

Head Start: A Key Partner in System Reform?

The Policy Institute for Family Impact Seminars



Family
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Seminar

Head Start: A Key Partner in System Reform?

April 15, 1994, Mansfield Room (S. 207), U.S. Capitol

Panelists: **Anne Mitchell**, former Associate Dean, Bank Street College of Education and
 author of the Public School Early Childhood Study
 Toby Herr, director, Project Match, Chicago, IL
 La Tonja Williams, Head Start parent, Chicago, IL

Moderator: **Elena Cohen**, deputy director, Family Impact Seminar

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Head Start: A Key Partner in System Reform?

Highlights of the seminar meeting held April 15, 1994, in the Mansfield Room, U.S. Capitol. (A Supplement to the Background Briefing Report.)

Theodora Ooms, director of the Family Impact Seminar, explained that the seminar's focus was in response to a clear interest in the Department of Health and Human Services (HHS) to encourage collaborative efforts among agencies targeting low-income families and children in order to respond more effectively to the multiple needs of families.

Elena Cohen, moderator, said that because of Head Start's unique administrative structure---funding goes directly from the federal government to the grantees, bypassing the states---it has historically been perceived as an isolated program. The recent Advisory Committee on Head Start Quality and Expansion, as well as several previous reports, urge Head Start to become part of the larger constellation of services provided in the community.

The first seminar in this series described the reasons underlying the critical need for Head Start to become a family support program. But Head Start is not funded or staffed adequately to provide many of the services required by today's low-income families. To effectively meet families' needs, Head Start must become part of the continuum of services provided in the community. This can only be done by working in partnership with other private and public programs and national initiatives.

The Administration on Children, Youth and Families (ACYF) has funded 22 Head Start Collaboration Projects (see page 5) to encourage the creation of partnerships between Head Start and other state agencies. In addition, two projects are currently trying to determine what challenges are faced by Head Start special initiatives which provide comprehensive services to families.

The Advisory Committee has also recommended that Head Start develop partnerships with private and public organizations that are developing a more integrated system of services to families, and that it become a key player in the current national reform initiatives, such as family preservation and support, welfare reform, and the empowerment zones and enterprise communities.

The first panelist, **Anne Mitchell**, former Associate Dean for Research, Bank Street College of Education, began by saying that Head Start can become a partner in systems reform at two different levels.

- The services integration movement, which includes social service delivery systems for low-income families.

- The early childhood development/family support movement, which targets services for all families.

Mitchell went on to distinguish the linking strategies: cooperation (informal linkages), coordination (planning together without a sharing of resources), and collaboration (joint sharing of resources to create a new system). At the local level, Head Start usually establishes these types linkages with other agencies. However, because funding is channeled directly from the federal government to the Head Start grantee, local programs are often perceived as being highly independent.

She explained that the early childhood education "system" includes child care, Head Start, and pre-Kindergarten programs, which are similar programs except for the income level of the children attending. These programs are administered in different agencies at the federal level. Throughout its history, the Head Start Bureau has established partnerships with other federal offices and projects such as the Head Start Transition Projects (see page 17).

Linkages have been different at the state level. In the 1970s, there were Head Start training offices that, through training, provided a direct link with other state services. Most recently, the Head Start Bureau began funding the Head Start State Collaboration Projects (see page 5). The goal of these projects is to increase the role of Head Start in state planning and policy development, increase the quality of child care for low-income families, disseminate Head Start's comprehensive philosophy to kindergarten programs, work on issues of employment and training for parents, improve services for children with disabilities, and strengthen the health components. The specific focus of each project is determined by current state priorities.

The collaboration grants are administered through governors' offices and education and human service departments. In Ohio, the partnership is between the Governor's Office and the Ohio Head Start Association. The directors of these projects act as brokers for Head Start grantees to learn about state policies and access opportunities for funding, as well as represent Head Start to state agencies and initiatives.

The Collaboration Projects have confronted some challenges, including the attitudes of service providers who fear that if programs become integrated, the Head Start *distinctiveness* will be diluted. These service providers are also concerned about competition between Head Start and the public schools for qualified teachers and facilities. A strategy that has been helpful in reducing these barriers is to involve the (federal) regional offices and have different programs share information and understand each other better.

Mitchell also believes that the Head Start expansion process will help develop new partnerships because, in the future, Head Start programs will have to conduct more thorough community needs assessments and will have to work with agencies that target the same families.

The second panelist, **Toby Herr**, director of Project Match in Chicago, began her presentation by saying that Project Match/Head Start is designing strategies to implement the JOBS welfare-to-work requirements by using Head Start's parent involvement component.

Herr indicated that Head Start has traditionally focused on involving parents as educators and advocates for their children and not on making parent involvement in Head Start a vehicle for family self-sufficiency. National statistics from Head Start programs around the country suggest that only a small percentage of parents regularly participate at their Head Start program.

Herr indicated that there are different reasons for why welfare-to-work programs have not seen Head Start as work training opportunities. For example, policymakers have narrowly defined what is a legitimate work preparation activity. In addition, the JOBS program reimburses states for

the average number of people that participate in the program 20 hours per week. This excludes more informal activities. Most importantly, Herr believes that the welfare-to-work system itself does not have a grounded understanding of how people leave welfare.

Project Match was designed (and is constantly modified) by studying the patterns of welfare-to-work movement in its community (see page 14). For example, Project Match staff observed that 60 percent of the AFDC recipients who found jobs had lost them within the first 6 months. Herr noted that approximately half of the participants made steady progress and left welfare within 3-5 years of participation in Project Match. The other half made unsteady or no measurable progress within that period, jumping from one training, GED program, or job to another. Because work or school was clearly too big a first step for this group, Project Match added lower rungs to its "Incremental Ladder" to provide more realistic starting points. These incremental starting points include community volunteering or parent/child activities. Because of Head Start's parent involvement component, it seemed like a good setting to test out these new strategies.

With funding from the U.S. Department of Health and Human Services, Community Partnership Program, Project Match designed the *Two-Generation Head Start Self-Sufficiency Program* (named *Step-Up with Head Start* by participating parents). This program includes two components. An *outside* component recreates the original Project Match at a Head Start site. Project Match staff work with Head Start parents who are AFDC recipients and are ready to move beyond Head Start to link them with education/training programs and jobs. The *inside* component, which is more challenging, begins with the set of principles developed previously by Project Match. Head Start parent involvement requirements become job preparation activities in a "ladder," with different steps of progressively more-involved activities (see charts in Appendices A and B).

According to Herr, this type of program can become a model for linkages between Head Start and some of the public training and employment programs implemented around the nation, as well as a blueprint for helping Head Start programs extend their mission to include assisting parents move toward economic independence.

The last panelist, **La Tonja Williams**, is a Head Start parent and a participant in the Step-Up with Head Start program. She explained that she was a high school dropout and worked as a cashier until she had her first child and could not afford a sitter or a place to live. As a result, she went on welfare. Later, she worked at a number of jobs until she became pregnant with her second child.

Last September, she enrolled her 3 year old son in Head Start. She began to volunteer in the center and then was elected chairperson of the policy committee. As part of the Project Match-Head Start project, she is now a parent intern whose job is to schedule other Head Start parents' volunteer activities. She receives a small stipend for these activities. As part of her "job-related activities," Ms. Williams was able to earn her GED and learn some computer graphics programs. She indicated that she has received many hours of support from Project Match-Head Start staff.

Williams outlined some of the strategies to increase parent participation in Head Start:

- Find out reasons why parents are not volunteering;
- Recognize parents that volunteer;
- Provide incentives for parents to keep volunteering;
- Relate Head Start volunteering to "real work;"
- Use all volunteering tasks as learning opportunities;
- Provide supports.

Points made during the discussion

- A participant from the Parent Child Center of the District of Columbia voiced her concern that the panelists did not mention the Parent and Child Centers (PCC) or the Comprehensive Child Development Programs (CCDP). Both of these programs are part of Head Start and should be included in all discussions of Head Start.

A clarification was made that both programs were showcased in the first seminar in this series. In addition, Anne Mitchell mentioned the Head Start Migrant Programs, the Head Start family day care homes, and some of the initiatives that link Head Start with the Department of Housing and Urban Development.

- A participant from Texas indicated that, in Austin, the number of children eligible for any one program (such child care, prekindergarten, or Head Start) varies tremendously. The participant asked the panelists if anyone knew of communities that have worked on ways of creating single access to early child care and education.

Mitchell responded that in Chemung County, NY, a child care resource and referral agency, which is also a Head Start grantee, has created a single intake system for all families for all the programs. Mitchell also referred to the Kansas City Child Development Corporation program (see page 10). It was mentioned that the Virginia Head Start Collaboration Project is working on this issue.

- A staff person from the Department of Education asked La Tonja Williams, based on her own school experience, to make some recommendations for education reform.

Williams said that the current high school curriculum doesn't prepare people for life and that reformers should make the learning that happens in school be "a part of real life."

- A participant noted that some of the barriers to establishing linkages are the tensions among different professional disciplines that are part of the collaborative process, such as child care, services reform, and family/community development. The participant asked the panelists to describe how these types of barriers are being addressed by the collaboratives described.

Mitchell responded that there are other systems already in place (such as health care, education, and social services), however, there is not an early child care system. People are coming together around children and families but they do not have an understanding of how the various disciplines "fit." In terms of strategies, Mitchell indicated that the focus is to put the child care system in place and then to begin to integrate it with other systems.

- Another participant indicated that there is a concern that if Head Start is tied too closely to the employment or work needs of parents, it may start to be regarded as custodial child care rather than a comprehensive program for families and children.
- A staff person from the Head Start State Collaboration project in Maryland asked if Project Match has been approved as a legitimate activity that parents can do to meet JOBS requirements.

Herr responded that in Chicago, Head Start is one of the places where JOBS activities can be implemented because of Head Start's parent participation requirement. Project Match believes that universal participation in JOBS employment and training activities is not extremely difficult to attain. Instead, the Project Match-Head Start collaboration is trying to lay the groundwork for establishing a range of activities as legitimate for getting people off the welfare rolls.

- A participant inquired about linking Head Start families and kids to the health care system.

Mitchell indicated that health component of Head Start has not gotten as much attention recently. She said that it would make matters easier if there was a health professional in charge of Head Start in the federal Bureau of Maternal and Child Health. This could encourage new relationships at the regional level between public health departments and Head Start representatives.

- A staff person from the Evaluation Branch at ACYF said that a study is being conducted to look at the ways Head Start centers nationwide are providing health services---including mental health and nutrition services.
- Another participant commented that Head Start resources are supposed to be used only as a last resort and, therefore, these collaborative programs must be careful to provide services that are consistent with the Head Start philosophy.

Head Start: A Key Partner in System Reform?

Background Briefing Report

PART I. INTRODUCTION

The National Head Start program is being urged from all sides to strengthen its linkages with other child and family services in the community. Since its founding in 1965, Head Start programs have had a strong and independent identity, a distinctive philosophy and an administrative structure that is unique for such a large national program—funding flows from the federal government directly to community-level grantees, bypassing the states. While many of the grantees develop informal cooperative agreements with community agencies to facilitate referrals, Head Start grantees have not needed to interact or negotiate with local, county, or state authorities or private sector agencies. This is beginning to change, in some communities quite dramatically.

The recent report of the Advisory Committee on Head Start Quality and Expansion (ACHSQE) stated that "it is critical that Head Start fit into the constellation of other services in states and communities" and urged that the program become actively involved in the planning and implementation of the growing number of initiatives underway to create comprehensive systems of family-focused, community-based services for all children.

"We must encourage Head Start to forge partnerships with key community and state institutions and programs in early childhood, family support, health, education, and mental health, and we must ensure that these partnerships are constantly renewed and recrafted to fit changes in families, communities, and state and national policies" (ACHSQE, 1994: viii).

The report makes several recommendations about how to forge these new partnerships and suggests that Head Start play a critical role in several major national reform initiatives: family preservation and support, welfare reform, education reform, health care reform, and national service.

There are several reasons underlying the belief in the importance of Head Start becoming better linked with other services. The first is the realization that improved coordination is necessary to effectively meet children's needs. Head Start was launched as a program to boost low-income children's intellectual and social competence in order to improve their school achievement in later years. Since the program's designers fully understood that poor children's needs were many and interlinked, the program, from the beginning, included comprehensive health, nutrition, and social services. However, it has rapidly become clear that Head Start, by itself, is not adequately staffed or funded to meet all these needs. (This is especially true for the 14 percent [in FY 1993] of children in the program who have special physical, developmental, or emotional needs.) Yet, typically, Head Start program staff have not been very successful in helping parents access other community services for their children, nor in coordinating with other programs which provide services to Head Start families.

Second, in order to fulfill its promise to help poor children, Head Start needs to provide a more effective array of supports to their parents since children's well-being is so clearly linked to their parents' welfare. The social service and parent involvement components of the program are clearly no longer sufficient to respond to the growing intensity and complexity of the needs of Head Start families. This was discussed at length in the previous background briefing report, *Looking Ahead: The Promise of Head Start as a Family Support Program* (Cohen, 1994).

Third, Head Start is in a strategic position to be a preventive program for families with young children. For many low-income families, Head Start is the first point of access into the service system. Generally, Head Start staff are highly respected and there are Head Start programs in most low-income communities. Most importantly, Head Start offers a normalized, nonstigmatizing experience. However, to maximize its potential to be a resource for expanding and brokering needed services, Head Start must become a key player in the continuum of community services.

The changing profile of Head Start families also provides a strong rationale for developing interagency partnerships. Head Start was originally designed as a half-day, nine-month program on the assumption that most mothers of preschool children were at home caring for their children. Following the national trend, however, much higher proportions of Head Start mothers are now in the workforce or employment/training programs.

Although only a minimal amount of data is collected on the characteristics of Head Start families, we know from anecdotal reports and studies of similar low-income populations that Head Start families are increasingly experiencing homelessness, substance abuse, family violence, and incarceration and other contacts with the criminal justice system. The quality of the housing and neighborhood environments in which many Head Start families live are deteriorating and becoming more dangerous.

The wide spectrum of services needed by Head Start children and families is portrayed in the following chart. When a child enters the Head Start program, his or her family is likely to already be receiving services from some other agency or program in the community (e.g., Aid to Families with Dependent Children [AFDC]/JOBS, Food Stamps, and housing assistance). Once the staff get to know the child and parent(s), problems and needs may emerge which will require that the child and family be referred elsewhere for services. Given the fragmented nature of existing community services and current fiscal difficulties faced by most state and local programs, Head Start has to confront many difficult challenges in helping families access other services in the community. Staff do not have the time or authority to negotiate the referral maze on a case-by-case basis, or to communicate, coordinate, and collaborate with the staff in the other programs to ensure that they are all working towards the same goals for the family. Hence, Head Start programs are increasingly developing more-formal partnerships or collaborations with other individual programs or are joining in multi-service collaborations.

This report will review several federal, state, and local initiatives designed to help Head Start develop partnerships with private and public organizations in order to link services more effectively. As noted, the recent Advisory Committee report builds on these initiatives and strongly recommends that Head Start become a critical player in the development of a more integrated system of community service (see Appendix C).

Unfortunately, these Advisory Committee recommendations are not reflected in the Head Start Reauthorization bill which was passed by Congress and signed into law by President Clinton in Spring 1994. Except for the provisions to improve communication and coordination between Head Start programs and local educational agencies and schools, coordination with existing programs in the state and community to ensure a comprehensive array of services is only mentioned with reference to programs for infants and toddlers.

This report aims to provide a clearer understanding of how Head Start is currently responding to the challenges of collaboration. It concludes by noting that strong and imaginative leadership is needed to change and reorient many aspects of the Head Start program in order to fulfil its potential to play a major role in several current national system reform initiatives.

Some of the specific issues and questions addressed in this briefing report are:

- What are the initiatives that the Head Start Bureau or other public or private sources are currently implementing to facilitate collaboration and integration of Head Start with other family services in the community?
- What are some of the barriers that make it difficult for Head Start to collaborate with other programs? And how can these be changed?
- What are the possible roles of Head Start in the implementation of the Family Preservation and Support Services legislation, welfare and health care reform, the Empowerment Zones initiative, and other national policy priorities?

Definitions

(Sources: FIS, 1993; Kagan, 1991; McCart, 1993; Ooms and Owen, 1991 a and b)

The desire to improve linkages between services is not new. Lynn Kagan (1991) points out that national initiatives to improve the coordination of child care and early childhood programs go back to the mid-1960s. And several federally funded service integration initiatives which tried to coordinate a broader array of human services were launched in the 1970s.

In the last few years, collaboration as an approach to improve program linkages has gained much greater currency. The number and pace of new collaboration initiatives, especially at the community level, has escalated and been followed by a burgeoning literature which both describes these initiatives and attempts to guide them.

Too often collaboration is used rather loosely and considered to be a buzzword, essentially interchangeable with coordination, consolidation, and integration. In this report we follow the example of Kagan, who defines cooperation, coordination, and collaboration as different and increasingly complex processes.

- **Cooperation** is the least complex process and is characterized by informal relationships and agreements that exist without any clearly defined organizational structure. Participants retain their autonomy, resources are not pooled, power is not shared, and interactions are episodic.
- **Coordination** is more complex and is characterized by the sharing or exchange of some resources by participants. Typically bilateral, coordination occurs between two groups or organizations that come together around a specific task. Coordinated efforts are usually designed to improve program efficiency and facilitate broader and easier access to services. Examples of strategies used to implement the coordination efforts include co-location, home visits, and case management. Different organizational structures, such as coordinating councils or committees, may be created to plan and guide the coordination activities. Specific tools, such as written interagency agreements, may be used to facilitate mutual referral between agencies.

Both cooperation and coordination are essential to make the present system work more efficiently and to increase the availability of services. When there is a mutual benefit, coordination tasks are easily accomplished and the impact is often visible almost immediately.

- **Collaboration** is both a process and a relationship structure. Collaboration, as a process, can occur at many levels: between a worker and family at the service delivery level, and between units within an agency or between programs/agencies at community and state levels. It connotes a more complex, durable, and pervasive relationship than either cooperation or

coordination, and frequently involves more than two partners. Collaboration at an administrative level brings previously separate organizations, agencies, or units of government into a new structure in which some resources, power, and authority are shared and where people are brought together to achieve common goals that could not be accomplished independently. The structure may be called a collaboration or a collaborative. (Many people use the terms collaboration and service integration interchangeably.)

Collaboration initiatives are usually geared towards improving the quality and efficiency of programs by redesigning the system that provides the services. These efforts focus on changing the way the service system conducts its "business." They may involve strategies such as the pooling of funds, changing and simplifying rules and regulations, consolidating programs, creating new forms of governance which promote joint decisionmaking among equal partners, cross-training of staff, and so forth. All these strategies are designed to make available a system of services that forms a continuum of levels of intensity, addresses the broad needs of families, and coordinates these services so that they reinforce and complement each other. Systems change accomplishments tend to be longer in process, more abstract, and much more complicated, as they involve changing basic program structures in several dimensions.

Collaboration and service integration have become the new "buzzwords" in human services. It is important not to expect collaboration to be the magic cure-all for everything that ails the present fragmented service system or to underestimate or overestimate the many barriers to achieving successful collaboration. Indeed, many barriers must be overcome---especially barriers of turf and competitiveness.

PART II. HEAD START COORDINATION AND COLLABORATION INITIATIVES

We first describe a generic, national initiative---the Head Start State Collaboration projects designed to serve as catalysts for promoting collaboration between Head Start and a wide range of programs across each state. Second, we provide examples of different initiatives that are coordinating with specific program areas, such as child care, public schools, employment training, early intervention, and programs related to preserving and strengthening families (mental health, substance abuse, child protection).

Head Start State Collaboration Projects. In 1990, the Head Start Bureau awarded the first grants to establish what are now 22 state collaboration projects. These projects are working to create partnerships between Head Start agencies and a range of state programs to make the changes in service systems needed to improve services to low-income children and their families.

At the federal level, the grants are administered by the Head Start Bureau, in the central office. At the state level, the projects are managed by the Office of the Governor, a cabinet-level coordinating agency, or an entity such as a state-level commission that reports directly to the governor and whose membership includes high-level representatives of agencies serving low-income families and children. The projects create a framework and presence for Head Start at the state level, which in turn facilitates increased coordination and collaboration at the community level between Head Start grantees and other programs.

Head Start partnerships created through this project are intended to: (i) facilitate the involvement of Head Start in the development of state policies and plans that affect the Head Start population and other low-income families; (ii) create significant, cross-cutting initiatives on behalf of children and families throughout the state; (iii) help build a more integrated and comprehensive service delivery system to

improve families' access to services and promote a high level of programmatic quality; and (iv) encourage widespread, local collaboration between Head Start and other programs.

The five priority program areas are:

- *Employability and self-sufficiency.* Head Start works with states and local employers to promote training and employment opportunities for Head Start parents and other low-income families. Head Start also works to ensure that parents gain access to appropriate training and employment opportunities and to assist in making training and employment available for other low-income individuals.
- *Availability, accessibility, and quality of child care services.* Head Start increases coordination with states to ensure that quality child care is available to JOBS participants and to families receiving transitional child care benefits. In addition, Head Start agencies are involved in state child care planning and in partnerships for providing full-day care for the children of Head Start parents who work outside of the home.
- *Early childhood education through coordination with state-sponsored preschool programs.* Head Start Collaboration Projects become involved in state-level policy discussions concerning preschool programs for low-income families. Furthermore, these projects work with Head Start grantees, officials in the state education agency, the state Head Start Association, and relevant professional organizations to promote early childhood programs that meet the diverse needs of families in communities throughout the state.
- *Transition of children from preschool to elementary school.* Collaboration grantees work closely with Head Start to improve this transition for low-income families throughout the state. Head Start agencies and school systems also collaborate to implement transition approaches that emphasize parent involvement, developmentally appropriate practices, comprehensive services, and other elements of Head Start's early childhood philosophy.
- *Mainstreaming children with disabilities.* These projects work closely with Head Start grantees and the various state agencies responsible for the screening of children with disabilities and the delivery of services to them. The agencies involved include Head Start's Resource Access Projects (RAPs), other Head Start training and technical assistance providers, and the State Interagency Coordinating Council (established under the Individuals with Disabilities Education Act [IDEA]).
- *Access to health care services.* Collaboration projects may focus on increasing the enrollment of Head Start families in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. They can also help to reduce or eliminate specific barriers within the state that prevent children from receiving EPSDT services, coordinate outreach and case finding, coordinate the delivery of health care services to individual children, and other such measures.

HEAD START COLLABORATION WITH CHILD CARE

(Besharov, 1994; Brush, 1989; Children's Defense Fund, 1993; CED, 1993; Galinsky and Friedman, 1993; Likins, undated; NHSA, 1990; Sugarman, 1991)

The main challenges in creating coordination and collaboration between Head Start and child care programs are derived, in part, from their different origins and goals.

Many people are confused about the difference between child care and preschool programs and how Head Start fits into the overall framework of early childhood programs. In the 1960s, when Head Start was created, there was a clear sense that the primary goal of child care programs was to enable

parents to have paid jobs outside the home. In contrast, preschool programs such as Head Start usually provided educational services—to prepare children to enter regular school—for only a part of the day or year. Until the advent of Head Start, most preschool programs were for middle-income children and charged fees.

As a consequence of the difference in goals and emphasis, the typical Head Start program is very different from the typical child care program in many respects: classroom size, child/staff ratios, qualifications and salaries of the staff, and the nature of the equipment and materials provided. Some high-quality child care programs are closer to Head Start on these factors, but since they are not subject to the same performance standards, nor do they usually provide as many additional services, their cost is somewhat lower. It is these differences in goals, structure, and program that make it difficult for these two types of early childhood programs to collaborate.

The importance and number of early childhood education programs and child care services has grown dramatically during the the past few decades because of several demographic and societal changes. However, these trends call into question their distinctive missions. Some of these trends include:

- For the general population, there has been a steady increase in the proportion of mothers of young children who have jobs outside the home and in the number of young children in single-parent households. This trend has created a need for expanded child care services.
- For the low-income population, the Family Support Act (FSA) of 1988 set in motion radical changes in welfare policy by requiring substantial numbers of AFDC recipients to either work or go to school in order to continue receiving benefits. In passing this Act, Congress recognized that although families should be self-supporting, most welfare recipients who are parents of young children will not be able to work, participate in training, or continue their education unless they are able to find affordable child care.
- The alarm over American students' declining academic achievement has focused national attention on how poorly many children (especially those living in low-income families) are prepared for school. This has elicited a much greater emphasis on improving the quality of child care programs, which generally meant advocacy for including strong developmental and educational components in traditional child care services.

Head Start began as a half-day program to enhance children's readiness for school at a time when most mothers did not work outside the home. Today, however, approximately half of Head Start mothers are AFDC recipients and more and more children have mothers who work, go to school, or participate in a job training program. In fact, Head Start parents surveyed in 1990 (NHSA, 1990) most often listed full-day services as their greatest need.

There are increasing efforts to find ways to enable working mothers of Head Start children to access supplementary child care services or to extend the length of the Head Start day. The 1990 Head Start Act Reauthorization allowed funds to be used to: provide full-day services to children who have special needs (e.g., emotionally disturbed); children from homes where stress is so great that full-day care is essential; or children from homes with no daytime caregiver because parents are employed or in job training. Head Start funds may be used to finance full-day services when grantees are unable to obtain funds from other sources. Funds may also be used to assist grantees in meeting eligibility requirements as competent providers when applying for nonHead Start financing to pay for full-day services.

Although the Administration on Children, Youth and Families (ACYF) has recognized full-day programs as an official option for local Head Start programs, programs are not always encouraged to use Head Start funds for this option. Instead, the grantees have been encouraged to seek and make use of nonHead Start child care funds to extend services. (*Wrap-around funding* is the term used when a combination of federal, state, and local funds are used to extend Head Start-funded services.)

The main growth of federal subsidies for child care has been the child care tax credit, which primarily targets the middle class. However, there are nearly two dozen federal programs that fund various types of child care services. The major sources of federal support for child care for low-income families are provided through the following programs:

Child Care and Development Block Grant (CCDBG). Pays for child care services for children whose parents are working or in a job training/educational program, for children receiving, or in need of receiving, protective services, or for children in foster care.

Title IV-A Amendments for At-Risk Child Care. Provides capped entitlement funds to states to provide child care for families at risk of going on welfare.

AFDC Family Support Day Care. The Family Support Act (FSA) of 1988 provides money to states, on an entitlement basis, for child care for JOBS-related activities and transitional child care (for a period of 12 months after becoming ineligible for AFDC benefits).

Social Services Block Grant (Title XX). Funds child care necessary for adults to achieve or maintain economic self-support, achieve or maintain self-sufficiency, prevent or reduce inappropriate institutional care, and prevent, reduce or eliminate dependency.

Chapter I State and Local Education Agency Programs. Authorizes day care funds to meet the special needs of educationally deprived preschool children.

Wrap-around is a term frequently used for the extension of Head Start services to a full day. Head Start usually pools federal, state, and local funds to broker or provide child care to meet the needs of working parents. There are different models of wrap-around services. For example, some children attend Head Start for part of a day and then go to a different child care program or a family day care provider for the rest of the day. Other times providers come to the Head Start center in the afternoon or during the summer.

Local Head Start programs face a number of challenges when trying to provide wrap-around child care including:

- *Wrap-around child care is not consistent with the Head Start philosophy.* Wrap-around is a good description for funding, but it may be an inappropriate description of service delivery. Anne Mitchell affirms that "wrap-around implies that children are compartmentalized beings who need education for a few hours and care for other hours. It implies that Head Start staff are different people from child care staff, paid differently, with different preparation. I think the concept we really need to be working from is extending Head Start, weaving a larger blanket that covers the child and family for more of the day and year" (NHSA, 1991:26).
- *Different rules and regulations.* Each of these programs is subject to distinct federal, state, and local laws and regulations. As a result, the services federal money will buy depends on which federal program is involved, the applicable cost or payment standard, the applicable family fee, and the applicable percentage of reimbursement. For example, sometimes Head Start programs interested in using Title IV-A funds to expand their hours must exclude children over the poverty line from the extended-day services. Another example is parents who attain full employment but whose children can only attend Head Start during nine months of the year.
- *Tension between goals.* Supporters of increasing child care center slots or subsidies to enable parents to go to work or employment training usually frame the debate in terms of costs. But advocates who support child care in the context of readiness for school are more concerned with issues such as the quality and developmental appropriateness of the services or the

training of staff. These differences in goals create tensions between agencies with conflicting goals.

- *Cost of providing wrap-around services.* The cost of maintaining Head Start standards for a whole day is high. The General Accounting Office (GAO) estimates the average cost of a full-day, high-quality early childhood program that meets the accreditation standards of the National Association for the Education of Young Children (NAEYC) is approximately \$4,900 per child. Head Start estimates that the more comprehensive health, education, and social services that Head Start offers would raise the cost to \$5,400 per child. Since states are required to provide a 20 percent match in funds, the federal contribution would be \$4,320. Full-day Head Start costs about \$8,000 per child. In contrast, the actual 1991 federal Head Start expenditure was \$3,159 per child (CED, 1993).

In addition to the added administrative costs for bookkeeping and the paperwork associated with multiple funding sources, using child care funds to provide wrap-around care for Head Start children leaves less money to met the child care needs of other families.

- *Competition between Head Start and other private and public child care providers.* The prospect of Head Start expansion dollars being used to fund child care has intensified the tensions between Head Start and public/private child care providers and other community-based programs. Private and other nonHead Start providers are worried that they will not be able to fill all their slots and that the better-trained staff will want to work for Head Start, which pays better salaries.

Special Initiatives

In addition to several initiatives which link already-existing programs (such as the JOBS/Head Start), the Head Start Bureau is funding demonstrations to better link and coordinate with child care provided by public and private agencies at the state and local levels. For example:

- The Head Start Family Child Care Homes demonstration funds programs to provide full-day, comprehensive Head Start services in family child care home settings; and
- The Head Start Public and Indian Housing Child Care demonstrations. Funds made available through an Interagency Agreement with the Department of Housing and Urban Development (HUD) to Head Start agencies, Resident Management Corporations, and Resident Councils have been used to establish child care services located in or near public or Indian housing developments so that the residents of these facilities may seek, retain, or train for employment.

Examples of Head Start-Child Care Collaborations

The following are examples of several innovative programs at the local level that are linking funds so that services for families are more coordinated. In some of these programs, Head Start pays for both the child care and comprehensive services. In others, Head Start pays for just the additional services beyond the core child care program.

(i) Alachua County's Early Intervention and Family Services Program, Gainesville, Florida. Alachua County's Early Intervention and Family Services Program is designed to increase school success for prekindergarten children by providing them with health, educational, and social services and to empower families to become socially and economically independent. The program

incorporates several components: family involvement, inclusion of children with special needs, transition, school readiness, program evaluation, and comprehensive services for parents.

The Family Services Center, which has resources from federal, state, and local sources, serves as the entry into the system. After determining family needs, strengths, and goals through a family needs assessment, social services staff work individually with families to help families achieve self-sufficiency. A family services plan is developed and monitored and essential services are provided on site or arranged at other facilities.

Alachua County has been able to overcome the turf battle between the Head Start/prekindergarten program and subsidized child care. The program collaborates with subsidized child care centers to provide services to young children and their families. The program, using federal and state funds, contracts for slots in the centers for approximately 100 to 150 children each year. The children in these purchased slots receive all services provided to the children served in the prekindergarten classes situated in public schools. Since the centers under contract must meet the Head Start Performance Standards, the quality of care for all children served improves. To help the centers meet the performance standards required for Head Start, funding is obtained from Head Start, the public prekindergarten program, and the central agency managing subsidized child care. Using this method of contracting, the program can effectively serve children in 22 public elementary schools and 8 child care centers.

The program also engages in joint activities with the centers. These activities include materials, workshops, and procedures for sharing student data, workshops for preschool directors to inform them about school district programs, and sharing district resource personnel for parent workshops held in the centers. The "interlocal" agreement between the centers and the program allows participating centers to use school district resources and services. Child care centers offer an excellent program option for Head Start/prekindergarten children and families. Children can receive more hours of care in the centers than in public school programs. This enhanced service helps working parents.

Overall, the program has achieved very innovative and creative ways of merging funding streams to better serve families and children. In addition to its use of federal and state funds for contracting subsidized child care centers, Chapter I funds were used to purchase a computer lab with computers and adult literacy software. To achieve these collaborations, this program has "not been afraid to take on the system." The key is to build on existing resources.

Contact: Mary Virginia Fearnside, Project Development, Alachua County, (904) 955-7615.

(ii) Full Start Project. The KCMC Child Development Corporation, a Head Start grantee in Kansas City, Missouri, is using Head Start expansion dollars available to several Kansas City child care centers to enable more children to receive Head Start's comprehensive services. The expansion grant pays for services for about 255 children and their families, as well as for staff training and other assistance to help the centers meet federal Head Start Performance Standards. The centers are then able to reallocate money from other funding sources, such as the United Way and local government, to pay for comprehensive services for children at the centers who are not eligible for Head Start. The key to the success of this project is the family advocate at each site, who functions as a case manager, linking each family with needed services.

About half of Full Start's funding comes from Head Start and half from private, state, and federal sources, including the Title IV-A At-Risk Child Care Program and the Child Care and Development Block Grant. Two Full Start programs are at Head Start sites operated jointly by KCMC and a public school district. The third program, operated solely by KCMC at a traditional, full-day child care center, offers the same services as the other two programs even though it has no Head Start funding. The state, county, city, and private sector contribute the necessary support. A county-funded drug

prevention program pays for the family advocate and a community health center provides Head Start-quality health services.

Contact: Dwayne Crompton, KCMC Child Development Corporation, (816) 474-3751.

(iii) Western Maryland Child Care Resource Center, Inc., operates a Head Start program and a Child Care Resource and Referral Service (CCRRS). Combining these two programs at the same site has made delivery of child care more efficient and more comprehensive in this rural area. Even though the two organizations have somewhat different missions, it was easy to combine them because of their mutual interest in serving the family. The common focus allows the two programs to share resources and information. For example, when parents who would qualify for Head Start call the CCRRS, they can be identified and immediately referred to the Head Start program and vice-versa. The employment of a former Head Start teacher as a referral counselor in the CCRRS helps eliminate some of the potential barriers within the programs.

Ideas about quality are exchanged within the two programs. The Head Start was already providing many of the services traditionally offered by CCRRS, such as training sessions for nonHead Start child care providers and workers. The program now offers joint training for staff from both agencies. As a result, child care providers and workers are learning about Head Start's more comprehensive quality requirements. In addition, Head Start's focus on low-income clients also enabled the CCRRS to get a jump on serving the many low-income families in its predominantly rural area. (Resource and referral services have traditionally served only the middle class.)

Head Start's familiarity with these families' historic distrust of the "system" enabled the CCRRS to step carefully, and make inroads without appearing to be an enforcement agency intruding on child care providers' affairs.

Contact: Paul Pittman, Jr., Western Maryland Child Care Resource Center, Inc., (301) 733-000.

(iv) United Neighborhood Houses (UNH) of New York City, Head Start/Child Care Integration Initiative. The United Neighborhood Houses of New York City is an umbrella organization for 39 settlement houses in New York. For the past three years it has been engaged in a public/private partnership with New York City officials to pilot and test a new model for providing integrated, neighborhood-based, comprehensive services for children and families.

A major part of this initiative is an ambitious, complex effort to consolidate the city's child care programs with the Head Start programs. Several factors made this goal a plausible one. Both programs are operated by the same city agency, the Agency for Child Development, and are housed in the same building. And with the exception of child care funded under Title IV-A, the city has been able to pool all the child care funding streams together so that the child care programs which operate under contract only have to operate with one contract.

Nevertheless, these two programs have always operated quite separately and the lengthy process of consolidation has involved numerous strategic planning sessions, retreats, and working groups hammering out complex negotiations over the detailed, nitty-gritty issues around budget, contracts, audits, reporting, unions' concerns about work hours and work rules, merging different curricula, and the different roles of parents.

Although the process is proving to be very difficult and slow, considerable progress is being made at the ground level in the three demonstration settlement house sites where the two programs are now operating in a unified manner. Head Start and child care programs have been combined in a single classroom with a single staff. A compromise was reached on the schedule and hours, and joint

training has been conducted for all staff. Since, for the most part, child care staff salaries were either the same or somewhat higher than those of Head Start, unequal salaries have not been a major stumbling block. Day care and Head Start intake and eligibility are conducted together. The combined staff have been trained jointly and all parent activities are combined. Most aspects of the program operate under the Head Start Performance Standards. However, a great deal of work remains to be done at the administrative/city level to consolidate the management, accounting, and budgeting requirements and procedures.

Contact: Emily Menlo Marks, Executive Director, United Neighborhood Houses of New York City, 475 Park Avenue South, Sixth Floor, New York, NY 10016. (212) 481-5570

HEAD START COLLABORATION WITH INCOME SUPPORT, EMPLOYMENT, AND TRAINING PROGRAMS

(Sources: APWA, 1994; Brown, 1993; Conway; 1989; Head Start Bureau, 1991; Horn, in press; Smith, 1991; Turner, *et al.*, 1990)

The economic status of low-income families, especially single-parent families with children, and long-term welfare dependency are now national priorities. Head Start, like many other agencies working with low-income families, is interested in helping families attain economic independence. Head Start Performance Standards require that Head Start programs offer or refer parents to employment training and provide parents with the employment-related assistance that they may require. To fulfill this requirement, Head Start must collaborate closely with federal and state job training and employment programs to ensure that families eligible for both programs get coordinated services.

Most programs that help families attain self-sufficiency and job training have to provide child care for children while their parents are working or at school. Because these programs provide services to parents and children, they are being called "two-generation models." In the long term, it is expected that if these two-generation programs are of high quality, they can help ameliorate the negative effects of poverty and provide developmentally appropriate experiences that will better prepare children for school. "Head Start provides the best context for testing the implementation of two-generation programs" (Smith, 1991).

The two most important federal programs providing employment training and related assistance and income support are the AFDC and Job Training Partnership Act programs. The Head Start Bureau has launched several initiatives to provide information, technical assistance, and supplementary demonstration funds to link Head Start with these programs.

Job Opportunities and Basic Skills Program (JOBS)

Major reform of the welfare system commenced with the passage of the Family Support Act (FSA) in 1988. The two goals embodied in this legislation were to: foster economic self-sufficiency of families through education and job training for heads of welfare-dependent families, mostly single mothers; and (2) increase the economic support that noncustodial parents, mostly fathers, provide to families.

The JOBS program, the centerpiece of the FSA, is designed to avoid or break long-term welfare dependency by fostering the economic self-sufficiency of families through education and job training for heads of welfare-dependent families, most of whom are single mothers. JOBS services must include education, skills training, job development and placement, and job readiness activities.

Participation in JOBS is, in theory, mandatory for AFDC applicants and recipients who have children 3-5 years of age. Each state has the option to require participation of parents with children as young as

age 1. However, required participation rates were phased in and have been low, partly due to insufficient funding. For the most part, participants have been volunteers.

States are required to coordinate JOBS child care with early childhood education programs. Certain program provisions and new funding provided by the legislation give states the option of designing JOBS programs that are responsive to children's needs. Programs may use the initial assessment of the participant's readiness for employment, a required component of JOBS, to identify family and child needs. States also have the option to use and receive partial reimbursement for case management.

As about 55 percent of all Head Start parents are AFDC recipients, the Administration for Children and Families (ACF) and the Office for Family Assistance (OFA) have recognized the potential for coordination between these two programs. A memorandum sent by ACF in December 1991 (ACF-M-23, 12/31/91) and distributed to all Head Start grantees and JOBS agencies included a description of three major possibilities for collaboration:

- Head Start sites may be used for JOBS training and employment activities (i.e., use JOBS funds for Child Development Associate (CDA) training of JOBS participants; Head Start grantees may set aside some of the training and technical assistance funds dedicated to CDA training for Head Start parents who are JOBS participants, on-the-job training, and work supplementation in which JOBS subsidizes part of the participant's wages).
- JOBS and Head Start resources may be coordinated (i.e., the IV-A caseworker being housed part-time in the Head Start center or Head Start and JOBS agencies sharing case management responsibilities).
- Head Start "wrap-around" child care can be provided under Title IV-A for JOBS participants (i.e., Head Start grantees help to broker child care services or provide extended-day services through "wrap-around" or other arrangements).

Head Start-JOBS Initiatives

The following are two examples of collaborations between agencies administering Head Start and the JOBS program.

(i) Step-Up With Head Start, Project Match, Chicago (Sources: Herr and Halpern, 1991 and 1993)

Since 1985, the mission of Project Match has been to provide long-term assistance to welfare-dependent families as they move through multiple career stages toward economic independence. A second goal was to document and disseminate lessons learned about the process of leaving welfare and effective welfare-to-work strategies. The program's primary service site is in the Cabrini-Green housing development in Chicago, one of the most economically disadvantaged areas in the country. The programmatic flexibility and operational independence of Project Match have allowed it to adopt a truly experimental approach---developing, testing, and refining strategies that seem promising, while eliminating those that prove ineffective. Instead of presuming that it knows what people need to get off welfare, Project Match studies its participants history month-by-month. From this process, a model has developed in which individualized services and as-needed assistance is provided and incremental progress is monitored.

According to Toby Herr, Project Match Director, the standard government welfare-to-work model views leaving welfare as a predictable, linear experience that can be accomplished within a short timeframe: a direct and straightforward progression in which an individual is initially on welfare, but not working or in training, moves to participate in an educational/training program or a job-readiness

class, then enters employment and leaves AFDC, and then continues upward in the labor market without returning to welfare. While this model does reflect the behavior of many AFDC recipients (i.e., the group that is likely to leave welfare within two years and not return), longitudinal data on patterns of welfare receipt suggest that a large group does not leave welfare in such a direct manner.

For example, women may be on a waiting list for a training program, start the program, but, for a variety of reasons, drop out after a few classes. Or, as Project Match found out, losing initial jobs is a major difficulty for AFDC recipients. Within 12 months after initial placement, about 70 percent of the participants had lost their initial job. There are numerous reasons for job loss, but it is often due to the employee's lack of familiarity with the expectations and demands of the world of work and their difficulty balancing participation in the job with the stresses and demands of their family responsibilities. Sometimes it seems clear that entering school or work was too big a first step, and the road to economic independence must begin with more appropriate activities.

To address the needs of the population that cycles between welfare and work---neither staying on welfare for lengthy spells nor leaving for good---Project Match has created the tool, *Incremental Ladder to Economic Independence* (see Appendix A). This tool pulls into the welfare framework a broad range of activities and institutions not usually viewed as "work force preparation." From the day he/she enters the system, every AFDC recipient is *required* and *helped* to climb onto the ladder and to keep moving from step to step, making concrete, measurable progress toward economic independence.

The ladder broadens the array of activities viewed as legitimate steps for self-sufficiency. For the most part, the traditional self-sufficiency activities of education (e.g., GED), training, and work comprise the top half of the ladder (the upper rungs), while the less-traditional and less-structured activities constitute the bottom half of the ladder (the lower rungs). A second dimension of the ladder is the use of gradually increasing time commitments. A person may begin with four hours of participation and work his/her way up to twenty hours (which is the JOBS requirement).

Key features of Project Match model include:

- Establishment and maintenance of an active, trusting relationship with participants for as long as this is necessary.
- Focus on welfare-to-work within a framework that allows staff to provide comprehensive services to other members of the family.
- Emphasis on linking participants with existing programs and services (rather than creating new programs).
- Assessment and goal setting as an ongoing process.
- Post-placement follow-up to monitor progress after people are placed in educational programs or employment.
- Month-by-month tracking of participants' placements and status changes over a period of years.
- Conceptualization and measurement of participants' progress against incremental milestones.

Project Match linked with Head Start to become a two-generation program with funding from HHS through a grant from the Office of Community Development. These funds launched a collaboration between the JOBS program in Chicago and a center-based Head Start program to create the *Step-Up With Head Start* program. The overarching task of this demonstration is to develop and test, within a Head Start center, the full progression of steps (both the upper and lower rungs on the ladder) toward economic self-sufficiency (see Appendix B).

The Step-Up demonstration also broadened Head Start's ability to help the most disadvantaged AFDC recipients move toward economic self-sufficiency and more complete social participation.

The primary implementation task related to the upper rungs of the ladder in the Head Start demonstration has been identifying Head Start parents who are interested in being linked to the upper-rung activities of school and work and providing them with the placement, follow-up, and transition-to-work supports necessary to move them permanently into the work force. However, because Project Match had only addressed upper-rung activities with their AFDC clients, this Step-UP project is providing an opportunity to develop and operationalize the lower rungs of the ladder and determine how to include in the progression some of the parental responsibilities related to the Head Start program. In addition, Step-Up staff are making sure that the progression in the ladder becomes recognized by the staff and parents as a legitimate and relevant set of tasks tied to those that are identified in the Head Start Family Needs Assessment.

For more information contact Toby Herr, Project Match, (312) 482-8360.

(ii) Connecticut Departments of Income Maintenance and Human Resources (DIM/DHR)-Windham Area Community Action Program Collaboration

Funded by the Office of Community Services, ACF, this demonstration is an example of a partnership between a Head Start program and the public agency administering the JOBS program to explore ways to maximize the two-generational benefits of combining JOBS and Head Start supports for families.

Windham Area Community Action Program (WACAP) is a community action agency that serves twenty-nine rural areas in northern Connecticut. It is the only Head Start grantee in the area and operates five Head Start centers and a Head Start Parent and Child Center. The Head Start program operates both home-based and center-based models.

Head Start parents confronted some of the following obstacles in accessing JOBS benefits:

- Due to the limited amount of resources available to DIM, they had to "prioritize" their supports to specific target populations which did not include Head Start families (although about 80 percent of the Head Start parents enrolled were recipients of AFDC).
- WACAP's intake procedure did not cross-reference information regarding services that were provided by other programs in the same agency. This lack of communication extended to the DIM.
- The monthly caseloads in the DIM are over 500 per AFDC case worker, making it almost impossible to give any individualized attention to the needs of Head Start parents.

In an effort to eliminate these barriers and coordinate the two sets of services (JOBS and Head Start), this demonstration is testing a case management team model. The team includes a JOBS counselor who is located at WACAP and the social service staff who work in Head Start. The teams conduct an initial home visit, during which the family develops their individualized JOBS plan. The participation of both staff in this needs assessment process allows the smooth integration of supportive Head Start services into the JOBS plan.

A significant aspect of the partnership has been the prioritization of the intervention for the JOBS program services. The program links Head Start parents who are JOBS participants with appropriate educational, job training, and job-readiness resources. And it also provides day care and transportation reimbursements, which address two major barriers to education and job participation in this area.

As required by Head Start Performance Standards, 90-minute, weekly home visits are conducted by Head Start home visitors with families in the home base option and Parent and Child Centers. The home visitors address a variety of issues, including developmentally appropriate activities, health/nutrition, social services/adult education, and parent involvement. Home visitors also provide

weekly group socialization for families at a Head Start site. The staff-to-family ratio for this program is 1:10. Children in center-based programs receive services through their teacher at the center, five days a week, four hours per day.

Both sets of families receive a 30-minute, biweekly home visit from a Head Start Social Service aide who, among other supports, the progress in the JOBS plan. JOBS staff monitors also monitor participant's progress periodically. The staff-to-family ratio for this program is 1:20.

Contact: Jeanne Bell, Head Start-WACAP Partnership Program, (203) 774-0400.

Job Training and Partnership Act (JTPA)

The second most important employment training program that may enhance Head Start parents' employability status, as well as provide training for Head Start staff, is the JTPA. JTPA is permanently authorized to provide employment and training that will help find permanent, self-sustaining employment for individuals on the basis of low family income or receipt of welfare benefits. JTPA is administered by the Department of Labor, Employment and Training Administration, Office of Job Training Programs.

JTPA programs work to move jobless individuals---economically disadvantaged adults and youth, dislocated workers, and others who face significant employment barriers---into permanent, self-sustaining employment through job training. Services are provided directly at the JTPA site or through arrangements with other community-based organizations with which the JTPA administrative entity may contract. Emphasis is placed on the partnerships between those who administer JTPA programs and those who know about private sector job requirements, such as Private Industry Councils (PICs).

In 1985, the Head Start Bureau signed an agreement with the Employment and Training Administration. The purpose of this agreement is to facilitate the use of JTPA for staff training and credentialing, employment training for parents, and child care services for children of the trainees. The intent is to enable more child care providers working in Head Start (and other child care programs) to obtain CDA training and assessment leading to the CDA credential through the utilization of JTPA support. The agreement targets Head Start child care staff who are faced with employment barriers and would benefit from obtaining a CDA credential.

Examples of Head Start Collaboration with JTPA

In 1985, the Administration on Children, Youth and Families (ACYF) funded six Head Start programs (for one year) to test innovative arrangements or model agreements between Head Start and local JTPA agencies.

These are some of the practices adopted by these grantees.

- Work-site experience/on-the job-training contracts for positions within the Head Start grantee agency was the most frequent type of arrangement between the local agencies. Coordinators, aides, and other frontline staff positions were filled using these contracts.
- Special vocational education and on-site training for specific job opportunities were provided by the PIC. Head Start grantees recruited and referred eligible parents and family members to these trainings and provided the needed support services.

- Child care and other services were frequently provided. In addition, transportation, books, training supplies, and other supportive services were provided to Head Start parents in training.
- Young Parents' programs assist people aged 17-24 as they study for a GED. Head Start provided the site for the practicum of the students and assisted with job placement upon the completion of the child care curriculum of a Head Start-PIC training program.
- Female heads of households with children in Head Start were the focus of Head Start-PIC classroom training in portable buildings donated by the school district.
- JTPA and Head Start contracted with a community college to develop and supervise the carpentry apprenticeship training. The instructor was a retired member of the local carpenters union. The arrangement helped parents find employment and added eight classrooms to the Head Start center.

HEAD START COLLABORATION WITH PUBLIC SCHOOLS

(Sources: Brown, 1993; Kennedy, 1993; NHSA, 1991; Pande, 1993; Zigler and Muenchow, 1992)

In this section we report on a national collaborative initiative between Head Start and the public schools, collaborations between Head Start and state-funded preschool programs, and early intervention and special education programs for children with disabilities.

The Head Start Transition Projects

Most of the evaluations of Head Start effectiveness suggest significant improvements in the cognitive, nutritional, and social status of children in the years immediately following program participation. These immediate gains, however, are usually not sustained beyond third or fourth grade.

Many Head Start advocates claim that the major reason underlying the fade-out is that the public schools fail to reinforce these gains. By failing to maintain Head Start's medical and nutritional benefits, parental involvement, and individualized curricula, once the child entered kindergarten, schools negated the benefits of participation in Head Start.

The following are some of the reasons for a lack of continuity between Head Start and public schools.

- *Different administration.* Head Start usually operates independently of the public school system, with little communication between the two. This lack of coordination stems from two basic reasons. First, public education policy involves a strong state role, while Head Start, a federal program, has no state agency with which state-level coordination might take place. Secondly, Head Start is generally operated by community-based, private, nonprofit organizations with no connection to the public school system. In most communities, no mechanism for coordination exists.
- *Mutual distrust and lack of respect between Head Start and public schools.* Mutual distrust, hostile attitudes, and lack of respect between Head Start and public schools often prevent good relations. Public school teachers may view Head Start's more flexible and open atmosphere as appropriate for younger children, but believe they would not fit the public school requirements and regulations. Likewise, Head Start staff view the structure within school systems as impersonal and not developmentally appropriate for young children, which may destroy the fragile development nurtured within their Head Start children.

- *Discrepant salaries and credentials.* Head Start and public schools are staffed by individuals with different levels of training and receive widely discrepant salaries and benefits. Since public school staff are better paid and often have higher credentials than Head Start staff, they tend to have little respect for their lower paid colleagues in the early childhood profession. Likewise, Head Start staff often resent these higher-paid school teachers.
- *Differences in curricula.* Curricula used in public schools and Head Start vary considerably. Organizational pressures within public schools create a test-driven, academic type of curricula. This academic-focused curricula is based on the structure of the school's system of monitoring, evaluation, and funding. Standardized tests are frequently used to prove not only the child's abilities, but also that of the teachers and school administrators. Results from these tests determine who gets funds and which schools are evaluated favorably. By holding teachers responsible for high scores, teacher effectiveness is defined in terms of test results, not child development and motivation for learning.

In contrast, Head Start encourages programs to use curricula that build on the growth and development of children as they progress from each stage of childhood. Head Start believes that children learn best when they can actively explore their environment and interact with adults and other children. Kindergarten should encourage a positive sense of self, positive views of learning and language proficiency, and bolster the natural curiosity of children.

- *Differences in attitudes towards parental involvement.* Head Start's philosophy towards parents is an empowerment philosophy that values parental input in decisionmaking in all program operations. Formal policies require parent policy committees which must be consulted on issues of program design, budget, and personnel actions. Besides training parents as staff, the organization also encourages parents to serve as volunteers within the Head Start classroom.

When children leave Head Start and enter the public schools, parents are usually less involved in policy and decisionmaking, have less access to the teacher, and have fewer opportunities to participate in classroom activities. The structure of kindergarten often prevents intensive parental involvement within the classroom, as well as more informal communication between parents and teachers.

In response to the concerns about transition to public schools, the 1990 Head Start Reauthorization legislation provided funding for pilot programs to serve former Head Start children from kindergarten through grade three. This program, known as the **Head Start Transition Project**, authorized \$20 million in grants to fund at least one demonstration site in each state for three years. Thirty-two transition projects have been funded to date.

Head Start Transition Projects include three central components:

- Coordination and joint planning for developmental continuity between the Head Start and elementary school programs.
- Continuation of comprehensive family support services during the elementary school years.
- Extensive parent involvement in elementary school.

Teams of trained family service coordinators help parents, administrators, and teachers respond to the educational and noneducational needs of students. The teams conduct home visits, help students and families obtain support services, coordinate family outreach and support, involve parents in the management of the transition program, and enhance developmental continuity between programs.

Family service coordinators prepare a plan for the transition of each child from Head Start to kindergarten, including the transfer of records and a meeting of the Head Start and kindergarten teachers and the child's parents.

The following are some of the strategies implemented by Head Start transition projects to achieve a closer relationship with the schools:

- Structured cooperation and communication
- Coordinated curriculum
- Training
- Leadership
- Parent empowerment
- Establishment of governing boards
- Partnerships with families and other service providers

Example of a Head Start Transition Project

Project Transfer, Carpentersville, Illinois

Project Transfer is one of the Head Start Transition Projects. It provides and coordinates transition services in three school districts northwest of Chicago. A model of integrated service delivery, the site has integrated several funding sources from federal, state, and local human resources and other programs, including Chapter I funds, Head Start transition funds, Title VII funds, and state preschool funds. Project Transfer assists children and families in the transition from Head Start to public school by providing family education, assisting families in the utilization of community resources, and providing comprehensive and continuous developmental, educational, health, and support services. A unique feature of the program, which has been adapted for Hispanic families, is the one-stop-shopping model developed for children and families in need.

The site can be credited with implementing several transition components, including:

- Workshops on developmentally appropriate curricula with new portfolio assessments;
- Elimination of standardized testing;
- A family involvement piece, Family and Schools Together (FAST), that includes an 8-week, structured program to bring families together;
- Parent-school liaisons, home visits by family educators to train "Parents as the First Teachers," and the provision of curriculum and resource and referral information to parents.

Project Transfer is only one component of a collaborative, multi-program, school and community partnership that provides a continuum of services to children and their families. Complementary programs that augment Project Transfer include Project Success, a state-sponsored, interagency prevention program for school children and their families, and Project Share, a federally funded child development and family literacy program.

Contact: Linda Kolbusz, Director of Program Development, Project Transfer, (708) 426-1300 x 313.

HEAD START COLLABORATION WITH STATE-FUNDED PRESCHOOLS (Sources: Adams, 1994; Goodman and Brady, 1989)

During the last decade there has been a notable increase in state funding for preschool programs, particularly for economically disadvantaged children. According to preliminary data gathered by the Children's Defense Fund, approximately 33 states funded preschools with state money in 1991-1992 for a total cost of about 700 million dollars. (Note: This number excludes states that are funding programs for parent education only, and do not have a preschool component, programs with funding for children with disabilities only, or programs funded by the federal Chapter 1 program.)

Unfortunately, many states have instituted programs that target the same population that Head Start targets (children from low-income families). When these target populations overlap, duplication of services increases the competition for children.

These struggles have extended to competition for staff and space. With the disparity in job requirements and salaries of Head Start teachers and teachers in state-funded public school programs, many of Head Start's college-educated, certified teachers have gone to teach in public school programs. In addition, school districts are now taking back space that was once given to Head Start programs. Furthermore, many schools have been turned into other types of facilities that are not reclaimable. This creates competition for space for both public schools and Head Start programs.

Head Start and state-funded preschool programs have initiated collaborative efforts in many places to try to overcome these difficulties. These efforts have taken many forms:

- Head Start staff at the local level have been involved in legislative activities in several ways: representing Head Start on state advisory boards or task forces, providing written and oral testimony at state legislative hearings, meeting with legislators and governors to provide data on services, and inviting legislators to visit Head Start programs to illustrate comprehensive services. As a result, more states have mandated collaboration among state education agencies, local education agencies, and Head Start.
- Over the years, ACYF has developed interagency agreements to facilitate local Head Start programs' efforts to coordinate their activities at the local level. Of particular relevance to Head Start's relationship to state-funded preschools administered by state education agencies (SEAs) is the ACYF and the Office of Special Education and Rehabilitative services (OSERS) agreement to collaborate on providing services to young handicapped children.
- Head Start has joint activities with local education agencies (LEAs) and other service agencies, including agencies that provide diagnostic services, joint training, joint curriculum planning, transition activities, and dental, health, and mental health screening. Examples of informal working relationships include cooperating with social service agencies, handling protective care cases, sharing waiting lists, and working together to avoid overlap in recruiting in a particular area.

Example of a Head Start-Public School Collaboration

New Jersey GoodStart Initiative

The New Jersey Department of Education allocated \$7 million in 1991 for GoodStart, an initiative which focuses on the transition from preschool into kindergarten and serves children who are currently eligible for Head Start services but are not enrolled. GoodStart sites had to demonstrate in their proposal their plans to collaborate with the local Head Start agency and the Division of Youth and Family Services (to provide child care).

There are permanent communication structures, such as a policy board and advisory committees. GoodStart requires sites to involve parents in decisionmaking activities as members of all advisory committees. Transportation and child care are provided to facilitate parents' attendance at these workshops and meetings. In addition to a social service component, GoodStart's transition also emphasizes curriculum continuity. GoodStart advocates the need for developmentally appropriate practices in preschool and elementary school instead of academic skill acquisition or formal academic strategies for young children.

Effective transition strategies include extensive teacher training in developmentally appropriate curricula, coordinated prekindergarten and kindergarten registration, smooth record transfer, the creation of "parent-friendly" and "family-friendly" schools, and use of parent coordinators to bridge gaps between parents and schools. In addition, GoodStart is in the process of eliminating standardized testing and changing certification requirements for prekindergarten to third grade teachers so that these teachers would be certified in early childhood education.

To meet the program's social service requirements, FamilyNet was established. FamilyNet is a collaborative effort of the New Jersey Departments of Education, Health, Human Services, Higher Education, Community Affairs, Labor, and Corrections. Interagency teams work with schools, public and private agencies, and businesses to match local needs with resources to bridge the gaps between school districts and community organizations for effective social service provision.

GoodStart efforts at state-level collaboration are facilitated by a Head Start State Collaboration grant. In addition, an interagency collaboration between New Jersey's Department of Education (DOE) and Department of Human Services (DHS) is serving two purposes. First, GoodStart can access funding from both agencies through a joint funding scheme. Second, the two agencies merged the child care responsibility of the DHS with the early childhood education responsibilities of DOE.

GoodStart merges the Head Start preschool component and the public school component into one unified educational system that achieves a sophisticated level of interagency collaboration between Head Start and public schools. With GoodStart as a DOE initiative with DOE directives, schools are not as threatened to alter existing practices as they are when Head Start initiates transition efforts.

Contact: Tynette Hills, New Jersey Department of Education, (609) 292-8738.

HEAD START COLLABORATION WITH EARLY INTERVENTION/SPECIAL EDUCATION (Sources: ACYF, 1993; Kauffman, 1994; Zigler and Muenchow, 1992)

Since 1972, under Congressional mandate, Head Start must make at least ten percent of its slots available to children with disabilities. Indeed, according to Zigler and Muenchow (1993), Head Start's success serving disabled children eventually inspired the 1986 Amendments to the Handicapped Act or Public Law 99-457. The law essentially requires states to provide "a free appropriate public education" to handicapped children between the ages of three and five, and provides grants to states wishing to serve even younger children. The mandated services, particularly those that concern parental involvement and family support, are very similar to those in Head Start.

Under the Individuals with Disabilities Act (IDEA) and its amendments, state education agencies and local education agencies have the responsibility for assuring the availability of a free appropriate public education for all children with disabilities, beginning at age three. Under IDEA, SEAs are required to develop a comprehensive state plan for disabled children, including a description of interagency coordination among these agencies, and provide a Comprehensive System for Personnel Development related to training needs. Head Start is now a major provider of this "free appropriate public

education." It provides or makes the arrangements for the provision of health, dental, nutritional, developmental, and social services to enrolled children and involves families of children with disabilities through its parent involvement component. Therefore, it becomes critical that Head Start programs establish strong linkages with LEAs and SEAs.

Notwithstanding, at the local level, it is not unusual to find signs of antagonism between Head Start grantees and LEAs. LEAs perceive Head Start to be a "stand-alone" entity in the community with more resources than LEAs are able to obtain. Head Start, on the other hand, believes that public schools have access to more resources and trained personnel, and have the option of sending children with emotional or behavioral disabilities to another room, at least for part of the day.

Although Head Start has a parent involvement component, the level and type involvement is uneven in different programs and staff usually need more training in working with parents of children with disabilities. In addition, most of the early intervention programs address the needs of children from birth to age three (very few have a birth to age five focus). Except for the Parent and Child Centers, Head Start programs usually work with 4-year-old children. Therefore, there is a gap in services for children that are between 3 and 4 years of age.

In the past, the state's definition of disability sometimes matched Head Start's, but at other times it did not. In some cases, the state's definition was more restrictive and this created problems with coordinating services. As a result, in February 1993, Head Start amended its standards to refocus attention on issues surrounding services for children with disabilities. These regulations were also revised to facilitate coordination with IDEA, for example, by utilizing very similar terms for eligibility criteria.

Head Start and school-based programs usually have a different philosophy of early intervention. Schools---even special education classes---are more teacher-directed and often school personnel do not understand the importance of play. Special education teachers perceive Head Start staff as less capable of working with children with more serious disabilities and they think that Head Start does not have the appropriate facilities. As a result, it is sometimes difficult for Head Start to recruit children with moderate to severe disabilities, even though some Head Start programs are capable of serving these children.

Also, to help alleviate some of the coordination problems between Head Start, early intervention, and public school programs, the Head Start Bureau developed and signed the *Interagency Agreement on Early Identification of Children with Disabilities and Access to Services* (ACYF-IM-93-15). This agreement (between ACYF and several other agencies in ACF, the Department of Education, Public Health Service, and Health Care Financing Administration) coordinates resources to identify and assess children from birth through age five with disabilities, and to facilitate the acquisition of appropriate benefits required in several statutes, including the Head Start Act.

The following are some of the strategies that Head Start and staff from other early intervention programs have implemented to facilitate the provision of Head Start to children with handicaps and their families:

At the state level, Head Start is well represented on most states' Interagency Coordinating Councils and usually the state-level coordinators for these councils help to maintain ongoing communication among all the early childhood education and specialized programs, including Head Start.

To provide services for children's individual needs---as outlined in their Individual Educational Plan (IEP)---Head Start has developed a series of interagency agreements. These agreements address Head Start's participation in the Child Find plan; joint training of staff and parents; procedures for referral for evaluations, IEP meetings, and placement decisions; transition; resource sharing; and reporting numbers of children receiving services under IEPs to the LEA Child Count.

At the local level, these are some of the collaborative strategies that Head Start uses to provide for children with disabilities:

- Joint placement of children with other agencies;
- Shared provision of services with other agencies;
- Shared personnel to supervise special education services (i.e., when necessary to meet state requirements on qualifications);
- Administrative accommodations (i.e., having two children share one enrollment slot when each child's IEP calls for part-time service).

Example of a Head Start Collaboration Serving Children With Disabilities

Garrett County, Maryland, Community Action Program

Garrett County is a rural county in western Maryland. The Head Start grantee is a Community Action Program which operates nine center-based and two home-based programs in the county. Because of the lack of available services in the area, Head Start has become a major provider of services for children with disabilities (about 27 percent of the county's 186 Head Start children have a disability).

Handicapped children are served in both center-based and home-based settings, depending on their residence. In most cases, they do not go off site for any of the specialized services, such as speech, physical, or occupational therapy. Instead, these services are received in the centers or in the homes.

The Head Start disabilities coordinator has established a range of collaborative relationships to serve children more effectively (i.e., with the local Board of Education, Health Departments, etc.). These collaborations are institutionalized with written agreements that clearly specify roles, responsibilities, and procedures.

Head Start's disabilities coordinator attends all transition meetings for children age 2 1/2 years and older to recruit children with disabilities and arrange for services. (It takes about six months for a child to become eligible for special education services.) The coordinator negotiates with other programs and systems and has generally been able to procure services for the children as they enter the program.

Most of the Head Start facilities are handicapped accessible. However, when this is not the case, it can be arranged for the child to go to another center. Head Start pays for the transportation costs, although some transportation costs are shared between Head Start and the Board of Education. Parents are reimbursed for the mileage if transportation is not available.

Speech, physical, and occupational therapists in the public school system often do not have the resources to purchase special equipment (test materials, therapy items) since the resources "follow" individual children. Head Start utilizes its resources to purchase such equipment and material and lend them, as needed, to public school staff. This arrangement helps to build rapport with the schools.

HEAD START COLLABORATION WITH SUBSTANCE ABUSE, MENTAL HEALTH, AND CHILD WELFARE SERVICES

As noted in the Introduction, many Head Start parents have problems---substance abuse, family violence, or severe illness or disability such as AIDS or mental illness---that can threaten their ability to adequately protect and care for their children. If the problems persist, authorities may need to

intervene and remove the children from their care. Too often, child placement may also result from a family losing their housing.

During the past decade, new approaches have emerged with the goal of providing intensive services to families to avoid, if possible, separation of children from their families. These approaches vary in several respects, but have some common strategies. They are geared to preserve and strengthen the family and they offer access and referrals to a broad range of services, with varying degrees of intensity, as needed to strengthen families and foster healthy child development. Some of these services include intensive, home-based crisis intervention services, referrals to, and coordination with, alcohol and other drug treatment programs, emergency assistance, housing, and other services for the parents.

Head Start can be a critical component of the spectrum of family supports and preservation services. Because Head Start staff are often the first professionals to notice the signs of family stress, parental dysfunction, abuse, and neglect, they play a crucial role in ensuring families' access to needed preservation and treatment services. In addition, while the parent-oriented services are being provided, Head Start provides a nurturing and safe environment for the child.

Thus, there is a strong rationale for Head Start programs, child welfare and family preservation programs and substance abuse and mental health services for adults to work closely together. But these collaborations are rare. The following may be some of the reasons.

- Head Start is seen as a comprehensive model with all key components and resources contained within the program. Yet, troubled or ill Head Start parents may need specialized services that the program cannot provide. There is a general lack of information among Head Start staff about other services that target troubled, low-income families (e.g., child welfare, public health, mental health, juvenile justice, and special education), and little personal contact between them to make referrals and collaboration easier. In addition, the large caseloads of social service staff make it impossible to adequately broker services (instead of only referring families) and monitor the progress of the families.

On the other hand, staff in mental health and substance abuse treatment programs and court-related services for adults rarely concern themselves with their patients'/clients' roles and responsibilities as parents. (They typically do not even ascertain if they have young children.) And they are not required, nor provided with any incentives to coordinate with programs providing services to their clients' children.

- The Head Start Performance Standards require programs to refer families in distress to traditional mental health and substance abuse services. When these services are available and accessible, they tend to follow a traditional, medical model of treatment. This model may not be appropriate for the beliefs or specific situation of the individual families referred and typically does not focus on the needs of the child or whole family.
- The services generally available can only help a fraction of the families that need it or who may be eligible for it. This is especially noticeable in cities struggling to cope with issues such as crime, violence, and substance abuse, since dealing with these problems consumes a disproportionate share of the city budgets.
- Child care, especially for children under age three, is another critical obstacle for families participating in treatment programs that they are referred to.

Substance Abuse

(Sources: Collins and Anderson, 1991; OIG, 1989)

Head Start families are faced with the same problems that affect other low-income populations in this country---among them, substance abuse. Therefore, Head Start programs are increasingly struggling to address the needs of enrolled children and families involved with, or affected by, the abuse of alcohol and other drugs. As a result, the Head Start Bureau developed the Head Start Substance Abuse Initiative in the fall of 1990.

The initiative spells out Head Start's critical concerns regarding substance abuse.

- Head Start is a comprehensive child development program and **not** an alcohol and drug treatment program.
- There is wide variation in the experience of Head Start programs with regard to their capacity to address substance abuse problems.
- There is a critical need to help Head Start staff understand the issues surrounding substance abuse.
- Head Start staff have requested information on how to integrate strategies to deal with substance abuse with their goal of providing a comprehensive child development program.

The Head Start Bureau has suggested that one of the key roles that Head Start must play to address issues of substance abuse, both with enrolled families as well as with Head Start staff, is to establish collaborative partnerships with substance abuse treatment programs at the federal, state, and local level. These partnerships will facilitate access to resources and referrals for families who need them.

Potential barriers to these partnerships are:

- Different eligibility criteria for different programs and agencies;
- Logistical considerations such as transportation and child care arrangements;
- The costs involved in network development and case management;
- Record keeping and record sharing issues;
- Agencies' reporting requirements;
- Disagreement among agencies on who has the appropriate expertise to provide certain specialized services.

ACYF has developed interagency agreements with other federal programs, which resulted in more effective responses to the needs of families by the following Head Start collaborations.

• **The Target Cities Program** funds cooperative agreements with major cities to improve drug treatment systems by developing partnerships to ensure comprehensive and coordinated delivery of services. Originally administered by the Office for Treatment Improvement, HHS, it is now funded by the Center for Substance Abuse Treatment (CSAT), HHS, and administered through each state. ACYF administers separate funds to Head Start agencies in the target cities to collaborate with CSAT grantees. Some of the strategies to implement this collaboration include:

- Head Start became part of the Target Cities proposal process (this facilitated greater ownership of the process by both parties).
- Federal officials at CSAT and ACYF signed an interagency agreement and provided information about resources to Head Start and Target Cities grantees.
- Roles and responsibilities were clearly defined in the community.
- Cross-agency training was provided throughout the implementation of the demonstrations.

(For a description of Head Start-Target Cities collaboration, see Baltimore Head Start collaboration below.)

• **The Model Comprehensive Treatment Programs for Critical Populations** are 3-year demonstration projects that provide a continuum of comprehensive therapeutic services and aftercare. These services are expected to improve treatment outcomes for adolescents, racial/ethnic minority populations, residents of public housing projects, and certain subgroups such as the homeless, persons with multiple disorders, and rural populations. Head Start programs have developed collaborative efforts with some of these projects to train parents and staff to identify and prevent substance use and make referrals for treatment services for families. Model Treatment Programs have benefited from this collaboration by providing referrals to children and families, joint case management, and joint staff training on developmentally appropriate practices.

Mental Health

(Sources: O'Keefe, 1979; Ortho Task Force, 1994)

The Child and Adolescent Service System Programs (CASSP) is the largest federal effort to develop comprehensive collaborative efforts to serve children with serious emotional and behavioral problems. CASSP funds have been used by states to catalyze changes in the child mental health services delivery systems. Particularly relevant to Head Start is the use of fiscal strategies to maximize revenues for nontraditional, intensive, home-based and community-based mental health services through Medicaid and EPSDT. Although bridges have been built at the community level across mental health, child welfare, and education, the Head Start community has not been part of these efforts. (As a result of the Orthopsychiatry Association's recent Task Force report on mental health services in Head Start, some follow-up activities are examining in more detail what initiatives could be launched to link mental health services and treatment programs more effectively with Head Start.)

The following is an example of a unique program in which Head Start collaborates with a county child mental health agency to provide services to families enrolled in several programs.

Example of Head Start and Mental Health Collaboration

Preschool Community Services, Canton, Ohio

This program is the result of a collaboration between the *Child and Adolescent Service Center* (CASC)---a community-based organization that is part of CASSP---and the Stark County Community Action Head Start. It is partially funded by the County Community Mental Health Board, the Community Action Agency, and United Way. In addition, program services are sometimes reimbursed by Title XX, Medicaid, and the mental health system's wrap-around dollars. All services provided are free for the families.

Head Start contracts with CASC for its mental health services. On-site comprehensive mental health services are available to Head Start children enrolled in home-based and center-based programs as well as their families. Services range from identification of at-risk children to providing treatment to children who are experiencing social, emotional or behavior problems. Besides case management, the family-centered services include the following.

- Home visits.
- Classroom observation and consultation.
- Staffings (meetings to discuss the development of individualized plans).
- Individual and family interventions.
- Psychological evaluations and assessments.

- Psychiatric consultation.
- Preschool Assertive Community Treatment (an intensive home-based program for children experiencing severe emotional/behavior problems).

Intensive training has been provided to Head Start staff, parents, and staff from other programs working with preschool children. In addition, this program will soon be available in the public schools. This will smooth the transition from Head Start to the public schools and provide continuity during the elementary years.

Contact: Jefferey D. Poulos, Coordinator, (516) 454-7917.

Examples of Head Start Collaborations With Agencies Serving Troubled Families

There has been very little formal interaction to date between child welfare programs (child protective services, foster care) and Head Start, although this may change as a result of the advent of the new Family Preservation and Support Services Program (see below, p. 36). However, the two projects described below have developed informal linkages with substance abuse and other services to troubled families.

Baltimore City Department of Housing and Community Development

One of the few Head Start programs to collaborate with services for troubled parents exists in Baltimore, under the auspices of the city's housing department. This grantee is currently funded to provide Head Start services to about 2,832 children, from birth to five years of age, through 13 delegate agencies with 15 programs at 54 sites around the city of Baltimore. The major focus of the program is to serve as a comprehensive family service program, intervening at the earliest possible time in the lives of children.

The Baltimore Head Start program has developed collaborations that offer a range of interventions to strengthen the family and avoid child placement.

- A substance abuse initiative (with the Health Department and Baltimore Substance Abuse, Inc). This initiative is developing the capacity of all Head Start programs to address substance abuse issues, improve access of Head Start mothers to treatment, and enhance the ability of parents and teachers to prevent future drug use and abuse by Head Start children.
- A pediatric HIV project (with the Health Department, Department of Human Services and the University of Maryland Resident Physicians Program). This is a demonstration project which is providing a coordinated program to serve children who are HIV positive and their families. Services to families are coordinated by a case manager, children are mainstreamed in several Head Start programs (or provided alternative placements when necessary), and there is ongoing staff and parent training. Part of the funding is provided through CCDBG funds.
- A therapeutic early intervention program for children who are behaviorally challenged because of family dysfunction (with the Maryland Department of Human Services and PACT). A local Head Start program has a room that has been set up as a therapeutic nursery for children with emotional difficulties. The services in this room are coordinated by the state Department of Human Services, but meet all Head Start Performance Standards.
- A family support center for the prevention of child abuse and neglect. This program provides therapeutic and educational services to foster and biological families to prevent child abuse and

neglect. Services include a foster care outreach program, training for foster care parents, and services to help parents regain custody of their children.

- A homeless families project. This new discretionary grant is being used to establish a collaborative network between community agencies that provide comprehensive services to homeless families. The network will enhance Head Start's capacity to serve homeless children and families. Through coordinated case management, the program staff will recruit, enroll, and maintain attendance of homeless families, offer health and mental health services, offer transitional and regular classroom slots for preschoolers, and develop a computerized system for tracking homeless children in Head Start and during their transition to permanent housing.

Contact: Carlethea Johnson, Head Start Director, Baltimore City Department of Housing and Community Development, (410) 396-7415.

McLaren Children's Center, El Monte, California

McLaren Children's Center is a residential public school (kindergarten to 12th grade) for children separated from their parents because of a court order, and waiting for a foster home placement. Parents are usually incarcerated for alcohol or drug use, sexual or physical abuse, or other reasons that place the children at high risk. The McLaren campus includes the school, a hospital, outpatient health services, and residential and recreational facilities. Children's time spent at McLaren varies considerably, some stay only three months, others stay until they finish high school.

The Los Angeles County Office of Education has authorized McLaren Children's Center to set up a Head Start preschool program, which operates four hours a day. Approximately 30 children from a range of ethnic backgrounds attend this center-based program at any time.

All Head Start components are in place. To meet the parent involvement requirement, the Children's Center works with foster parents, providing training and specialized social services. A foster parent serves on the policy committee. Many of the foster parents are volunteers in the program and one foster parent was hired as an aide.

Health and mental health services are provided to the children through the on-campus hospital. Many of the children are in need of mental health services.

When children are placed in foster families that live in the area, they can continue participating in the McLaren Head Start program. When a child is placed with a foster family that lives out of the area, the appropriate referrals are made to other Head Start programs. If the children are reunited with their biological parents, they cannot continue in the program and a referral is made to another Head Start program in the area.

Regular meetings are held between public school and Head Start teachers and other staff to coordinate services when children move to first grade. Training is provided to staff at both levels on the special needs of these children.

There is a real discrepancy in salaries between the Head Start and the public school staff. This is due, in part, to the fact that most of the Head Start teachers only have a Children's Center Permit (equivalent to a CDA) to teach from the State of California. Teachers in the school, on the other hand, are expected to have at least a B.A. degree.

Contact: Beverly Sims, (213) 264-4555.

HEAD START AS A PARTNER IN COMPREHENSIVE SERVICE INTEGRATION INITIATIVES

(Source: Ooms and Owen, 1991 a and b)

There are a growing number of community-based initiatives to develop comprehensive, integrated services to families and children. Many of these have created new forms of governance---sometimes called collaboratives---in which the major stakeholders in a community join in a strategic planning process to assess community needs and plan for a more integrated, comprehensive array of services for children and families. In the literature describing these initiatives, Head Start is seldom mentioned as one of the partners.

However, two such initiatives described below---one statewide and one citywide---include Head Start as one of a number of partners.

Kentucky Integrated Delivery System (KIDS)

The KIDS Project was designed in 1988 to serve as a pilot program to integrate Kentucky's delivery of services and prevent school drop out by using schools to deliver services. Interagency agreements to share information and eliminate duplication of services were forged between a large number of agencies: the Department of Education, Department for Social Services, Department for Social Insurance, Department for Employment Services, Juvenile Services Division of the Administration Office of the Court, Purchase District Health Department, Fulton Independent School District, Office of Vocational Rehabilitation, Commission for Handicapped Children, and Western Kentucky Regional Mental Health-Mental Retardation Board, Inc. Head Start is a key partner in the early childhood part of this initiative.

Blended Preschool Program. In the 1993-94 school year, the KIDS Project preschool programs combined with Head Start in a collaborative manner to create a blended preschool program which provides eligible three- and four-year-old children with a comprehensive plan to meet their emotional, social, health, nutritional, and psychological needs. Classrooms are comprised of preschoolers whose families meet criteria required by KERA (Kentucky Education Reform Act), Head Start, or PACE (Parent and Child Education). Educational programs are geared to foster intellectual, social, and emotional growth while meeting the individual needs of the child. Health services include early identification of health problems and maintaining healthy children through medical, dental, health, and nutrition services. Home visits, parenting classes, and workshops on child development are also provided. The blended preschool program offers parent involvement in education, program planning, and operating activities. Social services are provided through a family service worker. After a family needs assessment, a family service worker directs families to services that will build on their strengths while meeting their needs.

Goal One (see page 33), funded by the Kellogg Foundation, is another collaborative venture which involves mental health, child welfare, and health agencies working with Head Start, the school system, and all local hospitals in Kentucky to maintain a computer data base of every birth. From this data base, the Infant Toddler Program works to provide inoculations and vaccinations for these children, with home visits and transportation included as necessary. The goal is to maintain healthy children for Head Start.

The KIDS Project also works with Kentucky PACE, a parent and child education program that includes a preschool component for children and adult education and GED training for parents. Other components of the KIDS Project include Family Resource Centers and Family Reform and Youth Services Centers, both established by the 1990 Kentucky Education Reform Act.

Contact: Charles Turrats, Superintendent, (502) 236-3923.

Partnerships for Progress, Independence, Missouri

In 1976, the Board of Education for the Independence School District began moving towards a system of integrated services with the goal that children and families be served in an efficient, cost-effective manner. Head Start is an important component of this reorganization. A key component underlying these programs is the school district's program to improve collaboration among all the agencies serving children and families. Some of the programs created through this collaborative effort include the following:

The School Board received initial funding from the Bureau for the Education of the Handicapped to establish the Direction Service Center which provides information and referral to parents of children with disabilities. Through **Project Reach**, the school district provides children with special education and related services for preschool children with disabilities. The school district's **Caring Communities** project provides services for children identified as having mild to moderate disabilities (emotional disturbance, behavioral disorders, learning disabilities) and/or significant family disorders. Services are designed to treat children's dysfunction, allowing them to become more successful learners and citizens. The school district also participates in the **Families First** treatment program, offered through the Community Mental Health Center. The program works with dysfunctional families in the home to prevent out-of-home placement for the child. For severely emotionally disturbed students, the school district offers **New Direction**, a day treatment program that provides educational and related services. **The Independence Plan**, a drug treatment program, provides treatment coverage for every student attending the Independence Public Schools. Blue Cross/Blue Shield of Kansas City provides the insurance coverage. Finally, the school district is a charter member of the **Jackson County Juvenile Court Prescriptive Team** which was established by a 1983 court order. The school district provides support to the County Juvenile Court on programming for adjudicated children and youth who are severely emotionally disturbed.

Schools of the 21st Century. This is a national model designed to provide comprehensive, high-quality, affordable, and accessible child care to the Independence, Missouri, community. Two program components include preschool/all-day child care and before-school and after-school child care services. The Schools of the 21st Century currently provide over 1600 families with preschool and school-aged child care.

Linkages with Medicaid. With the help of a start-up grant from the Boatmen's Bank Foundation, the school district began implementing Medicaid services. The school district is not just a Medicaid provider, but also an administrative case manager for Medicaid-eligible children. Health care services include screenings, treatment, case management, nurses, counselors, and therapeutic counsel. The Independence School District has also provided a great deal of support to other school districts who are interested in becoming providers. For children who are not Medicaid eligible but are below 150% of poverty income guidelines, the school district has been working with Blue Cross/Blue Shield to provide basic health care coverage.

Even Start is providing families with an integrated program of parent/child learning. The program provides GED training, early childhood education, daily parent and child activities, weekly parent meetings, and monthly Parents as Teachers home visits. **Parents as Teachers**, a nationwide model parent education program, allows parents to help their infants and toddlers develop to the maximum extent possible. Home visits, group meetings, and screenings are provided. Another program, **Practical Parenting Partnership**, trains parents to assist other parents in helping their children develop a stronger, healthier self-concept.

As the Head Start grantee, the school district provides parenting classes, English as a second language, and high school equivalency classes to Head Start parents. Children's health care needs and family social service needs are also addressed. The **New Start** program, an all-day component of Head Start, provides New Start families with the same services available to Head Start children and their

families. The **Head Start Transition Demonstration and Research Project** allows the school district to provide supportive services to Head Start children and their families to enable a more successful transition from Head Start to public school.

Financing Strategies to increase support for the system include reallocation of funds, maximizing Medicaid and other sources of funding, legislative initiatives to create new funds, joint interagency funding of services, and creating flexible funds.

Coordination. The Independence School District received a grant from the Department of Elementary and Secondary Education to use an interagency facilitator for Part H and First Step programs. The coordinator serves to insure a smooth transition to the local public school programs for children and families enrolled in birth to age three programs. The coordinator has also worked to facilitate the establishment of Interagency Coordinating Councils.

Contact: Robert D. Walkings or James M. Caccamo, (816) 833-3433.

PART III. TECHNICAL ASSISTANCE EFFORTS TO FACILITATE THE PROCESS OF COLLABORATION

Several private initiatives are underway to help facilitate the process of collaboration between Head Start and other community-based agencies.

Building Early Childhood Systems. This publication is designed as a technical assistance tool to be used by state agencies that want to go beyond the narrow boundaries of their traditional agency structures and share in a vision of inter- and intra-agency collaboration to better serve children and their families. The publication stresses eight principles:

- Agencies can join together to finance an initiative as long as their laws give them the authority to do the work.
- Agencies can share the cost of programs in which an individual may be eligible for more than one program.
- Agencies may share confidential information as long as a protocol is used to protect families' privacy.
- If one agency has begun work with a family, another agency can build on that work;
- Co-location of agencies is allowed.
- If the state is allocating monies on a community-wide basis, the state can allow communities to trade entitlement monies.
- Personnel with "substantially equivalent qualifications" can fill in for one another.
- Seriously vulnerable children can take priority.

Contact: Jules Sugarman, Director, Center for Effective Services for Children, (202) 785-9524.

National Head Start Association Partnership Project. This project, funded by the Kellogg and the Ford Foundations, seeks to expand and extend services to Head Start families by identifying and strengthening existing linkages and collaboration. In addition, the project focuses on developing new partners at the national, state, and local levels. The goals are to increase collaborative efforts in child care, family support, health care, access to private-sector resources, and public school transition.

The main activities of the Partnership Project are:

- Kellogg Leadership Institutes that will include training, networking, and support of state and regional association presidents on issues related to linkages in the key areas.
- Technical assistance will be provided after the follow-up with state leaders and local Head Start communities at the conclusion of the Leadership Institutes.
- Publications will be developed to document promising collaborative initiatives.
- Challenge grants will be provided to Head Start programs to stimulate new collaborative efforts.
- National networking, including outreach efforts and collaboration with other national organizations.
- Other activities, such as specialized training for partnership and collaborative development, national awards program, member networking, and state, regional, and national conferences.

Contact: Maggie Holmes, Project Director, National Head Start Association, (703) 548-0551.

Child Care and Head Start Links: Harmonizing Services for Young Children.

Sponsored by the Children's Defense Fund, the National Head Start Association, and the Johnson Foundation, a group of Head Start and child care representatives met in Racine, Wisconsin, on February 11-13, 1994, to discuss creative efforts that are under way in some communities to enrich the quality and availability of child care programs. Most child care programs serving low-income families lack the financial resources to offer the important comprehensive services included in the Head Start Performance Standards. In anticipation of the new expansion dollars, the conference participants reviewed some of the challenges faced by Head Start grantees which have begun to team up with local child care programs. A summary of the major points of the discussions as well as the principal issues affecting the child care and other systems that serve low-income families is currently being written by Helen Blank, Children's Defense Fund, (202) 662-3550.

LINKS. A consortium of fifteen organizations, including the National Association for the Education of Young Children (NAEYC), National Head Start Association, Child Welfare League of America, Children's Defense Fund, Family Resource Coalition, Black Child Development Institute, and several others, was convened to promote comprehensive services and supports for young developmentally vulnerable children and their families. The purpose of LINKS is to bring key players together to address the barriers that impede delivery of critical services and supports and to showcase effective strategies for overcoming the barriers. LINKS has opened a process through which members of the early childhood community who were traditionally less involved with problems of poverty, homelessness, and disability can become more aware of the needs and potential of children and families living with these problems. In addition, the process should also make it possible for low-income families and community-based service providers to take better advantage of programs, resources, and funding streams to help vulnerable children and families. LinksLetter is published regularly by the project. This project is supported by grants from the Ford, Danforth, and Mailman Foundations.

Contact: Margaret Loerber, Bazelon Center for Mental Health Law, (202) 223-0409.

Early Childhood-Medicaid Outreach Referral Project. Changes in federal Medicaid law enacted a few years ago expanded coverage to nearly all children under age 6 from families with incomes below 133 percent of the poverty level (about \$20,000 for a family of four in 1994). Many of these children are from working families who have little experience with public assistance programs. Consequently, these parents may be unaware that their children are now eligible to receive health care benefits, as well as the preventive services offered through EPSDT.

The Center on Budget and Policy Priorities is implementing a major campaign to identify children in early childhood program settings who qualify for Medicaid but are not enrolled. In New Jersey, this project, in partnership with the Head Start/State Collaboration Project and the Association for Children of New Jersey, will work with local Head Start programs, county welfare agencies which administer Medicaid locally, and the state to establish practices and procedures aimed at facilitating application and enrollment of eligible Head Start children in Medicaid. The project considers Head Start programs to be the ideal setting to learn more about why eligible children may not be participating in Medicaid, and to try new methods for overcoming these difficulties. In addition, information on Medicaid enrollment status for Head Start children indicates that for all 29 New Jersey Head Start grantees, there is a significant unmet need.

Contact: Diana Cohen Ross, Center on Budget and Policy Priorities, (202) 408-1056.

GOAL ONE is a national project funded by the Kellogg Foundation and administered by the National Association for the Education of Young Children. It provides funds for community-based organizations to form collaborative partnerships to improve services to families and children. Two of the nineteen funded projects are specifically working with Head Start (Staying Ahead Project in the Philadelphia Parent Child Center and the Data Computer Expansion Project in Kentucky). Several of the other projects link up with Head Start programs.

Contact: Elizabeth Ford, Special Projects, NAEYC, (202)-232-8777.

PART IV. BECOMING A PARTNER IN SYSTEM REFORM: ISSUES AND QUESTIONS

(Sources: Advisory Committee, 1994;ACYF, 1994; APWA, 1994; Bane, 1994; Flaherty, 1994; Johnson, 1994; McCart, 1993; Ooms and Owen, 1991 a and b; Stangler, 1994)

Throughout its history, Head Start has served as a national laboratory to design and test innovative strategies to improve the cognitive, social, and physical development of low income young children. Through parent involvement activities and social services, it also aimed to improve parenting skills and parents' economic situation. In recent years it has made efforts to coordinate with other programs that serve the same population (see Part II). It has developed some cooperative agreements with other federal programs and funded initiatives to encourage collaboration among state programs and improve service delivery by linking services at the local level. But much more can be done.

Head Start represents a uniquely important, nonstigmatizing resource for families in many low-income communities. It could become a critical fulcrum to connect low-income families with other preventive and remedial services in the many new system reform initiatives.

The new collaborative paradigm for the delivery of services to children and families is consistent with the Head Start commitment to provide comprehensive, family-centered services. There is substantial support for the recommendation of the Advisory Committee on Head Start Quality and Expansion that, to improve outcomes for low-income children and families, Head Start's expansion should proceed more **strategically** as part of a broader system change strategy. That is, the increased funding should not simply be used to expand Head Start services to more children, but should help the program improve its linkages with other services in order to create a spectrum of coordinated services and supports for low-income families.

There are many different types of child and family system reform initiatives underway at community, state, and federal levels, most of them target low-income or vulnerable families. Head Start needs to

join in and become a key player in the planning and implementation of these broader system reforms. However, in the emerging body of systems reform literature there is little evidence that Head Start is being actively included.

The Advisory Committee Report suggested that Head Start become more integrated with several current federal reform initiatives, such as the establishment of National Service, welfare reform, and health care reform. However, the federal government is missing a valuable opportunity to encourage improved linkages between Head Start and other programs serving the same children and families. The 1994 Head Start Reauthorization did not place the emphasis on improving Head Start linkages with other community services that the Advisory Committee Report believes is essential.

The bill requires Head Start to coordinate with the Department of Education in order to facilitate the transition of children to public schools, and with programs that serve infants and toddlers. But no mention is made of the need to strengthen linkages with child welfare, family support, welfare-to-work programs, or the community empowerment and enterprise zones initiatives.

We will briefly examine three current federal reform initiatives in which we believe that the Head Start program could potentially play a significant role. These reforms are:

- The Family Preservation and Support Services Program.
- National and state welfare reform.
- The Empowerment Zone and Enterprise Communities.

Family Preservation and Support Services Program (FPSSP)

The Family Preservation and Support Services Program is a new capped entitlement program to states enacted under the Omnibus Budget Reconciliation Act (P.L. 103-66) in 1993. It amends the Social Security Act under Title IV-B, Subpart 2. The Act provides grants to state child welfare departments for the next five years to develop and expand services that enhance the lives of families and children, prevent child abuse and neglect, protect children, and prevent the unnecessary separation of families. Funds are allocated among states according to their relative share of children receiving food stamps.

States must work with officials in the regional offices to jointly develop a five-year state plan which must be submitted no later than June 30, 1995. States may spend up to \$1 million dollars on this planning activity. The plan must provide for coordination "to the extent feasible and appropriate" with other federally assisted programs serving the same populations. The new law includes set-asides to fund research, training, technical assistance, and evaluation of state programs. Other set-asides are available for grants to state courts to assess and improve their foster care and adoption proceedings, and for grants to Native American Tribes.

The law defines services that may be funded under this program as follows:

Family preservation services are to be used for families (including extended and adoptive) and children who are at risk or in crisis. These services include: (i) programs to help children reunite with their biological families, or to place them for adoption; (ii) programs to prevent placement of children in foster care, including intensive family preservation services; (iii) programs to provide follow-up services to families after a child has been returned to foster care; (iv) respite care to provide temporary relief for parents and other caregivers (including foster parents); and (v) services to improve parenting skills.

Family support services refer to activities that include services to: (i) promote the well-being of children and families; (ii) increase the strength and stability of families (including

adoptive, foster, and extended families); (iii) increase parents' confidence and competence; (iv) provide children with a stable and supportive family environment; and (v) enhance child development.

The program is administered by the Children's Bureau, ACYF, where the Head Start Bureau is also located. The first major guidance document, the Program Instruction (PI), was issued in January 1994 and the regulations are expected in the late Summer 1994. States are provided considerable latitude in how they spend these new monies, however, the PI clearly indicates that the Administration intends that this program should not be viewed as "business as usual" and instead emphasizes its potential to be a catalyst for system reform. It states that it is the:

"widespread consensus of the child and family policy community that these new monies, although relatively small, can best be used strategically and creatively to stimulate and encourage broader system reform which is already underway in many States and communities"...The states are encouraged "to use the new program as a catalyst for establishing a continuum of coordinated and integrated, culturally relevant, family-focused services for children and families."

The planning period is especially critical and states are encouraged to involve a wide range of stakeholders (public and private agencies, parents, and others) at state and local levels in the development of these state plans.

The potential of collaboration

Head Start is potentially a critical component of this continuum of family support and family preservation services and can function to promote both preventive and remedial service approaches. Head Start grantees can serve as a family support program and they can serve as a gateway to family preservation services.

- **Head Start's role in family support.** As noted, some Head Start demonstration programs already function as a family support program and, building on these models, Head Start programs could strengthen the family support and preventive aspects of their services to families (see FIS, 1994). Indeed, as states conduct their inventories of existing family support and family preservation programs, which is a required component of the planning process, they may be able to include certain Head Start programs in the category of family support programs.

- **Head Start's role in family preservation.** Since children attend Head Start on a daily basis and their parents are typically well known to the program staff, the teachers and social workers are in a good position to detect early the signs of family stress or potential child neglect and abuse. Typically, staff can be reluctant to refer parents to the child welfare agency or mental health services for fear that the families will be labelled and stigmatized and the children removed from their homes. However, they may be much more willing to refer the families for family preservation services knowing that these programs will make every effort to search for, and build on, family strengths and avoid child placement if possible.

Also, Head Start programs can be a valuable resource to staff in family preservation programs when working with over stressed young families. Participation in the program provides a positive experience to the child, respite to the parent, and once the parent is ready to become involved as a volunteer in the classroom, may help reinforce improved parenting skills.

Strategies for Head Start Collaboration with the FPSSP

Head Start and child welfare agencies need to be much better known to each other at federal, state, and local levels in order to develop the more formal agreements and system linkages needed to achieve the kinds of collaborative, working relationships identified above. At the national ACYF office, discussions are already underway about how Head Start and the new FPSSP can be more effectively linked.

Clearly, there will need to be a proactive nationwide effort to inform and educate the Head Start community about the FPSSP. Head Start grantee administrators, staff, and parents need to be encouraged to become involved at state and local levels in their state's strategic planning process. And the regional and state child welfare staff will need to be alert to the importance of, and rationale for, involving Head Start as one of the key stakeholders to be consulted in the development of state plans. The Head Start State Collaboration Projects are a ready vehicle for helping make these connections in those 32 states which already have a Head Start presence. It will be harder to obtain Head Start involvement in the state level planning in the other states.

Welfare Reform

President Clinton recently submitted a welfare reform plan that pledges to "end welfare as we know it." The reform proposal generally builds on the goals and premises of the Family Support Act, but adds additional services and toughens the requirements. President Clinton's much touted goal of "Two Years and Out" refers to the proposal that after two years of participation in job search and training, if not already employed, the AFDC client must get a job in the private sector. If none is available, some kind of subsidized employment or public sector employment will be provided.

Other expected components include launching a prevention initiative to combat teenage out-of-wedlock births, strengthening efforts to establish paternity for all out-of-wedlock births, and more vigorous efforts to collect child support.

It is widely accepted that these proposed reforms will require additional funding. Since imposing these requirements on every welfare client would require a level of funding that is not politically feasible, there are continuing debates within the Administration and Congress about how to phase in participation in this proposal, who will be exempt, and how to finance the reforms. The Clinton proposal targets young mothers born after 1971.

The House Republican bill, (H.R. 3500), which has already been introduced, has proposed to help finance welfare reform by ending all types of welfare assistance for noncitizens, whether in the U.S. illegally or legally. The Senate Republican welfare reform bill (S. 1795) only restricts benefits to illegal aliens. Other proposals at federal and state levels would eliminate welfare for all children born to mothers after they enter welfare. These and other proposed changes in the welfare system, if enacted, could have serious impacts on some Head Start families.

Whatever changes are finally enacted, since there is considerable overlap between the welfare and Head Start populations and since both programs share the goal of moving families out of poverty, it is important that Head Start be viewed as one of the partners needed to implement the goals of welfare reform. This will not be easy since, as indicated above, the welfare offices and Head Start programs have no history of interacting with each other at the local level.

Potential Strategies for Head Start Collaboration in Welfare Reform

The following are three examples of ways in which collaboration between Head Start and welfare agencies could help to reinforce the goals of welfare reform.

- **Head Start can provide the first steps of the ladder towards self-sufficiency.** As noted on page 14, Head Start is already being considered as a training and employment site for JOBS and participants. However, under welfare reform, all AFDC participants may be required to participate in some kind of productive activity. (Indeed, this was recommended recently by the American Public Welfare Association.) For the group of welfare mothers who are not yet ready or able to enter the JOBS or other training and employment programs, Head Start can provide some experiences that help them take the initial steps on the ladder towards self-sufficiency through structured volunteering and paid work experiences.
- **Head Start expansion dollars can be used to enable welfare mothers to enroll their children in Head Start while they participate in the required job training and employment activities.** The new funds can be used to extend the length of the Head Start day or help the programs wrap around with other child care services. Although it is proving difficult to coordinate and consolidate Head Start with child care, JOBS case managers need to be aware of the child care potential of Head Start when helping AFDC mothers find child care services. Since Head Start provides quality developmental care, this is especially appropriate for those families whose needs assessment reveals that the child may have special needs for a high-quality child care experience.
- **Head Start programs can play a useful role in encouraging fathers' involvement and financial responsibility.** The Administration's welfare reform proposal will undoubtedly include steps to strengthen current efforts to establish paternity and increase child support payments. As the Head Start male involvement demonstration projects have shown, low-cost efforts to reach out and involve fathers in the program and support groups and to encourage them to be more actively involved in their children's lives have been quite successful (see FIS, 1994). This suggests that a broader effort to educate Head Start staff and encourage them to work more with the fathers would support efforts to increase male responsibility.

Empowerment Zones and Enterprise Communities (EZ/EC)

The Omnibus Budget Reconciliation Act (P.L. 103-66) includes a new grant program to states under Title XX of the Social Security Act for the establishment of empowerment zones and enterprise communities. The grants are targeted to specific urban and rural areas in proven economic distress. The Secretaries of the Department of Housing and Urban Development (HUD) and the Department of Agriculture (USDA) are responsible for designating the nine empowerment zones and 95 areas nominated as enterprise communities (30 of these will be in rural areas). The designations will last for a ten-year period. The interim final rules, published in January 1994, are silent on which entity or agency will be expected to administer the funds, although ACF is responsible for administering the Title XX Social Services Block Grant Program.

Once designated, these zones and communities will be entitled to certain tax incentives and credits, be given some waiver flexibility to coordinate economic, social, and community plans and activities, and be awarded Social Services Block Grant Funds under Title XX. Each urban empowerment zone is entitled to receive two social services grants of \$50 million, each rural zone will receive two grants of \$20 million. A total of \$280 million will be divided among the 95 enterprise communities for one-time grants of almost \$3 million. In addition, both HUD and USDA are setting aside additional monies for housing support and other physical environment-related services to supplement these social service monies.

It is incumbent upon a state to apply for the funding. States must use a strategic plan to demonstrate how the proposed areas fit the law's eligibility criteria. The plan must detail how the states intend to use the grant dollars to foster community economic development and individual and family self-sufficiency. Any strategic plan submitted by a state must describe the plan's proposed coordination of economic, human, community, and physical development in the area.

States must use the social services grants for services to meet the following goals:

- (i) Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
- (ii) Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- (iii) Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving rehabilitating families.

The empowerment zones and enterprise communities concept is a bold new attempt to integrate economic, social, and human development in distressed communities. HHS is a major partner in this new program. As Mary Jo Bane, ACF Assistant Secretary stated in her hearing testimony, "HHS brings a human development perspective to community empowerment." She went on to outline how HHS was involved with USDA and HUD, and was briefing HHS officials and grantees and communities on the EZ/EC initiative.

Some organizations, however, are somewhat wary and fear that "there is a danger that pressures for economic development will push aside more complex collaborative efforts to meet the needs of children and families" (Johnson, 1994). As evidence of this concern, the application and guidance materials were prepared by HUD and USDA and do not reflect attention to child and family service needs. For example, there appears to be a serious omission in the initial guidebook for applicants. The list of federal programs that the applicants may wish to include in their strategic plan does not contain any of the large number of child and family programs administered by ACF or ACYF, including Head Start, although several early childhood programs administered by the Department of Education are listed.

Potential Strategies for Head Start collaboration with the EZ/EC Initiative

As noted in several places in this report, Head Start is a key institution in many economically distressed communities and needs to be more fully integrated with other programs that are working towards the same goals of family economic and social empowerment and self sufficiency. The EZ/EC initiative provides an unusual opportunity to help Head Start become an integral part of an array of community based services working towards the same goal.

Head Start grantees clearly need to be involved in the strategic planning process that EZ/EC applicant communities are currently working on, and to assure that they are included in implementing the initiative once the zones and communities are designated and funded.

Conclusion

This report has included reasons why it is important that Head Start develop stronger linkages with other programs providing services to the same population. It has outlined a number of recent developments and initiatives which constitute some important first steps toward helping Head Start build collaborative partnerships with other programs. However, there has been no study of the implementation of these initiatives and how successful they are. What lessons are being learned about the specific barriers to collaboration among these players and what are the most useful and successful strategies to overcome them?

Initial impressions from some of these efforts suggest that it is very difficult to move beyond the rhetoric of collaboration to achieve real changes in program behavior. The difficulties are due in part to the structural problems within each of the collaborating systems. Although it is seldom publicly admitted, the Head Start system, which has many interrelated parts, is often regarded as an isolated bureaucracy governed by its own rules.

There are many attitudinal and structural barriers to collaboration embedded within the Head Start system. For Head Start to play a major role in the evolving continuum of coordinated services, leadership in the Head Start Bureau, ACYF, and the broader Head Start community will need to systematically address these barriers and create a new culture within the program that provides incentives and rewards for collaboration that do not presently exist. Changes will be needed in the law and regulations in order to facilitate new forms of frontline administration and practice. Performance standards, the program's governing yardsticks, should include specific measures to document collaborative activity. And the training and technical assistance components of Head Start will need to be mobilized to help the programs learn how to build these new collaborative partnerships.

The ground work is being laid. If these initial steps can be built on in the ways suggested, Head Start could indeed become a real partner in the current movement to reform the systems of services for poor and vulnerable children and families.

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"Within Head Start Incremental Ladder toward Economic Independence"

The Family Impact Seminar

43

Head Start: A Key Partner...

Over 20
College GED
20 Hours
Voc. Trng. College GED
11-19 Hrs.
Voc. Trng. College GED
5-10 Hrs.
GED ABE
1-4 Hrs.
GED ABE

Education/
Training

(Outside Head Start)

	Internship with Stipend Over 20 Hours per Month 15-20 Hours per Month 7-14 Hours per Month 4-6 Hours per Month 1-3 Hours per Month	Policy/Center Committee Work - 4 or More per Month - 3 per Month - 2 per Month - 1 per Month	
Transition to Kdg. Activities - Applying to Magnet Schools - Enrolling Child in Kdg. - Immunizations for Kdg. (To Be Developed)	Scheduled Volunteering Over 20 Hours per Month 15-20 Hours per Month 7-14 Hours per Month 4-6 Hours per Month 1-3 Hours per Month	Subcommittee Meetings/Classes (e.g., nutrition, health, social services, GED) - 4 or More per Month - 3 per Month - 2 per Month - 1 per Month	Community Advocacy - Local School Councils - Tenant Management Boards - Mothers Against Gangs (MAG) - Neighborhood Watch (To Be Developed)
Family Literacy - Writing Stories with Child Wkly/Monthly - Reading to Child Wkly/Monthly - Checking Out Books Wkly/Mo. (To Be Developed)	Unscheduled Volunteering Over 20 Hours per Month 15-20 Hours per Month 7-14 Hours per Month 4-6 Hours per Month 1-3 Hours per Month	Parent Workshops/Training - 4 or More Sessions per Month - 3 Sessions per Month - 2 Sessions per Month - 1 Session per Month	Head Start Advocacy - Testifying at Hearings Planning Events - Helping with Recruitment (To Be Developed)
Basic Responsibilities - Acts on Referrals - Picks Child Up on Time - Regular Attendance - Immunizations	Observing 5-6 Hours per Month 3-4 Hours per Month 1-3 Hours per Month	Group Readiness Activities - Work One-on-One with Head Start Staff - Home Visit (To Be Developed)	Family Advocacy (To Be Developed)

Supporting
Child's
Development

Volunteering

Group Activities

Family and
Community
Advocacy

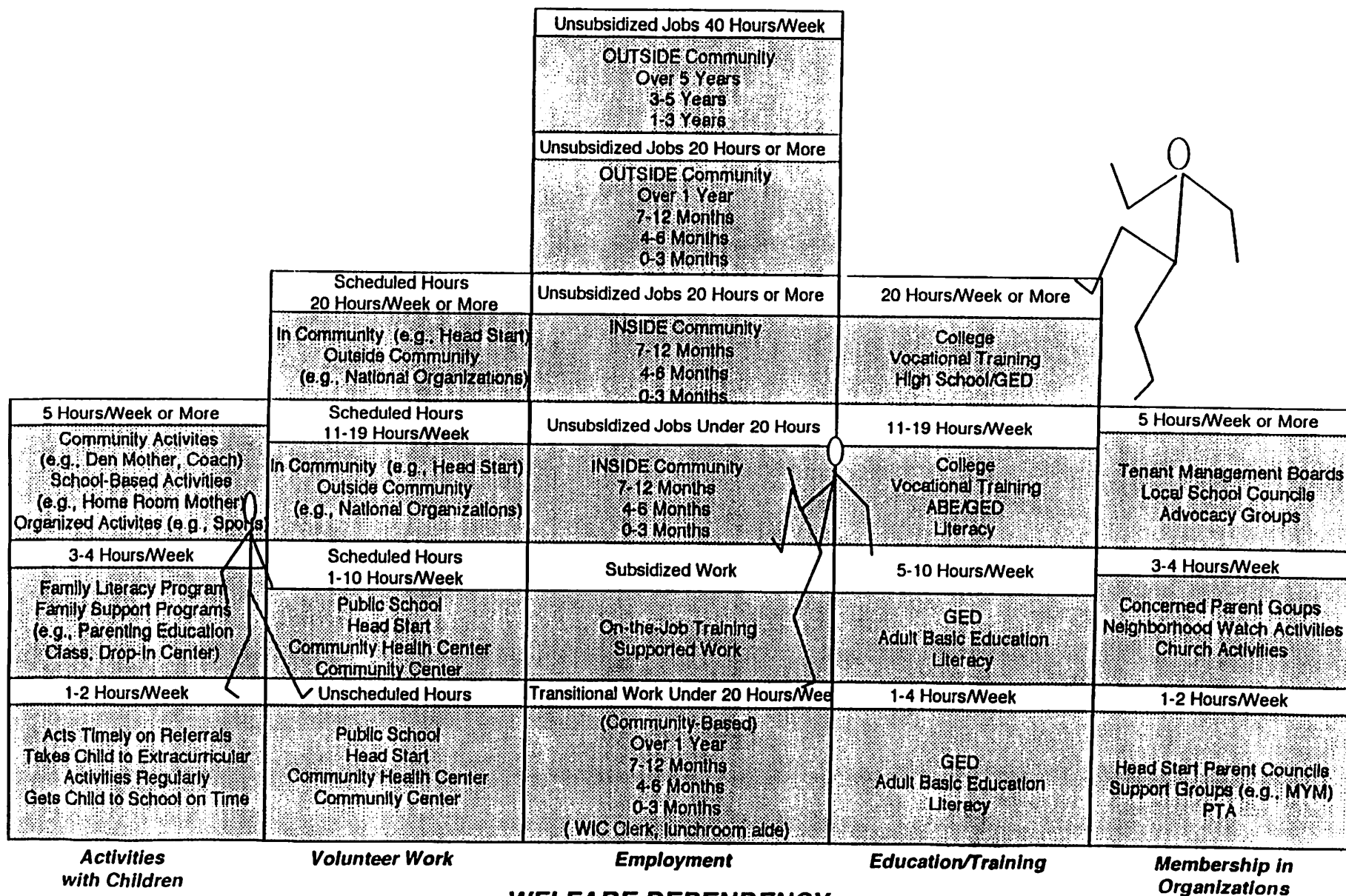
Employment

(Outside Head
Start)

--HEAD START--

Full-time
Outside Community
Full-time
Inside Community
1-20 Hours
Outside Community
1-20 Hours
Inside Community
Subsidized

Incremental Ladder to Economic Independence



APPENDIX C

Excerpts From Advisory Committee Recommendations Related to Forging New Partnerships

#3 Forging New Partnerships

The Advisory Committee believes that the time is ripe for reinvigorated efforts to expand and improve all early childhood services. The Congress is poised to act on important education, health, welfare, and Head Start legislation, the Governors and state legislators continue to be focused on making progress toward the education goals and overall, policymakers and practitioners have greater understanding of the importance of the 0-8 period and a new vision of systemic early childhood education reform.

Specific Actions

Step 1. *Providing continuity and coordination with schools*

- Promote high standards, responsive assessment, professional development, effective parent involvement, supportive services, and an opportunity for all children to achieve their potential in our nation's schools.
- Ensure that Head Start parents receive training in how to work with the public schools to support their child's education.
- Encourage linkages between Head Start and Even Start and other Family Literacy Initiatives.
- Continue the Head Start Transition Projects.
- Revise Head Start Performance Standards and/or guidance to address transition.
- Continue and expand linkages between Head Start and federal, state, and local programs that meet the needs of children with disabilities.

Step 2. *Facilitating state and local collaboration*

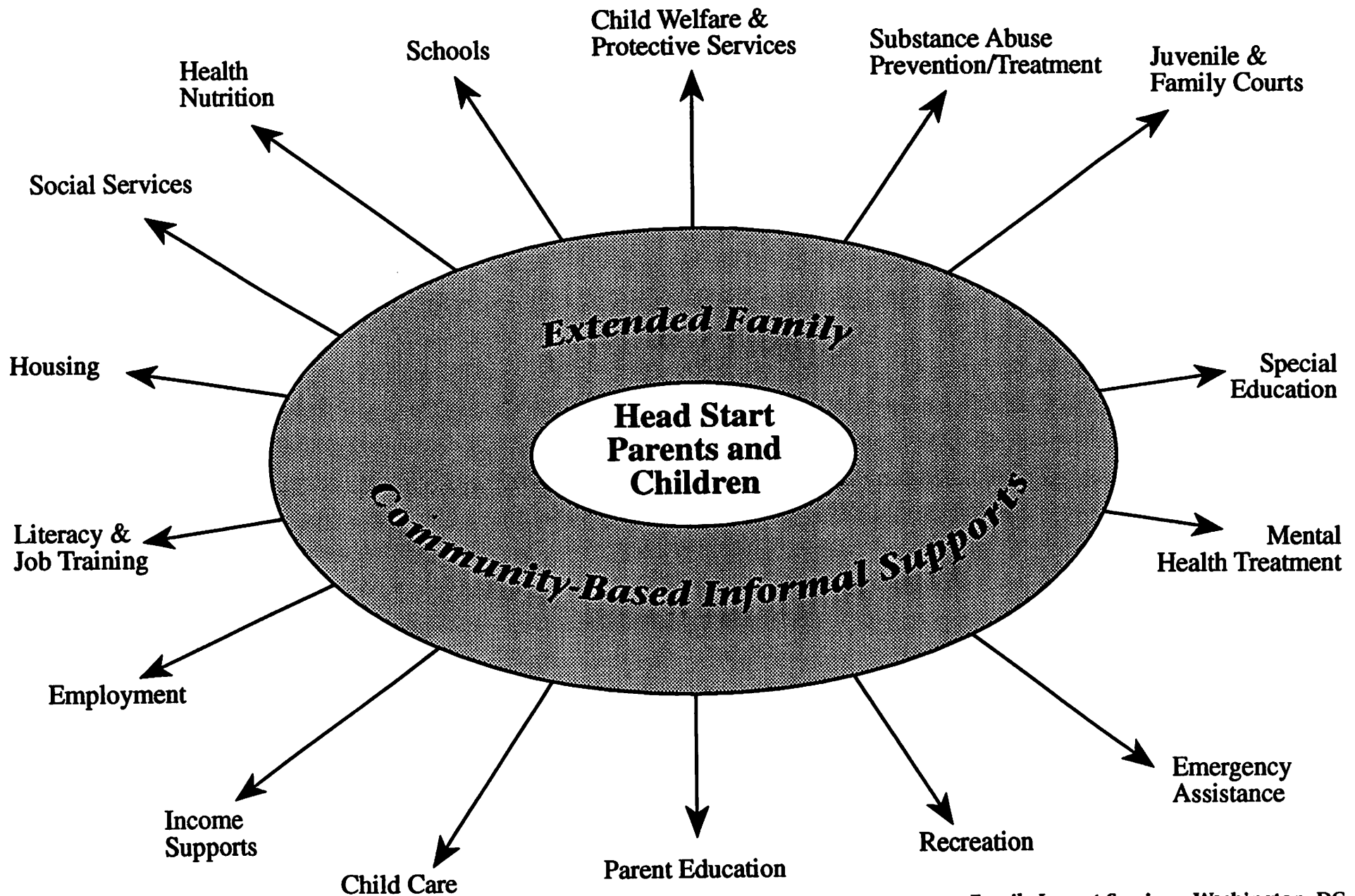
- Develop a long-range strategic plan to better link Head Start with other federal, state and local resources.
- Explore the use of incentive grants to facilitate planning and implementation of comprehensive systems of services for young children.
- Expand the state collaboration grants or explore and develop other mechanisms for promoting better Head Start linkages at the state level.
- Promote better linkages at the local level through the community needs assessment process and training and technical assistance.
- Develop a clearinghouse of best practices in early childhood and innovative approaches to delivering services to low-income families.

Step 3. *Encouraging partnerships with the private sector*

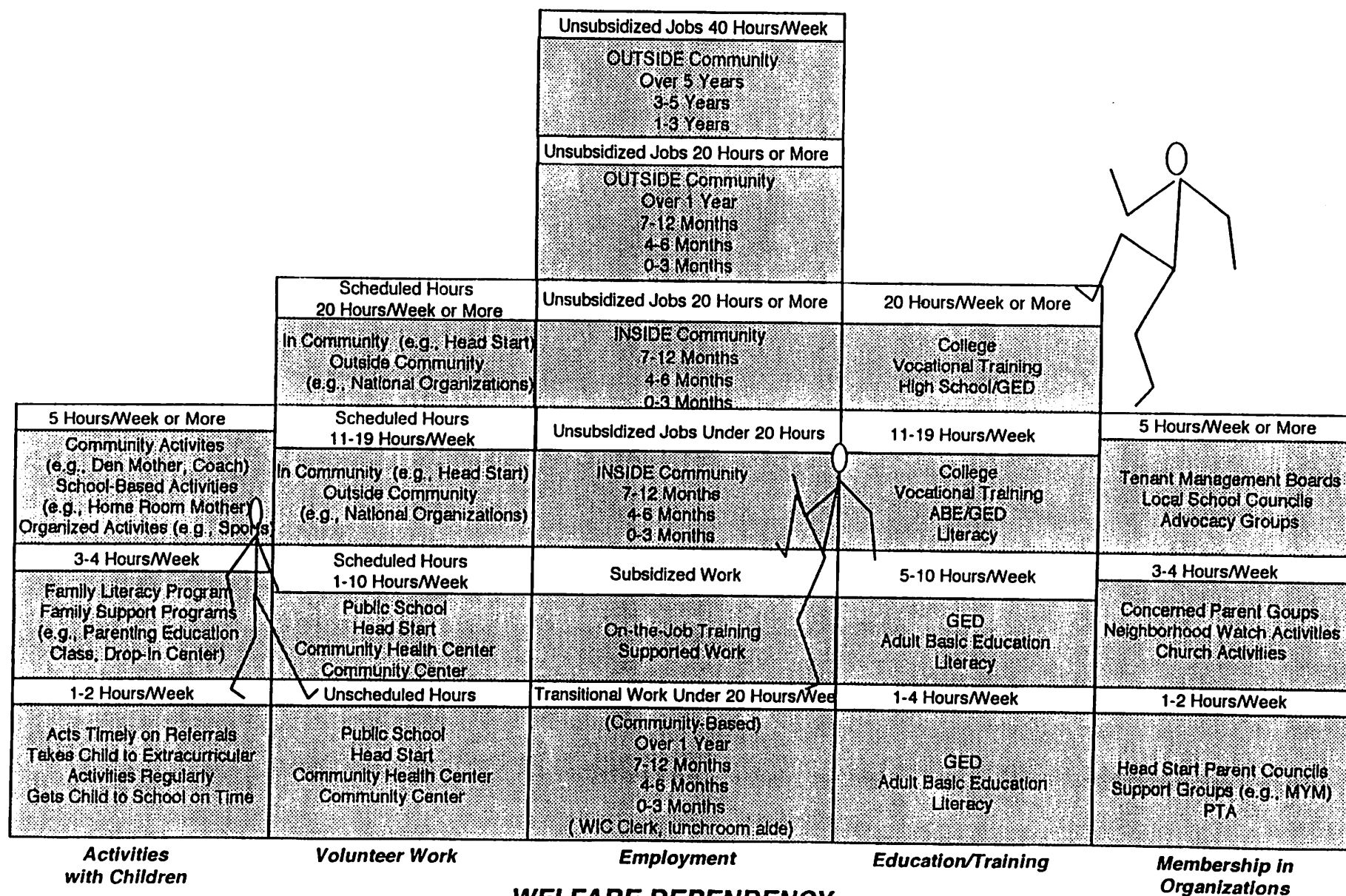
- Convene key members of national organizations representing the foundation and business community to stimulate new linkages and support for Head Start.
- Document and disseminate promising initiatives with the private sector.

Step 4. *Linking Head Start with other national initiatives.*

Ecology of Family Support Systems



Incremental Ladder to Economic Independence



Ecology of Family Support Systems

