

## EXECUTIVE SUMMARY

To meet multiple purposes, the National Early Head Start Research and Evaluation project included an implementation study, a study of program impacts through the children's second and third birthdays, continuous improvement feedback, local research, and special policy studies (on such topics as child care, fathers, health and disabilities, and welfare reform). In addition, longitudinal followup is under way as the children transition through Head Start and other preschool programs and enter kindergarten. Implementation data were collected through three rounds of site visits, surveys of program staff in fall 1997 and 1999, and observations in Early Head Start and community centers. The implementation study tells the story of the programs' development through their early years, examining the nature and extent of implementation in key program areas and the quality of crucial child development services. The final report of the implementation study, *Pathways to Quality*, describes lessons from the implementation analysis of the experiences of the 17 research programs as they developed between their initial funding in 1995 or 1996 and the final site visits in fall 1999.<sup>1</sup>

### MAJOR FINDINGS

**Evolving Program Approaches.** Program approaches to delivering services increased in complexity over time. The research programs began about equally divided among center-based, home-based, and mixed-approach strategies; by fall 1997, the home-based approach predominated.<sup>2</sup> By 1999, however, only two of the home-based programs were continuing in that mode exclusively; the others had adopted a mixed approach. Four programs remained center-based throughout this period.

**Progress in Overall Implementation.** One-third (6) of the programs were *early implementers*, becoming fully implemented overall by fall 1997 and maintaining that level in late 1999, while still expanding the numbers of families served. By fall 1999, two-thirds (12) of the programs were fully implemented, with six *later implementers* making significant progress between 1997 and 1999. The remaining five programs were *incomplete implementers*, which did

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<sup>1</sup>The implementation study and its findings are fully described in two sets of reports. The first report, *Leading the Way* (ACYF 1999a; 2000a; and 2000b), includes in-depth profiles of each of the 17 research programs (Volume II), a detailed cross-site analysis of the program services being delivered (Volume I), and analysis of the levels of implementation programs achieved and the quality of their child development services (Volume III) as of fall 1997. *Pathways to Quality* applies some of these same analyses to the levels of implementation and quality observed in 1999, while tracing the dynamics of program changes that led to these achievements.

<sup>2</sup>Center-based programs provide all services to families through the center-based option (center-based child care, plus other activities) and offer a minimum of two home visits per year to each family; home-based programs provide all services to families in the home-based option through weekly home visits and at least two group socializations per month for each family; mixed-approach programs provide center-based services to some families, home-based services to other families, or a mixture of center-based and home-based services to the same families.

not achieve ratings of “fully implemented” during the evaluation period, even though all made strides in particular program areas and, in fact, showed a number of strengths.<sup>3</sup>

**Variation in Implementation.** The number of programs rated as fully implemented varied across the domains of program operations. Fifteen programs achieved that level by 1999 in community partnerships and in staff development, 14 in management systems, 12 in family partnerships, and 9 in child development and health services. There was also considerable variation within each of these areas.

**Family Engagement.** Program staff rated more than one-third of their families as being highly engaged in program services. Based on the parents’ self-reports, programs that became fully implemented early generally succeeded in delivering more frequent and intense services to their families than the later-implemented or incompletely implemented programs.

**Service Needs and Use.** Most families who received services related to their reported needs at enrollment began receiving them in the initial follow-up period. In child care and education, some families who had a need at enrollment and did not receive services during the first follow-up period began receiving services in the second follow-up period. By the second followup, most families had received services related to the needs they expressed at enrollment. At least 85 percent of families who expressed a need in family health care, parenting information, child care, and education reported receiving services they needed. Most families who expressed a need for employment and housing reported receiving related services. However, fewer than half of families with a need in transportation and services for children with disabilities received services within the first 16 months after enrollment.

**Quality of Child Development Services.** Overall, the quality of both home- and center-based child development services was good. On average, centers maintained teacher-child ratios and group sizes that met the revised Head Start Program Performance Standards, and average scores on the Infant-Toddler Environment Rating Scale were in the good-to-excellent range.<sup>4</sup> Ratings of factors believed to influence home-visiting effectiveness (such as home visitor hiring, training and supervision; planning and frequency of home visits; staff reports of child development emphasis during home visits; and integration with other services) were “good” or “high” quality in 9 of the 13 programs with home-based services in 1997, and increased to 11 in 1999.

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<sup>3</sup>In-depth site visits provided information for rating levels of implementation along key program elements contained in the Early Head Start program announcement and the Head Start Program Performance Standards (which were revised to encompass program serving infants and toddlers and took effect in 1998). Although the implementation ratings designed for research purposes were not used to monitor compliance, they included criteria on most of the dimensions that the Head Start Bureau uses in program monitoring, including child development and health, family development, community building, staff development, and management systems. Being fully implemented meant that programs achieved ratings of 4 or 5 on the 5-point scales used by the research team across most of the elements rated. Programs that were not fully implemented overall had implemented some aspects of the relevant program elements fully and had implemented other aspects, but not at the level required for a high rating. Some of the incompletely implemented programs showed strengths in family development, community building, or staff development.

<sup>4</sup>A policy report examining child care use and child care quality in more detail will be released in mid-2002.

**Staff Development and Management.** Staff responses to the fall 1999 survey showed that staff morale was generally high. Staff reported positive workplace climates and valued their directors. Although most programs experienced annual turnover in the 15 to 32 percent range, fewer programs experienced very high turnover rates in 1999 than were reported in 1997. A number of programs focused on improving wages, with the average compensation for frontline staff improved by 9 percent over that two-year period. By 1999, programs were successful overall in meeting the performance standards requirement that at least 50 percent of frontline staff have a two-year or higher degree—even before the 2003 deadline. However, center-based programs had not yet achieved the required goal of having all teachers CDA-certified within a year of being hired.

## **THEMES CHARACTERIZING EARLY STAGES OF PROGRAM DEVELOPMENT**

Ten themes summarize the key experiences of these programs that were funded early in the initiative. Although the circumstances of each program are unique, other programs may have similar experiences as they progress toward fuller implementation and higher-quality services.

- **Increased attention to the revised Head Start Program Performance Standards.** Ongoing guidance from the Head Start Bureau and technical assistance providers helped programs interpret the performance standards. Head Start Bureau monitoring visits between 1997 and 1999 clarified the standards and identified areas that programs needed to change in order to comply with the standards, and motivated staff to address these areas.
- **Expanding services.** Many programs expanded services to families, began serving new neighborhoods, and/or increased the number of families served.
- **Increasing service intensity.** Most programs became more successful over time in delivering more-intensive services to a higher proportion of families. Home-based programs provided more-frequent home visits and group socializations; programs operating centers increased the hours of operation.
- **Increasing child development focus.** Some programs began with a family support focus, and over time increased the child development focus of services during home visits by changing curricula and providing additional training and supervision.
- **Refocusing efforts to improve child care quality.** Several programs moved from community-level, collaborative quality improvement activities to focusing on the quality of the arrangements Early Head Start children were in. Programs developed myriad activities to meet the challenge of improving child care quality, such as developing partnerships with child care providers, offering training and technical assistance to providers, and monitoring arrangements.
- **Enhancing family participation in program services.** To address the challenge of involving families in services at the planned intensity, some programs made strong efforts to increase family involvement in home visits and group socializations. Some also focused on involving men in program activities.

- **Providing training and technical assistance.** The research programs, among the first wave of Early Head Start programs, were often called on to share their experiences with newer programs in their region. Thus, several moved into a new role of providing assistance to other programs.
- **Evolving community partnerships.** Changes such as increasing the child development focus of services often meant that original partners were either less appropriate or insufficient for meeting the needs of families. A number of programs ended partnerships that were no longer necessary and/or formed new partnerships and interagency collaborations, especially with Part C agencies and child care providers.
- **Changing leadership.** In most of the research programs, leadership did not change. However, when changes did occur, they sometimes set back or stalled program progress but sometimes created opportunities for positive change.
- **Increasing complexity.** Programs examined their service mix, adapted to changing community circumstances and family needs, and learned from their experiences. Expanding services, creating a better fit between services and family needs, and other program developments (especially among those that became more “mixed” in their approaches to serving families), typically increased the complexity of the service approaches. Part of the complexity was often reflected in reorganized staffing structures, intensified training plans, and searches for additional sources of funds (such as state grants and child care subsidies).

## LOOKING BACK: SELECTED ACCOMPLISHMENTS

The programs achieved many important successes over the first several years of implementation. Looking back, several accomplishments stand out:

- **Nearly three-quarters of the research programs became fully implemented.** Most programs were able to reach full implementation within four years of their initial funding. The others made considerable progress in several program areas but were not able to become fully implemented within the first four years.
- **Implementation progress occurred even while program complexity increased and program emphases changed over time.** Programs often altered their basic approaches to providing child development services to accommodate the changing needs of families. The changes in approaches usually entailed adding service options and offering their families a more complex set of options.
- **The infrastructure to support Early Head Start grew alongside the programs.** During the study period, the training and technical-assistance system grew to accommodate the rapidly expanding number of Early Head Start programs. Programs often cited guidance received from Head Start Bureau monitors and training and technical-assistance providers as key to their growth and development.

- **To a large extent, the programs delivered the required services.** Programs delivered child development and other services to families in centers, during home visits and case management meetings, and in group parenting activities. Services included child development services (child care, assessments and screening, activities with children during home visits, and group socializations), parenting education, and family development services (case management, health services, and transportation assistance). Most families received the services that related to the needs they expressed at the time they enrolled. The majority of families received services at the required intensity during the first 16 months after enrollment. In addition, 91 percent of parents, overall, met at least a minimal criterion for being considered participants.
- **The programs succeeded in providing more-intensive child development services.** Programs providing home visits increased the intensity of home visits from two to three visits completed each month per family on average. Programs offering center-based services all increased to full-day, full-year services, if they had not offered these services initially.
- **The Early Head Start centers provided good-quality care to infants and toddlers, and initiated efforts to enhance quality in community child care programs that Early Head Start children attended.** Between the fall 1997 and fall 1999 site visits, quality scores consistently averaged in the good-to-excellent range. Several programs were rated as providing excellent care. Programs initiated many efforts to enhance quality in community child care centers attended by Early Head Start children.
- **Attention to staff training, supervision, and support sustained high ratings of staff satisfaction and commitment.** Over time, many programs continued to refine their training and supervisory approaches and support staff in providing consistent, high-quality services to families. The research programs succeeded in creating workplace environments that staff rated highly. Staff noted how much they had learned by fall 1999 and expressed confidence that they now have a much clearer idea of what they are trying to accomplish and how to go about it.
- **Early Head Start programs contributed to their communities.** In a number of ways, maturing programs began making a difference for the larger communities in which they are located. For example, they began increasing the number of infant and toddler experts in their communities, contributing to greater integration of services in the community, and establishing degree programs in early childhood development at local colleges to augment community resources in early childhood.
- **Community partnerships grew in number and effectiveness.** Early Head Start programs have become better known and more accepted in their communities. Special Quest has played a key role in strengthening partnerships between Early Head Start programs and Part C providers. In addition, more programs have contracts or agreements with child care providers.

## LOOKING AHEAD: IMPORTANT CHALLENGES

Looking beyond the Early Head Start research programs' first four years of operation, we see several challenges remaining. These challenges create opportunities for continued growth and improvement in these 17 programs and provide lessons for all Early Head Start programs:

- **Continuing to adjust to changing family needs.** During their first four years, the research programs adapted their services to family needs that changed as a result of welfare reform. In many states, as families reach their time limits on cash assistance and the economy weakens, programs may face new challenges as they help families cope with these changes.
- **Finding effective strategies for engaging families in parenting education and group socializations.** During their first four years, most of the research programs providing home-based services to some or all families were unable to achieve high participation rates in group socializations, and programs that were exclusively or partially center-based continued to have difficulty engaging parents more fully in parent education classes and support groups. Regardless of program approach, programs need to continue to find effective ways of engaging families.
- **Increasing father involvement.** In searching for effective approaches to involving parents in group socializations and parenting education, as well as in other program activities, the programs may also discover creative ways to involve fathers.
- **Ensuring that children's child care arrangements meet the revised Head Start Program Performance Standards.** Programs that relied on community child care settings to meet their families' child care needs developed a range of strategies for ensuring quality. However, most programs that are not center-based are challenged to continue to build community child care partnerships to ensure quality child care for all program children.
- **Balancing program needs and the needs of staff.** Programs' staffing needs are likely to continue changing as programs evolve and services change, which will require programs to prepare staff for new responsibilities and sometimes to change their staff structure. In this context, programs also must meet the financial and other needs of a more professional workforce to minimize staff turnover.

Reaching full implementation quickly presents a significant challenge for some programs. Achieving full implementation takes time, and not all programs will be successful within the first three or four years of funding. All programs, and the infrastructure that supports them, need to work together toward the goal of reaching full implementation as quickly as possible.