

# Enhancing School Readiness: The Early Head Start Model

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Children's social, emotional, and behavioral development has a critical effect on school readiness. The first five years of life are a time of rapid brain development when capabilities, emotions, and social skills form a foundation on which subsequent development builds (Shonkoff & Phillips, 2000). Researchers have documented that children who reach school age with significant social, emotional, and behavioral problems are at high risk of school failure (Raver, 2003; Raver & Knitzer, 2002).

Recognizing the importance of intervening early in a child's life, before a child's enrollment in school, many communities have begun to develop programs linking early childhood education with family outreach efforts (Jozefowicz-Simbeni & Allen-Meares, 2002; Sacks & Watnick, 2001). Although these programs may vary in design, research has shown that successful early childhood programs can individualize their services; use a family-centered, community-based approach; and employ providers who have the necessary knowledge and skills to develop relationships with children and families facing difficult circumstances (Shonkoff & Phillips, 2000; Smith & Fox, 2003). Empirical evidence also suggests that the most effective programs provide child-centered interventions along with family support (Yoshikawa, 1995). Incorporating these principles, the Early Head Start (EHS) program offers a particularly promising model for enhancing the development of young children and increasing their chances for success in school. The program offers opportunities for social workers interested in working with young children and their families who are at risk because of difficult life circumstances such as poverty, unemployment, and housing. It

also illustrates ways in which social workers in educational settings might engage with at-risk families to improve children's life chances.

## THE EHS MODEL

EHS began in 1995 as an extension of the Head Start program, a child development program serving low-income three- and four-year-olds. The premise for this expansion was the belief that earlier intervention with low-income children and their families would improve child outcomes, including school readiness. EHS serves pregnant women and families with children from birth to age three. This comprehensive program incorporates child and family development, staff development, and community development. It also integrates health and nutrition services, serves children with disabilities, and empowers parents through shared governance and opportunities for parent involvement. Through its Pathways to Prevention initiative, EHS has sought to increase the capacity of its programs to meet the "comprehensive mental health needs of infants and toddlers within the context of their families" (Center for Prevention and Early Intervention Policy, n.d., p. 1).

EHS has been rigorously evaluated through use of large-scale random assignment. Results are promising, particularly as related to enhanced school readiness. The national evaluation of EHS found that EHS children tended to score higher than control group children on measures of cognitive and language development (U. S. Department of Health and Human Services [HHS], 2002). EHS children also scored more favorably than control group children on measures of social-emotional development and were reported by their parents to have less aggressive

behavior (HHS). Program lessons drawn from the evaluation are instructive for social work. Of note is the recommendation that greater attention be given to parents' mental health needs, an area in which social workers' clinical training would be especially beneficial.

### **Local Implementation**

In 1999 Children's Friend and Service in Providence, Rhode Island, was awarded funding from the Head Start Bureau (HSB) of HHS to establish an EHS program in Central Falls, Rhode Island's poorest city. The program built on the agency's Early Start program, a state-funded child development program. Subsequent funding from the HSB resulted in the agency extending its services to families in the Providence area, thus providing comprehensive child and family development services to more than 200 low-income children and their families. The program has been cited by the Region I HSB for its outstanding practice in the areas of cultural competence and infant-toddler mental health services.

In the discussion that follows, we talk about how Children's Friend has addressed each of EHS's three goals—(1) child and family development, (2) community development, and (3) staff development—and the role of the social work staff in furthering those goals. Although EHS does not require that programs be staffed by social workers, the agency felt that social workers would best be able to address the complex needs of the program's families and children. We also discuss ways in which program monitoring has been used to strengthen service delivery. We believe this program exemplifies ways in which social workers might work collaboratively in early childhood settings to support families and the development of young children and to strengthen the communities in which families live.

**Child and Family Development.** In working with children and families, programs may offer services through a home-based model, a center-based model, or a combination of the two. Children's Friend developed a home-based model of services. Families receive weekly home visits and participate in a two-hour center-based socializa-

tion group on a weekly or biweekly basis. The socialization groups combine parent-child time and parent education-support groups facilitated by the family support workers. The children participate in an early childhood program while parents participate in groups. The program is developed around the principles and premises of family support (Family Resource Coalition, 1996). Services are flexible, strengths based, and relationship based. Services are provided in the family's primary language, with respect for the family's values, traditions, and culture. Children and families are ethnically diverse, and more than 60 percent are Latino. Staff members also represent diverse ethnic backgrounds; more than 40 percent are Latino. More than 50 percent of the staff are fluent in more than one language, with most fluent in both English and Spanish. Services are provided at times that are convenient for families, including evenings.

Unlike programs that use external staff to provide mental health services, Children's Friend integrates mental health services throughout the program, supporting both children and families with teams of bachelor's- and master's-level social workers. The program has the characteristics necessary to effectively deliver mental health services to Head Start children: It is focused on the family and staff, as well as the children; strengths-based; practical; clinically and culturally sensitive; open to new kinds of partnerships; and realistic about the need for deliberate strategies to make mental health services "user friendly" (Yoshikawa & Knitzer, 1997). Master's-level social workers manage the program sites. In addition, each site has master's-level social workers as supervisors and clinical social workers as part of the home visiting staff. All family support workers are supervised by master's-level social workers. Supervisors use their training and skills to help staff develop knowledge and skills in working with families to respond to and cope with difficult issues such as domestic and community violence, maternal depression, and children's challenging behaviors. Parent groups are cofacilitated by family support workers, pairing newer workers with more experienced workers. Groups are held in both English and Spanish and are designed to

meet parent needs, such as a teenage parent and father groups.

**Community Development.** Staff have also worked to improve the delivery of early childhood services and create more supportive communities for families. An example is the work the program has done to include fathers in services, not only within this agency, but also statewide. Managers and staff identified the lack of father involvement in the program as an area of concern. A Children's Trust Fund grant allowed the agency to develop and implement an intensive training program, addressing not only staff attitudes toward father involvement, but also effective ways to engage fathers. Father groups were started. A Fatherhood Task Force was established, with representatives from all agency programs. The task force made recommendations on ways to make Children's Friend more "father friendly," from including pictures representing fathers in the building to adding infant changing tables in the men's bathrooms. These recommendations were implemented. Training on working with fathers is now required for all direct service staff members.

On a statewide level, Children's Friend brought together a number of agencies interested in male involvement activities to ensure coordination and communication, which resulted in the founding of the Rhode Island Father and Family Network, a coalition consisting of individuals and organizations that promotes the active involvement of fathers in the lives of children. The network provides training on best practices, supports collaborations, and is a voice in public policy. Awareness of the important contribution of fathers in the lives of their children has been raised as a result of these activities. This is just one example of the many statewide coalitions in which staff have taken an active leadership role.

**Staff Development.** Developing a highly trained staff is another important component of Children's Friend's approach to service. An intensive in-house training program ensures that all direct services staff participate in training that includes family-centered practice, infant-toddler and preschool child development, group skills, child abuse and neglect, substance


abuse, domestic violence, and cultural competence. The agency also works with several schools of social work in both Rhode Island and Massachusetts, providing internships for both bachelor's- and master's-level social workers.

### **Program Monitoring**

Child and family progress is assessed at regular intervals and at case closing, using the Parent Stress Index (Abidin, 1990), the Child Well-Being Scales (Magura & Moses, 1986), the Ages and Stages Questionnaires (Bricker & Squires, 1999), and staff's assessment of families' progress on family partnership goals. Data are reviewed annually to help the program determine whether families are on track and in what areas services might be improved. For example, using the Ages and Stages Questionnaires (Bricker & Squires), we found that 76 percent of the children served were progressing at the developmental level appropriate for their age. Children with delays were most likely to show deficits in communication skills and were slow to show gains. Further examination of the data found that these children were often in households where English was the second language and that these differences were more apparent when children were younger. Staff were able to use this information to increase their work with children and parents in language acquisition skills. Training was provided to staff on language development in young children, addressing both the process of language development and activities to support appropriate development. Information on bilingual learners was also included in the training. Staff have increased their focus on early literacy skills and language development during home visits, as well as in center-based activities. Information is shared with parents on how to promote language development, how to develop language-rich environments, and how language and communication abilities help in later school success. Children are given books, and parents are encouraged to read to their children, another strategy for facilitating language development. Staff members also have a better understanding of when children should be referred to early intervention or the school department for further

evaluation and services. Ongoing assessment of client progress has provided the program with the information necessary for regular, continuous program improvement.

## CONCLUSION

Children's social, emotional, and behavioral development has been shown to have a critical effect on school readiness. Children who enter school with significant developmental problems are likely to have difficulty succeeding in school. Social workers are ideally trained to work with young children and families in EHS settings to ensure a more promising start for children and to increase the likelihood of success for children once they reach school age. EHS models ways in which social workers in a broad range of educational settings can engage with children and families to strengthen child development, build parental capacity, and improve the communities in which families live. 

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## PRACTICE HIGHLIGHTS

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