
"The job of the school is to teach so well that family background is no longer an issue."
-Martin Luther King Jr. 1967

12 million children lived in families whose income was below the United States Poverty line in 2003. This number does not tell the whole story, however. It is estimated that over 25 million children live in low-income families. Low-income households receive incomes at or below what most Americans would consider one of poverty. (Gershoff, 2). The low socio-economic status of these children is negatively associated with their academic performance. Children in lower income homes perform at much lower levels (3). There are many theories regarding this income associated achievement gap. Teacher and school quality could be one source of the problem Other studies suggest that socioeconomic status, race, and other related factors can contribute negatively to academic performance, regardless of the opportunity available. Most likely, it is the combination of many factors including home environment and school quality. To adequately shrink the gap, educational programs must be of high quality and work to compensate for environmental factors. Furthermore, as these students often begin at lower achieving levels than their wealthier peers, it is important that programs focus on early childhood education.

Educational initiatives often use family oriented programs as mechanisms to equalize the education gap. As Martin Luther King Jr. stated, schools must ensure that family background does not contribute negatively to academic performance. These
family support programs work to ensure that the family is a positive contribution to the child’s academic career. In this paper, I examine four holistic approaches to early childhood education, the Perry School, the Carolina Abecedarian Project, Head Start, and the Chicago Child Parent Centers. I address the four programs and their focus on health care, parenting skills and involvement, and classroom structure. I conclude by examining the lasting results of these programs and making policy suggestions based on these long term results.

Simple educational preschool programs are often not enough to compensate for the negative aspects of poverty. Evidence from “compensatory and regular preschool programs generally indicates weak and inconsistent effects on IQ and achievement” (Armor, 95). The results for programs that incorporate family support initiatives are much stronger. This is because problems associated with poverty and poor parenting can be harmful to children’s emotional health. Poor emotional health can have the same negative impact on cognitive development as poor physical health. E.C. Frede writes that the most beneficial early childhood programs are those which combine a number of different factors. These include “class size, the ratio of children to teachers…reflective teaching practice and close relationships with parents, and curricula that serve as a bridge between home and school” (95). I will first address programs that deal with children’s health. Next, I will look at classroom dynamics and different methods of teaching. Finally I will examine different programs which involve a parental aspect.

I. Health Initiatives for Children in Poverty
The negative effects of poverty on school-age children are numerous. As the most basic level, poverty can have detrimental effects on children’s health. In a 1991 study, kindergarten teachers asserted that pre-kindergarten knowledge was not the biggest determinant of success. When surveyed, they stated that the “most important determinants of readiness to learn were being physically healthy, rested, and well nourished” (Currie, 214). Furthermore, there is significant scientific research supporting this survey. Barry Zuckerman and Robert Kahn write that childhood health is the most integral aspect of cognitive development. It affects reading skills, “curiosity, creativity and motor skills” (89). Low-income children are often malnourished from the point of infancy throughout early childhood. As this period is critical for cognitive development, their malnourishment can have lasting effects. Programs such as Women, Infants, and Children (WIC) attempt to combat this problem through a child’s earliest years. Children are ineligible for WIC after age 5 (Devaney, 184). At age 5, children are either in preschool or entering kindergarten. Kahn and Zuckerman state that the most effective method of improving cognitive development through health and nutrition is to begin intervention at birth and continue throughout childhood. Thus, the most effective method would be to ensure health compensation after a child is no longer eligible for WIC. This would mean it is the responsibility of the school system to ensure children’s health. Furthermore the economic costs and benefits of school programs are often taken into account. Kahn and Zuckerman declare child development as “a most critical economic asset” (91). Thus, it seems it would be in the best interest of the educational system to foster health.
A. Nutrition

In 2000, there were 3,424,020 children (non-infants) receiving participating in the WIC program (Children’s Defense Fund, 126). WIC, however, has its limitations. The age requirement is only the first of its limitations. The more striking limit is the fact that WIC participants are “self-selected” (Devaney, 195). While the benefits of nutrition for young children are many, and the WIC program helps to ensure this nutrition, it is not universal. Many children do not receive any aid from WIC. This means that children begin school at different levels of nourishment, and thus at different levels of preparedness. In order to properly educate children, programs need to offer proper nourishment, especially during the early years of development. Education without nutrition seems moot. Nutritional initiatives in preschool programs attempt to compensate for this problem.

Keeping a child nourished is no simple task. A toddler should not only eat three meals a day, but should also snack three times a day (Shipler, 210). If low-income parents are working, it is doubtful that they will have the time to ensure that their children eat the requisite six times a day. This is where schools and programs with family support initiatives can come into play. Nutritional initiatives are perhaps the simplest way in which a program can intervene. It does require home visits or interaction with the parents in its most basic form. It simply require providing food for children during school hours. Three preschool programs I will discuss provide nutritional supplements for pre-school age children. Head Start, the Perry Preschool, and the Chicago based Child-Parent
Center, all work to foster nutrition to ensure an equal footing for all students when they enter preschool.

The Child-Parent Center offers breakfast for all of its preschool students. Its preschool program lasts under 3 hours, so breakfast is the only meal to fully coincide with school hours. (Reynolds, 122). Head Start’s policy requires that each center provide “meals and snacks that meet one third of the nutritional needs of the children” (O’Brien, 171). In addition to providing these meals, centers are also expected to educate their students on the importance of nutrition. The Head Start Center in which I volunteer provides two meals each day for children. Some theories suggest that teaching children to choose healthy foods results from feeding them healthy foods. From what I have observed in the Head Start classroom, healthy foods are rarely distributed. There is always one healthy side dish on the table, but doughnuts and sugared French Toast are often the items of choice for breakfast. While these programs attempt to provide nutritional foundations for their students, they could do much more.

B. Health Care

Nutritional health is not the only concern for low-income children. Children in low-income are often more vulnerable to poor health because of their living conditions. Low-income housing can provide hazardous health conditions, especially for those children born with health problems. Furthermore, low-income families often have barriers to health care and thus, their children’s health can grow even worse. While Medicaid does offer insurance to impoverished children, its coverage is limited. While this problem is obviously significant when severe health problems occur, it is also
integral for preventative health care. Children require a healthy start to begin learning. This healthy start is often dependent on preventative healthcare.

Many early childhood education programs take measures to ensure this type of healthcare within the program itself. Using the school to provide healthcare bypasses the complications associated with insurance. Head Start offers very basic health services to its students. One of the programs’ policies is to act in a way to foster health care access to families. Health examinations and vaccinations are often given on site. Although, health examinations were stated in the initial goals of Head Start. During the formation of the programs, the founders cited full health examinations, including, “nutrition, vision, hearing and speech, dental examination, and screening for special problems and special strengths in social and emotional development” (O’Brien, 163). Many centers do not follow the guidelines of the initial founders. This may be due to a lack of funding. If these procedures are not given on site, they are provided for elsewhere. These two precautions seem to be taken in an effort to protect the other children. All other health services must be found independently of Head Start. The Chicago Child-Parent Center Program ensures that all of the services can be received on site. Not only do children receive vision and hearing screening, but they can also receive on site therapy for specific medical conditions.

C. Health Education

This is not to say that Head Start leaves families to their own devices when dealing with healthcare. Quoted in 1965, one of the developers of Head Start stated as a goal “improving the child’s physical health and physical abilities” (O’Brien, 163). In
every center, there is an educational aspect. Centers strive to educate the parents as to healthy lifestyle choices (O’Brien, 161). Head Start, however, helps the family in finding providers who accept Medicaid. Furthermore, they will help find families transportation if needed. Finally, Head Start ensures that the importance of health is recognized beyond the classroom and the doctor’s office. The program works with families to educate them about maneuvering through the healthcare system and working on preventative health with their children. They also strive to educate the children on health needs. The goal is that when the students leave Head Start, their families will have the ability to access adequate and preventative healthcare services for them (O’Brien, 162).

Head Start also goes one step further. Ideally, Head Start programs collaborate with a Health Services Advisory Committee. This committee is comprised of community members as well as people involved with the specific Head Start program. This ensures that parents have an active role in the community and that the community is aware of the health problems facing low income preschool age children (O’Brien, 164).

There are benefits and setbacks of both methods of providing health care within the preschool programs. In the Head Start program, there is the constant threat that the parents will be unable to find the assistance they need even while Head Start is helping them. The Child-Parent Center might deter parents from independently seeking medical care for their children as it is all provided on site. Head Start’s long term goal is to ensure that once children are out of their program, they can secure health care. The Child-Parent Center’s primary goal is healthcare access. If early childhood care is the most important, it seems the CPC’s goal is the better one. If, however, health throughout childhood is equally as important, Head Start is on the better track.
II. Parental Support Initiatives

Health care is not the only way in which these programs incorporated the family into the educational system. Typically, programs are designed to serve either parents or children, not both. Programs that work with both, however, are deemed the most effective (Frede, 92). Involving parents in the developmental process helps because it the school works to benefit the children directly through its specific programs. Furthermore, the school can indirectly affect the children through a home intervention plan. According to some theorists, programs which focus on both generations will benefit all parties. First, parenting education for parents will directly benefit their children’s cognitive development. Secondly, the combination of early education and better parenting skills will “enhance school performance.” Finally, the program can have long run benefits for both generations. St. Pierre et al suggest that possible outcomes could be lower pregnancy rates, delinquency levels and improved economic self-sufficiency (103).

St. Pierre mentions four specific goals of the parental intervention aspects of the programs. They include “parenting and personal skills, improved parent/child interactions, improved home learning environment, and increased involvement with schools (102). This increased involvement can be a crucial aspect later in the educational process. Beryl Watnick and Arlene Sacks write that “significant numbers of families who live in poverty are disenfranchised from the educational process (184). This disenfranchisement can harm children’s educational achievement. If parents feel disenfranchised with the system, they might not support it within their home. Parents who cast negative opinions of education might encourage their children to adopt the same
viewpoints. Furthermore, there can be obstructions in a child’s educational path if his parents are uninvolved. It is documented that students might be placed in lower level academic sequences at young ages because of a lack of involvement from their parents. Even more important, it can affect classroom assignment and “promotion and retention decisions” (Kelly, 648). A child is powerless to make any change regarding this classroom decisions. He must rely on his parents. If they are powerless to make any changes, then he is left in a hopeless academic situation.

A. Techniques to Involve Family in the Educational Process

There are numerous programs which use holistic approaches to education, including both parents and children in the educational process as to avoid any alienation of the parents from the school. One such program is the Perry Preschool Project. This program made its priority parental involvement. Teachers visited families in the home either weekly or bi-weekly. Previously, we mentioned that disenfranchisement could be a problem for low-income parents. These visitations strove to eliminate this threat. The main goal of visitation was to increase the partnership between the parents and the school. The partnership was an equal partnership and not one where the school exerted an unwanted amount of paternalistic dominance over the parents (Schweinhart, 9). There were also group meetings for parents and teachers would explain ways to incorporate classroom activities into the home. Interestingly, the meetings with parents were not mandatory. The goal was rather to encourage and foster a relationship between the parents and the school (9).
Head Start also uses a home visitation strategy, but to a lesser extent. At the Head Start center in Glasgow, a full-time family specialist conducts home visits throughout the year. Head Start programming also includes both generations, but to a lesser extent than the other programs. The more unique aspect of parental involvement in Head Start centers is that the initial goal was to give parents an active voice in the educational process. This is similar to the goal of facilitating communication between the schools and parents found in the other programs. Rather than simply educating parents on the methods of the classroom and encouraging them to engage their children within the home, Head Start strove to incorporate the parents in the planning of classroom activities. Ideally, families would help plan and execute classroom activities (Zigler, 136). Head Start programs lack the social services component which the other programs include. The lack of this service has created criticism of the family involvement aspect of Head Start. While Lawrence Mead may have more conservative tendencies than I, he offers a valid criticism of the Head Start family intervention method. He writes that parents are expected to volunteer in the Head Start centers but are not encouraged or assisted in finding employment elsewhere. Their work in the Head Start centers cannot compensate with their other problems related to their not working elsewhere (72). As a result, parental intervention programs at Head Start centers are less effective than ones at other centers such as Chicago’s CPCs.

While not a specific home visitation technique, the CPCs use one further mechanism to foster dialogue and communication between the schools and the family. A final method of the CPCs to involve the families in their children’s education is the utilization of a school-community representative. This representative serves as another
connector between school and family. He or she is typically a neighborhood native and works with the families as both a community and school representative. He will visit the family in the home and communicate with them about new school initiatives. The person in this position also serves to foster dialogue between the community and the school. Finally, he works to coordinate services, relating to both health and welfare with the parents (43).

B. Academic Involvement Within the Home

Besides a disenfranchisement with the school system, parental academic involvement in the home can also have strong impacts on childhood achievement. A study on parental practices and their relation to the black-white test score gap found a significant correlation between childhood educational achievement and parenting practices within the home. This study used data from the Children of the National Longitudinal Survey of Youth (CNLSY) and the Infant Health and Development Program (IHDP). These prior studies measured the quality of parenting practices within the home. They did so using the Home Observation for Measurement of the Environment (HOME) scale (Phillips et al, 126). Families in the study were ranked along the scale by personal interviewers. These interviewers evaluated “measures of learning experiences outside the home, literary experiences within the home, cognitively stimulating activities within the home, punishment, maternal warmth, and the physical environment” (127).

These positive home characteristics are normally typical of higher income families. The results of a high number of these characteristics and the effects on
academic achievement are striking. Children who were read to daily scored 4 points higher than their peers who were not read to. Students in homes with above average HOME scores achieved as many as 9 points higher on the Peabody Picture Vocabulary Test-Revised (Phillips, 127). If family support initiatives can implement new strategies within homes, children achievement scores should rise accordingly. Other than direct effects on student achievement, family involvement can affect a child’s classroom behavior. Home environment can affect social skills. Social skills will have effects on both a child’s interactions with his peers and his interaction with his teachers. These effects are lasting and will be a part of a child’s educational progress until secondary school. Studies suggest that children who enter school with these skills are less likely to drop out of high school than their less skilled peers (Luster, 143). The programs this paper examines have found success with their family initiatives because of their all-encompassing natures.

The Carolina Abecedarian project took great measures to increase academic stimulation in the home. The Abecedarian project worked specifically to incorporate education into the home. In the classroom there were teachers designated as Home/School Resource Teachers (HSRT). These teachers worked with parents, children and the teachers in the classroom (Ramey, 198). The first step of this teacher was to work with the classroom teachers to gain an understanding of the current learning objectives and the methods used to pursue these objectives. Using this knowledge, the HSRTs would create home activities which related to the classroom curriculum. The teacher would then meet with the family about the activities. The HSRT “discussed these activities with the family, explained their purpose and their relationship to classroom
activities, demonstrated their use, and encouraged parents to use them with their children on a regular basis” (198). Another goal of the HSRT was to reduce the disenfranchisement between the parents and the school system mentioned earlier. The HSRT served as a facilitator between the school and the parents, ideally establishing a greater trust between the two. The meetings with the HSRT were more intense than in other programs. The HSRTs held meetings with families every other week. Not only did they discuss general classroom goals, but they also discussed the specific child’s achievement. These teachers created up to 60 activities for the home and also created summer programming as to avoid summer learning loss. Finally, the HSRTs took on a role similar to that of a social worker. They addressed personal problems and sought to eliminate family problems which might interfere with the child’s learning. The HSRTs even helped parents to find employment and housing (199). In short, these teachers were social workers who incorporated education into the home.

The Chicago Child-Parental Centers also require parental involvement during the pre-school years. While this program is different as it is housed within the public school system, it still uses two-generational programming. While most other programs require parental involvement at least twice a month, the CPCs requires it once a week. There is a “at least one-half day per week” requirement on the part of the parents (Reynolds, 41). Another very unique parental involvement aspect of the CPCs is the creation and implementation of a parent room. The parent room is located within the school. Similar to the HSRTs in the Abecedarian project, the CPCs have a “full-time parent-resource teacher” (41). This teacher oversees the parent room and creates educational activities to demonstrate to parents. There are also personal development aspects in the parent room.
The parent room gives social services similar to those given in the Abecedarian project, but these go a step further. Not only do parents learn about nutrition, education and safety, but they also can take GED classes. Some studies suggest that parent educational attainment directly affects children’s attainment. Thus, if parents obtain a GED through a CPC, their children might achieve at higher levels later in their educational processes. There are also indirect measures taken to encourage parents to engage in the educational process. The parents can actually work within the classroom both on academic and non-academic (such as meals) activities. This is a simple way to engage the parents in a less confrontational and indirect method (42).

III. Classroom Academic Environment

The final component of an all encompassing preschool program involves the classroom itself. The ultimate goal of these programs is to level out early achievement levels. These programs strive to eliminate setbacks which occur because of poverty or family situations. I have discussed the steps taken to eliminate inequalities in achievement due to health and family situations. The final step in equalizing educational starting points is creating a strong classroom environment. Strong teaching skills and well structured curricula work to make strong educational environments. Each of the programs referenced in this paper use different teaching and classroom methods to teach the children.

The Perry Preschool program strove to create a classroom which would incorporate all traits necessary to increase student performance. On the most basic level, class size was very small in the project. The student/faculty ratio was about 1 to 5. All of the teachers “were certified to teach in elementary, early childhood, and special
education” (Schweinhart, 8). The teachers in the Perry Project were more qualified than other preschool teachers. Furthermore, there was always at least one African-American teacher. Studies suggest that children do better in a classroom with a teacher of their own race (Schweinhart Social Programs That Work, 150). As the children in the Perry Preschool Program were all African-American, this could prove beneficial. There was also a strict schedule in the classroom. The class met five days a week for over two hours. The classroom operated using the High/Scope educational model. This model is based on the work of the educational theorist Piaget. This method of learning is unique because of its intense involvement of student self-learning. Teachers work with students to create their own activities. The group lessons all focus on developing the children’s knowledge about “personal initiative, social relations, creative representation, movement and music, logic and mathematics, and language and literacy” (Schweinhart, 9). Finally, teachers are regularly updated and supported in the model.

The Chicago Child Parent Centers had five goals at their inception. Three of these goals related to the academic structure of the classroom. The included “instructional approaches tailored to children’s learning styles, instruction designed to develop children’s speaking and listening skills, and small class sizes to provide for individual attention” (Reynolds, 25). The centers opened in the mid-1960’s in four different schools. There were 120 children initially enrolled, meaning there were 30 students in each center. The children only attended half-day programs. Half-day was defined as 2.5 hours. This is less intense than some other pre-school programs. This brief school time, however, was compensated by the length of the school year. Each center ran for 40 weeks and even included a summer program. One unique aspect of the
educational programs at the centers is that there is no specific curriculum. While the educational goals of all the centers are the same, each center has the opportunity to create its own curricula. The principles of the centers are responsible for the formation of the curricula and the hiring of staff. This means they also decide the hiring criteria for teachers (26).

The actual classroom structure at each center is very similar. The student teacher ratios are 17 to 2 in the preschool classrooms. Furthermore, each classroom is staffed by a head teacher who is responsible for implementing all classroom activities (35). The classroom learning structure involves a focus on math and language learned through a variety of lesson plans. While this structure is so similar, differences in principles and head teachers cause different focuses in classrooms. Arthur Reynolds describes the centers as falling into one of three types of learning environments. The first he labels as teacher oriented. These classrooms involve larger group activities and structured instructional plans such as workbooks. The second type of classroom is the developmental classroom. These classrooms involve smaller group lessons to encourage social skills. The final classroom type is a balance between the previous two.

The Carolina Abecedarian project offered a more intense school day. The children were in the center between six and eight hours. The student faculty ratio was also very intense at 6 to 1. This project, however, was less intense academically. It was defined in one sources as “essentially a day care service” (www.promisingpractices.net). Rather than specific academic curriculum, the project fostered activities to stimulate development. The children were stimulated academically and cognitively through
learning games. The main focus of the academic games was the development of
language skills (Carolina Abecedarian Project).

Finally, Head Start is typically regarded as the weakest academic program of the
four programs in this study. The student-teacher ratios are much higher in Head Start
centers than they are at the other centers (Currie, 3). This is obviously dependent upon
the location of the center. More rural areas, such as Glasgow, might have lower ratios
because there are fewer eligible students. In fact, location of Head Start centers can have
a large impact on the quality of the academic setting. Janet Currie writes “because Head
Start is run at a local level, there is wide variation among Head Start centers in their
levels of teacher training, relative emphasis on parent involvement vs. classroom
activities, and curriculum” (3). Currie is quick to follow this statement that the overall
quality of Head Start centers is very good, but they structure of the centers just differ
based on location. In her study of the effectiveness and long term results of Head Start
centers, Currie mentions that some centers make a practice of hiring “current or former
Head Start parents” (5). While this practice does fulfill goals of parental involvement
both academically and with the school itself, it may create classrooms with lower quality
teachers. In 1998, reauthorization of Head Start made it a goal to have at least 50 percent
of teachers have some form of degree (6). While a nice goal in theory, it is still a goal
and not a requirement. Teachers are not required to have a degree and this may make
them less effective. Furthermore, in 2002, the numbers indicated that only 30 % of Head
Start teachers actually had a bachelor’s degree. Also, in this same year, 13 % of the
teachers had no degree or only a CDA (child development associate credential)
Additionally, these numbers can vary across states as all Head Start centers are locally based.

Other than teacher quality, there are some other downfalls to the educational quality of Head Start centers. Some theorists believe that Head Start pays too much attention to social development and children do not learn the skills necessary to begin kindergarten on an equal level to the other students. This is largely related to weak results regarding the influence of Head Start on school readiness.

IV. Effectiveness of the Four Programs

The long-term results of holistic approaches to early childhood education are often the subject of discourse, as they might be used to determine funding for similar programs or to give more funding to the current programs. Originally there were very few studies regarding long term effects. Recently, there have been an increasing number of studies on long term effectiveness, especially on Head Start.

A. Long Term Effects of the Perry Preschool

The most recent study on the effectiveness of the Perry school was released in November 2004. This study is one of the most all-encompassing because it examines the former students at age 40. Linda Jacobson writes, “at age 40, those who attended the small demonstration program in the 1960s were found to have higher rates of employment and homeownership, and lower rates of illicit drug use and arrests for selling illegal drugs, when compared with the sample of adults who did not attend the classes” (1). To appeal to the conservative side, program attendance also significantly affected
the employment rate. Participants were employed more frequently and earned higher incomes than the non-participants (Schweinhart, 2). One of my personal favorite statistics about the long term effects of the program is the effect on fathering. 57% of males who attended the program raised their own children. Only 30% of those who didn’t attend raised their children (3). There also significant academic achievement, indicating higher performance for students enrolled in the school. These results are also important because they address success beyond basic academic achievement. Some critics say that these results cannot be matched because of the intensity and funding required for comparable programs.

Schweinhart’s study examined the cost-benefit analysis of program implementation. His cost-benefit analysis might be the best evidence for programs such as the Perry school. He writes that an investment of $15,166 per student yielded a $258,888 return to society. Furthermore, 88% of this return is a result of savings on crime, especially for males (3). A cost-benefit analysis such as this suggests that it only makes sense to implement schools such as the Perry preschool on a larger scale.

B. Long Term Effects of Head Start

Head Start offers promising long term effects for students. The first issue I addressed was healthcare and health education. A study conducted on the child health outcomes of Head Start students indicates that programs effectively taught parents about Medicaid and health services. The study concludes that Head Start programs meet all of their healthcare goals in most centers. This is important as health status plays such a large role in academic achievement.
The long term effects of Head Start have been questioned in the 30 years of the program’s duration. In the early 21st century, W. Steven Barnett conducted a study to evaluate the previous studies on Head Start and to examine what, if any, the long term lasting effects are. His first claim is that the shorter term immediate effects of the programs are unquestionable (223). To evaluate long term effects, Barnett examined 39 studies. Barnett’s evaluation of these studies indicates that Head Start does, in fact, increase high school graduation rates. He cites flaws in the study structure of those studies which indicate different results. He does, however, admit that IQ effects do fade out over time. The academic achievement increases are more important though. His criticism of the long term effects is that while they do exist, they could be better, indicating a need for more funding. Overall, the effects of Head Start are less promising than those of the other programs. This could be due both to less funding and to differences among Head Start centers (Currie, 5).

C. Long Term Effects of the Carolina Abecedarian Project

The study I discuss on the Abecedarian project also indicates differences in achievement due to time of intervention. Preschool intervention was the most effective method for test scores. In fact, for those students who did not receive intervention in preschool, they had no lasting improvements academically (Ramey, 173). The most significant results of the program come from a study by Campbell and Ramey.

Most of the results of the Abecedarian project are academic results. It is interesting to note that the Perry School significantly contributed to decreased crime rates. This was not found to be true in the case of the Abecedarian Project. At the age of
the participants of the program scored much higher academically. Furthermore, the study showed that the participants remained in school for longer periods of time. Other interesting results include a 22 percent difference in college attendance, 19 percent difference in teenage parents, and 21 percent difference in marijuana usage (www.promisingpractices.net).

D. Long Term Effects of Enrollment in a Chicago Child-Parent Center

Arthur Reynolds conducted a study of the Chicago Child Parent Centers and their long term effects in 1986. Reynolds’ study followed previous promising studies. These earlier studies offered no control group, but compared students to national averages. They showed that CPC kindergarteners scored “at or above the national average in language and math tests” (Reynolds, 50). There were two earlier studies that offered control groups, but these studies looked at CPCs for all grade levels, not only preschool level. These studies showed significant increases in high school graduation for female CPC students and more minor achievement scores (50). Overall, the early studies had very promising results about the longer term effectiveness of the child-parent centers. Reynolds, however, criticized these studies for their failure to look at different variables indicative of success. Furthermore, they ignored the duration of a child’s enrollment. Thus, Reynolds conducted the “Chicago Longitudinal Study of the Child-Parent Centers” (51).

When looking at test scores, in 8th grade, students who had been enrolled in the centers achieved below the Chicago average. Reynolds suggests that this is to be expected considering the disadvantaged status the center students have compared to the
typical Chicago student. CPC students, however, achieved higher than those students in the comparison group. These results remained through the age of 15 (93). For students enrolled in the CPC preschool programs, they achieved 5.5 points higher on reading and 4.2 points higher in math than their non-CPC peers. These results were better than for those students who were only involved in a center during later years.

Ultimately there are several important aspects of Reynolds’ findings. First, any program participation at any point in time were positively associated with academic and social achievement. Furthermore, any intervention was positively correlated with higher levels of parental expectation for academics. Interestingly, longer participation in the program, affected scholastic achievement. Children who enrolled in the centers beyond kindergarten achieved at higher levels than their peers. Length of stay in the centers seems to have less of an effect, however, than early intervention. Students who were enrolled in centers for the same lengths of time achieved at higher levels depending on whether their enrollment was during the preschool years (171).

Reynolds writes that he thinks the parental education aspect could be even further strengthened. This is interesting as the parent centers were so strong at the centers. Furthermore, he thinks that centers such as the CPCs should be replicated on a national level. He supports the intervention not limited to preschool. There is one criticism of this study, but it is minor. Some criticize the use of a comparison group instead of a control group (Ferguson, 322). The study, however, made sure to make the comparison group very similar to the enrolled students, ideally making the study as accurate as possible.
V. Policy Suggestions

It is evident from the studies on all four programs that preschool education necessarily has a positive effect on academic achievement for low income students. While these programs are unique in their holistic approaches, it cannot be disputed that they have educational value. Thus, it would follow that any program which incorporates an educational aspect for preschoolers will be of benefit to low-income students. Furthermore, it is important to address the studies which suggest that only preschool intervention has long term academic as opposed to later intervention. This suggests that a universal, public preschool program is the only way we can even begin to combat the achievement gap.

Not only must preschool be universal, but it should also be mandatory. The public school system needs to incorporate preschool programs into their current schools. These preschool programs could take separate forms such as the child parent centers, or they could simply be an extension of the current school structure. Rather than the local public school beginning at kindergarten, schools would begin with 3 year old preschool programs.

A major goal of preschool programs is to increase school readiness upon a student’s entering kindergarten. Placing preschools in the public school system could increase dialogue between kindergarten and preschool teachers. They could have specific learning goals which would correspond to the school’s kindergarten program. Also, this could increase knowledge of student learning capabilities by kindergarten teachers. If a student’s preschool teacher has the ability to work with his kindergarten teachers, his problems can be addressed on a more individual level.
A. Content of a Universal Preschool Program

As I indicated earlier, health and nutrition is obviously a critical factor for learning in a child’s early years. Public school systems already provide meals for students. These meals could be included for the preschool programs within the schools. Furthermore, health education should be a requirement in all public schools. Many public school systems already include health education for older children. These programs should be expanded for children of all ages. Schools already take measures to foster achievement for their students, it seems logical that they would include health education as a measure as well.

The feasibility of including health screenings and vaccinations might be in question. An alternative to this would be to have a healthcare coordinator on site in every school. The responsibilities of the person holding this position would include connecting families with health care providers and intervening when a health problem is perceived.

B. Parental Involvement

It is evident that parental involvement positively affects student achievement. There should be a mandatory parental involvement aspect of all preschool programs. Studies show that parental involvement in preschool can lead to voluntary involvement during later academic years. It might be implausible to mandate parental involvement in later school years, but very feasible during the child’s preschool years. There are several shapes this parental involvement could take. First, there could be a mandatory parental association. This association would serve two purposes. It would ensure that parents are
involved in their children’s education. It would also help prevent the alienation between parents and schools which is often cited as problematic in schools.

Another suggestion I have is mandatory monthly meetings between parents and teachers. This step does not require additional funding or resources, but will help foster dialogue and interaction between schools and parents.

C. Social Work Aspects

It is very difficult to match the steps taken by programs such as Perry and the Abecedarian project due to their intensity. The cost-benefit analysis of Perry, however, clearly indicates that holistic, all-encompassing approaches to education are working and are beneficial to society. Both conservatives and liberals cannot argue against the merits of these approaches. Funding might be difficult to come by. I found a very interesting suggestion by an educational theorist which I think may be the solution to the lack of funding.

Arthur Frankel writes of the importance of connecting social work with Head Start programs. He suggests that Head Start could be coordinated with schools of social work. Students of social work are required to engage in a practicum involving case work. Head Start centers, or all preschool centers for low income children, could serve as sites for these case work practica. This combination of services would ensure that family involvement is integrated into preschool programs without utilizing excessive government funding.

Ultimately, I think the solution the income based achievement gap lies in universal, mandatory, holistic preschool programs. While these programs would initially
be costly, their long-term benefits would eventually outweigh these costs. To deny
children the access to quality, effective preschool is to deny their right to education.

Washington and Lee University
Literature Cited


“Perry Preschool Project.” www.promisingpractices.net


