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Introduction: Free to Grow

Parents and teachers have always known that many factors beyond the walls of early childhood class-rooms affect the ways that children grow and learn and get along in the world. In recent decades, researchers have begun to catch up, documenting the impact of families and communities, and the institutions they encompass, on results for children.

Today, one factor stands out as especially devastating for children: substance abuse in their families and communities. The impact on children is undeniable. When adults abuse alcohol and other drugs, they are less able to provide emotional or economic security for their families. Moreover, they are more likely than other parents to abuse their children physically, emotionally, or sexually. Tragically, those who suffer abuse as children are more likely to turn to alcohol and drugs as they grow up. The cycle can be devastating.

Since the 1980s, Head Start has begun to respond to the growing numbers of families affected by substance abuse. The challenge was threefold: protecting children from the worst effects of substance abuse; helping those who abuse alcohol and drugs to get the treatment and support they need; and preventing the spread of substance abuse. To meet these challenges, Head Start staff needed more insight into the problem and greater capacity to help. Nationally, Head Start expanded efforts aimed at helping staff recognize and work with affected families. Demonstration programs, such as the Head Start Family Service Centers, identified high-risk families and offered special support.

As an urgent response to the toll that substance abuse was taking on Head Start children, these strategies made sense. Their reach, however, has been limited. The communities in which Head Start programs were housed continued to suffer the devastating effects of substance abuse—including increased crime and violence. As neighborhoods became more dangerous, the impact on children was visible and heartbreaking.

Like many other organizations and programs across the nation, Head Start found that traditional approaches to prevention—stressing curricula, mass media messages, and resistance to peer pressure—are not, by themselves, enough. Programs that offered treatment to individuals without addressing the problems of families and communities were unlikely to

have a powerful, long-lasting impact on the trajectories of children's lives.

Building Toward the Future

Research points the way to more effective strategies. We know that strengthening communities and families can improve prospects for children. After all, children have very complex connections that extend not only to families but also schools, congregations, apartment buildings, blocks, neighborhoods, and the larger culture. As Urie Bronfenbrenner, one of the founders of Head Start, wrote, a child's environment is "a set of nested structures, each inside the next, like a set of Russian dolls."

How do these "nested structures" affect children in the ebb and flow of day-to-day life? One social scientist describes it this way:

Neighborhood determines where one goes to school, and not only is family background associated with how a child does in school, but it may influence how the school treats a child and the ability of the child and family to manipulate the institutional ropes of a school...and so on in a series of permutations, combinations, and feedback loops. In the midst of this complex, breathing organism called social structure is the child.

We know that results for children are affected both by the quality of the home environment and by the ways that communities and families interact. In particular, early intervention programs that work toward strengthening families and communities hold promise for reducing the risk of substance abuse. And yet, few substance abuse prevention efforts have focused on the families and communities of young children.

FREE TO GROW

In 1994, the National Head Start Bureau resolved to test more comprehensive approaches to dealing with substance abuse and its impact on young children. To this end, it entered into a unique partnership with the Robert Wood Johnson Foundation, one of the nation's

leading health philanthropies. Out of this collaboration emerged a program, national in scope, called Free to Grow: Head Start Partnerships to Promote Substance-free Communities.

Free to Grow operates under the auspices of the Mailman School of Public Health of Columbia University. It is a national, community-based initiative that focuses on the preschool years. Its long-term goal is to reduce children's vulnerability to substance abuse and other high risk behaviors. It seeks to assure that children never start using alcohol, tobacco or drugs, or if they do begin, that they start later, use less, or quit sooner.

What distinguishes Free to Grow from other substance abuse prevention efforts? The program takes the best ideas and practices from the field of prevention in general, and substance abuse in particular, and applies them to the critical early years. From the start, Free to Grow was conceived as a way to help children by strengthening families and communities. Moving away from quick-fix strategies, it took a long-term perspective, bolstering the capacity of families to nurture children and the capacity of communities to nurture families

The first phase of Free to Grow was model development—the creation of program models by Head Start programs for Head Start programs. Recognizing the limitations of strategies that focus only on families, Head Start programs participating in Free to Grow were asked to think broadly and comprehensively, developing program models that could strengthen the overall environment in which children were growing up. In other words, agencies were asked to design models that could strengthen both the families and the surrounding neighborhoods of the Head Start child.

By putting model development in the hands of the sites, the Foundation hoped that diverse models, relevant to the broad range of communities served by Head Start, would be tested. Five distinctive program models emerged. They differed in many ways, but they had five elements in common:

- ▲ a commitment to community-building;
- an emphasis on family mentoring and family support;
- leadership development focusing on parents and community residents;
- ▲ the use of intensive case management; and
- formal partnerships with other community agencies and institutions

The fifth element bears more discussion. As we have noted, Free to Grow's overall goal is to reduce children's vulnerability to substance use and abuse as they grow older. Clearly, Head Start programs cannot accomplish this by themselves. Every Free to Grow program model therefore forges partnerships with other community agencies and institutions that are integral to assuring healthy community environments over the long term. Community schools, police departments, substance abuse treatment and prevention programs, and other municipal officials have worked closely with Head Start to implement Free to Grow program strategies within their communities. Through these collaborative relationships, Head Start programs strive to nurture strong families and communities so that young children can truly be Free to Grow.

The Free to Grow Approach

In launching the Free to Grow program, the Robert Wood Johnson Foundation sought to expand prevention efforts to include the early childhood years. Conceptually, Free to Grow was designed to incorporate two growing trends in research—the emerging evidence of the importance of early childhood intervention, and the growing body of research that suggests strengthening families and communities can improve results for children.

In addition, there is now extensive knowledge about the specific family and community factors that foster or inhibit substance abuse. In structuring Free to Grow, the Foundation drew particularly on the work of Hawkins and Catalano, researchers at the University of Washington on risk and protective factors. This approach is described in more detail later in this manual in our discussion of the research base that supports Free to Grow.

The Partnership with Head Start

The national Head Start program has been a natural partner in the Free to Grow initiative. The first reason is practical: Head Start touches the lives of many thousands of families with young children. With its large and diverse enrollment and its long-standing presence in many of our nation's highest-risk communities, Head Start provides a unique opportunity to reach many communities and many families affected by substance abuse.

The second reason is philosophical: Head Start's fundamental mission—to assist with the child's total development—is perfectly aligned with the goals of Free to Grow.

The third is strategic: Because it allows for many program approaches, Head Start lends itself to prevention efforts rooted in the needs and strengths of specific communities—a key strategy of Free to Grow. Moreover, the recent revision in Head Start Performance Standards coincides with Free to Grow's emphasis on strengthening family and community partnerships.

For all of these reasons, Free to Grow can benefit from its partnership from Head Start. But Head Start programs have a lot to gain as well. Implementing Free to Grow can:

- enhance a Head Start program's ability to implement its core mission while building a capacity to integrate substance abuse prevention into its overall mission;
- help Head Start programs shape innovative responses to new performance standards requiring stronger family and community partnerships;
- help Head Start programs move beyond their walls and serve as catalysts for engaging a broad spectrum of families and residents in primary prevention activities; and
- provide knowledge, resources, and tools, with an emphasis on best practices.

About this Manual

This manual tells the story of the Kentucky Head Start Free to Grow program, developed by the Audubon Area Community Services (AACS) Head Start. The Kentucky Head Start Free to Grow program was developed by the AACS Head Start Director, in collaboration with representatives of community partners. But developing a program was not their only achievement. First they created a model—we call it the Kentucky Model—describing all of the program's components and strategies and how they fit together. If the program is a jigsaw puzzle with many pieces, the model is the picture on the box. Thanks to the hard work of the AACS and their partners, we not only know what the pieces look like, we also have the picture on the box.

The Kentucky Model reflects Free to Grow's overall mission and approach in several respects. It adapts the risk/protection framework and it takes an integrated approach to strengthening families and communities (making use of multiple strategies and ensuring that each one supports and enhances the others). Moreover, the Kentucky Model has been piloted in both small urban and rural settings.

Section I of this manual provides an overview of the Kentucky Model, as well as background information about how it was developed. Section II details the steps that your Head Start program can take to implement this model. These steps have been culled through staff reflections on both what they themselves did, and how these steps could be structured in a program starting anew. Boxes throughout the manual provide context, summarize key lessons learned, and offer examples to clarify specific steps in the implementation process. Some of the lessons learned reflect the direct experience of the Kentucky Free to Grow site, while others incorporate broader lessons from the national program. Supporting program materials, contact forms, job descriptions and assessment tools are included in the appendix. The appendix also contains charts outlining key program strategies and specific Performance Standards met through the implementation of those strategies. Electronic versions of all program forms are included on the accompanying diskette.

We hope you find this manual helpful and welcome any suggestions about how to make it more useful or more relevant to your community and your concerns.