Head Start Programs Exceed 10 Percent Quota

"When parents are told they have a child who is not 'normal,' life becomes necessarily more complicated." "For low income parents, life often becomes even more stressful, especially as the child grows older." These statements were recently made by Donna Fortin-Schroeder, who is the State Handicap Services Advocate for the Minnesota Head Start Program. "However," she added, "for those families who qualify, the Head Start Program can provide hope for both child and parents."

The number of children in Head Start programs throughout the United States has steadily increased in the past few years.

In 1972, Congress required that at least ten percent of the Head Start enrollment be handicapped children. In 1975, the percentage was 10.2; in 1976, 12.2; and in 1977, 13 percent.

During the 1978-79 school year, 13.7% or 533 children in Minnesota Head Start Programs were diagnosed as having special needs. The highest percentage, 55.6% had speech and language problems, with health impaired making up 9.9%. The next highest category was learning disabilities (8.5%), followed by physical impairments at 6.7%. Other handicaps included: hearing impaired, 4.8%; emotional disturbance, 4.6%; developmental delay, 3.5%; vision impaired, 3.3%; and mental retardation, 3.1%. These children must be mainstreamed with other children, and services for the particular handicap are to be provided to each child. More importantly, every family in the program becomes a part of the support network unique to Head Start; Parent Involvement, Social Services, Health, Nutrition, and Mental Health.

Congress Authorizes New Volunteer Program Named "Helping Hand"

Along with the reauthorization of the ACTION and VISTA programs, the U.S. Congress recently created and authorized expenditures for a new demonstration program known as "Helping Hand". This occurred on December 13, 1979, with the passage of P.L. 96-143, "The Domestic Volunteer Service Act Amendments of 1979".

"Helping Hand" is a program which will utilize person-to-person services, which is very similar to what many of us know as "expressive citizen advocacy." The intent of the program is to reduce the necessity for institutionalization (in hospitals, mental institutions, nursing homes, other extended-care settings, and facilities) and to ameliorate residential isolation (through service centers, halfway house facilities and other residential settings) of older persons, handicapped persons, and other similarly isolated persons. The Act specifically requires that this new program be carried out in coordination with each State's Developmental Disabilities Protection and Advocacy System.

Head Start to p. 4
Advocacy Program Highlights

Getting The ACT Together

ACT stands for "Advocating Change Together," a new private organization in Minneapolis that strongly encourages consumers to acquire the necessary skills to be able to advocate for themselves. What is unique is the fact that 75% of ACT's board is comprised of the people that ACT is intended to serve, consumers.

Individual advocacy services and supervision in self advocacy activities are provided by three part-time staff members and fifteen trained volunteer advocates. The program is available to serve and to involve people who are mentally retarded, labeled as being mentally retarded, sheltered employees, former sheltered employees and their families. The individual advocacy program provides assistance to consumers when their legal rights are violated, or when they are denied adequate or appropriate services, such as in education, residential placement, developmental achievement centers, sheltered workshops, and financial assistance.

For instance, since ACT opened, cases have included a woman who requested advocacy help when she was billed for phone calls she did not make. Another woman wasn't receiving her Social Security checks and wanted help obtaining them. A man asked for help because he thought a sheltered workshop was underpaying him. In another situation, a man wanted help getting back into his residence after staying at a psychiatric ward. According to Mel Duncan, a staff advocate, "We want to promote a 'self-determination' concept which includes real opportunities for growth in 'assertive' self-determination. "It is an evolutionary process . . . takes time . . . takes mistakes," he says, "but mistakes are part of normal growth."

To learn more about ACT and how you can become involved, write or call:

Advocating Change Together, Inc.
1509 Nicollet Avenue
Minneapolis, MN 55403
612/874-1133

Advocacy Network Grows

Over 75 advocacy agencies and twenty-five individuals have now signed informal agreements and are participating in the Minnesota Protection and Advocacy Network. The primary aim of the P & A Network is to encourage communication and cooperation among those who serve as advocates on behalf of developmentally disabled persons. Just one of the benefits, at no cost to you, is this newsletter. Network participants, in return are requested to provide brief data about their services and to contribute ideas and materials to the Network. Please contact the P & A Network Office to find out more information and to let the staff know if they might be of help to you.

Parents Reach Out To Other Parents

Parents-Reaching-Out-to-Parents is the name of a new advocacy program at the Parenting Resource Center in Austin, Minnesota. Parents of children with handicaps or special needs have received training in communication and advocacy skills. These parents, in turn, assist other families who are trying to cope with the same or similar circumstances. Besides offering an understanding ear, the parent advocates provide moral support and meaningful information. Families also have an opportunity to meet with each other and share how each family member has coped with certain problems and what impact these problems have had on their family.

"Our aim is not to tell others what to do," says Norma Klaehn, coordinator of the project, "but to aid the family in their thinking process by supplying resources; suggesting alternatives, appropriate books and handouts; and referring families to support groups within the community ..." Parent advocates have received training about: mental retardation, cerebral palsy, learning disabilities, cleft lip and palate, juvenile arthritis, hearing impairments, and death and dying. Several parent advocates may also be available to present on panel discussions, telling of their child's disability, their problems with acceptance, feelings and frustrations and responding to questions from the audience. For additional information, call or write to Norma Klaehn, Parenting Resource Center, P.O. Box 505, 403-12th Street N.E., Austin, MN 55912. (Telephone: 507/437-7746).

Adapted from MNAEYC News, November-December 1979.
Advocacy Project Proposes Adult Protection Act

Resulting from a conference held last year on Sexual and Physical Assault of Disabled People, a group of citizens have successfully produced a proposed bill that would increase protection of adults who are vulnerable to abuse or neglect. The vulnerable adult is a person who, "...because of physical or mental disability or dependency on institutional services are particularly vulnerable to abuse or neglect." The Legal Advocacy Project for Developmentally Disabled Persons in Minnesota, under the leadership of Eric Janus, has been instrumental in the promotion and development of this bill (H.F. 1942 and S.F. 1943) and this effort deserves our support.

LEGAL ADVOCACY HOTLINE
1-800-292-4150

People living outside of the Twin Cities area may now call toll-free for legal assistance or information. This free service is being provided by the Minnesota Developmental Disabilities Legal Advocacy Project in Minneapolis. The professional staff are available during normal business hours to provide information and advice in such matters as discrimination, social services, financial assistance and education. The Project does not charge for its services, which include: direct representation of clients, counseling, public information/education and in-service training to community groups. People are eligible for services if they have a developmental disability and if their legal problem is related to their disability. Residents within the metropolitan area may dial 333-0968 or 332-1441.

RECENT PUBLICATIONS

RETARDATION AND CRIMINAL JUSTICE: A TRAINING MANUAL FOR CRIMINAL JUSTICE PERSONNEL, by Miles B. Santamour and Bernadette West. ($2.50/copy... bulk rates available). Order from: New Jersey Association for Retarded Citizens, Criminal Justice Education Project, 99 Bayard Street, New Brunswick, New Jersey 08901.

Although intended primarily for persons working in the criminal justice system, this manual can be helpful to anyone who works with legal offenders in human services.


A major new resource for planners and fund seekers for handicapped. Lists over 400 foundations, government agencies, and associations which grant funds to institutions and agencies for handicapped programs and services. Tips on proposal writing.


The National Institute of Mental Health is making this book available to the public as a resource in better understanding the scope, potentials, and limitations of mental health advocacy. Overview of some major concepts and approaches.
Children in Head Start Make Greater Gains

An integral part of the Head Start Program is Parent Involvement. Each center or home based unit holds monthly parent group meetings. Representatives of these center/home based parent groups are elected to sit on the Parent Policy Council, which helps make policy according to federal regulations. Parents of handicapped children like other Head Start parents are eligible to become representatives. Thus, it is possible for parents of handicapped children to become a part of the Head Start Program at the highest level. They bring to the agency a depth of understanding for the parent who struggles with everyday problems of raising children.

Every Handicap Coordinator, working with each child and family to ensure due process under P.L. 94-142, and helping teachers and teacher aides write Individual Educational Plans. It is also their job to coordinate services with other agencies. The Head Start Parent and Social Services component works toward promoting a support network for parents, the Health component monitors the physical and mental health of the child, and the Education Component helps write and carry out the educational plans. Since public schools are also mandated to provide special services to four to five year olds, children in Head Start programs have received services from public school districts including: speech, occupational and physical therapy, and hearing impaired consultation.

According to HEW's sixth annual report to Congress, Head Start is the largest program that brings handicapped children into the educational mainstream. Included in the annual report was a summary of a two-year evaluation of services to preschool handicapped children conducted under contract by Informatics Inc. of Rockville, Maryland, which found that children in Head Start and other preschool programs showed stronger developmental gains than children not enrolled in any program. Gains were slightly greater for Head Start handicapped children than for handicapped children served by other programs. Single copies of the report, THE STATUS OF HANDICAPPED CHILDREN IN HEAD START PROGRAMS, are available from: Project Head Start, Administration for Children, Youth, and Families, P.O. Box 1182, Washington, D.C. 20013.

"Our greatest challenge as advocates for young children," concluded Ms. Schroeder, "is the early discovery of developmental delays so that we can, in fact, prevent the inevitable complications that would otherwise occur." The advocate works to fulfill Head Start's role in the implementation of P.L. 94-142, and provide training and technical assistance to agencies throughout the state. It is her responsibility to promote collaboration and coordination between Head Start and other agencies serving the handicapped child on a statewide basis. While Ms. Schroeder cannot advocate for individual parents and children, she can put families in touch with resource agencies. For further information on Head Start and the Handicapped Child, call or write:

Ms. Donna Fortin-Schroeder
690 American Center Bldg.
150 E. Kellogg Blvd.
St. Paul, MN 55101
612/296-8063

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Marylee Fithian, Director
Roger Strand, Advocacy Planner
Helen Boddy, Advocacy Intern

The staff welcomes reactions and input from the readers.
(612/296-4096, or TTY 612/296-9962)