

FACES: The Head Start Family and Child Experiences Survey

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Introduction

The Family and Child Experiences Survey (FACES) is a central part of Head Start's Program Performance Measures Initiative to provide outcome-based information about the Head Start program to the Head Start Bureau and the U.S. Department of Health and Human Services, local Head Start grantees, Congress and the public. Head Start is a comprehensive early childhood development program for low-income children and their families. Initiated in 1965, Head Start provides early childhood education, health, nutrition, mental health, parent involvement and social services primarily to three- and four-year-old children nationwide, although a new program, Early Head Start, serves children from birth to age three.

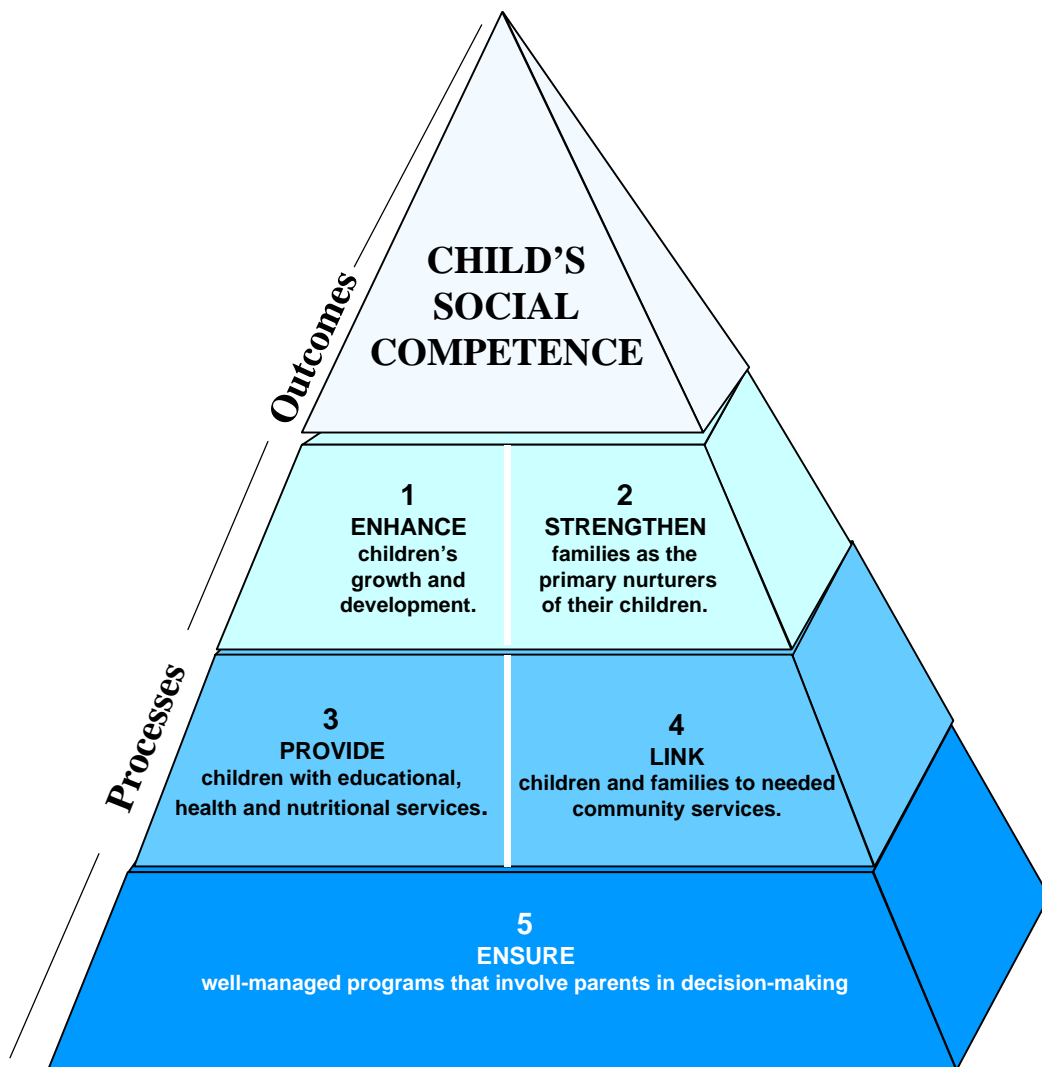
As the nation's premier early childhood education program, Head Start is leading the way in developing and reporting on its accountability for services to approximately 800,000 children and their families each year. From initial planning in 1995 to the publication of the Head Start Performance Measures Second Progress Report, Head Start has made dramatic progress toward the development of an outcome-oriented accountability system. This approach combines the best attributes of scientific research with program-level reporting and monitoring and is based on a consensus-driven set of criteria for program accountability.

The Head Start Program Performance Measures Initiative is a response to a specific legislative mandate, strategic planning for Head Start, and broader public emphasis on accountability and the general movement toward results-oriented evaluation. Specifically, the Program Performance Measures were developed in accordance with the recommendations of the Advisory Committee on Head Start Quality and Expansion, the mandate of Section 641A (b) of the Head Start Act (42 USC 9831 et seq.) as reauthorized in 1994 and the Government Performance and Results Act (GPRA)(Public Law 103-62).

The Act defines Program Performance Measures as "methods and procedures for measuring, annually and over longer periods, the quality and effectiveness of programs operated by Head Start agencies" that will be used to identify strengths and weaknesses in the Head Start program - both nationally and by region - and pinpoint areas requiring additional training and technical assistance.

In 1995, Head Start undertook a consensus-building process to develop the Head Start Program Performance Measures that drew on the opinions of Head Start program staff and parents, early childhood organization representatives, researchers, experts in the education, child development and early intervention fields, and Head Start Bureau officials.

Figure 1
Head Start Program Performance Measures
Conceptual Framework



Conceptual Framework

In 1996-97, a conceptual framework for the Program Performance Measures was developed and the measures were revised and condensed. The conceptual framework unifies and organizes the Program Performance Measures to display the linkages between process and outcome measures for Head Start children and families. (See Figure 1 for the graphical representation of the framework.) The framework is based on the ultimate goal of Head Start, which is to promote the social competence of children. *Social competence* is the child's everyday effectiveness in dealing with his or her present environment and later responsibilities in school and life. For the five-year-old child coming to the end of the preschool period and entering school, an important life challenge and key test of the child's social competence at this stage is whether he or she has acquired the skills, understandings, and behaviors that help insure successful functioning in this new environment, what is often called *school readiness*. Head Start has adopted the "whole child" view of school readiness that was recommended by the Goal One Technical Planning Group of the National Education Goals Panel. This view sees school readiness as a multi-faceted phenomenon comprising five developmental domains that are important to the child's readiness for school: physical well-being and motor development, social and emotional development, approaches to learning, language usage and emerging literacy, and cognition and general knowledge. Each of these domains is represented in the battery of measures that is being used to assess how well Head Start programs are performing. It takes into account the interrelatedness of cognitive, emotional, and social development; physical and mental health; and nutritional needs. Social competence is depicted at the top of the pyramid, with five objectives supporting it:

- Objective 1. Enhance children's healthy growth and development
- Objective 2. Strengthen families as the primary nurturers of their children
- Objective 3. Provide children with educational, health and nutritional services
- Objective 4. Link children and families to needed community services
- Objective 5. Ensure well-managed programs that involve parents in decision-making.

Each of these objectives is critical to helping children of low-income families attain their full potential. They also represent key cornerstones of the Head Start program. Objectives 1 and 2 represent outcomes or results that the program is designed to produce. Achieving both of these objectives is critical to the ultimate success of Head Start. As parent involvement and family support are key tenets of Head Start, both child and family-oriented outcome measures are included here. Objectives 3, 4, and 5 comprise the lower tiers of the pyramid and contain the process measures that are key to the attainment of Objectives 1 and 2 and the ultimate goal of enhancing children's social competence. An important aspect of the pyramid is the strong empirical connection between the provision of quality services (process measures) and improvements in child development (outcome measures).

Figure 2
HEAD START PROGRAM PERFORMANCE MEASURES

OBJECTIVE 1: ENHANCE CHILDREN’S GROWTH AND DEVELOPMENT.

1. Head Start children demonstrate improved emergent literacy, numeracy, and language skills
2. Head Start children demonstrate improved general cognitive skills.
3. Head Start children demonstrate improved gross and fine motor skills.
4. Head Start children demonstrate improved positive attitudes toward learning.
5. Head Start children demonstrate improved social behavior and emotional well-being.
6. Head Start children demonstrate improved physical health.

OBJECTIVE 2: STRENGTHEN FAMILIES AS THE PRIMARY NURTURERS

7. Head Start parents demonstrate improved parenting skills.
8. Head Start parents improve their self-concept and emotional well-being.
9. Head Start parents make progress toward their educational, literacy, and employment goals.

OBJECTIVE 3: PROVIDE CHILDREN WITH EDUCATIONAL, HEALTH AND NUTRITIONAL SERVICES.

10. Head Start programs provide developmentally appropriate educational environments.
11. Head Start staff interact with children in a skilled and sensitive manner.
12. Head Start programs support and respect children’s cultures.
13. Head Start assures children receive needed medical, dental, and mental health services.
14. Head Start children receive meals and snacks that meet their daily nutritional needs.
15. Head Start programs provide individualized services for children with disabilities.

OBJECTIVE 4: LINK CHILDREN AND FAMILIES TO NEEDED COMMUNITY SERVICES.

16. Head Start parents link with social service agencies to obtain needed services.
17. Head Start parents link with educational agencies to obtain needed services.
18. Head Start parents link with health care services to obtain needed care.
19. Head Start parents secure child care in order to work, go to school, or gain employment training.

OBJECTIVE 5: ENSURE WELL-MANAGED PROGRAMS THAT INVOLVE PARENTS IN DECISION-MAKING.

20. Head Start programs are well-managed.
21. Head Start parents are involved actively in decisions about program operations.
22. Head Start programs employ qualified staff.
23. Head Start programs support staff development and training.
24. Head Start programs comply with Head Start regulations.

Program Performance Measures

The 24 Head Start Program Performance Measures, grouped under the five program objectives, are presented in Figure 2.

Each Program Performance Measure has “Performance Indicators” that specify how the measure will be assessed. Figure 3 depicts a section of the Program Performance Measures Matrix that presents the Objective, Performance Measure, Performance Indicator, Data Source and Data reference for the first Performance Measure “Head Start children demonstrate improved emergent literacy, numeracy, and language skills.” The Performance Indicator for this measure is the change in the Head Start children’s emergent literacy, numeracy and language skills over the Head Start year, measured by individual child assessments and parent and teacher reports of the child’s abilities. A more process-oriented measure (not shown) is “Head Start assures children receive needed medical, dental and mental health services” under Objective 3: Provide children with educational, health, and nutritional services. The Performance Indicator for this measure is the number and percent of Head Start children who received needed medical services as reported by the programs themselves. In order to provide annual progress reports on the indicators supporting each of the objectives, data will be drawn from agency level sources, such as the Head Start Program Information Report (PIR), Regional Office Reports, as well as classroom, teacher, family and child level data. The outcome data are obtained from the Head Start Family and Child Experiences Survey (FACES), a national study of Head Start programs, classrooms, teachers, parents and children examining the quality and effects of Head Start.

Figure 3 HEAD START PROGRAM GOALS, OBJECTIVES, MEASURES, INDICATORS AND DATA SOURCES

ULTIMATE GOAL:

*To bring about a greater degree of social
competence in preschool children from low
income families*

OBJECTIVE 1: ENHANCE CHILDREN’S GROWTH AND DEVELOPMENT

PERFORMANCE MEASURES	PERFORMANCE INDICATOR	DATA SOURCE	1997-98 DATA
1. Head Start children demonstrate improved emergent literacy, numeracy, and language skills	Head Start children’s emergent literacy	Child assessment, parent interview, teacher ratings	Pre-post data to be provided from FACES in 1999
	Head Start children’s language skills	Child assessment, parent interview, teacher ratings	Pre-post data to be provided from FACES in 1999
	Head Start children’s numerical skills	Child assessment, parent interview, teacher ratings	Pre-post data to be provided from FACES in 1999

FACES Study Design

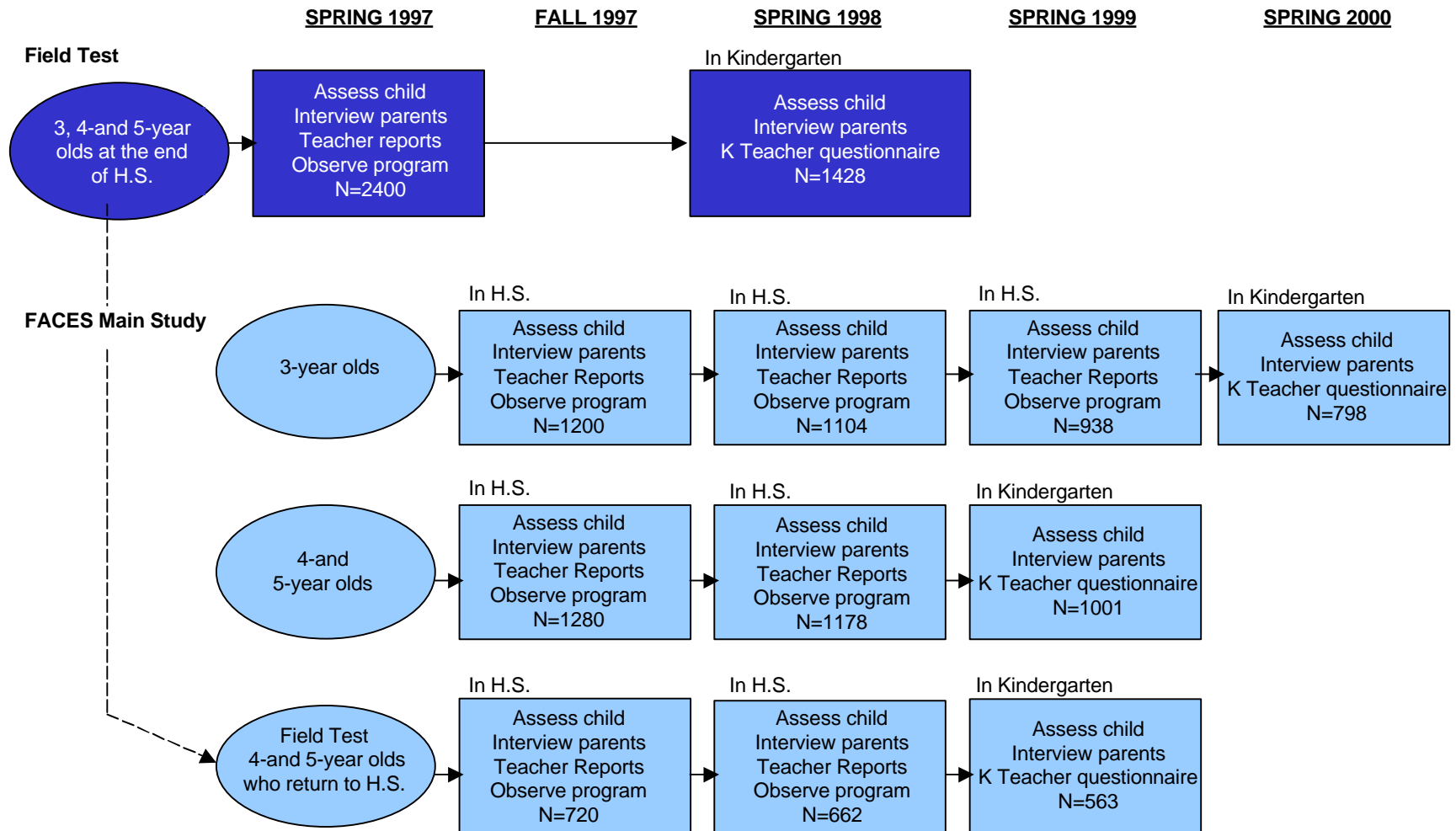
FACES is gathering comprehensive data on the cognitive, social, emotional and physical development of Head Start children, the characteristics, well-being and accomplishments of families, the quality of Head Start classrooms and the characteristics, needs and opinions of Head Start teachers and other program staff.

FACES is a nationally representative sample of Head Start programs, centers, classrooms, children and parents. The sample is stratified by three variables: region of the country (northeast, midwest, south or west); urbanicity (urban versus rural); and percentage of minority families in the program--high (50 percent or more) or low (less than 50 percent).

FACES has five phases of data collection. The first phase was a Spring 1997 field test in which approximately 2,400 parents and children were studied in a nationally stratified random sample of 40 Head Start programs. The field test was an opportunity to assess the feasibility of interviewing and assessing parents and children on a large scale using the selected instruments. Although it was a field test, it provided valuable information on the status of Head Start programs, children and families. The second and third phases of FACES occurred in Fall 1997 (Wave One) and Spring 1998 (Wave Two) when data were collected on a sample of 3,200 children and families in the same 40 programs. Spring 1998 data collection included assessments of both Head Start children completing the program and former Head Start children completing kindergarten (kindergarten field test), as well as interviews with their parents and ratings by their kindergarten teachers. Currently, field work is on-going for the fourth phase with Spring 1999 data collection in the 40 Head Start programs, plus a kindergarten follow-up for former Head Start children. The fifth phase in Spring 2000 will complete the Kindergarten follow-up for the children completing Head Start in Spring 1999. Figure 4 presents the FACES study design. These phases allow for pre-post comparisons, assessing the effects of Head Start by examining children and parents before their exposure to Head Start and determining their status at the end of the program. Analyses of the Fall 1997-Spring 1998 comparisons are now underway.

Figure 4

FACES Sample and Data Collection



Embedded Case Study

An additional feature of FACES is the embedded case study of a longitudinal sample of 120 randomly selected families from the larger FACES sample. The goal of the case study is to provide a more complete profile of Head Start families and children, their neighborhoods, and the nature of their interactions with Head Start. The FACES case study provides in-depth cross-sectional and longitudinal descriptive data, both qualitative and quantitative, over a two year period. The case study is composed of four primary data collection components: 1) Home visit parent interviews are semi-structured, open-ended interviews conducted with Head Start parents regarding their families, their experiences with Head Start, and their neighborhoods at each of the three data collection points in the study (Spring, 1997, Fall, 1997, Spring, 1998); 2) Home and neighborhood observations reported by the interviewers and by the families during home visits; 3) Monthly telephone contacts starting in June 1997 and continuing until December 1998 providing family updates on changes in household composition, child care arrangements, employment status, health status, and Head Start participation; and 4) Community agency telephone interviews regarding the amount and overall nature of collaboration between their agency and the Head Start program. The case study will support and expand on the findings from the larger FACES study, pursue research questions independent of the larger study, and generate hypotheses for future research.

FACES Response Rates

Through the full cooperation of the Head Start programs studied, as well as diligent field work by on-site research teams, FACES has been able to obtain very high instrument completion rates, averaging over 90% return on all survey measures. These rates are presented in Figure 5.

FIGURE 5. FACES RESPONSE RATES

Fall 1997 “Wave One”

- ❑ Out of 40 programs participating, at least one classroom was observed in 180 out of 181 centers. A total of 524 classrooms were observed out of 541, for a completion rate of *97 percent*.
- ❑ 2,983 parent interviews were completed out of 3,179 families from whom consent forms were obtained, for a response rate of *94 percent*.
- ❑ 2,997 child assessments were completed out of 3,179 families from whom consent forms were obtained, for a completion rate of *94 percent*.
- ❑ 411 of these child assessments (14 percent) were completed in Spanish.
- ❑ Obtained teacher report forms on *99 percent* of sample children.

Spring 1998 “Wave Two”

- ❑ A total of 543 classrooms were observed out of 584, for a completion rate of *93 percent*.
- ❑ Of 3,179 children in sample, 269 children (*9 percent*) withdrew from Head Start during the course of the year.
- ❑ Spring parent interviews were obtained with 2,688 parents of the 2,910 sample children who remained in the program (*92 percent*).
- ❑ Spring child assessments were completed for 2,562 out of 2,910 sample children who remained in Head Start (*88 percent*).
- ❑ 358 children originally assessed in Spanish were reassessed in the Spring. 216 of these children were assessed in English, and 142 (*40 percent*) in Spanish.
- ❑ Teacher report forms were obtained for *99 percent* of children in the Spring sample.

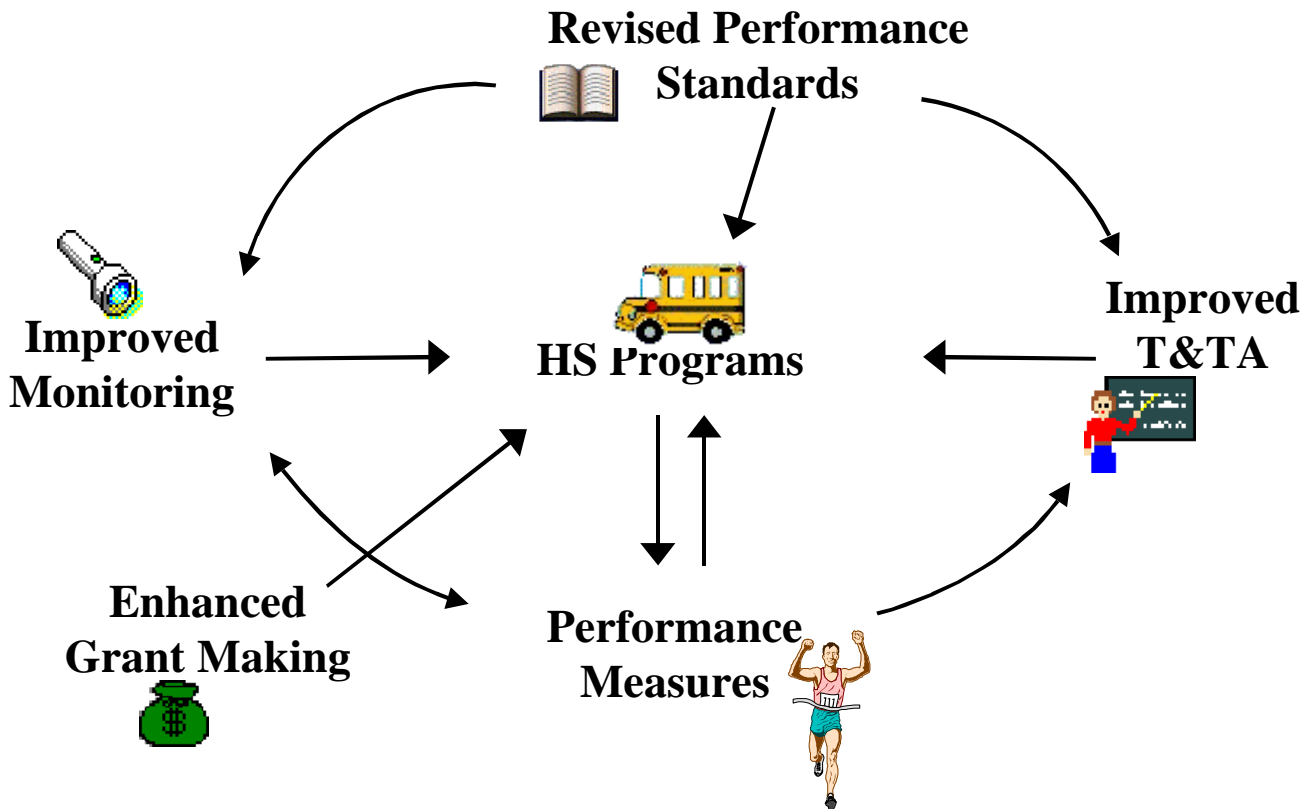
Spring 1998 “Field Test” of Kindergarten Follow-up

- ❑ Out of 1,609 children targeted for follow-up, 34 were still in Head Start. Parent interviews were completed with 1,282 of the 1,567 children in the adjusted remaining sample, for a completion rate of *82 percent*.
- ❑ Developmental assessments were completed for 1,190 kindergarten children. These represented *93 percent* of the children for whom parent interviews were obtained and *76 percent* of the adjusted kindergarten sample.
- ❑ Kindergarten teacher questionnaires were obtained for 1,084 children. These represented *85 percent* of the children for whom parent interviews were obtained and *69 percent* of the adjusted kindergarten sample.

Performance Measures Part of Quality Initiative

In addition to the implementation of the Head Start Program Performance Measures and FACES, the Head Start Bureau has undertaken several other quality initiatives to improve the program. Several of these initiatives are closely related to the Program Performance Measures, such as the revision of the Head Start Program Performance Standards and its accompanying guidance, the revision of Head Start's monitoring system, and improvement of the training and technical assistance systems and grantmaking processes.

Figure 6
Head Start Program Performance Measures are Part of the Head Start Quality Initiative



Head Start Quality Research Centers

Four other organizations are also conducting research on Head Start quality and effectiveness. In 1995, the Head Start Bureau funded four Quality Research Centers (QRCs), acting in partnership with local Head Start programs, to work collaboratively with the federal Head Start Bureau in the Administration on Children, Youth and Families to define, assess and verify the effectiveness of high-quality program practices in Head Start programs. The four Centers engage in collaborative work with each other, ACYF and the federal Head Start Bureau in addition to their center-specific work. The four centers are Georgia State University Research Center on Head Start Quality, Georgia State University, Atlanta, Georgia; High/Scope Quality Research Center, High/Scope Educational Research Foundation, Ypsilanti, Michigan; North Carolina Center for Research on Head Start Quality, Frank Porter Graham Child Development Center, University of North Carolina, Chapel Hill, North Carolina; and the New England Quality Research Center, Education Development Center, Newton, Massachusetts with partners at Harvard University and Boston College.

The goals of the collaborative work of the Quality Research Centers are: 1) to support the exploration of important research questions relating to quality program practices; 2) to identify existing measures and to develop, test and refine new measures of program quality and methods of assessing program quality; 3) to develop ongoing databases and analytic strategies useful for examining quality practices in Head Start; 4) to explore linkages among program practices, program quality measures, program performance measures, and observable outcomes for children and families; and 5) to serve as technical advisors to the design, development and implementation of program performance measures, including the FACES study.