Early Childhood Programs: Adding a Two-Generation Perspective

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This paper addresses the rationale for two-generation programs and describes a variety of program models. It also discusses issues related to designing a two-generation program, program costs, and implementing two-generation services.

Rationale for Two-Generation Programs

Many claims have been made about the effectiveness of early childhood programs. Evidence of their impact, drawn from a variety of studies, is used to support the funding of new programs and the expansion of older ones. Most of the evidence cited is drawn from the literature on model early education programs, especially from a series of reports published by the Consortium for Longitudinal Studies[3] and the research issuing from the Perry Preschool project.[4] Haskins has summarized the findings from these and related studies:

> *"They demonstrate unequivocally that quality preschool programs can provide an immediate boost to children's intellectual performance and reduce their rate of placement in special education classes. The studies also provide moderate evidence that quality preschool programs decrease retention and increase the likelihood of high school graduation.[5]"*

A long-term follow-up study of children who participated in the Perry Preschool project concluded that participation in a high-quality early childhood program was associated with several benefits, including less frequent placement in special education and a reduced risk of criminal behavior.[6] However, there were no reliable differences between the high school grade point averages of Perry Preschool graduates and control group members, and on a test of "real life" functional skills, such as reading consumer information, both Perry Preschool graduates and members of the control group were categorized as functionally illiterate. While the earnings of Perry Preschool graduates were greater than the earnings of control group members, the average participant's earnings still fell below the poverty level.[7]

A review of evaluations of early childhood and compensatory education programs, such as the Department of Education's Chapter 1 program, by the Congressional Budget Office found that, whatever else the programs accomplished, they did not make long-term, permanent improvements in children's cognitive abilities as measured by intelligence and reading or mathematics achievement tests.[8] The study found that early gains dissipate after the third or fourth grades. However, Barnett has argued that most follow-up studies are fundamentally flawed, in that they systematically omit follow-up data on children who are retained in grade. If this occurs, analyses will be biased against successful early childhood programs due to the elimination of the poorest performing members of the control group.[9] In any case, it is argued that disadvantaged children and families need a more intensive treatment than a year of preschool education, and that it is unrealistic to expect such a brief experience to counteract the effects of the pervasive poverty, violence, and social dislocation that children experience in the inner cities.

While child-focused programs can be assessed in terms of their impact on children's school performance and experience, adult-focused programs are asked to demonstrate their success in moving families from welfare to work and moving families from poverty to economic self-sufficiency. A 1991 review of the impact of welfare-to-work programs concluded that, while most of the programs studied led to gains in earnings, many participants remained in poverty and on welfare.[10] Little is known about outcomes for children in the families targeted by welfare-to-work programs, although there is some evidence that when families move from welfare to low-paid jobs there is little reduction in children's risk for developmental problems and educational failure. This research suggests that our expectations for welfare-to-work programs should be modest. Small reductions in welfare

interested in education, to make parents familiar with and comfortable in the school setting, to enhance relationships between parents and children, and to demonstrate to parents their power to affect their children's ability to learn.

The program is open to those parents of three- and four-year-old children who lack high school diplomas. Parents may participate in the program for up to two years, until the child is ready to enter kindergarten. The schedule for classes and activities matches the school year, with classes for both parents and children meeting three days a week for the length of a school day. Teachers and aides spend one additional day each week planning lessons, providing referral services to families, and participating in training.

Parents and children travel together to program sites (transportation is provided) and eat breakfast together in the preschool classroom. After breakfast, parents attend adult education classes while their children participate in a preschool curriculum developed by the High/Scope Educational Research Foundation. After two hours of separate classwork, parents join their children for an hour of activities in which they are the teachers. After eating lunch together, while the children nap, parents meet to work on parenting and life skills and vocational skills important to obtaining and retaining a job.

Each program site has three staff members: an adult education teacher, an early childhood teacher, and a teaching assistant. Each unit occupies two classrooms and can serve up to 15 families, although the average number of families is closer to 10. The annual grant to each site is approximately $50,000. Originally administered by the state Department of Education, the program is now administered by a Workforce Development Cabinet in the Department of Adult and Technical Education, the lead JOBS agency within the State's Cabinet for Human Resources, which emphasizes adult education, vocational education, and vocational rehabilitation.

Washington State's Early Childhood Education and Assistance Program

Designed by Washington state's Department of Community Development, the Early Childhood Education and Assistance Program (ECEAP) was authorized by the legislature in 1985.[13] Its goal is to increase school success for low-income children through family-focused early childhood programs. The program has four mandated components: education, health, parent involvement, and social services. Local sites must provide a developmentally appropriate early childhood curriculum, physical and mental health services, and dental and nutrition screenings and referrals. In addition, they must provide parenting education and awareness training as well as referrals to needed social services

At the same time, the program's guidelines allow considerable flexibility in program design at the local level. Center-based or home-based models may be used, depending on the needs of the community. Center-based programs must offer early childhood programs for at least 10 hours a week, spread across at least three days, with a minimum of 90 minutes of contact with parents each month, and two home visits every year. Home-based programs must include weekly 90-minute home visits and weekly peer group experiences for the children.

During the 1989-1990 school year, the program served approximately 3,500 children and their families, in 28 sites across the state. Program sponsors include school districts, community organizations, local governments, child care centers, community colleges, and tribal organizations.

Minnesota's Early Childhood Family Education Program

support services be obtained from existing providers whenever possible, to ensure that its projects do not duplicate services that already exist.

Even Start

A typical Even Start project serves about 60 families, with two or three full-time professional staff members and a small number of part-time paraprofessional family workers. In addition to the project director, the staff usually includes a social worker, an early childhood coordinator, and, sometimes, an adult basic education specialist. The program is often center-based, with a strong emphasis on home visits.

Projects that have encountered strong resistance from parents to attending classes at the center are using mobile classrooms, which are especially useful in rural areas, but are also used by some more-urban projects. These buses are set up with two separate areas so that one staff member can work with children while the other works with parents. The units often have two or three computers so that several adults can be served at once.

To encourage parents' regular attendance at basic education or parenting classes, Even Start projects are often inventive in devising incentives. One project rewards attendance with scrip that can be accumulated and exchanged for disposable diapers, toiletry essentials, or cosmetics in a store organized and run by the parents themselves. Other projects publicly acknowledge and praise regular attendance, and several projects have taken innovative approaches to literacy training that encourage participation. In one project, participants in the basic education segment begin the day sitting around a table, drinking their morning coffee and reading newspapers to each other. As the project director points out, "This is how middle-class, educated parents start their day, and that's what these parents aspire to be."

The Even Start legislation sets forth the major elements that must be the basis of each local Even Start project. However, grantees are allowed great flexibility in devising projects to meet local needs. Given this broad mandate, there is no single, prescribed Even Start model. Rather, the program encourages local staff to draw on available models and to collaborate with existing service providers to create projects that are tailored to the needs of local families.

Projects vary in their service delivery strategies, the characteristics of target children and adults, the extent to which services for families are integrated, the use of existing educational models and materials for delivering early childhood and adult basic education services, strategies for recruiting and retaining program participants, the roles that parents play in the project, and staff development activities. Many Even Start projects use case managers, parent liaisons, and family advocates as key staff in the provision of coordinated services. Case managers also conduct needs assessments and have ongoing contact with a number of families at centers and through home visits. They are responsible for the direct provision of some services as well as for ensuring that participating families take advantage of other services.

Head Start Family Service Centers

While Head Start has always emphasized strengthening the family's ability to act as a nurturer and teacher of its children, until 1990 limited program funds were available to carry out this mission. The Head Start Family Service Center (FSC) demonstration projects are intended to strengthen the capacity of Head Start programs to address the problems their families face.[16] In particular, FSC demonstration projects focus on the three key problems of inadequate literacy, low employability, and substance abuse that most severely limit the capacity of many Head Start families to achieve self-sufficiency. This demonstration program began with the

To combat these problems, CCDP projects are required to meet certain standards. Each project should capitalize on existing services and build connections to community-level service programs; intervene as early as possible in children's lives; involve the entire family; provide comprehensive social services to address the intellectual, social, emotional, and physical needs of infants and young children in the household; provide services to enhance parents' ability to contribute to the overall development of their children and achieve economic and social self-sufficiency; and provide continuous services until children enter elementary school at the kindergarten or first-grade level.

The Comprehensive Child Development Act of 1988 authorized $25 million per year for the establishment of a set of comprehensive service delivery programs to operate for five years. The Human Services Reauthorization Act of 1990 raised the level of annual funding to $50 million to provide for quality improvements in the existing projects and to allow for the funding of additional projects. To date, 34 CCDP projects have been funded.

Many different types of agencies administer CCDP projects, including community or family service centers, health centers, community action agencies, universities, foundations, child development organizations, and school districts. The projects are mandated to build on existing resources in order to avoid duplication of services. Each project establishes an advisory panel that includes community representatives from businesses, service delivery agencies, and families. Many different types of agreements are forged with local agencies. Some are formal written agreements, some are contractual in nature, and others are informal arrangements for referrals. Current CCDP projects have engaged in agreements to provide health services, education and training, child care services, and social services.

CCDPs work through a case management approach in which family workers conduct needs assessments, help families establish goals, develop service plans, make referrals to services, and follow up on the referrals. Caseloads in CCDPs range from about 8 to 20 families per worker. Workers make home visits every week or two. The case management function is handled by paraprofessional staff in some sites and by staff trained in social work in others.

Each project provides some services directly, while acting as a broker for other existing services. For young children, the core services that are provided through the CCDP include early childhood development programs; health screening, treatment, and referral services; immunizations; early intervention services for children with or at risk of developmental delay; nutritional services; and child care services that meet state licensing requirements. For parents and other household members, CCDP services include prenatal care; education in infant and child development, health care, nutrition, and parenting; referral to education, employment counseling, and vocational training, as appropriate; and assistance in securing adequate income support, physical and mental health care, nutrition assistance, and housing.

Each of the CCDP models described in the box below had its origin in a program intended to enhance children's development and school success. However, the impetus for coordinated family support services now also comes from job training and employment programs, partly as a result of the Family Support Act of 1988, which created the Job Opportunities and Basic Skills (JOBS) training program. We can expect to see more programs like the Family Development Project sponsored by Cleveland Works, in Ohio. In this program, the linkage of disparate components to create a true two-generation program was initiated by a training and employment program for welfare mothers. The project combines a full-day Head Start/child care program for the children of participants and program graduates with family life and parenting education, comprehensive family health services, legal services, emergency child care, and job training and placement.

services are being delivered and received. In this role, case managers act to enable families to participate in existing educational and social services.

A case manager may also function as a teacher of life skills, a role model, a counselor, and an advocate for needed services. The broader the scope of the program, the greater the challenge to the case manager, who must combine professional and interpersonal skills with a detailed knowledge of community resources and an understanding of the differing eligibility requirements of categorical assistance programs. A number of programs have elected to use paraprofessional staff for this function, others use trained social workers, and still others integrate case management and specialist roles. For example, adult education teachers or employment counselors may be asked to assume the role of case manager in addition to their regular duties.

Paraprofessional case managers, who often live in the same communities as the families they help, bring to the job an understanding of the populations they serve, as well as of the communities and their resources. They may, however, be poorly trained to deal with the severe problems and complex needs of some families. Faced with a case manager who is a member of their community, and not professionally trained, families may be legitimately concerned about issues of confidentiality. However, in some communities or with some populations (such as teenage parents), a professionally trained social worker will not be as well-accepted by families as a paraprofessional whose own life experience may allow him or her to relate more easily to these families.

The type and amount of contact between case managers and families varies considerably both within and across program models. Case managers in CCDP projects are required by program rules to conduct home visits to families twice a month, and little deviation is allowed. In some Head Start FSCs, case managers have monthly face-to-face meetings with families, and have weekly or even daily telephone contact with them as well. In others, face-to-face contact occurs daily or several times a week. Some case managers rely on home visits, while others have parents come to a central or satellite office, or they may contact parents informally at classes or other program activities.

There is little consistency in caseload size across program models. Head Start FSC caseloads vary from 10 to 50 families, CCDP caseworkers have caseloads ranging from 8 to 20 families, and the home visitors in Missouri's PAT program have caseloads ranging from 70 to 125 families, depending on the location of the project.

Early Childhood Education and Care

...local projects must still assess the needs of parents and develop a strategy tailored to them, recognizing that these needs are likely to change over time.

Providing a high-quality early childhood experience for children as part of a two-generation strategy is a complex undertaking. Early intervention programs, such as Head Start or preschools funded through Chapter 1 of the Elementary and Secondary Education Act, focus on the children's needs for a developmental experience. Characteristically, they are part-day, part-year programs for three- and four-year-old children. By contrast, programs that provide job training and assistance to parents focus on linking families to child care arrangements that fit parents' needs, in terms of hours of operation and ages of children served, with little or no attention to the quality of the arrangement.

A two-generation program must attend to both needs. If the program recruits families early in the child's life, what constitutes a high-quality early childhood program for infants and toddlers? For

45 minutes every day in their children's classrooms working on activities together. In one project, the joint parent-child activities for PACT time are chosen alternately by the child, the parent, or the teacher, so that no single participant dominates. In another project, the specific activities that parents work on during PACT time are planned by the early childhood teachers in concert with the adult education teachers.

A number of Even Start projects conduct parenting education through home visits, which provide an opportunity for project staff to interact with parents and children in a less formal setting than a structured classroom. Many staff members describe the benefits of going to families' homes, such as getting to know the whole family and letting parents know that they care enough to come to them. Home visits have multiple purposes that include modeling for the parents educational activities with the child, leaving toys and books in the home for families to borrow or keep, and maintaining contact with families. Table 1 illustrates the variety of approaches to parenting education in a sample of Even Start projects.

A "Read-to-Me" Session in Phoenix

The parent-child activity, led by two early childhood education teachers, is attended by about 15 mothers and 20 children. The mothers and their children sit together around tables in the preschool classroom. Younger siblings are in the next room with three classroom aides. The theme is "peek-a-boo" books (i.e., books where someone or something is hiding either literally under a flap in the book or somewhere in the picture). The teachers read three books to the group, going page by page and asking questions along the way, encouraging children to get involved (and they do--calling out answers, telling where objects are hiding). The session is a mixture of English and Spanish.

After the stories are read, the parents and children make their own peek-a-boo books to take home. Parents have the choice of making a book with English or Spanish text. The teachers explain to the parents how to make the book, pass out all the materials that they need, and encourage the parents to let it be a joint activity with their children. The materials include paper printed with a sentence identifying a hidden object, "flip-up" pieces of paper that the teachers and project director made with a die-cut machine, and stickers of the objects named on the page. The goal of the session is to have the parents read the text to the child and have the child select the sticker that matches the text.

When all of the pages are complete, the mothers use yarn to bind the pages into a book. This turns out to be a difficult task for some mothers, and there is a lot of discussion and help rendered by mothers at the same table. The teachers also circle around to help. The session lasts about an hour, with parents and children taking their new book home.

Even for adults who are almost ready for them, traditional GED classes are often dull repetitions of unsuccessful high school experiences, with out-of-date materials and a pace that may be too fast or too slow.

Adult Education

Increasing parents' literacy and educational achievement are goals common to most of the program models described in this chapter. Increased literacy skills and educational qualifications, it is argued, will move parents closer to employability and to jobs that pay adequate wages. This, by itself, will enhance children's chances of life success. In addition, parents who are actively working towards their own educational goals will communicate the importance of education both directly and indirectly to their children.

At first glance, it would seem that any project could provide access to adult education classes, since in most communities they are offered by high schools, community colleges, or other community institutions. However, the reality is more complex. What is offered

might be enhanced by the requirement that parents must attend if their children are to attend. On the other hand, this arrangement is not without its problems. For example, classes held during the day may be difficult or impossible for working parents to attend.

Other Services

The services described above are common to most two-generation programs. However, most programs have their own unique set of additional services, some of which are paid for directly by program funds while others are obtained from local providers. In many cases, the nature of the support services used by a program depends completely on what is available in the community and on the program's ability to access those services. The list of these supportive or auxiliary services is long, and can include such items as transportation, health care assistance, meals, family advocacy assistance, nutrition services, referrals for employment services, counseling services, child care, mental health services, referrals for child protective services, referrals for services for battered women, treatment for chemical dependency, and translators.

It should be clear from the earlier discussion that project administrators have many choices to make as they construct a network of parent support services. The one service that projects consistently provide directly is case management. All other services might be provided either directly or through referral, depending on the resources available in the community, programmatic eligibility requirements, and the needs of parents. In such cases, projects might need to supplement existing services with those tailored to specific needs. Tables 2 and 3 provide examples from Head Start FSCs and CCDPs of how local projects combine direct service provision with the use of services in the community.

Target Population

One issue important to identifying the target population for two-generation programs is how to define need. Need can be defined solely in terms of family income; it can be more broadly defined to include, for example, teenage parents or minority-language families regardless of income status; or it can be based on factors that put families at risk for child abuse or neglect. While there is considerable overlap across these populations, the broader definitions will draw more families into the program. At the farthest extreme is Minnesota's ECFE program, which is available to all families with young children regardless of income. A decision to make the program universally available probably limits the scope of services that can be offered, but is likely, over time, to garner considerable political support. Even Start also recruits a broad range of families--those that live in Chapter 1 attendance areas, have children under eight years old, and an adult who qualifies for federally funded adult basic education. Targeting a program to a narrower segment of the population may allow programs to provide a wider range of services, to serve families more intensively, or to provide services over a longer period of time.

Another consideration in targeting programs is which family members should be served. All the programs described above provide services to mothers and to the children who are the impetus for program services. Some, like the CCDP, recognize that there may be other adults in the family whose actions and examples

...bringing fathers or other significant adults in the household into the program can result in improved family participation and support for the program's goals.

Other programs, like the Head Start FSCs, provide services directed at a specific set of family problems intensively but over a shorter period of time (usually one year). A program such as Missouri's PAT, which reaches out to families of all education and income levels, delivers a narrow range of services through relatively infrequent (monthly) home visits by parent educators until the child reaches age three.[21] Because many of these programs are new, evidence on the relative effectiveness of the different strategies is just beginning to emerge, and no study has tried systematically to disentangle the differential effects of service scope, intensity, and duration. Hence, to make decisions about these key programmatic concerns, planners must rely on careful assessment of the needs of their target populations and the experience of projects that have implemented various program models.

Program Costs

The preceding discussion shows that two-generation programs differ from one another on many dimensions, including the emphasis on services provided, the intensity and duration of services, and requirements for entry into the program. One other key variable is the relative cost of different two-generation programs.

When measuring the costs of these programs, it is important to distinguish between direct program costs and the costs of all resources used by the program in question. For example, CCDP, Head Start FSCs, and Even Start are all federally funded programs that require that grantees not use their federal funds to duplicate services that can be obtained locally. Rather, they are required to build on existing services, and to use program funds to fill the gaps in service provision. Thus, for example, these programs often use Head Start to provide the early childhood portion of the program for four-year-old children; likewise, Even Start often uses local adult education programs to satisfy its adult literacy component. This means that these programs ensure that participating families receive the required services, without expending program funds.

For each program discussed earlier, it is relatively easy to compute a cost per family by dividing total direct programmatic costs, excluding the costs of any referred services, by the number of families served. However, data on the costs of all referred or brokered services are difficult to obtain and require special-purpose cost studies. Further, for comparative purposes, it is appropriate to compare direct program costs--the incremental costs of the program. This is the amount that it costs to put the program in place, and, similarly, the amount that would be saved if the program were eliminated. The costs of referred or brokered services, such as the placement of an Even Start child in Head Start or the referral of a CCDP adult to adult basic education, generally are not increased by the existence of a two-generation program, and would not be saved if a two-generation program disappeared.

Direct programmatic costs for the programs discussed in this chapter vary widely, both on a per year basis and in terms of the cost for families that participate fully in the program. (See Table 4). At the upper end of the cost spectrum, IHDP costs about $10,000 per family per year, with the intent that families will participate for three years, for a total per family cost of about $30,000. Similarly, CCDP costs about $10,000 per family per year, with the intent that families participate for five years, for a total per family cost of $50,000.

Several other programs are more moderate in their costs. Head Start, ECEAP, and PACE all have direct programmatic costs in the $3,200 to $3,720 per family per year range, and Even Start costs about $2,500 per family per year. Head Start, ECEAP and PACE all intend that families participate for about a year, and, while Even Start families can participate for multiple years, research shows that the average length of participation is less than a year. Finally, at $580 per family per year, the Missouri PAT program is by far the least intensive and

Implementing Two-Generation Programs

One basic problem that two-generation programs face is persuading parents to participate and to take full advantage of the services offered. Most parents are happy to enroll their children in a high-quality, early-childhood program that will foster development or, in the case of home-based programs, to receive a visit from a friendly "expert" who arrives with toys, advice, and suggestions for activities. They may be less willing to participate fully in program activities designed to foster their own development. Inadequate participation may be a consequence of practical problems such as the lack of transportation or child care for younger children or school-age siblings. Projects may also have initial problems hiring the right staff or finding appropriate and convenient facilities, both of which can affect participation.

A first step in motivating parents to participate fully and to stay in the programs long enough to meet the goals they set for themselves is to ensure that the services offered are appropriate to the needs of the families involved. If parents' skill levels are too low for a traditional adult literacy program, project staff need to learn about the appropriate kinds of basic skills instruction and then find ways to provide the services directly or indirectly. If families are in crisis or need immediate help with basic human needs, project staff need to address these short-term problems promptly and effectively, while continuing to support the long-term goals for the family.

The choice of target families also influences participation. If projects recruit families that are ready to learn, that is, families in which parents have basic skills, are eager to finish their educations, and have stable lives, they are likely to have higher participation rates and earlier positive outcomes. If, on the other hand, projects target dysfunctional families, with low skill levels and severe life problems, they are likely to spend a long period of time providing the social services and meeting the basic needs that must be addressed before adults in the family can participate fully in other aspects of the program. Progress for these families will be slower and less certain. While it is important not to confine services to families that may be capable of succeeding on their own, projects must weigh realistically their chances of success with the neediest families, given resource constraints, staff expertise, and the duration of the program.

Increasingly, programs developed at the federal level, as well as smaller programs developed by state and local governments, recognize that it is not possible to move all families to the same outcomes on the same schedule. Ideally, local projects would be able to tailor the scope, intensity, and duration of services to the needs of individual families by planning a long-term strategy for the neediest families and a shorter-term schedule of services for families with less severe problems.

Ideally, local projects would be able to tailor the scope, intensity, and duration of services to the needs of individual families by planning a long-term strategy for the neediest families and a shorter-term schedule of services for families with less severe problems.

Another barrier that local projects may face is the absence or limited availability of one or more important service components. Earlier in this chapter, we discussed the problem of finding quality child care for infants and toddlers, or finding adult education programs that are appropriate for parents with low literacy skills. For many programs that encourage parents to use a variety of community services, transportation problems may inhibit families' use of these services. Project staff must be inventive in addressing this problem. Since public transportation resources are often not adequate to address

Table 1
Selected Parent-Child Activities in 10 Even Start Projects

Center-Based Activities	Home-Based Activities
Parents volunteer in ECE classroom one hour a week using Bowdoin materials; needs assessments are used to ascertain parent interests.	Weekly home visits using Portage Project and Head Start/CDA materials; parents sign rules of conduct for home visits; visitor models activities, brings materials, and leaves books; uses monthly group home visits at a housing project for information and bonding.
One-hour "Read To Me" sessions are held weekly that parents must attend once a month; Three-hour workshops are held several times a week with different topics (making games, child abuse, etc.) that parents must attend twice a month; parents must volunteer as classroom aides twice a month.	One visit a week for three-year-olds, one visit a month for four-year-olds; visitor helps plan monthly Even Start calendar, brings toys or books to the home and plans a concept for each visit, such as making toys out of household items.
"Read To Me" classes are offered; parenting education is combined with ABE classes using STEP curriculum, with topics suggested by parents and parent liaisons.	One-hour visit every two weeks; visitors share books, integrate reading and writing into daily activities, and model activities; parent reads to the child; books and toys are exchanged.
PACT time is the last 30 minutes of each class day, four days a week, with activities chosen by the child, parent, and teacher; parent groups on child development are held once a week for one hour using Bowdoin materials.	One-hour visit every six to eight weeks focusing on educational activities for parents and children; uses some Bowdoin materials.
Monthly pot-luck suppers with parents and children are held that include a presentation and a parent-child activity.	Two or three visits for a total of four to 10 hours a week; uses strategies for dealing with child and family problems; includes parent as a participant in ECE activities.

Table 3

Selected Summary of CCDP Service Provision

Table 2

Selected Service Delivery Models in Tended Head Start Family Service Centers

Service Target	Type of Community	Substance Abuse Service	Literacy Types of Providers	Employment
Adults	Rural city Health services	Case Assistance in obtaining needed services; referral to treatment centers; individual counseling; group parent sessions	Family reading program; Cooperative Extension; CCDP grantees; CCDP health coordinator; local hospitals, other health facilities; private Medicaid providers	Linkages with employers; employability education; collaborate with OBS
	Urban Education and training, employment counseling	Parenting education and home visits; refer to United Way and other community programs	Referrals to community college ABE/ED, state Department of Employment Security; CCDP-funded, state-funded projects; local employers; education by community colleges, public schools	Collaborate with private industry Council and OBS for job- readiness activities, training and placement; volunteer work experiences
	Rural Training in infant and child development, health care, nutrition, parenting	Referrals to outpatient services and outreach program; refer to county mental health services	Collaborate with community college for ABE/ED, GED classes; Head Start parent literacy project; CCDP-funded workshops and group discussion; home visitors; University Cooperative Extension Service; state Public Health	Collaborate with OBS and local office of Employment Security; collaborate with OBS; information from local agencies (e.g., PTA, Urban League)
	Small city Assistance with housing, income support, nutrition	Weekly home visits and support groups; on-site education by parent support and referral	Referrals to ABE/ED, on-site reading literacy; family reading/literacy project	On-site training and career awareness
	Urban Education and treatment for substance abuse	Referrals to community mental health center; consultant	On-site ABE/ED and literacy classes by community college; on-site case management; CCDP-funded family reading program	Referrals to OBS; on-site occupational therapy
	Small city	On-site prevention workshops by local Department of Health; local public housing service; Office of Alcohol Abuse Prevention	On-site ABE/ED classes; personal skills; Case managers; state Department of Social Welfare, State Department of Employment Security	Job search workshops through PTA; Information from state Department of Employment Security
	Urban	Substance abuse counselor, support groups with mental health consultant	Self-study reading, individual tutoring,	Collaborate with OBS; on-site job-readiness programs; supported job search; on-site employment workshops

Table 4
Program Characteristics and Costs
(continued)

Program	Age of Child at Entry	Program Duration	Primary Program Services	Direct Program Outlays per Family	Source of Funding
Head Start	Three to five years old	One year	Early childhood education Support services Health and social services Parenting education	$3,000 for one year	Federal
Washington ECEAP	Three to four years old	One year	Early childhood education Parent involvement Health and social services Parenting education	$2,000 to $3,000 for one year	State
HDP	Zero years old	Three years	Early childhood education Health assessments and referrals Parenting education Parent and child activities	$10,000 per year for three years	Foundation
Kentucky PACE	Three to five years old	One or two years	Early childhood education Adult education Parenting education Monthly home visits Limited referrals	$3,000 for one year	State
Even Start	Zero to eight years old	One year average	Early childhood education Parenting education Adult education Support services	$2,503 for one year	Federal
Missouri PAT	Zero to five years old	Multiple years		$2,000 for one year	State
CCDP	Zero years old	Five years intended	COMPREHENSIVE SERVICES AND SUPPORT Case management Child and parent health and nutrition Parent mental health Child development Parenting education Parent economic self-sufficiency Support services	$10,000 per year for five years	Federal

16. Janet Swartz, Christine Smith, Geraldine Berghauer, Lawrence Bernstein, and Jamelle Gardine, Evaluation of the Head Start Family Service Center Demonstration Projects: First Year Evaluation Results (Cambridge, Massachusetts: Abt Associates Inc., November 1993), 2.

17. U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, Head Start Bureau, Comprehensive Child Development Program: A National Family Support Demonstration. Interim Report to Congress; (Washington, D.C.: Author, 1994), 1-1 - 1-9.

18. The Barbara Bush Foundation for Family Literacy, 6-14.

19. Ruth Nickse, Nickse Associates, Brookline, Massachusetts, personal communication, interview, June 1993.

20. Infant Health and Development Program, "Enhancing the Outcomes of Low-Birth-Weight, Premature Infants," Journal of the American Medical Association 263, no. 22 (1990): 3032-3042.

21. Judy Pfannenstiel, Theodora Lambson, and Vicki Yarnell, Second Wave Study of the Parents as Teachers Program (St.Louis, Missouri: Research and Training Associates, Inc., September 1991), 3-4.

22. St. Pierre, Swartz, Gamse, Murray, Deck, and Nickel, 231-238.

23. Administration on Children, Youth, and Families, Head Start Cost Management System (Washington, D.C.: U.S. Department of Health and Human Services, 1991).

24. U.S. General Accounting Office, Early Childhood Education: Information on Costs and Services at High Quality Centers; (Washington D.C.: Author, July 1989), 2-3.

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