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Community Participation in the Education of Young Children

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Abstract

Many young children from low-income families are prepared for kindergarten through a well established, federally designed and funded preschool education program called Head Start. This paper explores how a program blending education, health, and social interventions is successful in a school-based environment. A Head Start program on the Texas-Mexico border is then described as part of a reciprocal learning partnership with a health professions program at the University of Texas Health Science Center at San Antonio. Through the example of Head Start, occupational therapy students become immersed in issues of social policy, social justice, and the interdependence of health and education in addressing the needs of low-income children and families.

Introduction

It has been over a decade since Hillary Rodham Clinton's book *It Takes a Village: And Other Lessons Children Teach Us* advocated for a society where all of our children's needs would be met. In the discussion of whether strong community participation in the support of families can change educational outcomes, the United States of America need look no further than the hidden success of an early childhood education policy. A successful educational policy offers a strategy that places little emphasis on testing and instead focuses on the social and health well-being of families to assist in the educational achievement of the nation's poorest children. The Head Start program has been providing educational, health, and social resources to families for over forty years. It is a federal program preparing low-income children to enter kindergarten on an equal footing with all other children. This paper reviews the origins and development of Head Start and describes how one Head Start program in a Texas-Mexico border community contributes valuable experiences in social and occupational justice issues to health profession students.

A Social Program in Education

The Head Start and Early Head Start programs are not simply preschool educational programs for poor children. From the beginning in the early 1960's, Head Start was planned to be a social intervention for families of young children. It was designed as a comprehensive child development program arising from President Lyndon Johnson's "War on Poverty" and began as a pilot project in the summer of 1965. In the early 1970's the Head Start programs were expanded through mandates for both institute training with

credentialing for all Head Start staff and for inclusion of children with identified disabilities. Subsequent reauthorizations by Congress expanded and improved the quality of the services provided, including the development of Early Head Start for low income children 0-3 years, and pregnant women.

Thus, Head Start programs are family-centered and provide a variety of services and resources in order to help “parents become better caregivers and teachers, and help them meet their own goals, including economic independence” (Pennsylvania Head Start Association, 2007). This assistance includes health, nutrition and social services so that families can locate, obtain, and maintain anything they may require to live in the community and improve their quality of life. For example, education on nutrition is provided both in the classroom and in the home. Children are served breakfast and lunch in a family dining style atmosphere at the Head Start program, even if it is physically located in an elementary school cafeteria. Separate federal programs also exist to serve special populations, such as the Migrant and Seasonal Head Start program. This program is flexible to the unique needs and schedules of children of migrant and seasonal farm workers and also provides education and job training for their parents.

Community Participation

Head Start programs have recognized that to make their unique contributions to society, young children from low-income families must be able to participate in all aspects of their community. Community participation depends on the family’s educational, health, social and cultural capital. Families must also be recognized as contributors in the partnership of educating their children. This is termed “Funds of Knowledge” and is a term used in anthropology and education to describe “the strategic and cultural resources that households contain” (Velez-Ibanez & Greenberg, 1992). Head Start programs both employ and otherwise actively cultivate parent volunteers and so use the funds of knowledge of the families to improve their services. In the 2001-2002 program year, 29% of Head Start staff members were parents of current or former Head Start children (Administration for Children and Families, 2006). Parents are also encouraged to actively participate in the decision making process of their local program. Continued funding is dependant on a program’s ability to include parental input directly in the classroom.

The power behind the comprehensive resources offered to families is in part due to the way the programs are funded. Head Start programs are not under the purview of the US Department of Education. Rather each program is locally administered by community-based non-profit organizations or school-systems and funded by grants awarded by the Department of Health and Human Services. Thus, Federal funds are given directly to local grantees with locally designed programs which, while coordinated with the school district and sometimes located in elementary schools, are separate, distinct entities. Head Start programs are also encouraged to use other community funds to provide services to families. For example, some medical and dental services provided to children are billed through the Federal and State Medicaid Early and Periodic Screening, Diagnosis and

Treatment (EPSDT) program. Additionally, in 2002, 115 Head Start programs were sponsored by faith-based organizations (Administration for Children and Families, 2006).

Questioning the Focus of Early Childhood Education

Since his 2000 presidential campaign, President Bush has advocated moving the Head Start program from the Department of Health and Human Services to the Department of Education (Gish & Butler, 2003). The rationale for this move is to emphasize pre-reading skills in Head Start programs over the health, nutrition, and social service components. This supports the President's goal of having all children be proficient readers by third grade. In essence, the desire of the current administration is for Head Start to become solely an educational, classroom based program. So far, opponents have consistently presented compelling evidence to prevent this policy change.

In support of the current priorities of Head Start, a new report from the National Scientific Council Center on the Developing Child at Harvard University (2007) presents seven concepts of early childhood development. These concepts arise from cumulative research on factors impacting early brain development and provide the basis for the direction of future initiatives. The Council calls for preschool policies and programs which promote comprehensive approaches to the healthy development of all young children through education, family, and community services. In response, currently more than 900,000 children receive services from Head Start programs with a budget of approximately \$6.8 billion (Administration for Children and Families, 2005). Results of studies over the past 40 years conclude that Head Start "produces substantial long-term educational benefits" (Barnett, 2002). The evaluation of outcomes continues through the ongoing Head Start Impact Study and Follow Up, 2000-2009. The first results of this longitudinal study are now available (U.S. Department of Health and Human Services, Administration for Children and Families, 2005).

The initial results of the study show positive impacts on pre-reading skills but no positive impacts on early math skills. Although Head Start children remained below average in their performance on a letter-word identification test, the expected achievement gap had been nearly cut in half through attendance for one year. Head Start also had a positive impact on pre-writing skills, the frequency and severity of problem behavior, and on indicators of health including receipt of dental care. For children who entered the program as 3-year-olds, small statistically significant impacts were noted with parents of Head Start children using more educational activities and less physical discipline than parents in the control group. These gains have been made despite the limited funding Head Start programs receive compared to other "model" preschool programs and with the mandate to provide more comprehensive services than other programs (Barnett, 2002).

With positive educational and health outcomes, Head Start becomes an example of how inclusive community services can bring about individual, family, and societal change. It can be used to demonstrate issues of social policy, social justice, and the interdependence of health and education to college students, including those enrolled in health professional education programs, such as occupational therapy.

Occupational Therapy Students and Head Start

Occupational Therapy is a health profession which provides skilled treatment that helps individuals achieve independence in all facets of their lives. It gives people the “skills for the job of living” (American Occupational Therapy Association, 2005). Occupational therapists work with people across the lifespan who are experiencing disabling conditions which disrupt their ability to participate in their daily activities of living, work, education, and leisure. Over the past five years there has been a growing consensus that the profession’s interest in the social context within which people live be expanded to include issues of occupational justice. In parallel with the concept of social justice, “occupational injustices exist when, for example, participation is barred, confined, segregated, prohibited, undeveloped, disrupted, alienated, marginalized, exploited, or otherwise devalued.” (Townsend & Whiteford, 2005, pp. 112). It has been suggested that occupational therapists should consider, with their clients and their families, ways in which changes can be made to the social, economic and political conditions which maintain a system of occupational apartheid (Kronenberg & Pollard, 2005). Thus, along with the other daily occupations of people, the political should be addressed as part of the services promoting health and well-being. In turn, occupational therapy students must be prepared to include an individual’s political activities of daily living in their future practice.

Although occupational therapy students frequently participate in educational opportunities in the community during their coursework, their exposure to issues of occupational injustice is limited. Students examine policy as it affects the provision of health and educational services, but these discussions are often of a macro nature and may be detached from issues challenging individuals and the local community. The example of Head Start, as a program working for social justice, can be used to demonstrate the linkage between social, educational, and health policies. Thus, a reciprocal service-learning experience was developed between the department of Occupational Therapy at the University of Texas Health Science Center at San Antonio and the San Felipe Del Rio CISD Head Start Program, in Del Rio Texas.

The San Felipe Del Rio CISD’s Head Start program is located in Del Rio, Texas, a city of over 35,000 people in a 2003 estimate (U.S. Census Bureau, 2007). Del Rio is on the Texas/Mexico border with a sister city, Ciudad Acuna, a few steps across the international bridge. People living in poverty constitute 27% of the city (versus a 15.4% rate in Texas), and many have very low paying jobs in the factory plants (maquiladoras) across the border in one of the lowest paying regions in Mexico.

As well as certified teachers, instructional aides, and other typical school personnel, the Head Start Grant also funds mental health staff, health/nutrition staff, and social services/parental aides who number 13 for 320 children. Mixed into the elementary school are groups of children who also receive services including a pre-kindergarten program and a classroom for pre-school children with developmental disabilities. Thus the staff provide services to up to 540 children in families who may be unilingual, bilingual, migrant, homeless, and/or have children already identified with special needs.

The Master of Occupational Therapy students provided screening and educational services to the children and staff of the Head Start program and received educational and practical experiences in return with successful outcomes all round (Beck & Barnes, 2007). First year MOT students traveled to Del Rio and, under faculty guidance, screened children who had been identified as having immature or dysfunctional skills limiting their classroom participation. The students assisted in reporting the findings and recommendations to teachers and families. In return the MOT students received presentations about Head Start and life on the Texas-Mexico border. In their second year of studies the MOT students returned to the Head Start program and gave presentations and classroom suggestions to the teaching staff. In return they received classroom cultural inclusion experiences. In this way involvement in the San Felipe del Rio CISD Head Start program demonstrated the blending of education and health in community with the MOT students learning how the environment, including political and social issues, impacts the health and well-being of families with young children.

Conclusion

The success of the Head Start program derives from its comprehensive provision of services to young children, including their families. It is able to sustain these services under the guidance of its governing body, the Department of Health and Human Services. When education, health, nutrition, and social services are combined, and the community actively encouraged to participate in its own welfare, then research demonstrates that outcomes are achieved and sustained. The educational achievement of young children requires not just academic instruction but attention to their comprehensive needs within their family and community.

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