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Improving Life Chances for Children in Nebraska

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Mary McManus Kluender
Robert L. Egbert

To a great extent, the potential of a child's future is determined by his or her earliest experiences, including education. The life chances of children, both those who are presumed to be at risk and those who are presumed to have a wide range of opportunities, are examined and discussed in this chapter. Factors that help or hinder life chances are described, and data that serve as indicators of life chances are addressed. National and state data about children considered to be at risk of school failure are reviewed. These data indicate that educators, administrators and policy makers should work to increase the quality and availability of early childhood education in Nebraska.

A strong relationship exists between what children experience during the early years of their lives, their academic and behavioral performance by the time they complete the primary grades, and the life circumstances they will experience as adults. In fact, many researchers find that if children do not succeed in the first few years of school, their chances for later success, either in school or out, are not good.

Because of these links between early childhood and adult circumstances, attention must be paid to improving the quality of educational experiences in those early years. Programs that are developed to meet the needs of these children—particularly those who are at risk due to environmental or handicapping conditions—can promote increased achievement and higher levels of success for all children.

Several educational options are available for improving children's life chances. Although most such programs involve a variety of agencies, many are simply matters of school programs and school-related policies. Policy options and issues are suggested in this chapter to assist in the development of local and state programs to enhance school outcomes, both achievement and behavioral.

Life Chances and Determining Factors

No one can predict with certainty an individual's fate based upon the circumstances of the first five years of life. But common sense and empirical data do indicate that some conditions and factors increase or decrease an individual's life chances. The term "life chances" includes personal (happy/unhappy, competent/incompetent, and productive/unproductive), social (responsible/irresponsible and participant/nonparticipants), and economic (employed/unemployed and self-sufficient/dependent) dimensions. The person with good life chances is one with a relatively high probability of being happy, competent, productive, responsible, socially participating, employed, and self-sufficient. Conversely, the person with poor life chances is considered at risk of being unhappy, incompetent, unproductive, irresponsible, socially nonparticipating, unemployed, and dependent. Life chances also include socioeconomic factors, family composition, prenatal and early childhood nutrition and health care, and educational opportunities. Whatever society does to improve the life chances for children increases the probability of their becoming adults with positive personal, social and economic dimensions.

Socioeconomic Status

Almost all available evidence leads to the conclusion that one of the most influential factors affecting a child's adult life is socioeconomic status (Coleman et al. 1966; *Performance Profiles* 1966; Kennedy, Jung and Orland 1986). Poverty, with all of the social and family disruptions that often accompany it, may affect the level of care before a child is born, a child's nutrition and health status, the stability of the family and home environment, the safety and richness of daily life, and the quantity and quality of educational opportunities. In short, to be born poor, especially within a poor community, is to drastically increase the likelihood of being at risk.

Poverty, with its associated complications, has clearly increased among women and children in the United States in the 1980s. The Children's Defense Fund projected that of every 100 children born in 1988:

- 20 would be born out of wedlock;

- 12 would be born to parents who divorce before the children reach 18 years of age;
- 6 would be born to families in which one parent will die before the children reach 18;
- 40 would live in female-headed households before adulthood;
- 13 would be born to teenage mothers;
- 15 would be born into households where no parent is employed;
- 15 would be born into households with a working parent earning a below-poverty wage;
- 25 would be on welfare at some point prior to adulthood (1988).

Although Nebraska figures are not quite as stark as some of the national data, the same conditions that face children and families across the country are also present here. In Nebraska approximately 146,000 children are under six years of age, and approximately 423,000 are under 18, making up about 26 percent of the state's total population. An estimated 86,000 poor children lived in Nebraska for the years 1983-1987; the average child poverty rate for those years was 18.7 percent, which represents about a 6.6 percent increase since 1979 and ranks Nebraska 25th among states for child poverty rate. The estimated median income of four-person families in 1989 is \$31,484, which ranks Nebraska 32nd in the nation (*A Vision for America's Future* 1988).

About half of Nebraska women with children are employed outside the home. Women whose children are school age and mothers who are also heads of households and have preschoolers are employed at even higher rates. In 1987 in Nebraska, 72,500 children aged five and under had mothers in the work force (Reed 1988).

Early Childhood Education

Researchers have found that a combination of young child characteristics, such as poverty and access to quality preschool experience, are important predictors of later success in life. The Perry Preschool researchers (Berrueta-Clement et al. 1984) reported that at 19 years of age, study participants who had attended a high-quality preschool program made greater gains in education, employment, and selected social behaviors than did a similar group without the same preschool experiences. The results included the following:

- As students, fewer participants in the preschool program were classified as mentally retarded (15 percent vs. 35 percent).
- More participants completed high school (67 percent vs. 49 percent).
- More participants attended college or job training programs (38 percent vs. 21 percent).
- More held jobs (50 percent vs. 32 percent).
- More supported themselves by their own (or spouse's) earnings (45 percent vs. 25 percent).
- Fewer were arrested for criminal acts (31 percent vs. 51 percent).
- Fewer were arrested for crimes involving property or violence (24 percent vs 38 percent).
- Participants had a lower birth rate (64 vs. 117 per 100 women).
- Fewer participants were on public assistance (18 percent vs. 32 percent) (1984).

Clearly, more research paralleling that of the Perry Preschool Project is needed to increase knowledge about how child characteristics and experiences are related to adult characteristics. Nevertheless, some cross-sectional information is available about age-related progressions in academic achievement. Group achievement test scores at nine years of age, for example, are good predictors of group scores on college admission tests.¹ Nine-year-olds who are below the threshold find catching up to their peers very difficult; those who are above are highly likely to succeed in later academic life.

Just as early achievement test scores predict later test scores, so do scores on college admissions tests predict college success.

Scores on both grade school achievement tests and college admission tests (SAT and ACT) show marked differences between low socioeconomic status (SES) and minority children and majority, middle income children. High school grades, however, are even better predictors of college success (Kifer 1985).

In schools where low-income children comprise 24 percent or more of the total school population, these children are particularly at risk of not achieving well. Members of families classified as low income for

eight or more years are also at such risk. The fact that relatively few white children live in poverty for more than five years while almost half of black children do may explain much of the disparity in educational achievement between these groups (Kennedy, Jung and Orland 1986; *Performance Profiles* 1986).

Living in sustained poverty creates an educational condition difficult for children to overcome, because of both home environment and lack of access to quality preschool. Equally important may be the disparity that sometimes develops between (a) the child's language and the images that underlie that language, and (b) the school's language and the nature of the images that the school assumes the child has formed (Washington, Gordon and Armour-Thomas 1987). Each child is required to learn the school's language, but often lacks the images that undergird it. The formation of a school language that is separated from substantive images may cause the child to view this language as essentially something to be memorized rather than understood, and the child consequently does not really grasp what is taking place in school (Santmire 1987). The difficulties that children sometimes experience as they move into the intermediate grades may be related to cognition as much as self-esteem, meaningfulness, and motivation.

At a practical level, a series of interrelated studies (Lazar et al. 1982; Gersten and Carnine 1983; Becker 1984) suggest that a combination of infant, preschool, and primary grade programs for at-risk children, especially where the parents are actively involved, can improve the achievement test levels and related social behaviors of nine-year-old children from low SES and minority families. The information now available about the programs that work for at-risk children tends to indicate that predicted college admission test scores, college attendance and achievement, and success in vocations not requiring college education can also be improved (Bronfenbrenner 1974; Lambie, Bond and Weikart 1974; Seitz, Rosenbaum and Apfel 1985; Lazar, Darlington, Murray, Royce and Snipper 1982; Berrueta-Clement, et al. 1984; Weiss 1987; Gersten and Carnine 1983; Becker 1984; Wang and Walberg 1988). An additional benefit of at-risk children's participation in high-quality preschools with strong parent education programs is that these programs have been shown to return a much greater financial benefit than they cost (Barnett 1985).

National and State Initiatives

History of Federal Involvement

Federal involvement in early childhood education and child care has been sporadic and limited. The first significant federal initiatives took place during the Depression and World War II in the form of support for women who had entered the work force, but those programs ended immediately after the war. No other federal legislation for early childhood education or child care was passed until 1966, when Head Start was established as part of the War on Poverty (Grubb 1987). Head Start provides comprehensive educational and social services for children below kindergarten age who are in families with incomes below the designated poverty level. Federal funding for Head Start had never been sufficient to serve all the eligible children; only about 20 percent of children who meet eligibility guidelines are currently served (Head Start Fact Sheet 1987).

Federal legislation beyond Head Start has been introduced but not passed in Congress at least six different times since 1970. During the 1980s, however, pressure has increased on the federal government to take a more active role in assuring that quality child care services and educational opportunities are available to young children. In 1988, the 100th Congress considered five bills that proposed programs for child care and early childhood education. Of these, the Act for Better Child Care (the ABC Bill) received the most support. It contained provisions to make child care more affordable for low and moderate income families and to improve the quality and availability of all child care. The bill successfully moved through the committee process in both the House and the Senate and was debated on the Senate floor. However, the bill was stalled as a part of the budget reduction process. Most child advocacy groups anticipate that some form of child care legislation will be passed but question whether a significant level of funding will be appropriated.

Non-Federal Policy Initiatives

Interest in issues related to young children and families has burgeoned in recent years among a wide range of commissions, associations, and foundations. Several national groups associated with education and child welfare and specially formed commissions sponsored by corporations and nonprofit organizations have developed

strong position statements and sets of recommendations about policies and programs affecting young children and their families. The commission reports are having a significant effect on what states and locales are considering as they examine their own needs and alternatives. Table 1 provides a summary of the recommendations from a sampling of reports.

Perhaps the most far-reaching attempts to serve the needs of young children and their families are taking place at the state level. At least 15 states have enacted some form of early childhood education legislation in the last several years. Some of the plans are targeted toward low-income, at-risk children; others provide universal programs and services. These programs range from coordination among existing agencies and pilot projects to comprehensive projects available to all children, birth through age five.

Compared to many other states, Nebraska has seen little development of publicly funded projects for children below kindergarten age.

Table 1 - Summary of Recommendations from Selected Association and Commission Reports

<p>Early Childhood and Family Education: Foundations for Success. Council of Chief State School Officers, 1988.</p>	<ol style="list-style-type: none"> 1. Make high quality early childhood services universally available; concentrate public resources on programs for young children at risk. 2. Strengthen the capacity of families. 3. Assure standard of quality for early childhood programs. 4. Collaborate to provide comprehensive services to young children and families.
<p>Right from the Start. National Association of State Boards of Education, 1988.</p>	<ol style="list-style-type: none"> 1. Establish early childhood units in elementary schools, focusing on children four to eight years of age. 2. Develop partnerships between public schools and other early childhood programs and community agencies to improve services to children and families.
<p>NAEYC Position Statement on Developmentally Appropriate Practice in Early Childhood Education Programs, Serving Children from Birth through Age 8. National Association for the Education of Young Children, 1986.</p>	<ol style="list-style-type: none"> 1. Establish developmentally appropriate early childhood education programs for all areas of a child's development. 2. Employ early childhood teachers with college-level specialized training in early childhood education or child development. 3. Limit the size of the group and provide sufficient numbers of adults to provide individualized and age-appropriate care and education.

Table 1 (continued) - Summary of Recommendations from Selected Association and Commission Reports

<p>A Time for Results: The Governors' 1991 Report on Education. National Governors' Association, 1986.</p>	<ol style="list-style-type: none"> 1. Provide assistance for first-time, low-income parents of high-risk students. 2. Develop outreach initiatives to assist young children that involve all community/religious organizations. 3. Provide kindergarten to all five-year-old children. 4. Provide quality early childhood development programs for at-risk four-year-olds. 5. Provide parents with information on successful parenting practices. 6. Stress continued improvement of programs in day care centers and preschools. 7. Develop state and local structures for collaborative work among agencies.
<p>Children in Need: Investment Strategies for the Educationally Disadvantaged. Council for Economic Development, 1987.</p>	<ol style="list-style-type: none"> 1. Establish early intervention programs to encourage pregnant teenagers and teen parents to remain in school. 2. Provide prenatal and postnatal care for high-risk mothers. 3. Provide parenting education and quality child care. 4. Provide quality preschool programs for all disadvantaged three- and four-year-olds. 5. Restructure schools to provide school-based management, smaller schools and classes. 6. Develop programs for drop-outs and potential drop-outs that combine work experience with education in basic skills. 7. Increase Head Start funding to levels sufficient to reach all eligible children.
<p>Investing in Quality Child Care. American Telephone and Telegraph, 1986.</p>	<ol style="list-style-type: none"> 1. Support and subsidize high quality child care in the community. 2. Serve as model employers, using corporate influence to improve child care policies and new initiatives. 3. Create a national center for child care quality.
<p>The Forgotten Half: Pathways to Success for America's Youth and Young Families. The William T. Grant Foundation Commission on Work, Family, and Citizenship, 1988.</p>	<ol style="list-style-type: none"> 1. Enhance the quality of youth-adult relationships, both in and out of the family. 2. Expand community support, with emphasis on youth service and youth leadership activities, to help integrate all young people into their communities and the nation. 3. Extend and improve current employment opportunities for more non-college-bound youth. 4. Develop education and training policies through proposed new legislation, Fair Chance: Youth Opportunities Demonstration Act.

The majority of Nebraska's prekindergarten programming has developed in the private sector. Nearly two-thirds of Nebraska children under five years old attend some form of preschool activity before making the transition to kindergarten, according to estimates by the Nebraska Department of Education. National data suggest that children of the middle and upper classes are twice as likely as poor children to have an educationally oriented prekindergarten experience. In Nebraska similar discrepancies exist. Parents who earn over \$35,000 per year are twice as likely as poor parents to use registered home day care or licensed day care centers. Parents with income below \$15,000 are most likely to leave their children in the care of relatives or unregistered day care providers (Reed 1988).

Prekindergarten early childhood educational programs take many forms, including part-day preschools or nursery schools, Head Start, programs for the handicapped, and child care centers and day care homes that have a defined educational component. These are offered by a great variety of sponsors, including private individuals, churches, colleges and universities, social service agencies, franchises, corporate owners, employers, the federal government, and public schools.

When a prekindergarten project is operated directly by a public school system, it must meet the minimum approval standards of the Department of Education's Rule 14. This means that teachers must be certified and endorsed for the assignment. At this time most prekindergartens located in public schools are not directly connected to the school district. Instead they are operated under nonprofit foundations established by the district. Some foundation-sponsored programs do, however, employ certified teachers.

The first Nebraska public school district to sponsor an educational program for children younger than kindergarten age was Westside Community Schools in Omaha, beginning in 1967. Several other school districts around the state followed, until nearly 10 were operating some kind of prekindergarten. Three districts—Omaha, Lincoln, and Plattsmouth—became early sponsors of Head Start (beginning in the summer of 1965). Omaha Head Start later came under private, nonprofit sponsorship, and the Omaha Public Schools provided their own program for four-year-olds until 1979.

Beginning in the mid-1970s, when budget limitations began, most of the publicly funded preschool programs were eliminated with the exception of Westside, Head Start in Lincoln and Plattsmouth, and a

few federally funded programs for migrant children. Within the past three or four years, a very modest interest in providing prekindergarten programs has returned in public schools. New programs have started in David City, Ralston, and Omaha, and the one at Westside has expanded to include a variety of options from part- to full-day care in the majority of the elementary buildings in the district.

Limited school district sponsorship of prekindergarten handicapped projects began well before the passage of LB 889 in 1978. The prekindergarten handicapped services now required of all districts range from home-based programs to services contracted from other agencies such as ESUs, Head Start, and private preschools and child care centers. Many districts now operate center-based programs, and a few invite the participation of a limited number of non-handicapped children to more nearly approximate a mainstreamed setting.

Head Start

In Nebraska, just over 2,000 children (an estimated 25 percent of those eligible) are currently served through 17 Head Start projects, which include 14 administered by the regional Office of Child Development in Kansas City and three administered by the Bureau of Indian Affairs. Recent funding limitations have caused the enrollment to be limited to four-year-olds. Nebraska was one of the first states to develop a cooperative agreement with Head Start for the provision of services to children with handicaps: 10 percent of the children served in Nebraska Head Start projects must have verified handicaps (Nebraska Department of Education 1987).

Child Day Care

All child care settings and preschools other than those associated with an elementary school approved or accredited by the Department of Education are required to be licensed by the Department of Social Services. These include child day care centers, group child care homes, family day care homes, school-age child care, and nannies in homes. They occur in various physical settings (home, commercial spaces, community buildings, churches, public schools, hospitals, etc.) and are supported through different funding formats (private, state and federal governments, public and private schools, churches, etc.). In 1987, roughly two-fifths of the 72,500 Nebraska preschoolers whose mothers worked outside the home were cared for in licensed and registered day

cares (Reed 1988). The remaining 43,500 were in the care of relatives and unregistered care providers.

The distribution of child care options is uneven across the state. About 11 counties have no available licensed child care, and others do not have enough licensed child-care capacity to meet the need. The highest number of child care options exists in Douglas and Sarpy Counties, but the demand for child care in these counties is also greater than the options available. Approximately 25,900 children under five years of age need child care in this area; only 9,700 licensed positions are available (Zipay 1987).

Task Force and Coordinating Councils

While Nebraska does not have the number of comprehensive programs, or even pilot programs, that some other states do, interest and support for such efforts appear to be increasing. Until recently, little systematic development of specific policies and initiatives had taken place to address the issues and meet the needs of Nebraska's young children. However, some efforts are now under way.

1. In 1984 the Nebraska State Board of Education appointed a task force to make recommendations about kindergarten programs in Nebraska. The subsequent report, which was adopted by the board, recommended that kindergarten be universally available to all children five years of age and described a set of characteristics and outcomes developmentally appropriate for kindergarten children. The report also made specific policy recommendations to key groups involved with kindergarten education.
2. The Nebraska Legislature passed the Family Policy Act during the 99th session. Under this legislation, an interagency coordinating council, appointed by the governor, is to examine how best to meet the special needs of children five years of age and under and the related needs of their families. (See Chapter 6, "Early Childhood Special Education in the Next Decade: The Impact of Public Law 99-457 in Nebraska.")
3. In fall of 1987, the Health and Human Services Committee of the Nebraska Legislature appointed the Task Force on Quality, Affordable, and Accessible Child Care. The final

report of this task force contains several recommendations that have implications for education as well as child care, particularly in the areas of improving both program quality and staff training levels.

4. In June of 1988, the Nebraska Department of Education, in cooperation with about 30 agencies and associations, sponsored a conference for policy makers titled, "Investing in the Good Life: the Role of Early Childhood Education."
5. In August of 1988, the State Board of Education appointed the Early Childhood Policy Development Task Force to inform the board, to make recommendations for policy, and to suggest ways to bring about optimum coordination among the various state agencies that serve young children. The State Board of Education accepted the report of the task force in January 1989. During the 1989 session of the Nebraska Unicameral, LB-567 was introduced to provide funding for pilot programs that address the needs of at-risk children and their families.

Strategies for Improving Life Chances

Certain assumptions about the possible and proper roles of social institutions in the lives of children guided this report. They are:

- Families have primary responsibility for their children; society should help families be effective in this role, not usurp it.
- Institutions that work with children and parents should use processes that lead to the optimal development of the children and their parents so that they become increasingly independent and competent.
- Education and care environments should focus on the child's entire intellectual and motivational development and well-being, including self-esteem, rather than being directed toward certain highly specific objectives.
- Society should value those who work with children—teachers, parents, day care workers, volunteers—and it should demonstrate that value in a variety of ways, including awards, media

recognition, salaries, and responsibility for planning and conducting programs.

- State policies can be formulated, funded, and implemented to encourage and assist in development of local programs to enhance important school outcomes and life chances.

Recommended Strategies

As stated earlier, studies and experience have shown that appropriate early education programs for at-risk children can improve the life chances of children. The following recommendations address the strengths and needs of the family, non-family care services (such as day care), pre-schools, and schools.

Strategy #1. Provide state funding to plan and initiate a parent education program that builds upon the strengths of those in nearby states, such as Missouri and Minnesota.

This recommendation is predicated on the recognition that parents are the primary educators of young children. In Minnesota, family education is designed for children from birth to kindergarten age and their parents. The overall goal is "to strengthen families by enhancing and supporting the parents' abilities to provide for their children's learning and development and providing opportunities for young children to develop to their full potentials—socially, emotionally, physically, and intellectually" (Engstrom 1988). Although programs have some common characteristics, details are determined at the local level, resulting in unique projects. All have active advisory councils, collaboration with other community resources and agencies, and licensed teachers. Weekly programs may include parent/child activities, discussion groups, newsletters, toy and book lending libraries, and parent education resource centers. The programs are financed through a combination of 60 percent local levies and 40 percent state aid.

In Missouri, the New Parents as Teachers Project began in 1981 as a pilot effort to demonstrate the value of early, high-quality parent education. Participants were provided with information about child growth and development, periodic screenings for their children, monthly visits by parent educators, and monthly group meetings. Evaluation of the pilot program indicated that those parents who participated had children who demonstrated advanced intellectual and language development, more positive social development, and fewer characteristics at

three years of age of being at risk. In 1984, the Missouri legislature authorized funding to Missouri school districts for participation in the program.

One way of examining the issue of parent education is to consider the amount of time that parents spend with their children. For example, children in traditional families, those in which at least one parent provides regular in-home care, spend almost all of their first five years under the care and tutelage of parents during waking hours. In those nontraditional families where no parent provides in-home care during the work week, children still spend more than half their time under the direct care of a parent. Because parents are responsible for this concentration of early education and care, Nebraska should give its first attention to the needs of parents as they plan and work with their children.

Strategy #2. The State Board of Education should (1) endorse the recommendations of the Task Force on Quality, Affordable, and Accessible Child Care; (2) adopt the proposed quality guidelines; and (3) authorize the Department of Education to administer procedures for the recognition of quality programs.

The Child Care Task Force's recommendations are included in LB-678, which is a priority bill in the 1989 legislature. LB-678 provides for the expansion of affordable, accessible child care. It places great emphasis on the need to improve the quality of early care and education settings through increased staff training opportunities and a program of voluntary accreditation of child care programs. It emphasizes the need for coordination among agencies serving young children.

Readily accessible day care is of critical importance to non-traditional families. Too often, however, accessibility is emphasized without sufficient attention to educational quality. Not only must non-family child care meet health, nutrition, and safety standards; it also must offer educational opportunities at least equivalent to what the family does.

Quality child care requires that providers combine the skills associated with care giving and those of teaching. In order to provide the care and education required by at-risk children, child care workers must be especially well educated. Strategy #3 outlines some specific recommendations toward improving the education level of care givers.

Strategy #3. The State Board of Education should take four steps to improve education in preschool, kindergarten, and the primary grades:

(1) require teachers in the primary grades to have specific training in early childhood education; (2) establish a field endorsement in early childhood education (birth through grade three or four); (3) recommend that districts use the National Association for the Education of Young Children (NAEYC) guidelines on developmentally appropriate practices in reviewing curriculum and practices in kindergarten and primary grades; and (4) ask Nebraska colleges and universities that prepare teachers and administrators to ensure that those whom they recommend for teacher and administrator endorsement know and are able to implement NAEYC guidelines.

These four recommendations are consistent with the guidelines in the Nebraska Kindergarten Report and those of the NAEYC for children in preschool, kindergarten, and the primary grades. During the four years since the Nebraska State Board of Education adopted the Nebraska Kindergarten Report, considerable progress has been made in many of Nebraska's schools in implementing its recommendations. The educational needs of kindergarten children do not differ sharply, however, from those of children in the early primary grades. This similarity in educational needs is acknowledged in the NAEYC report, which recommends content and processes for the primary grades that build directly from those described in the Nebraska Kindergarten Report. Early elementary education for children, especially for those judged to be at risk, should be patterned after the NAEYC statement and Nebraska Kindergarten Report.

Strategy #4. Nebraska should plan and fund a program that provides quality preschool for at-risk children not currently served by Head Start.

As mentioned earlier, fewer than 25 percent of children who are eligible for Head Start are served by it. Despite the need that exists for extension of Head Start, the federal government has made no serious attempts to make it available to all children who are eligible. In fact, little evidence exists that those children most in need are those who are being served. In order to meet the preschool needs of its at-risk children, Nebraska should plan and fund its own extension of Head Start.

Strategy #5. Nebraska should plan and fund a program to provide for prenatal, infant, early childhood, and primary grade health and social service care for children and families who live in areas now lacking adequate services.

States tend to overlook the particular education, health, and social service needs of those who live in less populated areas. The assumption seems to be that people who live in rural areas and small towns are self-sufficient and able to take care of all their needs without any special attention. In fact, as the superintendent of a small school district in Nebraska said at a recent conference, "I think that in Nebraska, particularly rural Nebraska, that if you are poor or if you have family problems and so forth, it is (considered) to be your fault, and there is a kind of a holier-than-thou attitude about it. . . ." The superintendent added that rural districts still have to work with children and youth from families that are poor or have problems in school. "A program [for parents and children] would fit very well into the role and mission of what I see rural schools of Nebraska becoming or should be becoming. . . . I can't think of a better way to work together than to develop better programs to help the high-risk youngster and to help families become better parents."

Nebraska has always acknowledged the need for education in rural areas. The time has come to ensure that the state's extensive rural areas have the same access to prenatal, infant, early childhood, and primary grade health and social service care as do more densely populated areas. Implementing this recommendation will both improve the life chances for children in rural areas and strengthen the future of the rural areas themselves.

Strategy #6. Nebraska should not mandate, or even encourage, standardized achievement tests for children in preschool, kindergarten, or the primary grades.

Scores on the SAT and ACT predict later academic success; they also are used as indices of school success as well as the success of schools in educating students. At least three potentially serious problems arise with the heavy reliance on such measures as indices of the success schools have in educating students: (1) schools may focus too much on having their students achieve on these tests rather than focusing on broader achievement issues; (2) such tests may discriminate against low-SES and minority students who do not have the same preparations for taking them that middle-income youth have; and (3) high school grades are better predictors of college success than are SAT and ACT scores. Although SAT and ACT scores have some values, both the school success of individual students and the success of schools in educating their

students must be viewed in a much broader perspective than that given by such scores.

Strategy #7. Nebraska should fund pilot projects for the education, health, and social services care of children from the prenatal months through age eight.

The purposes of these pilot projects would be to: (a) provide models for other Nebraska communities, (b) permit testing of program and process ideas, and (c) explore ways for different professional groups to work together. Two pilot projects should occur in urban areas, two in small towns, and two in rural settings. Each project should include a mixture of children who spend their out-of-school waking hours at home with a parent or parent-surrogate and children who spend these hours in an out-of-home setting. The Nebraska Departments of Education, Health, and Social Services should be asked to plan the effort to include the following: (1) choosing a set of six community/elementary school sites, securing proposals from them, and funding the projects; (2) developing plans to assure that funds controlled by the three different agencies will be used jointly to produce the best results at the local level; (3) locating the projects in schools that contain the highest concentrations of at-risk children; (4) assuring that each project's focus will be on children from the prenatal months through age nine; and (5) assuring that a developmental approach—one in which the integrity of the individual and culture are acknowledged—will be used in working with families and children. This effort should not be passive; it should include active ways for children and families to increase their personal, social, and economic life chances.

The planning effort for the pilot projects should bring together the intellectual and financial resources of the three cooperating departments. In addition, advice should be sought from carefully chosen consultants from states such as Missouri, Illinois and Minnesota that already have experience in this area. The state should fund these pilot projects at an annual amount of approximately \$30,000 plus \$500 per child beyond funding already available through Head Start, federal/state/local public school funds, Medicare, WIC, etc. The additional funding will be needed for start-up costs, program monitoring, and coordination of services as different professional and service institutions learn how to work together. The total cost to the state will be approximately \$1.2M annually.

Conclusion

The link between early childhood experiences and adult circumstances is well researched and strong. Therefore, one of the most effective—and cost-efficient—methods to improve adult lives is to provide quality early education. Strategies that involve family training and service, interagency coordination, and education of intervention personnel prove to save money in the long run as they help at-risk children overcome barriers before they become impassable.

Endnote

1. Group scores on the SAT in 1985 mirrored group scores of the NAEP reading tests taken when children were nine. Furthermore, differential improvements over the past few years by minorities in reading test scores at age nine show up on reading tests taken by 17-year-olds and SATs taken by high school seniors.

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