

Crossing Borders With Head Start

Commonalities and Differences Between Head Start and Early Childhood Programs in Developing Countries

Pia Rebello Britto, PhD; Walter S. Gilliam, PhD

Head Start has served as a model of comprehensive services for young children in both the United States and the world's developing countries. In this article, we compared Head Start with generally accepted principles underlying early childhood programs in developing countries. Comparisons revealed several areas of similarity, such as the historical backgrounds and rationales for the programs, a holistic approach to child development, and the comprehensive nature of early childhood services. Notwithstanding the similarities, a stark area of difference lay in the credence given to children's rights, as the basis of international early childhood programs, compared with a complete absence of such an acknowledgement nationally. Head Start's role as a national and world laboratory is discussed. **Key words:** *developing countries, early childhood development programs, Head Start, international comparisons*

EARLY CHILDHOOD DEVELOPMENT (ECD) programs in the developed world extend back to the 1800s (Zigler & Hall, 2000), but their existence in the developing nations is a much more recent phenomenon beginning in the late 1970s (United Nations Educational, Scientific, and Cultural Organization [UNESCO], 2007). Only in the 21st century have early childhood programs come of age. Propelled by scientific (Shonkoff & Phillips, 2000) and economic evidence (Heckman & Krueger, 2003), young children

are rapidly becoming an area of increased focus not only in disciplines traditionally associated with child development (eg, health and education) but also increasingly on the international policy agenda (National Center on the Education and Economy, 2006; United Nations Girls Education Initiative, 2006). Current estimates suggest that more than half of the world's countries have a national early childhood program. Certain global regions, such as Latin America, are demonstrating an unprecedented increase in ECD programs, and the Caribbean nations have the highest gross enrollment rates (Organization for Economic Cooperation and Development, 2001; UNESCO, 2007).

Despite the prevalence and growth in ECD programs across the globe, little is known about their conceptual commonalities, similarities across program ideologies, and uniqueness regarding program models. Most international ECD comparative work has focused on program outcomes, impact, and effectiveness (Arnold, 2004; Engle et al.,

Author Affiliation: *Child Study Center, Yale University School of Medicine, New Haven, Connecticut.*

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Corresponding Author: *Pia Rebello Britto, PhD, Child Study Center, Yale University School of Medicine, 230 South Frontage Rd, PO Box 207900, New Haven, CT 06520 (pia.britto@yale.edu).*

2007; World Health Organization [WHO], 1999). Little attention has been devoted to aspects that are the basis of program approach and implementation—namely, program philosophy, principles, and mission. This article seeks to examine these critical aspects of program ethos, ideology, and principles, comparing Head Start with ECD programs in the developing nations and exploring the role Head Start has played as a world beacon for comprehensive early childhood programming.

HEAD START'S ROLE IN SHAPING ECD PROGRAMS IN THE UNITED STATES

When Head Start began serving preschoolers in the summer of 1965, no widespread federal- or state-funded EDC programs existed in the United States. In 1898, Wisconsin had funded a prekindergarten system for 4-year-olds by providing a 2-year kindergarten program, but the program was discontinued in 1957 and not reopened until 1985 (Schulman, Blank, & Ewen, 1999). One year after Head Start opened its doors to preschoolers, both California and New York began funding statewide preschool programs for low-income children. Within 15 years, 10 states were funding similar programs, and within an additional 2 decades, all but 10 states had followed Head Start's lead by creating education programs for young children from financially disadvantaged homes (Gilliam & Zigler, 2001). Although several factors may be responsible to some degree for the remarkable increase in state-supported early education programs (eg, several studies on the effectiveness of early education released in the 1970s, federally mandated special education services for preschoolers with disabilities beginning in the 1980s, and widespread educational reform in the 1990s following the passage of Goals 2000: Educate America Act of 1994), Head Start's leadership as the United States' largest and most progressive provider of ECD provided an evolving blueprint for states to follow.

Head Start has provided much of the infrastructure used by several states to fund

their own ECD programs. Recent data (see Gilliam, 2008, for a more detailed description of these data) indicate that across the 40 states funding prekindergarten services, 11 provide these services to their young children by using state funds to augment existing Head Start programs within their states. Of the 29 states that do not provide prekindergarten by simply augmenting Head Start resources, 5 states locate 25% to 49% of their state-funded prekindergarten classes in Head Start grantee agencies, and 2 additional states locate 50% or more classes in Head Start grantees—with 92% of Delaware's prekindergarten classrooms in Head Start grantees. In addition, Head Start's emphasis on comprehensive services is embraced within the policies of many state-funded prekindergarten systems, although most state programs place a greater emphasis on academic preparation than Head Start's more comprehensive array of services across all domains of child functioning and parental involvement (Gilliam & Ripple, 2004; Ripple, Gilliam, Chanana, & Zigler, 1999). Although it is clear that Head Start has exerted considerable influence over how early education and child development services are conceptualized and implemented within the United States, little attention has been paid to a potential role for Head Start as an international model.

COMPARING HEAD START WITH ECD PROGRAMS IN THE DEVELOPING NATIONS

We preface this comparison between Head Start and ECD programs in the developing world by clarifying three issues: our working definition of early childhood, our variables of interests, and our reference of comparison.

Given the varied definitions of early childhood, we first clarify our definition of early childhood. On the basis of international frameworks (eg, declarations and conventions) and the scientific research, we define early childhood as the period from birth through the transition to formal schooling

(United Nations, 1989; McCartney & Phillips, 2006; UNESCO, 2007). Adhering to this definition, we address principles of programs that serve children from birth until entry into primary or elementary school at about 8 years of age, the oldest universally accepted age for entry into primary school (UNESCO, 2007).

The second issue we clarify is the variables of interest in this program comparison. In this article, we compare programs at the level of *program principles*, as opposed to program components and implementation strategies. Given the huge socioeconomic and cultural disparities between the countries of the world, a component level comparison would be methodologically untenable (Matsumoto, 2001). Program approaches need to be understood taking into consideration local traditions and the culture of schooling (Dahlberg, Moss, & Pence, 1999), a topic too vast to cover in this article. In addition, earlier work has already provided comparisons of program strategies and quality (see Consultative Group on Early Childhood Care and Development, 1999; Montie, Xiang, & Schweinhart, 2006). Therefore, the comparisons in this article are focused on the level of program ideology and principles.

The third issue to clarify is the reference of comparison. In this article, we do not compare Head Start with ECD programs in individual nations. Rather, we draw upon program principles widely endorsed by the international early childhood community and extensively articulated by international agencies (eg, WHO, UNICEF). In doing so, we build upon and explicate more globally accepted ideological underpinnings of ECD programs, as opposed to presenting an exhaustive review of individual country program principles.

We begin with a brief overview of early childhood programs internationally. We then discuss conceptual commonalities and differences between the principles underlying Head Start and ECD programs in developing nations. We conclude with some of the remaining challenges in the field, both within the United States and globally.

A BRIEF OVERVIEW OF ECD PROGRAMS OUTSIDE THE UNITED STATES

Internationally, the early childhood program nomenclature is as varied as programming itself. A myriad of terms, such as “early childhood care and education,” “integrated early childhood,” “early childhood care and development,” are used synonymously and interchangeably primarily on the basis of agency or country preference (Choi, 2002). In this article, we have elected to use the term early childhood development (ECD) programs to be consistent with the phase of development we are addressing and to avoid the quagmire between health and education services for children, as discussed below. This broad umbrella term covers comprehensive services (eg, health and education) for children from birth until entry into primary school.

As in the United States, ECD programs in developing nations for the most part can be divided into 2 groups on the basis of the target ages they serve: birth to 3 years of age and 3 to 6 years of age (or until entry into formal schooling). The period from conception to 3 years of age is the period of most rapid development of mental and socioemotional capacities, as well as a key period for ensuring survival and adequate growth (Shonkoff & Phillips, 2000). Interventions during this period tend to be primarily through health and nutrition services. Systems of support to families and communities tend to focus on child health and survival (WHO, 1999). In the period from 3 to 6 years of age, the support for health and physical well-being tends to become secondary, with programs primarily focusing on the transition to school by expanding their program focus to include education and preparation for formal schooling (Montie et al., 2006).

Internationally, across all age groups from birth until entry into primary school, ECD programs come in various forms, ranging from indirect services to families and communities to direct service provision for children. Examples of indirect programs include mass media campaigns and parenting programs to support and improve parenting practices,

knowledge, and attitudes (Britto, Engle, & Alderman, 2007; Hanssen & Zimanyi, 2000). These international programs, for the most part, are implemented through home-based or community/clinic-based services. In terms of direct services to children, the most common models are formal, informal, and nonformal child care and preschool programs (Aboud, 2006; UNESCO, 2007). These programs are provided by a range of agencies from nationally implemented government programs, such as Integrated Child Development Service in India (Rao, 2005), to large nongovernmental organizations, such as International Step-by-Step in Central Europe (Kaufmann, Hansen, & Klaus, 2002), to various private organizations, communities, and families. The focus of this article is on those ECD programs that provide direct services for children, such as Head Start.

COMMONALITIES BETWEEN HEAD START AND ECD PROGRAMS IN DEVELOPING COUNTRIES

In this section, we highlight several areas of conceptual commonality between Head Start and international ECD programs, beginning with a sociohistorical comparison to understanding the whole-child perspective from the United States and global perspectives. Also addressed are commonalities in the developmental perspective and importance of comprehensive programs.

Commonality 1: Poverty reduction as a principal goal

Head Start was born during America's war against poverty. The negative effects of poverty on young children's development gave rise to a call for the government to intervene and take strong action to ameliorate these harmful consequences. The Economic Opportunity Act of 1964, an antipoverty act, opened the door for Head Start in the United States (Greenberg, 2004). Given a general positive regard Americans hold for the importance of childhood (Hecl, 1997), Head Start's focus on children was envisioned as a way to "overcome a lot of hostility in our society

against the poor in general and against Black people who are poor in particular" (Zigler & Anderson, 1979, p. 12). In other words, Head Start was conceived as an antipoverty program that targeted children.

Similar to Head Start, ECD programs in developing nations are often viewed as a means for eradicating persistent poverty. Internationally, the twin thrusts of the Millennium Development Goals (MDGs) and the Education for All (EFA) goals are currently guiding health and education programming for young children in the developing world. The 8 MDGs together comprise a social and economic development framework to eradicate poverty, primarily through combating hunger and achieving universal primary education and basic health targets (Annan, 2000). The United Nations Millennium Declaration was signed in September 2000 by 191 countries in an attempt to achieve the 8 goals by the year 2015. Given the economic argument for investing human capital for sustainable national development (Heckman & Krueger, 2003), these antipoverty goals have been instrumental in increasing investment in early childhood programs.

Six education-related EFA goals were articulated in Jomtein, Thailand, in 1990 with the explicit aim of improving quality of life and eradicating poverty through education (Secretariat of the International Consultative Forum on Education for All, 1990). These goals overlap with the MDG and comprehensively address the need for educational programming in all nations to begin with early childhood education, giving international cache to the phrase "learning begins at birth" (UNESCO, 2007).

Both internationally and within the United States, ECD programs received their initial boost from antipoverty efforts. In the case of Head Start, the connection is far more direct with the promulgation of the Economic Opportunity Act of 1964, which created a funding link between Head Start and federal antipoverty efforts. Internationally, the connection between ECD and antipoverty efforts is more indirect, based on the ratification of international development goals.

The international financing that has gone into achieving the MDG and EFA goals has been linked with expansion and improvement of programs for young children. The undergirding principle of eliminating social and economic inequality through early childhood programs is evident both in domestic and international efforts.

Commonality 2: The developmental perspective and the life cycle approach

A second area of conceptual commonality between Head Start and global ECD program principles lies in their developmental perspective or life cycle approach. At its inception, Head Start was primarily a preschool program serving children 3 to 5 years of age (Zigler & Styfco, 1993). During the 1960s, the years immediately before primary school were considered crucial for preparing children for success in school. In 1995, however, the Early Head Start program was established to serve children from birth to 3 years of age in response to evidence that the earliest years are uniquely important for children's growth and development (Chazan-Cohen et al., 2002). Given the growth in knowledge and information about the earliest years, Head Start responded with a program that would address this early developmental phase. Although fewer than 3% of eligible infants and toddlers receive Early Head Start services (see Knitzer, 2008), Head Start and Early Head Start arguably now serve the developmental needs of children from birth to 5 years of age.

Internationally, the developmental perspective in ECD is evidenced through the life cycle approach to programming. The life cycle approach provides a framework for understanding the vulnerable and critical periods of development (Vargas-Baron, 2005). Child development is not a linear process, but rather is characterized both by critical periods of vulnerability where treatment-resistant negative effects can occur and by sensitive periods that represent windows of opportunity through targeted interventions (Shonkoff & Phillips, 2000). In other words, the life cycle approach in ECD includes a differentiation between the

main age periods in early childhood with differing risks and opportunities at each stage of development.

When applied to ECD programs, the life cycle approach breaks down into 4 periods: prenatal; birth to 3 years; 3 to 5 years; and 6 to 8 years (Vargas-Baron, 2005). Several nations (eg, Argentina, Ethiopia, Philippines) have applied the life cycle approach to national ECD programming. Benefits of this approach, especially for low-resource countries, include the prioritization of interventions for children during these critical sensitive periods and the derivation of cumulative benefits of the interventions, with services provided during the earlier years enhancing children's capacity to benefit from later interventions.

The interesting commonality between Head Start and the life cycle approach to international ECD programs lies in this developmental perspective. Albeit termed differently, both models build upon the concept of opportunities and vulnerabilities in development between birth and 5 years of age. The underlying premise being that intervening earlier in the lives of children can make a larger difference and has a cumulatively stronger effect.

Commonality 3: Holistic development and the "whole child" model

The concept of the whole-child or holistic development is deeply rooted within the philosophy of both Head Start and international ECD programming. In this section, we discuss the definitional commonalities as well as differences in the paths and focus of this common construct.

Internationally, over the past decade, there has been a substantial shift in the definition of child well-being. Until very recently, child survival was considered the goal of ECD programs, given that some of the most pressing needs for young children in the developing world are mortality, health, and nutritional status (UNICEF, 2007). Consequently, programs focused primarily on disease control, survival, and health and nutrition outcomes. Child development was defined in terms of child

physical health and well-being. Over the past decade, however, this focus has expanded beyond survival to address more holistic notions of child development and well-being. In other words, the focus has moved beyond the goal of “survive” to the goal of “thrive.” The globally accepted and endorsed UN World Fit for Children Goals of 2002 states that all children need “to be physically healthy, mentally alert, emotionally secure, socially competent, and able to learn” (United Nations, 2002, p. 2).

International definitions of holistic development include physical health, nutrition, and hygiene, as well as cognitive, social, physical, and emotional development (UNESCO, 2007). Recent work conducted with more than 15 countries in conceptualizing nationally specific definitions of early child development has expanded the focus even further to include domains of moral, spiritual, and national development (Kagan & Britto, 2006). The main premise underlying the concept of holistic development is being seen increasingly in terms of what children should know and be able to do in order to achieve their full potential.

With regard to Head Start, the history of arriving at a set of holistic outcomes took a slightly different route. Even though Head Start is rooted in a whole-child philosophy, early in its existence some believed that the primary goal of Head Start should be to improve children’s cognitive development and IQ (Schrag, Styfco, & Zigler, 2004). In the 1970s, Head Start adopted *social competence* as an overarching goal for the program (Zigler & Tricket, 1978). This goal, however laudable, was mired by problems regarding definitional accuracy and assessment precision. In 1998, the Head Start Child Outcomes Framework was endorsed with the intention of guiding Head Start programs in their ongoing assessment of the progress and accomplishments of participating children. This framework is composed of a set of 8 domains of learning and development, which taken together focus on children’s language and literacy, mathematics, science, creative arts, social and emotional develop-

ment, approaches to learning, and physical health and development. The underlying premise of this framework is a set of domains that ensure that children are prepared for school.

Holistic child development is certainly the desired outcome for ECD programs in developing nations and for Head Start, but with some important differences. The former involved expanding the socioeconomic argument of national development beyond survival to child overall well-being, and for the latter, it was more focused on conceptual and assessment dilemmas of how to best represent the whole-child philosophy.

Another key difference in the holistic approach adopted by international ECD programs and Head Start is that of the culminating goal of the programs. Head Start explicitly states that the program is designed to promote school readiness. Internationally, school readiness is only one aspect of the final set of goals. The principle behind international ECD programming is to ensure that children achieve their fullest developmental potential (Engle et al., 2007), which is defined in broader terms than school readiness. Developmental potential could be considered akin to developmental readiness or preparedness for life, situations that extend well beyond formal schooling (Britto & Kohen, 2005).

Commonality 4: Comprehensive services

Integration of comprehensive services across health and education has been a continued focus of ECD programs both domestically and internationally. Although the types of services included in ECD programs vary greatly by country, current international trends stress a comprehensive approach to ECD programming (Evans, Myers, & Ilfeld, 2000). The recommended package of services extends beyond disease control and survival to promoting ECD through the early delivery of a comprehensive package of interventions that are cost-effective and sustainable (Gagnolati, Shekar, & Das Gupta, 2005). Comprehensive services include components

of parenting, child stimulation, and support for development all aimed at improving the child's health and development outcomes. Comprehensive services are also referred to as integrated early childhood services as they assimilate, at varying levels, the efforts of the different stakeholders and disciplines involved in ECD programs (Britto & Ulkuer, 2007).

Comprehensive programs are seen as the most effective approach for improving children's holistic development because they leverage the natural synergies between multiple domains of development (Britto, Lord, Kagan, & Barron, 2007). Consequently, programs that combine health and education are more effective at improving children's overall well-being and preventing future problems than interventions that are more limited in scope (UNESCO, 2007).

From its inception, Head Start was envisioned as a package of services that would address all domains acknowledged as important for the normative development of young children (Zigler, Piotrkowski, & Collins, 1994). This conceptualization was based on the assumption that an integration of services "will be greater than the sum of the parts" (O'Brien, Connell, & Griffin, 2004, p. 161). Consequently, the Head Start program is designed to provide comprehensive child development services to enrolled children and families in the areas of educational, health, nutritional, social, and other services.

Head Start has long served as a national laboratory for the development of large-scale ECD programs, stressing the integration of comprehensive services and policies that support the whole-child model of intervention. Progressive legislation such as the National Comprehensive Child Development Act of 1971 and demonstration programs such as the Comprehensive Child Development Program (Henrich, 2004) have stretched national thinking regarding the role and scope of ECD programs. Currently, global trends in ECD programming also stress an integration of services, much the same way as Head Start has for the past four decades.

THE CHILD RIGHTS APPROACH AS A MAJOR PHILOSOPHICAL DIFFERENCE

Thus far, we have discussed the areas of overlap between Head Start and international ECD programs. Arguably, the key philosophical difference between Head Start and ECD programs in the developing nations is the latter's reliance on children's rights as the primary rationale and organizing principle for early childhood services.

The CRC, endorsed in 1989, is the clearest and most comprehensive expression of what the world community wants for its children. The CRC became international law in 1990, and as of 2007 has been signed by 192 nations. The CRC, an international human rights treaty, focuses on the rights of the child from a developmental ecological perspective. It assumes that the child's overall development is a function of a number of factors (psychological, social, educational, and cultural) and contexts (home, school, community, and country; Britto, 2002). Central to the CRC is the child's right to survive, develop, and be protected (UNESCO, 2007).

The CRC is one of the most significant international declarations and comprises the guiding principles of ECD programs in most developing nations. On the basis of the CRC, and a belief in all children's rights to survival, development, and protection, ECD programs in developing nations are being developed from a children's rights-based perspective. These programs recognize that "children are born with the right to have their learning needs met through approaches that promote their holistic development" (UNESCO, 2007, p. 16). In 2005, a special committee on the Rights of the Child put early childhood in the forefront, emphasizing that all young children have particular needs of nurturance, care, and guidance (Office of the United Nations High Commissioner for Human Rights, 2005), positioning ECD as a basic right of all children.

A children's rights-based approach is absent within US policy in general. Within the United States, ECD programs are not considered a

right of young children, and the concept of children's rights plays no discernable role in US child and family policy. This lack of an acknowledgement of children's rights is evident in the failure of the United States to ratify the CRC. Currently, the United States and Somalia are the only nations failing to ratify the CRC. Consequently, a major difference between international ECD programs and Head Start is a rights-based approach to programming for children, which is absent in the United States.

A rights-based approach to ECD programming implies that these programs would be an entitlement for eligible children. The only federally funded ECD program in the United States that is a true entitlement is special education preschool services for children with significant developmental delays or disabilities. Special educational preschool is federally mandated, free to families, and unable to place children on a waitlist or otherwise deny services to eligible children. Head Start is not an entitlement program, 40% to 50% of the eligible children living in poverty go unserved (Zigler, Gilliam, & Jones, 2006), and children may be placed on waitlists if seats are not available. Similarly, state-funded prekindergarten systems are also not entitlement based, with the exception of systems located in Kentucky and New Jersey (Barnett, Hustedt, Hawkinson, & Robin, 2006). Rather than implementing ECD as a children's rights issue, these programs are usually justified within the United States on the basis of positive cost-benefit analyses showing anticipated economic gains and savings that the nation might enjoy due to improved school readiness and later performance in school and work (Committee for Economic Development, 2002; Heckman, 2000; Oppenheim & McGregor, 2003).

CONCLUSIONS

Clearly, ECD programs in the developing world share many of the philosophical underpinnings that have been at the core of Head

Start since its inception over 4 decades ago. These philosophical commonalities include a fundamental goal of reducing poverty and the resultant social and economic inequalities through services aimed at young children and their families and a commitment to comprehensive services addressing a broad range of factors related to children's overall health and development. Head Start has created an evolving framework for the provision of these services at federal, state, and local levels within the United States, and this framework is easily visible in ECD programs throughout the developing world and various international statements regarding these programs.

One area of stark contrast between Head Start and ECD programs in developing nations, however, appears to be how the goal of poverty reduction is rationalized. Although the initial rationalization for Head Start may have been based in the ideal of social justice and equality (Zigler & Anderson, 1979), child and family policies in the United States appear to be driven in large part by perceived economic gains or savings. In the developing nations, however, the primary driving force behind ECD as an antipoverty program appears to be primarily a commitment to children's rights. This rights perspective may help explain the steadfast promotion of a broad conceptualization of child well-being and the comprehensive nature of the services necessary to facilitate children's overall health, safety, and development.

Head Start has been described as a national laboratory for professionals and researchers interested in promoting the health, education, and well-being of children and families, and its role in informing newer generations of early education programs within the United States is evident (Henrich, 2004). In addition, Head Start may have served as an inspiration for some of the philosophical and programmatic underpinnings of similar programs in the developing nations. The full measure to which Head Start may further serve as a world laboratory for developing and testing models of providing comprehensive services for young children and families is unknown. Head

Start has been an evolving program since its beginnings during the United States' war on poverty, and flexibility and responsiveness to changing conditions and needs may be the greatest lesson Head Start has to teach. Although Head Start has much to teach the world regarding the development, implemen-

tation, and sustainment of ECD programming, it has also much to learn from alternative models being developed within the United States, other developed nations, and the developing world. The greatest challenge for Head Start may be for it to continue evolving while teaching and learning in a world context.

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