

## Head Start REACH Conceptual Framework

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# Reaching and Engaging Families with Adversities in Head Start: A Conceptual Framework to Support Practices



### What is the Head Start REACH project?

The Head Start REACH: Strengthening Outreach, Recruitment, and Engagement Approaches with Families (Head Start REACH) project is examining the eligibility, recruitment, selection, enrollment, and attendance/retention (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.

The Head Start REACH project focuses on how Head Start programs connect with and support families facing adversities. Adversities is a broad term that refers to a wide variety of circumstances or events that pose a threat to a child's or caregiver's physical or psychological well-being. The adversities that families experience are often intertwined with poverty, may co-occur. Common examples of adversities include but are not limited to poverty, homelessness, involvement in the foster care or child welfare system, and effects of substance use. This project focuses on these common adversities, based on priorities identified by staff at the Administration for Children and Families and their emphasis in Head Start standards, policies, and initiatives.

Head Start programs engage families to support children's growth from birth through age 5 through services that promote early learning and development, health, and family well-being. Eligibility, recruitment, selection, enrollment, and attendance/retention (ERSEA) guidelines govern how programs determine eligibility, enroll children, track attendance, and more (see [Box 1](#)).

## Box 1. What is ERSEA?

- **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.
- Learn more about ERSEA [here on the Head Start website](#).

## What is the purpose of this conceptual framework, and how can I use it?

The conceptual framework in this brief provides an overview of the ERSEA strategies Head Start may use to engage families with a spectrum of needs, adversities, and strengths. The examples and practices highlighted in this brief illustrate ways programs have approached a given strategy. These strategies were identified in a literature review completed by the Head Start REACH team,<sup>1</sup> case studies conducted by the team,<sup>2,3,4,5</sup> or the team's consultations with practitioner and academic experts in the field. For examples from the literature review or case studies, readers can refer to the cited sources in the endnotes. The appendix includes tables with more examples from all sources. See [Box 2](#) for a detailed description of methods used to develop the conceptual framework and identify examples.

Overall, there is limited research evidence on how much the strategies highlighted in the conceptual framework improve family outreach and retention. The strategies presented are not meant as recommendations; instead, the brief is intended to serve as a resource for staff working on ERSEA.

For example, program staff and practitioners might consider how their existing practices align with the strategies in this brief and how they might prioritize adopting new strategies based on existing needs of families in their communities. Readers may also reflect on ways to adapt their program's ERSEA strategies based on the family, and community, state, and national factors in the framework (for example, identifying strategies to communicate with families in the languages they speak). We acknowledge that many programs implement ERSEA practices with limited staff and



**While reading this brief, program staff and practitioners may find it helpful to reflect on the following questions:**

- > What are the ERSEA-related needs my program wants to address? What types of family adversities and needs are present in the community?
- > Has my program tried any of the ERSEA strategies represented in the conceptual framework? How does my program approach each of the ERSEA strategies?
- > Has my program considered each of the family and community factors represented in the conceptual framework? Which factors can we address?
- > For each strategy, what do we know and what do we not know about families' experiences? Are there aspects of strategies that families seem to like or have challenges with?
- > For each strategy, what are our strengths and what are the areas we might improve?
- > Are there ways to draw on our strengths even further? For example, can we strengthen existing relationships with partners?
- > With limited staff and resources, which strategies feel most feasible or impactful to help our program meet our ERSEA goals.

resources. They might consider implementing those new strategies that are the most feasible or impactful for their program. In addition to program staff and practitioners, this brief may also be useful to researchers interested in examining ERSEA-related topics and policymakers considering federal or regional ERSEA-related policies.

**Box 2. How was the conceptual framework developed and what perspectives does it represent?**

The conceptual framework and accompanying examples and practices in this brief and appendix tables are primarily informed by the project’s literature review,<sup>6</sup> which identifies the factors that likely shape recruitment, selection, enrollment, and retention strategies in Head Start programs and those strategies that may be most promising. Readers can refer to the literature review for a description of the methods used to identify and review literature. To recognize perspectives beyond the literature, we also incorporated concepts that were uniquely identified by other sources such as feedback from academic experts, staff at the Head Start National Training and Technical Assistance Centers, and staff from the Administration for Children and Families.

We also drew from the Head Start Program Performance Standards and the project’s case study interviews with program staff and community partners and focus groups with Head Start-eligible parents, both those enrolled and not enrolled.<sup>7</sup> These findings confirmed and provided examples for several of the concepts in the conceptual framework.

The framework also recognizes the variety of Head Start families experiences and the importance of supporting child and family outcomes by drawing from (1) program ERSEA requirements and family and community engagement standards and (2) program goals for child and family well-being (for example, Head Start early learning outcomes<sup>8</sup> and parent, family, and community engagement goals,<sup>9</sup> such as family well-being). The appendix includes all of the key concepts and examples identified from these sources for the conceptual framework.

**How do I read the conceptual framework?**

The conceptual framework ([Exhibit 1](#)) is organized into four sets of ERSEA strategies: (1) foundational ERSEA leadership and operations, (2) eligibility and recruitment, (3) selection and enrollment, and (4) attendance/retention. The framework also acknowledges two sets of overarching contextual factors: (1) family factors and (2) community, state, and national factors.

The conceptual framework shows the ERSEA process as a pathway. The ERSEA strategies at each point in the pathway are an opportunity for programs to partner and engage with families with a spectrum of strengths, challenges, and adversities to achieve positive child and family outcomes, ensuring that all children are prepared to succeed in school and life. Child and family outcomes flow from the ERSEA strategies and represent the goals of the Head Start program.<sup>10</sup> The framework recognizes that family-centered processes and opportunities for program access and experiences are critical to ensuring positive outcomes. While the framework is depicted as a pathway, families’ experiences with adversities and Head Start programs’ application of ERSEA strategies may not be linear.

The brief describes more information about (1) foundational ERSEA leadership and operations and (2) the key ERSEA strategies represented in the framework. We also highlight family factors, community, state, and national factors, and socially and economically driven factors that influence ERSEA strategies and child and family outcomes. Readers can click each title in Exhibit 1 to go to the corresponding text in the brief to read more. In each section, readers can also click on the Appendix table link to go to the corresponding table of examples in the appendix. There are also links for readers to click back to each section from the appendix.

**Exhibit 1. Conceptual framework for ERSEA pathways through Head Start**



ECE = early care and education; ERSEA = eligibility, recruitment, selection, enrollment, and attendance/retention.



## What program leadership and operational factors are foundational to ERSEA strategies?

The following program characteristics are foundational to ERSEA strategies. [Appendix Exhibit A.1](#) provides additional examples.

**Program staff's knowledge, skills, and wellness** are likely important factors in shaping the implementation and effectiveness of programs' ERSEA strategies. Programs with sensitive, trained staff<sup>11,12</sup> may help improve families' access and participation in Head Start, especially when staff are trained and supported to build relationships with families,<sup>13</sup> demonstrate interpersonal understanding and responsiveness,<sup>14,15</sup> and know how to identify and work with families experiencing specific adversities.<sup>16,17,18</sup> For example, programs may choose to provide training or professional development in areas such as identifying adversities, supporting families to address adversities, trauma-informed care techniques, knowledge about local resources and systems, and ways to reduce stigma against adversities. In addition, programs may choose strategies to support program staff's mental health and well-being.

### Strong community partnerships

**and collaboration**, across and outside of the early care and education (ECE) system, may facilitate recruitment, simplify enrollment, and improve retention of families experiencing adversity.<sup>20,21,22</sup> Depending on the needs of programs, these partnerships and collaborations can be developed in many ways, including creating interagency or working agreements, designating dedicated staff members for coordination, and employing joint screening and enrollment procedures.<sup>23,24</sup>

**Building strong staff–family relationships** may support recruitment, enrollment processes, and family retention.<sup>25,26,27</sup> For example, staff who are supported to build strengths-based, positive relationships and regularly communicate with families may encourage families to ask questions and share information that helps staff identify and be responsive to families' adversities as soon as possible.

### Access to and training to use screening tools and data

may also help to accurately identify and appropriately serve families experiencing specific adversities.<sup>28,29,30</sup> In addition to screening, programs may benefit from regularly collecting and reviewing data about families' experiences of adversity, strengths, challenges, and engagement.

**Program leadership sets guidance and expectations around supports for families to have positive program experiences.** This goal means that all families may access services that include all children, are high quality, affordable, and that provides positive developmental experiences.<sup>31</sup> Program guidance may address each of these areas. This guidance may influence how program staff think about opportunity across ERSEA strategies.



### Strategy spotlight: Partnerships

Developing strong collaborations with trusted community organizations may help improve recruitment and service coordination for families with specific adversities. For example, an Early Head Start program partnered with a residential substance use treatment program for women and children. Referral to Early Head Start became part of the treatment program's participation policy. As a result, the local Early Head Start program increased enrollment of families experiencing substance use and other co-occurring adversities (for example, families having experiences of homelessness, sexual abuse, intimate partner violence, or mental illness). Two years into the partnership, families experiencing homelessness accounted for almost one-third of the Early Head Start program's enrollment. Early Head Start staff improved their relationships with local housing support programs to ensure these families had housing options when they left the residential program.<sup>19</sup>





## What strategies support eligibility and recruitment?

The Head Start Program Performance Standards<sup>32</sup> require that programs take special effort to recruit and select families facing specific adversities. The following strategies might help programs to adapt their recruitment and selection procedures to achieve their goals to reach and serve eligible families experiencing adversity. [Appendix Exhibit A.2](#) provides more examples.

**Maintaining a variety of referral networks** may support recruitment. This includes reaching out to families' social networks;<sup>36</sup> trusted organizations in the community, such as faith-based organizations and schools;<sup>37</sup> and other service providers, such as pediatric medical homes.<sup>38</sup>

**For families facing specific adversities, one strategy is collaborating with partner agencies that have built relationships and trust with these families.**

Collaboration could include using formal information-sharing processes and holding cross-system or cross-sector training. Agencies like child welfare agencies or substance use treatment programs may incorporate ECE referrals and monitoring into their practice or case management. For collaborations to be successful, both the Head Start program and the partner agency may need to have dedicated staff to coordinate between agencies.

**Outreach may work better when the materials and messaging reflect families' backgrounds and languages.**<sup>39,40</sup>

For example, programs could center messaging around families' beliefs, traditions, holidays, or songs. Outreach can also **highlight how both children and families can benefit from the program.**<sup>41,42</sup> For example, programs can share information about how the program will support children's school readiness or the kinds of supports for family well-being offered.

**In-person and word-of-mouth recruitment** in the places where families already spend their time (see strategy spotlight) and more intensive outreach that focuses on building staff–family relationships may help programs reach families experiencing specific adversities.<sup>43,44,45</sup> Inviting existing or former families in Head Start to talk about their Head Start experiences with other families in their communities may also be helpful.<sup>46</sup>



### Strategy spotlight: In-person and word-of-mouth recruitment

Programs participating in Head Start REACH case studies reported that word-of-mouth recruitment works particularly well.<sup>33</sup> The literature also finds that families' social networks may be important resources. For example, families with enrolled children can act as local ambassadors to recruit families and vouch for the program.<sup>34</sup> In addition, programs may distribute flyers and applications at affordable housing locations, laundromats, and other places where families experiencing homelessness spend time.<sup>35</sup>



## What strategies support selection and enrollment?

The following approaches may help establish selection criteria and ease enrollment processes for families experiencing adversity. See [Appendix Exhibit A.3](#) for more examples.

**To select families from waitlists, programs may set up systems to identify families** with the highest number of selection points. They may also consider other factors, such as teachers' caseloads, classroom composition (for example, assessing whether there is enough classroom support for children with disabilities), and children's ages. Programs may also build in steps to prioritize families with the highest needs. For example, programs might prioritize families who are referred by community partners with emergency child care needs.<sup>47</sup>

**Families experiencing adversity may benefit from more flexible enrollment processes**, including providing them with enhanced staff support for the enrollment process, convenient enrollment locations, and extra time and flexibility in obtaining documents for verifying eligibility.<sup>48,49,50</sup> For example, programs could obtain documents confirming foster care placement or lack of housing from partner organizations instead of requesting them from families.<sup>51</sup>

**Communicating more regularly with families via text message** may be one effective strategy for encouraging families to complete the Head Start eligibility verification process. Regular communication may support the families in getting through steps in the process that are particularly time-intensive or burdensome, which may depend on their specific adversity (for example, confirming lack of housing).<sup>53</sup>

**Interagency collaboration around enrollment** may reduce the burden families may face in navigating multiple enrollment systems. For example, programs can develop joint screening and enrollment procedures with child welfare or housing program agencies. To do this, programs may designate staff with dedicated time to participate in interagency workgroups or local ECE collaboratives (see strategy spotlight).<sup>54,55,56</sup>



### Strategy spotlight: ECE collaboratives

According to a case study in the literature synthesis,<sup>52</sup> a rural Midwest county developed a local, public-private ECE collaborative to coordinate services. The collaborative identified several strategies to maximize resources and better meet children's specific needs. For example, the collaborative developed joint screening and enrollment procedures, used existing programs and space to expand programs' options, and implemented joint enrollment (across Head Start, state pre-school, and early childhood special education classrooms). The case study noted that small communities may be particularly well positioned for developing successful collaborations.



### What strategies support attendance and retention?

The following strategies may support attendance and retention of families experiencing adversity. These strategies could influence programs' environments and services to be more responsive to families' backgrounds, needs, and goals. [Appendix Exhibit A.4](#) has more examples.

**Family-centered program operations** may encourage families to remain in Head Start. A family-centered approach integrates the needs, strengths, and perspectives of families across program operations. Because families have specific needs and barriers to participation,<sup>57,58,59</sup> routinely soliciting and using family feedback on program services and options can help ensure that family needs are being met.<sup>60</sup> For example, if lack of reliable or affordable transportation is a barrier for families, programs might offer options such as contracting for or providing transportation services directly, helping families apply for city bus passes or connect to carpool opportunities, or co-locating programs in places like affordable housing locations or shelters.<sup>61,62,63</sup>

**Creating welcoming and inclusive environments through strengths-based communication<sup>64,65,66</sup> and staff and services that are responsive to families' backgrounds<sup>67,68</sup>** may also support retention. A strengths-based approach recognizes the strengths of the family, respects and learns from families, is responsive to families' interests, and engages families as full partners and decision makers.<sup>69</sup> For example, hiring staff with experiences or professional backgrounds in specific adversities may help programs better recognize and draw on families' strengths and interests.<sup>70</sup>

**Supporting relationships among families** is also important, as there is some evidence to suggest that parent-to-parent buddy systems and neighborhood-based classroom assignments can improve families' attendance in Head Start. For example, programs might pair interested families who live near each other to support each other's attendance at the center. Examples of supports between these families include telling each other when their child would be absent from the center, giving each other wake-up calls, walking together to the program, and transporting each other's child(ren) to the center (once trust is established).<sup>71</sup>

**Families may benefit from individualized and responsive services**, including trauma-informed approaches<sup>73</sup> and service adaptations. For example, programs may support families to stay at the same site if they have temporarily moved out of the service area or support families to enroll at a new site or similar program if they permanently move. These strategies may help families who have children involved in the foster care or child welfare systems or families who are highly mobile.<sup>74,75</sup>

**For families experiencing specific adversities, being responsive to their needs and goals likely requires case management and coordination of services across systems.**<sup>76,77,78,79</sup> For example, for families experiencing homelessness, programs might help coordinate safe shelter access and transportation to their site.<sup>80</sup> For families affected by substance use, programs could adopt a treatment and recovery model that provides substance use-focused case management and coordination with treatment providers. Programs might also use a prevention model that provides universal education, screening related to substance use, and referrals to community organizations for families at risk of substance use.<sup>81</sup>



### Strategy spotlight: Staff and services responsive to families' backgrounds

Translating program materials into families' preferred languages is an important starting point for ensuring responsiveness. Programs may also provide opportunities for both written and verbal communication with families, so families can use the mode most comfortable for them. For example, teachers and families can pass written observations, questions, and ideas for supporting a child to each other via a traveling journal notebook. Programs building their language capabilities may partner with community members who speak families' preferred languages to serve as parent liaisons who help build connections between the program and families. In addition, families' songs, traditions, and holidays may be represented in home- and center-based activities.<sup>72</sup>



### What family and community, state, and national factors influence ERSEA strategies and outcomes?

Two sets of overarching factors—family factors and community, state, and national factors—influence ERSEA strategies and child and family outcomes. Multiple factors may influence families' experiences with Head Start. The adversities that families experience are often intertwined with poverty, or may co-occur.<sup>82</sup> Additionally, Head Start ERSEA strategies and pathways, and child and family outcomes all exist in a larger context influenced by socially and economically driven factors. See [Appendix Exhibit A.5](#) and [Exhibit A.6](#) for more examples.

**Family factors.** Family factors include families' demographic characteristics, prior experiences, physical and mental well-being, child care needs, financial situations, social connections, and mobility. These factors may intersect in different ways to influence families' ERSEA experience. For example, families language and background<sup>83</sup>—and their prior experiences with service providers<sup>84</sup> can influence how they select child care providers.



These factors, in turn, may affect the outreach and engagement strategies that might be most appropriate for programs to implement. They may also point to barriers to outreach or engagement that programs can address to influence families' ability and bandwidth to engage with services.

**Community, state, and national factors.** Community factors include local ECE options, and the availability of local services and state and local reporting requirements related to adversities. Head Start programs may adjust whom to prioritize recruiting in communities where families have other affordable and quality care options. For example, Head Start programs may shift toward serving more children under age 4 in areas with state-funded preschool options available.<sup>85</sup> In addition, required reporting practices (for example, reporting substance use during pregnancy, child abuse and neglect, or homelessness) and policies to support information sharing across agencies can vary by state and locality. These factors can influence how comfortable families feel about revealing specific challenges and the types of family information the programs can share with other providers (for example, whether a family will accurately share their housing status).<sup>86, 87</sup> These and other factors can ultimately influence the strategies programs use and those that might be most effective.

**Socially and economically driven factors.** All factors in the framework are influenced by socially and economically driven factors. These factors may influence families' receptivity to ERSEA strategies. For example, lack of access to resource in multiple languages,<sup>88</sup> and stigma associated with specific adversities<sup>89, 90</sup> may deter families from selecting and enrolling in programs and engaging in services. Factors related to families' access to affordable health care or employment opportunities influence families' experiences, such as their financial situations and physical and mental well-being.

### What can I do next with this conceptual framework to inform practice?

Program staff and practitioners may use the conceptual framework to explore strategies that may strengthen their relationships with families experiencing adversity as well as reflect on the range of factors that may influence families' experience of the program

As a first step, program staff and practitioners can [use the reflection questions posed at the start of this brief](#) to reflect on their program's ERSEA-related needs and the types of family adversities and needs present in their community. Once programs have identified these needs, they can assess potential opportunities to strengthen current strategies or pilot new strategies. Programs may need dedicated time and resources to continuously assess, monitor, and make improvements on ERSEA strategies across program teams, with community partners, and with families. To try new strategies, it might be important to include program leaders, ERSEA staff, teachers, and families. For example, ERSEA staff may help identify strategies and provide feedback on their experience trying out a new strategy. Gathering perspectives from both enrolled and prospective families can help programs understand whether new strategies support positive ERSEA experiences.

Visit [the project website](#) to read about findings from the Head Start REACH literature review and case studies including:

- [Literature review report](#)
- [Case study report](#)
- [Case study brief: Selecting Families with the Greatest Needs](#)
- [Case study brief: Partnering to Reach and Support Families with the Greatest Needs](#)
- [Case study brief: Reaching and Supporting Families Most in Need](#)



### How can I use this conceptual framework to inform future research?

This conceptual framework can also be used to inform research on ERSEA strategies and families' experiences with Head Start. Lessons from the Head Start REACH project so far suggest future research is needed on the following:

- ERSEA practices for families experiencing specific adversities (for example, substance use)
- ERSEA practices in American Indian and Alaska Native and Migrant and Seasonal Head Start programs
- How programs support access and opportunity for families when implementing ERSEA practices
- Promising ERSEA practices and the effectiveness of these practices

There are also important information gaps regarding factors that influence ERSEA practices including:

- ERSEA staff and staffing (such as effective professional development approaches)
- Family experiences and perspectives (such as factors that influence families' enrollment decisions)
- Community factors (such as program partnerships with community agencies)
- Implications of ERSEA practices in the context of the COVID-19 pandemic and its ongoing impacts

To inform use of this framework for future research, see the appendix for a comprehensive list of the examples.

## Appendix

Exhibits A.1 to A.6 include all the key concepts and examples identified from developing the conceptual framework for Head Start REACH. These examples illustrate ways programs have approached a given strategy, either in published research studies from the project's literature review, case studies conducted by the Head Start REACH team, focus groups with enrolled Head Start parents, feedback from academic expert, T/TA staff, and/or ACF staff, and/or the HSPPS. See [Box 2](#) in the brief for more information about the methods and these data sources. Box 2 in the brief also provides a detailed description of the methods used to develop the conceptual framework and identify examples.

**Exhibit A.1.** Foundational ERSEA leadership and operations: Key concepts and examples drawn from the literature synthesis; academic expert, T/TA staff, and/or ACF staff feedback; case studies; and/or the HSPPS ([Click here to return to the brief](#))

Concept	Examples drawn from the literature synthesis; academic expert, T/TA staff, and/or ACF staff feedback; case studies; and/or the HSPPS
<b>Staff knowledge, skills, and wellness</b>	<ul style="list-style-type: none"> <li>• Experience or expertise in supporting families experiencing adversity</li> <li>• Relationship-based competencies</li> <li>• Strengths-based perspectives</li> <li>• Responsive engagement (for example, linguistic responsiveness)</li> <li>• Staff training or professional development related to               <ul style="list-style-type: none"> <li>- Identification of adversities (for example, McKinney-Vento definition of homelessness for education and health and human services, types of child maltreatment, risk factors and signs of child maltreatment, screening for substance use or risk)</li> <li>- Strategies for addressing adversities with families (particularly before relationships are established)</li> <li>- Relationship and communication skills</li> <li>- Trauma-informed care techniques</li> <li>- Knowledge of local resources and systems</li> <li>- Ways to reduce stigma against adversities</li> </ul> </li> <li>• <i>Goal-directed relationship approaches</i></li> <li>• <i>Motivational interviewing</i></li> <li>• <i>Staff mental health and well-being</i></li> </ul>

Concept	Examples drawn from the literature synthesis; academic expert, T/TA staff, and/or ACF staff feedback; case studies; and/or the HSPPS
<b>Collaborative community partnerships</b>	<ul style="list-style-type: none"> <li>• Cross-sector partners:               <ul style="list-style-type: none"> <li>- Child welfare agencies</li> <li>- Substance use treatment programs</li> <li>- Housing services (homeless shelters, housing service providers)</li> <li>- Pediatric medical homes and behavioral health providers</li> <li>- Economic/material assistance providers</li> <li>- Food and nutrition services</li> </ul> </li> <li>• Mechanisms to support collaboration:               <ul style="list-style-type: none"> <li>- Standardized referral processes</li> <li>- Interagency or working agreements</li> <li>- Dedicated staff members for coordination</li> <li>- Joint screening and enrollment procedures</li> <li>- Procedures for sharing screening or assessment results</li> <li>- Jointly developed programs</li> <li>- Collaborative training opportunities</li> </ul> </li> </ul>
<b>Strong parent-staff relationships</b>	<ul style="list-style-type: none"> <li>• Regular staff communication with families</li> <li>• A variety of communication strategies (for example, social media, email, text)</li> <li>• <b><i>Being strategic about building relationships such that families feel encouraged to ask questions and share information</i></b></li> </ul>
<b>Data-driven processes</b>	<ul style="list-style-type: none"> <li>• Monitoring referral and enrollment data</li> <li>• Screening processes that use standardized tools and staff observations to identify adversities</li> <li>• Routine data collection and analysis of families' status, strengths, challenges, and engagement</li> </ul>
<b>Supports opportunities for program access and experiences</b>	<ul style="list-style-type: none"> <li>• <i>Program guidance related to grounding ERSEA strategies in opportunity</i></li> </ul>

Note: Examples (unless in italics) are drawn from research studies, including theoretical, descriptive, or experimental studies. Examples in italics are drawn from practice-based resources; academic expert, T/TA staff, and/or ACF staff feedback; and/or the HSPPS. Examples in bold italics are drawn from the case studies.

**Exhibit A.2.** Eligibility and recruitment in Head Start: Key concepts and examples drawn from the literature synthesis; academic expert, T/TA staff, and/or ACF staff feedback; case studies; and/or the HSPPS ([Click here to return to the brief](#))

Concept	Examples drawn from the literature synthesis; academic expert, T/TA staff, and/or ACF staff feedback; case studies; and/or the HSPPS
<b>Prioritizing families facing specific adversities</b>	<ul style="list-style-type: none"> <li>• HSPPS requirements related to families experiencing homelessness and in foster care</li> <li>• <b><i>Prioritizing families receiving public assistance and families with particular demographic characteristics</i></b></li> </ul>
<b>A variety of referral networks</b>	<ul style="list-style-type: none"> <li>• Recruitment through trusted community organization and groups (faith-based organizations, schools, social networks, support groups, current or prior Head Start families)</li> <li>• Interagency information-sharing agreements</li> <li>• Dedicated staff for interagency coordination</li> <li>• Strategic referral partnerships that incorporate ECE referrals and monitoring into partners' practice/case management (for example, housing programs, child welfare agencies, substance use treatment facilities, adversity-specific support groups)</li> <li>• Cross-system/sector training on programs' eligibility, benefits, and enrollment processes (for example, housing programs, child welfare agencies, residential substance use treatment facilities)</li> </ul>
<b>Responsive materials</b>	<ul style="list-style-type: none"> <li>• Use of families' preferred languages</li> <li>• Incorporation of families' backgrounds and experiences (for example, beliefs, traditions, holidays, songs, languages)</li> </ul>
<b>Benefit-focused messaging</b>	<ul style="list-style-type: none"> <li>• Promotion of children's school readiness, including developmental stimulation, socialization, and social skills development</li> <li>• Early screening and intervention for developmental delays</li> <li>• Provision of structure and stability for children</li> <li>• Supports for parent well-being, including moderation of parental stress and provision of social support for parents (for example, respite from parenting, time to attend to basic needs or increase skills, particularly for families experiencing homelessness)</li> <li>• <b><i>Emphasizing the ways in which program participation can meet families' specific needs (such as food, utilities, and health services)</i></b></li> </ul>
<b>Varied, community-based outreach strategies</b>	<ul style="list-style-type: none"> <li>• Information campaigns in families' communities</li> <li>• In-person recruitment where families spend their time (for example, public housing developments, homeless shelters)</li> <li>• Word-of-mouth recruitment (for example, from former program participants)</li> <li>• Targeted outreach and relationship building by staff</li> <li>• Partners provide targeted services to families and help programs support and retain families</li> </ul>

Note: Examples (unless in italics) are drawn from research studies, including theoretical, descriptive or experimental studies. Examples in italics are drawn from practice-based resources; academic expert, T/TA staff, and/or ACF feedback; and/or the HSPPS. Examples in bold italics are drawn from the case studies.



**Exhibit A.3.** Selection and enrollment in Head Start: Key concepts and examples drawn from the literature synthesis and/or case studies ([Click to return to the brief](#))

Concept	Examples drawn from the literature synthesis and/or case studies
<b>Responsive selection criteria</b>	<ul style="list-style-type: none"> <li>• <b><i>Establishing selection criteria, assigning selection points, and placing families on the waitlist</i></b></li> <li>• <b><i>Systematically selecting families with the highest number of points from the waitlist, with consideration for other factors, such as teachers' caseloads and classroom composition</i></b></li> <li>• <b><i>Prioritizing selecting from the waitlist families experiencing crises and/or needing emergency services</i></b></li> </ul>
<b>Family-centered processes</b>	<ul style="list-style-type: none"> <li>• Convenient enrollment locations (where families live or spend their time)</li> <li>• Enhanced staff supports for the enrollment process</li> <li>• Application of flexibilities in Head Start standards around documentation (particularly for families experiencing homelessness)</li> <li>• Extra time to collect documentation</li> <li>• <b><i>Obtaining documentation support from partners, such as documents confirming foster care placement or lack of housing</i></b></li> <li>• <b><i>Offering a longer enrollment visit at the family's home to complete paperwork, and assessing whether required services can begin before enrollment is complete</i></b></li> </ul>
<b>Frequent and individualized communication</b>	<ul style="list-style-type: none"> <li>• <b><i>Frequent and individualized text message support for eligibility verification process during enrollment</i></b></li> </ul>
<b>Centralized enrollment systems</b>	<ul style="list-style-type: none"> <li>• Joint screening and enrollment procedures with other programs (for example, child welfare, early intervention, state pre-K and special education)</li> <li>• Community-wide applications and waitlists for ECE programs</li> <li>• Cross-system/sector training opportunities</li> <li>• Formal interagency workgroups or local ECE collaboratives</li> </ul>

Note: Examples are drawn from research studies, including theoretical, descriptive, or experimental studies; those in bold text are drawn from an experimental study. Examples in bold italics are drawn from the case studies.

**Exhibit A.4.** Attendance and retention in Head Start: Key concepts and examples drawn from the literature synthesis; academic expert, T/TA staff, and/or ACF staff feedback; and/or case studies ([Click here to return to the brief](#))

Concept	Examples drawn from the literature synthesis; academic expert, T/TA staff, and/or ACF staff feedback; and/or case studies
<b>Family-centered program options</b>	<ul style="list-style-type: none"> <li>• Routine solicitation of parent satisfaction, preferences, and needs</li> <li>• Incorporation of parent feedback in program planning</li> <li>• Adaptations to improve accessibility and attendance (for example, contracting for or providing transportation services directly, giving mileage reimbursement or city bus passes for use by parents and caregivers, <i>co-location of programs in shelters</i>)</li> </ul>
<b>Welcoming and inclusive environments</b>	<ul style="list-style-type: none"> <li>• Positive, trusting staff-family relationships</li> <li>• Staff backgrounds or experiences reflect the communities they serve</li> <li>• Staff community responsiveness</li> <li>• Strengths-based perspectives</li> <li>• Services align with families' experiences and languages</li> </ul>
<b>Parent-to-parent connections</b>	<ul style="list-style-type: none"> <li>• <b>Neighborhood-based classroom assignments to promote social connections</b></li> <li>• <b>"Buddy" system among enrolled parents</b></li> </ul>
<b>Individualized, responsive services</b>	<ul style="list-style-type: none"> <li>• Tailored resources and supports to address family adversities (<b>for example, by ensuring that families experiencing homelessness have shelter and working with social workers to provide support to families involved in the child welfare system</b>)</li> <li>• Trauma-informed practice to address adversities</li> <li>• Family support services</li> <li>• Child development services</li> </ul>
<b>Service coordination and continuity</b>	<ul style="list-style-type: none"> <li>• Referrals and follow up to track service receipt (particularly for families affected by substance use)</li> <li>• Coordination of family goal setting and services across programs</li> <li>• Retention of families during temporary moves out of the service area (particularly for children involved in the foster care or the child welfare system and families experiencing homelessness or high mobility)</li> <li>• Facilitation of families' enrollment at a new site (within the same program) or a similar program when they move</li> <li>• <b>Partners provide targeted services to families and help programs support and retain families</b></li> </ul>

Note: Examples (unless in italics) are drawn from research studies, including theoretical, descriptive or experimental studies; those in bold text are drawn from an experimental study. Examples in italics are drawn from practice-based resources and/or academic expert, T/TA staff, and/or ACF feedback. Examples in bold italics are drawn from the case studies.

**Exhibit A.5.** Family factors shaping recruitment, selection, enrollment, and retention in Head Start: Key concepts and examples drawn from the literature synthesis  
[\(Click here to return to the brief\)](#)

Concept	Examples drawn from the literature synthesis
<b>Demographic characteristics and past experiences</b>	<ul style="list-style-type: none"> <li>• Demographic characteristics (e.g. Home language)</li> <li>• Past experiences with ECE and other service providers</li> </ul>
<b>Physical and mental well-being</b>	<ul style="list-style-type: none"> <li>• Physical health</li> <li>• Psychological health</li> <li>• Experiences with trauma</li> </ul>
<b>Child care needs or constraints</b>	<ul style="list-style-type: none"> <li>• Program location and accessibility</li> <li>• Family work schedules and hours of care needed</li> <li>• Child care cost</li> </ul>
<b>Financial concerns</b>	<ul style="list-style-type: none"> <li>• Financial and economic well-being</li> <li>• Employment status and stability</li> </ul>
<b>Social connections</b>	<ul style="list-style-type: none"> <li>• Key information source for ECE/provider recommendations</li> <li>• Provision of child care when needed</li> </ul>
<b>Housing stability and family mobility</b>	<ul style="list-style-type: none"> <li>• Housing stability</li> <li>• Foster care placement stability</li> <li>• Inconsistent access to phone service</li> </ul>

Note: All concepts and examples are drawn from research studies identified in the literature synthesis, including theoretical, descriptive, or experimental studies.

**Exhibit A.6.** Community, state, national and socially and economically driven factors shaping ERSEA in Head Start: Key concepts and examples drawn from the literature synthesis  
[\(Click here to return to the brief\)](#)

Concept	Examples drawn from the literature synthesis
<b>Local ECE options and eligibility requirements</b>	<ul style="list-style-type: none"> <li>• Availability of formal and informal care options, including the expansion of state pre-K programs</li> <li>• Open slots in desired program (waitlists)</li> <li>• Availability of funding for increased enrollment or temporary services for families on waitlists</li> <li>• Complexity of eligibility verification process</li> <li>• Geographic eligibility rules</li> <li>• Financial incentives for programs to prioritize families by type and number of risk factors</li> </ul>
<b>Availability of local services related to adversities</b>	<ul style="list-style-type: none"> <li>• Availability of local substance use treatment facilities</li> <li>• Availability of local housing programs</li> <li>• Availability of local resources to address co-occurring adversities (for example, mental health treatment, resources for domestic violence)</li> </ul>
<b>State and local reporting requirements related to adversities</b>	<ul style="list-style-type: none"> <li>• Required reporting practices (for example, reporting substance use during pregnancy, child abuse and neglect, homelessness)</li> <li>• Policies for sharing information about families across agencies</li> </ul>
<b>Socially and economically driven factors</b>	<ul style="list-style-type: none"> <li>• Housing and transportation policies</li> <li>• Access to health care</li> <li>• Access to employment opportunities</li> <li>• Access to educational opportunities, including ECE options</li> <li>• Stigma associated with adversity</li> </ul>

Note: All concepts and examples are drawn from research studies identified in the literature synthesis, including theoretical, descriptive, or experimental studies.

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