

Young Children after Katrina: A Proposal to Heal the Damage and Create Opportunity in New Orleans

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What were the consequences of Hurricane Katrina and its aftermath for the young children of New Orleans, particularly those who started out the furthest behind? What does the evidence suggest about effective large-scale interventions for young children that could successfully reverse the damage and fit into the uncertain timetable of families' return to New Orleans? And what specific plan for young children should be incorporated into the rebuilding of New Orleans?

The Backdrop: Before the Storm

Before Hurricane Katrina hit the Gulf Coast, about 39,000 children under age 6 lived in New Orleans. Of these, some 17,000 (more than 4 in 10) lived below the federal poverty level. Nationally, the average is 2 in 10,

though in Louisiana—a poor state—it is 3 in 10. As in the nation as a whole, New Orleans' youngest children are more likely to be poor than all children and than adults. In New Orleans, poverty among young children was high, partly because many parents were out of work or in low-wage jobs; also, a high percentage of families were headed by a single parent. Parents' poor education, health limitations, and disability probably also contributed (U.S. Department of Health and Human Services 2004).

The sketchy information available on the health and development of New Orleans' young children suggests that many were not doing well. This is not surprising: a wide range of studies consistently shows that poverty and low incomes correlate with worse outcomes for children (Golden 2005). For example, the Annie E. Casey Foundation's

Long before the onslaught of Hurricane Katrina or the chaos of evacuation, New Orleans' social infrastructure was failing. News coverage of the overcrowded Superdome and the city's flooded streets exposed the poverty and vulnerability of many residents, especially African Americans. As New Orleans begins to rebuild, can the city avoid the mistakes of the past, instead creating more effective social support for low-income and minority residents? Innovation and experience from other U.S. cities offer promising strategies for reducing the risks of poverty and opening up opportunities for economic security and success. This essay is from an Urban Institute collection that addresses employment, affordable housing, public schools, young children's needs, health care, arts and culture, and vulnerable populations. All these essays assess the challenges facing New Orleans today and for years to come and recommend tested models for making the city's social infrastructure stronger and more equitable than it was before Katrina.

Kids Count project assesses states on 10 measures of children's well-being from birth through adolescence. In its 2005 report, Louisiana ranked 49th overall. Two measures related specifically to very young children: Louisiana tied for last in infant mortality rates and ranked next to last in the percentage of babies underweight at birth (Annie E. Casey Foundation 2005).

Before the hurricane, Louisiana's capacity to meet the needs of these young children was limited. Part of the problem is a national one: the United States has generally invested little in children below school age, and no service system takes responsibility for tracking how children are doing, as the school system does for older children.

The lack of attention and investment is most striking for babies and toddlers. Most probably have access to health services and nutrition assistance through the Women, Infants, and Children program, but little beyond that. Child care settings for very young children often fail to offer the nurturing and stimulation that benefit children's development and sometimes fall below minimal standards of safety and quality (Phillips and Adams 2001), in part because employing enough adults to care for infants well is costly. Early Head Start, a federally funded, high-quality program that serves poor children at home or in centers, with demonstrably positive impacts on their development (ACF OPRE 2002), reaches only 62,000 babies and toddlers in about 650 communities nationwide. Other services in some locales include home visitor programs and family support centers where families with young children can get such help as counseling, emergency assistance with food or shelter, and referral for more complex health or mental health issues.

Compared with babies and toddlers, preschool-age children are more likely to be in center-based child care or prekindergarten.

With the growing emphasis on school readiness, some states have invested in programs just for 4-year-olds, though these initiatives vary greatly in content, share of children reached, and quality. With so many low-income parents now working, many children are in out-of-home child care, but too often this care is substandard (Adams, Zaslow, and Tout forthcoming; Shonkoff and Phillips 2000). States use a limited pool of federal and state money to help low-income working families pay for child care; small portions of these sums also underwrite child care quality. Too often, the result is that states have long waiting lists for mediocre programs (Edie forthcoming). Few states invest in or require much training or education for child care teachers, so many are not equipped to respond to complex emotional needs or enhance children's development.

Louisiana's services to young children are generally consistent with this gloomy national picture. The weaknesses of Louisiana's health care system for poor families, described elsewhere in this series, pose particular risks to very young children, for whom health and development are closely intertwined: a toddler with undetected hearing loss, for example, will enter school already behind. Louisiana's child care system also has serious gaps: for example, it has no early childhood education or training requirements for child care teachers, requires only three hours a year of training after hire, and does not license family child care providers (National Child Care Information Center 2005).

At the same time, despite the state's financial fragility, Louisiana has invested both federal Temporary Assistance for Needy Families funds and state funds in preschool programs for 4-year-olds, serving about one-quarter of them in the 2003–04 school year (National Institute for Early Education Research 2004). In addition, the federally funded Head Start program serves about 60

percent of poor 3- and 4-year-olds in Louisiana, slightly more than the national average. However, the proportion of poor children served in Orleans Parish appears to be below the national average.¹

Impacts of the Storm

When Hurricane Katrina flooded the Gulf Coast, very young children were affected along with other children and adults of all ages. To understand those effects and their consequences, it is important to summarize the little that is known about the effects on young children and their families and on the early childhood programs that serve them.

The number of young children affected was considerable. Including the 39,000 young children in New Orleans alone, an estimated 116,307 children age 5 and younger lived in the hurricane wind zone produced by Katrina (National Center for Rural Early Childhood Learning Initiatives and Rural Poverty Research Institute 2005). Because young children were more likely than other children and adults to live in poor families, and because poor families were the least likely to be evacuated before the flood, young children were probably a disproportionately high fraction of the group that had the worst experiences: spending time in the Superdome and other large shelters, getting hurt or taking sick, and getting separated from family and friends.

- *Time spent in a shelter.* FEMA estimates that about 200,000 to 270,000 people were in shelters at the height of the Katrina evacuation.² If the shelter population contained the same percentage of young children as New Orleans' population in poverty did, about 20,000 children under age 6 spent time in a shelter after the storm. Shelters pose particular risks for young children, who are physically and emotionally vulnerable (Markenson and

Redlener 2003). Two Head Start programs that worked with young evacuated children in Texas shelters confirmed this fact. Some young children who arrived from the large New Orleans shelters could not eat. They were hyperactive or withdrawn, and they were afraid of people after contact with so many strangers. Often, children came to the shelters already scarred by earlier experiences: staff said that “the little ones were traumatized...they'd been in the Superdome, in the water, on the bridges, lying next to dead bodies.”³

- *Experiencing a direct health impact.* According to a Kaiser Family Foundation survey of adults in Houston shelters, 33 percent had an injury or health problem due to the flooding or evacuation (Washington Post, Kaiser Family Foundation, and Harvard University 2005). An extra worry with very young children is their vulnerability to infectious diseases in crowded shelters. Head Start staff in the two Texas shelters reported outbreaks of diarrhea, including a baby falling seriously ill. With cots six to eight inches apart and babies crawling underneath, staff were not surprised.
- *Separation from one or both parents.* At the extreme end of the impact scale, some children were separated from one or both parents. The Kaiser survey found that 40 percent of those interviewed were separated from immediate family members but knew their whereabouts, while 13 percent were separated and did not know family members' whereabouts. Of adults with children under 18, 22 percent said none of their children were with them in the shelter (Washington Post et al. 2005). As families—often already fragile—were torn apart by the evacuation, some young children became

wards of state child welfare agencies. Head Start staff in one Texas shelter told of a baby who had been evacuated from New Orleans with a babysitter. The babysitter's alcohol abuse prevented her from providing proper care; the baby's mother had been evacuated to Iowa, where she remains. The baby is now under the care of Texas Protective Services. Another baby was abandoned at the shelter's medical triage unit when a teen caregiver (not the mother, who had been evacuated elsewhere) ran away.

Of course, other young children had less disruptive experiences. Some families evacuated before the storm hit, moved in with relatives or friends, found stable housing or jobs quickly, or had nest eggs to tide them over. For children from these families, the damage should be less severe.

Effects of Trauma on Children

The severity of these experiences cannot be assessed without putting them in the context of children's development. Will the effects last? Might some of the many young children in New Orleans who were in desperate circumstances before the deluge be better off wherever they end up, despite trauma along the way? The evidence, while limited, suggests considerable risk of long-run damage to children's emotional development and learning.

Is the effect likely to be short term or long term? Because a young child's ability to learn is grounded in a sense of security and solid, continuous relationships with adults, the serious disruptions caused by the flood risk damaging not only emotional development and behavior but also learning and school readiness. Research suggests that even much smaller disruptions—a move from school to school or repeated changes in child care providers—can damage young children's

development (Moore, Vandivere, and Ehrle 2000). Worse than these other one-off events, Katrina deprived young children all at once of their homes, their familiar neighborhoods, and at least some of their close caregivers.

Intensifying these risks is the effect of Katrina on parents. Parents' ability to interpret experiences and make their young offspring feel calm and secure helps children recover from stressful events (Shonkoff and Phillips 2000). But stress stemming from parents' own uncertainty, loss, and disruption after Katrina compromises their ability to provide this buffer. Parents can find it hard to respond to children at all, veering into anger or withdrawal.

If parents suffer only short-lived effects and can stabilize their own lives quickly, that bodes well for young children. But if parents remain in limbo themselves, and particularly if sadness, stress, or depression continue to color their interactions with their children, the risks of derailing children's development deepen (ACF OPRE 2003). In early December, one reporter found continuing and serious mental health impacts on adults who experienced the Katrina flooding, including elevated rates of suicide (Connolly 2005).

Does the fragility of young children's lives before Hurricane Katrina create a risk, or an opportunity for their recovery? Perhaps, since so many children were faring badly in New Orleans before the hurricane, the displacement could turn out to be an opportunity in disguise. One New Orleans parent in San Antonio expressed the same idea herself to Head Start staff: "God moved me when I didn't want to move."

But while it could certainly turn out that some children and families are better off over time, the child development literature gives reason to worry that improvement will be particularly difficult for the children who experienced the most deprivation before the storm. Indeed, research suggests, piling risks

on top of each other worsens the bad results for children. While children certainly can recover from early damage or multiple risks with a better environment later in life, not all do, and without the strong base that comes from healthy early childhood experiences, it is harder for young children to recover from traumatic experiences (Shonkoff and Phillips 2000). Thus, for the large number of young children in New Orleans who were already not doing well, Katrina and its aftermath have likely been most damaging.

Effects on Childhood Programs and Settings

Scattered data suggest the scale of Katrina's impact on programs for children. In Mississippi, Louisiana, and Alabama, the hurricane damaged 240 Head Start centers, with 91 (62 of them in Louisiana) still closed two months after the storm. The closed centers served 7,200 children (about 1,000 of whom are now being served in other cities and states).⁴ Data on New Orleans child care centers are not available, but evidence from the affected counties in Mississippi suggests significant and continuing damage.⁵

Framework for a Response

Based on this picture of emotional and developmental damage, the research evidence suggests several principles that ought to guide policy if it is to make a difference in the lives of Katrina's youngest and most vulnerable victims.

- *Large scale and high impact.* Given the deep and widespread damage described above, the response needs to be commensurate. To heal the damage, help children recover, and narrow the gap in learning and school readiness, effective services must reach many of the 39,000 young children who lived in New Orleans

before the hurricane, whether their families return or resettle.

- *Comprehensive.* For young children, health, mental health, and learning are tightly related. The baby who is too weak from diarrhea to move around and the toddler who is too afraid to explore are losing developmental time. Because of the complex ways Katrina affected young children and their families, we should expect that young children will have related physical, emotional, and learning needs. To be successful, programs must address them all.
- *High quality.* To make a difference to these particularly vulnerable young children—those damaged by early disadvantage and the stress of Katrina and thus likely to have great emotional and developmental needs—teachers, mental health counselors, and other caregivers must be especially skilled, and their response of especially high quality (Shonkoff and Phillips 2000). That means that each adult works with a small number of children, that adults have considerable relevant education and training, and that many hours of services are offered when a child needs them.
- *Responsive to parents as well as children.* The policies and programs that get the best results generally support young children directly and also engage parents, helping them to deal with their own stress and provide more nurturing, stimulating care for their young children. In addition, parents will need help stabilizing their own disrupted lives: finding stable jobs and housing in healthy neighborhoods, for example.

As suggested earlier, America's existing services for young children never came close to meeting these four criteria, even before the

hurricane. The nation lacks a strong large-scale system for serving all young children, never mind one that is comprehensive, and no agency or cluster of agencies takes responsibility for young children and provides leadership in service delivery. The major damage to programs and facilities after Katrina only made the gaps worse.

Similarly, services to young children before Hurricane Katrina were too often mediocre. Since the storm, children's needs are greater and the lack of quality care and services more dangerous. In a state like Louisiana, with no early childhood education pre-service requirements for teachers in child care centers, staff are not likely to have the knowledge base needed to easily acquire more sophisticated mental health intervention skills.

Responsiveness to parents also poses greater challenges after Katrina than before. Parents' stress levels are higher than ever, and their lives are in flux. Uncertainty about the future makes it almost impossible for them to choose services for young children, whether these services are delivered in their homes, in a relative's home, or in a child care center. To choose child care, parents must know where they are going to live, whether and where they will work, and how they will get from home to work—all still up in the air for many evacuated families.

A Possible Framework: Building on Strengths

Given the fundamental weaknesses in the nation's, the state's, and the city's social services for very young children, how can policymakers expect to follow the above criteria and make a difference for children? The one realistic opportunity is in the single strong, large-scale program for poor children that has demonstrated benefits for children, has a national structure that could be further expanded, and uses a program model well-

designed to meet the four criteria above: Head Start, including Early Head Start (which serves pregnant mothers, infants, and toddlers to age 3).

Criterion 1: Large scale and high impact. In fiscal year 2003–04, Head Start served about 844,000 children nationwide and Early Head Start, 62,000 (ACF CCB 2005). While Early Head Start serves a small number of poor children compared to the eligible population of about 3.3 million, it operates 650 programs in all 50 states, along with a national network of technical assistance and support.

The body of research on Head Start and Early Head Start includes unusually rigorous studies. Recent major evaluations of Head Start (ACF OPRE 2005) and Early Head Start (ACF OPRE 2002) have included random assignment of children, the most rigorous method available to ensure that any differences between Head Start/Early Head Start and control group children are due only to the program. Moreover, these evaluations have examined dozens of programs nationwide, in contrast to the more typical practice of studying small single programs. In fact, the Head Start study examines a randomly selected group of programs from all over the country—the whole range of terrific, good, and mediocre programs. The Early Head Start study examines 17 programs selected for geographical and programmatic diversity.

Given the need for programs that could be expanded quickly under suboptimal conditions, the comprehensiveness of these evaluations is extremely important. The positive results measured across a wide range of programs provide confidence that the impact of Head Start and Early Head Start does not depend on special circumstances; rather, the typical Head Start or Early Head Start program helps very disadvantaged children. That said, averaged across such diverse programs all over the country, impacts

may appear smaller than results from individual pilot projects. Particularly in the case of Head Start, debate continues about whether the size of these national average impacts is exciting or disappointing.⁶

More specifically, research shows the following:

- Early Head Start children showed better language development and overall cognitive development than control group children by age 3 (ACF OPRE 2002).
- Head Start children did better than the control group on pre-reading skills, pre-writing skills, parents' assessment of children's literacy, and vocabulary (ACF OPRE 2005). These findings on skills development are consistent with a long history of studies of Head Start. A 1993 review by national experts found that studies show "positive effects on children's cognitive skills, self-esteem, achievement motivation, and social behavior." Long-run effects remain controversial (U.S. Department of Health and Human Services 1993).
- By the time Early Head Start children reached age 3, their parents provided a better home environment for learning, read to children more, and spanked children less, compared with control group children (ACF OPRE 2002).
- Of particular interest in Katrina's wake, though Early Head Start did not change parental depression by the time children reached age 3, it did improve the depressed parents' interaction with their children (ACF OPRE 2003). By the time children reached age 5, the program also reduced their exposure to various parental problems, including depression and substance abuse (Love et al. 2005).
- Head Start parents read to their children more than control group parents (ACF OPRE 2005).
- Early Head Start researchers concluded that programs with better-quality services have larger impacts than the average for all programs (ACF OPRE 2002). The Head Start study team will examine this issue in a later volume. If this common-sense hunch turns out to be true, confidence should increase further that implementing the program model well can make a big difference.

A further advantage of building on Head Start and Early Head Start is that their national infrastructure allows for rapid program expansion in response to a budget increase. The Department of Health and Human Services (HHS) can allocate resources nationally, especially when Congress increases the total Head Start appropriation, within the framework of statutory requirements that earmark resources for Early Head Start (10 percent of the total Head Start appropriation), technical assistance and training, investment in quality (in years when the Head Start budget increases), and a required minimum allocation to each state. Generally, when the budget is relatively flat, as it has been since 2001 (rising from \$6.2 billion in 2001 to \$6.8 billion in 2005), successful programs continue to receive roughly the same size grant for the same number of children.

This freedom to move some funds where they are most needed has already enabled Head Start to respond quickly to Katrina's initial impacts. About \$15 million freed up within the system (ACF OPRE 2005) went to Head Start and Early Head Start programs that by mid-November were serving 4,645 evacuated children in programs across the country.⁷

Finally, the Head Start system's national network of institutions and partnerships for

quality control, training, and technical assistance makes it possible to expand the scale of services rapidly without compromising quality. Key partners include national technical assistance centers and institutions of higher education. Nationwide links among programs and national standards for program content and quality undergird the partners' work.

Criterion 2: Comprehensive. A central feature of both Head Start and Early Head Start is a comprehensive program model based on national performance standards. Program components aimed at promoting children's learning, health, and mental health, and engaging parents in their children's learning must meet specific requirements. In addition, both program models include family support services for parents who have urgent needs such as housing, employment, and other linchpins of stable family life, to help connect them to resources in the community.

These programs address children's physical and mental health needs through on-site expertise and close links to services in the community. As the 1993 expert report indicates, Head Start at its best is meant to operate as a "central community institution" serving poor families (U.S. Department of Health and Human Services 1993). Thus, Head Start staff advocate for participating children before local public health departments, Medicaid agencies, mental health clinics, and other service providers, and often embark on joint projects with these other agencies. According to the Head Start evaluation, the results are better overall health for children and better access to health care services (ACF OPRE 2005).

Criterion 3: High quality. Classroom quality in Head Start is on average better than in the other center-based programs (child care, prekindergarten, nursery school) available to low-income children. The Head Start evaluation includes an assessment of

classroom quality that rates the average quality of Head Start programs as "good," but the center-based programs attended by control children as only "fair" (ACF OPRE 2005). Other national assessments of Head Start and other early childhood programs have reached similar conclusions (ACF OPRE 2000).

Besides rigorous national performance standards, Head Start has a national network of training and technical assistance experts; low teacher-student ratios; educational requirements for teachers that are considerably higher than for state child care programs, though lower than for school systems (with most Head Start teachers holding at least an associate's degree in early childhood education);⁸ national quality monitoring; and resources and requirements for extensive on-the-job staff training. While recent budget constraints make it harder for programs to pay for training and hire more qualified staff, the framework for making improvements is ready to use as soon as resources again become available.

Criterion 4: Responsiveness to parents. Active parent involvement and services to parents have always been central to the Head Start and Early Head Start programs. However, as more and more poor parents have gone to work, responding to their work schedules has become a major challenge. While some Head Start programs, particularly those serving migrant farmworkers, have always been organized around dawn-to-dusk classroom schedules, many others have provided services for less than a full workday. After the growing need for full-day, full-year services was recognized in 1993 (U.S. Department of Health and Human Services 1993), HHS funded longer days for some programs and encouraged partnerships with local child care programs, bringing state and federal funding together to provide high-quality, full-day care.

Since its inception in the mid-1990s, Early Head Start has responded to a range of parental schedules. Options include weekly home visits supplemented by regular group activities, center-based programs supplemented by home visits, and mixed-approach programs with the flexibility to provide either home- or center-based services depending on a parent's needs and schedule (ACF OPRE 2002).

Limits of Head Start/Early Head Start.

Even though Head Start and Early Head Start can play unique roles in shaping a response to Katrina that makes a difference for young children, both programs have limitations. First is funding: Early Head Start reaches very few of the babies and toddlers currently in need, many Head Start programs do not provide the full-day services that working parents need, and children in struggling families with incomes just over the poverty level are not eligible for services. The proposal below suggests adding resources to overcome these limits for New Orleans' young Katrina victims.

Second are concerns about quality. While Head Start teachers are more qualified than child care staff, they have less formal education and much lower salaries than teachers in K–12 education, for example. The jury is still out on which credentials are most valuable for early childhood teachers (for example, an associate's degree in early childhood education versus a bachelor's degree in another subject), but having Head Start teachers continue their education is almost universally considered worthwhile. Finally, as noted above, there is debate about the size of the impact from Head Start and Early Head Start: how should we view modest impacts averaged across a nationally representative array of programs? The proposal addresses these issues.

A Proposal: Young Children in the Rebuilding of New Orleans

Head Start and Early Head Start represent the most promising starting point for responding fully to the needs of young children in Hurricane Katrina's aftermath. The goal of the proposal below is to take advantage of Head Start/Early Head Start's strengths—including program standards, a strong program model, and national capacity and infrastructure—while adding local and regional partners from health and mental health, child care, state prekindergarten, and family-support programs to make possible a dramatic expansion of services to young children, far beyond Head Start's traditional scope and eligible population.

As the plans for rebuilding New Orleans go forward, the federal government should commit to a major investment in Head Start and Early Head Start in New Orleans. Given the current size of New Orleans' population, a modest increase in federal investment beyond New Orleans' previous Head Start grant level will make possible a major expansion to babies and toddlers and to struggling families just over the poverty level. The federal investment should support a strategy designed locally to create partnerships that will dramatically expand services for young children following the Head Start and Early Head Start models. State, local, and private-sector financial contributions should supplement the federal resources.

Without such a strategy, any school reform plan could well founder on the deep damage done to young children and the unmet needs of each new cohort as it reaches school age. Also, this strategy would give the city its best chance of helping young children recover from trauma and from lifelong poverty and disadvantage. Well coordinated with other dimensions of rebuilding, such as employment and neighborhood development, these new

programs could be a powerful incentive for parents to move back to the city. And the programs could support a family economic-development agenda by offering care while parents work and get back on their feet. Finally, the programs could serve as a national pilot, yielding information for future decisions about Head Start and other programs, to promote young children's well-being and school readiness.

Step one should be to convene potential local and regional partners, along with national colleagues from the Head Start and early childhood communities, to design the strategy and staging. New Orleans' Head Start and Early Head Start grantee agencies are central to the design of the strategy, along with New Orleans service providers experienced in child care and family support, strong Head Start programs from across the South, representatives of Louisiana's prekindergarten program and the New Orleans schools, health and mental health professionals, local colleges and universities with expertise in early childhood education, and national technical assistance partners from the Head Start and early education communities. The group should also include parents and key architects of state and local plans for reconstructing neighborhoods, attracting jobs, and the other related challenges ahead.

The program design should include the following six features:

1. Income Eligibility beyond the Poverty Level and an Age Range from Birth to Preschool

National funding constraints mean that Head Start and Early Head Start are open almost exclusively to children with family incomes below the poverty level. And because Early Head Start is so small and state investments typically target 4-year-olds, most children under age 3—and in many communities, under age 4—lack access to any high-quality

program. These entrance requirements do not make sense in Katrina's aftermath, when the damage suffered by so many young children is not confined to a specific income level, and when babies, toddlers, and preschoolers all need a response fast. Recognizing this, the Head Start Bureau has already allowed programs to enroll Katrina evacuees at any income level (Administration on Children, Youth, and Families 2005). But more resources are needed to open the program's doors to all evacuee children who need help and to reach younger children, from birth to age 3.

A New Orleans strategy that did not restrict early childhood programs to the very poor and that opened its doors to more babies and toddlers would also lend itself to a pilot of national interest. Perhaps the most appealing approach in the context of New Orleans' redevelopment would be to phase in programs by neighborhood rather than by income or age, creating programs for all children from birth to age 5 in one neighborhood at a time. For neighborhoods where most families are above Head Start's income level, the program might seek matching funds from private philanthropy, from the state, and from families themselves, while federal resources would be concentrated in lower-income neighborhoods.

2. Partnerships Within and Beyond the Community

To scale up services fast while also maintaining quality, several different groups, individually or in partnership, could take the lead in delivering Head Start and Early Head Start services, either as direct grantees from the federal government or as "delegate agencies" receiving funds passed on by the grantee. The expansion of services to babies and toddlers is likely to require particular attention to partnerships, since the existing Early Head Start capacity in New Orleans is

small relative to the need (as it is nationwide), and many small, well-monitored, highly qualified programs will be required to fill the gap. Besides the current Head Start and Early Head Start grantees, other potential partners include local child care, preschool, or home-visiting programs that could be funded to build or rebuild programs to meet Head Start standards; Head Start programs from the surrounding area with enough capacity to guide the development of local satellites; and regional higher education institutions that have early childhood programs and experience partnering with Head Start.

3. A Close Link to Other Parts of the Rebuilding Plan

What will make New Orleans attractive to families is a combination of jobs, safe housing in thriving neighborhoods, and early childhood programs and good schools. This coordinated, three-pronged approach requires that neighborhood development plans from the very beginning consider the space needed for early childhood programs and parents' preferences for where those programs might be located relative to home and work. In addition, New Orleans should take advantage of early childhood services expansion as a potential engine for jobs and economic development—making it a cornerstone of the city's training and job-creation strategy.

4. Flexible Strategies for Reaching Children in Multiple Settings

Because the terms and stages of rebuilding are so uncertain, the early childhood initiative should not be designed solely around centers, which need a certain number of children to fill the spaces. Head Start and, especially, Early Head Start offer proven home-based as well as center-based strategies for helping children learn. Offering both or a mixture would allow young children to receive critical services

while neighborhoods and individual parents' lives are in flux, without requiring exact predictions of when enough families will return home to support a center-based program. This approach is also consistent with current population projections for the city, which anticipate gradual growth as evacuees decide whether to come back.

5. Commitment to Quality

Devoting immediate resources to quality is critical. Quality means ensuring that staff enter with the right education and experience, that they receive frequent training, that programs have access to experts such as mental health clinicians, and that colleagues from outside each program support and monitor its progress. The framework for this emphasis on quality exists, but the new initiative should include from the beginning a federal investment in Head Start's national technical assistance organizations so they can respond to the challenges of rebuilding. For training and expert advice, the initiative should quickly engage partners in the region—nearby Head Start programs, colleges and universities, and prekindergarten, child care, and family support programs.

Earlier Head Start partnerships in the New Orleans area and elsewhere augur well for success. The national Head Start Bureau has worked closely over the years with colleges and universities to step up early childhood education programs, so that Head Start can hire more classroom teachers with early childhood education degrees and current teachers can get credentials. Many institutions have built partnerships with local programs to provide teacher training, conduct program assessments, or offer help from faculty experts. Right now, Tulane University's multiyear research partnership with two Early Head Start programs in Baton Rouge was transformed after Katrina into a service

delivery partnership to serve young evacuee children. The University's role includes strengthening the programs' mental health focus, critical to meeting these children's needs.

6. Other Supports to Families

While Head Start and Early Head Start offer a promising framework for services to young children, the level of poverty and family distress before Hurricane Katrina and the scale of its impact suggest that New Orleans should also consider a few other priority supports for families. The role of fathers in young children's lives, for instance, deserves more attention in the hurricane's wake. Many poor young children in New Orleans were growing up in single-parent families before Katrina struck. Since research suggests that children do better when both their parents are involved in their upbringing, the hurricane could have further harmed children by separating them from attentive noncustodial parents. If the job-creation and training strategies for rebuilding the city attract both parents back to New Orleans—one step forward—then strategies that engage fathers in their children's lives could be the next step.⁹

The costs of this proposal would be modest, particularly compared with other components of rebuilding. Before the hurricane, the federal grant for Head Start in New Orleans was about \$21 million per year, but only a small proportion of this amount is now being spent; the remaining resources risk being lost to the city. If Congress (or another funder) maintained this amount and added \$35 million per year, New Orleans could likely offer Head Start or Early Head Start services to all children under 5 and their families who return in 2006, including all babies and toddlers as well as preschoolers, and regardless of their families' income levels.¹⁰ If services were phased in by neighborhood or if

higher-income families contributed a partial payment, the costs would be less.

The proposal outlined here sketches what it would take to make a difference for young children damaged by Katrina and its aftermath. While the specifics may change in response to community input and parents' choices, healing the damage to New Orleans' children and improving their chances of future success require policymakers to be ambitious. Doing too little—or nothing—could sharply curtail the life potential and contributions of tens of thousands of children.

NOTES

1. Nationally, Head Start serves 844,000 of 1.6 million poor 3- and 4-year-olds, or about 52 percent. According to an e-mail communication with the Administration for Children and Families (November 2005), 20,386 of the 34,182 eligible 3- and 4-year-olds are enrolled in Head Start in Louisiana and 2,544 of the 6,081 eligible 3- and 4-year olds are enrolled in Head Start in New Orleans.
2. On September 10, 2005, the U.S. Department of Homeland Security estimated that 208,000 Katrina evacuees were being sheltered. FEMA reported on October 22, 2005, that 273,000 evacuees from Hurricane Katrina and Rita spent time in shelters. According to the FEMA web site, Vice Admiral Thad Allen said, "Hurricane Katrina forced over 270,000 Gulf Coast families to flee to emergency shelters." It is likely that he meant 270,000 evacuees, not families. See U.S. Department of Homeland Security (2005).
3. The examples are from telephone interviews with the Head Start director and staff from Child Inc. in Austin and the Head Start director and staff from Parent-Child Inc. in San Antonio.
4. The Administration for Children and Families (ACF) provided the Head Start Bureau's tabulations, including the number of centers closed, the number of children served in those centers, and the number of evacuee children being served elsewhere in the country. The total number of evacuee children served in Head Start and Early Head Start programs nationally was 4,645, according to Head Start Bureau tabulations as of November 15, 2005. The estimate of 1,000 of these children having been in the closed centers is based on an e-mail communication from ACF estimating that about 20 to 25 percent of the total evacuee children being served had previously been in a Head Start program.
5. For example, among child care programs, a telephone and door-to-door survey in Jackson County, Mississippi,

found about one-quarter closed and another 39 percent damaged but planning at the time to reopen. See National Center for Rural Early Childhood Learning Initiatives (2005). Updated information about continuing problems is provided in Business Publishers Inc. (2006).

6. For two perspectives, see Doug Besharov (2005), who argues that the results are disappointing, and Society for Research in Child Development (2006), which summarizes the “consistently positive” results across “multiple aspects of child development.”

7. This information is based on an e-mail communication with the Administration for Children and Families, November 2005.

8. Of 56,208 Head Start teachers nationwide in 2003–04, 36,477 had an early childhood education–related associate’s degree, baccalaureate degree, or graduate degree. About 78 percent of classroom teachers in Louisiana and 57 percent of classroom teachers in New Orleans had at least an early childhood education related associate’s degree. See ACF 2005a and 2005b.

9. Research suggests that Early Head Start has had positive effects on father–child interactions. For example, Early Head Start encourages fathers to participate in program-related child development activities, and children participating in the program are better able to engage their fathers. See ACF OPRE 2002.

10. This estimate assumes that one-third of families with young children who lived in New Orleans before Katrina will return in 2006, that 60 percent of them will accept the Head Start place that they are offered, and that the expanded Head Start and Early Head Start programs will cost about the national average: \$5,600 per child for Head Start and \$10,500 for Early Head Start.

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