

Head Start Social Services: Experiences, Perceptions,
And Benefits From The Perspective
of Head Start Mothers

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(ABSTRACT)

Project Head Start, a federal child development program for low-income families, serves both the mother and her children. Previous studies have emphasized Head Start's influence on the child in terms of cognitive gains, social development, and social-emotional development. A continuing problem to understanding the extent of Head Start impact on families is the absence of reliable information about Head Start's influence on the mother and how that influence transfers to the family as they work toward self-sufficiency. This study investigated two issues: (1) the experiences, perceptions, and levels of involvement of mothers who participate in Head Start social services, and (2) how these mothers describe their benefits and relate these benefits to family experiences such as increased problem-solving, coping, and parenting skills. A multiple case study methodology was selected because of its flexibility to allow the researcher to follow new leads that emerged. Participants met three criteria: (1) enrollment in a Head Start social services program for at least six months, (2) willingness to sign an informed consent form and participate in three 90-minute interviews, and (3) having at least one child currently enrolled in Head Start. A participant pool of 17 African American mothers was constituted from parents enrolled in one of three Head Start programs in the Washington, D.C. area, and a sample of eight mothers was then selected for in-depth study. Each mother was interviewed three times, and data were drawn from these interviews. The findings of this study suggest that participation in Head Start social services may have important benefits for mothers and their children. Mothers had developed increased coping and problem-solving skills as well as increased leadership and organizational skills. The findings also suggest that participation in parent group meetings had an empowering influence that prompted several mothers to become involved in certain community activities and in their children's education.

Dedication

This is dedicated to all mothers who are the first cheerleaders, educators and encouragers to their children. This was true for me, and I am sure that it is still true for others as well.

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Many people have provided guidance and emotional support during the past four years. This support allowed me to complete this major product of my graduate education. However, it is not the final product because this experience has also allowed me the opportunity to develop new insights into the subject area to which I hope to continue to make research contributions. To each of you, I offer my sincere thanks and gratitude.

My foremost encourager before her death was my mother, Ruby. She cheered and encouraged me to believe in myself. My wife, Terry has been a firm supporter throughout the process. She has listened, offered suggestions and helped me to maintain a balance of theory and practice. More than anything, she has lived through my dissertation anxiety and paranoia. My children, Detra and Xavier are survivors of the dissertation process, and I hope that despite my periodic moments of insanity and obsession, they too, may strive for higher levels of academic excellence.

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Chapter I

Introduction and Statement of the Problem

The social services program component of Head Start works closely with mothers. Its primary role is to provide support for families as they work to strengthen and improve their psychological, social, and economic conditions through participation in mental health counseling, substance abuse counseling, employment assistance, emergency services, housing assistance, and continuing education.

Collins (1993) characterized Head Start social services as the least researched component of Head Start. Several important studies have reported principally on the intangible benefits derived by mothers who participate in Head Start social services and how these benefits accrue to families. Grimmett (1989) reported that when Head Start research has focused on families, issues relating to mothers were limited to the mother's psychological health, child-rearing practices, and the level of the mother's involvement in her children's educational program. Benasich, Brooks-Gunn, and Clewell's (1992) research focused on early intervention programs and found considerable educational, emotional, and psychological benefits for mothers. Roggeman, Moe, Hart, and Forthun (1994) in their research on parent involvement also identified psychological well-being as an important benefit for Head Start mothers.

The primary user of social services is the Head Start mother. Despite the range of services provided by Head Start, only a few studies have recounted the tangible

benefits mothers and their families derived from participation in Head Start social services and how social services have played a role in helping mothers and their families achieve self-sufficiency. Attributes and experiences contributing to self-sufficiency include such accomplishments as participation in training and educational programs, the acquisition of new parenting skills, nonreliance on public assistance programs, and the development of coping and stress management strategies.

Purpose of the Study

The purpose of the study was to provide rich, descriptive information from the mothers' perspectives on how Head Start social services were used and how the families benefited or failed to benefit from the mothers' participation in this program.

Research centered on the following questions:

1. What are the experiences, perceptions, and levels of involvement of mothers who participate in Head Start social services?
2. How do Head Start mothers describe benefits and relate these benefits to family experiences, such as increased problem-solving, coping, and parenting skills?

A naturalistic approach was used to examine Head Start mothers from a multiple case study perspective. This approach used interviewing techniques and focused on the mothers' experiences, allowing each one to interpret, describe, and define their experiences with Head Start social services.

Rationale for the Study

This study was designed to identify and describe how the Head Start social services program relates to, involves, and benefits family members. One critical vantage point of this study is the mothers' perceptions. Scant research has been devoted to learning how mothers experience, use, and perceive Head Start social services. McKey's et al. (1985) seminal meta-analysis on Head Start stands as the most extensive study of Head Start's benefits to children, families, and communities. However, McKey's et al. findings did not provide conclusive evidence that mothers and their families benefited from participation in Head Start. The researchers could attribute only anecdotal evidence on improved employability and improved social and economic status to the mothers' participation in Head Start.

Families have changed dramatically since Head Start's inception in 1964, and additional information regarding how they experience and benefit from participation in Head Start social services is needed. Phillips and Cabrera (1996) reported that Head Start families today are more likely to have complex and shifting family structures, varying levels of education, and almost no employment histories than families in previous decades. A 1994 General Accounting Office (GAO) research report stated that the incidences of violence, substance abuse, homelessness, and serious mental illness have increased, especially among poor families. The current study contributed valuable research findings about specific benefits derived by mothers who participate in Head

Start social services. These benefits, such as additional job skills training, employment assistance, and emotional support, may help to resolve problems facing disadvantaged families. The current study is also important because it:

1. provides an accurate picture of families from mothers' perspectives;
2. provides insight regarding the pathways that Head Start mothers follow to self-sufficiency, given their different starting points, goals, motivations, and strategies; and
3. provides counselors and other human services professionals with increased understanding of what aspects of social services benefit or fail to benefit the primary user of Head Start social services.

Limitations of the Study

First, Head Start mothers were not selected randomly. The sample included 17 mothers who volunteered to participate and were motivated to "tell their story" about Head Start social services. A purposeful sampling logic, based on the researcher's professional judgment about which mothers could provide the richest descriptions of the phenomena under study, influenced the selection of eight mothers from this volunteer pool. Therefore, the need for caution in generalizing the current study's findings to a larger population is stressed. However, in terms of race, children enrolled, marital status, and income, the mothers selected are representative of the families served by Head Start programs (National Head Start Association [NHSA], 1995).

Second, the study aimed to learn, from the mother's perspective, how she has benefited from Head Start social services. Triangulation, such as the use of multiple sources of information, is suggested by Yin (1989) as a method to strengthen the conclusions drawn from a case study approach. Triangulation in this study could have meant the use of other sources of data. For example, teachers, friends, and relatives could have been asked to report on their perceptions of how mothers had benefited from Head Start social services. The researcher decided against using other informants because this action might have been misconstrued by the mothers, and he did not want them to fear that they were being "checked-on" with friends, relatives, and teachers. The researcher believed that building a trusting relationship with the mothers was more important than the possible risk associated with including other sources to corroborate information. Therefore, assertions about benefits derived and changes that have occurred because of the mothers' participation in social services cannot be validated. Nevertheless, the researcher believes that trusting relationships were established with the mothers, and that honesty was a significant feature of those relationships.

The researcher's gender may have had some influence on the Head Start mothers response rates. The researcher is an African American male who expressed a genuine interest in the mothers and in their stories. The high level of interest by the researcher

coupled with the positive regard he showed for them, may have had an influence on how they responded.

Finally, the selection of the site for interviews was left to the mothers. In all but one case, the interviews occurred in the mothers' homes. Spouses and boyfriends were briefed about the purpose of the study and they were all invited to participate, however, none did. Occasionally, the boyfriend or spouse's presence limited the mother's ability to be candid about issues such as stressful situations and coping strategies. Future research interviews should be conducted at another convenient location such as a Head Start facility.

Summary

A widespread perception is that Head Start's greatest impact has been on children's cognitive abilities, and it is believed that this has been shown in an improvement in their school performance. While these improvements are important, it has not been fully understood how Head Start social services' benefits are experienced by the mothers and their families. This study is designed to identify and describe the experiences, perceptions, and levels of involvement by Head Start mothers in social services and to describe the benefits that are derived by the mothers and their families.

Definitions of Terms

Adaptability is a process by which the family or its members exhibit flexibility and are able to change. Family members adapt roles in response to situational stress.

Attributes are qualities such as high or low self-esteem, resourcefulness, or problem-solving ability.

Aid to Families with Dependent Children (AFDC) is a federal and state program of direct financial aid to the mother or guardian of a designated child. AFDC was replaced by Temporary Assistance for Needy Families (TANF) in legislation passed by Congress and signed by President Clinton in August 1996.

Cohesion is the emotional bonding and degree of bonding that family members have toward one another. Families that have strong cohesion are supportive of one another, can easily discuss problems with family members and others, engage in activities together, and consult family members before making decisions.

Communication is the degree of verbal or nonverbal exchange between family members.

Emergency Services Support for families includes clothing, direct payment of rent or other utilities, food allotment, and emergency medical services.

Family is any two-parent, single, extended, or *variant form* that operates in an "arena" in which virtually the entire range of human experience takes place.

Family Adaptability and Cohesion Evaluation Scales (FACES-II) is an inventory that measures the presence of adaptability, cohesion, and communication within a family.

Family Needs Assessment (FNA) is an assessment tool and interviewing process used by Head Start families and social workers to help the mother and her family to develop employment, education, and self-sufficiency plans and goals.

Family Services Coordinator/Worker is an employee of the Head Start social services or parent involvement component with responsibility for case management and follow-up with Head Start families.

Head Start is an *integrated and continuous* array of comprehensive services to prekindergarten children and their families.

Mental Health Counseling is psychological guidance provided through Head Start, or by an organization under contract with Head Start, to Head Start families. This service includes evaluation, assessment, office and home visits, and prescription consultation.

Mother Benefits are tangible outcomes such as education, training, employment, and parental skills as well as intangible outcomes such as emotional support, reduced stress, and psychological well-being. Mother benefits may also relate to outcomes for the family such as increased communication and problem-solving.

Parent Council is a structured, formal group of Head Start parents that constitute a governing board or board of directors for the program.

Parent Group is a formal monthly meeting of Head Start parents, at which they discuss topics related to child development, single parenting, self-concept, handling stress, and dealing with death and divorce.

Parent Involvement is a component in Head Start that encourages parents to participate in program decision-making and classroom activities.

Parental Use of Head Start Services is the use of or participation in any portion of health, mental health, and supportive services by the parent, guardian, or Head Start children.

Rent Subsidy is a cash or a noncash voucher which may be used to supplement payment of rent.

Social Services is an organized system of case management services to help families (1) assess their needs, and (2) provide services that meet their needs as addressed in the Family Needs Assessment. Social services offered by Head Start include counseling (short term, long term, informal, and diagnostic); referrals for medical, housing, and employment assistance; drug abuse treatment; and helping parents to organize parent group programs.

Women, Infants, and Children (WIC) is a federal food program that provides assistance and nutritional supplements to the mother during prenatal and postnatal periods. The assistance consists of (1) nutrition information, (2) referrals for health care, and (3) food such as cereal, milk, juice, and cheese that can be purchased by the mother for an infant.

Chapter II

Review of the Literature

Introduction

The purposes of the literature review are to: (1) assess relevant empirical studies related to the current research questions, and (2) review the methodological designs and research findings of other researchers in their studies of Head Start social services.

It has been more than 10 years since McKey's et al. (1985) report of Head Start's impact on children, families, and communities. More information is needed about the role of Head Start social services in the lives of families, particularly studies that take into account the perspective of the mothers.

This literature review begins with a short history of Head Start and its social services component. This information is primarily descriptive and provides an historical framework related to the social and economic conditions that existed when Head Start was founded. Following this, "mother benefit" studies will be examined. Tangible mother benefits are the direct services such as education, training, and parenting skills that are offered in Head Start social services programs to Head Start mothers. Intangible benefits such as emotional support, feelings of empowerment, and psychological well-being are also associated with mother benefits. These studies represent a small, but increasing area of interest. Attention will be focused on the methodology and findings of these studies.

In the review of Head Start social services studies, social support emerged as an important category of literature related to mother benefits. These studies focused on the importance of informal and formal social networks and provided a way to examine mother benefits, exploring how these benefits accrue to the family. Parent involvement studies further examine the role that mothers play in the education component of Head Start. Family functioning has also been researched. Both the Parker, Piotrkowski, and Peay (1987) and Benasich et al. (1992) studies identified well-being, family routines, and communication as benefits; they are also important elements of family functioning. In a national survey of 1,000 families, Olson et al. (1989) identified cohesion, adaptability, and communication as important elements in family functioning. These factors are directly related to the research questions of this study.

When "parent" is cited in this section, it refers to the Head Start mother, the primary caregiver for families.

Historical Perspective of Head Start and Head Start Social Services

Head Start is a federal grant program whose goal is to improve the learning skills, social skills, and health status of poor children so they may begin school on an equal footing with their more advantaged peers. Head Start's goal for participating families is self-sufficiency. Head Start social services provides mothers with skills in caregiving and parenting, and helps mothers develop strategies to promote effective social and psychological development in their children. Mothers who exhibit effective

parenting skills and possess a positive outlook for their children's future and their own future are considered to be on the pathway to self-sufficiency (Smith, Blank and Collins, 1992).

While the 1960s were a time of economic prosperity for the majority of Americans, social concern focused on the "other America," in which a sizable minority population was economically deprived (Zigler, 1994). In 1964, as part of President Johnson's "War on Poverty," the Economic Opportunity Act (EOA) creating Head Start was passed. The EOA was the cornerstone of President Johnson's war on poverty and created a range of employment, social services, and early childhood development programs such as Head Start to help economically disadvantaged families reach and maintain self-sufficiency (Greenberg, 1990). Before Head Start's inception, a national child development program that provided a full range of prekindergarten education, nutritional guidance, health care, and opportunities for parent involvement did not exist.

Since 1964, Head Start has enjoyed public and bipartisan support. Between 1968 and 1990, Head Start was endorsed by Presidents Nixon, Carter, Ford, and Reagan. Presidents Bush and Clinton both pledged to increase federal funding so that all eligible children could be served. In 1992, 730,000 children, roughly 28% of eligible 2- to 5-year-olds, were served by Head Start at a cost of \$3.2 billion per year, or

approximately \$4,800 per child (Administration on Children, Youth, and Families [ACYF], 1993).

Bruce and Kenney (1990) stated that the primary role of Head Start social services is "to provide support to families as they work to strengthen and improve the quality of their daily lives" (p. 12). Collins (1993) considered Head Start a two-generation program that promotes children's development within a family support context. In a two-generation program, quality child care and early childhood educational programs are offered to help children get the best possible start in life. At the same time, parents are offered training to improve parenting skills, education, literacy, and training leading to employability.

Social services is more than a set of activities. It is an organized system of case management for families. It is also a process designed to help families help themselves. The primary aims of the Head Start social services component are to help families:

1. become more aware of their individual strengths,
2. maintain a strong sense of family pride and self-worth,
3. remove obstacles that prevent parents from entering into meaningful activities with their children, and
4. increase the capacity of parents to find and use community supports and resources (ACYF, 1992).

All prospective Head Start families are evaluated for participation in the social services component. This assessment process includes: (1) gathering data on the family, (2) evaluating the information, (3) helping the family to establish objectives, (4) developing an action plan, (5) assisting the family to implement the plan, and (6) evaluating a family's progress or accomplishments. The Head Start staff uses a data collection tool, the Family Needs Assessment, to identify each family's needs and strengths. Through several intensive interviews, the Head Start staff helps the mother develop a plan to address the family's goals towards realizing self-sufficiency.

Head Start social services staff (ACYF, 1990) provides the most direct link to families. Other Head Start programs such as nutrition, education, and health are not as family focused. The social services staff consists of family service coordinators and family service workers. These social services professionals are the only members of the Head Start staff who meet regularly with the entire family. Although the characteristics and needs of Head Start families have changed over time, the qualifications of social services staff have remained virtually unchanged. The results of a national survey (Hanna & Roberto, 1994) revealed that Head Start social services staff members were less qualified, less trained, and less supervised than comparable professionals in non-Head Start social services programs. The minimum educational requirement for a Head Start family services worker is a high school diploma. In non-Head Start programs, the

family services worker must have at least an Associate of Arts or Science degree in a related social science field.

Head Start Benefits to Mothers

Research on Head Start benefits has been focused almost exclusively on what children derive from their participation. Currie and Thomas (1994) focused on children's educational gains, social competence, cognitive skills, and access to health care. Barnett (1995) reviewed 36 studies that focused primarily on Head Start's effects on children's cognitive development. Only recently has attention begun to focus on the benefits to mothers.

Benasich et al. (1992) studied more than two dozen early childhood intervention programs. Head Start is part of a larger array of early childhood intervention programs. Almost one-third of the surveyed programs were sponsored by Head Start; the remaining programs offered services comparable to those of Head Start. Benasich et al. found that mothers who participated in these programs were the beneficiaries of increased parenting skills, educational attainment, and emotional support. Other outcomes for mothers were increased self-perception and self-control.

In a study of Head Start mothers, Parker et al. (1987) found that the long-term psychological health of the women had improved. Psychological health was defined as a multidimensional concept that included (1) evaluative attitudes toward self, (2) the presence or absence of psychological symptoms, (3) social integration and attitudes

about others and the community, (4) life satisfaction, and (5) feelings of mastery. Parker et al. reported that mothers' psychological symptoms of depression, low self-esteem, alienation, and anxiety had decreased, while their feelings of mastery or self-control had increased. These feelings of mastery were viewed as directly related to Head Start families' effectively facing and responding to stresses and other special problems, such as money shortfalls, overcommitment, overprotection of children, pessimism, and discouragement.

Plutro (1991) investigated the effects of participation in Head Start on 74 families, using variables such as parent goals, skills and hobbies, families' knowledge and use of resources, and families' feelings toward social services and public schools. She found that study participants thought that Head Start social services were beneficial to them and to their children. In addition, these families generally had an increased knowledge of other community resources. Plutro's findings are important to the current study because they provide information essential to our understanding of families' awareness and use of Head Start social services.

Plutro advocated a need for additional research to assess the experiences of Head Start families because these experiences might account for multiple changes in a family's routines and its outlook for the future. She used pre- and post-study questionnaires that limited her ability to explore "why" families thought Head Start was beneficial to them and to their children, and "whether" changes in family

interaction could be attributed to their Head Start experience. Closed-end questions, such as those used in the Plutro study, place limitations on the ways in which subjects can respond to a question.

Leik and Chalkley (1987) examined the ways in which mothers benefited from Head Start social services and hypothesized that certain types of mothers may derive considerably more benefits than others. This study represented a first attempt to address questions about the benefits that mothers derive from social services and how these benefits affect their families. Leik and Chalkley used a deductive "before and after" design that allowed them to assess change over time. Only female-headed households were selected for the study. Three comparison groups were chosen: a sample of 30 families who took part in a specially designed set of Head Start activities, a sample of 51 families who participated in the regular menu of Head Start social services, and a control sample of 21 non-Head Start families who had applied for Head Start but were placed on the waiting list.

Assessment was primarily by questionnaires administered to mothers at the beginning and at the end of the Head Start year. The instruments included inventories to measure family resources, health, support, adaptability, cohesion, and stress. Leik and Chalkley's (1987) most notable finding among the various scale scores was that, compared with available normative data, "the Head Start families more often displayed extreme declines in the levels of cohesion and adaptability, suggesting potential for

problems in family functioning" (p. 28). As Leik and Chalkley (1987) discovered, understanding how programs influence mothers requires more than merely asking questions. They pointed to the need for qualitative methods to assess the behavior, motivations, and perceptions of Head Start mothers.

Mothers and their children experience Head Start differently and, because of this, they have different outcomes. The ways in which Head Start is experienced by mothers and the benefits they report from participation were unexplored in research until the 1990 Oden and Ricks' study. Their research questions of particular relevance to this study were:

1. What have been the life experiences and patterns of children and families from Head Start?
2. In what ways have experiences with Head Start made a contribution to the lives of children and families?
3. How have families perceived the effects of aspects of the program on their families?
4. What were the families' perceptions of Head Start's impact and limitations?

Oden and Ricks' (1990) subjects, all randomly selected from a list of Philadelphia schools in which former Head Start students were enrolled, included 132 Head Start graduates (44 first graders, 44 fourth graders, and 44 tenth graders). An equal number

of male and female students took part in the study. A case study design was used to gather data from students, teachers, parents, and community leaders. A 49-question interview protocol was also developed.

In response to questions about the ways in which Head Start had played a role in the lives of families, two major concepts emerged:

1. Head Start was viewed as providing broad and enriching activities for children. Overall, parents appreciated the kind of help given. This included field trips, classroom activities, and other activities available to children and parents.
2. Parental perceptions of Head Start staff members were very positive. Services provided included immunizations, vision and hearing screening, physical examinations, and special needs referrals.

Oden and Ricks' (1990) parent data were especially compelling in illustrating how effective Head Start was in empowering parents. Findings revealed the leadership role that Head Start has played in low-income communities. Head Start "was perceived by the parents as a forceful and effective institution in low-income communities, where families often felt segregated and alienated from the educational and service institutions that can provide help and opportunities for overcoming poverty" (p. 49). Families trusted Head Start and found their involvement in it to be energizing and empowering. Because of the small sample, generalizing from these findings to the

larger Head Start population may not be appropriate. The current study will explore several research issues pursued by Oden and Ricks.

All of the mothers in the studies cited heretofore perceived benefits, such as positive parent-child interactions contributed to their own and their children's development. These mothers also acknowledged improved parenting skills, recognized the importance of goal setting for their children, and developed an increased awareness of social services.

Head Start Social Support Systems

In Head Start, social support means many things; its definition varies widely, even among researchers who have studied its significance. House (1981) outlined four potential forms of social support:

1. emotional support, which provides empathy, caring, love, trust, esteem, concern, and listening;
2. instrumental support, which provides aid in-kind, money, labor, time, or any direct help;
3. informational support, which provides advice, suggestions, directives, and information for use in coping with personal and environmental problems; and
4. appraisal support, which provides affirmation, feedback, social comparison, and self-evaluation.

In an earlier study, Cobb (1979) included esteem, i.e., information that leads someone to believe that he or she is valued; network, i.e., information that leads someone to believe that he or she is a recipient of trust and security; and altruism, i.e., information that leads someone to believe that he or she is worthwhile. These are important subcomponents of social support.

Cooke, Rossmann, McCubbin, and Patterson (1988) viewed social support as a potential key to an individual's well-being, particularly a single mother faced with crisis. Head Start families experience economic, educational, and psychological problems. Some of these problems include substance abuse, child abuse, domestic violence, the lack of parenting skills by teenage parents, unemployment, and crime-infested and inadequate housing. About 84% of the Head Start programs surveyed between 1987 and 1992 reported increased demands on staff time for personal counseling, emergency assistance to families, and assistance with troubled children in the classroom (GAO, 1994).

Ventura (1987) found that parenting stress is higher among parents who report less social support. Social support, particularly informal support, increases mastery and general adaptation to stress (Crnic & Greenberg, 1990).

Roggeman, Moe, Hart, and Forthun (1994) studied 72 Head Start mothers and 31 Head Start fathers. These families were considered by the Head Start center in Michigan as the "hardest to serve" or those most in need of targeted case management

services. Roggeman et al. examined the relationship of social support to parental functioning, including psychological well-being and parenting stress as factors.

Telephone interviews were conducted using a social support assessment instrument, the Family Crisis Oriented Personal Evaluation Scales (McCubbin, Larsen, & Olson, 1992), and a Parenting Stress Index (Abidin, 1990) to gather data at two points during the year. Because data were gathered on mothers and fathers, results were reported separately for each. When mothers had increased leisure time, they were likely to show more positive parental functioning. This finding is important because in studies that have measured stress levels in Head Start mothers (Crnic et al., 1983; Parker et al., 1987), Head Start mothers often reported being overwhelmed. Leisure activities appear to be a way for mothers to control stress and to lessen depression.

Wohlford's study (1974) stands as the only examination of the results of low-income parents participation in Head Start support groups. The findings indicated considerable benefits to mothers during and following participation in group counseling sessions and parent group meetings which provided both emotional and affirmational support.

In Head Start social services, monthly parent meetings provide mothers with opportunities to establish formal and informal support networks. While the frequency and quality of parent meetings vary at each center, Wolfe and Herwig (1991) described four basic types: (1) instructional meetings designed to give parents new information

and skills, which are conducted by a staff person or professional; (2) participatory meetings that give parents opportunities to learn by doing, which are less formal and may be conducted by parents themselves; (3) informal meetings, which are social gatherings conducted by parents; and (4) support meetings, which provide emotional support and a means to learn about new resources.

Patton's (1991) study of 183 single Head Start parents who had participated in parent groups concluded that the mothers' benefits were (1) an increased feeling of support from others and the knowledge that parents were "not alone" in their feelings, experiences, problems, and concerns; (2) an increased sense of confidence and self-esteem as parents; (3) increased knowledge, awareness, and understanding of children and child development, and of how parents can influence the latter; (4) changed perceptions of themselves as parents and changed expectations for their children; and (5) changes in behavior based on increased feelings of support from others.

Brooks (1990) conducted a study of 107 single Head Start mothers to explore the hypothesis that a mother's social support has an impact on her children's social development. All of the mothers completed a demographic questionnaire, the Beck Depression Inventory (Beck & Steer, 1978), and a Situational Resource Grid (Mitchell, 1983). The results of the study did not support a direct relationship between maternal social support and child social development. However, other studies (House, 1985;

Patton, 1991; Turner & Avison, 1985) pointed to the child as a beneficiary of the mother's increased support.

Social support has been shown in these studies as an important benefit that Head Start social services may provide to mothers. Social appears to have played an important role in promoting psychological well-being in Head Start mothers as demonstrated through parent group meetings that promote the formation of social networks for problem-solving and for informal stress-reducing social activities.

Parent Involvement in Head Start

Parent involvement is a separate component of Head Start. It is also an integral activity in the social services component, where the primary goals are to increase parent participation in the child's school, in the community, and in other Head Start social services activities.

According to Bruce and Kenney (1991), Head Start social services offers four avenues for parent involvement. First, parents participate in decision-making about program operations, this includes decisions about which program activities to operate and how those programs are to be managed and evaluated. Second, parents participate in the classroom as paid employees, volunteers, or observers. Third, parents participate in adult activities they have planned, such as adult education programs, volunteer activities, and small groups that promote better parental attitudes and family

adaptation. Fourth, parents are prime educators for their children, with support from the Head Start staff.

White, Taylor, and Moss (1992) defined the parent involvement component as the presence of two or more of the following activities within a Head Start social services program:

1. teaching parents specific intervention skills to help them become more effective agents of change for their children,
2. providing social and emotional support to family members,
3. exchanging information between parents and professionals,
4. having parents participate as team members in assessment or program planning, and
5. helping parents to assess community resources.

Participation in the parent involvement program should lead to five outcomes: effective parenting, positive self-esteem and confidence, stable family life, continued or advanced parent education, and full-time employment (Bruce & Kenney, 1991). One aim of the Slaughter, Lindsey, Nakagawa, and Kuehne's (1989) research was to explore parents' opinions of the five outcome areas. Specifically, Slaughter et al. were interested in which activities parents reported as effective for personal growth.

Slaughter et al. (1989) selected 139 mothers from three Head Start centers in the Chicago area. These centers were selected based on each having a high, medium, or

low rate of parent involvement. Combining research methodologies, Slaughter et al. conducted two sets of interviews, administered several developmental scales, and collected social and demographic information on each mother.

Slaughter's et al. (1989) findings suggested that the effectiveness of Head Start parent involvement is partly determined by the parents' opinions of the program as it is carried out locally. They found that a mother's sense of trust and her impressions of service providers may be indicators of participation. They also concluded that a mother's self-esteem, motivation, and ego development may play a role in parental participation.

Children's social and academic competence can be affected by the extent to which parents are involved in their children's preschool programs. Judge (1993) and Fleck (1995) presented evidence that parents who involved themselves in their children's education programs greatly affected their children's achievement levels.

Womack (1993) attempted to analyze the education, knowledge, social circumstances, and community relations experiences of Head Start parents to predict their level of involvement in social services. She studied 38 parents who were considered by the Head Start staff to be the most involved and 28 parents considered to be the least involved. They involved parents who participated minimally in parent group activities and had limited communication with Head Start teachers regarding the

progress of their children. On the other hand, parents who were most involved were active in their children's educational achievements.

Data were collected through a Developmental History Questionnaire (Kramer, 1992), on the parents' backgrounds, community and school activities, and parents' perceptions of Head Start. Womack (1993) hypothesized that parents with diverse educational backgrounds, i.e., high school graduates, high school dropouts, and parents with higher education backgrounds, may account for differences in participation in social services. She found that highly involved Head Start parents are more likely to do other community volunteer work, belong to other organizations, have fewer negative feelings about social services received in the community, and have more experience with family support programs.

An earlier study, Lieblein (1989) looked at whether social services' involvement was influenced by differences in parents' backgrounds, attitudes, and behaviors. One hundred-and-five Head Start parents and teachers participated in the study. The results showed that although many variables were related to parent involvement in Head Start classrooms and parent education groups, face-to-face contact by the family service worker with the parent was the most significant on parent participation in Head Start.

Elardo (1995) conducted a qualitative study of four families to assess the extent of parent involvement from the parents' points of view. Each family was interviewed twice, and parents were observed interacting with their preschool children. Data were

also collected from the preschool teachers and school administrators. The study assessed how the parents' involvement was influenced by their attitudes and expectations about the program, by stresses in their own lives, by family support structures, by continuity between the home and school, and by the fit between their perceived needs and what the school provided. Teachers and administrators also provided information, which created a broader picture of how Head Start benefits the parents and children.

The data indicated (Elardo, 1995) that the parents in the study had very positive attitudes about the preschool program. Elardo also pointed to other factors such as poverty and a lack of transportation that prevented parents from participating fully in Head Start programs.

Parent involvement is evident in strong attendance at parent meetings, greater parent decision-making, increased parent activities to promote self-esteem, and an increase of parents as the primary educators of their children. It may be that Lieblein's (1989) strategy which includes Head Start staff contact with parents is the most effective step to promoting parental involvement in Head Start social services.

The Characteristics of Effective Families

The work of Krysan, Moore, Kristin, and Zill (1990) provided insights into how successful families can be defined. Successful families can be defined by the characteristics of the individual members, by the characteristics of the family

interactions, or by the extent to which the family fulfills certain functions. Examples of these functions include communication, support for individual members, and adapting to changing realities, which are considered the responsibility of the family.

The environments in which children live have changed greatly since Head Start began in 1964. About one out of every five children in the United States lives in poverty (United States Department of Commerce, 1990), and for minority children, the segment is even larger, about 40%. Between 1980 and 1990, the number of poor preschool-aged children increased by 28%. Research has shown that family income is the most important predictor of children's success or failure in school (Wilson, 1987). Children from low-income families are more likely to experience difficulties. Children in poverty are also at greater risk for developmental problems resulting from poor prenatal and postnatal nutrition, undeveloped maternal care giving skills, drug abuse, and unstable family settings (Baker, 1991).

The parents of poor Head Start-eligible children are more likely to be single and to be less educated. During the 1990-1991 Head Start operating year, a single-parent headed more than 50% of the families enrolled (USDHHS, 1993). Since 1985, children living in female-headed households were more than four times likely to be poor than those living in other families (USDHHS, 1993). It is not surprising that Head Start families have greater stress and fewer coping and problem-solving skills.

McLoyd (1990) reported that the chronically stressful conditions associated with poverty increase psychological distress among parents. Community-wide epidemics of violence, crack cocaine use, AIDS cases, and homelessness among poor families can diminish parenting skills, with subsequent negative consequences for the socioemotional development of children. These contemporary stressors go far beyond the burdens of poverty that Head Start was initially designed to address.

Poor women are more likely to experience depression than nonpoor women (Johnson & Walker, 1991; McGrath, Keita, Strickland, & Russo, 1990; Roberts, Wasik, Castro, & Ramey, 1991). Depression in women is related to diminished maternal sensitivity and punitive parenting behaviors (McLoyd, 1990), anxious attachment in children, and child maladjustment (Downey & Coyne, 1990).

The United States Congressional Office of Technology Assessment (OTA) (1991) conducted an informal, semistructured telephone interview 6 years ago that included a random sample of 78 Head Start directors and mental health disabilities coordinators to learn about the needs of Head Start families. When asked what the major “mental health problems” were for Head Start children and families, respondents named substance abuse (42%), poverty (28%), child physical and sexual abuse (25%), single parenting (22%), lack of parenting skills (22%), unemployment (19%), family instability or dysfunction (19%), stress (19%), family and community violence (17%), and low parent self-esteem (17%).

These problems pose obstacles for Head Start mothers as they move toward their goal of self-sufficiency. There is ample evidence to suggest that a lack of coping, adaptive, and communication skills plays a significant role in the maltreatment of children by stressed parents. Parent dysfunction has been related to dysfunction in children (Garbarino, Dubrow, Kosteniny, & Pardo, 1992; McLoyd, 1990).

Epidemiological studies suggest that, across age groups, about 20% of all Head Start children might benefit from some specialized mental health intervention. It has also been estimated that from 3 to 5% of all Head Start children have serious emotional and behavioral disorders (OTA, 1991). No specific studies have focused on prevalence rates in young children, but a recent study (Sinclair, Del'Homme, & Gonzalez, 1993) found that 21 out of 90 Head Start children who were identified by their teachers as withdrawn or aggressive needed mental health services.

The studies cited previously have shown that economically disadvantaged mothers with children may have poor coping skills and may be at risk of maternal depression. Head Start mothers have reported a range of problems such as poverty, poor parenting skills, unemployment and low self-esteem which may influence the ways in which these mothers adapt to stressful events and communicate with their children and other family members. Head Start social services may positively contribute to the healthy functioning of Head Start mothers and their families.

Summary

Various studies (Benasich et al., 1992; Elardo, 1993; Leik & Chalkley, 1987; Parker et al., 1987; Plutro, 1991) have had mixed success with addressing important issues related to the benefits that mothers derive from Head Start social services. Many of these studies lack rich, in-depth descriptive data about the ways that mothers have used and adapted such benefits as increased coping and communication skills into their family system.

The current study was built on lessons learned from previous studies. The research questions have been clarified, and a multiple case study design has served as the framework to identify Head Start mothers and to collect and compare descriptive information about the ways in which they have benefited from participation in Head Start social services.

Chapter III

Methodology

This chapter explains the procedures used to investigate the experiences, perceptions, and levels of involvement of Head Start mothers who participated in social services. It also assesses how Head Start mothers described the benefits they derived and related them to family experiences. The data collection instruments and the inventory used to engage the mothers in a secondary discussion about family communication are described. The procedures used by the researcher to establish trustworthiness of the data collected from the Head Start mothers are presented. Finally, the data collection and methods of data analysis used in addressing the research questions are discussed.

Research Design

A qualitative design was used to explore the ways in which Head Start social services may benefit a Head Start mother and her family as they take steps toward self-sufficiency. The study addresses mothers' experiences, perceptions, and levels of involvement in Head Start social services. It explores their satisfaction or dissatisfaction with social services, and investigates the ways in which the mothers relate the benefits of participating to improvements in her life and in the lives of family members.

Understanding how the Head Start mothers benefit from Head Start social services required an in-depth assessment of mothers' behaviors, events, beliefs, and

attitudes about the use of Head Start social services. The research questions required a flexible design to accommodate the various ways in which mothers participate in Head Start social services and their perspectives regarding the benefits they and their families derive from this participation. Ultimately, the selection of a qualitative design was appropriate because it involved a set of procedures which focused on human interactions and dynamics, in which informants were encouraged to discuss their experiences (Gilgun, Daly, & Handel, 1992). In this type of research, a hypothesis is not essential to the investigation. The tools used include in-depth interviewing and questionnaires. In addition, a multiple case study design was chosen because it is more compelling than a single case study design. It also allowed data gathering from the perspective of the eight Head Start mothers. A replication logic was used to select cases for study.

Participants. Participants in this study were eight mothers with children currently enrolled in Head Start. The mothers chosen participated in one of the following three Head Start Centers: (1) Campagna Head Start Center in Alexandria, Virginia; (2) Gum Springs Head Start Center in Fairfax County, Virginia; or (3) the United Planning Organization Head Start Center in Washington, D.C. These centers were selected because they offer a combination of center-based, home-based, full-time, and part-time programs for children. They also have a full range of education, health, and parent-involvement activities.

Access to these sites was facilitated by the deputy director and the director of research of the National Head Start Association (NHSA), a private nonprofit membership organization located in Alexandria, Virginia. By acting as a bridge to the Head Start community, NHSA eased researcher acceptance among Head Start staff and participants.

Participant Recruitment and Selection. The study was introduced in April 1996 at a regular evening meeting of the Campagna Center Head Start mothers. It was introduced again at a June 1996 meeting of the directors of the UPO and Gum Springs sites. The following topics were discussed:

1. purpose of the study,
2. criteria for participating in the study,
3. the interview schedule and time required,
4. the types of questions to be asked,
5. the informed consent form, and
6. privacy and confidentiality.

Possible benefits of participation were also described, including:

1. the emergence of important insights about the strengths and challenges of the mothers and their families, and
2. an increased awareness of problem-solving skills and resource-management techniques among the participants.

Initially, 17 volunteers completed a prescreening form that provided demographic information (See Appendix A). All were then screened by telephone for eligibility (See Appendix B). Eligibility criteria included: (1) participation in Head Start social services for at least 6 months, (2) willingness to sign an informed consent form and participate in three 90-minute interviews, and (3) having at least one child currently enrolled in Head Start.

The mothers were selected based on the researcher's belief that the mothers themselves provided the greatest source of information about their perceptions, benefits, and experiences related to participating in Head Start social services. The 17 volunteers included several men and Hispanic volunteers. These were eliminated based on the researcher's interest in selecting African-American mothers. Eight volunteers met this criteria. This sampling logic is also consistent with the open sampling method suggested by Strauss and Corbin (1990). Using this logic, the researcher developed a sampling procedure which was open to those persons that provided the greatest chance to gather the most relevant data. After determining that a mother's characteristics fit the eligibility criteria, an invitation to participate in the study was extended. Five mothers were selected from the Campagna Center, two from Gum Springs, and one from United Planning Organization. Initial appointments were set to interview each mother in her home at a mutually convenient time.

Interviewing. Merriam (1988) suggested that interviewing is the most appropriate form of data collection when behavior and feelings cannot be observed. Similarly, Handel (1989) regarded interviewing as one of the most effective ways to understand family dynamics and perception. Patton (1990) asserted that the key to effective interviewing is the ability of the researcher to build rapport with the person under study. The process of building rapport, in his view, affirms that the interviewee's knowledge, experiences, attitudes, and feelings are important.

An interview strategy was designed to help the researcher decide what types of questions to ask and how to sequence them. Developing an interview strategy involved more than the construction of questions. Lee (1993) posited that designing questions to elicit information that people prefer to keep hidden has always been a problem for research professionals. Few useful guides are available to help frame questions about emotionally charged or sensitive topics. Gaining access to sensitive topics, according to Lee (1993), requires a theoretical understanding of the setting one is attempting to enter. Lee believed that what one needs to know about gaining access can only be discovered after the researcher has entered the setting.

Interviews were conducted between May 1996 and August 1996. Each participant was interviewed three times in sessions that ranged between 60 and 90 minutes. All interviews were audiotaped to increase the accuracy of reporting, and the

tapes were later transcribed, resulting in more than 48 hours of interview data and approximately 1,920 pages of transcripts.

In all but one session, interviews took place in the mothers' homes. Before the interview process began, the researcher reviewed and clarified the purpose of the study, procedures, potential risks and benefits, and issues of confidentiality with the mothers. Also explained were the conditions under which confidentiality might be broken, such as in circumstances of suspected child abuse or if the mother appeared to be a harm to herself, to others or from others, such as suspected domestic violence. The informed consent form (See Appendix C) was presented to and signed by each mother at the initial interview. The participant portion, which she retained, consisted of a statement regarding the mother's right to discontinue participation in the study and a statement that she had read and agreed to the study requirements.

The first interview was designed to start the trust-building process that would encourage the mothers to disclose pertinent and sensitive information. The interview was semi-structured and allowed the participant to describe and assign meaning to events in a manner that was consistent with her reality. During this interview, the mother described her child's progress and discussed the role of Head Start social services in her life. This strategy allowed the mother's ownership of the discussion by focusing on a very positive issue, something that could be talked about readily, with self-assurance and a minimum of stress. Demographic information was also collected.

The researcher used counseling and interviewing skills to assure continuity and discussion flow.

Instrumentation

Detailed Field Interview Guide. This Guide (See Appendix D) contains a set of questions that are central to the study's concerns. Five key areas are:

1. mothers' general impressions of Head Start (first interview only),
2. demographic information (first interview only),
3. mothers' experiences and perceptions of Head Start social services,
4. mothers' self-perceptions, and
5. family functioning.

These questions were intended to elicit responses about what the interviewee does or has done. Merriam (1988) proposed that these types of questions provide rich descriptions of a person's experiences, behaviors, actions, and activities.

Supplemental Interview Questions (See Appendix E). Three closed-end, structured questions, designed to increase the probability of obtaining specific information, augmented the Detailed Field Interview Guide. Structured as "opinion/value" questions, their intent was to solicit information about how a person thinks and arrives at conclusions. The questions were designed to seek information on the mother's perceptions about Head Start social services' strengths and weaknesses.

Information was sought about the benefits mothers derived from five perspectives, in terms of:

1. relationships with their children,
2. relationships with the community,
3. relationships within the family,
4. relationships with a child's school or Head Start center, and
5. relationships with other social services agencies.

Family Adaptability Cohesion Evaluation Scales (FACES-II). FACES-II (McCubbin, et al., 1992) (See Appendix F), is a 30-item clinical self-report scale. An individual's total scores are placed within a Circumplex Model in which there are four levels of family cohesion, ranging from extreme low cohesion to extreme high cohesion. There are also four levels of adaptability. Sixteen distinct types of family systems can be identified by combining the four levels. The Circumplex Model helps in further understanding the dynamics of particular types of families. FACES-II has been validated against a sample of 2,412 respondents divided into two equal subgroups.

FACES-II elicits information on family cohesion, communication, and adaptability. FACES-II was administered to each mother. It was not scored, but was used as a means to engage the Head Start mother in a discussion about coping skills, communication, and other issues.

Data Analysis

Interviews and questionnaires were the primary means employed to obtain data. These mechanisms produced considerable information about the mothers' attitudes and perceptions of social services, family strengths, emotional expression, and family interaction patterns. These data were collected, organized, and developed into a descriptive and theoretical framework through the application of coding procedures.

The data analysis strategy was influenced by Seidel, Fiese, and Leonard's (1995) procedures. Seidel's et al. model, called Qualitative Data Analysis, consists of three related steps: noticing, collecting, and thinking. "Noticing" involves making observations, writing field notes, and audiotaping interviews. Once these activities are completed, attention is focused on the relevant information elicited in the interviews or from observations. "Collecting" consists of sorting the information into categories. Finally, "thinking" involves an examination of the information that has been collected for the purpose of discerning patterns and relationships and making general discoveries about the phenomena researched.

Information about participants was stored in a case record that included transcribed interviews, a completed FACES-II inventory, memos (the researcher's written impressions about the data), and a Head Start Contact Summary Form (See

Appendix G) was used to identify themes and concepts from the interview. The contact form was adapted from Miles and Huberman's (1994) illustration.

The data collected were then examined for differences and similarities in the participants' responses to specific questions. Based on a plan proposed by Miles and Huberman (1994), paragraphs and sentences were analyzed and labeled in a way that gave meaning to every discrete idea or event.

From these data, categories of equivalent concepts were developed. Categories and concepts were also dimensionalized by putting their characteristics on a continuum for classification purposes. Properties of these categories, such as low involvement or high involvement, could be described in very specific ways. Each time or instance a category occurred in the data, finding the item on the continuum was possible. Examples of these categories included: parent group, family support, and persistence. The final study codes are contained in Appendix H. From these categories, patterns were eventually discovered.

Neuman (1991) stated that categories and patterns in the data can lead to the introduction of plausible explanations of the phenomena under study. These explanations were later challenged by questioning the data and looking for rival explanations.

The Ethnograph, a computer software program, facilitated open coding and the sorting of themes and concepts (Seidel & Clark, 1984; Seidel, Fiese, & Leonard, 1995).

Ethnograph, developed especially to organize, manage, and aid in the analysis of text-based information, is designed around the concept of de-contextualizing and re-contextualizing. De-contextualizing literally means to separate relevant portions of data from their context. It is the actual carving-out of data segments that have a potential relationship to the study. Re-contextualizing is the actual coding of data and assembling of data into categories.

Open coding was completed when all of the interview data had been collected and entered into the Ethnograph. Each numbered interview file was processed and individual codes were assigned to a master file that was developed from previous coding of interviews. New codes were created as needed. Participant files were searched and sorted to identify unique and common themes among the eight Head Start mothers. These codes (See Appendix H) were examined, similar codes were collapsed, duplicates were removed, and categories were formed.

From these categories and from memos, it was then possible to conduct cross-case comparisons and to search for meaning, to organize the case records around the study questions, and finally to develop a case study report. This process is based on Yin's (1994) unsequenced structure, which is appropriate for descriptive case studies. An unsequenced structure follows an outline that covers the mother's background, involvement in Head Start, use of Head Start social services, and coping strategies.

Trustworthiness

Guba and Lincoln (1990) posited that reliability and internal validity are linked, and that one cannot exist without the other. They proposed using the term "truth value" for internal validity and "transferability" for external validity. The purpose of case study research is to describe and explain. In the current study, rich descriptions of how Head Start mothers benefited from participation in Head Start social services were sought. These descriptions are not aimed at developing universal truths about the world of Head Start mothers. Instead, as Cronbach (1975) stated:

The purpose of qualitative research is to assess local events . . . develop explanatory concepts that help people to use their heads. (p. 126)

To provide some assurance of case study accuracy, the researcher followed Yin's (1994) recommendation to have the subjects review a draft of the case report. The review was intended to clear up factual errors and resolve any interpretation problems. A case study draft was sent to each mother for review, and five of the mothers returned the draft with comments. Appropriate revisions were made. To make additional corrections if needed, follow-up telephone calls were made to each of the three mothers who did not return her draft case study, but none responded. The five mothers who returned the drafts did not voice dissatisfaction with the way in which their case studies were presented.

Internal Validity. Merriam (1988) believed that internal validity is a strength of qualitative research in that it attempts to understand subjects from their unique point of view. The researcher used two processes to establish and ensure internal validity: (1) a peer examination and (2) review by two independent social science researchers.

After data collection and analysis, a colleague familiar with, but not involved in, the day-to-day research reviewed and coded 30% of the numbered transcripts, using the master codes developed by the researcher. The colleague has a graduate degree in applied management and is a communications specialist for a major university-affiliated corporation. Her codes were compared with earlier codes assigned by the researcher, and this comparison confirmed agreement with at least 70% of the researcher's codes. Where discrepancies existed, they were discussed. Revisions were then made in the coding schemes.

The second process involved requesting two independent social science researchers to examine the case studies, the results, and the conclusions. The independent researchers were asked to challenge the conclusions reached by the researcher and to offer rival conclusions. One researcher is a former director of evaluation & research for the Head Start Bureau and has written extensively about the research needs of Head Start. He holds a doctorate in policy analysis from Princeton University and is on the faculty of Yale University, School of Education. The second researcher has written extensively about evaluation research. He was formerly a senior

associate with the Brookings Institution, the Urban Institute, and Rand Corporation, and is now a senior research associate for the Congressional Budget Office. With a doctorate in mathematical economics, he has worked extensively as an evaluator of poverty, employment, and social welfare programs. Following this process, the researcher met with each of the social science researchers to discuss and resolve any outstanding issues. While the researcher had final approval on any revisions suggested, the questions raised by the social science researchers regarding the case studies, results, and conclusions were resolved and incorporated into the final document.

External Validity. The study's goal was to describe accurately how eight mothers, in ways unique to each, used, perceived, and benefited from participation in Head Start social services. Rather than use the traditional method of generalizing findings to a wider population, this researcher employed Cronbach's (1975) working hypothesis concept along with Yin's (1994) analytic propositions to generalize a set of case study results to a broader theory.

Finally, the researcher was careful in the selection of the research design and the development of protocols for interviewing. An interview guide and a set of supplemental questions based on the research questions were used. This process ensured structured data collection procedures. In addition, a database consisting of numbered interview transcripts, follow-up forms, and memos was organized into a case record on each mother. These procedures are designed to allow others to follow a

clear trail in tracing the methodology of the current research. While another researcher could possibly derive different results, the methods used here would be judged as plausible. (Yin, 1989).

Summary

This study, through the use of case study methods, focused on providing clear and complex descriptions of how eight Head Start mothers experienced and benefited from participation in social services. Data were collected through use of interviews and questionnaires. These data were analyzed through the process of open coding that allowed the identification, collection, and sorting of key words and phrases used to analyze the data.

Chapter IV

Results of the Study

The results of the data analysis described in Chapter III are presented in this chapter. The first section provides some demographic information about the mothers who participated in the study. Section two is an introduction to the eight case studies. The next section is a presentation of the individual cases studies.

Demographics. Table 1 presents participants' demographic information. Seven of the eight mothers were African-American. One mother, who has lived in the United States for ten years is African. Four of the participants grew up in the metropolitan Washington, D.C. area and attended local elementary and high schools. The remaining four migrated to the metropolitan area from Louisiana, New York, Georgia, and West Africa. Pseudonyms are used to protect each mother's identity.

Table 1 Participant Demographics

Name	Age	Educ. (Yrs.)	Marital Status	Employ. Status	No. of Children (No. in HS)	Non-Head Start Social Services
Peggy Carr	28	14	M	PT	2 (1)	WIC, RS, FS
Jennifer Dean	33	16	NM	FT	3(1)	WIC, FS
Monica Leap	25	12	SP	FT	3(1)	--
Melissa Dorsey	30	14	M	PT	2(1)	FS
Lorna Neal	28	12	NM	FT	3(3)	AFDC
Lois Dalton	38	8	D/S	PT	4(1)	AFDC, FS
Doris Jackson	28	12	NM	NW	3(1)	FS, AFDC
Erica Bath	33	10	NM	NW	1(1)	FS, AFDC, RS

Note. Dashes indicate nonparticipation in activities. HS = Head Start; M = Married; PT = Part-time; WIC = Women, Infants and Children's Nutrition Program; RS = Rental Subsidy; FS = Food Stamps; Divorced/Separated=D/S; NM = Never Married; FT = Full-time; SP = Separated; AFDC = Aid to Families with Dependent Children; NW = Not Working.

Introduction to Case Studies

The strength of these case studies is that they are the mothers' own stories. When possible, direct relevant quotations were taken from the original transcripts and woven into the text. The mothers' words, thoughts, and perceptions were considered much more compelling than the researcher's attempt to interpret and speculate.

Each of the case studies begins with a section on demographics that provides information about the mother, including family background, age, work history, mobility patterns, number of children in Head Start, and involvement in Head Start and non-Head Start social services programs.

In the second section of each case study, the mother's perceptions of self and family and use of Head Start social services is discussed. The purpose here is to identify the mother's motives for involvement and the ways in which she perceives and uses Head Start social services. As noted, the mothers participated in three different Head Start centers. At some centers, parent group meetings were structured, and a range of activities was offered. At others, the meetings were poorly planned and occurred irregularly. Some Head Start centers have a full complement of social workers, psychologists, and counselors. Others have a social services component that is combined with the parent involvement component. The quality and variety of other social services programs varied as well.

The coping strategies that each mother employs are also discussed. Each describes the major stressors in her life and discusses the ways in which she responds to them. These descriptions clarify how the mother sees herself and her family and how her self-perceptions relate to the individual needs of family members. This is not a "wrong" or "right" assessment; it is simply the mother's view.

Each case study closes with a summary of the mother's Head Start experiences. The research questions are addressed, and an analysis follows regarding ways in which the mother's experiences and involvement contributed to a better understanding of the research issues.

Peggy Carr

Demographics

Peggy Carr is a 28-year-old, African American Head Start mother. Peggy's childhood was traumatic. Because her parents were mentally incapacitated and unable to care for their six children, she was raised by her grandparents in Bronx, New York. Her mother has been institutionalized for more than 40 years. Peggy describes her mother as "not in touch with reality." Her father, also with undisclosed mental problems, was employed full time until his death in 1986.

Peggy's grandparents raised her until she was 10 years old. They died, and she was moved from relative to relative until she ventured out on her own at age 18. Her sisters and brothers were unable to take care of themselves and they, too, stayed with cousins, aunts, and other members of the extended family.

Peggy graduated from high school and attended the State University of New York (SUNY) at Albany where she majored in criminal justice. She admitted that she was not very interested in college and floundered academically for 3 years. Peggy's younger sister had moved to Albany to live with her, but was eventually committed to a state mental hospital. Peggy met Sean, also a student at SUNY, and over time the two developed a romantic relationship. Approximately one year after their relationship began, Peggy became pregnant with Conrad, their first child. Peggy and Sean decided to quit school and returned to the Bronx to live with Sean's family.

Peggy and Sean were married shortly after returning to New York City. Because both encountered problems finding employment, they fell behind in paying bills. Peggy's oldest sister had moved to the Washington, D.C. area several years earlier and was reportedly doing well. After learning of her sister's difficulty, she invited Sean, Peggy, and Conrad to relocate and live with her. The invitation was accepted. Peggy was pregnant with their second child at the time.

Peggy's sister worked as a manager at Shoney's and helped Peggy to find employment as a part-time receptionist at an advertising company in Georgetown. Peggy related the details of her search for employment:

When I moved down here, I got a job a week later and I was six and a half month's pregnant. They hired me. First of all, I did not show until I was around seven months, I wore all black so I would not show. It makes you look smaller . . . I told them about my pregnancy after I got the job. I feel if I had told them I wouldn't have gotten the job. They asked me if I was going to return.

Peggy worked at the advertising company for 3 years and Sean found part-time employment. With two salaries, they were able to move into an apartment. Because Sean's work was only part-time and unpredictable, their financial problems persisted. Their family had now increased to two small children and the cost of sustaining them posed even more difficulties. Then, Conrad, the oldest of the two children, was diagnosed with leukemia at the age of 3. Conrad died 6 months later, and Peggy and

Sean were devastated. The advertising firm's employees, recognizing Peggy's financial predicament, helped pay for the funeral:

When my supervisor came to the funeral, she gave me an envelope and the whole agency took up a collection and it was \$500, just for me to, you know, take care of myself. They were really nice.

Peggy returned to work a month later and stayed for several months. She recalled that because she needed more than a part-time position, she decided to end her employment at the advertising agency. Peggy has been working full time at Clinton & Willis Real Estate for the past 2 years, and Sean has found a full-time job in Gaithersburg, Maryland.

Peggy was eager to talk about her experiences in Head Start. It was as if she had a story to tell and wanted a forum, or maybe a pair of ears to listen. Peggy had heard about Head Start from a girlfriend in New York, whose child was enrolled in the program.

Julie, now 5 years old, participated in Head Start for 2 years. She will begin kindergarten in the fall. Peggy is satisfied with her daughter's progress but believes that the Head Start preschool program had some shortfalls. According to Peggy, Head Start's educational and cultural activities did not challenge Julie. She was concerned that Julie's social skills regressed because she had not been interacting with children her age. Peggy also voiced concern about the amount of time spent by Head Start on

recreational activities at the expense of structured learning activities. Peggy's misgivings were based on personal observation; Head Start had employed her as a teacher's assistant at the center for approximately one year.

To compensate for what Peggy believes are shortfalls in the Head Start preschool program, she and Sean began home teaching. They taught Julie to write her name, to tie her shoes, and to recognize basic colors. Peggy explained it this way:

I just expected her to be ready for kindergarten and to let her know that what you do at Head Start is not what you will do in kindergarten. I know some parents whose children went to kindergarten this past September and I asked them how their children are doing and they said they had a hard time adjusting.

Perceptions, Use of, and Involvement in Head Start Social Services

Peggy has used emergency services, individual and group counseling, and employment training programs provided by Head Start social services and is also active in the parent group meetings. Peggy received food stamps, a partial rent subsidy, and other services through AFDC and WIC. She described her satisfaction:

They have like the clothing give-a-ways monthly for adults and children and you can get things donated through consignment shops. They basically give it away to the parents or anybody that needs it. The quality of the clothing was pretty good. Most of the things I got out of it were baby clothes and a few things for Julie.

Peggy understands the social services system well and related the following story:

When I arrived in the Washington area, I went to the social services office to register for food stamps and whatever else was available. I left Sean at home and told the intake worker that I did not know where he was. The worker went on to chide me. I was five months pregnant . . . The worker made a remark about my work habits and suggested that I appeared to be allergic to work. Later that day, Sean and I discussed the behavior of the worker. We both became angry because the worker failed to realize how the system forced us to lie about who lived in our family in order to receive the welfare benefit. I knew what I had to do and understood that part of the process of dealing in the system involves taking some personal abuse and embarrassment.

Peggy was also referred to a local employment training program through Head Start. She described her experience:

She told me about it [the training program] and it's for parents that were receiving any kind of aid. You could get it free if you were receiving any kind of benefit through social services. So I went [into training] and it was free for me. It was like a 3-month training program.

There were 20 participants in Peggy's dental assistant training class and for 8 weeks she learned dental terminology, techniques to perform x-rays, and the appropriate use of dental tools. Of the 20 participants who completed the training, only one or two actually found jobs in dentistry. Peggy was not one of those and said that the program was not very helpful in assisting the trainees to locate employment after completion of the training. She admitted that the program staff did provide job leads, but once trainees were able to get interviews, they found that employers were only interested in hiring experienced dental assistants.

Peggy was very indignant about the condescending behavior of some people who deliver social services:

You know, I feel that they shouldn't feel that they are above . . . because they could lose their jobs and they could be in the same situation and they would be down there asking for assistance . . . What does bother me is the way that they perceive you, casualize (**sic**) you, you know, typical black woman sitting on welfare, having kids, and at the time I just had my daughter, but you know they just put you in one lump and that came across to me.

By contrast, Peggy said that the Head Start social services staff displayed effective helping behaviors. She said that the staff makes Head Start mothers feel important and that this is demonstrated by the way in which staff members talk with Head Start mothers. She said that the staff also teaches parents how to be resourceful.

As an example, she boasted that she can go into a grocery store and, with little money and lots of coupons, buy a great deal of healthy food.

Peggy, an active Head Start parent, is president of the Head Start center's policy council. As an officer in Head Start, she plans meetings and helps to set the agenda for meetings.

According to Peggy, she and her family have benefited from Head Start social services in several ways:

1. The clothing program has helped dramatically. Because of their continuing financial problems, Sean and Peggy sometimes have little money to buy clothes for Julie.
2. Participation in the parent involvement component appears to have allowed her to develop and exercise leadership skills.
3. In workshops, she has learned how to better communicate with and discipline her child.
4. One implicit goal of Head Start social services is to teach parents how to access other community resources. She may have been influenced by Head Start to identify and negotiate with non-Head Start social service agencies when she and her husband have problems paying utility bills or rent.

Peggy is emphatic about what she wants for her child. She wants Julie to be able to make choices, choices that she says were not available to her during her early developmental years. Despite having completed 3 years of college, Peggy does not regret leaving school before graduating. She does, however, want her children to complete college. Her greatest challenge as a parent, she says, is keeping Julie focused on and motivated to learn new and challenging things.

Perceptions of Self and Family

Peggy has some very strong opinions about herself, her family, and her ability to assess her family's needs. She believes that parents have a responsibility to help develop their children's value systems. She serves on the Head Start parent council and spends time volunteering in the classroom. She commented with disapproval that the parent meetings are poorly attended. Peggy believes that parents have a responsibility to make time for their children. She talked about children being a high parental priority. She related a story of a friend who has a child in Head Start:

I have a girlfriend that I work with, and her son is also in Head Start. He is only 4 and I look at myself and I look at her. Like a lot of times she does not know what is going on--and they (Head Start staff) are excellent about letting you know what is going on as far as the meetings, field trips . . . She hardly ever knows what is going on. I had to tell her about the registration for kindergarten.

Peggy said that many families do not consider Head Start a serious place for the education of their children:

They look at it as day care, and that's another problem. Drop my child off, and pick her up, and then also like my girlfriend, they have extended hours for parents that work and go to school . . . some parents don't put their child's education as a priority.

Peggy believes that her family's greatest strength is its ability to communicate effectively. She is verbally expressive and has very strong opinions about issues and people.

Peggy identified resourcefulness as another family strength. She and Sean earn modest incomes. After payment of rent, purchase of groceries, and payment of utilities, there is very little money left over. Peggy described the importance of resourcefulness:

You know, we don't have a lot of money, and we try to work with what we have. Try to be still happy, you know. That's what I mean by being resourceful: work for whatever we have. Try not to take little things for granted.

She added that, as a family, they visit museums, go to the parks, and attend "free" concerts.

Peggy views her family's financial predicament as temporary. She recognizes as limitations that she and Sean do not have marketable skills or college degrees. While she did not express interest in completing her undergraduate studies, she recognizes

that she should upgrade her skills. Peggy has a certificate as a dental assistant, but said she does not plan to pursue a career as a dental technologist.

Peggy admitted that she and Sean were, at times, somewhat overwhelmed by the financial burden of supporting a family. Any financially ambitious plans about the future, particularly involving vocational training or additional education, would be a luxury they cannot afford.

Coping Strategies

The family's chief stressor is finances. Peggy talked a little about it:

I guess with me I make a big deal of something, and he makes too less of a deal. Like he'll brush it off. Oh, it's no big deal, and with me it is a big deal . . . I have been working this past month and he's just started work steady at this one job that he's working at now. We'll be short on rent for July . . . we won't be able to . . . so I am worried about how we will be paying the rent . . . and with him, he's not. So he won't say much. But with me, it's like I'll rack my brains, trying to figure out . . . I would always find a way.

Peggy stated several times that the absence of her parents in her early upbringing had made her stronger emotionally. She explained that by not having someone to talk with, it forced her to face these challenges alone, causing her to develop an inner strength. Peggy described her behavior, when under stress, as withdrawing. She solves problems independently, often asking advice from no one

because she believes others incapable of helping her, and this distresses Sean because she leaves him out of important family decisions. Peggy said that she has realized that by not allowing Sean to participate more and contribute solutions to family problems, she has created some tension between them. To address this problem, she has begun to include him in the problem-solving process.

Peggy's primary support system is her sister, who lives in Alexandria. She seldom spoke of other members of her family and maintained that they are not closely knit. Peggy said that one sister in New York keeps in touch, but she does not hear from the rest of the family. She indicated that she is closer to Sean's family because of their openness and genuine display of affection.

Summary

Experiences, perceptions, and levels of involvement in social services. Peggy has participated in emergency services, parent group meetings, individual and group counseling, and employment training. She is also involved in the governance of the Head Start parent council. Hence, of the four primary social services available through Head Start, Peggy has participated in all. She described her involvement as important and personally fulfilling.

Benefits derived from participation in social services, and how these benefits relate to family experiences. According to Peggy, the most important benefits she may have derived from social services include: (1) increased confidence and leadership

skills, (2) parenting skills, (3) skills in home budgeting, and (4) increased knowledge of other communities services.

Peggy believes that Head Start has had a positive influence on how she handles stress and on the ways in which she relates to her child. She also believes that Head Start social service has played a role to influence her expectation for her daughter's positive future.

It does not appear, from Peggy's narration, that Head Start's social services staff had influenced her decision to participate in the parenting, emergency services, and job training services offered by Head Start.

Jennifer Dean

Demographics

Jennifer Dean is a Head Start mother with three children. The eldest is Joyce, age 20, a senior at Howard University. The middle child, Nathan, is 4 years old and participates in Head Start. Charles, the youngest, is about 8 months old. Originally from Lagos, Nigeria, Jennifer has lived in the United States for 12 years.

Jennifer completed college in Nigeria and has a degree in nutrition. She taught home economics for several years before emigrating to the United States. She is separated from her husband, Kwame, whom she married shortly after graduating from high school. Before their separation, Jennifer was not employed outside the home, but the couple lived comfortably on Kwame's income.

Jennifer now lives in a condominium in a suburban area of northern Virginia, where property values range between \$100,000 and \$150,000. She has two jobs, working as an aide for a health care company and as a cashier at McDonald's. As a volunteer, she also cooks and serves meals to homeless men and women. She explained the necessity for two jobs:

Actually both of them (jobs) combined is one and a half. I don't like putting all of my eggs in one basket. My full-time job is as a home health care aide.

Jennifer does not have any relatives in Northern Virginia. Her two older brothers live in England. She has other relatives in Canada and New York. Other than

one Head Start mother to whom she occasionally talks, Jennifer has no close friends. After Kwame left Jennifer, she needed to find child care for Nathan so that she could work outside the home. Head Start filled that need.

Nathan has participated in Head Start for a year, and he is currently enrolled in a speech therapy program arranged by Head Start. Jennifer is pleased with the progress made to correct his speech problems:

Yeah, they have a speech therapist that works with him. He helps me a lot about how I can work with Nathan. Watching him work with Nathan and him giving me permission to call him whenever I need help. It helps a lot.

She visits the school whenever she can and has seen direct improvement in Nathan's attitude and school work habits:

My presence helps him. I don't have the exact word for it. But seeing me will try and convince him in whatever he is doing . . . so if I am there he does better. Like the joy that I see whenever I open that door and walk into that class. It gives me joy, too. That's probably why I do it.

Perceptions, Use of, and Involvement In Head Start Social Services

Jennifer has used Head Start social services' emergency services and individual counseling, and participates in parent group meetings. She has not used Head Start's mental health or job training services. She has, however, participated in a home appliance repair course offered through the Northern Virginia Community College. On

a volunteer basis, she is also involved with the Head Start nutrition program, giving advice to the cooks about how to prepare nutritious meals for the children.

Jennifer described the use of Head Start emergency services:

I don't want to talk about it because I cry so much. They do so much for you at Christmas time. I don't know where to begin, I didn't think that it would be possible to get anything. Something that I 'm always experiencing because I am always struggling. But I've gotten toys and stuff. But believe me, we got more than toys. Everything that anyone could ask for Christmas, a tree, food. I mean it was unbelievable, I am very satisfied with Head Start social services.

Head Start has an emergency fund that is available to parents when they need financial assistance. Jennifer has drawn on this fund several times to pay rent and other utilities.

Jennifer has also participated in individual counseling with the Head Start family services coordinator:

Yes, it is because I have been by myself. Even when my husband was with me, we did not get anything. We just struggled on our own. I guess having someone to really talk to is important. You know little things that people do for you count a lot.

Before Jennifer and Kwame separated, Jennifer described herself as a proud middle-class homemaker, depending entirely on her husband's income. Although she

was trained as a teacher, she did not pursue a career because she felt secure in the marital relationship as a mother and homemaker. Jennifer admitted that the parent group meetings provided her with an opportunity to talk about her life, share advice, and solve problems.

Parent group meetings have bolstered Jennifer's self-esteem. She credits Head Start social services with giving her the confidence to speak up, to become an advocate for her child, and to assert herself when there are difficulties:

The extended day program complained that they weren't getting enough money when I complained about the snacks that they were giving my child. I said that I did not think that nutrition was proper. So when I complained to them, they said to write to such and such a person and tell them how you feel. I did. I made a copy. We learned that in the parenting meeting . . . I left it in the day care and had parents to sign and send it in. Somewhere, they found the money. I am not afraid to say how I feel and what I want.

Jennifer has completed courses in washer and dryer repair and is exploring the possibility of enrolling in a computer class. She indicated uncertainty about which career path to pursue but sensed that there was a need for additional education, regardless of her final career choices.

Jennifer has also expressed a desire to attend graduate school. Because of her schedule involving two jobs, she could not obtain an application for graduate school,

financial aid, and other information. The family services coordinator gathered the relevant information for her and has met with Jennifer several times to review it and to help her complete the application so that she can attend graduate school and obtain the credits she needs to meet teacher certification requirements:

She [the family services coordinator] worked very hard . . . she gave me a long list of private schools and private individuals that helps students finance their education. I don't have that much computer knowledge and she gave me information on three different places that have computer classes. She has been by twice.

Jennifer has some very specific views about the attributes of good service providers. She stated her frustration with the inability of some professionals to listen to clients. However, she said that the director of social services does listen and understands, and that staff makes time to talk with mothers and occasionally telephones to check on the family's progress.

Perceptions of Self and Family

By western standards, Jennifer, a college graduate with training as a school teacher, is an educated woman. When compared to other Head Start parents, she is well above the average in educational attainment. However, she perceives herself as very uneducated and bases this belief on a comparison with her brothers, all of whom are medical doctors:

When I go home on holiday, it is kind of depressing. All of my relatives are there. They are doctors, lawyers, college professors. I feel so ashamed. The only thing I can talk about is McDonald's.

Jennifer said that having friends is not important to her. She said that she does not have time to talk on the telephone or visit because of her work schedule. She also told another story:

Joyce lives on the campus at Howard University. When Joyce moved out of the house, she developed a new set of friends . . . She was no longer there [for me]. In the middle of this story, Jennifer started to cry uncontrollably. After regaining her composure, she explained that she missed talking to Joyce and felt that they had grown apart. She said that she had not shared her concern with her daughter because she was afraid of rejection.

Jennifer named togetherness as one of her family's strengths. She defined togetherness as family members spending time with each other. She also linked togetherness and responsibility. She expressed a strong sense of responsibility for her three children, which she felt she demonstrated through hard work and through participating in Nathan's school activities.

Coping Strategies

Jennifer identified two challenges that cause her considerable stress: meager finances and the distant relationship with her daughter. She admitted that she

sometimes feels that she has been abandoned both by her husband and by Joyce. She confided that she does not want Nathan and Charles to feel as alone as she has felt.

Jennifer said she is able to cope with the current circumstances because she sees them as temporary. Another way that Jennifer has coped is to fill her day with activities, and some of those activities include helping others. She derives considerable pleasure from cooking and serving meals as a volunteer at a homeless shelter. She is also a mentor to two teenagers at Anacostia High School. She had listened to the problems and concerns of two young people and had succeeded in helping them. She attended their graduation ceremony and beamed with joy that both students plan to enroll in college next fall.

Summary

Experiences, perceptions, and levels of involvement in social services. Jennifer has participated in emergency services, individual counseling, and parent group meetings. Jennifer has used emergency services extensively for children's clothing and to assist with the payment of utilities and rent. She is involved in the parent group meetings when her work schedule allows it. Based on Jennifer's description, she has taken on the role of advocate for her child and for other children at the Head Start center.

Benefits derived from participation in social services, and how these benefits relate to family experiences. Jennifer's greatest benefits from participating in Head Start

social services appears to be: (1) increased parenting skills, (2) social and emotional support from the Head Start social services staff, and (3) and willingness to engage in volunteer services.

Jennifer said that Head Start social services' staff has had a positive effect on her. She has developed strong relationships with the center's director and with her case manager. These relationships may play a role in encouraging her full use of Head Start social services.

Monica Leap

Demographics

Monica Leap is a 26-year-old, African American Head Start mother who has been divorced for 5 years. All three of her children have participated in Head Start. The youngest, Laney, age 5, is currently in her second year at Head Start. Nikki, age 7, is in the first grade, and Joy, age 8, is in the third grade. As a single parent, Monica spoke of her commitment to making a good life for herself and her children.

Monica grew up in the vicinity of Alexandria, Virginia, where she now lives in a townhouse in a middle-class neighborhood. She has two siblings, including a 32 year-old brother who is now serving a 10-year sentence for drug possession and distribution. According to Monica, he has been in and out of trouble most of his life, and she feels that she never really knew him. Although her brother is not married, he has several young children who live with Monica's mother. There is also an older sister who lives in the same apartment complex as Monica, and they have a very close relationship.

Monica's mother and father are separated, but she and her father are close; he lives only 60 miles away in Front Royal, Virginia. Monica's mother, who resides in the same neighborhood as Monica, lives with her boyfriend. In 1994, Monica's mother attempted suicide. Monica was unclear about the specific circumstances that led to this incident.

Monica had her first child, Joy, when she was 17 years old. She and Anthony, Joy's father, were married almost a year later. Monica was reluctant to talk about the relationship, and the circumstances surrounding their separation and eventual divorce are unknown. Nevertheless, it was clear from her descriptions and remarks that she is angry with him for spending little time with his children. He has remarried and lives in proximity to Monica and the children.

Joy found it hard to accept her parents' separation and her father's lack of involvement in her life. She lived with her father for about a year until, for reasons Monica would not discuss, Anthony returned Joy to her. Following her return, Joy began to exhibit disruptive behavior at home and in the classroom. Joy's teacher referred her to the school counselor to whom Joy alluded to the reasons for her behavior. The school counselor contacted Monica and explained what she had learned about Joy's disappointment and anger with her father. Monica immediately sought other professional help for Joy.

Monica heard about the Campagna Head Start program through the daughter of a family service worker to whom she had taken Joy for individual counseling. She asked about the program and enrolled Joy at age 3. Nikki was born 2 years later, and a year after that, Laney was born.

Laney is progressing well in Head Start, and Monica thinks that she is ready for kindergarten now. Monica pointed to Laney's ability to write her name and to perform simple mathematical procedures, as well as to her improved social skills:

Actually since she has been in Head Start, she has improved her relationships with other people, because at one time she would not go to anybody except me. She was very shy, and if it wasn't me, she wouldn't come. Now she has come out of the shell. Her speech. She had a hard time with her speech at one time and she went through speech therapy with Ms. Ruby at Head Start, and it has improved a great deal.

Monica has worked for the city of Alexandria as a secretary for 8 years. In her current job, she registers city and confiscated vehicles and handles car maintenance requests. She started working for the city as a secretary after graduating from high school and has since received several promotions.

Perceptions, Use of, and Involvement in Head Start Social Services

In the initial interview, Monica said she did not use Head Start social services. In fact, Monica is very proud that she has not had to rely on public assistance. However, she has participated in Head Start parent group meetings and has used non-Head Start services such as WIC and housing counseling. When Joy needed individual counseling, Monica sought help through the city of Alexandria's employees' assistance program:

My oldest daughter went to counseling, but I did not do it in Head Start . . . She was having a hard time with me and her father not being together any more. She was the oldest, and she was around him more . . . She is doing a lot better. She went to a counselor for a couple of months. See, we have a program through my job, employee assistance.

Monica maintained that using social services creates a type of dependency in which someone else is doing something for you that you could probably do for yourself. She spoke with pride about having a full-time job and of not receiving any type of welfare assistance.

Monica is president of the Campagna Head Start Policy Council. In that position, she is responsible for chairing meetings, developing agendas, and promoting parent involvement. She has participated in parenting skills workshops and has attended many other workshops sponsored by social services. She recalled an Alexandria Family Court judge who spoke at two parent group meetings about the causes of juvenile delinquency. He outlined several early warning signs so that parents could recognize any impending problems with their children.

One of Monica's goals is home ownership, and she credits Head Start social services with bringing her closer to that goal. She has gone to the bank, completed a mortgage application, and is awaiting final approval from the bank and the housing authority.

I guess I got the idea from Head Start social services. You know they had someone to come in and talk about home ownership--that's where I got the idea. Yes, a guy that came in from the Office on Housing, he got everybody to sign up. Next meeting, we had a lady to come in from the bank . . . well a lot of the parents didn't have bank accounts and stuff like that. She came in and talked about how to apply for a housing loan. I did. I have gone down several times and am trying to arrange financing for a small three bedroom house.

Monica also spoke about a parenting skills workshop that emphasized the use of logical consequences as a disciplinary measure. She told about using this approach on one occasion when Joy did not complete a household chore. Monica completed the chore and deducted the cost of doing so from Joy's biweekly allowance. Monica beamed that Joy could see the logic of the discipline.

Head Start social services may have also shown Monica the importance of cultural and recreational activities for her children's growth and development. This has caused her to plan and organize fairly structured, varied family activities. Each Saturday, the family goes on an outing. Monica has taken the children to the Kings Dominion and Carowinds amusement parks and to museums. They have set aside time to visit the public library, and the children have taken home books.

Perceptions of Self and Family

Monica identified the ability to communicate effectively as one of her strengths.

I could see how it [keeping things locked in] could affect you now because when I look back, it hasn't been hard with the other girls. The oldest one, this is the one that went through counseling, tried to keep things inside. I try to work with her and let her talk and tell me what's wrong with her.

Coping Strategies

Monica reported facing two challenges: raising her children alone and fostering her mother's continued recovery. Monica described her mother's situation:

I think we dealt with it [attempted suicide] pretty good. Everybody in the family knows about it; everybody talks about it. We make sure that she goes to her meetings and stuff like that and make sure she talks about things. That was the problem before--keeping things hidden inside. I actually think that we handled it well.

Monica believes she copes with the demands of this situation because she has a good support system. Her sister, Lucy, has helped by making sure that their mother keeps her medical appointments and takes her medication. Monica also has a girlfriend whom she described affectionately as “almost family”; the girlfriend provides both psychological and emotional support.

Summary

Experiences, perceptions, and levels of involvement in social services. Monica has had limited use of Head Start social services. When she has used social services,

such as the parent group meetings, she has found them to be very beneficial. Monica described herself as self-sufficient without a need for the family support services provided through Head Start social services. She describes the Head Start social services staff as helpful and encouraging.

Benefits derived from participation in social services, and how these benefits relate to family experiences. Monica's benefits from Head Start have been the development of stronger parenting skills and reinforcement by social services staff of the idea that parent involvement is important. The staff has helped her solve problems and has given her feedback regarding her strategies to become self-sufficient, e.g., the pending purchase of a house. The Head Start social services staff have primarily acted as "cheerleaders" for Monica.

Melissa Dorsey

Demographics

Originally from New Orleans, Melissa Dorsey is a 30-year-old, African American mother of two. Her youngest child, Lindsey, age 5, is enrolled in the Gum Springs Head Start program in Alexandria, Virginia, while 10-year-old Caroline is in the fourth grade. Melissa was working at a hospital in New Orleans when she learned that her husband's brother, who lived in Washington, D.C., had been critically wounded through gunfire. She and her husband, Tim, came to Washington to help with the brother's recuperation and later decided to remain; that was 11 years ago.

Melissa is a licensed practical nurse and has completed 2 years of college. She suffers from chronic epilepsy for which she has been taking a variety of medications that do not seem to work well consistently. The medication affects her energy and causes severe side effects. She works part-time as a child care aide at the Gum Springs children's center. In fact, Head Start social services helped her to get the training required for this position.

Tim is a long-distance truck driver and spends a considerable amount of time on the road. Melissa intimated that she and Tim have been experiencing marital problems which stem from her medical condition and from Tim's long absences. These tensions have resulted in arguments and verbal exchanges that she believes have adversely affected the children and their inconsistent performance in school.

Melissa is extremely pleased with Lindsey's progress in Head Start and thinks that participation in the program has developed stronger social skills in her daughter. She also believes that Head Start has uncovered leadership potential in Lindsey:

She is more of a leader, and I think that comes from being able to interact with other kids. She's able to do things that she's never been able to do. She can count. She can write her name. She can look in a book and at the picture a little bit and tell you the story. It's just things that she's able to do now since she has been going there for 2 years that she wasn't able to do even with the help of her sister.

Perceptions, Use of, and Involvement in Head Start Social Services

Melissa has participated in Head Start social services' emergency services, mental health and family counseling, and employment training. She is currently president of the Gum Springs parent council and has taken an increasingly active role in Head Start as her health has improved. She recently participated in the "Stand for Children" rally held in Washington, D.C. She believes that social services has given her an opportunity to get more involved in community activities of this kind.

Melissa originally became involved with Head Start because of her illness. She needed child care for Lindsey:

Let me think . . . I don't remember. What made me start looking for some type of placement for her was my illness. When I first heard about it, I thought that it was one of those things where you had to pay based on your income. I went in

because with one parent working and me being ill, there was more of a need because of the situation that I was in. . . . It [Head Start] was really going to benefit her a lot. Because if I am at home ill, how much can I possibly be teaching her.

According to Melissa, she ultimately received more benefits from Head Start than she could have ever imagined:

Like I said, they made sure that the kids ate, they made sure that there was food in the house. They made sure that these kids had clean clothes. The director and coordinator visited me and brought books and magazines. The social service director came by to hold Bible study meetings.

Melissa particularly appreciated Head Start's emergency services. Emergency services staff usually came around before the holidays to make sure that everyone had what they needed. She described a recent occurrence:

Whatever amount of kids in the house, they ask the ages and sizes. I guess so they can go about finding things to get them. There was a need around Thanksgiving to make sure that you are able to prepare Thanksgiving dinner and you know how many turkeys you need. Whatever you need, they will try and help. And they have always helped me. One time I remember them coming, and I just opened up with them. I needed a lot of medication, and something had happened to our medical insurance. They got my prescriptions for me. There is a

parent fund that they have. They went into that fund. First, they had to get it approved, and they wrote me a check, and I was able to get my prescription. I can even remember one time I was in the Fairfax Hospital and my husband was on the road, and I needed a way to get home. They sent a taxi for me. All the way to the Fairfax Hospital to take me home. That's why I always tell people, if you have a problem don't keep your mouth closed, because how is somebody supposed to help you if you don't let them know what is going on.

Melissa conceded that she had become too obsessed with her illness, and she felt that this obsession was having a negative impact on her family. She acknowledged having become increasingly agitated with her children over small issues. She also described periods in which she withdrew to her bedroom, sometimes for days. She knew that she needed to seek counseling, so she turned to the mental health and family counseling component of Head Start social services. Melissa admitted that before she became involved in Head Start, she was unhappy because of her illness and the possibility that she may also have diabetes. Head Start social services changed her entire outlook by helping her to refocus her energies on something more positive: goals that made her a better mother and wife.

Melissa credits Head Start social services with saving her life and her marriage, and with helping her to maintain her sanity. Believing that she and Tim needed marital counseling, Melissa called the social services office and made an appointment. At first,

Tim refused to attend, but the Head Start psychologist finally convinced him to agree to participate in at least one meeting in their home. The psychologist held five sessions in their home, and, according to Melissa, the counseling saved their marriage. This experience helped Melissa to understand that she was not alone, that others have problems, too, and that help was available in the community.

Melissa attended a 4-week class sponsored by Head Start social service. The class taught her about child abuse prevention strategies, child nutrition, and child development theories. It also dealt with a variety of multicultural issues.

Participation in the parent group meetings has enhanced Melissa's feeling of competence as a parent. She explained a "sharing technique" learned at one meeting, which she uses with her children:

It means when you have two kids and both want the same thing at the same time. I have learned how to make them compromise. Maybe get one's attention off one thing onto something else. And that will give that other child the chance to play with it, and then maybe after a little while, she will forget about the toy and go on to something else. But it has really helped me with the little part-time job that I have now. On the job, I use some of the things that I have learned from the parent meetings.

Head Start social services increased Melissa's self-esteem. She frequently related how good it felt to make worth-while contributions to parents' council discussions.

Head Start valued everyone's ideas, she said. Melissa has influenced the parents' council to devote some of its energies to developing mentoring programs for young children.

Melissa described a recent experience as a parent representative at a regional Head Start meeting focused on developing programs for children:

Not too long ago, we went to the Office for Children because we were trying to come up with our own educational curriculum. And we broke a lot of things down. It was a long thing but we based it on the things that we already had. We tried to make it better. It's a learning experience. You surprise yourself because you don't believe that you have all of this on the inside until you actually put it to work.

Melissa also credits Head Start with helping her to understand the importance of being patient with her children. She has learned that children go through stages, and those stages may not be fully understood by parents at the time. She said that this lack of understanding can lead parents to have some unrealistic expectations of their children.

Melissa said that Head Start also has helped her psychological well-being. Depression is a side effect of the medication she currently takes for epilepsy. Her last bout of depression lasted 2 weeks:

It wasn't anything that anybody was doing. I don't know if it was something chemical. I don't know what it was. The doctor said that it was the side effect

from the medicine. But, like I said, we have a psychologist at Head Start. He helped me also. He helped Lindsey also. She was doing things at school that showed that there was something going on at home. They talked to her, and it helped. And I would have never known that because she is young, and I don't think that she knew.

Melissa professed that the Head Start staff makes her feel as if she is part of a family. She went on to explain that whenever there is a problem, Head Start staff want to know about it immediately. Melissa described this as genuineness, or like an open-door policy. She said she sensed that what the staff did for her sincerely came from the heart. She felt that the family service workers did not look at her as just a parent, but rather as a true friend:

Somebody that they would basically do anything for if they could. And they go to whatever length to see that it is done. They care. That is the only thing that I can say, they care. Because if you didn't care, to me, you wouldn't do it.

Melissa did not view the provision of food, clothing, and other assistance by social services as the only indications of caring. She said that sometimes a telephone call from a concerned staff member meant a lot. Melissa also appreciates Head Start's home-visit philosophy:

On one visit they will come around when the child is at home. On separate visits, the Head Start family services worker will come when the parent is at

home alone, and they will ask questions. They are interested in trying to get a sense of the environment that the child lives in and the needs of the family.

Perceptions of Self and Family

Melissa described her family as "self-aware." She considered her family's greatest strengths to be their team work and their being considerate of each other's feelings. She said that team work is important because she has come to realize that she must depend on many people, particularly those in her family. She defined "considerate of other's feelings" as not being so wrapped up in oneself that one forgets all else. She confided that through her illness, she has learned this lesson.

Melissa said that her family needs to work on improving their communication skills. In some respects, she believes that their communication is adequate, but under stressful conditions, communication breaks down.

Coping Strategies

Melissa admitted that the key stressor in her life is her illness, and she has learned to cope better by talking about it openly. As a result of marital counseling, she and her husband worked together to resolve problems in their relationship. The family has successfully adapted to the stresses resulting from Melissa's illness and the side effects associated with her medication.

Summary

Experiences, perceptions, and levels of involvement in social services. Melissa has used Head Start's emergency services, mental health and family counseling, and employment training; she also participates in parent group meetings. These services have been vital to her social, emotional, and physical health. Involvement in Head Start has increased as her health has improved.

Benefits derived from participation in social services, and how these benefits relate to family experiences. It appears that the Head Start social services staff have had a positive influence on the services that Melissa has used. They may have provided social and emotional support, leadership development, self-esteem development, education and training, and personal and marriage counseling.

Lorna Neal

Demographics

Lorna Neal is a single, 28-year-old African American Head Start mother. She and her three children live with her mother and stepfather in northern Virginia. Lorna has participated in Head Start for 5 years. Her sons Joseph, age 9, and Keith, age 7, participated in Head Start when they were younger. Four-year-old Lisbeth is currently enrolled in the preschool program. Both Keith and Joseph continue to participate in the experimental Head Start Transition program, in which social services are offered to children and their families through the third grade.

Lorna grew up in Leesburg, Virginia, and moved to the Washington area 9 years ago. She is a high school graduate who once planned to attend college:

When I graduated from high school, my grandmother was sick so I took off to help take care of her. Then after my grandmother passed away that is when I met my son's father, which was a mistake. Listening to him, I let go of my dream to go to college. I started having kids, and here I am today.

Lorna lived with Joseph's father, Samuel, for a short while. By the time she became pregnant with their second child, Keith, Samuel had been arrested on a drug-related charge. He is currently incarcerated in a Virginia prison for drug distribution. Following Samuel's arrest, and at her mother's urging, Lorna and her family moved in with Lorna's mother and her mother's new husband. Lorna's parents had separated

when she was very young. Although her father is still alive, she did not discuss his whereabouts or their relationship. Lorna has a 30-year-old brother in Ashburn, Virginia. He works as a truck driver, and he and Lorna keep in touch on a regular basis.

Lisbeth attended Head Start's preschool program for 2 years and will enter kindergarten at London Town Elementary School in the fall. Lorna maintained that her daughter has made considerable progress in Head Start. Because she was on a waiting list at first and did not enter Head Start until January, Lisbeth's first-year progress was marginal. However, between January and June, Lisbeth, at age 3, learned how to write her name and could recognize colors.

Lorna believes Lisbeth has made progress in other areas as well:

She's more outgoing and eager to learn. She's always trying to learn new things. She also tried to be helpful to the teacher last year. They had a couple of kids in her class that had behavioral problems, and she was kind of a big sister to them. She talked to them when they were acting up and tried to divert their attention to something else.

Perceptions, Use of, and Involvement in Head Start Social Services

Lorna became involved in Head Start after Keith was born. She needed child care for Joseph while she looked for work, so she contacted the Fairfax County Office of Children and was told about Head Start's summer program.

Lorna is involved in several Head Start social services programs. She has used individual, group, and family counseling services and emergency services, and she regularly participates in parent group meetings. A very active parent, she has volunteered in the classroom, chaperoned field trips, and worked on special projects. Currently she serves as chairperson of the Head Start parent committee, and she is also a representative on the parent council. She has used non-Head Start social services such as AFDC and Medicaid for the children. Lorna is currently unemployed and participates in the Job Search program sponsored by the Fairfax County Department of Social Services.

Although Joseph has not been diagnosed as learning disabled by Head Start staff, he does experience problems that could be attributable to attention deficit disorder. He becomes frustrated easily and has required counseling for behavioral problems. Lorna said that he needs constant attention. The mental health unit of social services has helped with some of these problems:

I used counseling for my son this past year. In first grade, he had difficulty learning the work required for first grade. They placed him in Title I for reading. That helped a lot. He fell behind in math, and he gets frustrated because he can't pick up the information that he needs to . . . I talked to Kim, the family services worker. She asked me if I would be interested in a counselor from Virginia Tech to come in and do some counseling. The counselor would come every week and

sit and talk to him for about an hour . . . It made a change in how he behaved at school.

Lorna has also received help at Christmas through Head Start social services' emergency services, which provided clothing, food, and other items. She was very satisfied, describing Head Start as a "family," people who share many of the same problems and issues.

By her own account, parent group meetings may have made an important contribution to her skills as a parent:

At some meetings, we had people to come in and talk about how to raise your children, how to talk with them, and how to discipline them. I have used some of what I learned at home, and it's been quite effective. With my oldest son, he has so many behavioral problems until he just frustrates me. Sometimes, I catch myself, and I think about it. They told me things like "how would you feel if you were told repeatedly again to be quiet and stop asking questions?" . . . We did some things in which I was the child, and I got a chance to see things from their view. Now I listen more to him without getting impatient with him. I let him pour his heart out to me. This usually helps with his behavior because he would get frustrated when you didn't listen to him. I also learned some pointers on how to talk with him about other things. Apparently he had gotten to a point where he had low self-worth. I would be working with him on math or reading,

and he would say, “I can’t, I can’t.” I said, Joseph, you can do it. Some of the pointers the speakers talked about were things like complimenting your kids even on small efforts, and drawing them out more. These things have brought us closer together as a family.

Head Start social services may have helped Lorna, self-admittedly a private and shy person, to develop leadership skills. In her first leadership position, she served as a vice-chairperson of the parent group. When the parent group chairperson found full-time employment, the Head Start center staff asked Lorna to fill in and complete the term:

It (Head Start social services) has made me more outgoing because I am a shy person, and I hate to be put in the spotlight. Like this year, I was the vice chairperson . . . A few years ago, I would not have done that because I hate for people to have all eyes on me. Public speaking, I don’t like it.

Lorna became the chair of the London Town PTA parent outreach committee this past year. She confessed that she would never have thought about aspiring to this job had it not been for the positive experience she had with the Head Start parent group.

Lorna has also become a stronger advocate for her children. She credits Head Start social services for encouraging her to become more involved in her children's lives:

In the regular class, my son (Joseph) was lost. When it came time for the parent conferences, the teacher said that Joseph was not picking up anything. I explained to her that there was Title I for math and reading. I also told her that I wanted him to get his reading skills up before math, because I felt that reading was fundamental to the other skills. She said that she didn't know if she could do it. Well, I went to the principal and explained the situation to her: he's not learning, he's just getting frustrated. I told the principal that I felt that he would do better in a one-on-one (learning situation). I had done my research. The Title I program at that school had five students currently enrolled. I told the principal that if you put him in there, I was certain that he would blossom. He did.

Head Start social services has provided Lorna with useful strategies to enhance her interpersonal communication skills. During episodes when Joseph rebelled against Lorna, he would get angry and say: "You're not my mom, Nanny (Lorna's mother) is!" Similarly, he would also say that he did not have a father, that his grandfather (Lorna's mother's husband) was his father. At first, Lorna sought her mother's help to correct this problem. She expected her mother to talk to Joseph, to tell him that his anger was not appropriate and was unfair to Lorna. But, according to Lorna, her mother was not supportive, and Joseph became increasingly disrespectful and unmanageable. Finally, in desperation, Lorna decided to ask for help from other parents at a parent group meeting. The family services coordinator suggested that she meet with her mother,

explain the situation to her calmly, and convince her mother to reinforce her decisions. "They told me not to "blame" and to avoid explosive words." She tried it and it worked.

Lorna has strong positive feelings about the helping skills of the Head Start social services staff. She believes that her needs and feelings are seriously considered by them. "When you have a problem, you can call and always talk to someone," she said. These quick and caring responses rate highly on Lorna's list of helping behaviors.

Lorna described Head Start social services staff as flexible, aware, and accessible. It is important to her that there is one person she can consistently count on when problems or challenges arise. At Head Start, Lorna is assigned to one family services coordinator, and, according to Lorna, this individual is knowledgeable and takes sole responsibility for working with her.

At the meetings we have a family services worker and a counselor. After you attend the meeting and you complete the assigned business, you have time to sit down with the two and openly discuss problems you're having. They are there to listen when you need someone to listen.

Lorna noted that some social services activities could be improved, citing a field trip she chaperoned as an example:

A large number of children with behavior problems went on the trip. There was more than normal acting out. It got so bad, I had to step in to help the teacher.

These children should be better screened.

She felt that social services should conduct a home visit, not as a selection criterion but as a way to place each child appropriately.

Perceptions of Self and Family

Lorna, a private, almost introverted person, stated that when she is going through trying and stressful times, she has a tendency to keep everything inside. She cited a recent example:

As an AFDC recipient, I had to sign a contract that says that I will have a job in 90 days. If I didn't find a job I had to accept a community services job. This means you work for a non-profit organization, but receive no pay because you are still on AFDC. I found a job paying almost \$10.00 an hour. It's across town, and I had no way to get to work. I got into an argument with the AFDC social worker about the job. Rather than talking it out with someone like my mother, I kept it buried inside. My mother called home one day to ask how I was doing, and I broke into tears.

Portraying her family as "close," Lorna pointed to her mother's efforts to encourage her to find employment and her mother's willingness to provide a home for her and her children. Lorna also mentioned determination as a family characteristic.

For example, her mother's goal was to own a home. She achieved that goal, and Lorna seems to feel good about this.

Lorna expressed discomfort and embarrassment about being perceived as a stereotypical “welfare” mother who does not want to work. She has gone to many job interviews and is eager to find stable employment. Her goal is to attend college, earn an accounting degree, and get a good job. Lorna wants her children to complete high school and to go directly to college. She does not want them to depend on the social welfare system.

Coping Strategies

Until recently, finding a job was a major stressor. However, Lorna was offered a job on the final day of this interview. She talked about how she handles stress:

I have been stressed these last couple of days about the job situation. When I get stressed, I don't sleep good, eat, and I am always in tears . . . When the stress is not that bad, I can deal with it. If it's something that keeps pressing at me, that's when I get to that stage.

Lorna conceded that her previous ways of dealing with stress (crying, withdrawal) were ineffective. She credits Head Start social services with teaching her new and better problem-solving methods. She has also formed some special emotional bonds with other single parents who share strategies and solutions, and they have developed a support group as a result.

Another stressful situation relates to Joseph and Keith and their father's absence. Lisbeth's father has taken an active role in her life. He routinely visits, takes her on trips, and occasionally telephones her. Because the boys' father is absent, understanding that he still loves them is difficult for Joseph and Keith. Their father telephones them regularly. However, they do not visit him because the prison is not easily accessible by public transportation. Recently, Lorna found out from a teacher (who overheard the children's discussion) that Joseph had told his friends, who were talking about their fathers, that his father was dead. Lorna talked with Joseph and assured him that his father loved him.

Summary

Experiences, perceptions, and levels of involvement in social services. Lorna is an active participant in Head Start's emergency services, mental health counseling, parent group meetings, and employment training. Lorna described the program as an important turning point in her own life.

Benefits derived from participation in social services, and how these benefits relate to family experiences. The benefits she may have received include stronger communication skills, increased self-esteem, stronger parenting skills, leadership opportunities, and increased advocacy abilities to improve her children's education.

Lorna's initial interest in Head Start was for child care while she looked for employment. She later learned of the many services available.

Lois Dalton

Demographics

Lois Dalton is a 36-year-old, African American Head Start mother who participates in the Campagna Head Start program. She has 4 children: Thomas, age 21, who has a history of mental illness; Eugene, 15, who lives with his father; Ellen, a 14-year-old who has a 16-month-old baby; and Ray, 5, who has been in Head Start for 2 years. Ray is the only child who has participated in Head Start.

Lois is from Chase City, Virginia, and is the middle child in a family of seven children. Her father died in 1981, and her mother still lives in Chase City, while her sisters and brothers are scattered throughout the state with the exception of one brother who resides in New Jersey. Lois gave the impression that they are not a close family. She dropped out of high school in the eighth grade but recently completed a General Education Equivalency program at George Washington Continuing Education Center to qualify as a high school graduate.

Lois's first child was born when she was 15 years old. Between 1981 and 1988, she and her husband lived in Patterson, New Jersey; Tucson, Arizona; and Kansas City, Missouri. Her husband was in the Army until his discharge in 1989. Although they have been separated for 5 years, Lois said there is still a bond between them, and her husband has expressed an interest in reconciling. He lives in Farmsville, Virginia, approximately 160 miles away. Lois is currently living in a public housing complex in

Alexandria with her children and her male companion, Matt, a sanitation worker for the city of Alexandria.

Lois is pleased with Ray's progress in Head Start. She says that the program has helped him. He knows his colors and his numbers, and she expects him to enter kindergarten this year.

Head Start has also contributed to Lois's own development:

It really helped him and helped me a lot because I used to be shy when I first started. I didn't know much about the training program, and it helped us a lot to deal with the children like they were about to drive me crazy, but it helped each year that I worked at it.

Perceptions, Use of, and Involvement in Head Start Social Services

Lois views Head Start differently than the other mothers because it was Head Start that provided her with the first and only job she has ever held. She started as a volunteer at the Head Start center. When the bus monitor position became vacant, she applied and was hired. She has held her current position for 14 years.

Lois participates in Head Start's emergency services, parent group meetings, mental health, and employment training programs. Lois's non-Head Start services include those from AFDC, WIC, and Medicaid; she also receives food stamps. Lois has used Head Start's clothing program and found the quality of the garments adequate. She believes that the parenting skills workshop may have played a role in making her a

better parent. It taught her how to interact more effectively with her children and gave her strategies to avoid stressful situations with them.

Lois received help from the mental health component for her oldest son, Thomas, who had been diagnosed earlier by a clinical social worker as schizophrenic. Thomas has been having problems since entering high school. Lois said that part of his difficulty was related to the increased responsibility he assumed at a young age because he was the oldest male in the household:

He struggled with trying to go to school. Yes, he was under much pressure. He was looked on as the father figure. He was trying to work to help me out and go to school. So that's when he had the breakdown. Some kids can't cope with such pressure.

A Head Start social worker at one point conducted a psychiatric evaluation of Thomas and Lois:

There was a lady that did my evaluation along with him. She did an evaluation, that's mostly it, to see how my history was. It was ok. But I felt like I was in school or something because it was like you were doing this and that. I felt very inadequate.

Lois indicated satisfaction with the Head Start mental health assessment, and felt that it may benefit Thomas if he follows through and takes his medication.

Lois recounted with pride graduating from the GED program. She was also enrolled in a clerical program at George Mason Continuing Education Center. However, this was the third clerical program in which she has participated. The first two, in Arlington and Alexandria, did not lead to employment.

Perceptions of Self and Family

Lois acknowledged feeling overwhelmed by the task of raising her children and a grandchild, and she regretted that she did not complete high school in her teens. She also realized how difficult it is to be a role model for Ellen, her 14-year-old daughter who is now the mother of a 16-month-old baby. According to Lois, her advice to Ellen, based on her own life experience, has sparked several arguments between them.

Coping Strategies

A significant and continuing stressor in Lois's life is her daughter, Ellen. Lois reluctantly confessed to using inferior strategies such as yelling and confrontation to deal with her current problems. She is frustrated because Ellen does not follow her advice to return to school. Lois did not identify the methods she uses to convey "lessons learned" to her daughter. She stated that trying to keep Ellen away from bad influences is a challenge.

Lois also voiced concern about her son, Thomas, but did not offer any explanation for this concern other than to allude to his mental condition.

Summary

Experiences, perceptions, and levels of involvement in social services. Lois's use of social services has been limited, and it does not appear that the social services staff has had an influence on her use or nonuse of services. When asked, Lois could not explain why she has not taken greater advantage of social services programs; she said only that she did not have the time. Lois believes her life is full of crises, such as her daughter's untimely pregnancy and her son's mental illness.

Benefits derived from participation in social services, and how these benefits relate to family experiences. The most important benefit that Lois received from Head Start social services may appear to be encouragement to pursue her high school equivalency degree. Lois's first and only job has been with Head Start, which gives her a level of confidence and self-assurance.

Doris Jackson

Demographics

Doris Jackson's efforts to overcome social, economic, and health challenges is a compelling account of a mother's journey back to normalcy. Doris is a single, 32-year-old African American. Her mother and stepfather are deceased. She is estranged from her father, and relations with her five siblings are marginal. Doris was homeless for 2 years, and she is currently fighting her way back from 11 years of dependence on crack cocaine. She has three children: a 5-year-old son, Jonathan, who has participated in Head Start since 1993; a 3-year-old daughter, Connie, who lives with Doris's oldest sister; and Jonah, almost a year old. Jonathan has a delayed speech problem, and Doris expressed fear that her years of abusing drugs may have contributed to this.

Doris grew up in various sections of the District of Columbia and graduated from Dunbar High School. She has three sisters and two brothers. Although her parents were never married, they lived together for more than 20 years. Doris characterized her relationship with her mother as contentious, and she confessed that she exacerbated the tension in their relationship by associating with people that her parents disapproved of, and experimented with drugs at an early age. She became pregnant with Jonathan when she was 27 years old. A year later, she was pregnant again with Connie. Doris's mother and stepfather abused alcohol. Her mother died of complications

attributable to alcohol at age 42, when Doris was 25. She described the close relationship she had with her stepfather:

He raised me, and I called him daddy and called my real father by his first name. My stepfather and I were close. I took care of him. He had epilepsy . . . They diagnosed him with cancer.

When her stepfather's condition worsened, Doris, then 27, moved in with her two children to take care of him, but he died about 6 months later. After his death, Doris's life started to decline. The landlord evicted her from her apartment for nonpayment of rent. Although she has three older sisters and two brothers, they did not provide lodging or offer to help in any way. Her oldest sister, a retired District of Columbia police officer, took Doris to a homeless shelter. Doris explained her decision to go there:

I burned all my bridges and during this time, I was continuing to use drugs. So I had to have a peace of mind.

Doris learned about Head Start from a social worker at the shelter. She got involved in a Women's Day Support Group and decided to try to restore her life. She enrolled Jonathan, then 3 years old, in the Campagna Head Start program. Doris also asked her oldest sister to take care of Connie for a while. The circumstances surrounding Connie's placement with the sister since birth are unclear, however. Doris

said that she can "get her back" anytime. It is also unclear whether Connie and Jonathan have the same father. Jonathan's father is not consistently involved in his life. Doris mentioned that he does not visit the boy; however, he does telephone him occasionally.

Doris lived at the shelter for almost 2 years and while there, she became pregnant with her third child, Jonah. After Jonah was born at the shelter, Doris realized that she was not coping adequately with the vicissitudes of her life, and she perceived that her problems were worsening. Despite these facts, Doris did make one important decision that would change her life: she enrolled in and completed a drug detoxification program. Six months later, she moved into her own apartment in Alexandria.

Today Doris lives in a small, sparsely furnished, two-bedroom apartment. She has a live-in boyfriend, Curtis, who is Jonah's father. Curtis and Doris' relationship is tense, and she admitted that they are experiencing problems. Curtis has a full-time job in the construction trade.

Perceptions, Use of, and Involvement in Head Start Social Services

At Head Start, Doris has used individual counseling, employment training, and parent involvement (parent group) services. Doris's non-Head Start involvement includes AFDC, a WIC food subsidy, food stamps, and a rent subsidy.

After Doris moved into her apartment, the Head Start family services' director's follow-up, home visit surprised Doris, because it was so unexpected. She learned that

Head Start provided considerable support to families:

They were very supportive, even about the things that don't apply to the Head Start program, like my personal affairs or something that goes wrong. They are there for me to talk to because I have a lot of issues about getting help and support, since I am a recovering addict

By her own account, Doris is involved in Head Start for several important reasons. First, she wants her son, Jonathan, to have a better chance at success than she had as a young person. She believes that Head Start is preparing him for kindergarten. Doris stated with pride that at 4 years of age, he can write his name and knows his alphabet and numbers. Jonathan also has been diagnosed by a Head Start Speech Therapist as having a developmental expressive language disorder. He experiences problems which cause him to speak in short sentences and to often use the present tense. Through his participation in Head Start, he receives private speech therapy at no cost to the family.

Doris is also concerned about the plight of African American males. She mentioned the street gangs and senseless murders that make her fear for Jonathan's safety. She thinks that because he has no positive father figure, Jonathan needs discipline. She sees Head Start as promoting and reinforcing some disciplinary strategies that she attempts to follow at home.

A final and equally compelling reason for Doris's involvement is her belief that she needs support and structure in her own life. Head Start may have provided support in the following ways:

1. Doris has been unable to attend many parent group meetings because of her school schedule. (She is enrolled in a clerical program). The Head Start family services coordinator has given her individual attention, providing considerable counseling and information on parenting.
2. Doris admitted that her parents were not good role models. She said that she learned impatience from them because they were impatient with her. Doris reported instances of screaming at and verbally abusing her children. After attending Head Start parent group meetings at which the speakers talked about child development strategies, Doris gained a better understanding of the subject and its application in her home. She has learned to be more patient with her children.
3. Doris said that her children are calmer because she has learned effective parenting skills. She said with confidence that she can now talk to the children without raising her voice. She believes that this lesson, talking without raising one's voice, was probably the hardest to learn, given her early experiences.

Doris stated that she agreed to become involved in this study to show her determination to be a good client. During one interview, she said that she wanted to get positive approval from the staff and others about her decision to participate. She said that she wanted to be perceived as a cooperative person and believed that participation in the study provided evidence of her cooperation and affirmed her growth and acceptance of responsibility.

Doris admitted that she has spent a large part of her life engaged in unhealthy behavior. She has spent the rest regretting her involvement with drugs and with harmful personal relationships. In another sense, there was something else motivating Doris:

You know, I am one of those people who don't mind learning or hearing advice, especially if it's pointing me in the right direction. And, I love challenges. Also, I want to do the right thing. I am glad that I have the chance again, and I want to achieve this not only for my kids, but also for myself.

She has been involved in a range of social service programs, hospitals, and clinics and said that she has learned that the people who get help are those who "play by the rules." Thus, she wants to be one of those who follows the rules.

Doris believes that Head Start has helped her to keep her sanity, and that the counselor's encouragement has been "supportive." When asked to describe what supportive meant, Doris said:

Well, they are there when you need someone to talk to. That is an important issue, to have someone to talk to. The staff does not mind taking time to discuss things with you and to tell you how great you are doing.

Doris saw Head Start social services as a surrogate parent whose role is to provide support. Support, to Doris, means encouragement and, in some ways, a validation that she is pursuing a proper course of action. At the May 1996 parent meeting, Doris was visibly proud that she would be graduating from a clerical program. Head Start social services helped her to secure the training at the George Mason Adult Education program. In a subsequent meeting, Doris joked that she and her son Jonathan, who graduated from Head Start the same week, would be marching down the aisle together.

Doris believes that Head Start's speech therapy program is preparing Jonathan for entry into school. She talked about the advice the therapist gave her on how to work with him. The Head Start teachers keep her informed about classroom activities and write her notes with instructions about tasks that will help Jonathan progress further. Doris was very grateful for this guidance.

Doris has developed a routine for her children, including help with homework. On the day of the first interview, Jonathan continually interrupted, and Doris explained that this was the time that she usually spent with him. He was eager to have her take a

few minutes to review some schoolwork and read to him. Doris also takes her children to local playgrounds, to church, and to other recreational activities.

Head Start social services may have been important to Doris's own continued development. For example, she attributed her resolve to continue to fight a drug relapse to the Head Start teaching and social services staff, who constantly check on her. Head Start social services helped during Christmas by making sure that the family had food and that the children had toys and clothes for school.

Doris stated that Head Start social services may have also helped to restore some of her self-esteem. She pointed to her completion of the clerical program as an indication of a positive accomplishment. She also mentioned two other accomplishments: her completion of a drug detoxification program and her determination to locate an apartment and to move from the shelter.

Doris perceived the Head Start social services staff as helpful. She has developed a good relationship with a family services worker who has provided individual counseling. Doris identified the helping behaviors of staff in these words:

See, they understand what I am going through. You know . . . They do little things because they know where I have been, and they try and help to keep me together in so many ways. I'll appreciate it forever. . . Like they had a family member that has been in that situation, and they have seen the result so they know what to expect and not to expect.

Doris talked with enthusiasm and had clear positive expectations about the future, noting some very specific psychological benefits to her. First, she said that she has become a more effective communicator with her children and with her friends. She said that her previous communication style consisted of threats and intimidation which often resulted in increased conflict. She believes that what she has learned in Head Start may play a role to assist her in becoming a positive role model to her children.

Eventually, she expects to be reunited with Connie and also to find employment.

Doris's plans for the future and for her children were described thus:

And I don't want him (Jonathan) to have the same lifestyle I had, and I don't want him to have the lifestyle of his biological father. Because his father isn't here, he's going to have a whole lot of questions. Just as I had because my father wasn't around. . .I hope his future is a success. Because I know me. I am not going to be able to hold the fort down by myself.

Perceptions of Self and Family

Doris viewed herself as better equipped now to talk to her children calmly, but also firmly, without being abusive. She also regarded herself as someone who has been given a second chance. She said that drug involvement was the lowest point of her life, and she believes that it was persistence that allowed her to triumph over her addiction.

Doris was also determined to graduate from high school and, despite her excessive absences from school, she was able to do so. She completed the clerical

training program to become an office assistant, and she is now aggressively pursuing employment in that field. According to Doris, she went to eight interviews in a one-week period.

Coping Strategies

Doris's stresses include remaining drug-free despite temptations to relapse, securing employment, and trying to regain custody of her daughter, Connie. Formerly, she responded to stress by withdrawing with drugs. She said that she has come to realize that drug use does not release one from the responsibility to face one's problems.

Doris refused the traditional approaches to fighting drug addiction, such as group and personal counseling, because she believed that these methods would not work for her. At the Detoxification Center, she participated in both forms of counseling unsuccessfully. Doris said that Anthony, her live-in boyfriend, is involved in "recreational" drug use. This suggests occasional use and nonaddiction by the abuser. However, Doris's younger brother, with whom she has the closest family relationship, is currently addicted to drugs.

Finding employment is tremendously important for Doris. She believes that finding a job would justify the months of training she has undergone. Doris participated previously in nursing assistant and office clerk training programs. She did not complete these programs and reported that she left because of her drug addiction.

At the first interview, Doris was very excited about the prospect of finding employment:

I am in the process of looking for a job now. I am setting up interviews with various temp agencies also. Once I build up my confidence. I know something will come along. Head Start and the school will help me to find a job. I am going to look for all leads.

Several weeks and eight interviews later, Doris was still jobless, and she said she felt pressure to find employment. Her references regarding Connie's return home began to become vague as she reported increasing frustration in her search for employment.

Doris copes with problems such as regaining custody of her daughter, finding a job, and fighting drug addiction through a combination of prayer and advice from the Head Start staff. Interviews conducted as part of this study, according to Doris, provided an opportunity to openly discuss issues that she did not feel comfortable talking about at home.

Summary

Experiences, perceptions, and levels of involvement in social services. Doris participated in mental health counseling and employment training and received individual parent involvement training. She has developed several strong personal relationships with Head Start social services and George Mason Continuing Education

program staff. Doris's addiction and efforts to fight it are well-known by staff and, according to Doris, they have been supportive.

Benefits derived from participation in social services, and how these benefits relate to family experiences. Doris's greatest benefits from Head Start appear to be education and training, improved parenting skills, and greater self-confidence. She has spent hours on the telephone, arranging for job interviews. She has developed good communication skills, which she uses in her personal life as well as in her job search attempts.

Doris reported that she has started to believe in herself and in her ability to be a good mother to her three children. It does appear that the social services staff has had an influence on Doris' selection and use of Head Start social services. Doris credited her occupational skills instructor with patience and concern for her.

Erica Bath

Demographics

Erica is a 33-year-old single, African American Head Start mother. She has a 4-year-old son, William, who just completed his first year at a United Planning Organization Head Start Center in Washington, D.C. Erica was born in Savannah, Georgia, and has lived in Washington, D.C. since she was 2 years old.

Erica has six siblings, all of whom reside in the District of Columbia. Her father lives in northeast Washington. William's father and grandmother are involved in his life. He occasionally stays with his grandmother and is periodically visited by his father.

Erica recently moved from northeast Washington into a high-rise complex in northwest Washington, D. C. for senior citizens and poor families. Unlike most public housing communities, this is a secured complex; it has a play room, meeting rooms, and an attractive reception area. Erica was elected as the vice-chairperson of the tenant's association.

Erica's life has been marked by tragedy. A neighbor, under the influence of crack cocaine, murdered Erica's mother as she returned from work. Two months later, Erica's father's house was destroyed by fire. Her brother was shot and critically injured, but he later recovered. Erica's younger sister, who is homeless, lives on the street and has been in and out of trouble with the juvenile court system for the past 5 years. Erica also has a

medical problem called scoliosis, a painful disease that causes an abnormal curvature of the spine.

Erica said that she dropped out of high school in the 10th grade because she felt self-conscious. She described herself as considerably overweight and said that she was often the target of unkind remarks from other students. Erica started several General Equivalency Education programs but did not finish:

I started, I think I was 18, and I said that I am going to get my GED. It was at Evers Junior High. They had their GED program. I went one day, and there was myself and 12 people, and I said that I am going to get my GED, no matter what they say. I got in there that first night, and felt this small. And I was like I can't do this. I didn't go back. I ordered the GED books, I studied, and I was like, I can't do this. I'm too old. I don't need it anyway. You've got people out there that have got less than the third grade. And I realize I need to do something. I am planning to enroll through Head Start.

Erica worked at the United States House of Representatives' post office on Capitol Hill for 3 years, delivering mail to the various representatives' offices. She recalled that job with pride, remarking that she met some powerful politicians. Following her mother's death, the post office terminated her employment because of excessive absenteeism. After that, she subsisted on unemployment compensation

benefits and earned additional money from baby-sitting jobs. She has looked for work but there are not many jobs available for applicants without a high school diploma.

Erica contended that Head Start has been very beneficial to William, who has been diagnosed by a physician as hyperactive. However, since participating in Head Start, he is calmer and plays with other children without incident:

William is very hyper. After the initial excitement of something new, it wears off, and he wants something different. You have to constantly work with him.

When he first started Head Start, I had about 2 weeks of him screaming, "I want my mommy." I want him to have one more year of Head Start because if I work with him, when he does start school, he will be able to focus with the rest of the kids.

Perceptions, Use of, and Involvement in Head Start Social Services

Erica has participated in Head Start parent group meetings for 6 months and is just beginning to learn about the availability of other social services programs. Non-Head Start services she has received include AFDC, food stamps, a rent subsidy, WIC, and Medicaid.

Erica credited Head Start social services with teaching her parenting skills and described some of the other benefits:

We go in and learn parenting skills--how to deal with our children without yelling . . . We are all single mothers, some older, some younger. We get new

families on a constant basis. We are taught parenting skills, money management, nutrition, health and wellness. We also have a vogue class. We call it vogue because it's consciousness raising.

Erica believes that the parent group meetings may have provided superior disciplinary options than spanking or yelling. She now takes more time to talk and explain things to William. She has learned that hyperactivity can be controlled through nutrition, by eliminating sugars and non-nutritive sweeteners. She has also learned the importance of family routines and has organized a schedule of activities for William. She elaborated on additional strategies:

It kind of helps alleviate some of the problems. From the meetings, I really learned how to deal with my son because there were times when I would deal with him like I am dealing with another adult. So, I will get down on his level and look at him and say, look William, I'm mommy and I am also your best friend and this is why you can't do what you think that you want to do . . . they have shown me that children don't come with an instruction manual.

Erica also acknowledged Head Start's role in teaching her what she described as "anger-management techniques." When participating in groups, Erica described her behavior as impatient. She said that she would often lose her temper and engage in verbal and emotional outbursts. She reported that Head Start parent groups taught her to listen before responding to a difficult situation. She also learned anger-management

methods such as “time-outs” and “slow counting.” She uses the parent group meetings to practice and refine these skill for later use at home.

Erica had very strong opinions about the role that social services should play in the lives of the people it serves. She prefers staff who enable clients to take an active role in developing plans to become self-sufficient. She also believes that people should take more personal responsibility for their lives and should depend less on the generosity of the federal government.

Erica identified follow-through by the social services staff as one particularly effective helping behavior. She stated empathically that when the social services coordinator made a pledge or agreed to deliver something, she followed through with it. If the coordinator committed herself to helping a mother find a job, for example, she did everything that she could, including telephoning every contact that she had. If the coordinator felt that a mother needed job counseling, it was provided.

Erica said that one person, such as the social services director, can make a major difference in the way that an organization functions. She said that clients want staff members to be straightforward and honest with them:

She would let you know that she didn’t take disappointment well . . . She understood where you were coming from. You just felt comfortable around her. From her, you got that emotional support.

Perceptions of Self and Family

Erica reported that her self-confidence appears to have increased dramatically since participation in Head Start social services. Erica also identified determination as one of her strengths, and she saw this as a proud accomplishment. She explained that despite all of the tragedies that have beset her, she has never resorted to using drugs. She believes that some of her friends did not possess the level of strength that she has and so were not able to resist drugs. She described one of them:

I know one girl, my sister's friend. She got into drugs real bad, and she got this big, and she came up to me one day. She was a prostitute, and she looked so bad. She had been beaten up . . . I can't go there.

Coping Strategies

Erica said that she learned poor coping strategies from her father who allowed anger to build and to seethe. When stressed, Erica said she responded by getting angry and then allowing her anger to escalate into verbal, emotional, and sometimes physical outbursts. Erica said that she has begun to use less destructive and hurtful ways to communicate dissatisfaction or anger. She said that instead of raising her voice, she now takes deep breaths and talks softly. She has learned that it sometimes works to walk away from a tense situation and to return later when she is more capable of dealing with it effectively.

The stresses that affect Erica include her younger sister, who lives on the street and whose whereabouts are unknown. She is also under some pressure from another sister who wants to move in with her. This second sister, who just turned 20 years old, has three children by three different fathers.

Erica said she had developed two support systems that include her immediate family and some Head Start mothers and counselors. She calls the latter her “made-up family.”

Summary

Experiences, perceptions, and levels of involvement in social services. Although Erica is a relatively new participant in social services, she has come to depend on the staff and its resources. She reported feeling very positive about her involvement.

Benefits derived from participation in social services, and how these benefits relate to family experiences. Erica’s primary benefits from Head Start have included improved parenting skills and leadership skills. Her son, William, who has been diagnosed as hyperactive, is the recipient of special services through Head Start. Erica has also learned important techniques that will advance her efforts to work more effectively with William. From Head Start she has learned how to effectively communicate with him without the two of them becoming frustrated. Head Start has provided her with more confidence in her own leadership skills.

Erica's family services coordinator and other staff have had an important influence on how she uses and perceives social services. She has developed close personal relationships with staff.

Chapter V

Conclusions and Discussion

The results of the study are summarized and discussed in this chapter. First, a brief introduction to the chapter is provided. Second, the results are summarized, conclusions are drawn, and significant findings related to the two research questions are presented. Finally, implications of the findings are explored, and recommendations for further research are offered.

Introduction

Head Start is one of several federal programs that provide both developmental help for America's low-income preschool children and social services for their families. Since its inception in 1965, Head Start has received considerable praise for boosting children's IQ scores, yet has been criticized when later research showed that participants did not sustain their educational achievements. Head Start has also been lauded as a promising cure for welfare dependency, teenage pregnancy, and criminality, but has been censured because no data exist to support such claims (Zigler, 1994). Head Start's strongest but least noticed impact is the role it has played in improving families' psychosocial and economic circumstances (McKey et al., 1985). Between 1994 and 1995, almost 500,000 family members received social services through Head Start (NHSA, 1995).

Summary of Results, Conclusions, and Significant Findings

Study results as they relate to each of the two research questions are summarized in the following sections.

What are the experiences, perceptions, and levels of involvement of mothers who participate in Head Start social services?

The eight Head Start mothers gave generally positive assessments of their experiences in Head Start social services. They were involved in emergency services, mental health and family counseling, parent group meetings, and employment training. The mothers reported many positive experiences that may be related to the services provided. They also reported positive feelings about the staff, and a sense that their children were being prepared for kindergarten. Table 2 reports on participants' involvement in Head Start social services.

Table 2

Participants' Involvement in Head Start Social Services

Head Start Mothers	Emergency Services	Mental Health & Family Counseling	Parent Group Meetings	Employ. & Training
Peggy Carr	x	x	x	x
Jennifer Dean	x	x	x	x
Monica Leap	--	--	x	--
Melissa Dorsey	x	x	x	x
Lorna Neal	x	x	x	x
Lois Dalton	x	x	x	x
Doris Jackson	--	x	x	x
Erica Bath	--	--	x	--

Note. Dashes indicate nonparticipation in a social services program.

Five of the eight mothers had participated in the emergency services program, which provides clothing, rent and utility financial assistance, and emergency health care. Six mothers participated in mental health and family counseling services that include screening and evaluation of children and parents by psychologists and counselors. At many centers, Head Start typically subcontracts mental health services to city or county mental health agencies. However, one Head Start center included in the study had a full-time psychologist and other mental health professionals on staff. Six mothers also participated in employment training programs such as clerical training, dental assistant, and home appliance repair.

All eight Head Start mothers participated in parent group meetings. These are formal and informal monthly meetings held at the Head Start center. They featured speakers who discussed issues such as child development, budgeting, goal setting, and planning. The meetings were an opportunity for the mothers to meet, get advice, and network with Head Start program staff.

How do Head Start mothers describe benefits with social services and relate these benefits to family experiences, such as increased problem-solving and parenting skills?

Head Start mothers reported important benefits. Many of these benefits were tangible and included development of social support systems, increased parenting skills, improved communication skills, continuing education and training, and the

development of leadership skills. However, many intangible benefits were also reported, such as better coping and stress management, psychological well-being, and self-confidence and self-esteem. These benefits are summarized in Table 3 and discussed in the sections that follow.

Table 3

Head Start Mother Benefits

HS Mother	Social Support Systems	Parenting Skills	Comm. Skills	Continuing Educ. & Tng.	Ldership Skills	Coping and Stress Mgt.	Psycho-logical Well-Being	Self-Confi-dence and Self-Esteem
Peggy	x	x	x	x	x	x	x	x
Jennifer	--	x	--	x	--	x	x	x
Monica	--	x	x	--	x	x	x	x
Melissa	x	x	x	x	x	x	x	x
Lorna	x	x	x	--	x	x	x	x
Lois	--	x	--	x	--	x	x	x
Doris	--	x	x	x	--	x	x	x
Erica	x	x	x	--	x	x	x	x

Note. Dashes indicate that a mother did not report the specific benefit.

Social Support Systems.

Head Start social services' primary role is to provide support to mothers and their families. Each of the eight mothers in this study defined support differently. For some, support meant financial help; for others, support meant morale building and

empathy. Each mother frequently spoke about knowing that someone on staff was available with whom she could talk and share her concerns. For example, the mothers mentioned program staff who made home visits, family service workers who telephoned, and teachers who acknowledged the mothers' involvement and positive work with their children. These examples and experiences are consistent with one of Schorr's et al. (1988) attributes of effective service:

Staff in successful programs have the time, training, skills, and institutional support necessary to create an accepting environment and to build relationships of trust and respect with children and families. They work in settings that allow them to develop meaningful one-to-one relationships and to provide services respectfully, ungrudgingly, collaboratively. Moreover, front-line workers in these programs are given the same respect, nurturing, and support by program managers that they are expected to extend to those that they serve. (p. 5)

Fifty percent of the mothers said that Head Start was vital to them and to their families. In fact, one Head Start mother said that Head Start social services had saved her life. After she had suddenly taken ill, this mother reported the staff checked on her, made sure that she had her medication and, occasionally, helped to prepare her children for school.

For all of the mothers in this study, social support included a network of friends, relatives, and other non-Head Start agencies that provided housing assistance, financial

assistance for children, food subsidies, and medical care. Several mothers reported living in proximity to other relatives, such as mothers and sisters.

Social support also included contact with peers or other Head Start mothers who were involved in monthly parent group meetings. Thirty percent of the mothers have formed a support group and provide encouragement to each other.

Parenting Skills

The parenting skills program provided information on children's intellectual, social, and physical growth patterns. It identified activities that mothers could engage in to stimulate development in these important areas. These mothers integrated what they learned into the manner in which they related to their children. Head Start provided visual aids and educational materials and may have played a role to help the mothers develop stronger parent-child relationships. Staffs instructed mothers on the use of these tools.

All mothers reported learning positive disciplining strategies in the parenting skills program. Mothers learned how to engage in rule-setting in the home and how to discipline their children without threats and abusive language.

Communication

Communication is the ability to effectively use verbal and nonverbal expressions in a variety of exchanges with one or more persons. More than two-thirds of the study's Head Start mothers reported increased knowledge and use of communication skills. They pointed to their increased awareness of listening skills and the use of clarification questions as effective strategies. The use of appropriate communication skills benefited mothers as they interacted with their children, husbands, and boyfriends. Three of the mothers admitted to having strong temperaments and, in at least two cases, mothers admitted that they had been verbally abusive to their children. By learning new and appropriate ways to express themselves, the mothers could modify their behaviors.

Continuing Education and Training

Eighty-seven percent of the Head Start mothers expressed an interest in additional education and training. Two are high-school dropouts, and one had completed requirements for a four-year college degree. Local job placement organizations usually provided skills training for occupations such as office clerk, nurse, and dental assistant. Sixty-two percent of the mothers participated in vocational training programs, but only one was offered employment after completing the training.

Leadership Skills

Participation in Head Start may have provided mothers with an opportunity to develop leadership skills. Thirty percent of the mothers participated in Head Start governance councils or other center activities. The mothers managed meetings, developed agendas, and had opportunities to work with the Head Start staff. Many of these mothers expressed a desire to continue developing their leadership skills.

Coping and Stress Management

Coping and stress management refer to a process or strategy to mediate anxiety and facilitate positive parent attitudes and problem-solving skills. Each mother had experienced traumatic events, such as drug abuse, homelessness, murder of a parent, or death of a child.

The eight mothers exhibited at least two types of coping strategies: internal and external. The internal strategies included crying, withdrawing, denial, and living on a day-to-day basis. The external techniques were open communication, problem-solving, and adaptability. Developing a support system was also an important coping strategy for 50% of the mothers. An indicator of effective coping was the maintenance of a positive outlook for their children's future. Problem solving was an area in which all mothers reported significant benefits. They reported learning how to make personal

adjustments, explore alternatives, and use resources outside the Head Start program to respond to difficulties.

A body of research (Brayden, et al. 1992; Clarkson, 1988; Hardy & Street, 1989; Hawkins et al. 1992) posits that support programs may help to relieve the occurrence of child mistreatment, abuse, and neglect. Parents under stress who lack adequate coping skills often are a danger to their children. Several mothers commented that Head Start social services had helped significantly with anger management.

Sixty percent of the mothers faced the multiple challenges of maintaining a household, finding a job, and raising a child. Some dealt with problems related to their extended families, such as a parent's mental illness or a sibling's teen pregnancy. Some stress was related to the conditions of living in low-income or public housing developments. One mother lived in an area where drive-by shootings were common, and two young children had been killed in the crossfire. She worried about her children, being not so much concerned about their career choices as she was concerned about their chances of survival in such a poverty-stricken and violent community.

All eight mothers felt optimistic about the future, particularly as it related to their children. They talked enthusiastically about preparing their children for public school and felt that participation in Head Start may be building a learning foundation important to their children's future achievements. Most managed their circumstances (poor housing, financial problems) because they had rationalized that their efforts were

important to their children's future self-sufficiency. These mothers perceived most of their dilemmas as temporary.

Psychological Well-Being

Psychological well-being can be defined as self-acceptance, positive relations with others, personal growth, and a sense of purpose (Ryff, 1993). Head Start mothers reported personal growth experiences that they said were influenced by the parent groups. The parent groups, through the use of group counseling sessions helped Head Start mothers to develop self-acceptance and personal growth. Sixty-two percent of the mothers saw the parent groups as a way to gain positive new experiences and to make improvements in their lives and in their behavior over time. Fifty percent of the mothers said that a primary purpose in life for them included assuring the social, academic, and emotional success of their children. These mothers had a strong and clearly articulated sense of purpose.

Self-Confidence and Self-Esteem

Self-confidence involves positive feelings about one's ability or skills, while self-esteem is internally derived pride or regard for one's essential worth. All eight study mothers reported increased feelings of both self-confidence and self-esteem. Eighty percent of the mothers participating in Head Start reported enhanced feelings. Mothers reported that they had not previously participated in structured meetings in which their opinions were not only requested, but also valued.

Discussion

The research questions will be used as a framework for the discussion of the results and their theoretical and practical relevance to the field of social services.

Use of, Perceptions, and Levels of Involvement in Social Services

The Head Start mothers in this study reported positive experiences from participation in Head Start social services. The quality of each mother's experiences was influenced by the quantity or variation of Head Start services received. Mothers who participated in more than two social services programs reported greater gains.

Head Start may have provided 62% of the mothers the opportunity to develop leadership and organizational skills that they probably would not have developed otherwise. Sixty-two percent of mothers in this study held elected positions on Head Start parent councils, chaired committees, organized meetings, and planned activities in their communities. Head Start supports and promotes parent group meetings and parent involvement.

While the Head Start parent group meetings were empowering for those parents in this study involved in leadership roles, it is unclear about the extent to which the meetings influenced other Head Start parents. Staff admitted that obtaining total parent participation is a significant problem. A small minority of the mothers in the study expressed an interest in attending the meetings, but said that it was not convenient because they worked or participated in other educational programs. Involvement in

Head Start parent group meetings may be less influenced by motivation and more linked to scheduling opportunities and other crises in their lives.

Participation in the program may have positively changed some mothers' attitudes about continued involvement in their children's lives beyond Head Start. Parents who act as advocates for their children and those who participate in school activities and maintain contact with teachers about their children's progress are considered involved parents. Their children are often perceived more positively by teachers (Lightfoot, 1983). Parents are contacted by the teachers when problems exist and are included as active problem-solvers.

The levels of involvement in social services for the eight Head Start mothers have been significant. The study's findings are consistent with and support Elardo (1995), McKey et al., (1985), Oden and Ricks (1990), and other research findings that purport that Head Start works hard to involve parents in many aspects of programming. The findings are also consistent with Schorr's (1988) and Collins's (1993) findings that effective social services are two-generation programs which serves children while also providing services to their parents.

Head Start Benefits to Mothers

Head Start mothers reported tangible and intangible benefits that may be influenced by their participation in social services. The tangible benefits were observable gains and growth, in such areas as parenting and coping skills, educational

attainment, and leadership development. The intrinsic benefits included psychological well-being and self-confidence. These intrinsic benefits are substantiated in other studies of Head Start mothers (Benasich et al., 1992; Oden & Ricks, 1990; Parker et al., 1987).

Increased coping and stress management skills were 2 of the 4 benefit gains reported by all mothers in this study. Within the scope of this study, measuring whether a Head Start mother's parenting skills had increased was not possible. If the mother exhibited strong positive attitudes about her parenting skills and could articulate how these newly acquired skills had been used, it was concluded that some positive parenting behaviors had developed. Concluding the presence of parenting skills was possible from the mothers' descriptions in terms of disciplining and child-parent interaction. However, it was not clear to what extent the mother practiced and sustained such skills over time.

A mother's skills in coping and stress management were also determined by her descriptions of the practical application of these skills within her family. All of the mothers' stories were both convincing and compelling when they described what had been learned and applied in stress-related situations associated with limited finances and tense parent-child relations. It is not possible to determine the sustained effectiveness of the mothers' coping and stress management strategies without direct observation of their application and results over time.

Serious events, such as a suicide attempt, the illness and death of an infant, homelessness and drug addiction had traumatized the lives of these women. The mothers felt that Head Start social services may have given them skills to manage and recover from these tragedies. The evidence is strong that Head Start may have had some influence on the mothers. However, the importance of the mothers' self-determination and capacity to negotiate their way through transitions and tragedies should not be overlooked. Motivating factors or individual traits outside the current study's scope may have provided the impetus to overcome the hardships experienced by these eight Head Start mothers.

A National Academy of Sciences' report (Phillips and Cabrera, 1996) suggested that Head Start centers may need to evaluate whether to offer additional support to mothers after their children complete center programs and enroll in public school. This may be one way to sustain the parenting, coping, and other ethereal benefits acquired by mothers receiving services.

Implications for Future Research

Head Start is a program that is currently being overhauled. After 30 years, its performance standards are being revised to recognize recent issues, such as homelessness, drug addiction, and intergenerational poverty, which families currently bring into the program.

Since many mothers participate in non-Head Start social services programs (AFDC, WIC, and food stamps), future research should focus on how the interventions of other social service agencies play a role in the lives of disadvantaged mothers. This study recognized the use of non-Head Start services by the eight mothers, but only focused on the influence of Head Start social services. Descriptive data should be developed regarding the experiences of Head Start and other programs such as WIC and AFDC to move mothers toward self-sufficiency. It is not clear whether these individual programs complement or duplicate each other's efforts.

An important research topic which emerged during this study is whether Head Start can modify the ways in which it serves families, while taking into account the needs of those families. One example of a modification is the scheduling of parent meetings at different times for working parents. Several Head Start mothers were unable to participate fully because they were employed full-time or attending an education program. Can a Head Start center which serves large numbers of working mothers, modify its services sufficiently to respond to their needs?

Head Start parent councils are an effective means of involving parents in children's educational programs. It is unclear how far this involvement extends once the children have graduated from Head Start and entered public schools. Descriptive studies are needed to chart parent involvement as children move into and beyond

kindergarten. Such studies should focus on the roles and levels of involvement of parents in non-Head Start school settings.

The issue of community violence has emerged as an important concern in Head Start centers. A current profile on the prevalence and chronicity of violence to which children and Head Start staff are exposed is needed. The purpose of such research would be to explore the use of Head Start as a locus for violence prevention efforts and to develop program models that are tailored to the Head Start population. Detailed family and staff surveys should be undertaken to identify the extent and degree to which Head Start children exhibit behaviors that have been linked to post-traumatic stress disorders in children.

The mother interviews demonstrated that some mothers possessed characteristics such as perseverance, problem-solving skills, sense of purpose,, autonomy and social competence that were absent in other mothers. These characteristics or attributes are related to individual attributes that are called resiliency or protective factors. There is a need for descriptive studies to explore the ways in which some Head Start families are able to negotiate their way through transitions and tragedies and cope with and even thrive on life hardships.

The development and maintenance of a support system for Head Start mothers was an important finding and theme of this study. An effective, enduring and convenient support system is vital to managing stress. More research should be focused

on others ways that people establish such associations, such as the role of religion as a coping device.

The mothers' use of specific Head Start social services may provide some important information regarding which services are the most effective in moving the mothers toward self-sufficiency. Descriptive studies are needed not only to identify which Head Start social services mothers use, but also the role that they play in moving the mothers toward self-sufficiency.

Finally, given the changing dynamics of families that participate in Head Start, such as the increased incidences of violence, AIDS, drug-addicted parents, and other social problems, another research issue that deserves study is the minimum qualifications of Head Start staff. Currently, family service workers' educational prerequisite is completion of an associate in science degree. The absence of an advanced degree in a social science's field may limit Head Start staff's ability to develop better comprehensive self-sufficiency plans for Head Start families.

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APPENDIXES

APPENDIX A: Prescreening Questionnaire

1. Date: _____
2. Full Name: _____
3. Address: _____

4. Best Time to Telephone: _____
5. Telephone Number: Area Code _____ Number _____
6. Name of Head Start Center: _____
7. Children Enrolled in Head Start:
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
8. Length of Involvement in Head Start:
 less than 6 months
 6 to 12 months
 13 to 18 months
 more than 18 months

9. Do you participate in:

Emergency Clothing Program Yes No

Personal Counseling Yes No

Mental Health Yes No

Employment/ Training Yes No

Parent Group Yes No

Literacy/GED Yes No

Substance Abuse Counseling Yes No

10. How do you participate in Head Start (check as many that apply)

As a volunteer in classroom

On the Parent Council

On the Advisory Board

Other (Please Specify): _____

APPENDIX B: Telephone Screening Questions

1. Social Services received from Head Start
 - a. Mental Health _____
 - b. Clothing _____
 - c. Individual Counseling _____
 - d. Employment/Training _____
 - e. Parent Group Meetings _____
 - f. Literacy/basic skills _____
 - g. Drug Addiction Counseling _____
2. Is mother the principal user of Head Start social services?
 Yes No
3. Marital Status
Single Married
Divorced Never Married
4. Employed: Yes No

Notes:

- a. First case should be single mother, employed or unemployed.
- b. Be sure that mother is willing to sign an informed consent form that:
 - (1) allows tapes to be made of interviews, and
 - (2) commits her to participate in at least three 90-minute interviews.

APPENDIX C: Informed Consent Form

**Virginia Polytechnic Institute and State University
Informed Consent**

Title of Study: Head Start Social Services: Experiences, Perceptions, and Benefits from the Perspective of Head Start Mothers

Investigator: Gary L. Lacy

I. THE PURPOSE OF THIS RESEARCH

You are invited to participate in a study of Head Start Social Services. The purpose of the study is to develop a better understanding of how you use and experience Head Start social services. As someone who has participated in Head Start social services, you are in a unique position to describe what social services you receive and how the programs benefit you and your family.

II. PROCEDURES

Interviewing is the procedure to be used in this research study. I shall gather information from you about your experiences with Head Start social services and what you thought about those experiences. I will need to meet with you three times and audiotape each interview. I will schedule these interviews so that they are convenient to you. I will ask you questions about Head Start social services. I am interested in the ways in which you believe this program has helped you and your family. I will also ask you to complete a questionnaire about how your family makes decisions and communicates.

III. POTENTIAL BENEFITS AND RISKS ASSOCIATED WITH PARTICIPATION

I hope that some benefits you will derive from this study include an increased ability to identify your family's strengths and weaknesses, how to set and reach goals for yourself, and improve your problem-solving skills. No guarantee of benefits has been made to encourage you to participate. The study will also provide invaluable information to others about how to develop effective ways to respond to the social service needs of families.

IV. EXTENT OF ANONYMITY AND CONFIDENTIALITY

Your real name will not be used in any written or oral presentations associated with this study. I will eliminate any information that identifies you and will keep our conversations confidential. The audiotapes will be kept by me and destroyed at the end of the study. There may be situations when I am obligated to break confidentiality. These situations may include strong suspicion of child abuse or my assessment that you may harm yourself or others or may be in danger of being harmed by someone else.

V. COMPENSATION

No Head Start mother shall receive any form of compensation for participating in the study.

VI. FREEDOM TO WITHDRAW

During any of the three interviews, you may reveal some personal information about yourself, your family relationships, interactions with Head Start staff, and opinions about Head Start social services programs. Some questions may be embarrassing to you, or may be viewed as an invasion of privacy. If that should occur, please let me know. *If at anytime you change your mind about participating in the study, you may withdraw your consent to continue with this study.*

VII. APPROVAL OF RESEARCH

This research is part of my doctoral dissertation and has been approved, as required by the Institutional Review Board for projects involving human subjects at Virginia Polytechnic Institute and State University and the College of Education at Virginia Polytechnic Institute and State University.

VIII. SUBJECT'S RESPONSIBILITY

I know of no reason I cannot participate in this study. As I understand my role, I have the following responsibilities: (1) meet with the researcher, at a place and time convenient to me for at least three 90-minute interviews, and, (2) share information with the researcher about my role and experiences in Head Start social services

Participant's Signature

Date_____

You may keep this part of the form

IX. PARTICIPANT PERMISSION

My signature acknowledges that the study has been explained to me. I also understand my role in this study and right to withdraw any time without a penalty. I agree to abide by the rules of this project. Should I have any questions about this research or its conduct, I will contact:

Investigator

Telephone

Participant

Telephone

Faculty Advisor

Telephone

Chairperson, IRB

Telephone

APPENDIX D: Detailed Field Interview Guide

I. INTRODUCTORY: MOTHER'S GENERAL IMPRESSIONS OF HEAD START (FIRST INTERVIEW ONLY).

This section is intended to introduce the study and start the process of trust building with the Head Start mother.

- A. Mother's view of child's Head Start experience and benefits
- B. Mother's description of role in Head Start social services
- C. Mother's general picture of future for self and Head Start child

II. DEMOGRAPHIC INFORMATION (FIRST INTERVIEW ONLY)

The questions in this section are about the mother's personal background and experiences.

- A. Age, educational level
- B. Work history, household composition
- C. Social support system (extended family, friends)

III. MOTHER'S EXPERIENCES AND PERCEPTIONS OF HEAD START SOCIAL SERVICES

These issues relate to the mother's present participation in Head Start social service. Questions will be phrased in a way to elicit stories and narratives about:

- A. Frequency and type of participation
- B. Satisfaction, dissatisfaction, and benefits of participation
- C. Perception and role of Head Start social services staff

IV. MOTHER'S SELF-PERCEPTION

These issues cover the mother's feelings and perceptions about self, family, and Head Start social services

- A. The ability to assess self and family strengths and weaknesses
- B. Recognition of a need and ability to negotiate social services system
- C. Mother's coping strategies (examples)
- D. Knowledge of other resources
- E. Special skills and strengths

V. FAMILY FUNCTIONING

These issues are a combination of feeling and perception themes. The focus is on the Head Start mother's family.

- A. Methods of responding and dealing with stressors
- B. Current crises and stressful events that affect family
- C. Modes of family emotional expression
- D. Special needs of family

VI. WRAP-UP

This section deals with the closeout of the interview process. The mother will be thanked for her participation. Permission will be requested to telephone the mother for follow-up if additional information is required.

APPENDIX E: Supplemental Interview Questions

1. Think about the program's strengths and weaknesses. What would you say are the basic strengths of the Head Start social services programs, from your point of view? Weaknesses?
2. What is it like to be a client in this program?
3. As someone who has participated in the Head Start social services program, you are in a unique position to describe how the program benefits you. In what ways has Head Start social services affected:
 - A. How you relate to your child?
 - B. How you relate to your family?
 - C. How you relate to your community?
 - D. How you relate to the child's school or Head Start center?
 - E. How you relate to other social services agencies?

Appendix F

FACES II FAMILY VERSION David H. Olson, Joyce Portner & Richard Bell				
1 Almost Never	2 Once in Awhile	3 Sometimes	4 Frequently	5 Almost Always
Describe Your Family:				
___ 1. ___ 2. ___ 3. ___ 4. ___ 5. ___ 6. ___ 7. ___ 8. ___ 9. ___ 10. ___ 11. ___ 12. ___ 13. ___ 14. ___ 15. ___ 16. ___ 17. ___ 18. ___ 19. ___ 20. ___ 21. ___ 22. ___ 23. ___ 24. ___ 25. ___ 26. ___ 27. ___ 28. ___ 29. ___ 30.	Family members are supportive of each other during difficult times In our family, it is easy for everyone to express his/her opinion It is easy to discuss problems with other people outside the family than with other family members. Each family member has input regarding family decisions. Our family gathers together in the same room. Children have a say in their discipline. Our family does things together. Family members discuss problems and feel good about the solutions. In our family, everyone goes his/her own way. We shift household responsibilities from person to person. Family members know each other's close friends It is hard to know what the rules are in our family. Family members consult other family members on personal decisions. Family members say what they want. We have difficulty thinking of things to do as a family. In solving problems, the children's suggestions are followed. Family members feel very close to each other. Discipline is fair in our family. Family members feel closer to people outside the family than to other family members. Our family tries new ways of dealing with problems. Family members go along with what the family decides to do. In our family, everyone shares responsibility. Family members like to spend their free time with each other. It is difficult to get a rule changed in our family. Family members avoid each other at home. When problems arise, we compromise. We approve of each other's friends. Family members are afraid to say what's on their minds. Family members pair up rather than do things as a family. Family members share interests and hobbies with each other.			

APPENDIX G: Head Start Contact Summary Form
Head Start Social Services Study
Contact Summary Form

Name of Contact _____

Contact Type:

Visit _____

Contact Date _____

Telephone _____

Today's Date _____

1. What were the main reasons issues, themes that struck you in this interview?

2. Summarize the information you got or failed to get for each of the target questions:

- a. Mother's use of Social Services:
- b. Mother's impressions of Social Services:
- c. Benefits of Social Services to mother:
- d. Benefits of Social Services to the family (Examples)
- e. Family Strengths:
- f. Demographics:

APPENDIX H: Final Codes

FACES-Communication (FACECOMM)
History of Social Services (HISOCSERV)
Head Start Social Services (HSSOCSERVS)
Parent Group (PARNTGRP)
Persistence (PERSIST)
SysSmart (SYSMART)
Addiction (ADDICTION)
Head Start (HSBENEFITS)
Parent Expectations (PARNEXPS)
Problem-Solving (PROBLSOLV)
Proud Accomplishment (PROUDACCOMP)
Satisfaction with Social Services (SATSFSOCS)
Time Management (TMMANGE)
Cohesion-Family (COHES-FAMY)
Coping Skills (COPINSKLS)
Motive for Involvement (MOTVFINVO)
Parent Priority (PARNPRIOY)
Parent Involvement (PARNINVOL)
Provider Attributes (PROVATTRIB)
Stress (STRSS)
Cohesion (COHES)
Communication (COMMUNC)
Family Support (FAMYSUPP)
Family Strengths (FAMYSTRNG)
JobSmart (JOBSMRT)
Parent Challenges (PARNCHALGS)
Perception (PERCEPT)
Stress Response (STRESP)

APPENDIX I: Research Management Plan

The management and development of the research dissertation are outlined in the management plan and timetable that follows. The plan sets forth the four major tasks to be completed over the next eight months:

1. Head Start mother interviews: Three audiotaped interviews with each Head Start mother. These interviews will occur in three waves. A wave consists of one 90-minute interview for each Head Start mother following the guidelines established.

2. Interview writeups and follow up: After each interview, the audiotapes will be transcribed. These transcriptions and researcher notes will be reviewed to discern patterns. The pattern descriptors will be coded, grouped, and entered into Ethnograph. The theory building process will begin.

3. Data analysis: In qualitative research, the collection and analysis of information are simultaneous activities. Data analysis includes writing and mapping or looking for major themes. This is not the standard data analysis associated with quantitative work where data analysis is a separate activity.

4. Writing, editing, and revising the dissertation: The work elements include revising major sections of the case study analyses and the dissertation chapters. These drafts will be submitted to the Dissertation Chair for comments. After the Chair has returned drafts with comments, revisions will be made, if necessary. This is a

continuous and ongoing process until the final dissertation is presented to the full committee.

Management Plan and Time Line

<u>Activity</u>	<u>Start Date</u>	<u>Completion Date</u>
1. Revise Dissertation Proposal	March 4	March 28
2. Submit Revised Proposal to Chair	March 29	March 29
3. Identify Primary and Backup Head Start Centers and Negotiate Entry	April 4	April 5
4. Develop Materials for Recruitment Meeting	April 8	April 11
5. Comments due from Chair	April 9	April 9
6. Continue Revisions to Chapters 1, 2 and 3 based on Chair's Comments	April 11	April 19
7. Make Presentation at Head Start Start Center; Request Sign-ups	May 7	May 7
8. Conduct Preliminary Screening of Head Start Mothers on Sign-up Sheet	May 9	May 12
9. Select Three Head Start Mothers to be Interviewed	May 12	May 12
10. Schedule Interviews	May 12	May 12
11. Conduct Wave One Interviews of Three Head Start Mothers Schedule Wave Two Interviews	May 13	May 17
12. Transcribe Audiotapes and Notes	May 15	May 24

Management Plan and Time Line

<u>Activity</u>	<u>Start Date</u>	<u>Completion Date</u>
13. Conduct Wave Two Interviews of Three Head Start Mothers Schedule Wave Three Interviews	May 20	May 24
14. Transcribe Audiotapes and Notes	May 22	May 29
15. Conduct Wave Three Interviews	May 17	May 21
16. Transcribe Audiotapes and Notes	June 3	June 7
17. Data Analysis and Case Study Writeup of One Case	June 10	June 20
18. Submit Draft of Case One Writeup to Chair	June 21	June 21
19. Comments due from Chair on Case One Writeup	June 26	June 26
20. Review Chair's Comments and Complete Writeup of Cases Two and Three	June 27	July 7
21. Submit Writeup of Three Head Start Mothers to Chair	July 9	July 9
22. Select Second Group of Head Start Mothers; Prescreen	July 10	July 11
23. Identify Fourth Head Start Mother to be Interviewed Based on Iterative Process; Schedule Interview	June 11	July 11

Management Plan and Time Line

	<u>Activity</u>	<u>Start Date</u>	<u>Completion Date</u>
24.	First Interview of Fourth HS Mother; Schedule Second Interview	July 13	June 17
25.	Comments due from Chair on Writeup of Three HS Mothers	July 16	July 16
26.	Transcribe Audiotapes and Notes	July 19	July 23
27.	Second Interview of Fourth HS Mother Schedule Third Interview	July 19	July 24
28.	Transcribe Audiotapes and Notes- Interview Two	July 24	July 26
29.	Third Interview of Fourth HS Mother	July 26	July 30
30.	Transcribe Audiotapes and Notes- Interview Three	July 31	August 3
*31.	Data Analysis and Writeup of Fourth HS Mother	July 24	July 26
32.	Case Analysis of Fourth Head Start Mother Sent to Chair	August 12	August 12
33.	Review Chair's Comments on Case Study Analysis of Fourth HS Mother; Revise if necessary	August 19	August 22

Management Plan and Time Line

34.	Review Theoretical Literature and Link to Field Work	August 24	August 30
35.	Consolidate the Four Case Studies and Write Conclusions (Chapter 5)	September 3	September 13
36.	Submit Chapters 1, 2, 3, 4 and 5 to Chair	September 16	September 16
37.	Review Chair's Comments on Chapters 1-5; Make Revisions	September 23	September 27
38.	Send Final Dissertation to Chair and Committee Members	October 7	October 7
39.	Final Examination	October 21	October 21

* Four additional mothers were selected from the participant pool, bringing the total number of case studies to eight.

APPENDIX J: Curriculum Vita

VITA GARY LEE LACY

Education

Ed.D., 1997 College of Education, Virginia Polytechnic Institute and State University, Blacksburg, Virginia.

Major Area: Counselor Education

Dissertation: Head Start Social Services: Experiences, Perceptions, and Benefits from the Perspective of the Head Start Mother.

C.A.G.S., 1994, Certificate of Advanced Graduate Study, Counselor Education, Virginia Polytechnic Institute and State University.

Major Area: Counselor Education

M. A., 1985. Bowie State University, Adlerian School of Individual Psychology, Bowie, Maryland

Major Area: Counseling Psychology.

Thesis: The Psychodynamics of the Battering Relationship

B. A., 1982. Shaw University, Raleigh, North Carolina

Major Area: Liberal Studies

Employment

NATIONAL CRIME PREVENTION COUNCIL

Youth and Community Development Division

Director, National Service Programs, 1994-Present

GLL GROUP LTD.

Gaithersburg, Maryland

Principal, Organizational Development, 1991-1994

CHILDREN'S DEFENSE FUND

Family Support Division

Senior Youth Development Specialist, Family Support Division, 1987-1991

RESIDENTIAL YOUTH SERVICES.
OAKWOOD EMERGENCY SERVICES
Alexandria, Virginia
Director, Emergency Diagnostic Services for Children, 1984-1987

FAMILY VIOLENCE PREVENTION CENTER
Spouse Abuse Support Group
Raleigh, North Carolina
Therapist, 1982-1984

NORTH CAROLINA CENTRAL UNIVERSITY
School of Continuing Education
Durham, North Carolina
Instructor, Introduction to Counseling, September 1982-1984

MDC, INC.
Chapel Hill, North Carolina
Research Associate, 1976-1980

MDC, INC.
Chapel Hill, North Carolina
Senior Research Associate Research, 1980-1984

CHARLESTON COUNTY GOVERNMENT
Office of the Mayor
Employment and Training Administration
Programs Coordinator, 1973-1976

SOUTH CAROLINA DEPARTMENT OF YOUTH SERVICES
Charleston, South Carolina
Counselor, 1972-1973

Presentations and Workshops

Lacy, Gary L. Building and Sustaining Local Partnerships, Day-long Workshop presented at Children's Defense National Conference, May, 1989.

Lacy, Gary L. Testimony before Florida State House Subcommittee on Education, Labor and Welfare, 1990.

Lacy, Gary L., Testimony before Iowa State Education Subcommittee on Dropout Prevention, 1991.

Lacy, Gary L. Working in and Surviving a Neurotic Organization, Two-day Workshop presented 10 times to National Association of Community Action Directors, Washington, D.C., 1990-1992.

Lacy, Gary L. Principles of Advocacy for Child Care Advocates, Day-long Training at Children's Defense National Conference, Washington, D.C., 1988.

Lacy, Gary L. Frontline Supervision Training in Communication, Time Management and Planning, Three-day Training Workshop presented to AmeriCorps Education, Human Needs, Public Safety, and Health Program Supervisors in Washington, D.C.; Philadelphia, PA; Atlanta, GA; and Chicago, IL, August 1995 to present.

PUBLICATIONS

Lacy, G. L., & Smith, R. C. (1985). Qualitative Evaluation of On site Activities of Federal Summer Youth Employment Program. United States Department of Labor, Employment and Training Administration. Government Printing Office, Washington, D.C.

Lacy, G. L., & Johnson C. (1987). Building Youth Corps. Children's Defense Fund, Washington, D.C.

Lacy, G. L., & Johnson, C. (1989). State Youth Employment Initiatives: A Resource Guide and Framework for Action. Children's Defense Fund, Washington, D.C.

Lacy, G. L. (1992). Community-Based Organizations: Responding to the Needs of African American and Latino Youth, William T. Grant Foundation on Work, Family and Citizenship, Washington, D.C.

PERSONAL

Age: 47

Marital status: Married, two children

APPENDIX K: Profile of Readers and Data Verifiers

- Brenda Payne: M.A. Applied Management, University of Maryland, College Park. Communication Specialist, Waste Policy Institute, Virginia Polytechnic Institute and State University. Twenty years of experience in Administrative Management.
- Raymond Collins: Ph.D., Public Policy, Princeton University. President, Collins Management Consulting, Inc. Twenty-five years of experience in early childhood and family programs. Formerly director of Head Start evaluation for Department of Health and Human Services. Author of numerous scholarly research reports on project Head Start. Currently on faculty of Yale University School of Education.
- Marvin Smith: Ph.D. Mathematical Economics, Cornell University. Evaluator of poverty and welfare programs. Currently work for the Congressional Budget Office as Economic Consultant. Previous employment with the Brookings Institution, Rand Corporation and the Urban Institute. Dr. Smith has authored over 50 articles for scholarly journals. He has experiences as both a quantitative and qualitative evaluator and researcher.