



Pathways to Quality and Full Implementation in Early Head Start Programs



U.S. Department of Health and Human Services
Administration for Children and Families
Office of Planning, Research and Evaluation
Child Outcomes Research and Evaluation
Administration on Children, Youth and Families
Head Start Bureau



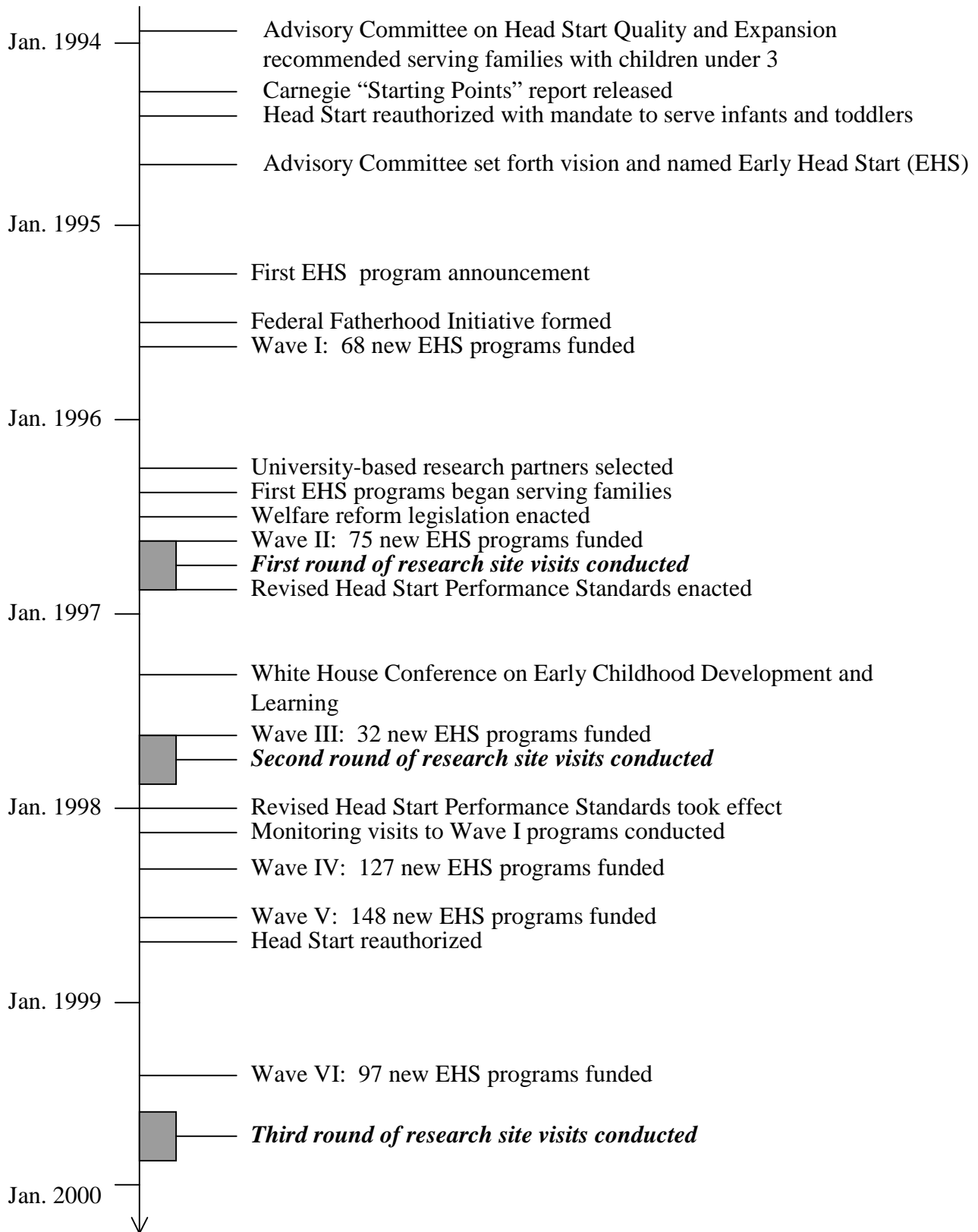
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FIGURE I.1

KEY EVENTS IN THE IMPLEMENTATION OF EARLY HEAD START



<p align="center">Evolution Of Clayton/Mile High Early Head Start Chris Sciarrino and Rebecca Soden</p> <p align="center">Clayton/Mile High Early Head Start Denver, Colorado</p>			
	<p>CCDP “Roots”</p>	<p>EHS BEGINS “Organic Period”</p>	<p>EHS CHANGES SHAPE “Blossoming” “Flourishing”</p>
QUESTION	<ul style="list-style-type: none"> Serves 0 to 5 years Original grant: How do we deliver family-friendly services and support children? <p>Shift in goals to:</p> <ul style="list-style-type: none"> School Readiness Systems Change Reduced Welfare Dependency 	<ul style="list-style-type: none"> Serves 0 to 3 years How do we intervene early in order to show outcomes for children and families? <p>Goals:</p> <ul style="list-style-type: none"> Child Development/Health Early Childhood Education Family and Community Partnerships Staff Development 	
Vision	<p>“Through the eyes of the family” Family Services—Child Development and Integral Piece</p>	→	<p>“Through the eyes of the child” • Child Development—Family Services an Integral Piece</p>
Belief	<p>Self-sufficiency → Child Outcomes</p>	→	<p>Intensity of Children’s Services → Child Outcomes</p>
Intensity	<p>Expectation: Home Visits 4 Times/Month Program Design did not meet this standard</p> <p>Rationale = Cost/Unit of Service</p>	→	<p>Program Design meets the standard</p> <p>Rationale = Dosage → Child Outcomes</p>
Resources	<ul style="list-style-type: none"> Original Grant: “One Stop Shopping” Campus Services <p>Shift to: Community Resource Referral Campus Services Consultative</p>	→	
Outcomes	<ul style="list-style-type: none"> Notion did not exist Tracked through MIS data Ethnographer reports defined by what DC wanted (not tied to outcomes) 	→	<ul style="list-style-type: none"> Continuous Improvement Model Outcomes Matrix developed Program activities not aligned with standards <p>Outcomes Matrix refined Program activities aligned with standards Reports generated in response to outcomes</p>

TABLE III.1

OVERVIEW OF KEY OUTCOMES IDENTIFIED BY PROGRAMS IN 1997 AND 1999

Programs	Parent-Child Relationships	Child Development	Family Development	Staff Development ^b	Community Building ^b
A 1997	<i>Parental knowledge of child development</i> Attachment, knowledge of child development, and understanding the parent-child relationship	<i>Cognitive development</i> Cognitive, language, social-emotional, physical, approaches toward learning, and school readiness	Physical health, mental health and healthy family functioning, self-sufficiency, literacy and education, and home environment	<i>Improved staff competencies</i> Staff competencies and community involvement	Quality of community child care, quality of other community services, coordination of services and collaboration, and involvement of parents in the community
1999	<i>Enhanced parental competencies</i> Stronger attachment, enhanced knowledge of child development, more understanding of the parent-child relationship	<i>Enhanced cognitive and language development</i> Enhanced social-emotional development, greater school readiness, better physical development, better approaches toward learning	Better mental health, physical health, healthier family functioning, greater self-sufficiency, increased literacy and education, and enhanced home environment	<i>Improved staff competencies</i> More community involvement	Increased quality of community child care, increased quality of other community services, greater coordination of services and collaboration, and more involvement of parents in the community
B 1997	<i>Parent-child relationships</i> Attachment and knowledge of child development,	Cognitive, social-emotional, physical, and school readiness	<i>Mental health</i> Physical health, mental health and healthy family functioning, self-sufficiency, and home environment	<i>Staff self-esteem</i> Staff competencies	Quality of community child care and involvement of parents in the community
1999	<i>Parent-child relationships</i> Secure attachment, parenting efficacy	Age-appropriate levels of cognitive, social-emotional, physical, and language development	<i>Mental health</i> Physical health, self-sufficiency, physical and emotional quality of the home environment (stable, nurturing)	<i>Staff self-esteem</i> Greater competence and teamwork	Increased availability and better quality of community child care, greater sophistication of parents as consumers of health, social, and educational services
C 1997	<i>Parent-child relationships</i> Attachment and knowledge of child development	Cognitive, social-emotional, physical, approaches toward learning, and readiness for Head Start	<i>Self-efficacy</i> mental health and healthy family functioning, self-sufficiency, and literacy and education	<i>Improved staff competencies</i> Staff competencies and career development	Involvement of parents in the community
1999	<i>Enhanced parent-child relationships</i> Increased knowledge of child development	<i>Cognitive development</i> <i>Social-emotional development</i> Healthy physical development and readiness for Head Start	<i>Parent self-efficacy</i> Improved mental health and healthy family functioning, improved literacy and education, and healthier lifestyles	<i>Improved staff competencies</i> Career development	Increased involvement of parents in the community
D 1997	<i>Parent-child relationships</i> Knowledge of child development	Cognitive, social-emotional, approaches toward learning, and school readiness	<i>Economic self-sufficiency/employment</i> Self-sufficiency and home environment	<i>Improved staff competencies</i> Staff competencies and teamwork and morale	Involvement of parents in the community

