

The Early Head Start Landscape: A Profile of Program Services and Management Practices

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Cohen: Early Head Start is a comprehensive, two-generation program designed to enhance the development of young children, support parents, and promote healthy family functioning. It began in 1995 and now serves 62,000 children at over 700 programs. The programs follow Head Start Program Performance Standards. The Early Head Start budget is currently about 10% of the total Head Start budget. As the program began, a random assignment evaluation was mandated by Congress to measure program impact.

In order to meet the specific needs of the population in their communities, Early Head Start programs take a variety of approaches to providing services, and programs change over time in order to meet the needs of children and families. The research found that all the program approaches demonstrated significant impacts, with the broadest pattern of impacts for those programs providing mixed approaches to service delivery, specifically those with capacity to provide both home-based and center-based services.

There were 68 programs when the Early Head Start Research and Evaluation Project began, and by the time the final report was sent to Congress, there were over 700 programs. This next major research effort, the Survey of Early Head Start programs, sought to learn more about what is happening in the wider community of Early Head Start programs. The first step in this effort was to develop a performance-measures framework. In part, this effort was intended to inform the national descriptive study as well as to support local programs as they conducted their own self-assessment. Many programs were already aggregating their local data on children and families at the local level, although Early Head Start programs were not mandated to aggregate data at the local level looking at child outcomes. The performance measures framework was based first and foremost on the Head Start Program Performance Standards, and the Head Start performance measurement framework. Other items incorporated were taken from the statement of the Advisory Committee on Services for Families with Infants and Toddlers. The Early Head Start Technical Working Group was also consulted as were Early Head Start staff and parents. An internal working group of federal staff participated in this study, and many focus groups were held with program staff, regional staff, technical assistance providers, and parents.

The performance measures framework has cornerstones of staff, child, family, and community considered to be the bedrocks for the Early Head Start program. Above the cornerstones is the first level of the pyramid, the management systems. The next level is the program's services provided to children and families. Above that are expected outcomes for children and families, and finally above that is the ultimate goal of children's competence. The biggest change made from the Head Start pyramid is that these relationships are embedded in the middle, to reflect the belief that relationships with the child and the family are important when working with infants and toddlers.

Within the management systems level of the pyramid, I will highlight two sections that are particularly germane to this presentation, including staff support and community partnerships. For staff support, issues of great importance include ensuring well-managed programs with integrated systems and support staff working effectively with parents and children with the following performance measures: (a) Programs employ qualified staff with the skills necessary to provide high-quality services; (b) programs support ongoing staff development, training, and mentoring; and (c) programs support staff activities through ongoing reflective supervision and program support, staff retention, and continuity.

For community partnerships, an identified goal is to ensure well-managed programs that meet standards for high quality as they develop strong community partnerships with the following performance measures: (a) Programs form partnerships with other community programs and organizations to support an integrated, community-wide response to the needs of children with young families; (b) programs form partnerships and coordinate services with local Part C agencies; (c) programs form partnerships and coordinate services with community childcare providers to meet the needs of families and enhance the quality of local childcare through sharing resources, training, and knowledge; and (d) programs form partnerships and coordinate service with local health agencies and healthcare providers to meet health-related needs of families.

This framework was also developed to serve as the basis for the survey and descriptive studies, and to help with local continuous program improvement around data collection. A compendium of measures was also developed as a resource guide for programs undertaking this work. The guide reviews and describes 80 measures to assess every level of the pyramid. The Survey of Early Head Start programs is the first study in a series of descriptive studies of Early Head Start, and focuses on the first two levels of the pyramid—management systems and services provided to children and families. Future studies will link these bottom levels of the pyramid to outcomes for children and families.

Vogel: The goals of the survey were to learn about the management, staffing, services, and programs of Early Head Start. The performance measures were operationalized to come up with quantifiable and measurable ways to review those performance measures. This survey sets the stage for future research to link services to outcomes. The approach is to develop a method to classify these program approaches in a meaningful way.

The research methodology involved two data-collection modes, the survey and site visits. The survey was designed to be general in order to reach all programs. The site visits were only held at 17 selected programs, offering a wealth of information to generate hypotheses about the items from the survey and their meaning. The process also helps to get ideas for explanations and directions for future research.

In addition to the two bottom layers of the pyramid, there is also general information about program and family characteristics. The 89% response rate helps confirm that findings are probably true and generalizable to all Early Head Start programs, even those few that did not respond. The survey was web-based, and 64% of the 660 respondents

used the web, a finding in itself that the web is an effective way to collect program information.

Most programs have 50 or fewer enrollees, so these programs are smaller than Head Start programs, and have some type of affiliation with the preschool Head Start program. The agency operating them may also operate a Head Start. There are multiple program sites, and about 60% are in community-action agencies or some other community-oriented type of office. They also have numerous formal partnerships with mental health providers, Part C agencies, healthcare providers, and childcare providers. From an operational and management standpoint, most programs have to accommodate people who speak languages other than English. Seventy-two percent of programs serve non-English speakers. These populations are diverse with different risk factors. For example, in 20% of programs, more than a quarter of their enrollees have mental health problems. Eighteen percent of programs report that more than 30% of their enrollees have identified disabilities.

For the site-visit methodology, 17 programs were selected to expand on the survey findings. It also allowed information on areas that the survey did not tap into, such as relationships, leadership, and the effect of management turnover on programs. The survey process helped to narrow in on the programs visited. A purposeful balance of characteristics was sought for regional representation, program service approach, urban/rural populations, services for pregnant women, director turnover, and use of childcare partnerships. During the site visits, researchers spoke with key informants and program directors about management services, staffing, views of leadership, and communication. Focus groups were conducted with teachers and/or home visitors, depending how the program was set up. Questions related to their perceptions of program management and supervisory practices. Focus groups with parents asked about their program satisfaction and relationships with staff.

This research helps explore service components, differing impacts based on program, and theories of change to facilitate all of these comparisons. There is great variability in how programs serve children. About 60% of programs endorse at least two options related to center-based and home-based programs, and they show flexibility in being able to individualize services to meet the needs of the families whom they serve. The 660 programs were sorted into four groups: (a) Home-based programs with weekly visits, (b) center-based services with home visits less than monthly, (c) mixed programs doing either home-based or center-based services for different families, and (d) combination programs where children and families get both center-based services and home visits on a more intensive basis than is required. Less than 10% of programs offer both kinds of services simultaneously to the same families. The largest category of programs uses the mixed approach, offering either kind of services to different families. When programs use partners to serve children, they generally use this model for provision of center-based care rather than home visiting.

The mixed method showed the biggest and broadest pattern of impacts in the evaluation. One site only offered center-based care, because it served a predominantly homeless population and home visits were not feasible. Another program offered center- and home-based services, though the director thought it best for mothers to stay at home with their

children. However, Temporary Assistance for Needy Families (TANF) rules make that challenging for most families, so they offered center-based care to meet those needs. One rural population offered home-based services because people had no transportation to come to a center.

Burwick: The Early Head Start performance measures call for partnerships for a couple of reasons. One is to help meet the needs of Early Head Start families by expanding the types of services that programs are able to offer and also to help enhance the quality of local childcare services available in the community. The survey explored whether programs had established these partnerships, and how they used them. About 29% of programs had partnered with other providers to provide services in a center-based environment. Another 13% of programs said that they had partnerships, but those programs were not using them to provide center-based Early Head Start services. The purpose of those partnerships is unclear, but they could be for creating a relationship around training and technical assistance, a collaboration to apply for a grant, or for referrals.

From a program approach perspective, formal childcare partnerships are most common among programs that directly provide home-based services. About 46% of those programs had a partnership compared to 37% of programs providing center-based services. Partnerships were present in every type of program option. Less than half of all programs have a formal partnership for childcare, but within that group, more than half are using the partnerships to provide center-based Early Head Start services.

Site visits were an opportunity to explore why programs would establish partnerships. Staff at some home-based programs where the childcare partnerships were most prevalent stated that establishing partnerships was important to help parents access center-based care, especially for parents who work or attend school. Programs in rural areas might try to meet the needs of parents by helping them access childcare in places where services are few. Some center-based programs reported that they needed additional center capacity to serve families, or they might be a half-day program wanting to provide full-day services for some children. Some programs noted that a key motivation was to increase the quality of care available in the community.

The formal childcare partnerships seen during site visits were often structured around some combination of financial support, staffing, training, and technical assistance. Some programs paid for slots in a partner center, or made payments to enhance salaries or benefits of staff. The structure of the financial partnership was sometimes tied to whether parents were eligible for childcare subsidies. In another situation, staff working with Early Head Start children in a partner center were hired and supervised directly by the Early Head Start agency, but the partner provided the facility. Another aspect of the partnerships was that specialists from the Early Head Start agency worked with families who were enrolled at the partner center. Quality monitoring was a common aspect of these partnerships with Early Head Start programs.

Some factors that might make partnerships hard to establish and maintain include the reliability of funding for placements. If a family lost eligibility for subsidies, the arrangement could break down with the center partner. Another challenge is differences in compensation between Early Head Start and Head Start teachers. The difference could be handled through payments to the partners to help equalize compensation, or by having staff who work with Early Head Start children be directly employed and supervised by the Early Head Start agency. A third issue is the coordination of training schedules between Early Head Start and partner staff.

In terms of staffing, qualifications are of particular concern for Early Head Start managers, because of the link that has been made between qualifications and quality. The prospect of Congressional reauthorization of Head Start and a potential requirement of increased levels of staff education may influence the staffing of centers, home visitors, and primary caregivers. About 85% of home visitors and 70% of primary caregivers have a Child Development Associate (CDA) or higher credential. Home visitors are also more likely than primary caregivers to have at least an Associate's degree. During site visits, some programs mentioned that they specifically aim to hire home visitors with a baccalaureate degree but were not always able to do so. Program staff shared the challenges faced in finding qualified staff.

Among the reasons cited were the candidate's interest in working with preschool or older children, lower salaries in Early Head Start compared to public schools for people with similar credentials, and a limited labor pool, particularly in rural areas. Programs addressed these issues by adjusting their initial requirements, so they hired people with the right mix of personal qualities and experience, and then provided them opportunities to enhance credentials over time. They also attempted to attract qualified staff by increasing salaries and compensation, more commonly by offering an attractive benefits package. Recruiting also took place at colleges or community colleges to target potential employees on their way to earning the right credentials.

The survey found moderate turnover rates among frontline staff. To retain staff, programs commonly mentioned approaches such as increasing compensation, reducing workload, providing more time for planning, shortening the workday, and enhancing morale through staff appreciation and mental health days.

Early Head Start and preschool Head Start programs have been encouraged to partner in order to create a coordinated, seamless service delivery for parents and children, from birth or before birth, to age 5 years. About 82% of the programs surveyed operated under the same agency as a preschool Head Start program, but these programs were not always integrated. Programs might operate separately by having completely separate yet parallel management structures. Programs that had integrated were asked about the challenges faced in doing so.

Challenges include the small size of Early Head Start programs relative to Head Start. Size has implications for the amount of time staff shared between the programs can spend with one group or another. It also has implications for the voice that Early Head Start parents can have in program governance if they sit on a policy council with mostly Head Start parents. A second challenge related to Early Head Start or Head Start staff

perceptions of their skills to work with children from a different age group. The needs of children in each age group differ, and training for staff working with each age group differs; but if programs integrate, staff are sometimes transferred from Head Start to Early Head Start. The demands of working with younger children can also be higher in terms of physical demands, paperwork, and specialized knowledge. A third challenge concerned managing funds between the two programs.

A common strategy for meeting these challenges was to reorganize management and staff. Programs created shared training plans, combined policy councils, and used similar curricula and forms. Programs with a single grant for Early Head Start and Head Start were more likely to embrace integration, even though they were still required to track expenditures for both programs separately.

Mann: Everyone is excited to learn from the national evaluation data. It is important to see how the Early Head Start program is evolving. Some findings suggest that programs are taking note of the research and thinking about what that means for the services offered, as reflected in the discussion on mixed versus combination models.

What do programs at the local level understand and do for individual children? What tools and support is there to offer information? A compendium was mentioned that pulls together and reviews these tools, providing practical support to programs. The performance standards also provide a document or set of regulations that guide programs toward consistency. However, programs have tremendous latitude in determining how to meet these expectations. That latitude conveys to some that programs are all over the map with variability, but the performance standards provide a structure despite that fact that programs may implement in different ways. The standards are a constant theme that provides a basis for getting good outcomes for children. At the most important level, programs must be most careful to understand what is being delivered and the impact that has on individual families served.

In terms of the childcare partnerships issue, 58% of programs have no formal partnerships in childcare, not necessarily in family partnerships or other community partnerships. This may impact service implementation on the Early Head Start end, making it more difficult to support parents as they transition, even though it is not the responsibility of the program to make those placements happen. Relationships might build a bridge making the transition easier for families and children.

Panel speaker: This is an important point, because the National Evaluation of Early Head Start Programs found that 50% of children are not transitioning into formal care services after Early Head Start. They are not receiving continued services. While this may be due to other factors, it is easier for programs with partnerships in place to link children into other services.

Mann: Partnerships are important if the goal is to support transition planning in the way that ensures children get to that next step. The challenges are real, especially when looking at the size of Early Head Start programs relative to children participating in the partnerships, relative to the amount of effort it takes to bring them up to the standards.

Burwick: Integration works best with leaders at the top of the program buying into the vision and philosophy of offering services from birth-to-5. It might not be an easy task, but it takes leadership from the top to promote an organization culture and perspective of integration. This has implications for those providing technical assistance, and the type of support offered to programs in promoting a birth-to-5 vision.