



RESEARCH TO PRACTICE

Program Models in Early Head Start

EARLY HEAD START RESEARCH AND EVALUATION PROJECT

Early Head Start programs can select alternative service options to meet children’s needs. Programs decide which options to offer children and their families after completing an intensive community assessment of family needs. Programs reassess community needs every 3 years and may change available options accordingly. For example, one program that began offering home-based services added a center-based option because some families needed child care. Theories of change and outcomes found in different program models were studied in the Early Head Start Research and Evaluation Project (Administration for Children and Families [ACF],

2002a; ACF, 2002b). The findings suggest ways program models can be improved and questions to raise when programs evaluate which options best fit their families’ needs.

Studying Program Options

Early Head Start provides services at the child and family level. In our research of program approaches we studied the services programs provided. Thus, program and research definitions that pertain to program models are slightly different.

PROGRAM DEFINITIONS Services on a Child and Family Level	RESEARCH DEFINITIONS Services on a Program Level
Home-Based Option: Early Head Start services are provided to children and their families primarily through weekly home visits and bi-monthly group socializations. Referrals may be made for family support services.	Home-Based: All families receive home-based services.
Center-Based Option: Early Head Start services are provided to children in a center-based program. Parents receive regular parenting education and family support through two home visits a year. Health services may be offered through the center and referrals made for other family support services	Center-Based: All families receive center-based services.
Combination Option: Early Head Start services are provided to children through a prescribed combination of home-based and center-based services.	Combination Option: <i>This was not part of the initial research, but is addressed in the mixed model grouping below.</i>
Mixed: <i>Children are enrolled in one of the above official Head Start program options, receive services from one of the other program options, and/or move from one program option to another.</i>	Mixed: Some children who are enrolled in the center-based program option also receive regularly scheduled home visits. Children may also move from one option to another during their years in Early Head Start.

Many Early Head Start programs now focus on identifying theories of change.

Results from the Evaluation

The Early Head Start Research and Evaluation Project found that overall, children and families benefited from Early Head Start. Children in Early Head Start had significantly higher cognitive, language, and social-emotional development than control group children. Their parents demonstrated more supportive parenting and a higher number of language and learning-rich home environments than control group parents.

Early Head Start parents also read more often to their children and spanked less. In addition, some Early Head Start families were more self-sufficient and experienced greater health benefits than control group families.

The evaluation found that different program approaches used different theories of change. Many Early Head Start programs now focus on identifying



At 36 months, mixed-approach programs had the strongest and broadest patterns of impacts.

theories of change. Theories of change refer to the outcomes the programs intended to influence and the mechanisms for achieving them. Directors from home-based programs expected to influence parents and parenting through regular home visits and group socializations. They believed improved parenting and family support led to positive child development. On the other hand, directors from center-based programs placed more emphasis on child outcomes. They believed children would benefit most from direct, high-quality center program experiences. Directors from mixed-approach programs emphasized child and parenting outcomes equally. It is important to understand the outcomes programs sought when considering the outcomes achieved.

All program approaches had positive impacts, but patterns were different. Consistent with programs' theories of change, when children were 24 months old, home-based programs tended to have impacts on parent outcomes, center-based programs tended to have impacts on child outcomes, and mixed-approach programs had impacts on both.

Home-based programs

When children were 36 months old, Early Head Start had positive impacts on parent-child relationships. These children were better able to engage their parents in play and parents were more supportive during semi-structured play sessions. These parents reported less parenting stress and were

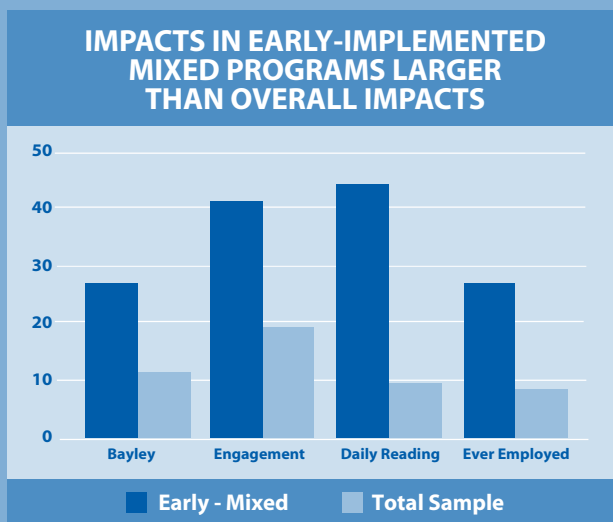
more likely to be in school or training than their control group parents. Other analyses involving program families suggested useful relationships for programs: (1) Children who received child-focused home visits had more cognitive and language improvements and their parents offered more stimulating home environments than those whose home visits were parent-focused. (2) Some program parents were more engaged in home visits than others (as rated by staff). Parents who were most engaged in home visits had fewer risk factors, were least depressed, and were more likely to have a child with a disability.

In analyses based on the experimental design, the importance of the Head Start Program Performance Standards is shown: When home-based programs fully implemented the Program Performance Standards (ACF, 2002b), there was a broader pattern of positive impacts related to children's cognitive and language development. Early Head Start parents in these sites spanked less, reported less parenting stress, and were more likely to have attended high school than control group parents. Parents in less implemented home-based sites (typically sites that failed to implement the child development aspects of the program) had positive impacts on social-emotional development (engagement and attention) and parent education, but not cognitive or language development.

Center-based programs

At 36 months old, Early Head Start children in center-based programs were significantly less negative in interactions with their parents than control group

The dark blue bars show the effect sizes (mean difference between program and control group divided by the standard deviation) for outcomes in fully-implemented, mixed-approach programs vs. those for the whole sample. All bars show significant effects. Fully implemented mixed-approach programs that followed the Head Start Program Performance Standards had the greatest impact. Below are examples of different types of mixed-approach programs and reasons they may have been effective:



- 1 Mixed-approach programs (offering the same families home-based and center-based services) may have offered families the “best of both worlds” by building intensive relationships with families through home visits and providing stimulating experiences for children through center-based care. Thus, there were impacts on both parents and children.
- 2 Mixed-approach programs (providing some families with home-based services and some with center-based services) may have been particularly able to provide a good fit with families' needs.
- 3 Mixed-approach programs (serving some families with home-based services and switching to center-based when families' needs changed) may have been able to quickly adapt to families' changing needs so families stayed in the program.

parents. At the same age, 27% of program children vs. 36% of control group children had Bayley MDI scores below 85, although this was not a significant difference. At 24 months old, children in center-based programs had significantly higher cognitive development scores than their control group counterparts (ACYF, 2001). Program parents were significantly more likely to play regularly with their children, yet were significantly less likely to use a car seat appropriately (see Implications).

Mixed-approach programs

At 36 months old, mixed-approach programs had the strongest and broadest patterns of impacts. Children had higher vocabulary scores and better social-emotional development (e.g., more engaged and attentive during play). Parents were more supportive and less detached during play, played more with their children, offered higher quality of assistance during a teaching task, and were more likely to read daily to their children than control group parents. These parents also spanked less often and were more often in school and employed.

Mixed-approach programs that fully implemented the Head Start Program Performance Standards (per a study panel of experts, ACF, 2002b) had significant impacts on children's cognitive, language, and social-emotional development (engagement and attention). Early Head Start parents played more with their children, were more supportive, more likely to read daily to their children, less detached and intrusive during a teaching task, more often in school or training, more often employed, and spanked less than control group parents (see box, page 2).

Programs tended to evolve toward the mixed-approach. The Early Head Start Implementation Study (ACF, 2002a) found that many programs initially only providing home-based services, later became mixed-approach programs. Of seven programs that began offering only home-based services, only two exclusively offered home-based services to families 2 years later. The other five home-based programs added centers or began formal partnerships with community child care providers.

Although it is often recommended by new community assessments, changing the program model can be challenging for staff. A study conducted at Pennsylvania State University found that programs changing from a home-based model to a mixed-approach model experienced a number of challenges (Gill, Greenberg & Vazquez, 2002). Home visitors were least satisfied with their roles, work atmosphere, and job conditions during the transition and staff turnover was high (39%).

Implications for Programs

The initial program model for a new program needs to be considered carefully to fit the needs of families following the community assessment.

As programs become more complex and respond to community needs, home-based programs often add center-based care and some center-based programs add more frequent home visits. The change process is complex in its own right. Programs need to be thoughtful about staff assignments during this period. Center-based staff may not have the skills for home visiting and home visitors may question the benefit of having children spend more time in center-based care.

Programs should examine their theories of change to determine specific intended outcomes and the mechanisms for attaining those outcomes. It is important that all staff and parents understand the program's goals and mechanisms. Clarity in theories of change will support program effectiveness in attaining desired outcomes.

Largest gains occurred when children were in mixed-approach programs. This suggests that impacts in Early Head Start are greatest when both intensive home visits (enabling parenting support and direct child support) and quality center-based care (when child care is needed) are offered. Programs need to ensure that both aspects of the program are well developed.

There are many benefits in an exclusively home-based program (e.g., opportunities to engage parents in ongoing relationships and goal setting). Home-based programs, however, should provide intensive child-focused activities and strong family support.

Home-based services offer an opportunity to provide Early Head Start services to families at highest risk. However, these parents are also most difficult to engage. While it is possible to engage high-risk parents in home-based services, it may require ingenuity, highly skilled staff, and a concerted effort on the part of the program.

Some children may need center-based programs even though they may not qualify for child care subsidies. Particularly, children in high-risk families with many challenges may benefit from center-based care while parents receive therapy or intensive home visiting. This early and intensive child care for children in high-risk families may help to prevent negative effects to the child.

There are many benefits in an exclusively center-based program (e.g., opportunities for children to experience a quality environment for many hours during the week). Center-based programs need to ensure that family support and parenting education services are strong to complement the strong direct services to children.

Programs have strongest effects when the Head Start Program Performance Standards are fully implemented. Programs need to implement the standards fully and early and maintain adherence to them.



Center-Based Programs and Car Seat Use

The Early Head Start Research and Evaluation Project revealed that there was a negative impact on car seat use in center-based programs. Center-based programs may be able to improve practices by ensuring parents are fully informed about appropriate child car seat use. Here is an example of how one center-based program took steps to improve car seat practices. One Early Head Start program in Denver, CO discovered that children were arriving at the center in unsafe conditions,

many without car seats and often riding on passenger's laps. The staff chose to intervene at Parent Night when they distributed car safety literature and educated families using unsafe car seat practices on proper safety measures. Over time, families began to change their practices and take the few extra moments to buckle their child into proper car restraint seats. Another program found donors for new car seats so parents could exchange smaller car seats for properly-sized car restraint seats as their child grew.

The Study

The Early Head Start Research and Evaluation Project included studies of the implementation and impacts of Early Head Start. The research was conducted in 17 sites representing diverse program models, racial/ethnic makeup, auspice, and region. In 1996, 3,001 children and families in these sites were randomly assigned to receive Early Head Start services or to be in a control group who could utilize any community services except Early Head Start. Children, families, and children's child care arrangements were assessed when children were 14, 24, and 36 months old, and families were

interviewed about services at 7, 16, and 28 months after random assignment. Child assessments included a wide array of child cognitive, language, and social-emotional measures using direct assessment and parent report. Parent assessments included observation (videotaped and by interviewers) and self-report. Families in the program and control groups were demographically comparable at baseline and assessment points. Several research briefs have been published based on findings from this study. A prekindergarten followup was completed and a 5th grade followup is currently underway.



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