



Lessons Learned from the Early Head Start Program

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Topic

Head Start Policy

Integrated early childhood development services

Introduction

Early Head Start is a federal, two-generation program to enhance children's development and families' functioning. It serves low-income pregnant women and families with infants from birth to age 3 in the United States. Early Head Start began in 1995 and in 2010, the American Reinvestment and Recovery Act of 2009 allocated \$1.1 billion (U.S.) for it, allowing the program to add 50,000 enrollment slots in fiscal year 2009-2010.¹ Programs are charged with providing high quality, comprehensive child development services through home visits, center-based child care, case management, health care and referrals, and family support (per the Head Start Program Performance Standards²). Service integration is built into the model because of its two-generation focus and emphasis on providing comprehensive services. Programs must work to establish ongoing collaborative relationships with community organizations to promote access to services.²

Subject

It is expected that families need supports beyond the child and family development services provided through home visits and center-based care, and no single program will likely meet all needs. To create comprehensive integrated services, the performance standards require programs to facilitate communication and cooperation among community providers and document their own efforts to establish partnerships.² These partnerships are meant to promote service integration, coordination and seamless access to services.

Problems/Issues

Programs face a number of challenges in providing comprehensive integrated services. Making the services available is necessary but not sufficient; there may be a need to follow up to ensure appointments are kept or to provide other supports (such as transportation). Providing specialized services may be challenging if there are few such providers in the community. Further, programs that partner with community child care providers must ensure that partners also meet Early Head Start quality standards. When children reach 2½ years of age, programs plan for their transition from Early Head Start. Transition planning fosters service integration by identifying appropriate placements, then establishing lines of communication, sharing records and communicating the

progress and needs of the child and family to the new provider. Ideally, other services also continue after transitions, again depending on service availability and families' continued eligibility (they must re-qualify financially for Head Start, which can be a barrier to entry).

Research Context

Early Head Start has been studied extensively, in terms of its effects on children and families and its implementation. The early work of the Early Head Start Research and Evaluation Project (EHSREP) showed that children and families in the 17 original research programs benefitted from Early Head Start in numerous domains and that benefits in some domains (for example, children's social-emotional development), found at age 2 extended to ages 3 and 5, two years after program eligibility ended (Love JM et al., unpublished data, 2010).^{3,4} Implementation studies of the early program showed progress in establishing community partnerships that increased the availability of services for families. Accordingly, impacts were stronger impacts for programs that were fully implemented early in the study.^{4,5}

More recently, the Survey of Early Head Start Programs (SEHSP)⁶ conducted a national survey of program directors to examine program organization (including use of partnerships). A study of a nationally representative sample of Early Head Start programs (Baby FACES study) is currently underway to collect information on partnerships and services that families receive.^a

Key Research Questions

We know much about the services that programs offer but less about the services that families actually receive and the barriers that prevent them from receiving service. Programs may not check or store data about whether families follow through with referrals. Understanding more about the services that families do – and do not – receive would facilitate targeted planning and technical assistance at the federal level. It would also help answer questions about whether service integration seems important for outcomes. Further, understanding how partnerships work in practice and the barriers to full collaboration could spark similar work to help programs become more effective partners and leaders.

Recent Research Results

The SEHSP, the most recent study of Early Head Start programs with data about partnerships, found:

- 40% of programs had formal partnerships with community child care providers, but not all were using them to provide services.
- Nearly all programs had a formal partnership with a provider of services to children with disabilities.
- Just over three-quarters had a formal partnership with a health care provider.

^a See also the Early Head Start Research resource page. Office of Planning, Research and Evaluation Web Site. Available at: <http://www.acf.hhs.gov/programs/opre/project/earlyHeadStartProjects.jsp>. Accessed September 20, 2010.

- More than 80% had a formal partnership with a mental health provider.
- About one-third had formal partnerships with child care, health and mental health providers.
- Among programs with a formal health or mental health partnership, partners commonly provided services at the program site, which may help families access them.
- The majority of programs provided referrals for many other types of services (such as transportation, disability services and employment assistance), but they had fewer formal partnerships with providers of these services.
- 95% participate in a local collaborative of service providers; of those 75% hold a leadership position.

In sum, we know about common types and basic features of partnerships but much less about how they are used in practice and about the actual level of service integration.

Research Gaps

Research on families' service receipt is lacking. In the EHSREP, 49% of families left the program before their eligibility ended.⁴ Receipt of services while enrolled varied and service use was associated with risk level. Higher-risk families received fewer services, likely because they were more difficult to engage and serve.^{4,5,6} Apart from risk, family engagement in the program may predict program exit. Baby FACES documents service receipt and referrals, tracks program exit, and explores why families leave and where they go. To learn more about engagement, Baby FACES includes parent and staff reports of their relationship quality and—for home-based services—a home visit observation and rating of parent engagement.

Conclusions

Early Head Start has shown positive effects for the families and children it serves. Service integration seems relevant to the positive effects of the program in that positive impacts were found both for fully implemented programs (which included establishing partnerships to integrate services) and for those that provided both center and home-based services (giving families access to whichever was more appropriate for their needs).⁴

Programs have clear practice guidelines in the Head Start Program Performance Standards, and evidence suggests that they are successful in establishing community partnerships to offer an extensive menu of services. Many facilitate families' access to services by providing them at the program site. Nonetheless, we know little about families' receipt of these services and gaps in service provision. These gaps are not necessarily a shortcoming of the Early Head Start program, but may be related to the availability of services in the community. Further hampering understanding is that programs do not use a standard management information system (MIS) to collect data on service use.⁶ Although nearly 90% of programs reported using an MIS,⁶ individual programs vary greatly in terms of the types of data stored and staff members' technical

skills to use them. Hence, there is no readily available national family-level information at this time.

Implications

Research to better understand the services that families receive and to find ways to collect standardized data would provide valuable information for programs (to identify any gaps and any families who need more support to take up needed services). Programs that do collect these data might require support to use them effectively.

At a national level, data on service receipt at the individual family level would be useful to pinpoint service gaps and help programs establish relationships with community providers. It would also help identify the characteristics of families and programs associated with higher and lower use of services (and use of particular types of services). Such data might suggest strategies for engaging these families sooner and more effectively.

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