The foster grandparents work in many different settings such as foundling hospitals, pediatric wards of general hospitals, institutions for retarded children, facilities for the physically handicapped, and in institutions for the emotionally disturbed. Experimental programs are also under way in special classes for the retarded, day care centers, and in correctional institutions.

The benefits are clearly manifest. The grandparents have almost unanimously reported that the program has added new dimensions and purpose to their lives. Over 70 percent of the children served have improved in social and emotional behavior or in health and physical conditions. Interest on the part of older people is high.

It has been estimated that there have been at least eight applicants for each position open. Many institutions report that the absentee rate for grandparents is lower than for regular employees.

This program has had a deep impact on the grandparents and children served. It is providing resources in child care and is giving us new knowledge about services to children. It is an opportunity program that is benefical physically and mentally as well as economically to foster grandparents, children, and the total community.

I have touched on the health program relationships in colloquy this morning and I will pass over that to read the part of the statement dealing with Headstart and Followthrough.

Mr. QUIE. Mr. Chairman, could I ask one question on foster grandparents?

When you talk about correctional institutions, are these correctional institutions wherever young children are incarcerated?

Mr. CARTER. Yes. These would be.

Mr. QUIE. How young would they be?

Mr. CARTER. Mr. Nash is here from the Deputy Commissioner of Aging.

Mr. NASH. (Robert Nash, Chief, Office of Equal Health Opportunities). The foster grandparents are serving in two correctional institutions at the present time, in a demonstration sense, to determine whether or not the older person can, in fact, supply the same kind of needs for these youngsters and assist them in overcoming the problems that they have that led to their being in the institution. This would be anyone up to 16 years of age.

Mr. QUIE. Do you try and find a foster grandparent who has a record for himself or herself, so that they can talk from firsthand experience?

Mr. NASH. No, sir; that has not been among the criteria. The emphasis is upon the ability of the person to give himself and to accept the kind of behavior that the youngster is displaying, so that a relationship can be formed and eventually the child can learn that this is the way they should behave themselves.

Mr. CARTER. Going now to page 12, as to Headstart and Followthrough. As a result of the Headstart experience, it has become evident that the handicaps of poverty can be measurably reduced if well-planned, comprehensive programs are made available to poor children.

Chairman PERKINS. Before you get into the Headstart program, I would like to ask one question on the health activities in connection with the activities of the Office of Economic Opportunity.