

 **OPRE Research Brief**

Harshini Shah and Louisa Tarullo, Mathematica

# Reaching and Supporting Families Most in Need: Lessons and Practice Considerations from the Head Start REACH Case Studies



## What is the Head Start REACH project?

The Head Start REACH project is examining the ERSEA approaches that programs for infants and toddlers (Early Head Start) and preschool-age children (Head Start) use to engage Head Start–eligible families experiencing adversities.

Adversities is a broad term that refers to a wide range of circumstances or events that pose a threat to a child’s or a caregiver’s physical or psychological well-being. The adversities that families experience are often intertwined with poverty, may co-occur, and are influenced by systemic factors such as structural racism. Common examples include but are not limited to poverty, homelessness, involvement in the foster care or child welfare system, and effects of substance use. The case studies focused on these common adversities, based on priorities identified by staff at the Administration for Children and Families (ACF) and their emphasis in Head Start standards, policies, and initiatives.

Head Start programs engage parents to support children’s growth from birth through age 5 by providing services that promote early learning and development, health, and family well-being. These programs specifically seek to assist families with low incomes and families facing a variety of other adversities. The Head Start REACH: Strengthening

Outreach, Recruitment, and Engagement Approaches with Families project is focused on understanding the eligibility, recruitment, selection, enrollment, and attendance/retention (ERSEA) approaches that Head Start programs use to engage Head Start–eligible families experiencing adversities (see Box). One of the foundational

activities of the project was to conduct case studies to obtain an in-depth understanding of the ERSEA approaches that are being used with families experiencing adversities; the factors that affect their implementation; and how families find and experience early education and child care, including those who are and are not enrolled in Head Start.

Six urban and rural Head Start programs of varying sizes from six Administration for Children and Families (ACF) regions were part of the Head Start REACH case studies. From February to April 2022, the study team collected data from (1) Head Start program staff, (2) families who participate in their programs, (3) organizations the programs partner with to work on eligibility, recruitment, selection, enrollment, and attendance/retention (ERSEA), and (4) Head Start-eligible families who were not currently enrolled. In this brief, we summarize findings from these case studies. Specifically, we describe how Head Start programs participating in the case studies identify and prioritize families, including those experiencing adversities, for recruitment and enrollment in Head Start; how they recruit, select, and enroll families, including those experiencing adversities, into Head Start; and how they maintain regular attendance and retain families in the program. We also discuss the level of awareness that parents not enrolled in Head Start have about the Head Start program and how they make decisions about child care. Finally, we offer some ideas for practitioners to consider in their efforts to reach and support the families who could benefit most from Head Start's services. The Methods section at the end of this brief details the sampling, data collection, and analysis methods.

## How do Head Start programs participating in the case studies decide which families to focus on for their recruitment, selection, and enrollment activities? How do they prioritize eligible families, including those experiencing adversities, for recruitment and enrollment in Head Start?

**Programs conduct annual community needs assessments to help them decide which families to focus on for their recruitment, selection, and enrollment activities. They supplement the assessments with information from parents' applications.**

Program staff described using the community needs assessments, which are conducted annually, for the identification of families for recruitment and enrollment. Programs use their needs assessments to understand the context in which they are operating, including the adversities that families in their communities are facing. Staff reported that the community needs assessment "really does help determine where the funding goes." For example, a staff member from one program said the needs assessment revealed housing had become an area of more urgent need during the COVID-19 pandemic. The program planned for new partnerships to meet this need, including partnerships to find affordable housing options and help families stay in their homes.

### ERSEA terms used in this brief

**Eligibility** refers to Head Start's eligibility requirements and how programs use these requirements to prioritize families for recruitment and enrollment, with a goal of engaging families most in need of services.

**Recruitment** refers to the processes Head Start programs use to identify, market to, and reach out to families to recruit them, and how they monitor their recruitment efforts.

**Selection** refers to the processes programs use to develop and implement their selection criteria, including reviewing application information to assign points and implementing waitlist processes.

**Enrollment** refers to programs' intake procedures and the systems they use to enroll selected families and monitor their enrollment efforts.

**Attendance/retention** refers to the procedures and processes programs use to ensure strong attendance and prevent participant turnover.

Programs supplement information from their community needs assessments with information from conversations with Parent Policy Council members and parents' applications. In one program, for example, a staff member said parents in the policy council raised substance use as a community concern, which prompted the council and staff to explore how substance use affected the community. These conversations led the program to prioritize reaching out to and supporting families facing substance use challenges. Staff also said parents provide information about adversities they are experiencing during the application process. For example, one staff member said a question on the application asks about families' current housing status, which allows staff to identify families who need housing support.

### **Programs prioritize factors other than income, including families' adversities and demographic characteristics, to identify and enroll the families most in need of services.**

Per the eligibility requirements outlined in the Head Start Program Performance Standards, homelessness, involvement in foster care, and receipt of public assistance from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Supplemental Security Income (SSI) render a family categorically eligible for Head Start. Staff noted that families experiencing these adversities or receiving these benefits do not have to provide evidence of income eligibility; instead, they provide proof of their circumstances and/or that they are receiving government assistance.

Staff reported that programs' prioritization processes also consider other adversities (such as whether families are affected by domestic violence, substance use, or mental health issues) and demographic characteristics (such as whether families live in the program's service area, are single-parent homes, had a family member deported, or have a child enrolled in the program already).

### **How do case study programs recruit families, including those experiencing adversities, to enroll in Head Start?**

#### **Formal plans help guide programs' recruitment.**

In most participating programs, recruitment is a year-round process, and programs use recruitment plans to inform their outreach to parents. One ERSEA staff member said the recruitment plan provided useful information about where to focus their recruitment efforts. A staff member from a different program said their plan described recruitment strategies that had and had not worked in previous years.

#### **To recruit families, programs use a range of approaches.**

- / **Word of mouth.** Staff and parents from all programs participating in the case studies described using or benefitting from word of mouth as a recruitment strategy. Most Head Start parents explained that they were referred to the program by other parents enrolled in Head Start. These parents might be connected to eligible parents through family, friends, co-workers, or neighbors.
- / **Community outreach.** Staff host or attend community gatherings and visit popular community locations to reach families. For example, they set up tables or booths at community fairs or other events, distribute flyers, and describe program services to parents. Staff also described going door-to-door in neighborhoods and visiting locations where they are likely to find eligible families, such as laundromats, farmers' markets, community shelters, and outdoor encampments for families experiencing homelessness.
- / **Marketing.** Programs use marketing and social media to recruit. Most participating programs develop outreach and marketing materials to share information about their programs and reach families; these include flyers, brochures, door hangers, and branded items. Staff also use social media, such as Facebook groups, to advertise their programs and let people know when they have open slots.
- / **Collaborating with partners.** Head Start staff reported that maintaining communication with community partners often resulted in direct referrals. Staff often attend community partners' meetings or the parenting classes partners host and

share information about their programs, including open slots. Staff also reported enlisting partners' help in distributing the programs' marketing materials and application packets to parents.

**Programs typically use the same recruitment approaches for families who do and do not face adversities, but staff do make some adaptations to successfully reach families with heightened needs (Exhibit I).**

**For recruitment to be successful, Head Start staff recommend building relationships and clarifying the Head Start model for partners.**

/ **Building relationships.** Programs work to build strong and trusting relationships with parents and partners. Staff shared that building strong relationships cultivates parents' trust in them and their intentions. For example, staff from one of



"We want to approach [families] on their terms, not ours."

Head Start program director

these programs believe strong relationships show parents the Head Start program is a safe place for their children. Staff raised the importance of trust and being "humble, nonjudgmental, and approachable" when recruiting families facing adversities. One staff member said their program has a hard time recruiting families who are refugees, partly because the parents naturally extend trust to people who "look like them," and the program's staff do not look like them. In addition, because the staff come to speak with the parents wearing "a badge and a name tag," many families worry the staff are "from the state" and are "going to take their children." For this staff member, managing this challenge has required strengthening relationships with the community partners

### Exhibit I. Strategies staff reported using for recruiting families experiencing adversities



**Connecting with community partners** that work with the families to recruit them



**Being strategic about building relationships** so families feel encouraged to ask questions and share information



**Communicating information about services to partners and families and emphasizing the ways that program participation can meet families' diverse needs** (such as food, utilities, and health services)



**Prioritizing geographic locations** to recruit families facing adversities, such as recruiting in urban areas that have a high concentration of homeless shelters



**Expediting application timelines** for families facing adversities to ensure they can begin receiving services promptly



that support these families, because these partners are “trusted sources” for the families.

**Clearly communicating.** Programs ensure their staff clearly communicate the services that Head Start provides. According to staff in one program, parents and partners are not always clear on what Head Start is or what services it provides to families. For a staff member in another program, it has been important to tell community partners what Head Start can offer to the families the partner supports.

### How do case study programs select families, including those experiencing adversities, to enroll in Head Start?

#### **Programs’ selection criteria, which they update at least once a year, reflect their priorities for enrollment.**

Programs’ selection criteria are shaped by their areas of prioritization, which are guided by sources such as the Head Start Program Performance Standards and community needs assessments. All programs participating in the case studies consider the following: categorical eligibility; family income; family status (single parent, for example); whether the child has a documented disability; whether the child or family are dual language learners; the age of the parent, particularly if they are teen parents; whether the family struggles with substance use; and whether the family already has a child enrolled in Head Start or is transferring from another program.

Less common criteria include the recent death of a family member; whether the family is a migrant family, refugee or immigrant family, or a family with a military member or veteran; whether a parent or guardian has a disability; whether the family lacks access to health insurance, medical care, or services to promote well-being; and whether anyone in the family has had adverse childhood experiences, food insecurity, or been impacted by a natural disaster.

#### **When they receive families’ application forms, program staff verify their eligibility, an activity that varies across programs and for families experiencing adversities.**

Generally, programs ask for verification documents that include some but not all of the

following: pay stubs, W-2 forms or notices to verify income, the child’s birth certificate, proof of residence, immunization records, health insurance forms, and Social Security cards. Programs vary in whether they require parents to submit these documents in person or online.

Programs tailor verification requirements for families experiencing specific adversities. For example, families experiencing homelessness do not need to provide documentation on income eligibility. For these families, programs use a third party to verify homelessness, such as staff from a shelter or someone the family is living with. In some programs, partners share the documents necessary to verify eligibility, such as foster placement information and residency or income documentation.

#### **Program staff use their selection criteria along with information obtained during the application process to assign selection points.**

Program staff clarify information about experiences and stressors families might be facing by talking with families during the application process. Staff begin the selection process by reviewing what they learned to inform the number of points they assign to families.

Program staff indicated that criteria for meeting categorical eligibility are worth the most points. Other criteria for which programs assign high points include raising a child with a disability, fleeing domestic violence, and being affected by substance use.

#### **Waitlists provide a space for programs to list families who are accepted for services and track their assigned points.**

Programs primarily use their selection criteria to fill open slots by systematically selecting children with the most points from the waitlist.

Program staff often rely on algorithms or on waitlist reports pulled from a database, such as ChildPlus, to determine which child is highest on the waitlist. Staff explained that children with the highest number of points (based on the selection criteria) are at the top of the waitlist, and staff sequentially select children, starting from the top of the list. Programs with multiple locations

sometimes have separate waitlist reports for each center, which they use to select families for open spots at specific centers.

Programs consider factors other than points to select children, such as teachers' caseloads; classroom composition (for example, assessing whether there is enough classroom support for children with disabilities); and the age range of children in the classroom.

Program staff collaborate to ensure their waitlist procedures result in choosing the families most in need of support. For example, waitlists might be reviewed by other program staff to ensure the program is following the Head Start Program Performance Standards, taking selection criteria into consideration, and ultimately selecting the child with the highest need from the waitlist.

### **Programs consider the needs of families experiencing crises when making selection decisions.**

Some programs reserve emergency slots to accommodate families experiencing crises, such as death or incarceration of a family member. For example, one program tries to reserve a few slots for these situations and works with an internal committee (which includes the ERSEA coordinator and program director) to make a decision on selection and placement.

### **Parents shared some ways to improve their waitlist experiences.**

Parents shared challenges related to how long they were on the waitlist, how little information they received during the waitlist process, and how little time they had to make an enrollment



"[Working together is] another check and balance to say, Okay, if we're using our selection criteria [and they're] directing us to this family at face value ... is that who we would have picked? Does that match? What do we think we can provide to the family most in need?"

Head Start program director

decision after coming off the waitlist. Parents said being on the waitlist was like being "in limbo," and that the process could improve if staff proactively called parents to periodically update them about where they stood on the waitlist.



"I was definitely stuck in this triangle of ... no housing, no job, no child care. And you can't really break the triangle until you get one of those things. But you can't get one without the other. You're just in this endless loop."

Head Start parent

### **What procedures do case study programs use to enroll families—including those experiencing adversities—in Head Start?**

#### **Programs complete several administrative activities to enroll families, leading to enrollment periods that span different lengths of time.**

Enrollment paperwork generally captures information on children's health and nutrition and includes forms that help programs get to know the family and understand any needs that may not have been apparent during the application process, such as goals for getting the child ready to attend school, any issues in making transitions into the program, and whether a child needs accommodations.

Families generally reported starting the program quickly after enrolling, but some families reported longer enrollment periods that took a few weeks to a few months. Parents from one program said they had to wait for the new school year to begin before their child could start attending the program.

#### **Programs use the enrollment process to help prepare families for the transition into the Head Start program and to get to know families and their needs.**

Staff said that during the enrollment phase, they discuss practical and logistical information about their programs, including center hours, items the child needs to bring to the classroom, attendance

requirements, and expectations included in the parent handbook.

Programs also conduct parent orientation activities during the enrollment process, such as visits, phone calls, and center tours. Parents reported that the opportunity to tour the center and meet with the staff put them at ease during the enrollment process.

Staff said the enrollment process provides an opportunity for staff and families to get to know each other better.

### **Programs gather and maintain records to track enrollment and parents' enrollment decisions.**

Programs use varied methods to document enrollment processes, including creating enrollment reports, reviewing qualitative and quantitative enrollment data, and documenting parents' enrollment decisions.

Exhibit II provides a summary of factors that influence parents' enrollment decisions.

### **Programs occasionally tailor enrollment approaches for families experiencing adversities.**

/ **Flexible documentation.** Program staff reported that they accept alternative documentation for families facing adversities, including documents to verify identity and income. For example, staff said that if a family were experiencing homelessness and did not have a birth certificate or other form of identification,, programs could provide additional time or use other records, such as immunization records or Social Security cards, to prove identity.

/ **Flexible visiting and timelines.** Staff noted that particularly for families experiencing homelessness, they may conduct the enrollment visit in locations that families prefer or provide additional time for developmental screenings. Other strategies staff described included postponing or rescheduling enrollment visits based on families' schedules and offering an interpreter.

### **Partners support the enrollment process by alleviating some of the documentation burden for families.**

For example, program staff said partners can help programs receive the necessary documentation to complete enrollment.

If the paperwork families need to enroll in Head Start matches paperwork the families already

## **Exhibit II. Reported factors that shape families' decisions to enroll in Head Start**

### **Reasons that families enroll**

- Need for early education and child care (reported by program staff and Head Start parents)
- Trustworthy staff (reported by Head Start parents)
- Learning opportunities for the child (reported by Head Start parents)

### **Reasons that families decline to enroll**

- Incompatible hours of operation (reported by program staff, a partner, and a parent not enrolled in Head Start)
- Inconvenient location (reported by program staff, a partner, and a parent not enrolled in Head Start)
- Lack of transportation (reported by program staff and a partner)
- Moving out of the service area (reported by program staff)
- Daunting paperwork or waitlist (reported by program staff and parents not enrolled in Head Start)
- Children already enrolled elsewhere (reported by program staff).

completed for the partner organization, the partner will share the paperwork with the Head Start program, with family permission.

**Program staff report that full enrollment has been hard for some programs to achieve due to the pandemic and income-related eligibility requirements.**

Staff expressed that the COVID-19 pandemic made it challenging for programs to maintain full enrollment for center- and home-based options, especially because of staff shortages, parental fears about the pandemic, and the effects of COVID-19 restrictions on class capacity and overall recruitment.

Staff noted that being bound by Head Start's income eligibility requirements makes it challenging to provide services to families who may be over income, but still need Head Start's services. Program staff reported this is particularly an issue in areas with a high cost of living, where parents might be making minimum wage or working overtime to meet rising costs. Similarly, Head Start parents said they were concerned about qualifying in the next program year because they were trying to make more money to combat inflation.



"There is a shortage of [providers], so [we are] not just recruiting families but ... recruiting for staff .... How do we recruit families if we don't have the staff?"

Head Start ERSEA staff member

**Head Start program staff reported several facilitators for maintaining full enrollment.**

/ **Ongoing recruitment and waitlists.** For example, staff in one program discussed keeping families who were ineligible based on income on the waitlist, in case their income or situation changed and made them eligible. Staff in another program said it was helpful to maintain a waitlist with many candidates because it is a consistent source of families from which to select.

/ **Community partnerships.** Staff described how communicating with community partners supports referrals and the program's capacity to help families. For example, discussing the services their programs offer and the availability of open slots helps community partners communicate with eligible families about the program.

**How do case study programs ensure that families, including those experiencing adversities, maintain regular attendance in Head Start? How do they retain families in the program?**

**There are barriers to strong attendance and retention.**

/ **Inadequate transportation.** Staff mentioned transportation-related challenges, including having no car or only one car in the family, having no money for gas, and being unable to drop off or pick up children because of conflicts with work hours or caring for other children. Transportation challenges are salient in communities without public transportation and for families experiencing adversities because these families might be transient and forced to move too far away from the program to easily commute there.

/ **Adversities.** Staff across programs named adversities that impede attendance and retention, which include experiencing poverty, homelessness, involvement in the child welfare system, custody issues, domestic violence, substance use, and mental health issues. For example, families experiencing homelessness may have low attendance and high turnover due to the instability of their housing situation. Families involved in the child welfare and foster care systems may have absences due to court appearances or visitations with biological parents.

/ **Illness.** Staff reported that the pandemic caused absences because children were exposed to COVID-19 or needed to quarantine because a family member was sick or exposed. Staff shared that guidelines from the Centers for Disease Control and Prevention required the family to obtain a doctor's note after a child had symptoms or had been exposed, and some families could not obtain one because of their work schedules or because doctors' offices



were at capacity during the pandemic. General illnesses, such as hand, foot and mouth disease; whooping cough; and the flu caused regular absences and occasional classroom closures.

/ **Not understanding the importance of attendance.** Staff reported that it is important for parents to understand that Head Start is not simply day care, and that their children are learning important skills in the program. Parents who do not understand or receive information about this benefit might be prone to more absences.

/ **Inconvenient center characteristics.** Some parents reported that regular attendance is challenging because their center’s location and schedule are inconvenient.

**Programs use multiple strategies to promote attendance and retention.**

/ **Monitoring attendance.** Staff noted that it is everyone’s job to monitor attendance and ensure families maintain high attendance. All programs participating in the case studies develop attendance plans for families with low classroom attendance. Staff use the plans to discuss attendance challenges with other staff, track reasons for absences, and identify resources they can offer to improve attendance. One program uses a form to document the strategies staff have used to improve attendance for specific families.

/ **Addressing transportation barriers.** Across programs, this support included providing bus service or bus passes and connecting families to carpool opportunities.



“And my 3-year-old, you know, used to be so attached to me .... I’ve stayed at home ever since he was born, you know? And he just runs off and waves [at] me .... So, it kind of hurts my feelings a little bit, but it’s—I’m glad he’s excited to go in the classroom.”

Head Start parent

/ **Building relationships with parents.** Head Start parents said the connections they had formed with program staff were instrumental in their decision to remain in the program. As staff members build relationships with parents, they grow to understand families’ needs. Programs can then provide direct services or resources to families or connect them to services that would meet their needs. These direct and indirect supports could include buying alarm clocks for families; making wake-up calls to ensure a child gets to the center on time; helping families obtain financial assistance to pay bills; providing transportation and food assistance; connecting families to supports for homelessness, child welfare system involvement, substance use, mental health challenges, or domestic violence; connecting families to health services; and scheduling appointments. Staff also communicate the importance of attendance—including maintaining a routine and arriving on time each day—and help parents make the connection between regular attendance and children’s outcomes. Parents said they had talked with staff about the importance of attendance.



“You want the family to feel comfortable and not judged. Like, I’m here, and it doesn’t matter what you say to me .... We’re gonna take it, address it, figure it out, and keep going.”

Head Start ERSEA staff member

/ **Offering flexible supports.** Parents and staff reported that programs often adjust schedules, including home visiting schedules, for families in a bid to encourage attendance. Programs also offer flexibility in terms of center locations and service options. For example, staff from one program stated that when enrolling families, they try to place them in centers near public transportation and inquire whether families would prefer being in a center close to their work or home. In addition, staff attempt to honor families’ preferences for service options—that is, home-based or center-based option—and ensure smooth transitions when families transfer from one service option to another.

“The good habit of regular attendance sometimes takes a little bit of time for families. If you’re used to going to bed at 11 and waking up at 11, it takes a little bit of an adjustment and time and education on our part to talk about successful bedtime routines, successful morning routines, what that looks like ... basic adult skills.”

Head Start ERSEA staff member

/ **Engaging parents in program activities and in children’s learning.** Strategies named by staff included providing parents with volunteer opportunities, making them feel welcome to visit their child’s classroom, involving them in planning home visit activities and setting goals related to their child’s school readiness, designing activities they can attend at the center with their child, encouraging them to join the policy council, offering parent-teacher conferences and meetings at the center, and sharing photos of children’s activities with parents.

/ **Staff training.** Programs train staff in customizing approaches to identify and overcome families’ attendance barriers and find workarounds if needed. For example, staff in one program receive training on trauma-informed care, which prepares them to help families navigate crises and traumas that prevent them from getting to the program.

**Programs tailor strategies to promote attendance and retention among families facing adversities (Exhibit III).**

**Partners play an important role in supporting families’ attendance and retention.**

/ **Partners help centers contact parents who have chronic absences.** For example, one ERSEA staff member shared that staff from one organization give parents wake-up calls if they determine that oversleeping in the morning is causing children’s absences.

/ **Partners provide useful information about families’ absences and collaborate with programs to identify reasons for them.** For example, one partner reported that they might share relevant information gained during a home visit to help the Head Start program understand factors that might be impeding attendance. Another partner who provides support for children with special needs said that when children with an Individualized Education Program (IEP) have poor attendance it indicates they are not progressing toward their IEP goals or receiving the services they need. In these situations, partner and program staff meet with other service providers to discuss unmet IEPs, potential barriers to regular attendance, and strategies for boosting attendance.

“We prepare our staff to receive [difficult] information from families .... A parent may come in and say ... ‘Well, my partner overdosed last night on the kitchen floor, and my son saw it, and he ended up being okay.’ But that’s traumatic.”

Head Start ERSEA staff member

/ **Partners provide direct support to children and families to strengthen program attendance and retention.** This includes communicating about attendance, offering help with transportation, providing financial support (for example, to access wraparound child care), and promoting family stability by connecting families to services to meet needs that Head Start cannot meet.

### Exhibit III. Reported attendance and retention strategies for families facing adversities

- For **families experiencing homelessness**, staff ensure families have shelter; form partnerships with homeless shelters to understand how the program can provide support; and offer home visits at shelters.
- Staff keep track of **families involved in the child welfare system** and work with their social workers to support the families. If the family has a change in guardianship, staff will connect with the new guardian to keep the child in the program and provide continuity of care. Programs may also hold slots for children who are going through the reunification process.
- Staff support **families affected by mental health challenges or substance use** by connecting them to services and adjusting or offering assistance with drop-offs and pickups for families undergoing treatment.
- Staff support **families affected by domestic violence** by connecting them to services and being transparent about the strategies they are using to keep the child safe at the center.



“Transportation [is a] huge issue, huge. ... I mean, it is almost, it’s not even solvable.”

Head Start partner

#### What level of awareness do case study parents who are not enrolled in Head Start have about the Head Start program? How do these parents make decisions about child care?

##### Parents who were not enrolled reported some awareness of Head Start.

In focus groups and interviews with parents who were eligible but not enrolled in Head Start, some had heard about Head Start, and others had not. In explaining their perceptions about Head Start’s goals, parents said Head Start helps children get ready for school and teaches academic and social-emotional skills. Only parents who had experience with Head Start were aware of the additional services Head Start offers beyond early education and child care.

##### Parents who were not enrolled learned about the Head Start programs their partner organizations were affiliated with in various ways.

Many parents said they heard about the Head Start programs from community partner organizations.

Parents also learned about the program from other parents in the community and by searching online for local early education and child care programs. Direct contact and communication with program staff emerged as another information source, with parents sharing they had met staff from the Head Start programs, including through connections from the community partners or visits to a Head Start location.

##### Parents not enrolled in Head Start named their priorities when choosing care and indicated that they would like more information about supports for their child’s development.

Parents not enrolled in Head Start said they wanted to ensure their children were well cared for and the commute to be convenient, which partners corroborated. Parents were most concerned with finding trustworthy caregivers or teachers who would be attentive to their child and make them feel comfortable. For these parents, trust, safety, and child comfort were priority factors when considering early education and child care, with some parents saying they did not trust people outside their family to watch their child. Staff and parents mentioned they preferred a curriculum-based education program, because parents perceived that such a program provided stimulating activities. Transportation emerged as a challenge, particularly in rural areas, where parents are managing long commutes in the absence of public transportation. Parents also noted that they would like more information from partners about

child care programs, including cost, to support their decision-making around choosing care.



“[Head Start] is the beginning of a child’s learning experience.”

Parent not enrolled in Head Start

### **What are some considerations for practice that emerge from these findings?**

Findings from the case studies have several implications for practice. The following considerations reflect opportunities that program staff, partners, or parents directly shared, and some potential opportunities we identified based on the salient challenges families experience when they seek out services.

#### **Consider opportunities to continue supporting and enhancing the relationships between program and partner staff.**

Case study findings suggest that community partners play an instrumental role in the recruitment, enrollment, and attendance and retention of families in Head Start. Moreover, staff highlighted that the relationship between programs and partners is reciprocal in nature: Head Start programs fulfill families’ child care and other needs, and partners often provide direct services to meet families’ needs and ensure they stay in the Head Start program. Because of this reciprocity, establishing and maintaining trusting relationships between Head Start and community partners may be a key strategy for helping Head Start reach and support those families most in need of services. For example, facilitating the sharing of information between Head Start and partner staff may help both parties collaboratively support families in need.

#### **Make it easier for programs and partners to share information about families and support their needs.**

As mentioned above, partners and programs collaborate to support ERSEA procedures in several ways. To support these processes, programs could explore with their partners the possibility

of appropriately sharing individual families’ information across organizations, including through memoranda of understanding that ensure the family has granted permission. Such sharing can be helpful at the enrollment stage because it may alleviate some of the documentation burden for families. Easier sharing of information between Head Start and partner staff about specific families may also strengthen the approaches both parties use to support families. For example, partners can help programs identify reasons for families’ chronic absences and programs and partners can collaborate to meet families’ needs to enhance attendance and retention of families. Any sharing of individual families’ information should be done with families’ permission, and programs should explain to families the reasons and benefits of sharing such information. It is also important for programs and partners to be mindful of privacy concerns when recording and sharing information about individual families.

#### **Explore the value of sharing comprehensive information about Head Start program services with partners.**

Parents who are eligible for but not enrolled in Head Start and receive services from partner organizations said they would like more information about their child care options. Most were only aware of Head Start’s early education and child care services. Head Start programs could consider giving partners information about child care options in the community—for example, from the community needs assessment they regularly conduct—and about the services their Head Start program provides. For example, they could consider partnering with Child Care Resource and Referral Agencies that also have the goal of helping families find child care that meets their needs.

#### **Work to engage with and recruit parents whom the partners support.**

Programs should consider being proactive in ensuring partner organizations are sharing information about Head Start with eligible families who are interested in the program. For instance, they could attend events partners host for families and distribute flyers and brochures to parents. They could also consider visiting partner sites often and identify other opportunities to directly engage with parents and provide information about Head

Start's services. For example, they could attend and present at partners' parenting classes and try to recruit parents. They could share information about available slots directly with parents and distribute application packets to parents.

### **Attend to staffing challenges in Head Start programs and partner organizations that may serve as a barrier to meeting the needs of families.**

The early childhood field is facing a severe staffing crisis characterized by high staff turnover, and Head Start and its partners are no exception. Staff said programs' staffing shortages have made it difficult to maintain full enrollment, and partners' staffing shortages have limited their ability to support Head Start recruitment, attendance, and retention. Because the services of Head Start programs and partners are interrelated, meeting the needs of families both partners support might make it important to identify staffing needs in both groups.

### **Consider providing program and partner staff with joint training or cross-training on specific topics that support continued collaboration.**

As mentioned above, staff in some programs receive trainings related to supporting families with adversities; partners participating in the case studies supporting families experiencing adversities also receive such training.<sup>1</sup> Building on this finding, we suggest that as program and partner staff often work together to support families experiencing adversities, they could potentially benefit from joint or cross-training on key topics. Examples include: trainings focused on how best to share information about families that respects their privacy, enhancing communication between partners and programs, and supporting waitlisted families. Because some parents who were not enrolled in Head Start said they did not know about Head Start, training and technical assistance (T/TA) could also focus on how partners can improve parents' understanding of these supports, which could streamline their decision making.

### **Explore opportunities to strengthen staff capacity to support the enrollment of families facing adversities.**

Program staff often described how they collaborate with partners and make adaptations to support families facing homelessness, the most commonly reported focal adversity among case study programs. Staff offered fewer instances of tailoring strategies for families experiencing other adversities. Staff may benefit from continued support for helping families experiencing homelessness, particularly with recruiting these families and promoting their attendance and retention. In addition, it may be helpful for staff to receive resources and support focused on assisting families experiencing other adversities, such as domestic violence, substance use, and mental health issues. These adversities may be less apparent, and families may initially hesitate to share information about their experiences.

Visit the [project website](#) for more information about findings from the Head Start REACH case studies including the [case study report](#).<sup>1</sup>

### **Encourage programs to continue sharing information about promising strategies.**

Case study data indicate that the strategies to ensure families' continued enrollment varied across programs. For example, Head Start programs discussed some creative strategies they use to address transportation barriers, but parents said they want more support getting to and from centers, and programs differed in the extent of transportation support they provided to families. Encouraging peer sharing of strategies, particularly between programs in similar geographies (urban versus rural) where families may experience similar transportation-related challenges, could bolster programs' ability to support families.

### **Endnote**

<sup>1</sup> Shah, H., T. Shenbanjo, C. Lauver, K. St. Kitts, N. Aikens, and L. Tarullo. "Strengthening Outreach, Recruitment, and Engagement Approaches with Families: The Head Start REACH Case Study Report." OPRE Report #2023-132. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2023.



## Methods

The case studies included six urban and rural programs of varying sizes from six Administration for Children and Families (ACF) regions. When recruiting programs, we asked program directors to name two family adversities their programs focus on for their ERSEA activities. Based on program directors' reports, the programs vary in the adversities they prioritize. The most commonly reported adversity was homelessness, followed by mental health challenges and involvement in the child welfare and foster care systems.

To answer our research questions, we conducted data collection in six sites (that is, six programs and their associated partner organizations) from February to April 2022. Respondents included (1) Head Start program staff, (2) families who participate in their programs, (3) organizations the programs partner with to conduct ERSEA work, and (4) Head Start-eligible families not currently enrolled in Head Start.

### Characteristics of Head Start programs included in the case studies

Program	Number of families enrolled	ACF region	Location type	Focal Adversity 1	Focal Adversity 2
A	355	7	Urban	Homelessness, including doubling up	Refugee or immigrant status
B	76	8	Rural	Homelessness, including doubling up	Mental health challenges
C	4,086	9	Urban	Lack of affordable housing, leading to homelessness	Involvement in child welfare and foster care system
D	319	3	Rural	Mental health challenges	Children with disabilities
E	161	1	Rural	Substance use	Family violence
F	654	6	Urban	Homelessness	Involvement in child welfare and foster care system

### Data collection activities and sample sizes for the case studies

After collecting all data, we prepared the data for analysis, extracted themes from each data source, and used these themes to identify key findings related to our research questions. The programs and partner organizations included in the case studies were purposively selected and thus are not representative of all Head Start programs and partners. The results in this brief are descriptive and based on qualitative methods.



**Submitted to:**

Office of Planning, Research, and Evaluation  
Administration for Children and Families  
U.S. Department of Health and Human Services  
Attn: Amanda Coleman, Mary Mueggenborg, and Casey Gunn

Office of Head Start  
Administration for Children and Families  
U.S. Department of Health and Human Services  
Attn: Kiersten Beigel

**Contract Number:**

HHSP233201500035I/75P00120F37053

**Submitted by:**

Mathematica  
1100 First Street, NE, 12th Floor  
Washington, DC 20002-4221  
Phone: (202) 484-9220  
Fax: (202) 863-1763  
Louisa Tarullo, Project Director

This report is in the public domain. Permission to reproduce is not necessary. Suggested citation: Shah, H. and L. Tarullo. "Reaching and Supporting Families Most in Need: Lessons and Practice Considerations from the Head Start REACH Case Studies." OPRE Report #2023-295. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2023.

**Disclaimer:** The views expressed in this publication do not necessarily reflect the views or policies of the Office of Planning, Research, and Evaluation, the Administration for Children and Families, or the U.S. Department of Health and Human Services.

This report and other reports sponsored by the Office of Planning, Research, and Evaluation are available at [www.acf.hhs.gov/opre](http://www.acf.hhs.gov/opre).

**Connect with OPRE**

