positive and persistent effects of participation in Head Start on the test scores of White and Hispanic children. (Currie and Thomas, 1993).
- o Some studies report that Head Start graduates have better high school attendance, are less likely to be retained in grade, and use less special education services. (Bee, 1981; Copple, et al, 1987; Goodstein, 1975; Monroe and McDonald, 1981; Royster and Larson, 1977; Shipman, 1976).
- o This Administration has embarked on a vigorous longitudinal research agenda that will improve our knowledge about what works in the long-term and enable us to make an even greater difference to low-income children.
- o This Administration has taken action to maximize the long-term benefits of Head Start, by ensuring that all programs share the hallmarks of quality that the research suggests are associated with long-run effectiveness, and by supporting effective linkage with the public schools.

The experts on what Head Start does for children are the children and parents who have experienced it. Over and over, parents consulted in focus groups and surveys report (according to the bipartisan Advisory Committee report) that "Head Start [has had] a positive impact on their child's preparation for school, their own understanding of the importance of their involvement in the education of their child, their own parenting skills, and on their own self-esteem and the self-esteem of their child."

**HIPPY:
Initial Research Results**

- Initial results from a five-year, quasi-experimental study of the Home Instruction Program for Preschool Youngsters (HIPPY) show teachers rating children who had been in HIPPY as better adapted to the classroom and more likely to do well in school than children who had not been in HIPPY. (Baker, A., & Piotrkowski, C., NCJW Center for the Child)

Deborah



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USING RESEARCH AND THEORY TO JUSTIFY AND INFORM HEAD START EXPANSION

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Sally J. Styfco

Head Start is America's favorite social program—or is it? President Clinton appeared to echo public sentiment in his first congressional address when he described the program as a sound social investment deserving of additional support. But what seemed like a unanimous call to fully fund Head Start was soon punctuated by voices of dissent. The attack should have been expected—the inevitable backlash that occurs whenever a favored position becomes so politically correct as to invite scrutiny. Also, conservatives were newly freed from their duty to side with the former Republican president, who vocally supported Head Start, and found the changing of the political guard an opportune time to counter whatever the Democratic victors held dear. They found ammunition in the constructive criticisms being offered by Head Start's friends, many of whom had silenced their concerns during prior administrations intent on reducing social welfare expenditures. Soon the print media began to fill with articles portraying Head Start as a national boondoggle, a “scam” that is a waste of precious tax dollars (Hood, 1992,

1993). The program's advocates felt their sense of victory turn into a defensive stance.

They have assumed this posture before. Since its inception, opinions of Head Start have bounced from positive to negative and back again. The project has been favored as a quick means of boosting poor children's IQ scores and criticized when these increases did not appear to be permanent. It has been praised as a cure for welfare dependency, teenage pregnancy, and criminality and condemned because no one ever collected data to substantiate such claims. Today Head Start is in the middle of an ideological debate over the proper role of government in solving social problems. Can the program help the nation attain its goal of having all children ready to learn when they begin school, or is it just another example of “Big Brother” intruding in the lives of private citizens?

Head Start has clearly been subjected to unrealistic expectations and entangled in the web of politics. The time is long overdue to look at this

program objectively, sifting fact from opinion and separating the emotions from the evidence that should be the primary basis for determining its future course. Head Start has been in operation for nearly 30 years and has been evaluated more extensively than perhaps any other social program. During this time the disciplines devoted to early childhood have blossomed and generated sophisticated theories and practical applications. The purpose of this paper is to use this accumulated wisdom to make a realistic assessment of Head Start. Such an analysis is vital not only to determining whether the program's record justifies its expansion. The knowledge derived from experience with Head Start can guide the program's evolution and inform the search for effective strategies of early intervention and education for children in poverty.

Head Start's Program and Goals

The current controversy over the value of Head Start is riddled with misconceptions about the program's structure and mission. Head Start is referred to either as child care, preschool education, health and social services, or a training and job program for poor adults. The project, in fact, serves all of these functions. Many observers also have confused Head Start with the Perry Preschool, an educational intervention project conducted in the 1960s and still being evaluated for lifetime effects. In reality, Head Start is a very different type of program than the Perry Project was, so the two should not so casually be compared. To enable constructive debate and effective social policy, interested parties must have an accurate view of Head Start's nature. This section describes Head Start's model, goals, and implementation to help clarify what this frequently misunderstood program actually encompasses.

A Brief History

Project Head Start originated during an optimistic period of American history, a time when there were both the desire and financial means to attempt to eliminate poverty and promote social equality. The federal government took a proactive role in this effort, launching the War on Poverty to provide education and self-help opportunities to enable socioeconomically disadvantaged citizens to improve their lives. The 1964 Economic Opportunity Act (EOA) opened the War by creating several projects for poor adults, including the Community Action Programs. The CAP were designed to assist local communities in establishing and administering their own antipov-erty programs. However, some local governments opposed the CAP's proposed placement of administrative control and resources in the hands of impoverished citizens and therefore refused to apply for program grants. In an effort to make the CAP more palatable to local officials, while using what would have been an embarrassing budget surplus, the Head Start project was born. Sargent Shriver, head of the Office of Economic Opportunity and chief strategist of the Johnson Administration's War on Poverty, was struck by the realization that children comprised half of the population living below poverty. He envisioned a preschool intervention program as a way to "overcome a lot of hostility in our society against the poor," because no one could blame children for their financial predicament or fear giving them too much power (quoted in Zigler & Anderson, 1979, p. 12).

With the exception of a few compensatory education projects, there was very little experience at the time to suggest how to meet the needs of economically disadvantaged preschoolers. Issues of program content, size, and duration were therefore open questions for Shriver as he began piecing together a national intervention project.

His first step was to appoint a planning committee of 14 experts from the fields of preschool education, health, child development, and mental health. This diversity ensured that Head Start would become far more than an educational program. (For the history of the development of Head Start, see Zigler & Muenchow, 1992, and Zigler & Valentine, 1979.)

Dr. Robert Cooke, a noted pediatrician, chaired the group, which had only a few months to develop their plans. The committee's recommendations, presented to Shriver in February 1965, were based on a "whole child" philosophy that called for comprehensive programming: Head Start's goals were to improve physical health, enhance mental processes (particularly conceptual and verbal skills), and foster social and emotional development, self-confidence, relationships with family and others, social responsibility, and a sense of dignity and self-worth for both the child and family ("Recommendations for a Head Start Program," 1965). Note that only one of these seven goals specifically related to intellectual performance.

The committee's recommendations were unique not only because they outlined a multifaceted intervention but because they included the family as well as the child. The planning document accorded parents a central role that was virtually unprecedented in the design of preschool or compensatory education programs. Prior to Head Start, economically disadvantaged families had been treated as passive recipients of services dispensed by professionals. But Head Start parents were to be involved in the planning, administration, and daily activities of their local centers. One reason for this decision derived from Head Start's origins in the CAP, which were mandated to allow poor citizens "maximum feasible participation" in running antipoverty efforts. The EOA contained no clear definition of this slogan, and

the Head Start planning committee interpreted it more literally than many local officials might have liked (see Valentine & Stark, 1979). The planners were also influenced by the ideas of one member, Urie Bronfenbrenner, who was just beginning to develop his ecological approach to human development. Bronfenbrenner (1974, 1979) argued that there is a complex interrelationship among children, their families, and communities, so intervention must touch all of these areas to be effective. This insight was an astute one: today, parent participation is recognized as crucial to the success of early intervention as well as later education (e.g., Comer, 1980; Powell, 1982; Seitz, 1990).

Program Implementation

Expert advisors and planning committee members counseled Shriver that a small, pilot program should be run and evaluated prior to mounting a large-scale effort. Yet the Johnson Administration demanded that Shriver fire a major volley in the War on Poverty by beginning on a large scale, a plan made possible by the economic prosperity of the times. When Head Start opened in 1965, over 500,000 children were served in a summer program lasting 6 or 8 weeks. Unfortunately, there was not enough time to screen all the grant applications carefully, so variation in quality characterized Head Start from the very beginning.

Today the basic Head Start program is a center-based preschool serving primarily poor children aged 3 to 5, with the majority (63%) being 4 years old (Administration on Children, Youth and Families, 1993). Most children attend a half-day session for a school year, although some participate for 2 years. Full-day programs and home-based services are delivered in some locations. Federal guidelines require that at least 90% of the children enrolled be from families whose income falls below the poverty line; at least

10% of enrollment must consist of children with disabilities. Head Start programs by law receive 80% of their funding from the federal government and the rest from other, usually local, sources, which may be in the form of in-kind services.

In fiscal year 1992, there were 1,370 Head Start grantees serving over 621,000 children and their families (Administration on Children, Youth and Families, 1993). (This is less than the yearly enrollment in the late 1960s but represents a 35% increase since 1989.) Each program is required to include six components: early childhood education, health screening and referral, mental health services, nutrition education and hot meals, social services for the child and family, and parent involvement. Local programs are overseen by Policy Advisory Councils, composed of parents, staff, and community representatives who are responsible for operating and staffing decisions. Although all Head Start programs must adhere to a body of national regulatory standards, each is encouraged to adapt the program to local needs and resources. Thus it is somewhat misleading to speak of Head Start as a singular intervention because of the variation in localized programming.

Evaluating Head Start

Head Start was designed as a comprehensive, two-generation, community-based program. Its complexity and uniqueness made evaluation difficult from the start. Federal officials understandably wanted a national impact study to ascertain the effects of this costly new experiment. Yet the diversity of Head Start programs around the country would confound comparisons of preschool and control groups, because the preschool samples would not all have had the same Head Start experience. The participants themselves were a heterogeneous population differing in terms of racial, ethnic, linguistic, geographic, and other charac-

teristics. Further, random assignment to preschool and comparison groups would be problematic because eligibility for Head Start was defined by law. This left evaluation subject to less rigorous quasi-experimental designs (Cook & Campbell, 1979). Another problem was that there were no generally accepted definitions or measures of some concepts like social competence and parental empowerment that were part of Head Start's agenda.

The burst of research in the program's first decade illuminated these and other problems in evaluating such a complex intervention. Although this paved the way for more informed investigations, few were subsequently conducted. Support for Head Start research was greatly reduced during the 1980s, falling from 2.5% of the project's budget in 1974 to .11% in 1989, including demonstration efforts (National Head Start Association, 1990). Much of what is known about the effects of Head Start is therefore based on old, sometimes problematic studies, and, as we will discuss later in this section, there is much that is still not known.

Focus on Intelligence

Despite the many goals of Head Start, initial research focused almost exclusively on how much the program could raise children's intelligence test scores. This emphasis sprang from a popular view within developmental psychology that even limited environmental interventions could stimulate cognitive growth (see Schorr, 1988; Spitz, 1986; Zigler, 1970). Supporters of this position held that if the "right" experiences were provided at the "right" time (commonly assumed to be before age 5), IQ scores could be raised dramatically. Another reason that Head Start came to be judged on the basis of IQ changes could be that psychologists conducted most of the evaluations, and standard IQ tests are tools of their trade. If physicians had designed the first studies,

perhaps Head Start's health benefits would have been evaluated instead. The positive impact of the health component (see below) might have become better known as a result.

Also contributing to the fixation on intellectual effects is the fact that the results were striking. Early studies showed that children's IQ scores leapt by at least 10 points and their achievement levels rose after just a few weeks of Head Start (see Datta, 1979). Then researchers at Ohio University and the Westinghouse Learning Corporation delivered the unwelcome news that the achievement gains faded away shortly after children entered school (Cicirelli, 1969). Experts in statistics and evaluation conducted in-depth reviews of the Westinghouse report and criticized it for problems with sampling procedures, data analysis, and appropriateness of the outcome measures (e.g., Campbell & Erlebacher, 1970; Datta, 1976; Lazar, 1981; Smith & Bissell, 1970). Nonetheless, subsequent studies of Head Start and almost every other early intervention program reached the same conclusion: preschool graduates generally do not continue to do better on cognitive tests or school quizzes. These reports dashed hopes that brief preschool experiences could guarantee academic success for poor children. Disappointed federal officials began to entertain plans to phase out Project Head Start.

Parents—empowered by their involvement in Head Start—came out in force and ultimately saved the program. Their efforts were soon bolstered by the release of findings from the Consortium for Longitudinal Studies (1978, 1983), a group of investigators who had evaluated 11 early intervention programs (2 of them Head Start) during the 1960s and early 1970s. The researchers located original program participants and collected a uniform set of information about them. Data from the programs were combined and analyzed using sophisticated techniques which avoided

the problems that had weakened the validity of the Westinghouse findings. All significant results were reanalyzed by dropping the program with the strongest effect to determine whether it still held among the others (in effect, guaranteeing conservative conclusions).

The Consortium results confirmed that children who attend quality preschool programs evidence an initial boost in IQ and achievement scores that lasts for some years but eventually fades. However, lasting effects were found in other areas: participants were less likely to be assigned to special education classes, and were somewhat less likely to be held back a grade in school. The rigor of the Consortium methodology, and the findings of benefits that persisted until many children had reached 12 or more years of age, helped to restore faith in the value of early intervention.

Other longitudinal studies and reviews of research specific to Head Start programs have yielded similarly encouraging results. The Head Start Synthesis Project, a meta-analysis of some of over 200 studies reviewed, also found the loss of initial cognitive gains but reported that Head Start children had better health, immunization rates, and nutrition, as well as enhanced socioemotional characteristics (McKey et al., 1985). Family life was also found to be strengthened through the involvement of parents in the program. A study of thousands of children who had attended Head Start in 33 programs throughout Philadelphia showed that they had better school adjustment than peers who had no preschool experience (Copple, Cline, & Smith, 1987). After at least sixth grade, the preschool graduates had fewer school absences, did not miss as many standardized tests, and seemed less likely to be retained in grade. Another study of over 1,900 children who had attended Head Start at three different times revealed that by the end of high school, the oldest

group performed better academically than a control sample (Hebbeler, 1985).

Although much of this research has technical problems that make the findings tentative, the results are all in the same direction: Head Start does not permanently raise IQ scores but may have enduring effects on school adjustment and other aspects of social competence (McCall, 1993). Findings concerning immediate program effects are much more definite: when children leave Head Start they have better IQ test scores and school readiness skills. In other words, Head Start does help prepare children for school. In lamenting the loss of initial cognitive benefits, many critics have overlooked Head Start's success in this regard.

There are several reasons why children leave the program testing well and then may lose this advantage. One is that performance on an IQ test reflects not only formal cognitive processes but achievement and personality variables as well. The IQ gains apparent after Head Start are not necessarily due to expanded intellectual capacity but may instead be explained by improved motivation, familiarity with test content, and comfort in the testing situation (Seitz, Abelson, Levine, & Zigler, 1975; Zigler, Abelson, Trickett, & Seitz, 1982; Zigler & Butterfield, 1968). Thus, participation in Head Start can enable children to develop the skills and attitudes needed to apply their abilities more fully. When they enter school, however, the environment may not continue to encourage full use of their potential; for example, there may be a poor curriculum or teaching practices that lower self-confidence and ignore individual learning styles. Another explanation for fade-out, advanced by early childhood educators, is that the paper-and-pencil, standardized group achievement tests used in many studies are inappropriate for children in the primary grades (e.g., Meisels, 1992). This argument supports Barnett's (1992) position that the achievement gains made in preschool

probably do not fade out at all. He suggests that their apparent loss is an artifact of measurement, statistical analysis, and sampling procedures. For example, poor achievers in both preschool graduate and comparison groups are likely to be retained in grade and thus dropped from the evaluation, thereby minimizing the differences among the remaining students.

Confusion with Other Interventions

Many of the current criticisms of Head Start center on the argument that the project's results do not match those of more expensive preschool programs. This claim would not have assumed much importance if the findings from one such program—the Perry Preschool—did not become widely attributed to Head Start. Yet the fact that they did encourages us to examine not only the weaknesses in Head Start but the strengths, with the result being a more complete picture of the potential of early intervention.

The Perry Program was conducted by researchers at the High/Scope Educational Research Foundation in Ypsilanti, Michigan (Berrueta-Clement, Schweinhart, Barnett, Epstein, & Weikart, 1984). Like many other experimental projects, the program operated for only a few years and involved a relatively small number of children. What piqued scientists' interests was that the participants were followed into adulthood, with results reported for age 19 and recently for age 27 (Schweinhart, Barnes, & Weikart, 1993). What piqued public interest was a cost-benefit analysis which placed a monetary value on program effects.

The High/Scope investigators estimated the savings to society resulting from better social competence among Perry graduates, including reduced grade retention and usage of the welfare and criminal justice systems. They also counted higher contributions to the tax base resulting from

higher employment rates. They reported that for every dollar spent on the preschool program, taxpayers received a savings of \$3 to \$6 by the time participants had reached 19 years of age (Barnett, 1985). By age 27, these savings were estimated to be \$7 (Barnett, 1993).

The High/Scope researchers cautioned against generalizing their findings to the national Head Start program, a warning issued earlier by the Consortium investigators. The media, however, continued to devote attention to the Perry results, which were a lot more interesting and understandable than the positive but more esoteric reports on Head Start that were appearing in the scientific literature. Eventually the Perry Project came to be described as "Head Start-like," and its findings became attributed to early intervention in general and sometimes to Head Start itself.

The High/Scope program focused on preschool education, although there was a home visitation component to enable parents to reinforce the curriculum at home. Head Start also provides preschool education, but attempts to involve parents in many more ways and to deliver comprehensive services to children as well as their families. The Perry Project is therefore not at all "Head Start-like." And whether or not the two programs produce the same results is unknown. There has never been a report on Head Start's effects on college attendance or welfare usage, for example, and no one has ever conducted a cost-benefit analysis of the project (Haskins, 1989). Just considering the value of parental employment and preventive health care, Head Start may be more cost-effective than High/Scope. This is an empirical issue that must be addressed before comparative judgments of the two programs can be fairly made.

Despite the lack of comprehensive, longitudinal data on Head Start, many reviewers of the early intervention literature have accepted the

assumption that Head Start graduates generally do not do as well as those who attended other, usually university-based programs (Haskins, 1989; Kotelchuck & Richmond, 1987; Woodhead, 1988). In defense of Head Start, some have pointed out that the smaller projects were very carefully designed and implemented, with highly trained staff and substantial budgets. The annual per-child cost of the Perry Preschool, for example, was estimated to be \$7,600 in 1992 dollars (Barnett, 1993)—more than twice as much as Head Start spends. There is no way the national program could provide each child with more services with less than half the money. Further, the experimental preschools typically operated in single sites under constant monitoring to ensure that the programs were delivered in the manner intended. Head Start operates in nearly 1,400 different places where it is tailored to local circumstances and quality ranges from excellent to poor. Besharov has been particularly critical of the common assumption that Head Start produces the same benefits as other programs precisely because they do not have the same level of quality. Asserting that "not all preschool programs are created equal," Besharov believes that "Head Start has serious problems . . . that often prevent it from making a lasting impact on disadvantaged children" (1992, pp. 521, 520).

Because the experimental preschools focused almost exclusively on preschool education, the debate over generalizability of the evidence actually centers on the quality of the educational experience. The smaller programs typically contained an excellent curriculum delivered by well-trained teachers—features not found in all Head Start programs. The original planners purposefully avoided prescribing a national curriculum, so the quality of the educational component in each Head Start center essentially depends on local talent. It seems logical to assume that if all Head Start programs matched the educational

standards of, for example, the Perry Preschool (including teacher qualifications and compensation), the same results would be achieved.

We would carry this assumption a step further and argue that with an improved preschool education component, Head Start's benefits would surpass those of the Perry Project. In addition to education, Head Start contains the other elements that many theorists and much empirical data associate with effective intervention: attention to the needs of the whole child, attention to the needs of the family through support services, and the involvement of parents, who are the child's first and most influential teachers (see National Head Start Association, 1990; Price, Cowen, Lorion, & Ramos-McKay, 1988; Schorr, 1988; Zigler & Berman, 1983; Zigler & Styfco, 1993). Even without this scientific support, it is logical to assume that a program that delivers quality educational and other needed services to children as well as their families will produce more benefits than one that provides a good education alone.

A question that begs answering is why the Perry preschoolers benefited from a program that had such a narrow focus when the knowledge base indicates that broader services are required. The High/Scope investigators believe that their sound curriculum allowed children to enter school with better academic skills and attitudes, which elicited positive reactions from their teachers; these further enhanced their performance and led to better student-teacher interactions in subsequent grades (Berrueta-Clement et al., 1984). This "snowball" hypothesis is consistent with Woodhead's suggestion that children who have quality preschool experiences are "better able to cope with the demands of schooling at a critical time when their identities within the education system [are] being established," triggering "a more positive cycle of achievement and expectation" (1988, p. 448). An alternative explanation centers on parents,

who also have a critical role in helping their children adjust to school. As a result of 1 to 2 years of weekly home visits, the Perry parents may have become more interested and involved in their children's schooling (an outcome established for other programs, e.g., Hauser-Cram, Pierson, Walker, & Tivnan, 1991; Pfannenstiel, 1989). These attitudes, present at the sensitive time of transition to elementary school, could be what triggered the positive cycle of achievement. (See Hale, Seitz, & Zigler, 1990, and Seitz, 1990, for discussions that the High/Scope effects may be due to parents.)

Another question raised by the High/Scope results concerns the expectations we should have of early intervention. Recently, preschool education has been widely heralded as a means to end crime and welfare dependency. This ridiculous claim was certainly fueled by the publicity given the Perry findings. Yet the High/Scope investigators have pointed out that not all of their former students had good outcomes. Over half of the Perry graduates were arrested at least once by the time they were 27 years old, and 44% of the program females had been teen mothers (Schweinhart et al., 1993). Longitudinal studies of other preschool projects have also shown that although children do better than they would have without the experience, they still do not approach the achievements of middle-class students (e.g., Fuerst & Fuerst, 1993; Hebbeler, 1985).

Such findings lead to the sobering conclusion that early childhood intervention alone cannot transform lives. Its positive effects can be overpowered by the longer and larger experience of growing up in poverty. Quality preschool education such as that provided in the Perry Project may prepare poor children for school and help them meet social expectancies during the school years and perhaps beyond. Quality, comprehensive services such as those delivered in many Head

Start centers might achieve these and, as we are about to discuss, other important gains. But no program can enable children to develop optimally when their larger rearing environment is not conducive to optimal development. Early intervention can help, but it must not be considered more than one piece of the solution to the problem of poverty.

Lessons Yet to Learn from Head Start

Although the Perry Project was better than Head Start in terms of quality of preschool education (and in evaluation), in other respects Head Start is the superior program. The knowledge base clearly supports the value of Head Start's comprehensive, family-centered approach. Ironically, although the range of services provided in the Perry program was relatively narrow, the outcome measures used were broad, revealing the variety of behaviors affected by intervention. Of Head Start's many components, evaluators have devoted the most attention to the preschool aspect and its long-term effects on IQ and achievement. Possible benefits to physical health, nutritional status, social interactions, parents' child-rearing abilities, family functioning, parental empowerment, and community responsiveness have been undervalued and undervalued.

The area in which Head Start has perhaps had its strongest impact is in physical health and well-being. Program performance standards require that all enrolled children receive medical screenings, immunizations, dental exams, and corrective treatment if needed. A high percentage of them do (Brush, Gaidurgis, & Best, 1993; National Head Start Association, 1990; Zigler, Piotrkowski, & Collins, in press), making Head Start a major provider of health services to poor children. This role is now expanding, as the project has recently been authorized to extend health care to participants' siblings. Head Start is also becoming

a major supplier of screening and diagnostic testing services (EPSDT) required for children covered under Medicaid. In addition, Head Start delivers many of the services to preschoolers with disabilities and their families, as mandated under the Individuals with Disabilities Education Act (PL 99-457). In fact, children with disabilities comprise over 13% of Head Start's enrollment (Administration on Children, Youth and Families, 1993), so the program has done well in meeting the needs of this underserved population. Another health benefit derives from the nutritious meals and snacks served at each center.

Although Head Start's health benefits may seem obvious, little research has been done to document these effects. One study reported that Head Starters were just as likely as middle-class children to have inoculations and physical exams, and more likely to have seen a dentist (Hale et al., 1990). Similar physical exam histories were also found for the two groups' siblings. Despite the absence of more hard evidence, the value of Head Start's health services is really not in question. Each year hundreds of thousands of poor children receive some medical attention and nutritious food they otherwise might not have had. As the Clinton Administration searches for solutions to inadequate health care and dismal inoculation and hunger rates among children, the Head Start model may offer some guidance.

Head Start's positive impact on families is another outcome that has not received the attention it merits. In 1992, 94% of enrolled families received needed support services through the program (Brush et al., 1993). Each year thousands of low-income parents benefit financially by receiving jobs and job training through Head Start. Over 35% of the staff are parents of enrolled children or graduates (Brush et al., 1993), and many of them have earned Child Development Associate (CDA) credentials and have entered careers in early child-

hood education (Collins, 1990). Parents have also gained on a personal level, reporting improved relationships with their children (National Head Start Association, 1990) and greater life satisfaction and psychological well-being resulting from the supportive social network of the preschool community (Parker, Piotrkowski, & Peay, 1987).

Another possible effect on families is that siblings benefit from their parents' involvement in Head Start and the support services the family receives, as has been found for other interventions (reviewed by Seitz & Apfel, in press). It certainly makes sense that if parents are encouraged to be actively engaged in their children's education, and if they have help resolving at least some personal or practical problems, they may become better socializers of all their children. If so, the standard empirical approach that evaluates only the target child may greatly underestimate the benefits of Head Start.

Another underresearched area is the impact of Head Start on local communities. A few studies (reviewed by McKey et al., 1985) have shown that the presence of a Head Start program enhances a community's capacity to meet local needs. In one survey, investigators identified almost 1,500 institutional changes in the health care and educational systems in 48 communities after Head Start centers opened (Kirschner Associates, 1970). A more recent General Accounting Office (1992) report praised Head Start's methods of linking families with local services, judging this approach far more successful than efforts to create new services or delivery mechanisms. The GAO extended uncharacteristic approval by suggesting that "Congress may wish to consider promoting service-oriented efforts like Head Start" (p. 6).

Clearly, Head Start has the potential to enhance many systems that influence the course of a child's development. Judgments of the program based solely on academic indicators are

therefore simplistic. To get a true picture of Head Start's effects on developmental outcomes, a broader empirical approach is required.

Policy Directions: Issues of Quantity and Quality

Despite its limitations, the literature on early childhood intervention points in two clear directions: to improve the life outcomes of children in poverty, programs must be more sustained and of high quality. We have learned that there are no magical periods of development when children can be inoculated against the ravages of social and economic disadvantage. Every period of development is important and requires appropriate environmental nutrients. Thus, to be more effective, intervention should begin earlier and last longer than the year or 2 before the child enters school. Further, not just any program will do. Only those that provide good services can be expected to achieve consistently good results. These lessons have important implications for the future of Head Start.

Dovetailed Programming

When Head Start began, a widely held belief was that a quick dose of environmental enrichment would immunize children against the effects of poverty. Fortunately, Head Start's planners did not subscribe to the inoculation model. They knew that no program could do much for a child in the course of one summer, which was the duration of Head Start in its first incarnation. Not only was the program extended to last for a school year, but planning got underway to serve children both before and after the preschool stage. Just 2 years after Head Start began, the first Parent and Child Centers (PCCs) were opened to provide supportive services and parent education to families and children from birth to age 3. That same

year. Follow Through was initiated to continue Head Start services through the early grades of elementary school. Plans were for this to be a national project of the same scope as Head Start, but the escalating costs of the Vietnam War depleted the expected funding before the demonstration phase was completed (see Doernberger & Zigler, 1993). The concept survives as a tiny experiment in planned curriculum variation operating in less than 40 sites across the country. Sadly, after nearly 30 years, both of these efforts to extend Head Start have remained undeveloped and their potential gone unrealized.

There are a few encouraging signs. The number of PCCs has been expanded from 36 in 1989 to 106 today. The centers still operate without consistent performance standards, however, so there is no way of knowing what services are generally delivered or how well they meet the needs of participating families.

The first author has been working with the Carnegie Task Force on Meeting the Needs of Young Children to advise the Clinton administration on planning a 0 to 3 Head Start, possibly housed in existing PCCs. The exact details of the program would be worked out by a planning committee of experts from various disciplines similar to that which developed the current Head Start. Services for at-risk families would begin prenatally and include nutrition, health care, parenting education, and family support. (A child care component is also being suggested because of the dearth of quality infant care despite the growing need.) The rationale for the project is clear: waiting until a child is 3 or 4 years old is waiting too long. Preventive services can be more effective than remedial ones. Children who are healthy, have sound relationships with their primary caregivers, and who have received adequate nurturing and stimulation will have the socioemotional foundations needed for learning in preschool and beyond (Zero to Three, 1992).

A common complaint about Head Start is that graduates soon lose the academic and cognitive gains they made in preschool. This criticism is more appropriately directed toward the elementary schools they attend, for this is where the preschool advantage fades. To continue the momentum toward success, there must be a smooth transition from the preschool to the school environment and coordinated programming that builds upon prior learning.

The Head Start–Public School Early Childhood Transition Project (described by Kennedy, 1993) is the latest attempt to continue services in grade school. The project, which was legislated in the Human Services Reauthorization Act of 1990 and is now operating in 32 demonstration sites, follows Head Start graduates from kindergarten through grade 3. Local Head Start and public school personnel work to introduce each child and family to the new school experience and to familiarize kindergarten teachers with the child's progress, program, and needs. Comprehensive services, parental involvement, and family support are continued for the next 4 years. Early childhood educators often express skepticism about linking preschools and schools because they fear there will be a downward extension of formal educational practices that are not appropriate for very young children. In the Transition Project, curricula and pedagogies must be coordinated between the two levels of schooling. This should mean that the individualized, developmental nature of the preschool program will be extended upward, making the two school experiences less fragmented for young learners.

A small but convincing body of evidence supports the premise of the Transition Project, i.e., that longer, coordinated intervention produces longer lasting gains. When a very intensive intervention, the Abecedarian Project (Horacek, Ramey, Campbell, Hoffmann, & Fletcher, 1987), was fol-

lowed by a school-age program through second grade, children continued to do better than peers who had not participated; classmates who experienced only the early intervention no longer had a statistically significant advantage over controls (Ramey & Campbell, 1991; Seitz, 1990), and those who received only the school-age program did not benefit substantially. An intensive reading curriculum in Success for All resulted in substantial gains for children who began the program in preschool, kindergarten, or first grade, and these gains magnified each year through third grade (Madden, Slavin, Karweit, Dolan, & Wasik, 1991). The results were much less pronounced for children who encountered the new curriculum after first grade, indicating that continuity from one reading level to the next was important for building program effects.

A program more similar to Head Start, the Chicago Child-Parent Centers, provided comprehensive services and required parental involvement for 1 to 2 years of preschool, kindergarten, and from 1 to 3 years of elementary school (Reynolds, 1992). Children who attended the preschool and kindergarten did not differ from controls by the time they were in fifth grade. However, fifth graders who had received 4 to 5 years of the intervention (preschool through second grade) had higher achievement scores and less grade retention, with no fade-out evident. Reynolds concluded that the transition between kindergarten and the primary grades is a crucial time, and that at least 2 years of follow-up programming in elementary school are required to sustain benefits.

A few studies suggest that the gains produced by extended intervention can last into high school and beyond. Initially, Abelson, Zigler, and DeBlasi (1974) found that Head Start graduates in their fourth year of Follow Through did better on IQ, achievement, and social-motivational measures than did their preschool classmates who

attended traditional school programs. A follow-up showed these graduates maintained their superiority in several areas through grade 9 (Seitz, Apfel, Rosenbaum, & Zigler, 1983). In another study of the Chicago Child-Parent Centers, children who attended for 4 to 6 or more years had better high school graduation rates. For the overall sample, 62% received diplomas compared to about 49% of controls (Fuerst & Fuerst, 1993). Among students who had 7 to 9 years of intervention, 85% of girls and 70% of boys graduated. Center students who eventually dropped out did so 18 months later than other dropouts in the school system. Finally, a follow-up of children who had participated in the Deutschs' early enrichment program from preschool through third grade showed that by young adulthood, the boys had higher education and employment status and some stronger academic skills than a control sample (Jordan, Grallo, Deutsch, & Deutsch, 1985). The researchers attributed the loss of the advantage for girls to a more difficult transition to the regular fourth-grade classes, where their active learning orientations were not harmonious with traditional sex-role expectations.

This research has convinced us that the Transition Project will be effective in helping Head Start graduates maintain their preschool advantage. If evaluation of the demonstration phase confirms this expectation, it will be compelling to move the project into the educational mainstream. We have developed a plan to do so using current federal education expenditures (Zigler & Styfco, 1993). A large part of the Department of Education's budget (over \$6 billion annually) is spent on Chapter 1 of the Elementary and Secondary Education Act of 1965 (ESEA). Chapter 1 is a compensatory education program for economically and "educationally" deprived children in preschool through grade 12. Originally intended to enhance the educational services of impoverished school districts, the program now

operates in the majority of the nation's schools—mostly as a pull-out program offering remedial instruction to children who have fallen behind the academic expectations of their grade level.

There has been little evaluation of Chapter 1 considering the size of the program, but what there is shows that most students do not exhibit a meaningful gain in achievement (see Arroyo & Zigler, 1993). The reasons for the lackluster results may be in the program's design: services are remedial rather than preventive and narrow instead of comprehensive; parental involvement is minimal; and health and family problems that can interfere with school performance are not addressed. The ESEA will be reauthorized in 1993, and suggestions to revamp the program have focused on training teachers and narrowing the target population (Commission on Chapter 1, 1992). Although such efforts may do some good, they do not bring the elements of effective intervention to Chapter 1. To make a difference in the education of low-income children, we must put aside the ineffectual educational model of Chapter 1 and adopt on a large scale the proven model of comprehensive, family-focused services.

Our proposal is for Chapter 1 to follow Transition program plans and become the school-age version of Head Start. As Head Start eventually expands to serve all eligible children, Chapter 1 can continue their intervention in grammar school. Coordinated curricula and continued parental involvement and comprehensive services will then be firmly placed in schools that serve populations below the poverty line. On another level, Head Start and the Chapter 1 Transition will be two parts of a coherent federal policy to meet the needs of poor children beginning in preschool. Based on a solid knowledge base and big enough to have an impact, this new face for Chapter 1 holds promise for halting the fade-out of the Head Start advantage.

Renewed Emphasis on Quality

The studies involved in the Consortium, including the Perry Preschool, and others that were carefully designed, implemented, and evaluated (e.g., Price et al., 1988), prove the obvious: only good programs produce good results. For example, a review of early intervention projects led Weikart and Schweinhart to conclude that "only high quality programs consistently show success" (1991, p. 58). This fact may explain why some studies of Head Start show lasting benefits while others do not. One criticism of the Head Start Synthesis Project (McKey et al., 1985), which confirmed the fade-out observation, is that the analysts paid no attention to the differences in the Head Start programs in the studies they synthesized (Gamble & Zigler, 1989). Findings from studies of excellent programs were combined with those of poorer programs, diluting what may possibly have been robust effects for the former.

Quality problems are not new but have plagued Head Start since its hasty beginnings. In a matter of a few months, the project was transformed from an idea before the planning committee to a national summer program serving over one-half million children. Starting off so big and so fast left quality controls behind, and the program has been trying to catch up ever since. Program performance standards were not implemented until 1975. They dictate what services each program must provide and remain the principal vehicle for monitoring quality. The regional offices have primary responsibility for assuring that grantees adhere to the standards, but regional staffing has declined considerably over the years even as Head Start has become larger. One former regional director told us that his oversight staff decreased from at least 50 persons in 1978 to 12 in 1992, and travel money for site visits declined more than 90%. His experiences are not atypical; nationwide only one in five centers was monitored

in 1988 (Chafel, 1992), although this level improved to 35% in 1992 (Horn, 1993). The best standards in the world are meaningless if they are not enforced.

Over the years many experts have studied the problems in Head Start and proposed thoughtful solutions. For the project's 15th anniversary the first author chaired a major advisory committee convened to chart future directions (U.S. Department of Health and Human Services, 1980). The report stressed areas where improvement was needed and made recommendations for corrective action. The committee's successor on the 25th anniversary, the Silver Ribbon Panel, found that many of the same problems were still there and had worsened over time (National Head Start Association, 1990). Other thorough analyses have similarly concluded that upgrading quality must be a top priority (e.g., Chafel, 1992; Washington & Oyemade, 1987; Zigler, Styfco, & Gilman, 1993).

Of all the program components, parental involvement and family support have been the most neglected. In many programs there are no coordinators for either component (or for health), and these positions are often combined with others because personnel budgets have fallen short of inflation (National Head Start Association, 1990). In 1991-92, social service staff had average caseloads higher than 94 children—more than three times the number recommended (Inspector General, 1993a). Between 1987 and 1991, training institutes were held in every area but parental involvement (National Head Start Association, 1991)—a void not addressed until 1993. Lack of attention to this component is particularly worrisome not only because participation has such potential benefit to parents (Nelson, 1991), but because they can support the intervention goals long after the formal program.

The biggest threat to Head Start quality is posed by staffing problems. Caregiver stability and level of skill have been identified as essential to quality care and directly responsible for positive developmental outcomes in children. In the National Child Care Staffing Study, quality of care was linked to staff wages and turnover rates (Whitebook, Howes, & Phillips, 1989). Low wages led to high turnover, disrupting continuity in the child's experiences and harming social and verbal development. In a nationwide survey of Head Start centers in 1988, Collins (1990) reported that teachers received an average salary of about \$12,000, only 61% of the average compensation of teachers in public schools. In 1992, starting salaries for Head Start teachers averaged only \$12,077 (Brush et al., 1993), about half the public school average. Despite poor salaries, Head Start has been spared from high attrition apparently because staff are committed to their jobs. Collins found annual turnover in Head Start to be about 25%, considerably lower than that in other early care and education programs. Yet a more recent report showed that in Head Start centers that do experience turnover, the rate is higher than 60% (Kisker, Hofferth, Phillips, & Farquhar, 1991). Quality care cannot be provided under such conditions.

Critics are quick to note that funding could not possibly be the cause of Head Start's problems because its budget has skyrocketed, jumping from \$1.2 billion in 1989 to \$2.8 billion in 1993. But if we look at the numbers prior to the recent expansion increases, we can see why quality has sometimes been compromised. Head Start barely held its funding level until the positive results of the Consortium studies were released. Then the project received its first substantial budget increase and was placed in a "safety net" where it would be spared spending reductions the Reagan Administration imposed on most federal programs. However, cuts in federal food and other programs that centers relied upon began to erode their ability to

maintain services even at previous levels (Washington, 1985). Despite increasing appropriations, the average expenditure per child fell by more than \$400 in constant dollars, or 13% in inflation-adjusted dollars, between 1981 and 1989 (Rovner, 1990). It is no wonder that a recent Inspector General report (1993a) showed that in some Head Start programs, participants do not receive even basic services such as all their immunizations. Despite questions about the criteria used in the report, and indeed whether the centers surveyed were representative, there is no doubt that some Head Start centers deliver inadequate services.

Years of insufficient funding are of course not the only reason Head Start has been struggling to maintain quality. The population it serves and their needs have changed. America is a different place than it was in 1965. The face of poverty has grown uglier. The environments where poor children are raised now involve more homelessness, street violence, illegal drugs, and young, single-parent families. Children who were born with the HIV virus or exposed to crack are now showing up in Head Start centers. The number of dysfunctional families with myriad needs has multiplied. The extra attention required by these children and families has burdened already overworked staff and undoubtedly deprived some participants of the individual help they need (Inspector General, 1989, 1993b).

Quality can no longer be threatened or overlooked, especially now that Head Start is serving increasing numbers of children and families. The Silver Ribbon Panel warned that "Program expansion should *never* occur at the expense of quality" (National Head Start Association, 1990, p. 35). Supporting their conclusion, the first author testified before the U.S. Senate (1990, p. 49) that "Head Start is effective only when quality is high. . . . Below a certain threshold of quality, the program is useless, a waste of money regardless of

how many children are enrolled." Policymakers have good reasons to want to open Head Start to every eligible child, but they must assure each of them a good Head Start experience.

Planning for a Better, Bigger Program

Lawmakers heeded the advice of experts when they wrote a quality set-aside into the Human Services Reauthorization Act of 1990. After adjustments for inflation, 25% of expansion funds are to be used for improvements. Half of the set-aside is reserved for increased salaries and benefits. The rest is marked for training and technical assistance, facility improvements, and transportation. The Act also requires that by 1994, each center is to have at least one teacher with a CDA credential. While a step in the right direction, this mandate shows how far Head Start has fallen behind over the years and how far it has to go to catch up with current professional practices. Few middle-class parents would enroll their children in a preschool program where the teachers did not have college degrees and certification in early childhood education. Head Start is supposed to be a model program and should also have qualified teachers who are paid a worthy wage.

Although the plans to improve Head Start are good ones, they cannot be implemented overnight. Training staff and locating facilities, for example, can be very time consuming. But program directors are also under a great deal of pressure to serve more children, which can drain the energies needed for trying to serve them better.

Another Inspector General's report (1993b) and discussions with program directors tell the story. In some areas Head Start centers have been unable to recruit all the children they are supposed to enroll with expansion monies. A widespread problem is the inability to find qualified staff because they are either unavailable or will not hire

on at the low pay levels. Space is a major problem, with some centers having to operate with double sessions because new classrooms cannot be found. This practice reduces time for planning daily programs and attending to family needs. Many programs have had a difficult time raising the local match to their sudden budget increases.

Expansion is clearly proceeding without a plan. The effort is of such magnitude and importance that one must be implemented quickly so that growth does not threaten efforts to enhance quality. Thankfully, both the White House and Donna Shalala, Secretary of Health and Human Services (HHS), have voiced a commitment to thoughtful growth *and* improving quality. Shalala appointed the Advisory Committee on Head Start Quality and Expansion, charged with recommending the priorities and pace for expansion. Their work also focused on short- and long-term plans to strengthen services. The Committee's recommendations, now in various stages of review and implementation within Congress and the agencies responsible for Head Start, have at the very least begun the planning process in earnest.

Although much attention is now being devoted to poor service delivery in some Head Start centers, expansion and improvement efforts must apply to administration as well. Some administrative responsibilities have been scattered throughout HHS and should be brought back to the central Head Start office. For example, staffing for health care was moved to the Maternal and Child Health Division, leaving a void in leadership for this vital program component. Regional Head Start personnel no longer report directly to Head Start's top managers, so there is not a clear managerial relationship between the national headquarters and those who are responsible for carrying out the program. And, as noted earlier, regional staffing levels have been greatly reduced over the years, so there are fewer people to oversee more grantees. To have a better Head Start pro-

gram, we must have a well-managed one that is sufficiently staffed to accomplish its charge.

Plans to improve Head Start must also address the future. The project's success rests on its capacity to meet the needs of impoverished children and their families; as their needs change, so must the program. The Advisory Panel for the Head Start Evaluation Design Project (1990) presented a blueprint for needed research to guide the development of better services and delivery mechanisms. Their recommendations focused on studying which program services work best and for whom. This overriding question suggests several circumscribed ones: What mediates program effects? Are 2 years of Head Start more or less cost-effective than 1? Do all participants need all program services?

Another question—one that can no longer be answered by generalizing from the findings of other programs—is just how wide-ranging and lasting are Head Start's benefits? In 1990 Congress entertained plans to conduct a 20-year longitudinal study to include competence indicators such as rates of criminality, welfare use, and employment status of Head Start graduates and their families. Unfortunately, this much needed work was never funded. Hopefully the current controversy over the value of Head Start, raging at a time when substantial monies are being granted for expansion, will resurrect the commitment to research.

This is not an empty hope. After 30 years of experience with early intervention, good ideas and plans for empirical study have been developed. A committee charged with implementing the Design Project's blueprint is now in session. And Secretary Shalala has repeatedly acknowledged the need for scientific guidance to enhance program effectiveness. Head Start is finally moving toward long-awaited expansion and improvement of service quality. These efforts must be

anchored in the best knowledge available if Head Start is to fulfill its promise of improving the lives of children and families in poverty.

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About the Authors

Edward Zigler is Sterling Professor of Psychology at Yale University, where he is Director of the Bush Center in Child Development and Social Policy. He was a member of the original planning committee for Head Start and was the federal official responsible for administering the program from 1970-72, when he was Director of the Office of Child Development (now the Administration on Children, Youth and Families). Most recently he served on the Advisory Committee on Head Start Quality and Expansion and is a member of the Advisory Panel on Implementing the Head Start Blueprint for the Future.

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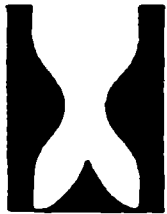
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NCJW Center for the Child Report

March 1993

THE EFFECTS OF PARTICIPATION IN HIPPY ON CHILDREN'S CLASSROOM ADAPTATION: TEACHER RATINGS

An Initial Report of the NCJW Center for the Child

Amy J.L. Baker, Ph.D. and Chaya S. Plotnikowski, Ph.D.

This report presents initial results from a five-year, quasi-experimental study of the Home Instruction Program for Preschool Youngsters (HIPPY). Teachers rated children who had been in HIPPY as better adapted to the classroom and more likely to do well in school than children who had not been in HIPPY.

■ The Problem

Public schools are facing an ever increasing rise in school failure, especially among poor children. Many poor children enter school behind their more economically advantaged peers and fall further behind in their academic achievement over their years of schooling. Being poor is associated with a number of risk factors for children and families, many of which play a causal role in the child's lack of success at school (Halpern, 1989; Schorr, 1966; Schorr, 1988). Because school success is closely linked to later employability, a successful formal education is the most common pathway out of poverty (e.g., Schorr, 1988; William T. Grant Foundation Report, 1988).

■ The HIPPY Program

Programs that offer educational enrichment for preschool children have been developed to help children living in poverty succeed in school. More recently, many programs have broadened their focus to include parents, who have been recognized as their children's first teachers. The Home Instruction Program for Preschool Youngsters (HIPPY) is one such family-oriented early intervention program that combines educational enrichment for preschool children with parent involvement.

HIPPY is a two-year, early childhood education program for parents with limited formal education and their four- and five-year old children. Its goals are to empower parents to be their children's primary educators, provide school readiness skills for children, and bring literacy into the home. As such, HIPPY aims to nurture learning at home and at school.

Each HIPPY program consists of a professional coordinator, a team of paraprofessionals, and 50 to 250 participating families. HIPPY is centered around school-readiness activities for parents and children. The program spans 60 weeks over two years, coinciding with the public school calendar. Paraprofessionals from the community

make biweekly home visits to bring each family that week's story book and activity packet. During the home visit, the paraprofessional role-plays the activities with the parent. Later the parent and child work on them together. On alternate weeks parents come to group meetings where they receive that week's materials, discuss issues of concern to them and participate in parent enrichment activities.

HIPPY was developed in 1969 at the National Council of Jewish Women (NCJW) Research Institute for Innovation in Education at the Hebrew University in Israel (Lombard, 1981). HIPPY has since been implemented in Turkey, Canada, Chile, the Netherlands, Mexico, South Africa, and the United States. The first HIPPY programs in the United States were established in 1984. In 1992, HIPPY served approximately 10,000 families in 17 states. All U.S. HIPPY programs are affiliated with HIPPY USA, a national training and technical assistance center.

Evaluations of HIPPY have been conducted in Israel (Lombard, 1981), the Netherlands (Eldering, 1988) and South Africa (Adams, Skuy, & Fridjha, 1992). However, such research, while encouraging, may not be applicable to families participating in the program in this country. Although HIPPY has been implemented in the United States since 1984, there had been no comprehensive study of its effectiveness here. Given the increasing expansion and interest in the HIPPY program in the United States, a careful evaluation of the program in this country was clearly needed.

■ The Study of HIPPY in the United States

In response to this need, the NCJW Center for the Child launched several evaluation and implementation studies of HIPPY. These include in-depth implementation case studies of three local HIPPY programs in Texas, Michigan and New York; a five-year, three-site, quasi-experimental prospective study of the effectiveness of HIPPY; and other smaller studies. The case studies address implementation questions such as what challenges programs face in implementing HIPPY with families for whom English is a second language. The evaluation studies assess the impact of participation in HIPPY on children's school functioning, on parental involvement in their children's education and on the parent-child relationship, as well as parental literacy, well-being, and self-sufficiency.

This report presents initial findings from the quasi-experimental evaluation of the effects of HIPPY on children's classroom adaptation at two of the three school-based HIPPY programs being studied.¹ Data are presented from HIPPY programs in Arkansas and New York.² These programs were not selected as demonstrations; rather they are typical school-administered HIPPY programs. In the New York site, HIPPY is part of a preschool program, while in Arkansas, the HIPPY program stands alone.

■ Background

Zigler and Trickett (1978), among others, have argued for a broad assessment of the impact of early intervention programs on children's functioning. Longitudinal research on early intervention programs has supported this view by showing that children in such programs, while not maintaining initial IQ gains, scored better on reading and math achievement tests later in their school careers and were less likely to be retained, to be placed in special education classes, and to drop out of school (Lazar and Darlington, 1982).

Consistent with this perspective, a major question addressed by the three-site evaluation study is the extent to which HIPPY has a positive impact on children's school success, broadly defined. As used here, school success refers to a child's positive adaptation to the demands of the school environment, the development of a positive academic self-image and timely graduation. A child's adaptation to school is shaped by a host of factors that include the child's individual cognitive skills, his/her motivations, extent of parental support and involvement, the quality of the parent-child relationship, and the school itself. Positive adaptation to school is manifested by grade-level achievement and age-appropriate classroom behaviors that reflect self-direction, task orientation, interest in and enjoyment of learning, i.e., social competence in the classroom.

It was hypothesized that participation in the HIPPY program would enhance a child's positive adaptation to school through its impact on both achievement and classroom behaviors. The HIPPY activities may affect achievement by providing children with on-going daily opportunities to engage in skill-building activities. The HIPPY activities are designed to help develop language skills, visual discrimination, visual-motor coordination, auditory discrimination and problem-solving skills, all considered important for early school achievement. HIPPY also may promote age-appropriate classroom behaviors, enjoyment of learning, and motivation to learn. For example, the daily parent-child book-reading and the activities linked to the HIPPY stories may help the young child develop competencies important for successful adaptation to the classroom environment. These include listening, following directions, focusing on a task, paying attention to oral instructions, and using assistance appropriately.

■ The Study Design

This three-site outcome study utilizes a quasi-experimental, pre-test post-test, two cohort design that is following almost 600 children (HIPPY and comparison children and their families) from age four through third grade. There are 121 Arkansas families (66 in HIPPY and 55 comparisons) and 75 New York families (42 in HIPPY and 33 comparisons) in Cohort One. At the Arkansas site, a community control group was used for comparison with HIPPY families. Comparison families were identified through the same procedures as the HIPPY families and were matched on important demographic characteristics such as ethnicity, age and gender of the child, family constellation, and the child's preschool experience. At the New York site, a lottery was held to randomly assign families interested in HIPPY into either HIPPY or the control group.

In 1990, at the start of the HIPPY program year, comparison and HIPPY families and children in the first research cohort were assessed on many factors, including children's cognitive skills and their home environments. Two years later, upon completion of the HIPPY program, this first cohort of research families were visited again for post-testing. In the Fall of 1992, their first grade and kindergarten teachers completed a rating scale of their adaptation to the classroom.³

■ The Sample

The research families were predominantly low-income. Approximately one-third were single-parent families; one-third reported government assistance as their primary source of income; and one-third of the parents had less than a high school degree. There were approximately equal numbers of boys and girls. In Arkansas, 90% of the children in Cohort One were African-American. In New York, the sample was ethnically varied: 29% were African-American, 24% were white, 33% were Hispanic or other Spanish speakers, and 13% were members of other ethnic groups. In Arkansas, children were not enrolled in preschool programs. In New York, HIPPY and comparison children all were enrolled in the same preschool. All New York children, and all but 16 Arkansas children were in first grade in the Fall of 1992. Group comparisons within each site on family demographic variables revealed no initial significant differences between the HIPPY and comparison families.

Sample Attrition: Teacher ratings were not available for all 196 children at the Arkansas and New York sites. In Arkansas, information from teachers was available on 87 of 121 children (72%). Two percent of the families were found too late to be included in the data collection, 12% could not be found, and 14% did not participate for unknown reasons. In New York, teacher ratings were available on 56 of 75 children (75%). Two percent of the families refused to participate, 15% moved and/or could not be found, and one teacher did not return the questionnaires (8%).

HIPPY and comparison families were compared on demographic variables for the subset of families for whom teacher ratings were available. There were no significant group differences. Those for whom teacher ratings were available also were compared with those for whom such data were not available on the demographic variables. In Arkansas there were no significant differences. In New York, those for whom teacher ratings were not available were more likely to have been educated outside the United States. Findings can only be generalized to those children for whom teacher ratings were available.

■ Teacher Ratings

The use of teacher reports has been important in educational research in general and in studies of early intervention programs in particular. For example, evaluations of Head Start, the Perry Preschool Project, Project Giant Step, and the home-based option of Head Start have all employed teacher ratings to assess program impact on the quality of the child's behavior in the classroom (Meleen, Love, & Nauta, 1988; Bond et. al., 1982; ABT Associates, 1988). Teacher ratings have been shown to be a reliable and valid measure of children's functioning in the classroom (e.g., Spivak & Swift, 1973).

Seventy teachers in Arkansas and New York in 27 schools completed the Child Classroom Adaptation Index (CCAI). Developed by Dr. Robert Halpern of the Erikson Institute and revised by the NCTW Center for the Child for use in this study, the CCAI assesses the child's:

- Enjoyment of books and reading
- Listening and paying attention
- Task orientation
- Self-direction in learning
- Seeking and using assistance appropriately
- Curiosity
- Initiative
- Enjoyment of schoolwork
- Likelihood of school success for that year
- Motivation to learn
- Readiness to learn

Teachers rated each child on a scale from 1 to 5, in which "1" represents poor adaptation, "3" represents a good or moderate adaptation and "5" represents a very successful adaptation.

■ Initial Findings

Scores on all eleven items of the CCAI were summed to create a total score to indicate the child's adaptation to the classroom.⁴

In Arkansas, teachers rated boys who participated in HIPPY (mean = 3.5, sd = 1.0) as significantly ($p < .03$) better adapted to the classroom than boys not participating in HIPPY (mean = 2.8 sd = 1.1). There were no significant differences between HIPPY and comparison girls. New

York teachers rated HIPPY children (boys and girls combined; mean = 3.5, sd = 1.1) as significantly ($p < .01$) better adapted to the classroom than children randomly assigned to the control group (mean = 2.7, sd = 1.3).⁵ Thus, teachers perceived HIPPY children to be significantly better adapted to the classroom than those who had not been in HIPPY. An analysis of the question concerning the teachers' predictions of how well the child would do in school that year revealed significant effects ($p < .009$) at both sites. Teachers believed that children in HIPPY (boys in Arkansas) would do better in the coming year than comparison children. Because teacher expectations may shape children's performance, these perceptions are important.

■ Possible Alternative Explanations of Findings

Two possible alternative explanations for the differences between HIPPY and comparison children were considered. First, were these differences due to initial noncomparability between HIPPY and comparison children and families on factors other than demographics? Such differences may be due to the children in HIPPY being advantaged prior to their participation in HIPPY or to differential attrition from the sample. A second alternative explanation was that teachers' beliefs that children were in HIPPY accounted for their higher ratings of the HIPPY children.

To address the first alternative, HIPPY and comparison children for whom teacher ratings were available were compared on a host of pre-test variables, including cognitive skills, to assess comparability of the groups. Few group differences were statistically significant. In Arkansas, parents of children in HIPPY for whom teacher ratings were available, initially were more likely to report helping their children learn concepts such as colors, numbers and shapes.⁶ In New York, parents of children in HIPPY for whom teacher ratings were available were more likely to report that they involved their children in daily household chores and had significantly higher expectations for their children's school success.

Next, teachers' beliefs about children's group status were examined. In New York, no teacher reported believing a child had been in HIPPY. In Arkansas, half of the HIPPY children were correctly identified as being in HIPPY and one fourth of the comparison children were incorrectly identified as being in HIPPY.

Multiple linear regression analyses were then conducted to determine if the higher CCAI scores for HIPPY children were accounted for by any pre-test group differences and/or teachers' beliefs about the child's group status rather than by participation in HIPPY. After statistically controlling for these and other variables,⁷ HIPPY still had an effect. Arkansas boys⁸ in HIPPY and New York boys and girls in HIPPY were rated significantly higher by teachers than comparison children. Thus, these alternative explanations did not account for teachers rating HIPPY children as better adapted to the classroom.

4

■ Conclusions

These initial findings from this ethnically diverse sample of children indicate that participation in HIPPY has a positive effect on their classroom adaptation, an important component of school success. Moreover, in the New York program, participation in HIPPY had a positive effect over and above preschool. Again, these findings cannot be generalized to families who left the study, particularly in New York, where families with teacher ratings differed somewhat from those without ratings. In future data collection efforts, we will attempt to locate all families to increase the generalizability of the findings.

The positive findings for boys in Arkansas cannot be interpreted to indicate that HIPPY does not have positive effects on girls. We know that boys and girls are affected differently by similar experiences. We would not be surprised to find other types of outcome measures that show positive effects for Arkansas girls in HIPPY.

These children will be followed through their early years of schooling to determine the long-term effects of HIPPY. Future reports will present findings regarding the effects of HIPPY on other aspects of children's school success—such as educational achievement, attendance, academic self-image and placement in special education—as well as parental literacy, well-being, self-sufficiency, and the parent-child relationship.

FOOTNOTES

¹ This study has been funded by the United States Department of Education, the Wolens Foundation, the Taubman Foundation, the Rauch Foundation, and the National Council of Jewish Women.

² This report does not present data from the Michigan site because the small sample there requires combining data across cohorts. Such data are not yet available.

³ Information on attendance, grades, standardized achievement, special placement and retention were also gathered from school records. Findings will be available in future reports.

⁴ A factor analysis indicated a single factor on which all 11 items loaded. Cronbach's alpha for the 11 items composite index was .96, demonstrating very high internal consistency. The significant correlation ($r = .35, p < .001$) between the CCAI and the Cooperative Preschool Inventory, measured almost two years previously, provides some evidence for the construct validity of the teacher ratings.

⁵ At both sites the mean for HIPPY children (boys only in Arkansas) was greater than the mean for comparison children on all eleven items. The probability of this binomial distribution is $p < .006$.

⁶ This difference was accounted for by the fact that at pre-test, Arkansas HIPPY families had participated in one to three months of the HIPPY program. Late administration of pre-test was a function of when funding became available.

⁷ In New York, families for whom we did not have teacher ratings were more likely to be educated outside the United States. In addition, among HIPPY families in New York, those for whom we did not have teacher ratings had received less social services in the past and had children who scored lower on the pretest measure of cognitive skills. These variables also were entered as control variables.

⁸ Because the effects of the intervention were for boys only in Arkansas, the regression analysis entailed testing for the significance of the interaction term between group status and gender, which was entered at the end of the equation. The change in R square for the interaction term was significant, ($p < .03$).

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TO: Hillary Rodham Clinton
FROM: Jennifer Klein *J.K.*
DATE: 9/26/96
RE: Head Start

I thought you might be interested in the attached document. Sunday is the anniversary of the vote creating Head Start. Bob Dole voted against it.

BOB DOLE FINALLY MAKES NEWS ON HOW HE IS GOING TO PAY FOR HIS \$548 BILLION TAX CUT

September 26, 1996

At long last, Bob Dole began admitting yesterday what would be cut in order to pay for his \$548 billion tax plan. In Iowa, Dole announced the first specific cut that he would make in order to pay for his plan: HEAD START.

The Associated Press on Bob Dole's Admission that he would go after Head Start:

"As Dole shook hands outside the rally, child-care advocate Tammy Kesterson shouted at him, 'What are you gonna do, cut Head Start?'"

'It's gonna get looked at,' Dole replied. 'Head Start is a good program, but like any government program, you've got look at it.'"

[AP, 9/25/96]

By Contrast, President Clinton's balanced budget invests in our children's futures by expanding Head Start to reach 1 million children in 2002 -- helping prepare pre-school children to learn the skills that they will need to succeed in the 21st century. [OMB; President Clinton's FY 1997 balanced budget]

- **Studies Show that Head Start Works:** "Head Start Works....144 Studies of Head Start that are reviewed in the Packard Journal point to one unassailable conclusion: Head Start -- and other early childhood programs that provide stimulating environments for learning, involve parents and link health, education, and social services -- improving poor children's chances." ["The Future of Children." The Packard Foundation, 1995]

TO: Hillary Rodham Clinton
FROM: Jennifer Klein
DATE: 3/12/96
RE: Early Head Start

You had asked me to look into Department of Health and Human Services (HHS) funding for Early Head Start. Bill Harris's memo correctly states that the 1994 bill signed by the President reauthorizing and expanding Head Start required that Early Head Start be funded at the following levels: 3% of all appropriated Head Start funds for the first year (fiscal year 1995), 4% of all appropriated funds for the second and third years, and 5% of all appropriated funds for the fourth year. Bill Harris's memo also suggests that HHS is not spending the required 4% of fiscal year 1996 funding for Early Head Start.

HHS intends to spend 4% of Head Start funding on Early Head Start in fiscal years 1996 and 1997. However, HHS's ability to do so is in real danger because of the budget cuts proposed by Congress. The President requested \$3.935 billion for Head Start for fiscal year 1996. The House voted to provide only \$3.397 billion, and the Senate Appropriations Committee (the full Senate has not taken action on the Labor/HHS appropriations bill) recommended that \$3.402 billion be appropriated. HHS believes that they need an absolute minimum of \$3.631 billion in order to spend 4% of Head Start funds on Early Head Start without being forced to cut Head Start for 3 and 4 year olds and jeopardizing high quality, comprehensive Head Start services.

A political battle is brewing between those, like Bill Harris, who are concerned about Early Head Start, and those who feel that the first priority should be to protect regular Head Start slots.

MEMORANDUM

TO: Melissa Ludtke
FROM: Bill Harris
DATE: February 29, 1996
RE: Early Head Start

On May 19, 1994, President Clinton signed a bill reauthorizing and expanding Head Start. The bill established a new initiative that targeted infants and toddlers, Early Head Start. Early Head Start was to be funded at the following levels: 3% of all appropriated Head Start funds for the first year, 4% of all appropriated funds for the second and third years, and 5% of all appropriated funds for the fourth year.

HHS has implemented the first year funds. They have not yet acted upon the second year funds. Indeed, there is a reason to believe that they are searching frantically to discharge their responsibilities by designating the funds allocated to other programs and saying that this would cover their obligation to fund Early Head Start.

The law is explicit that 4% of appropriated funds for Head Start must be spent on the Early Head Start program. If HHS were to pretend that other existing programs that serve infants and toddlers could be used to satisfy this law, I believe it would violate both the bipartisan intent of Congress and the law.

Congress will take up a Continuing Resolution in the near future. The agency should be reminded of its obligation to follow the law.

It is particularly ironic that HHS would act in this manner after the publication of the First lady's book, It Takes a Village. On page 247 she writes:

"But Head Start doesn't reach children until they are four, when we know from research that many of them are already behind their peers. So when Congress reauthorized Head Start in 1994, at the President's recommendation it established Early Head Start to target low-income families with infants and toddlers."

What can be done to rectify this situation?

TO: Hillary Rodham Clinton
FROM: Jennifer Klein J.K.
DATE: 3/12/96
RE: Early Head Start

You had asked me to look into Department of Health and Human Services (HHS) funding for Early Head Start. Bill Harris's memo correctly states that the 1994 bill signed by the President reauthorizing and expanding Head Start required that Early Head Start be funded at the following levels: 3% of all appropriated Head Start funds for the first year (fiscal year 1995), 4% of all appropriated funds for the second and third years, and 5% of all appropriated funds for the fourth year. Bill Harris's memo also suggests that HHS is not spending the required 4% of fiscal year 1996 funding for Early Head Start.

Because fiscal year 1995 annual grants were awarded in September 1995, Head Start grantees are still spending their 1995 funds and will continue to do so through the end of this fiscal year. HHS anticipates that the fiscal year 1996 funds will be awarded in September 1996.

However, HHS's ability to spend 4% on Early Head Start is in real danger because of the budget cuts proposed by Congress. The President requested \$3.935 billion for Head Start for fiscal year 1996. The House voted to provide only \$3.397 billion, and the Senate Appropriations Committee (the full Senate has not taken action on the Labor/HHS appropriations bill) recommended that \$3.402 billion be appropriated. HHS believes that they need an absolute minimum of \$3.631 billion in order to spend 4% of Head Start funds on Early Head Start without being forced to cut back on Head Start for 3 and 4 year olds and jeopardizing high quality, comprehensive Head Start services.

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

12-Mar-1996 04:30pm

TO: Jennifer L. Klein

FROM: Edwin Lau
 Office of Mgmt and Budget, HRD

SUBJECT: Early Head Start

We received a similar memo from Bill Harris. Our response is attached.

I would strike the second paragraph of your memo, and rewrite the third paragraph to reflect the following:

I think that the key point is that HHS has reaffirmed its commitment to the 4% set-aside. Early Head Start will get 4% of whatever the final appropriation ends up being. Obviously, if the appropriation is less than the Administration's new FY96 policy level (\$3,631 M), then some regular Head Start kids will get cut, but so will some Early Head Start infants. By promising to take the 4% earmark, HHS promises that it will not raid Early Head Start funds to support regular participation. The First Lady will not need to justify this earmark to Bill Harris since he seems to be an Early Head Start advocate, but she may need to defend the HHS position with those who feel that the first priority is to protect regular Head Start slots.

If you have more background information as to why Bill Harris has raised these concerns, could you please share with us? We might be able to give a more detailed response. Thanks.

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

12-Mar-1996 11:51am

TO: Kenneth S. Apfel
TO: Barry White

FROM: Edwin Lau
 Office of Mgmt and Budget, HRD

CC: Keith J. Fontenot
CC: Christine B. Ellertson

SUBJECT: Head Start

You had sent to us a memorandum received by Nancy-Ann Min regarding the Early Head Start program. The memo alleges that HHS is trying to get out of the legislative requirement to set aside 4% of Head Start funds for its Early Head Start program. This is what we've been able to find out:

HHS's draft press release explicitly states the Department's commitment to funding Early Head Start at the earmark level:

"Serving low-income children under the age of three and pregnant women, Early Head Start funds in FY 1997 will be equal to 4 percent of the total Head Start budget or \$159.3 million under the President's request."

In addition, ACF is preparing materials for the First Lady to defend the earmark which is under criticism that it robs regular Head Start dollars to fund Early Head Start.

The true problem is unclear from the Chicago materials, but they may have misread part year funding under the CR as somehow a change in Head Start policy. In summary, there does not seem to be an issue here -- HHS supports the current law policy.

Please let us know if you have any additional questions.

FACSIMILE TRANSMISSION
80 Trowbridge Street

Attention: Pam Cicetti

Company: Office of the First Lady

Telephone #:

Fax #: 202 456 2878

Date: 2/29/96

Sender: William W. Harris

Sender Telephone #: 617/492-2229

Sender Fax #: 617/354-7831

You should receive 2 page(s), *including this cover sheet..* If you do not receive all the pages, please call the number above.

COMMENTS:

**FACSIMILE TRANSMISSION**

**ADMINISTRATION FOR CHILDREN AND FAMILIES
OFFICE OF THE ASSISTANT SECRETARY
370 L'ENFANT PROMENADE, S.W.
WASHINGTON, D.C. 20447**

TO:~~XXXXXXXXXX~~ Jen Klein**Telephone:**456 - ~~786~~ 2878**Fax:****Number of Pages (excluding cover):**

2

FROM:

Wendy Jacobson
Special Assistant to the
Deputy Assistant Secretary

Telephone:

(202) 260-1853

Fax:

(202) 205-3848

MESSAGE:*As we discussed.*

*This is material that was
given to the Secretary
for her testimony tomorrow
before the approps. committee.*

EARLY HEAD START

QUESTION: I understand that the Head Start Act specifies that 4 % of funds appropriated to Head Start in FY 96 must be set aside for the Early Head Start program which serves infants and toddlers. (This is compared to the FY 95 set aside of 3 % of appropriated funds.) How much funding must be appropriated for FY 96 in order to ensure that the current level of enrollment for 3 and 4 year olds is maintained and that an increased percentage of funds required by statute is set aside for Early Head Start?

ANSWER:

- ▶ We are very excited about the progress we have made in the new Early Head Start program for infants and toddlers and look forward to further progress in the this year. In FY 95, Early Head Start programs received approximately \$106 million and were able to serve 18,200 infants and toddlers. As you noted, the bipartisan Head Start legislation requires that an increased percentage of total funds be set aside for Early Head Start in FY 96, and we intend to honor that important responsibility. The statutory requirement will mean an increase in Early Head Start funds for FY 96 even if Congress continues to hold Head Start funding below its FY 95 appropriated amount.
- ▶ However, any Head Start funding cut for FY 96 will jeopardize our ability to maintain stepped-up quality improvement efforts, also required by the 1994 Head Start reauthorization legislation, and our ability to maintain the current level of enrollment for 3 and 4 year olds. In FY 95, Head Start served 751,000 children and families. This represents less than 40 percent of the low income preschoolers and their families who are eligible for Head Start.
- ▶ We believe that an appropriation of \$3.631 billion for FY 96 is the minimal amount that will allow us to ensure: (1) the increased set aside for Early Head Start; (2) no cutbacks in Head Start for 3 and 4 year old; and (3) continuation of high quality, comprehensive Head Start services.

BACKGROUND:

- ▶ The Head Start Act requires that 4 % of funds be set aside for Early Head Start; 2 % for Training and Technical Assistance; and \$35 million for Transitional services.
- ▶ With 3 % of FY 95 funds, Early Head Start served 18,200 infants and toddlers. With 4 % of funds in FY 96, it can serve 26,400 at the \$3.9 billion requested in the President's budget, and 24,400 at the a \$3.6 billion level.

Head Start
(\$ in millions)

	<u>FY 1995</u>	<u>FY 1996</u>		
	<u>Actual</u>	<u>Pres Bud</u>	<u>House</u>	<u>Senate</u>
Head Start	\$ 3,534	\$ 3,935	\$ 3,397	\$ 3,402



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**ADMINISTRATION FOR CHILDREN AND FAMILIES
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TO:

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2

FROM:

**Wendy Jacobson
Special Assistant to the
Deputy Assistant Secretary**

Telephone:

Fax:

(202) 260-1853

(202) 205-3848

MESSAGE:

TO: Jen

FROM: Wendy

SUBJECT: Suggested edits

1. Last sentence, paragraph one: "...also suggests that HHS is not spending the required FY 96 funding for Early Head Start.

2. Delete paragraph two and insert:

"Because FY 95 annual grants were awarded in September, 1995, Head Start grantees are still spending their FY 95 funds, and will continue to do so through the end of the fiscal year. HHS anticipates that the FY 96 funds will be awarded in September, 1996.

3. Replace third paragraph with the following:

"However, HHS's ability to spend 4% on Early Head Start in FY 96 is in real danger because of the budget cuts proposed by Congress. The President requested \$3.935 billion for Head Start for FY 1996. As part of the regular appropriations process, the House voted to provide only \$3.397 billion for Head Start. The Senate Appropriations Committee recommended providing \$3.402 billion in the appropriations process (the full Senate never took action on the Labor/HHS/Education FY 96 Appropriations).

Last week, the House passed an omnibus full-year appropriations bill for agencies whose funding expires on March 15. Included in that bill was \$3.534 billion for Head Start, the same as the FY 1995 level. The companion bill moving through the Senate would provide \$3.397 billion, with an additional \$137 million to be available contingent on the passage of other spending cut legislation (such as an entitlement cut bill). HHS believes that it needs an absolute minimum of (continue as written)."

4. Last paragraph: Secretary Shalala testified before the Labor/HHS/Education Subcommittee of the Senate Appropriations Committee on March 5. The portion of her speech on Head Start is attached. She was not asked any questions about this issue.

Head Start

We are all aware of the positive impacts Head Start has on the lives of low income children as they begin their educational development. The President had proposed in his 1996 budget a path of investment in Head Start that would lead to a \$1.5 billion increase by FY 2002.

The Senate bill doesn't go forward in building this program, but takes a step backward, cutting spending by \$133 million below last year's level. This could reduce enrollment by 45,000 to 50,000 students if programs maintain their current level of quality.

We are proud of our FY '95 success in implementing the Early Head Start program which the President and the bipartisan Congress created to reach our youngest and most vulnerable infants, toddlers and their families. We must move forward in FY '96 to provide top quality comprehensive services for even more infants and toddlers who so critically need this early head start to reach their potential.