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Head Start Policy: Comments on Currie, and Hustedt and Barnett

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Introduction

The interdisciplinary planning committee that designed Head Start realized that young children who live in poverty need much more than preschool education to prepare for elementary school. They therefore designed Head Start with two bedrock features that characterize the program to this day: (1) comprehensive services, including education, physical and mental health, and social services for both parent and child; and (2) a commitment to parent involvement in classroom activities and program management. Thus, Head Start was the first intervention to consciously adopt a fully two-generational, comprehensive approach to early childhood intervention.[1]

Currie and Hustedt and Barnett note that these principles feed into the current controversy surrounding the content and effectiveness of Head Start. This controversy accompanied the transition from President Clinton (a strong supporter of Head Start) to President George W. Bush (whose criticisms of the program began while campaigning for his first term). Under the pressure of the Bush Administration's emphasis on literacy and numeracy skills, Head Start is now a conceptually conflicted program in regard to how best to fulfill its congressional mandate

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of improving school readiness. The conflict is between the whole child approach, which demands a variety of services, and the cognitive approach, with its narrow focus on academic skills.[2] The wisdom of the entire field of developmental science endorses the whole child approach.[3]

The knowledge base also makes it clear that the quality of early childhood services has a direct bearing on child outcomes. It is no secret that Head Start began with some built-in barriers to quality that are still being overcome. The preschool education component has been particularly problematic.[4] There has never been sufficient funding to hire a workforce of qualified teachers, despite congressional mandates to do so. Today, only 27% of Head Start teachers have a B.A.[5] Yet the high-risk population served by Head Start clearly needs the skills and training of credentialed teachers.

Another barrier is that there were no quality controls during Head Start's formative years. The Head Start Program Performance Standards were not issued until 1975 – 10 years after the program began. In addition, funding for research and development and service improvements was inconsistent over time. The nadir was reached in the early 1990s, when quality had eroded to the point that the author publicly stated that one-third of Head Start centres were of such poor quality they should be closed. Since then, Congress has allocated funds for quality improvements, the Performance Standards have been revised, and for the first time, numerous poorly performing centres have been closed. The result is a gradual but definite rise in Head Start quality. Because quality has a clear impact on child outcomes, later research on the program's effectiveness should reveal more about the potential of Head Start than work done before improvements began. Currie and Hustedt and Barnett examine recent studies to see if we can yet determine the benefits of Head Start.

Research and Conclusions

Both papers do a commendable job of reviewing the recent empirical evidence relevant to the questions of whether Head Start has short- and long-term effects, for whom it works best, and whether it is cost-effective. Such reviews have heavy import because Head Start's fortunes and funding have often waxed and waned on the basis of major studies that received wide media attention. The recent limelight has been on the FACES study, which showed numerous benefits had strengthened after the Head Start year. However, the author concurs with the two previous papers that FACES is a relatively weak assessment of the program's effects.

The ongoing National Head Start Impact study does have a rigorous methodological design. As both previous papers noted, this standard intention-to-treat study has now been conducted and the first-year findings have been reported. Contrary to Curry's inference, although many of the control children received other interventions, the sample is large enough to permit a comparison of children who attended Head Start with those who received nothing but parent care. Nevertheless, there are serious issues posed by this study, e.g. a sizeable number of the control children actually attended a formal Head Start program. (Parents simply took them to nearby centres not included in the study.) These problems are currently being dealt with, and we will have a much better data set at the end of the study than we have now. However, the first-year findings are much too important to the life of Head Start for interested parties to show much patience.

While there appears to be total agreement among researchers that the findings thus far are essentially positive, there is some disagreement as to whether they are positive enough to justify the considerable cost of Head Start. For example, the two previous papers emphasized the small effect sizes. A much more positive view of the same findings was presented by the premier research organization, the Society for Research in Child Development.6 The response by the federal official responsible for Head Start, Wade Horn, was that the results indicate that "Head Start needs more work."

Implications for Development and Policy

Since its inception, Head Start has been troubled by the lack of a definite, realistic goal. The planning committee had a myriad of benchmarks of human development prescribed as goals, all under the overarching goal of improving children's abilities at the point of school entry. In the early years, most evaluations of Head Start used IQ, or closely related academic test score improvement, as the barometer. In the 1970s, everyday social competence, measured across several domains, became the official goal.[7] The 1998 Head Start reauthorization clarified this by legislating school readiness as Head Start's purpose, defined to include physical and mental health, social and emotional skills, and early academic abilities. Notice that no one other than the Bush Administration has ever proclaimed the goal that Head Start children should achieve the same level of school readiness as middle-class children. Anyone who believes that a nine-month intervention can eliminate the achievement gap believes in magic.[8]

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Wade Horn is right that Head Start needs improvement. The two previous papers and this commentary give us considerable direction. Every lead classroom teacher in Head Start should possess a B.A. in early childhood education,[9] and every assistant teacher should have either an AA or CDA certification. We should recognize the great difficulty in improving the growth trajectories of children mired in poverty,[10] and make Head Start a two-year program beginning at age three. Although Hustedt and Barnett assert Head Start "serves most of its children for two school years," 68% actually attend only one year.[5] The current enrolment in Early Head Start (serving children from birth to three, presumably for multiple years) is 62,000.[11] Although there is evidence that a two-year Head Start experience results in greater school readiness than one year,[12] making a longer program standard cannot be justified, as Head Start currently serves only 60% of eligible children, and almost none of the near poor.

The states are now adopting the mission the federal government has left unfulfilled. A well-financed and organized momentum is developing to implement universal preschool education. Four states already have such legislation, and several more are on the cusp.[13] Such a development should not end the Head Start experiment. The program's wealth of experience should be used to inform the state programs. Consistent with our knowledge base, Head Start's emphasis should be shifted to providing comprehensive services to children and their families (which public schools are unlikely to do), delivering mental health services to young children of all income levels with emotional or behavioural difficulties, and expanding Early Head Start, a preventive approach to insufficient school readiness.[14]

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