



**R E S E A R C H**

Leading the Way:  
Characteristics and Early  
Experiences of Selected  
Early Head Start Programs

Executive Summary  
Volumes I, II, and III



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
Administration for Children & Families  
Administration on Children, Youth & Families  
Commissioner's Office of Research and Evaluation  
and the Head Start Bureau



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Characteristics and Early Experiences  
of Selected Early Head Start Programs**

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The Commissioner's Office of Research and Evaluation  
And the Head Start Bureau  
Administration on Children, Youth and Families  
Department of Health and Human Services

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## Early Head Start Implementation Study Reports and Primary Research Questions

**Leading the Way Report:** *What were the characteristics and implementation levels of 17 EHS programs in fall 1997, soon after they began serving families?*

**Executive Summary:** *Summarizes Volumes I, II and III.*

**Volume I:** *Cross-Site Perspectives--What were the characteristics of EHS research programs in fall 1997, across 17 sites?*

**Volume II:** *Program Profiles--What were the stories of each of the EHS research programs?*

**Volume III:** *Program Implementation--To what extent were the programs fully implemented, as specified in the Revised Head Start Performance Standards, by fall 1997?*

**Pathways to Quality and Full Implementation Report:** *What were the characteristics, levels of implementation, and levels of quality of the 17 EHS programs in fall 1999, three years into serving families? What pathways did programs take to achieve full implementation and high quality? This report will be released in fall 2000.*

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## Executive Summary

### INTRODUCTION

Programs are dynamic, and like children and families, they grow and change. By fall 1997, after slightly more than a year of operation as new Early Head Start programs, the 17 programs participating in the National Early Head Start Research and Evaluation Project had faced many challenges and had achieved important early successes. They were leading the way for the hundreds of new Early Head Start programs that are following in their footsteps and sharing the lessons learned through partnership with researchers that will enhance the value of the evaluation research for continuous program improvement.

This is the first major report on the implementation of the 17 programs participating in the National Early Head Start Research and Evaluation Project. It focuses on the early implementation experiences that program staff reported in fall 1997 and tells the story of programs that helped launch the first nationwide program for low-income families with infants and toddlers. The second report examines program implementation in fall 1999, when the programs were more mature, and focuses on pathways to achieving high-quality services.

This first report is organized in three volumes. Volume I provides a cross-site perspective on the characteristics and early implementation experiences of the 17 research programs. It examines similarities and differences across programs in the characteristics of the families they serve, their goals and expected outcomes, and the services they offered, and it summarizes the early challenges and successes the programs experienced. Volume II includes an in-depth profile of each of the 17 programs. Volume III analyzes the levels of implementation and child care quality achieved in the early stages of the programs' evolution in terms of the revised Head Start Program Performance Standards.

### EARLY HEAD START

Early Head Start, a new Head Start initiative to serve pregnant women and low-income families with infants and toddlers, began in 1995. The Administration on Children, Youth and Families (ACYF) designed the Early Head Start program in response to (1) the growing awareness of a "quiet crisis" facing families of infants and toddlers in the United States, as identified in the timely *Starting Points* report from the Carnegie Corporation of New York; (2) recommendations of the Advisory Committee on Head Start Quality and Expansion; (3) growing community needs for services for infants

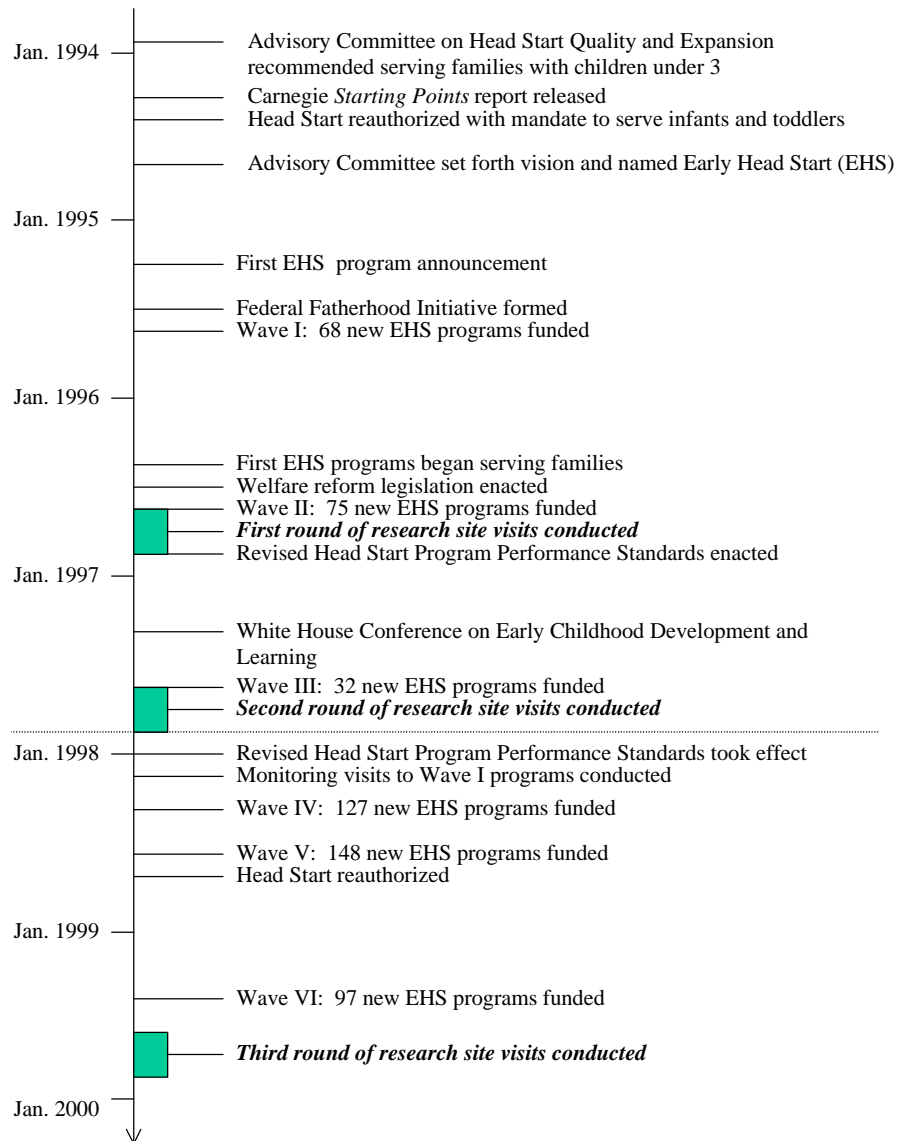
and toddlers; and (4) the 1994 Head Start reauthorization, which established a special initiative setting aside 3 percent of 1995 Head Start funding, 4 percent of 1996 and 1997 funding, and 5 percent of 1998 funding for services to families with infants and toddlers. Following the 1994 Head Start reauthorization, Secretary Shalala's Advisory Committee on Services for Families with Infants and Toddlers set forth a vision and blueprint for Early Head Start programs. The 1998 Coats Human Services Reauthorization Act increased Early Head Start funding to 7.5 percent for fiscal year 1999, 8 percent for fiscal year 2000, 9 percent for 2001, and 10 percent for 2002 and 2003. Today more than 600 programs across the nation are serving infants and toddlers and their families. More programs will be funded in 2000 and beyond as the Head Start Bureau increases the proportion of funds set aside for services for families with infants and toddlers.

Early Head Start is a child development program consisting of comprehensive, two-generation services that may begin before the child is born and focus on enhancing the child's development and supporting the family as primary educators of their children during the critical first three years of the child's life. Early Head Start programs are designed to produce outcomes in four domains:

1. ***Child development*** (including health, resiliency, and social, cognitive, and language development)
2. ***Family development*** (including parenting and relationships with children, the home environment and family functioning, family health, parent involvement, and economic self-sufficiency)
3. ***Staff development*** (including professional development and relationships with parents)
4. ***Community development*** (including enhanced child care quality, community collaboration, and integration of services to support families with young children)

The Wave I Early Head Start programs were funded in fall 1995. The early years of their grants were characterized by significant changes and many events. Some of these events required some of the young Early Head Start programs to make adjustments and, in a few cases, to redesign their service approach. Figure 1 presents a timeline displaying the key events surrounding

FIGURE 1  
KEY EVENTS IN THE IMPLEMENTATION OF EARLY HEAD START



the implementation of Early Head Start.<sup>1</sup> Most notably, welfare reform legislation was enacted and ACYF was still putting the support infrastructure into place during the early years.

ACYF created an infrastructure for supporting the new Early Head Start programs in achieving high program quality. This includes (1) training and technical assistance, (2) Revised Head Start Performance Standards, and

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<sup>1</sup>Events below the dotted line on Figure 1 occurred after the site visits that provided data for the current report. These events are included in the timeline to demonstrate the dynamic nature of Early Head Start program development.



(3) program monitoring to ensure compliance with the standards. Training and technical assistance have been provided by the Early Head Start National Resource Center, administered by Zero to Three, and by the Head Start Training and Technical Assistance Network, which includes regional training centers that provide general program training and specific training for supporting program services for children with disabilities.

Early Head Start programs follow and are monitored according to the revised Head Start Program Performance Standards. At the time of the site visits in fall 1997, the revised Head Start Program Performance Standards had been published and would take effect in January 1998, and the programs were still seeking clarification of some of the new regulations. Head Start Bureau staff conduct monitoring visits every three years to determine whether programs are in compliance with program guidelines and performance standards and to identify requirements and recommendations for program improvement. Wave I Early Head Start programs were first monitored in spring 1998.

**EARLY HEAD START  
NATIONAL RESEARCH  
AND EVALUATION  
PROJECT**

In 1996 and 1997, ACYF selected 17 programs from around the country to participate in the Early Head Start National Research and Evaluation Project. They constitute a balanced group--including Head Start agencies, former Comprehensive Child Development Programs, former Parent Child Centers, school districts, and community-based organizations; programs from all 10 U.S. Department of Health and Human Services regions; urban and rural areas; and with variation in racial/ethnic makeups. The research programs broadly resemble the full group of programs that received Early Head Start funding in the first two waves in terms of enrollment and family demographics, based on comparisons with Program Information Report (PIR) data. Thus, lessons learned from the research programs are likely to be applicable to other Early Head Start programs.

The Early Head Start National Research and Evaluation Project is being conducted by Mathematica Policy Research, Inc. and Columbia University in collaboration with 15 local research teams and is being coordinated by the Early Head Start Research Consortium. The research includes five major components: (1) an implementation study; (2) an impact evaluation, using an experimental design; (3) local research studies to learn about pathways to desired outcomes; (4) policy studies to respond to information needs in areas of emerging policy-relevant issues; and (5) continuous program improvement.

This report, in three volumes, is the first of two reports on program implementation; it focuses on implementation during the first two years of program funding, which includes approximately one year of planning and one year of serving families. The report is based on information gathered in two site visits to each program (late summer 1996 and fall 1997), information from program documents, and data from Head Start Family Information System application and enrollment forms filled out when research families

enrolled. In this summary and in the three volumes of the report, we discuss the programs' expected outcomes in the context of their theories of change; describe the families and children served; present program implementation information related to key program areas; discuss preliminary information on the quality of center-based child care settings in which Early Head Start children received care; and present our view of the challenges and successes that the programs experienced during their first two program years.

**THE POLICY CONTEXT  
FOR EARLY HEAD  
START IMPLEMENTATION**

The early phases of the Early Head Start initiative were implemented during a time of fundamental changes in this country's social services systems. Some of these changes have had a dramatic effect on the approaches programs take, the ways in which families respond, and the ways in which programs interact with others in their communities. In particular, five broad social changes and contextual factors, some of which occurred after Early Head Start began, have been and are likely to continue influencing the Early Head Start initiative:

1. **Increasing recognition of the importance of early development**, which has led to greater demand and support for services that start when women are pregnant and focus directly on child development
2. **Welfare reform in the context of a strong economy**, which has increased parents' child care needs and can increase levels of family stress and make it more difficult for parents to participate in some program services
3. **New child care and state-supported early childhood initiatives**, which can make it easier for families to obtain financial assistance, increase the need for Early Head Start staff members to collaborate with state child care administrators and local child care programs, and may make it more difficult for Early Head Start programs to hire and retain staff members
4. **Growing attention to the roles of fathers in young children's lives**, which can lead programs to devote more resources than originally planned to strengthening fathers' relationships with their children and enhancing fathers' parenting skills
5. **Recent evaluation findings that identify challenges in improving outcomes for children and families**, which suggest that programs that provide intensive, purposeful, high-quality child-focused services are more likely than those that provide primarily parent-focused services to promote significant change in children's cognitive, social, and emotional development

## PROGRAM APPROACHES

Early Head Start programs strive to achieve their goals by designing program options based on family and community needs. Programs may offer one or more options to families, including: (1) a home-based option, (2) a center-based option, (3) a combination option in which families receive a prescribed number of home visits and center-based experiences, and (4) locally designed options, which in some communities include family child care. Because a single program may offer multiple options to families, we have characterized *programs* for purposes of the research according to the options they offer to *families* as follows:

- C ***Center-based programs***, which provide all services to families through the *center-based option* (center-based child care plus other activities)
- C ***Home-based programs***, which provide all services to families through the *home-based option* (home visits plus other activities)
- C ***Mixed-approach programs***, which provide services to some families through the *center-based option* and some families through the *home-based option*, or provide services to families through the *combination option* or the *locally-designed option*

When the research programs were initially funded, five were center-based, five were home-based, and seven were mixed-approach (they served some families through the center-based option and other families through the home-based option). By fall 1997, eight programs were home-based, four were center-based, and five were mixed-approach. These changes in approach resulted from subsequent funding decisions, shifts in families' needs, and recommendations of technical assistance providers. In some programs, changes are continuing to take place in response to changing family needs for child care and clarification of ACYF expectations that home-based Early Head Start programs are responsible for ensuring that Early Head Start children who need child care receive high-quality care.

**KEY CHARACTERISTICS  
OF THE PARENTS AND  
CHILDREN**

The Early Head Start program guidelines specify that programs may serve pregnant women and families with at least one child under age 3 who meet the Head Start income criteria.<sup>2</sup> The families who enrolled in the Early Head Start research programs had diverse characteristics and needs:

- C Most families enrolled in the research programs before their child reached the age of 6 months. More than one-fourth of the primary caregivers enrolled while they were still pregnant.
- C Indicators based on children's low birthweight and reports by primary caregivers that someone had a concern about their children's development suggest that approximately 20 percent of the children who enrolled after birth might have had or were at risk for a developmental disability.<sup>3</sup>
- C Many families included two resident parents--about 40 percent overall--but the extent to which the research programs served two-parent families varied widely.
- C About one-third of the children's primary caregivers were teenage parents, but this also varied substantially--for example, in two programs, more than half of all families were headed by a teenage parent.
- C On average, about one-third of the families were African American, one-fourth were Hispanic, slightly more than one-third were white, and a small proportion belonged to other groups. In 11 programs, enrolled families belonged predominantly to one group, while in six programs, the racial/ethnic composition of enrolled families was diverse and not dominated by one group.
- C On average, 20 percent of primary caregivers did not speak English as their main language. Some of these caregivers also spoke English well, but some did not. Overall, 11 percent of the primary caregivers did not speak English well.

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<sup>2</sup>To be eligible for Head Start or Early Head Start, families must have incomes at or below the poverty line or be eligible for public assistance, but regulations permit up to 10 percent of children to be from families who do not meet these criteria. In addition, programs must make a minimum of 10 percent of enrollment opportunities available to children with disabilities.

<sup>3</sup>Four percent of children who enrolled after birth had been born at low birthweight and concerns about their development were reported on the application form. Nine percent of the children had not been born at low birthweight, but their primary caregivers reported that someone had a concern about their development. Seven percent had been born at low birthweight, but their primary caregivers did not report that someone had a concern about their development.

- C Overall, slightly more than half the primary caregivers had a high school diploma.
- C On average, 23 percent of applicants were employed and another 22 percent were in school or training (usually school) as their main occupation at the time they enrolled.
- C Some of the families had basic needs that were not being met when they enrolled in the research programs. Overall, the percentages reporting that they did not have adequate food, housing, medical care, or personal support ranged from 5 to 13 percent.
- C Child care was a significant need of the families. Overall, 34 percent of the families did not have adequate child care arrangements when they enrolled. The percentage of families without adequate child care arrangements ranged from 8 to 66 percent across the research programs.
- C Most of the families who enrolled in the research programs were receiving some kind of public assistance. Overall, 79 percent had Medicaid coverage, and 88 percent were receiving WIC benefits. Almost half the families were receiving food stamps, and slightly more than one-third were receiving AFDC or TANF cash assistance (some pregnant women were not eligible for cash assistance because they were not yet parents). A small proportion (seven percent) were receiving SSI benefits.

## **THEORIES OF CHANGE**

To better describe and understand the diversity of program approaches, local and national researchers worked closely with program staff to identify their intended outcomes across all program areas. This “theory of change” approach identified variations across Early Head Start research programs in their specific goals and expected outcomes. This process benefits the evaluation by enabling us to obtain the most program- and policy-relevant findings, benefits programs by encouraging staff to reflect on their priorities, and supports continuous program improvement.

Through our discussions with program staff, we found that most programs viewed enhancing parent-child relationships and parenting as central to their mission. Almost all emphasized enhancing parents’ knowledge of child development, and a substantial percentage focused on supporting parent-child attachment. All programs expected to achieve child development outcomes across multiple dimensions that are likely to benefit the children as they transition into preschool and school programs. Programs emphasized social-emotional development; physical development, health, and safety; cognitive and language development; and approaches toward learning. Some programs

expected to affect child development directly, while others expected to achieve these goals indirectly by improving the parent-child relationship. With respect to expected family development outcomes, most programs indicated a strong focus on enhancing aspects of the home environment, increasing parental self-sufficiency, and improving parental mental health and healthy family functioning; some programs placed an emphasis on physical health and safety and parental literacy and education.

Programs saw staff as integral to achieving outcomes in all other areas, since the knowledge, skills, and stability desired for their staff would ultimately benefit child development, family development, and the community. Programs were clearly aware of the complexity of their community-building objectives. Several programs focused on systems change for improving child care quality.

## **OVERVIEW OF PROGRAM SERVICES**

The research programs provided a rich array of services to achieve their desired outcomes. Highlights of the services that programs provided in each key domain include:

### **Child Development and Health**

- C Across the nine programs that provided center-based child development services to some or all families, these services were almost always full-time and were based on a variety of curriculum resources. They were usually provided to infants and toddlers with relatively small child-staff ratios (4 to 1 or smaller), often in small group sizes (8 or fewer children), and showed good to excellent observed quality (see page 15 for more details). These ratios and group sizes are generally associated with more positive child outcomes. (See pages 15-16 for discussion of the quality of center-based child care.)
- C Of the 13 programs that provided home-based services, 10 planned the required weekly home visits with families, and 3 were able to complete weekly visits with most families. Two programs reported completing three visits per month, on average, and six programs reported completing an average of two visits per month. Most home visitors had caseloads of 10 to 15 families. According to staff members' reports, the amount of time home visitors spent on child development during a typical home visit varied widely across programs--eight programs reported that at least half of the time during a typical home visit was spent on child development, while five reported that less than half the time or a varying amount of time was spent on child development. The extent to which the child was directly involved in the home visit activities also varied widely, from the entire visit to very little of it.

- C At the time of the site visits, 6 of the 13 programs that did not provide center-based services to all children were assessing, monitoring, and/or promoting the quality of community child care to ensure that Early Head Start children received high-quality child care in a community setting. The remaining seven programs were not assessing, monitoring, or promoting the quality of community child care settings in fall 1997. At that time, the expectation that programs are responsible for ensuring high quality in the community child care arrangements used by Early Head Start families (by forming partnerships with community child care providers and overseeing the care) was not clear to all programs (see pages 15-16 for a discussion of the quality of community child care). In most of the communities, the quantity and quality of child care available for infants and toddlers was inadequate, according to program staff and other community members.
  
- C Most programs were experiencing some difficulty in planning and getting families to attend the group socializations required for families served through the home-based option. However, at the time of the site visits, all except one of the programs offering home-based services invited families at least once a month to regular group activities, such as classes, play groups, family outings, and special events.
  
- C All the programs regularly and frequently assessed the developmental progress of enrolled children, checked on children's immunization status and receipt of health care, followed up with parents when necessary, and made referrals to health care providers. Many programs also provided additional health care and/or health education services, such as health screenings and care on site or during home visits (10 programs directly and 7 programs in collaboration with health care providers) and health education during home visits and group socializations (6 programs).
  
- C At the time of the site visits, the majority of programs reported that at least 10 percent of the enrolled children had a suspected or diagnosed disability.<sup>4</sup> Of these, 6 programs reported a figure of at least 15 percent. Six programs reported that fewer than 10 percent of enrolled children had suspected or diagnosed disabilities, but many of these programs were still recruiting or conducting assessments.

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<sup>4</sup>Most programs reported suspected and diagnosed disabilities together during the fall 1997 site visits. Many of the children with suspected disabilities were in the process of identification through the local Part C program.

## **Family Partnerships**

- C All the programs had a process in place and forms to use for assessing family needs and developing individual family partnership agreements. At the time of the site visits, eight programs reported that some families had not yet completed the process, because they had enrolled recently, had resisted setting formal goals, or had become inactive.
- C All the programs provided case management to link families with needed services in the community.
- C The programs encouraged parents to become involved, both by participating in program governance and social activities and by volunteering. All the programs had or were forming policy councils at the time of the site visits, and 14 programs provided volunteer opportunities.
- C All the programs invited and encouraged fathers to participate in regular program activities and become involved as parents, and 10 offered special services for fathers and father figures.
- C All the programs helped families apply for Medicaid, made referrals to health care providers, and provided prenatal education and care either directly or through referrals. In addition to making referrals for mental health care needs, 10 programs offered some counseling services, either directly or through collaboration with other agencies. Fourteen programs also provided nutrition education and/or services. Twelve programs provided prenatal education during home visits, while two offered prenatal classes. Two programs employed nurses or health specialists to visit pregnant women at home.

## **Staff Development**

- C The research programs generally hired highly educated staff members. Among all staff members, 20 percent had a graduate degree, 14 percent had taken some graduate courses, and 24 percent had a 4-year college degree. In addition, 12 percent had a 2-year college degree. Overall, 14 percent of staff members had a Child Development Associate credential.
- C All the programs provided extensive training, supervision, and support for frontline staff members (home visitors and teachers). Most programs provided preservice orientation and training, which was sometimes extensive. All programs provided regular in-service training, either in group sessions or through individual observation and feedback, and all but one conducted regular performance reviews with staff members. Program managers also provided individual support and supervision to frontline staff.
- C The wages of frontline staff members averaged \$9.77 per hour at the time of the site visits (\$8.41 per hour in center-based programs, \$12.00 per



hour in home-based programs, and \$9.07 per hour in mixed-approach programs). Average wages ranged from \$6.37 to \$14.18 per hour across programs. Most staff members reported receiving key fringe benefits such as paid health insurance, dental insurance, pension or retirement benefits, paid vacation time, and paid sick leave.

- C On average, 20 percent of staff members had left and been replaced by the time of the site visits. Four programs experienced especially high staff turnover (one-third of their staff or more). Three of these programs had also undergone changes in leadership. Five programs experienced low rates of staff turnover (under 10 percent).
- C The workplace climate in the research programs at the time of the site visits was very positive. In an anonymous survey, at least three-fourths of staff members agreed that their director communicated a clear vision for the program, recognized good work, kept staff informed, and had realistic expectations. Similarly, at least three-fourths of staff members reported that decision-making was collaborative, their relationships with other staff members were cooperative or very cooperative, staff development was encouraged, and the materials they needed were available. Many staff members had concerns in two areas, however. Sixty-two percent of staff members were not satisfied with their salaries, and 41 percent reported that paperwork interfered with their jobs.
- C At the time of the site visits, levels of job satisfaction among Early Head Start staff members were high, and levels of job-related stress were modest. Overall, 80 percent of staff members were satisfied with their position in their Early Head Start program, and only 5 percent reported that they frequently felt like quitting their jobs or felt stuck in their current position. One-fourth of staff members reported that their job was always or usually stressful, but the percentage ranged from 0 to 63 percent across the 17 research programs. In general, staff members in center-based programs were less likely than those in home-based or mixed-approach programs to report that their job was always or usually stressful.

## **Community Partnerships**

- C The programs had formed numerous partnerships with community agencies, and all were participating in interagency coordination groups in their communities. Twelve programs were collaborating with major partners to provide important services to Early Head Start families.
- C Programs were most likely to forge close working relationships with the local Part C program. At the time of the site visits, 11 of the 17 research programs were collaborating with the local Part C agency to develop joint individual family service plans and to coordinate services for families with children with disabilities. The remaining programs

reported that they followed the Part C individual family service plans for families with children with disabilities and in some cases, they also participated on the Part C Local Interagency Coordinating Council.

## **IMPLEMENTATION LEVELS**

In addition to collecting detailed descriptive information about the research programs, we systematically assessed the programs' level of implementation. We defined the level of implementation as the extent to which the programs offered services meeting the requirements of selected key elements of the revised Head Start Program Performance Standards and the Early Head Start grant announcement. To assess the extent of program implementation in fall 1997, we developed implementation rating scales, checklists for organizing information needed to assign ratings (mainly information collected in site visits), and a consensus-based process for assigning implementation ratings to each research program. We considered programs that received ratings of 4 or 5 on a 5-point scale to be "fully implemented."<sup>5</sup>

A ratings panel consisting of four national evaluation team members and two outside experts used the checklists completed by site visitors to rate program implementation in the areas of child development and health services, family partnerships, community partnerships, staff development, and management systems, as well as overall program implementation. After independently rating each program, panel members discussed any differences in ratings and reached a consensus rating for each aspect of each program.<sup>6</sup> The ratings results are reported in Volume III of this report; the implementation checklists and rating scales are presented in the appendixes of Volume III.

The implementation ratings show that in fall 1997, when the research programs had been serving families for about one year:

- C ***One-third of the research programs had reached "full implementation."*** These programs had fully implemented all or nearly all of the key program components by fall 1997, and all of them had fully implemented the child development and health services and the staff development requirements that we examined. These "early implementers" were generally programs that had previously served infants and toddlers as CCDPs, PCCs, or community child care

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<sup>5</sup>The term "fully implemented" is a research term that we use to describe programs that substantially implemented the required program elements.

<sup>6</sup>Using the same rating scales, a member of the Head Start Bureau monitoring team independently rated program implementation based on information collected during monitoring visits completed a few months after the research site visits. The ratings assigned by the monitoring team member were very similar to those assigned by the rating panel.

programs. Two were center-based, two were home-based, and two were mixed-approach programs.

- C ***Of the 11 programs that had not reached full implementation, 8 were rated as moderately implemented and 3 were judged to be at a low level of implementation.*** Two of the latter three were former CCDP programs that found it difficult to make the transition to Early Head Start's explicit focus on child development.
- C ***Nearly half of the research programs had reached full implementation of child development and health services.*** The programs were most likely to have fully implemented the requirements for individualizing child development services, offering group socializations, conducting developmental assessments, and involving parents in child development services. They were least likely to have fully implemented the requirements for ensuring child care quality (when center-based care was not offered directly), providing the required frequency of child development services (including frequency of home visits in home-based programs and parent education in center-based programs), and ensuring access to needed health services (including tracking and following up on health services, and ensuring that children received immunizations and well-child examinations). Center-based and mixed-approach programs were most likely to have reached full implementation in child development and health services by 1997.
- C ***Slightly more than half of the research programs had reached full implementation of family partnerships.*** The programs were most likely to have fully implemented Individual Family Partnership Agreements and the expected frequency of family development services. They were least likely to have fully implemented requirements for involving parents in policymaking and program operations and for making a wide range of services available to families, directly or by referral. Although a variety of services were usually offered, some programs were not following up systematically with families and service providers. Overall, home-based programs were most likely to have fully implemented the family partnership component by 1997.
- C ***Nearly half of the research programs had reached full implementation of community partnerships.*** The programs were most likely to have fully implemented collaborative relationships with other community organizations and least likely to have established transition planning procedures and have transition plans in place for all children within six months of their third birthday.
- C ***Nearly two-thirds of the research programs had fully implemented staff development requirements.*** The programs were most likely to have fully implemented the requirements for staff supervision and training.

Compared to similar agencies in Early Head Start communities, eight of the programs offered higher salaries, eight offered similar salaries, and one paid lower salaries. Staff morale was high in eight programs and moderately high in nine.

- C ***Slightly more than one-third of the research programs had reached full implementation of program management systems.*** Nearly all of the research programs had implemented the requirements for conducting community needs assessments, while fewer than half had yet fully implemented the requirements for establishing a Policy Council that meets regularly, developing written goals and implementation plans, and conducting annual program self-assessments.

#### QUALITY OF CENTER-BASED CHILD CARE

The Head Start Bureau requires programs to provide child care directly or broker child care services in the community for all families who need it, and to take steps to ensure that all child care used by Early Head Start families meets the revised Head Start Program Performance Standards.<sup>7</sup> Preliminary data from *observations*<sup>8</sup> of center-based child care settings in which Early Head Start children received care at 14 and 24 months of age suggest that:

- C ***The quality of care provided by Early Head Start centers during their first two years of serving families was good.*** On average, the Early Head Start centers planned teacher-child ratios and group sizes that met the revised Head Start Program Performance Standards, and the average score on the Infant/Toddler Environment Rating Scale (ITERS) was 5.4 (in the good to excellent range). The average quality of care observed in the Early Head Start centers was above 4 (the middle of the minimal to good range) in all nine research programs that provided center-based care. Across all programs, the highest scores were in the personal care routines, interactions, and program structure categories of the ITERS and the lowest scores (still in the high end of the minimal to good range) in the learning activities and furnishings categories.

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<sup>7</sup>The Head Start Bureau was still clarifying these requirements at the time of the fall 1997 site visits.

<sup>8</sup>In Volume I we present child-staff ratios and group sizes reported by staff during site visits. The findings reported here (and in Volume III) are based on classroom observations. Observations were conducted in fall 1997 in 162 Early Head Start classrooms in 9 programs. The number of classrooms observed in each program ranged from 1 to 9. The 1997-1998 observations of community child care centers in which Early Head Start children were enrolled included 79 classrooms in 14 program sites where data were available. The number of centers observed at each site ranged from 1 to 9. Average scores of 5.0 and above on the 7-point ITERS scale are generally interpreted as good to excellent quality. Scores of 3.0 to 5.0 are considered minimal to good quality, and scores of 1.0 to 3.0 are considered inadequate quality.

- C ***The quality of care in community center-based settings in which Early Head Start children were enrolled varied widely and was minimal to good, on average.*** On average, community centers caring for Early Head Start children received an ITERS score of 3.8 (in the minimal to good range). The scores ranged from 2.4 (inadequate to minimal) to 6.1 (good to excellent). The average ITERS scores were above 4 (above minimal) for all research programs that had begun assessing and/or monitoring the quality of child care that enrolled children received in community settings. As previously noted (p. 10), 6 of the 13 programs that did not provide center-based care to all children assessed and monitored the quality of community child care used by Early Head Start children.

**PROGRAM CHALLENGES  
DURING THE FIRST  
YEAR OF SERVING  
FAMILIES**

We identified a number of challenges that the 17 research programs faced in their first year of serving families. Some reflect the programs' early stage of implementation, others reflect the difficulties associated with transitioning to a new program model. In addition, the programs were struggling to adjust to new realities and family needs following welfare reform. These challenges included:

- C ***Reaching and maintaining full enrollment by the deadline.*** Although enrollment was proceeding, for some programs, the research eligibility criteria made it harder to recruit families, and the need to recruit twice as many families (to allow for control group assignment) made it harder to meet the deadline for full enrollment. Beyond the initial difficulties in recruitment, some of the programs had lost and replaced more than 20 families by the time of the site visits.
- C ***Making a transition to child-focused services.*** Some Early Head Start programs had a history of providing family support services, and some had proposed service plans that were family-focused. For these programs, responding to the Head Start Bureau's directive that all Early Head Start programs must place priority on enhancing child development during home visits and on helping families arrange high-quality child care required the staff in these programs to think and work in new ways, which some staff members resisted.
- C ***Ensuring high-quality child care for families who used child care in community settings.*** Families' needs for child care were increasing under welfare reform. In most communities, the supply of high-quality child care for infants and toddlers was insufficient, which made it difficult for staff and families to arrange high-quality child care unless the program provided it directly. At the time of our site visits, some of the home-based and mixed-approach programs had begun assessing, monitoring, and/or promoting the quality of child care provided to Early

Head Start children in community settings, but many were still trying to identify ways of doing so as ACYF clarified its expectation that programs are responsible for ensuring the quality of child care received by Early Head Start children.

- C ***Engaging parents and children in group socialization activities and getting parents to attend meetings.*** Finding times when parents were available to attend group socialization activities was challenging for many programs offering home-based services. Few programs had yet succeeded in engaging families in group socializations to the intended extent. Many parents faced other demands on their time, and attending group socialization activities was often not their highest priority. Many programs, especially those implementing the home-based option, also found it difficult to achieve good levels of attendance at Parent Committee and Policy Council meetings and to develop volunteer opportunities for parents.
- C ***Meeting the required schedule of weekly home visits for families receiving home-based services.*** Welfare reform now requires many low-income parents to work or participate in work-related activities, so many parents gave priority to looking for jobs and working rather than participating in program activities. Beyond the demands of welfare reform, the chaotic, disorganized lives of some families made it difficult for them to keep appointments for home visits. Home visitors often tried to reschedule missed visits but could not always do so.
- C ***Adding Early Head Start to Head Start services.*** Staff accustomed to serving families with older children needed to shift their focus to the special needs of families with infants and toddlers. Moving from Head Start to Early Head Start also required adjustments to the length of the work year, work schedules, and work activities that were difficult for some staff. Adding Early Head Start to Head Start was not always difficult, but when there were staffing or administrative problems within the Head Start program, and Early Head Start was perceived as competing for resources, tensions sometimes arose among staff members.
- C ***Paying home visitors and center teachers satisfactory wages.*** On average, the Early Head Start programs paid these staff members \$9.77 an hour, which amounts to an annual salary of about \$20,000. Staff members, although largely satisfied with their jobs, felt that their wages were inadequate. At least one program reported having difficulty filling open positions, because of the salaries they were offering.
- C ***Changing leadership and staff turnover.*** Most of the research programs did not experience high rates of staff turnover, but four programs reported that at least one-third of their staff members had left and been

replaced in the year prior to the fall 1997 site visit. In some of the programs that experienced high rates of turnover in frontline workers, some families experienced disruptions in services. It was not always possible to replace staff members immediately, and the remaining staff members could not step in and do all the work of the ones who had left. Improving staff morale and re-engaging families were important challenges for programs and their new staff members in the four sites where staff turnover was high.

## **EARLY PROGRAM SUCCESES**

Despite the challenges of implementing a new program in a changing environment, by fall 1997 the Early Head Start research programs had made substantial progress toward implementing the Early Head Start model as envisioned by program planners:

- C *At the time of the site visits, the programs were increasing their focus on child development.* Many programs began with a strong child development component. Others with a history of focusing on family support services were making considerable progress in strengthening child development services, with help from training and technical assistance providers.
- C *Most programs provided services that were tailored to meet the individual needs and circumstances of families and children.* Child development services were almost always individualized based on developmental assessments and to respond to needs expressed by parents. Services were almost always provided in the language families spoke at home (usually English or Spanish).
- C *Programs that provided center-based child development services were able, in most cases, to provide good to excellent care.* They were able to meet the ratio and group size requirements specified in the revised Head Start Program Performance Standards, which were set at levels generally associated with high-quality care and good child outcomes. On average, they received an ITERS score of 5.4 (in the good to excellent range), and all programs received an average ITERS score above 4.
- C *The programs included a strong focus on helping families obtain physical and mental health services.* Many of the research programs had developed strong partnerships with providers of health care services to families. With the help of their partners, many programs provided health education, health screenings, health care, and counseling. Although their focus on health services was strong, many programs did not yet have systems in place to systematically track whether children received needed services.

- C ***Many of the research programs were making special efforts to involve fathers in the lives of their children and in the Early Head Start program.*** Many programs not only encouraged fathers and father-figures to be involved in their children's lives and to participate in program activities, but also designed special activities for them. Many programs had hired someone to lead their efforts to involve fathers, including residential, nonresidential, biological, and social fathers. Although the levels of participation by fathers were often low, many programs had succeeded in engaging a core group of fathers in the special activities.
- C ***All the programs offered substantial staff training and support to staff members.*** The research programs, especially home-based and mixed-approach programs, hired well-educated staff members and provided regular training opportunities. They also encouraged staff to participate in community training events and other professional development activities. Program leaders also worked with staff individually to help them review their work and address difficult issues as they arose.
- C ***Early Head Start staff members generally expressed strong commitment to their work.*** The research programs have succeeded in creating pleasant and supportive work environments and in finding and building a committed staff that works very hard to accomplish program goals.
- C ***The Early Head Start research programs had all forged strong community partnerships and were participating actively in community collaborative groups.*** All the programs had community partners and worked with other agencies to help meet families' needs. In addition, Early Head Start staff members often played leadership roles in community collaborative groups.

## CONCLUSION

All the Early Head Start research programs were motivated by a strong desire to improve services to children and families. Staff members' desire to achieve program excellence and their hard work to improve the lives of the children and families they serve was very evident in discussions during site visits. Their willingness to engage in self-reflection and their receptiveness to feedback are likely to help them learn from their early experiences and adapt to changes as they continue to serve low-income families and children.

Even at this early stage, six research programs had fully implemented Early Head Start according to the ratings in fall 1997. These programs had fully implemented all or nearly all of the program components we rated, and all of them had fully implemented the early childhood development and health services and staff development requirements that we examined. Moreover, another 8 of the 17 were moderately implemented, that is, fully implemented



in some areas but not others. Three programs were judged to be at a low level of implementation.

The research programs are leading the way, both as members of the first two waves of Early Head Start programs and as participants in the National Early Head Start Research and Evaluation project. By sharing the lessons they have learned and engaging in partnerships with researchers that will enhance the relevance and usefulness of the evaluation research, they are paving the way for new programs. Lessons from these sites will inform the continuous improvement of the overall Early Head Start initiative.

**SNAPSHOTS OF THE  
RESEARCH PROGRAMS  
IN FALL 1997**

The 17 Early Head Start research programs are described briefly below (with their research partners indicated in parenthesis). Detailed profiles of these programs are presented in Volume II of this report.

**Child Development Inc. Early Head Start, Russellville, Arkansas (University of Arkansas, Little Rock).** Child Development Inc., a community-based organization that operates child development programs, operates a center-based Early Head Start program in centers located in three rural Arkansas counties. At the time of the site visit, the program had spaces for 45 families. The program serves mostly white, working-poor families, most headed by a single mother. The program provides full-time child development services in its centers and offers parent training and case management in group sessions and during home visits. When they enroll in the program, parents must agree to spend two hours per week on self-improvement activities, including one hour of developmental activity with their child. Child development services are based on the premise that children should lead by expressing their needs and interests and that staff should be there to support them.

**Venice Family Clinic Children First Early Head Start, Venice, California (University of California, Los Angeles).** The Venice Family Clinic, a private community health clinic that has provided health care to low-income families for more than 25 years, operates the home-based Children First Early Head Start program for 100 families in the Venice area. The program, which serves primarily Hispanic families, provides child and family development services in weekly home visits, as well as in parent education and other group activities. The program refers families who need child care to a state-funded resource and referral agency that screens providers, makes referrals, and monitors quality. The child development services focus on strengthening parents' and caregivers' relationships with children through instruction and modeling.

**Clayton/Mile High Family Futures, Inc. Early Head Start, Denver, Colorado (University of Colorado Health Sciences Center and University**

**of Denver).** Clayton/Mile High Family Futures, Inc., a partnership between a foundation and a child care resource and referral agency, offers Early Head Start services to 100 families in Denver. The program serves low-income families from diverse racial and ethnic backgrounds. It provides child and family development services in three ways, depending on family needs and preferences: (1) in weekly home visits, (2) through center-based child development services and monthly home visits, and (3) in a parent-child cooperative that meets twice a week and conducts monthly home visits. Child development services focus on enhancing parent-child relationships and helping parents meet their children's needs.

**Family Star Early Head Start, Denver, Colorado (University of Colorado Health Sciences Center and University of Denver).** Family Star, which operates a Montessori school for infants and toddlers, operates a center-based Early Head Start program for 75 families at two centers in northeast and northwest Denver. Many families in the program are Spanish-speaking Latino families. The program provides full-time child development and care in Family Star's Montessori school while parents are working or in school and offers monthly parent education meetings. Program services are child-centered, and staff members speak both Spanish and English with the children.

**Mid-Iowa Community Action, Inc. Early Head Start, Marshalltown, Iowa (Iowa State University).** Mid-Iowa Community Action, Inc., a 24-year-old community-based organization that provides services to low-income families, operates a home-based Early Head Start program for 75 families in five rural counties in central Iowa. The program, which serves primarily white, two-parent families, provides child development services in weekly home visits and family development services in biweekly home visits. The program also holds monthly parent meetings in each county. The child development services focus on strengthening parents' skills and abilities as their children's first teachers.

**Project EAGLE Early Head Start, Kansas City, Kansas (University of Kansas).** The University of Kansas Medical Center's Child Development Unit operates Project EAGLE Early Head Start for 120 families in Kansas City, Kansas. The families are ethnically diverse. Staff members provide child and family development services primarily in weekly or biweekly home visits. The program has established collaborative agreements with several child care centers and family child care providers in the area to provide care for Project EAGLE children, and program staff provide ongoing training and technical assistance to center staff members and the family child care providers to ensure that the quality of care is high. The child development services are designed to increase parents' responsiveness to their children, engage them in their children's development, and empower them to obtain the

formal and social supports they need to create a better environment for their children.

**Region II Community Action Agency Early Head Start, Jackson, Michigan (Michigan State University).** The Region II Community Action Agency, a community-based organization with more than 30 years of experience serving low-income families, operates a home-based Early Head Start program for 75 families in Jackson County, Michigan. The program, which builds on the agency's Infant Mental Health Program, serves mostly white, single-parent families. The program provides child and family development services in weekly home visits by registered social workers and in monthly play groups for parents and children. In the home visits, Early Head Start specialists work extensively with parents on their problems in order to enable them to be better parents.

**KCMC Early Head Start, Kansas City, Missouri (University of Missouri at Columbia).** KCMC Child Development Corporation is a community-based organization that provides child care and Head Start services to low-income families. At the time of the site visit, KCMC operated a home-based Early Head Start program for 75 families in the poorest neighborhoods of Kansas City, Missouri. This program serves primarily African American, single, teenage parents. In collaboration with the Kansas City, Missouri, School District's Parents as Teachers program, it provides child and family development services primarily in regular home visits and parent group meetings. At the time of the site visit, KCMC had recently opened a new child development center and expected many Early Head Start children to enroll in it. Child development services focus on establishing and supporting parent-child relationships and working with parents to support their children's development.

**Educational Alliance Early Head Start, New York, New York (New York University).** The Educational Alliance, a community-based organization that began as a settlement house and now provides many services, including Head Start, in New York City, operates a center-based Early Head Start program for 75 families in three centers. One center is located at the Educational Alliance headquarters, one is located in a high school for pregnant and parenting teenagers. At the time of the site visit, the Educational Alliance operated a third site at a residential program for pregnant and parenting substance-abusing women. The families served by the program are ethnically diverse, predominantly single-parent families. The program emphasizes the development of supportive relationships and mental health, and in addition to center-based child development services, provides families with psychotherapy services.

**Family Foundations Early Head Start, Pittsburgh, Pennsylvania (University of Pittsburgh).** The University of Pittsburgh's Office of Child

Development operates a home-based Early Head Start program for 120 families in four program settings in three diverse communities in the Pittsburgh area. Across the four settings, the program serves mainly African American and white families headed by single parents. The program provides services to families in home visits--family advocates visit families weekly to address child development issues, and family development specialists visit families biweekly to work with them on their goals and link them with community services. Staff members also organize group activities for parents and families at each center. Child development services focus on working with parents to improve their interactions with their children.

**School District 17 Early Head Start, Sumter, South Carolina (Medical University of South Carolina).** School District 17 in Sumter, South Carolina, operates a new Early Head Start program for 75 families. The program provides center-based and home-based child development services to pregnant and parenting primary and secondary school-age students and young high school graduates who are employed. Most of the parents in the program are African American, teenage parents. Parents are required to spend time daily with their children in the centers, where teachers model good parenting practices, learn about parents' concerns, and respond to them. Parent educators conduct weekly home visits with families whose children are not enrolled in the centers and less frequent home visits with families whose children are enrolled in the centers to work with them on parenting and child development, help them identify their needs and goals, and link them to services in the community. Child development services are focused on teaching parents to take responsibility for themselves and their children, teaching them how to access resources they need to be better parents, and providing high-quality child care that is child-centered, child-directed, and adult-supported.

**Northwest Tennessee Head Start, MacKenzie, Tennessee.** Northwest Tennessee Head Start operates a center-based Early Head Start program for 75 families in child development centers located in five rural Tennessee counties and in the town of Jackson, Tennessee. The program serves mostly African American, single-parent families. Many parents are teenagers who live at home with their own mothers. The Early Head Start centers provide full-day, full-year child care and parent training activities. Program staff also provide family development services and referrals designed to assist families in achieving self-sufficiency. The program focuses on providing developmentally appropriate and responsive care in a nurturing environment.

**Bear River Early Head Start, Logan, Utah (Utah State University).** The Bear River Head Start agency operates a home-based Early Head Start program for 75 families in three rural counties in northern Utah and southern Idaho. The program serves primarily white, two-parent, working-poor families. The program provides child and family development services

primarily in weekly home visits and weekly Baby Buddy groups for parents and children. Staff members work to foster positive parent-child interactions and enhance parents' understanding of their children's development. They also work with parents to help them achieve their personal and family goals and link them with needed services in the community.

**Early Education Services Early Head Start, Brattleboro, Vermont (Harvard Graduate School of Education).** The Brattleboro, Vermont, school district's Early Education Services office offers both home-based and center-based Early Head Start services to 75 families in rural Windham County, Vermont. The Early Head Start program builds on the school district's experience operating a variety of programs for low-income parents with young children. The program serves primarily white families, half of whom include two parents. The program provides child and family development services primarily in home visits, but also provides center-based child development services for a small number of families and brokers child care for 17 children in family child care homes and center-based settings in the community. The program also organizes play groups and monthly parent-child group activities. Teams of staff members work with families to build on their strengths and achieve their personal and family goals, and they link families with needed services in the community. Child development services are designed to promote strong parent-child relationships and positive interactions.

**United Cerebral Palsy Early Head Start, Fairfax County, Virginia (Catholic University of America).** United Cerebral Palsy of Washington, DC, and Northern Virginia operates a new Early Head Start program for 75 families in Fairfax County, Virginia. The program serves an extremely diverse group of working-poor families, including military families. Many of the families are immigrants who do not speak English or do not speak it well. The Early Head Start program provides child development services to some families in a child care center, some families in family child care, and some families in weekly home visits. Families with children enrolled in the child care center or in family child care homes receive family development services in monthly home visits. Families are also invited to group socialization activities twice a month. The program provides inclusive services to children with disabilities and works to foster inclusive services for all children in the community.

**The Children's Home Society of Washington Families First Early Head Start, South King County, Washington (University of Washington, School of Nursing).** The Children's Home Society of Washington operates the Families First Early Head Start program for 120 families in South King County, Washington. The Early Head Start program builds on the agency's experience as a child welfare agency. The program serves diverse families. The program provides child and family development services in two ways:

(1) in weekly home visits, or (2) in child care centers operated by the Children's Home Society, with monthly home visits. All families also receive monthly home visits from a public health nurse and are encouraged to attend weekly parenting education classes. Child development services focus on building supportive relationships, especially between parents and children.

**Washington State Migrant Council Early Head Start, Yakima Valley, Washington (University of Washington, College of Education).** The Washington State Migrant Council, the largest Hispanic-operated and Hispanic-serving organization in the northwest, operates a home-based Early Head Start program for 75 intrastate migrant families in six small towns in Yakima County, Washington. The program serves primarily first-generation Mexican Americans who migrated to Washington to work on farms. The majority speak only Spanish. The program provides child and family development services primarily in biweekly home visits and group activities for parents and children. Child development services focus on establishing supportive relationships and enhancing the social and verbal contexts for early childhood development. The program emphasizes sensitivity to Mexican American heritage and culture and sensitivity to families' concerns with acculturation.