

# HEAD START: STRATEGIES TO IMPROVE OUTCOMES FOR CHILDREN LIVING IN POVERTY

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Head Start has inspired early childhood programs for forty-five years, yet evidence reveals its quality is unacceptably uneven and intended benefits are not realized. Head Start must (1) promote large improvements in staff knowledge and performance; (2) collect, analyze, and report reliable data about program implementation and impact; and (3) identify effective versus ineffective instructional strategies. Exemplary Head Start programs should serve as mentors, while failing programs must be transformed or terminated promptly to prevent harm. The culture of silence shielding abysmal program conditions must end. Head Start has an unprecedented opportunity to demonstrate integrity and fulfill its congressional mandate.

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The Head Start Act (Public Law 110-134) declares that the purpose of Head Start (Sec. 636): “[is] to promote the school readiness of low-income children by enhancing their cognitive, social, and emotional development— (1) in a learning environment that supports children’s growth in language, literacy, mathematics, science, social and emotional functioning, creative arts, physical skills, and approaches to learning; and (2) through the provision to low-income children and their families of health, educational, nutritional, social, and other services that are determined, based on family needs assessments, to be necessary.”

In this paper, we argue that ample evidence supports the underlying premises of Head Start: namely, that providing a positive learning environment for young children and addressing the comprehensive service needs of young children and their families are essential to the school readiness of low-income, and indeed all, children.<sup>1</sup> Further, when children enter good schools in good health and with age-appropriate cognitive, social, and emotional skills, they are far more likely to experience early and continued school success, as well as later positive outcomes as healthy adult citizens.<sup>2</sup>

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Poverty rates are highest among children under 5 in our country; the 2008 national rate of 21 percent is alarmingly high and consequential.<sup>3</sup> States face differing magnitudes of challenge to address children’s needs. Beyond simple poverty numbers, the diversity of family needs is substantial, including parents’ mental and physical health, literacy and language skills, availability of social support, knowledge about child development, participation in the workforce, and provision of learning and literacy activities.<sup>4</sup>

Head Start’s budget (now greater than \$7 billion per year) has increased with strong bipartisan support since its inception. Head Start grantees do not have a per child cost formula.<sup>5</sup> About half of Head Start’s programs operate only half-day; most operate fewer days than a local full school year. Children spend an average of twenty-five hours per week in Head Start, with a majority spending another eighteen hours per week cared for by another publicly-funded provider. Nationwide, the majority of Head Start programs readily admit they struggle to fill their funded slots.<sup>6</sup> An independent federal study revealed only 11 percent of grantees reported enrollment levels confirmed by attendance records; and questioned 26 percent of Head Start grantees in terms of their ability to even maintain accurate attendance records.<sup>7</sup>

The position we advance about meeting the multiple needs of children under age 5 living in poverty has direct implications for the future of Head Start and all other publicly funded early childhood programs: no matter where a young child spends time, the adults responsible for the child’s care and education must be highly capable individuals who are responsive and interactive with each child and are physically and mentally capable of

providing and actually provide the types and amounts of positive learning experiences—cognitive, linguistic, social, and emotional—known to be essential for all children’s development.<sup>8</sup>

When children do not receive essential early learning experiences—that is, when their care is neglectful, inadequately stimulating, overly harsh or punitive, or unpredictable and inconsistent, they can be harmed in permanent ways.<sup>9</sup> Conversely, receiving high-quality care yields large and lasting benefits in school readiness, school achievement, and adult economic and social well-being.<sup>10</sup> We note that young children do not know (and cannot control) the administrative authority overseeing the places where they live, learn, play, and receive specialized treatment.<sup>11</sup> Accordingly, it is time to develop and enforce common standards to protect and promote the well-being of young children in all publicly supported early childhood programs including Head Start, public and public charter pre-K, and community-based child care.

### **Historical and Current Contexts**

Since 1965, many Head Start advocates have been true pioneers in calling for high-quality early childhood education and providing multiple family social, health, and nutritional supports to young children living in poverty.<sup>12</sup> Head Start has helped promote national understanding that human development is the product of intergenerational, biological, social, cultural, and economic forces. The evolution of Head Start has also been closely intertwined with that of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD): both organizations have been committed to discovering and applying knowledge about how young

children learn and the factors that promote lifelong learning, health, and well-being.

Head Start and NICHD were created in an era when our nation became acutely aware of the serious toll that poverty takes on the lives of young children.<sup>13</sup> Further, there was new scientific evidence in the 1960s that poverty was associated with increased risks for many childhood disabilities, at a time when children with disabilities were widely and routinely excluded from attending public schools. Head Start thus became our nation’s first large-scale effort to prevent school failure and to include children with disabilities. Over the decades, Head Start has endorsed the importance of meeting children’s comprehensive needs.<sup>14</sup> The distinguishing cornerstones of Head Start programs are:

Early childhood education. Directly serving children in early childhood learning centers to improve their “school readiness”—a composite construct encompassing children’s social, emotional, language, cognitive, and physical development (now expanded to include the readiness of families, schools, and communities to meet the individual needs of children).

Parent involvement. Actively promoting parents in their natural role as children’s first and continuous teachers to support their children’s learning and development and including parents in formal governance of Head Start programs.

Nutrition. Directly providing good nutrition and advocating for families to do the same at home.

Health. Providing or making referrals for screening for vision and hearing, immunization, routine health care,

dental screening, and mental health services for young children.

Social services for families. Providing additional social services to families, based on an individualized family needs assessment.

Other services as needed. These other services can span widely from helping parents obtain educational and vocational services, housing, transportation, alcohol and substance abuse treatment, to programs to help parents improve their literacy and English language competence.

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Head Start's substantial and enduring contribution to the field of early childhood education has been this total child and family perspective: a child's progress depends on both the family and on the direct provision of multiple learning, social, and health supports in a coordinated and timely manner. Historically, this Head Start model was innovative and profound; today, the conceptual model is widely adopted by state and local early childhood and pre-K programs. In 2003, a major federal report concluded that most state pre-K programs mandate services in the same areas as Head Start does; further, the report indicated that state pre-K programs met or exceeded almost all of the Head Start program standards.<sup>15</sup> A 2000 landmark synthesis by

the National Research Council and Institute of Medicine, titled *From Neurons to Neighborhoods: The Science of Early Childhood Development* provides the single best resource validating Head Start's total child and family perspective.<sup>16</sup>

### **Head Start and School Readiness**

For years, leaders in the field of early childhood development lamented the lack of sound research and evaluation about Head Start and its impact. In the past decade Head Start, with a congressional mandate, substantially increased its efforts to study the quality of its programs and to answer questions about its impact on children and families.<sup>17</sup> The findings from multiple reports show that Head Start programs are highly uneven in the degree to which they provide low-income children with the mandated supportive early childhood learning environment.<sup>18</sup> In fact, an unacceptably large (and difficult to quantify precisely) number of Head Start programs are failing to produce measurable benefits—particularly in terms of the cognitive, social, and emotional domains identified in the Head Start Act as goals of the program.

We do not favor trying to reach consensus about how successful Head Start has been. This is because the evidence is compelling that Head Start is not a single, uniform, or constant program in terms of implementation or impact. That is, Head Start programs appear to vary as much in their quality as do public schools, charter schools, private schools, and child care settings. Much of the criticism and scandal about some Head Start programs has been vigorously (and understandably) hidden from congressional and public scrutiny. Even now, there is a long and unexplained failure to publish the spring outcomes data, due in 2008, about classroom quality and child outcomes in the 2006 Head Start

Family and Child Experiences Survey (FACES). Similarly, no explanations have been forthcoming about why the first grade outcomes of the Westat Head Start Impact Study were delayed so long before they were finally released in the spring of 2010. These missing or late reports were to be the first to include crucial, in-depth, valid measures of classroom quality as well as improved measures of children's school readiness in multiple domains.

Do the available findings collectively suggest that Head Start is no longer needed as a distinct program or cannot continue as a national leader? Not necessarily. We judge that Head Start has been highly effective in calling attention to the needs of children and families affected by poverty, leading to the spread of good ideas and adoption of practices endorsed and publicized by Head Start. The ideal that Head Start endorses has evolved and remains excellent. What is unacceptable is the discrepancy between the ideal and the reality of program implementation.

There is, however, ample good news about children living in poverty. Somewhat surprising to many is that young children living in poverty, whether enrolled in Head Start or not, are highly likely to be fully immunized, to attend a pre-K program at age 4 followed by full-day kindergarten, and to be screened for vision, hearing, dental, and mental health referrals—even more so than their agemates from middle class families. Further, almost all children living in poverty (except those from undocumented immigrant families) receive stable, financially covered health care that parents judge as being good to excellent in quality.<sup>19</sup>

In marked contrast, the evidence about the school readiness of children who receive Head Start services is not positive.

Head Start children on average score substantially below national norms on almost all measures of cognitive and language development and there is not good evidence that Head Start has had a meaningful impact on school readiness during the year before kindergarten. Although the studies indicate that children may make some minor gains during their time in Head Start, these gains tend to be very modest and not necessarily replicable from study to study. Above all, the magnitude of gains of Head Start children—when these occur—in nationally representative samples is considerably below the magnitude obtained in the more rigorously conducted experimental or model demonstration studies that provide the long-term longitudinal findings repeatedly cited as justification for continued national support of Head Start. The best known studies include the Perry Preschool Project, the Abecedarian Project, Project CARE, and the Chicago Child-Parent Centers.

### **Head Start versus Model Programs**

For decades, many reports issued by Head Start claimed that lack of funding was a leading reason why their programs could not produce large school readiness benefits for participating children. We think that funding levels per se, at least for many Head Start programs, are not the sole or even primary barrier to excellence in classroom quality or to producing measurable benefits to children. In table 1, we nominate nine distinguishing features of the so-called landmark studies (launched in the 1960s and 1970s) as factors likely to account for their success. These features could serve as guideposts for considering a comprehensive assessment of individual Head Start grantees and for developing a strategic initiative for improving program effectiveness nationwide.

**Table 1. Some Hallmarks of Successful Early Childhood Interventions that Produced Major and Lasting Benefits for Children under 5 Living in Poverty**

1. Highly knowledgeable, stable leadership. Program leaders had strong backgrounds in early childhood development and a strong primary professional commitment to the successful implementation and rigorous evaluation of the program.
2. Program grounded in scientific evidence about how young children learn. The content of the programs was based on existing scientific findings and scientific theory about how young children develop and the strategies that promote optimal learning at different ages and stages, rather than ideology or philosophy alone.
3. Multi-faceted program (not academic only). The programs addressed the complexity of children's needs by offering multiple components that were individually tailored to children's needs in the domains of language, cognition, social, emotional, and physical development. The programs also coordinated with the children's families and helped to improve the family's life situation.
4. Expert outside review and community support prior to launching. Experts (through external scientific peer review) and/or local and community leaders actively supported the programs before they were launched, and remained supportive throughout.
5. Adequate funding to implement the planned program. Peer reviewers agreed that funding was "in the ballpark" to permit implementing the programs and services as planned, and thus to potentially achieve the desired results. (Note: at time of launch, the funding was not necessarily known to be stable for the future course of the programs).
6. High levels of initial staff training followed by ongoing professional development. Program leaders and staff had a thorough grounding in the program, the science behind it, what they were supposed to do and how to do it well, why they were supposed to do it, and what measurable educational processes and outcomes were expected.
7. Sufficient intensity or "dosage" of the program to meet children's needs. The amount of the programs was well-matched to the program goals and needs of the participants. Dosage refers to the hours per day, days per week, weeks per year, and number of years. (Often the dosage of these model programs is vastly reduced when others try to replicate them in other community settings. Sometimes this "watering down" is attributed to the emphasis placed on serving large numbers of children, regardless of the dosage or intensity of the services actually delivered).
8. High levels of individual participation. Attendance of children was strongly supported throughout the programs. Potential barriers such as need for reliable transportation for children and parents were anticipated and provided.
9. Rigorous documentation, regular assessment, and timely reporting. Many aspects related to implementation of the programs were openly and clearly documented. Measuring the progress of individual children was considered vital to the programs, and the results were analyzed in ways that ensured high integrity and objectivity. Findings about the impact of the programs were frequently reported and published.

Considering these nine features, Head Start already officially embraces the value of having their programs be solidly grounded in scientific knowledge about how young children learn and providing a multi-faceted early childhood program that integrates daily activities to promote social, emotional, cognitive, language, and physical development. The features of successful model programs that are among the most problematic for many Head Start programs include: having high levels of initial staff training with ongoing and effective professional development; offering sufficient dosage by providing full-day, full-

year, and multi-year programs that ensure high and regular participation of all enrolled children and parents; and rigorous unannounced classroom assessment and timely public reporting about program quality. An increasing number of observational procedures exist for this purpose. The four classes of observable classroom behaviors we judge to be particularly important are health and safety practices, adult-child behavioral interactions, teacher and parent communication and interactions, and language and learning activities.

## Improving Head Start Outcomes

We think that Head Start's ability to deliver on its congressional mandate of promoting school readiness depends on making major changes, so that it: (1) realizes rapid and large improvements in the knowledge, skills, and performance of its early childhood workforce; (2) collects, analyzes, uses, and publicly reports trustworthy data about its programs' performance and impact on the development of children and families; and (3) uses effective strategies to improve classroom quality and links these to children's measured cognitive, social, emotional, and physical development.

Head Start has long recognized the importance of professional development, training, and technical assistance and spends large sums on these activities. Yet there has not been systematic measurement of the effectiveness of the large investments in improving the work performance of Head Start directors, teachers, and staff. Further, there have been many failed efforts to implement improved data collection methods about Head Start programs and their impact. Frankly, the Head Start grantees and the National Head Start Association have effectively lobbied against these efforts, offering claims that these measurement systems are a veiled attempt to de-fund their program or to justify moving the program to the U.S. Department of Education or converting it into a block grant.

The present Head Start reporting systems are widely known to be flawed and not subject to straightforward and useful interpretation. Further, these reports are not subject to periodic and ongoing audit. Finally, we note that despite Head Start's unjustified pride in engaging parents, parents are not informed in any standard way about the needs or progress of their

children in terms of school readiness. Rarely are parents required to participate meaningfully in their child's education. In fact, our own professional work with Head Start programs in more than forty states identified Head Start's inability to engage the majority of parents as the most frequent concern expressed by Head Start directors and teachers. This means that Head Start needs to direct new efforts and research toward understanding what approaches work best with what types of families and children and which program features are not working and should be dropped or changed.

*We favor engaging communities in nominating programs of excellence, as well as programs in need of urgent improvement.*

We have observed some Head Start programs that are close to exemplary; these should be systematically identified in every state and territory. These programs should be celebrated and assisted to serve as models and mentors for other programs that choose to improve. This identification could be facilitated by an ongoing comprehensive national reporting system that is regularly subject to audit.

We also favor engaging communities in nominating programs of excellence, as well as programs in need of urgent improvement. This process could engage many stakeholders and serve to inform educators, clinicians, administrators, and parents about evidence-based early childhood practices and could create natural

opportunities for professional mentoring and cross-program collaborations. Vigorous and inspirational national leadership coupled with an emphasis on program effectiveness and efficiency will be needed to maintain and expand a commitment to excellence and a rapid end of all poor-quality programs.

The 2007 Head Start legislation provides a roadmap that can support excellence, innovation, and partnering with local and state early childhood initiatives, as well as the child care subsidy program and other existing and newly proposed federal initiatives (for example, the Obama administration's Early Learning Challenge Fund, if enacted, will provide \$10 billion over ten years to help states improve early learning programs) that share Head Start's goals of school readiness and providing comprehensive services. It is time to escape and demolish the culture of silence that has shielded the abysmal conditions that exist in far too many early childhood care and education settings, including many Head Start classrooms.

We recommended launching a highly visible national initiative, coordinated by the secretaries of the U.S. Department of Health and Human Services and the U.S. Department of Education, to ensure that all families, programs, and communities know about and have adequate resources to provide young children with the resources and experiences they need to thrive, regardless of their family's income, language, culture, race, or geography. We specifically recommend that this agency initiative do the following:

- Engage in statewide and national cross-program coordination with state and local pre-K initiatives to improve the quality of child care education and services, including those provided by Head Start, Early Head Start, Early Reading First, Title I, Special Education, and subsidized child care.

- Conduct a comprehensive and public review and evaluation of standards and operations—considered by many to be unnecessarily complex, cumbersome, and uneven in their rationale.

- Launch a new program intended to identify and celebrate highly successful Head Start programs that are truly improving children's odds of school readiness.

- Implement strong measurement systems of program components and children's development, perhaps through comparing several different models and procedures via research, and assist local grantees in acquiring data analytic skills to promote using program measures and child assessments to inform improvements and to recognize progress.

By taking these actions, Head Start could demonstrate its integrity and vision consistent with its celebrated history of concern for children affected by poor economic conditions and developmental disabilities. Such actions would be both compassionate and wise. Our primary concern is whether the political will and leadership exist to improve the lives of poor children now.

## Notes

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<sup>1</sup> Craig T. Ramey, Sharon L. Ramey, and Robin G. Lanzi, "Children's Health and Education," in *The Handbook of Child Psychology: Volume 4: Child Psychology in Practice*, ed. Irving Sigel and Ann Renninger (Hoboken, NJ: Wiley & Sons, 2006), pp. 864-892; Jack P. Shonkoff and Deborah A. Phillips, ed., *From Neurons to Neighborhoods: The Science of Early Childhood Development* (Washington DC: National Academy Press, 2000).

<sup>2</sup> National Institute for Literacy, *Developing Early Literacy Report of the National Early Literacy Panel: A Scientific Synthesis of Early Literacy Development and Implications for Intervention* (Jessup, MD: National Institute for Literacy, 2008); Ramey, Ramey, and Lanzi, "Children's Health and Education;" Norman F. Watt and others, ed., *The Crisis in Youth Mental Health: Critical Issues and Effective Programs: Vol. 4 Early Intervention Programs and Policies* (Westport, CT: Praeger Press, 2006); Edward Zigler and Sally Styfco, ed., *The Head Start Debates* (Baltimore, MD: Paul H. Brookes Publishing, 2004).

<sup>3</sup> U.S. Census Bureau, American Community Survey, "2006-2008 American Community Survey 3-Year Estimates," September 2009.

<sup>4</sup> National Institute for Literacy, *Developing Early Literacy Report of the National Early Literacy Panel: A Scientific Synthesis of Early Literacy Development and Implications for Intervention* (Jessup, MD: National Institute for Literacy, 2008); Ramey, Ramey, and Lanzi, "Children's Health and Education;" Administration for Children and Families, *Head Start Children's Entry into Public Schools: A Report on the National Head Start/Public School Early Childhood Transition Demonstration Study* (Washington, DC: U.S. Department of Health and Human Services, Administration on Children and Families, 2001).

<sup>5</sup> National Office of Head Start, *United States: Head Start by the Numbers: 2008 PIR Profile* (Washington, DC: Center for Law and Social Policy, 2009).

<sup>6</sup> U.S. Department of Health and Human Services, Office of Inspector General, *Enrollment Levels in Head Start* (Washington, DC: U.S. Government Printing Office, 2007).

<sup>7</sup> Health and Human Services, *Enrollment Levels in Head Start*.

<sup>8</sup> Ramey, Ramey, and Lanzi, "Children's Health and Education;" Sharon L. Ramey, "Human Developmental Science Serving Children and Families: Contributions of the NICHD Study of Early Child Care," in *Child Care and Child Development: Results from the NICHD Study of Early Child Care and Youth Development*, ed., NICHD Early Child Care Research Network (New York: Guilford Press, 2005): 427-436; Shonkoff and Phillips, ed., *From Neurons to Neighborhoods: The Science of Early Childhood Development*.

<sup>9</sup> Margaret M. Feerick and others, *Child Abuse and Neglect* (Baltimore, MD: Paul H. Brooks Publishing, 2006); Shonkoff and Phillips, ed., *From Neurons to Neighborhoods: The Science of Early Childhood Development*; Watt and others, ed., *The Crisis in Youth Mental Health*.

<sup>10</sup> Shonkoff and Phillips, ed., *From Neurons to Neighborhoods: The Science of Early Childhood Development*.

<sup>11</sup> Sharon L. Ramey "Human Developmental Science Serving Children and Families.

<sup>12</sup> Zigler and Styfco, ed., *The Head Start Debates*.

<sup>13</sup> Ibid.

<sup>14</sup> The National Office of Head Start, *United States: Head Start by the numbers*; Zigler and Styfco, ed., *The Head Start Debates*.

<sup>15</sup> U.S. Department of Health and Human Services, *State-Funded Pre-Kindergarten: What the Evidence Shows* (Washington DC: Government Printing Office, 2003).

<sup>16</sup> Shonkoff and Phillips, ed., *From Neurons to Neighborhoods: The Science of Early Childhood Development*.

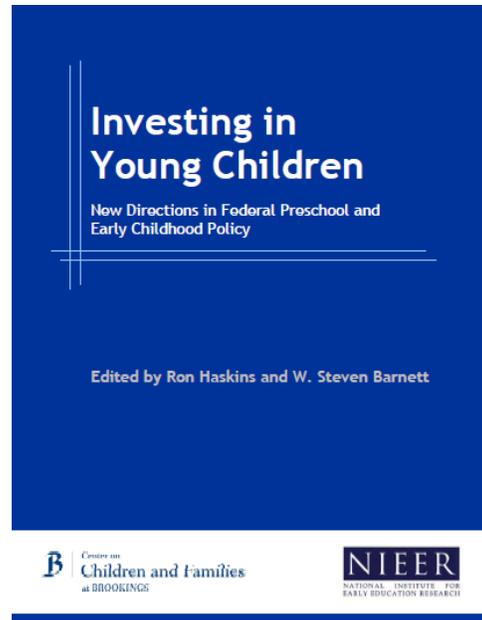
<sup>17</sup> The National Office of Head Start, *Head Start FACES (Family and Child Experiences Survey), 1997-2010*, (Washington, DC: Government Printing Office, 1997-2010); The National Office of Head Start, *Head Start Impact Study and Follow-Up* (Washington, DC: Government Printing Office, 2001-2010); other information obtained from general information and communication to grantees from the National Office of Head Start.

<sup>18</sup> The National Office of Head Start, *Head Start FACES 1997-2010*; The National Office of Head Start, *Head Start Impact Study and Follow-Up*; Administration for Children and Families, *Head Start Children's Entry into Public Schools*.

<sup>19</sup> Administration for Children and Families, *Head Start Children's Entry into Public Schools*.

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