



RESEARCH TO PRACTICE

How the Performance Standards Support New Early Head Start Programs: Lessons Learned from Research

EARLY HEAD START RESEARCH AND EVALUATION PROJECT

In this research brief we review what was learned from the Early Head Start Research and Evaluation Project (EHSREP) about the importance of the Head Start Program Performance Standards (HSPPS), and how the first Early Head Start (EHS) programs worked toward fully implementing the standards. We hope that this information will help other new EHS programs as they begin to serve families.¹

The study included three rounds of week-long site visits to each of the 17 programs in the study during the period from 1996 to 1999. Site visits included: individual and group interviews with program staff, parents, and community members; staff surveys; reviews of randomly selected case files to learn about service patterns of individual families; and observations of center classrooms and home visits. Taking all of this information, rating

scales assessing implementation of the HSPPS were completed.² In order to achieve full implementation, a program must score at least 4 on a 5-point scale for all of the domains assessed. The domains covered—Child Development and Health, Family Development, Staff Development, and Community Building—represent the four cornerstones envisioned by the Advisory Committee on Head Start Programs Serving Infants and Toddlers, as well as a fifth domain of Management Systems and Procedures.

The EHSREP found that overall, children and families benefited from EHS. EHS had modest sized positive impacts for children's cognitive, language, social-emotional and health outcomes as well as a variety of parent and family outcomes.³

Why is Implementation Important?

Implementation is important because it increases child and family impacts. The EHSREP validated the importance of the Head Start Program Performance Standards. One-third of programs achieved full implementation of the standards within one year of serving families, another 1/3 achieved full implementation within three years of serving families, and another 1/3 did not achieve full implementation, although they made great strides and provided many important services for children and families. Those programs that fully implemented the standards had the broadest pattern of impacts for children and parents.

Programs selected approaches to providing services that best met the needs of their community. For the research, we defined three groups of programs, those that provided

exclusively the home based option to their families, those that had only a center based option, and those that had a mix of program options (either a combination of center and home based at the same time or over time within family, or center based to some families and home based to other families). By our definitions, four programs were classified as center based, seven as home based, and six as a mix of center and home. While all program approaches had positive impacts, mixed approach programs, those providing diverse program options, had the broadest and strongest pattern of impacts. See research briefs for more details on program approaches⁴; for home based services⁵; and for center based services⁶. With only four center based programs, it was not possible to look at the importance

Implementing the Head Start Program Performance Standards early and fully is important for maximizing impacts on children and families.

¹ http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/reports/pathways/pathways_title.html

² http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/reports/leadingvol_3/leadvol3_apdix_b.html

³ http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/reports/dissemination/research_briefs/4pg_overall.html

⁴ http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/reports/program_models/prog_mod_rsrch.html

⁵ http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/reports/homebase_services/homebase.html

⁶ http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/reports/dissemination/research_briefs/4pg_childcare.html

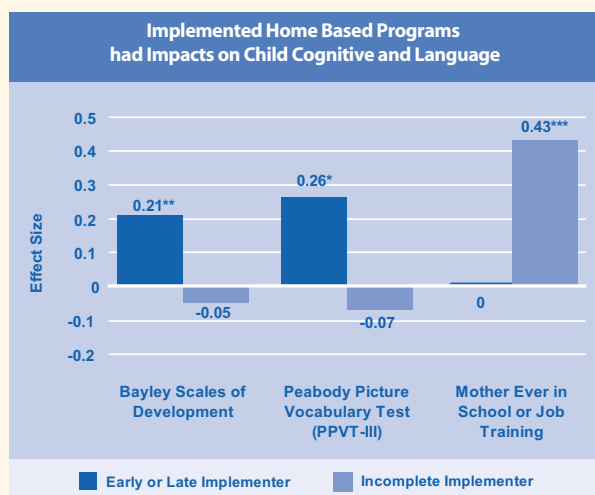
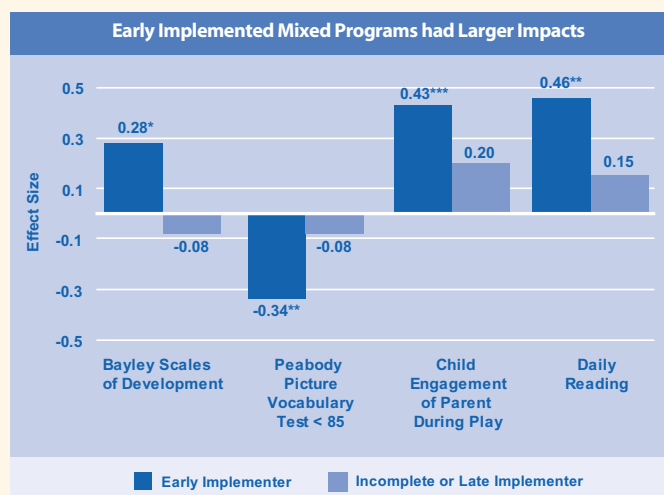
Home based programs that fully implemented the HSPPS, with a strong focus on child development, also had impacts on child cognitive and language outcomes at age 3.

of implementation within center based programs. Within the home based and mixed approach programs, there was a broader and stronger pattern of impacts for those programs who fully implemented the HSPPS.

- Programs providing only home based services tended to have impacts on parenting and parent self-sufficiency outcomes rather than child outcomes. **However, those home based programs**

that fully implemented the HSPPS, with a strong focus on child development, also had impacts on child cognitive and language outcomes at age 3.

- In general, mixed approach programs tended to have the broadest pattern of impacts for children and parents; **however, the pattern of impacts was stronger for those programs that fully implemented the HSPPS early.**



* p<.10; **p<.05; ***p<.01 two tailed

What did we Learn about the Implementation Process?

Challenges to Full Implementation

The five programs that did not achieve full implementation were more likely to be programs serving families with infants and toddlers for the first time. Some of them already had a strong family support component but not a focus on child development. Those programs often had to increase

their focus on providing intensive and high quality child development services; for the most part, they were fully implementing the family development services. The incomplete implementers were more likely to experience high rates of staff turnover during their first year of operation and to experience leadership changes.

Helpful Lessons or Strategies Learned

Choosing Curricula and Assessment Tools:

One strategy for increasing the emphasis on child development or strengthening the focus of program services on the child was to add or change curricula. One mixed approach program began using a common curriculum in its centers and in home visits to promote consistency and continuity when families move between center based and home based services.

Focus on Center Based Child Care: Several home based programs expanded their child development services by creating a child care center for some program children and to provide a model for high-quality child care in the community.

Community Child Care Partnerships: Another approach was for programs to work with community child care partners in order to improve the quality of

child care for EHS children as well as other children in the community. Program staff worked hard to overcome the challenges presented by the limited supply of good-quality infant and toddler child care in their communities and the limited capacity of many community child care providers to make the changes necessary to meet the HSPPS. Because of these challenges, some programs focused on training strategies for improving child care quality. Several programs began assessing quality and working with center based and family child care providers to improve it. In one program, staff also visited informal neighbor and relative caregivers monthly. Many programs worked with family child care providers.

Community Partnerships over time: Partnerships were essential for accessing the comprehensive services stipulated by the HSPPS. Over time, some programs accomplished important changes by ending community

partnerships or forming new ones. Partnerships with the local Part C organization were critical to improving services for families and children with disabilities. Successful programs participated in interagency collaborative groups, and in many cases, had a leadership role in these groups.

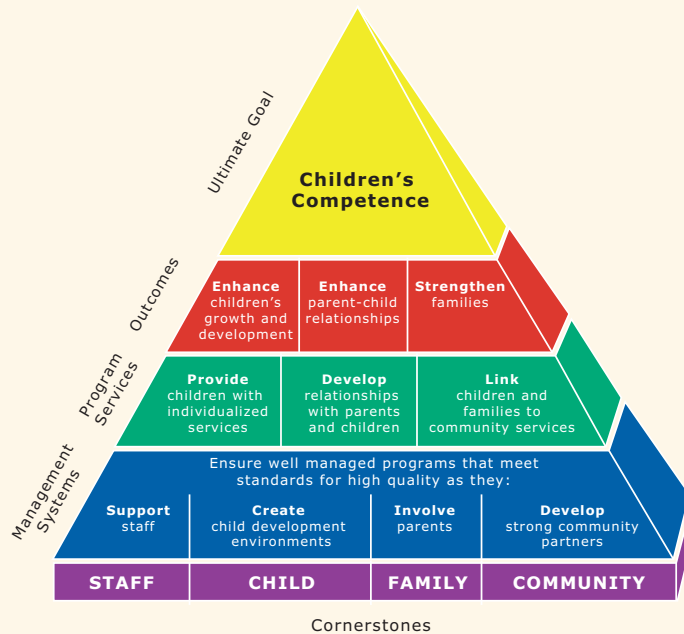
Tracking Services: Several programs made changes in their management information system and/or their data collection procedures to facilitate access to information about families' receipt of services, especially health services.

Reorganizing or Creating New Staff Positions: To strengthen their focus on child development, some programs created new positions and either promoted existing staff or hired child development specialists or coordinators to support frontline staff in this area. To boost efforts to ensure that children received immunizations and needed health care and that staff had access to infant mental health expertise, some programs created positions for nurses or infant mental health specialists, rather than rely on community partners.

Providing Intensive Staff Training and Supervision: A key strategy for programs was providing intensive training in child development to staff. Programs also strengthened their supervision and support for frontline staff by hiring additional supervisory staff, spending more time with staff in supervisory activities such as case conferences and observations of service delivery, and improving the consistency of supervision.

Increasing Staff Salaries: Several programs revised their salary scales in an effort to increase staff retention and attempt to establish pay equity. Two programs developed new scales based on years of experience and level of education.

Additional Sources of Funding: Some programs obtained state funds to expand the number of children served, to hire additional staff members, and to develop formal partnerships with community child care providers. Some also encouraged families to apply for child care subsidies.



Performance Measures Conceptual Framework

Programs' Theory of Change and Selection of Approach to Service Delivery

A program's Theory of Change (sometimes called "logic models") provides a way for programs to identify the specific outcomes they expect to achieve and to describe the programmatic strategies and activities that they have designed to reach those goals.

Center based programs were more likely to emphasize child development outcomes, while home based programs were

more likely to invest their efforts in enhancing parent-child relationships and parenting/home environment outcomes (which they expected to lead to impacts on children's development later). In simplistic terms, home based programs tended to emphasize a pathway up the right side of the performance measures pyramid, while center based programs tended to emphasize a pathway up the left side.⁷

⁷ http://www.acf.hhs.gov/programs/opre/ehs/perf_measures/reports/prgm_perf_measures/perf_meas_4pg.html

Among programs that gave priority to parent-child relationship or parenting outcomes, mixed approach programs were most likely to emphasize enhancing parent-child relationships. Many home based programs also explicitly emphasized parent-child relationships, while others focused on aspects of parenting and the home environment, such as increasing parents' knowledge of child development

or encouraging parents to spend more time with their children. Among programs that gave priority to child development outcomes, the percentage of center based programs emphasizing cognitive and social-emotional development was equal (half), and, mixed approach and home based programs were more likely to emphasize social-emotional development.

Program Changes Over the First Four Years

Programs were very dynamic. Over time, approaches to delivering services increased in complexity as programs recognized the importance of having flexibility in order to meet the needs of individual families, especially as those needs change over time. The programs were initially divided about equally among center based (center option to all families), home based (home based option to all families), and mixed approach (combination or multiple options available) strategies. Within one year, however, the home based approach predominated. Nevertheless, two years later, only two home based programs

continued to rely exclusively on the home based approach; the others began delivering center based services to some families either directly or through formal partnerships with child care providers. The four exclusively center based programs remained center based throughout the evaluation period. This trend toward a mixed approach seems to be nationwide. The 2005 Survey of EHS Programs found that almost 60% of all programs provided either the combination option to all of their families or multiple options, while 17% provided exclusively home based option and 23% exclusively center based option.⁸

Implications for New Early Head Start Programs

Consider service delivery approach carefully:

Programs in the EHSREP shifted approaches toward service delivery over time, moving toward the mixed approach. However, these changes came at a cost, in terms of implications for staff hiring and training, facilities, and cost per child, which are fixed at time of award. In selecting a service approach, programs should recognize from the beginning, the need for flexible program options, taking into consideration families' needs and desires, community resources, the program's own theory of change, and research findings. Potential programs should consider long term goals for serving children and families and how they plan to adapt to changing needs over time and choose their service approach accordingly.

Implementation of the Head Start Program

Performance Standards: The evidence is clear. New programs need to focus on fully implementing the comprehensive HSPPS, focusing on both child and family functioning, as quickly as possible in order to achieve broad and strong pattern of impacts for children and families. Programs in the EHSREP found that implementation in the area of child development was hardest, especially for those who only provided the home based option to their families. Utilizing planning materials from the EHS National Resource

Center⁹ as well as other technical assistance materials and regional office staff can provide support for full implementation. Program directors can also seek out directors from established and successful EHS program to serve as a mentor in this process.

Look at what you are doing: Building in systems to assess quality and intensity of service delivery as well as family needs and functioning over time aids in program planning and can help programs identify where improvements are needed as they continue to evolve and improve.

Community Partnerships: In order to access services for families, it is essential to engage in multiple sustained community partnerships with child care, mental health, health, and Part C agencies among other entities. When the need is high, some programs hired additional in-house health and mental health staff. Successful EHS programs also take on leadership roles in community interagency workgroups. Child care partnerships can be especially challenging to sustain with the need to ensure that services meet the high quality standards regulated in the HSPPS, but there are big benefits in that they can increase number of children served as well as quality of care not only for EHS children but for other children in the community as well.

⁸ http://www.acf.hhs.gov/programs/opre/ehs/survey_ehs/index.html

⁹ www.ehsnrc.org