

EXECUTIVE SUMMARY

"[I am] very satisfied they are meeting his needs and goals. I am pleased with the way it's handled him and that he is well cared for. He gets to see his friends. He loves to go to school and that is important to me. Because I trust them, I can have a job."

--- Head Start Parent

Since the inception of the program in 1965, families have played an essential role in the Head Start philosophy. The Head Start Family and Child Experiences Survey (FACES) is an effort by the Administration on Children, Youth, and Families (ACYF), in the Administration for Children and Families (ACF) of the Department of Health and Human Services (DHHS), to develop a descriptive profile of families participating in the Head Start program and services that are provided to families, as well as to develop, test, and refine Program Performance Measures for Head Start. The findings in this technical report are focused on providing descriptions of the characteristics and experiences, including Head Start experiences, of children and families served by Head Start grantees as well as information about programs and staff. Findings related to the child assessments and classroom observations will be included in the *FACES Technical Report II*.

Head Start FACES was designed to provide a comprehensive overview of the Head Start program from a variety of perspectives. The project assessed Head Start's role in enhancing child development and school readiness, in strengthening families, and in providing quality family services in the areas of education, health, and nutrition. A conceptual model was proposed to guide and inform the project design, theorizing that Head Start programs serve a population of families with diverse characteristics, strengths, and needs.

The starting point of the model is the *Family Context*, which includes all aspects of a child's developmental context, including ethnicity, parent education, parent employment, housing, family health status, and exposure to crime and violence. The second component of the model, *Head Start Experiences*, is defined by program activities that are designed to promote immediate, short-term, and long-term goals in children and families. For children, these experiences include preschool education, health, and nutrition services. For parents, the activities involve opportunities for participation in policy and program decisions, as well as involvement with children in the classroom and in the home, parent education, the

promotion of family self-sufficiency, and facilitating access to needed community services.

The *Immediate Goals* are the objectives assessed by the Head Start Program Performance Measures. While these objectives primarily include promoting children's school readiness, they also include several goals related to parents and families, such as helping families move towards economic and social self-sufficiency. Immediate goals lead logically to the subsequent achievement of *Short-Term Goals*, such as the successful transition of children into kindergarten and the further achievement of family self-sufficiency through productive employment and involvement with the community. The scope of the current study precludes the assessment of *Long-Term Goals*, which encompass the continued educational and developmental success of the children, parents' positive involvement in their children's activities, and long-term self-sufficiency for families.

Study Design

The 40 programs participating in FACES were randomly selected from a universe of 1,734 Head Start programs that operated during the 1995-96 program year in the 50 States, Puerto Rico, and the Territories of the United States. This universe did not contain those programs that were designated as American Indian or Migrant programs. The available Head Start programs served approximately 785,000 ethnically diverse children aged 3 and older. The universe of programs was stratified on the basis of three variables: Census Region (Northeast, Midwest, South, and West), urbanicity (whether the zip code associated with the program address was located inside an urbanized area versus located outside an urbanized area), and the percentage of minority children in a program (greater than or equal to 50% minority enrollment versus less than 50% minority enrollment).

The design of FACES included six rounds of data collection. During **spring 1997**, a field test of the data collection procedures and instruments was conducted with a nationally representative, random sample of 2,400 families from approximately 160 centers in 40 Head Start programs. The first full-scale data collection took place in the fall of 1997 at the same 40 programs. A total of 3,600 families were selected for participation, including about 30% of the families who participated in the field test. The remaining families were randomly selected from among those with children entering Head Start for the first time in fall 1997.

In **fall 1997**, and subsequently in **spring 1998** and **spring 1999**, data collection teams conducted visits to each program. During these visits, the research team completed individual interviews with staff and parents, child and classroom observations, direct child assessments, and indirect assessments of children by teachers and parents. Although the Head Start-based data collection was completed in spring 1999, the kindergarten and first-grade follow-up data collections were continued during **spring 2000** and **spring 2001**.

In order to supplement the findings from the main FACES study, a subgroup of 120 families was identified for participation in the FACES case study. The case study data collection required home visits to participating families at each major data collection point plus a series of monthly contacts between data collection periods. All families in the case study were followed through December 1998.

A related substudy of community agencies used a subset of 10 of the 40 FACES programs for a systematic investigation to learn more about partnerships between Head Start and other community service providers. The ten programs, stratified on geography, rural and urban status, and minority membership, provided lists of the community service providers with which they had relationships or to whom they referred families. From each program's list of community agencies, 20 agencies (per program) were selected for telephone interviews, for a total of 200 telephone interviews with community providers overall.

Instruments

Parent Interviews

The parent interview was designed to collect the up-to-date information about current Head Start families, while being sensitive to differences based on the background of the respondents. The interview provided descriptive information about the parents (education, work status, health, nativity, depression, social support, use of discipline and rules, exposure to violence), the household (income, housing, activities with children, use of child care), and the children (gender, ethnicity, health, behavior, literacy skills, disabilities, exposure to violence). In addition, parents reported how their families came to Head Start, and how they perceived their Head Start experiences.

Staff Interviews

The research team developed interview instruments for a variety of Head Start staff, including Center Directors, Component Coordinators, Classroom Teachers, Family Service Workers and Home Visitors. The staff interviews were designed to provide a profile of the background, qualifications, and training of Head Start personnel as well as an understanding of classroom activities, family activities, services local programs offered to families, and staff perspectives on their programs and the families they served.

Case Study Instruments

In some respects, the FACES case study was a test of the usefulness and feasibility of using a smaller, more qualitative approach to better understand Head Start families in the context of a larger study. The case study methodology involved using a mixed methods approach, including both qualitative and quantitative descriptive information, longitudinally and cross-sectionally, from multiple sources to address the research questions of interest and support the findings from the larger FACES study. The instruments used in the case study focused on four areas: the Head Start children, the Head Start families, the families' interactions with Head Start, and the families' homes, neighborhoods, and communities. The home visit parent interviews were semi-structured and contained open-ended questions regarding parents' perceptions of themselves and their families, their experiences with Head Start, and their neighborhoods. The home and neighborhood observations used checklists completed by the interviewers and by the families during home visits. Finally, the monthly telephone interviews collected updates on changes in families' household composition, child care arrangements, employment status, health status, and Head Start participation.

Community Agency Staff Interviews

A semi-structured telephone interview was developed to learn about community agencies that served the same areas as local Head Start programs and the nature of the collaboration between these agencies and Head Start. Interviews were completed with the administrators most responsible for supervising the direct delivery of services. Interviews were used to gather descriptions of the agencies, including auspice, goals or mission, services provided, the types of collaboration the agencies had with Head Start, referral patterns between Head Start and the agencies, the perceived relationships of the agencies with Head Start, and the types of outreach strategies the agencies used to target low-income

families.

Study Findings

A summary of key findings across the multiple data sources is followed by a discussion integrating findings from across the various sections.

Children and Families

Demographics and Background. The parent interview offered the opportunity to learn about the children and families who were involved with the program. The sample of FACES children was evenly balanced between boys and girls, and was primarily comprised of three ethnic groups: African Americans, Whites, and Hispanics. Almost three quarters of the parents reported that their children's health status was either excellent or very good, and most of the children were classified as normal birthweight. Almost one fifth of the parents reported that their children had a disability, with the most commonly reported disability being speech or language impairment.

The data show that there is not a typical Head Start family or household. A majority of the parents were in their twenties and almost one third were in their thirties at the time of the fall 1997 parent interview. Less than one half of all the parents were married. Less than one fifth of all parents were born in a country other than the United States, and only 2% reported that they had resided in the United States for less than 5 years. English was the primary language in about two thirds of the homes. Mothers and fathers were both present in less than one half of the households, and slightly less than three fourths of the households had at least two adults age 18 or older. Between fall 1997 and spring 1998, just under one half of all parents indicated that someone moved in or out of their households.

Almost three quarters of all parents had at least a high school diploma or GED, and approximately one fourth of all parents reported in the fall of 1997 that they were working toward a degree, certificate, or license. Slightly more than one half of all parents were employed in the fall of 1997, and the mean monthly household income was \$1,256. Approximately one third of the parents participated in welfare reform programs, requiring them to get a job, attend job training, or attend school to be eligible to receive public assistance. About one half of the parents reported that they used child care services prior to enrolling their children in Head Start. Following enrollment, slightly less than one third

had children in child care before or after the Head Start day, typically in a relative's home.

Social Support and Psychological Well-Being. Virtually all parents reported that Head Start was an important source of support to them in raising their young children. Overall, Head Start was considered slightly more helpful than relatives, and much more helpful than other parents, friends, people from religious/social groups, child care staff, professional help givers, or co-workers. For many families, social support is important, especially in a population where close to one third of the parents were classified as moderately or severely depressed. Parents who were more depressed had a greater need for and reported use of social services, had a more external locus of control, had less social support, had a lower household income, and engaged in fewer home safety practices. Depressed mothers participated in fewer activities with their children, while depressed parents reported more problem behaviors for their children.

Exposure to Violence and the Criminal Justice System. Exposure to violence and the criminal justice system was a reality for many Head Start families. More than a quarter of all parents reported seeing nonviolent crime in their neighborhoods, while close to one third reported seeing a violent crime near their homes. About one fourth of the parents knew someone who was a victim of a violent crime in their neighborhood. As for the Head Start children, about one fifth had witnessed crime or domestic violence in their lives, and 3% had actually been victims of domestic violence or crime. The findings suggest, however, that being involved in and having a positive experience at Head Start may serve as protective factors against the effects of exposure to neighborhood violence.

Almost one fourth of the parents reported that they, another household member, or a non-household biological parent had been arrested or charged with a crime since the birth of their Head Start children and almost one fifth indicated that these individuals had spent time in jail. Children from families who had involvement with the criminal justice system were almost five times more likely to have been exposed to violent crime or domestic violence and four times more likely to have been victims of violent crime or domestic violence.

Activities with Children. Families were generally active with their children, and more family activities with their children were related to more reports of positive child behaviors and emergent

literacy as well as fewer reports of child problem behaviors. Families' use of rules in the home and reported social support for child rearing were both positively correlated with how active families were with their children. From fall 1997 to spring 1998, almost one half of the families increased the number of activities they did with children.

Fathers were reported to live in 44.2% of the households. Sixty percent of the children without a father in their household had someone who served as a father figure for them, most often non-household relatives, or the mothers' spouses or partners who lived in the household. About one tenth of these children rarely or never saw their non-household father and had no father figure, a group that represented more than 5% of the entire sample of children. As expected, activity with children was greatest for in-home fathers, but the levels of activity with their children varied greatly among non-household fathers. In what might be viewed as compensatory behaviors, mothers' activities with their children increased when fathers were not in the household, as did non-household family members' activities with the children.

Families that received TANF were about four times more likely to have the father living out of the household than families not receiving TANF. Not only did families with non-household fathers have a greater need for and use of community services, but as the levels of child-rearing support fathers offered increased, both the number of services the families needed and the number of services they received decreased. Children who had witnessed violent crime or domestic violence were almost three times more likely not to have fathers in the homes. Children who were reported to have been victims of violent crime or abuse were almost four times more likely than children who were non-victims not to have fathers in the homes.

Changes in Households. Changes in household structures were noted in 40% of the households during the first year of the study. New household members were reported in almost one third of the homes, while one quarter of the households had someone leave. Changes involving key adult males (fathers, stepfathers, foster fathers, grandfathers, male spouses or partners) affected almost two fifths of the households, while only 7.0% of the households experienced a similar change involving key adult females. For families having key males enter their households, there were significant increases in activities with children and in the monthly household incomes. When key males left the household, the noted changes were increases in children's aggressive behavior and decreases in monthly household income. As key females entered the household, increases were reported in aggressive behavior. In homes

where key females left during the year, increases in activities with the children were evident.

Families and Head Start

Active participation is a goal that Head Start has for every family. On average, parents reported that their children attended Head Start for slightly more than 5 hours per day and about 5 days per week. Most parents were very active in the program, with the most frequently reported activities being home visits with Head Start staff members, parent-teacher conferences, and observing in their children's classrooms for at least 30 minutes. Parents who were more involved at Head Start also participated in more activities with their children at home and reported fewer problem behaviors for their children. Work and school commitments, the need for child care or transportation, health problems, or lack of support from a spouse or partner were the primary barriers to parent participation.

From the fall of 1997 to the spring of 1998, parents with high or moderate involvement at Head Start had higher levels of social support, a more internal locus of control, higher monthly household incomes, and an increase in the use of household rules. They also increased the amount of activity they engaged in with their children. High involvement was also associated with decreased parent depression. From fall to spring, parents with low involvement also showed many similar gains, but they had no increases in the amount of activity with their children.

Expectations and Experiences with Head Start. Most parents anticipated that Head Start would help prepare their children for school and almost two fifths expected that the program would provide social interactions with other children. Far fewer parents expected benefits for their families. About one fifth of the parents did not know that Head Start could help their families. However, by the end of the school year, many parents reported that Head Start had helped their children and their families in ways they had not expected. Almost every parent had very positive feelings toward their children's and their own experiences at Head Start. Parents reported that their children often or always felt safe and secure at Head Start, were happy to be in the program, felt accepted by their teachers, and were treated with respect. Over 80% of parents felt that Head Start maintained a safe program, respected their families' cultures, helped their children to grow and develop, provided their children services, and prepared them for kindergarten. Overall, satisfaction with the program was extremely high, and parents who were more satisfied were also more involved with the program.

Special Populations

As part of the description of Head Start families, several subgroups or special populations were investigated. These include families that had children with disabilities, Hispanic families, and families that had a grandparent serving as the primary caregiver.

Head Start Children with Disabilities. Head Start directs local programs to make available up to 10% of their enrollment for children with disabilities. Among the FACES population, 14% of the children were professionally diagnosed as having a disability. Among the children with disabilities, the ethnic groups with the largest representation were African American children and White children. Almost two thirds of the children with disabilities were boys, and more than two fifths of the children with disabilities were 3 years old.

The percentage of children with disabilities having parents less than 20 years of age was about twice that for parents of children without disabilities. The distribution of parents across education and training categories was similar for parents of children with disabilities and parents of children without disabilities. A smaller proportion of families having children with disabilities also had monthly household incomes of under \$500 than was noted among families without children with disabilities. In contrast, the families of children with disabilities were more likely than families of children without disabilities to have monthly household incomes of \$2,000 or more. WIC was used by more than one half of families, regardless of whether or not the children had disabilities, but the receipt of TANF was slightly higher for families of children with disabilities. As expected, the receipt of SSI or SSDI was much more likely among families of children with disabilities, while a higher proportion of children with disabilities was covered by private insurance and Medicaid than were children without disabilities.

Most parents of children with disabilities reported that Head Start was helpful or very helpful as a source of support. Parents of children with disabilities were significantly more depressed, had a more external locus of control, and had a greater need for services and received more services than parents of children without disabilities. While most parents of children with disabilities were classified as not depressed or only mildly depressed, the remaining one third of these parents were classified as moderately depressed or severely depressed. Less than 5% of the parents of children with disabilities reported being victims of violence in their homes, slightly higher than parents of children without disabilities.

No significant differences in reported activities with children were noted between families with or without children with disabilities. Parents of children with disabilities indicated their children had less positive social behavior, and more problem behavior, including behavior that was more aggressive, hyperactive, and withdrawn. Parents of children with disabilities were significantly more involved at Head Start than parents of children without disabilities. While parents of children with disabilities were significantly less satisfied than parents of children without disabilities, their satisfaction with the program was still high.

Hispanic Head Start Families. Data presented on Hispanic families and children suggest that this group may become the largest ethnic or racial group enrolled in Head Start over the next decade. Perhaps more importantly, the data demonstrate that Hispanics, as a group, are heterogeneous, diverse, and dynamic. Significant variations among the three Hispanic groups identified based on ethnic- and language-minority status (families living in Puerto Rico, Spanish-speaking mainland families, and English-speaking mainland families) highlight the importance of understanding the differences among Hispanic families. Understanding this diversity among Hispanic families is perhaps more salient in addressing policy and research questions for programs like Head Start than seeking to understand the “typical” Hispanic family.

The findings among different Hispanic groups present a complex picture. For instance, one might assume that Hispanic residents of Puerto Rico, who are both the majority ethnic group in their culture and speak the dominant language, may have certain advantages over other Hispanic groups given their ethnic- and language-majority status. And while data did support that Hispanic families living in Puerto Rico had some advantages over other Hispanic groups in terms of educational attainment and social support for raising their children, they also faced critical challenges: More parents in Puerto Rico were unemployed and living in households that were below the Federal Poverty Level. Likewise, Spanish-speaking mainland Hispanic families that have both ethnic- and language-minority status in the U.S. might be assumed to have certain disadvantages compared to other Hispanic families. However, while Spanish-speaking mainland Hispanic families in the study did have more challenges compared to other Hispanic groups in terms of educational attainment, health insurance coverage for their children, and low levels of social support for raising their children, they also reported higher income levels compared to non-

Hispanic families and had more dual-parent households than other Hispanic groups.

Lastly, one might assume that English-speaking mainland Hispanics, who are ethnic minorities in the overall culture of the U.S., may gain some protective benefits from being able to communicate in the majority language. The findings regarding English-speaking mainland Hispanic families indicate that there were some protective benefits of proficiency in the dominant language in terms of educational attainment, lower levels of unemployment and fewer families living below the Federal Poverty Level. However, there were risks for this group, such as more single-parent households and more multiple family risks associated with negative outcomes for children, which may result from acculturation into the mainstream culture. This complex picture, along with the increasing number of Hispanic families enrolled in Head Start, points to an increased need for further research to understand the variation among Hispanic families and identify the critical elements of Hispanic families' lives to better inform policy and program decisions.

Grandparents as Primary Caregivers. Another important but understudied special population noted in the study was families in which grandparents served as primary caregivers for the children. Almost 5% of the children had grandparents who were identified as their primary caregivers. About one half of these children were African American while less than 10% were Hispanic. About one half of the families with grandparents serving as primary caregivers lived in the South.

As expected, grandparents as caregivers were older than caregivers in the main sample of families. The mean age of primary caregivers in the main sample was 30 years, while the mean age for grandparents who served as primary caregivers was 52 years. Fewer grandparents who were caregivers were single, and more reported they were divorced or widowed. In general, grandparents who served as caregivers had less education than other primary caregivers. Almost two fifths of the grandparents who were caregivers did not complete high school. Employment, either full-time or part-time, was greater among other caregivers, as approximately three fifths of the grandparents were not employed compared with about one half of the other caregivers in the overall sample.

Overall, the households in which grandparents served as primary caregivers had higher incomes than the overall sample of Head Start households. Grandparents as primary caregivers were less likely

than the overall sample of families to use WIC but were more likely to use TANF as well as SSI or SSDI. The proportions of children covered by private health insurance or by Medicaid were virtually identical across both groups of families.

Grandparents reported receiving significantly less overall support in raising their grandchildren than parents who were caregivers. Interestingly, a larger proportion of grandparents compared to parents reported religious or social group members as a source of support in raising their children. Grandparents involved their grandchildren in a wide range of activities, including reading. In fact, there was no significant reduction in reported levels of activities with children among families with grandparents as primary caregivers. Compared to parents as primary caregivers, grandparents as caregivers indicated their grandchildren had more problem behaviors.

Almost three quarters of the grandparents reported participating in some activity at Head Start. Grandparents as caregivers were less likely than parents to volunteer and observe in the classrooms or help with field trips, yet they were more likely to serve on Policy Council. Compared to other caregivers, grandparents were less likely to report the typical barriers to program participation, but like other caregivers, grandparents reported high satisfaction with their Head Start programs.

Three Generational Families. Finally, not all grandparents who lived in the households were identified as caregivers. While close to 5% of the Head Start children lived in families headed by their grandparents, almost three times as many households were extended families that included a grandmother, a grandfather, or both grandparents. Two fifths were families of African American children, one quarter were families of Hispanic children, and one fifth were families of White children. For almost two thirds of these three-generational families, the adult family structure consisted of a mother and a grandmother.

Head Start Staff

Head Start implements its family services through the work of its staff. Staff include program administrators responsible for service areas, such as health, education, parent involvement, and social services, Center Directors, Classroom Teachers, Home Visitors, and Family Service Workers. These staff displayed great loyalty to the program and to their work in early childhood education. Area Coordinators,

Center Directors and Teacher Administrators¹ had an average of over 15 years experience in early childhood education, while Classroom Teachers and Family Service Workers had been employed in the field for over 10 years. About half of the Center Directors and Teachers either had children in Head Start at the time of the interview, or had been Head Start parents in the past.

Over one half of Head Start Classroom Teachers reported holding an Associate's degree or higher. While more than one half also held a Child Development Associate certificate, about 40% held a teaching certificate at the preschool, elementary, or secondary school level. Annual salaries for Head Start Center Directors averaged less than \$30,000 annually, while the average salaries for Classroom Teachers were less than \$25,000. Reported staff satisfaction, both with their employment in the field of early childhood and with their Head Start positions, was very high. Across all positions, staff overwhelmingly indicated that the importance and enjoyment of working with young children was the primary reason for continuing to work at Head Start.

Staff reported that their most important goals for families were to teach them about child development and parenting and to inform them about their own child's development. They also indicated that the main benefits of Head Start for children were enhancement of social skills with peers and adults and improving children's school readiness, which were mentioned by just over one half of the staff.

Education Coordinators, Center Directors, and Classroom Teachers reported over 90 different curricula that were employed in the classrooms, with High Scope and the Creative Curriculum mentioned most often. Reading stories, naming colors, teaching number concepts or counting, as well block building, free play, and outdoor physical activities were reported to be offered daily or almost daily in over 90% of the centers and classrooms. Center Directors and Classroom Teachers reported that they taught letters of the alphabet and provided computer time in their classrooms less frequently than other academic activities.

No significant relationships were observed between staff experience, education, or training and parent-reported satisfaction with the program. However, parents did report greater satisfaction with the program when their children's teachers reported more opportunities for contact with parents in the classroom and more opportunities for parents to come into contact with other Head Start staff. Parents

¹ In some cases, a classroom teacher also served some of the administrative functions of a Center Director when a Center Director was not available. Within this report, such teachers are referred to as Administrative Teachers.

reported more involvement with program activities where Head Start teachers reported more years of education and a greater number of in-service training hours.

The FACES Case Study

The case study was a unique opportunity to address research questions that would supplement the larger study. These findings from the case study have made a distinct contribution to the FACES study in a number of areas. For example, findings from the home visit interviews revealed that most Head Start families saw positive relationships, most often characterized as the closeness or togetherness of their family or knowing that they could rely on one another and would take care of each other, as the primary strength of their families. The emergent themes identified from the family narratives also highlighted the strengths or resilience of the families, which were illustrated within the scope of the challenges they face. Of particular note is the sense that families held on to critical values or beliefs in the face of adversity, such as the importance of education for their children or being able to take care of their children.

Most families believed it was important for them to teach their children values or morals, including teaching or showing their children that education was important and teaching them how to behave, as well as guiding them and helping them to set goals in their lives. Parents also felt that they were successful or somewhat successful at teaching these things to their children and were very satisfied with their role as parents. Home visit interviews and family narratives reveal that despite facing various barriers to participation, the majority of Head Start families had a strong desire to be involved in their children's Head Start education and valued their involvement in the program.

The findings from the FACES case study also supported and expanded upon many of the findings from the larger study. Findings from the case study home visit interviews and family narratives found, like the main study, that Head Start families generally held optimistic expectations for their children's early schooling experiences. Most parents' hopes and goals for their children were focused on general education goals, such as learning basic skills and doing well in school. They also had optimistic expectations about their children's future educational attainment, with specific long-term educational goals for their children, such as graduating from high school and attending college.

Home visit interviews indicated that a majority of Head Start families were satisfied or very

satisfied with Head Start and felt that the program was meeting the needs and goals of their children. They felt that their children were learning, the program was preparing their children for kindergarten, and they were satisfied with the emphasis on the total child, including their physical, social or behavioral development. However, about one third of the primary caregivers also expressed some dissatisfaction with Head Start and felt the program was not completely meeting the needs and goals of their children. Most of these parents wanted more of an emphasis on academics and felt their children were not being prepared for kindergarten. They also expressed some dissatisfaction with Head Start staff or service related issues such as the hours of operation or the enrollment policies of the program.

Findings from the monthly telephone interviews and family narratives indicated that Head Start families coped with multiple changes and balanced the needs of their families' lives in many critical areas. Specifically, many Head Start families experienced two or more changes in the areas of household composition, employment, income, health, and child care over the course of the case study.

Community Agency Providers

The data from the community agency providers and Head Start Family Service Worker interviews have contributed to a more complete understanding of the types and frequency of collaboration between Head Start programs and the network of agencies within their communities. Most community agencies reported that they had either a formal or informal relationship with Head Start. Formal collaborations included contractual arrangements to provide dental or health care for Head Start children, Welfare-to-Work programs for the families, or parenting classes. The majority of collaboration was informal and included the referral of clients to Head Start or serving on the same community-wide committees.

Even though agencies reported a relationship with Head Start, most interactions were informal and did not involve regular communication. Most communication was done by phone and involved a discussion of mutual clients, mutual services, or client referrals. While most agencies reported receiving client referrals from Head Start, respondents indicated that they rarely or only sometimes referred clients to Head Start, and when referrals occurred, they typically involved providing their clients with written or verbal information about Head Start, such as the local program's phone number or address.

Most agencies felt that their relationship with Head Start was very important and that the quality of that relationship was positive. Yet when asked about any problems they had encountered during interactions with Head Start, many reported problems or had suggestions for improving collaboration. Agencies suggested that Head Start be more willing to collaborate, increase hours of operation, provide transportation for clients, and offer a more challenging curriculum for children, as well as have a better trained and more organized staff. Most agencies used a combination of traditional and non-traditional recruitment strategies including referrals from other agencies or word-of-mouth, not unlike outreach strategies utilized by Head Start staff. Very few agencies mentioned outreach to Head Start as a way of identifying eligible clients.

Conclusions and Implications

This study explored many issues faced by Head Start children and families, by Head Start programs and staff, and by the community service providers that assist these families. Across this variety of data sources, the findings have led to the following conclusions.

Head Start Families are Diverse

The FACES data clearly suggest that there is no “typical” Head Start family. This diversity is evident in the race, ethnicity, and cultures of children. Diversity was also seen in the structures of Head Start families. The range of well-represented family types included dual-parent families, single-parent families, and blended families. Head Start parents represented a range of educational levels and work status. Although one quarter of parents did not complete high school, many Head Start parents actually progressed beyond high school. And while a significant number of households had no employed members, more than one half of all parents were employed.

Head Start Families are Like Other Families

While there was great diversity in the types of Head Start families, parents from these low-income families also had much in common with each other, as well as with parents who were more advantaged. They shared similar values with regards to the hopes and goals they expressed for their families and their children. These parents held optimistic expectations for their children’s early schooling experiences as well as optimism about their children’s future educational attainment. They believed it was important to teach their children values or morals and that education was important – they wanted the

best for their children. In addition, they expressed the conviction that positive relationships within their families were a primary strength of their families.

Head Start Families Face Multiple Challenges and Possess Strengths to Address These Challenges

Personal challenges, as well as challenges associated with poverty, typically burdened families who enrolled in the program. Numerous families faced multiple challenges that reached across several areas of their lives, including employment status, income and economic supports, household structure, and education. Often neglected is the notion that even at-risk families have strengths to draw on as they face these challenges -- this is how many families demonstrated resilience in the face of their harsh, daily realities. For example, having fathers in the home was generally considered a strength for families. Even where this was not possible, there were important benefits for families just by having fathers who were active in the raising of their children. The fact that two thirds of the parents had no more than a high school education limited the types of employment opportunities available to them. However, it was encouraging to find, that in the face of the challenge of limited education, about one quarter of the parents reported that they were working toward a degree, certificate, or license. Whether in their homes or in their neighborhoods, the reality of violence challenged Head Start families' lives – almost one third reported seeing violent crimes near their homes and nearly one fourth of the families faced challenges associated with having a family member involved with the criminal justice system. In spite of this bleak picture of environmental and personal challenges to Head Start families, many held a positive outlook regarding living environments and felt their neighborhoods were good places to raise children and had positive characteristics.

In light of the number of Head Start parents suffering from some level of depression, the availability of social supports for raising children takes on heightened importance. Overall, Head Start served an important role in this area, as almost all of the parents reported that the local program staff was helpful to them in raising their young children. Families recognized that there were strengths in the people around them, such as the Head Start staff, and made use of this support and expertise.

Head Start Families are Active with Their Children as Well as With Head Start

The Program Performance Standards direct local programs to build Family Partnerships as a

means of assisting parents with the task of involving themselves in the lives of their children. In order to meet this goal, programs help parents become involved in all areas of child development as well as with local schools and communities.

Parent Involvement with Children is Important

The FACES data support the notion that parents' involvement in activities with their children has a number of positive consequences for families. Family members' increased activity with children was associated with positive child outcomes. Having a father in the home positively affected the entire household. The use of discipline, including spanking, was more likely to occur when fathers were not present in the homes, and these families had the greatest need for and use of community services. Of critical importance for understanding the importance of fathers, children who were identified as witnesses or victims of violent crime or domestic violence were much more likely not to live with their fathers.

Families Benefit from Program Involvement

Most parents were active in the program, and, along with their strong desire to be involved in their children's education, seemed to value and know that there were benefits that came with program involvement. Program involvement helped parents stay informed about what their children were learning and experiencing. Through routine volunteer activities, parents were brought to the centers where they could be involved with their children as well as with other families and staff; they could also develop job skills, parenting skills, and social skills. However, despite parents' best intentions, not all were able to participate at the level they would have liked. The case study provided many examples of families who highly valued participating in Head Start, even when faced with the type of barriers most often reported by both parents and staff, such as work and school commitments, the need for childcare or transportation, and health problems. Parents who were most involved became less depressed, felt a greater sense of control over their lives, reported increased social support, and increased use of household rules over the program year.

Parents felt that Head Start helped their children with academics and through social interactions with other children, as well as with adults. Although parents generally indicated that they came to Head Start to help prepare their children for school, by the end of the school year many parents reported that Head Start had helped their children and families in ways that were not expected. From the staff

perspective, the main benefits of Head Start for children were improved interactions with other children and adults and school readiness. In terms of goals for families, staff suggested that the critical issues were to teach parents about child development and parenting and to inform parents about their own child's development.

Families Were Very Satisfied with Head Start

A recent national survey reported that Head Start received the highest customer satisfaction rating of any government agency or private business (President's Management Council, 1999). Similarly, almost all of the FACES parents had very positive feelings toward their children's and their own experiences at Head Start and felt that the program was meeting the needs and goals of their children.

Parents who were more satisfied were also more involved in program activities. In centers where staff reported greater use of parents as home visitors or workshop leaders or where parents prepared newsletters and assisted in curriculum planning, the parents reported greater satisfaction and more positive experiences with Head Start. When asked about suggested program improvements, parents in the main sample had four key suggestions. These were to extend the program hours or have longer days, to have a greater focus on academics and school readiness, to provide more transportation options, and to improve the facilities like the playgrounds or classrooms. Despite these concerns, almost one half of the parents indicated that Head Start did not need to change or they were already satisfied with the program.

Future Research Directions

This descriptive study of Head Start families had two clear methodological strengths. The study provided new findings on the developmental and ecological contexts in which Head Start children lived, and it was done using a mixed-method approach. While the emphasis on these two aspects has yielded valuable data, there are potential benefits to continuing this blend of focus and approach. In terms of learning more about the developmental and ecological contexts of Head Start families, future studies should consider targeting the range of family types or important components of the Head Start population that need additional study, including special populations such as American Indians and Alaska Natives, and Migrants. Targeting specific groups within the Head Start population may allow greater attention to be given to assessing family and individual strengths. The case study made clear that while the research often focused on challenges families faced, many of these families demonstrated great resilience in the

face of these challenges. While research on challenges helps to highlight areas in which families need support, adding a specific focus on family strengths may help illuminate successful strategies for addressing these challenges.

Important developmental and ecological contexts that FACES began to investigate were community and neighborhood environments, and further work along these lines is encouraged. The ability to link Head Start families to secondary sources of data, such as census data at the neighborhood level, will be important for assuring that Head Start services are appropriate for specific communities, and should also facilitate both Head Start recruitment efforts and strategic planning so Head Start is always prepared to meet the changing face of poverty. Methodologically, Head Start will continue to benefit from the application of varied data collection approaches. The case study is an excellent example of how a qualitative approach can provide depth to better understand the findings of the more standard quantitative approach. The inclusion of secondary data sources, such as in proposed community and neighborhood level work, will further extend the usefulness of the study findings.

Perhaps most important is the need to continue collecting, analyzing, and reporting national data on the children and families served by Head Start and on the programs that strive to meet their needs. Regular, ongoing national data collections can serve as a form of surveillance system of the dynamic population of families that comes to the Head Start door, of the professional development needs of the staff that serve them, and of the best program practices to ensure a brighter future for these families and the children they entrust to Head Start's care.