



Strengthening Outreach, Recruitment, and Engagement Approaches with Families: The Head Start REACH Case Study Report

June 2023

OPRE Report #2023-132

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Executive Summary

Head Start programs engage parents to support children’s growth from birth through age 5 through services that promote early learning and development, health, and family well-being. 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 infant-toddler (Early Head Start) and preschool-age (Head Start) programs use to engage Head Start–eligible families experiencing adversities, and how Head Start programs connect with and support those families. Adversities is a broad term that refers to a wide range 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, and are influenced by systemic factors such as structural racism. Common examples include but are not limited to families experiencing poverty, those experiencing homelessness, those involved in the foster care or child welfare system, and those affected by substance use. This project focuses on families facing 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.

Background and overview of the case studies

One of the foundational activities of the Head Start REACH project was to conduct case studies to obtain an in-depth understanding of the ERSEA approaches that are potentially successful for families experiencing adversities; the factors that affect implementation of these approaches; 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 ACF regions were part of the Head Start REACH case studies. Findings from the case studies have informed the project’s conceptual framework as well as future project activities, including the design of a large-scale study aimed at understanding Head Start programs’ ERSEA practices and the development of a toolkit of resources for use by practitioners.

The case studies address the following research questions:

1. How do Head Start programs decide which families to focus on for their recruitment, selection, and enrollment activities?
 - a. How do they prioritize families for enrollment in communities where there are more eligible families than funded slots?
 - b. To what extent are these decisions influenced by program-, community-, and systems-level factors (for example, the community needs assessment and the availability of other options for early care and education)?
2. What approaches do Head Start programs use to recruit, select, enroll, and retain families?
 - a. To what extent are these approaches tailored to families facing adversities (such as families experiencing homelessness; involved in child welfare, including foster care; and affected by substance use, mental health issues, and domestic violence)?
 - b. How do families perceive the approaches that programs use for recruitment, selection, enrollment, and retention?
3. Which approaches are most promising for recruiting, selecting, enrolling, and retaining families experiencing adversities and those facing barriers to using Head Start programs?

To answer our research questions, we conducted the following data collection activities in six sites (that is, six Head Start programs and their associated partner organizations) from February to April 2022:

- Virtual interviews with Head Start program directors and program or center staff involved in ERSEA efforts
- Virtual interviews with community partners that Head Start programs collaborated with to support their ERSEA efforts
- Review of documents related to Head Start programs' ERSEA efforts
- Virtual focus groups with eligible families who were enrolled in Head Start
- Virtual focus groups with eligible families who were not enrolled in Head Start

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 report are descriptive and based on qualitative methods.

Key findings from the case studies

Chapter II contains contextual information about the six Head Start programs included in the case studies, including programs' staffing structures and trainings related to ERSEA and adversities. It includes information about the programs' ERSEA approaches, focal adversities, how programs tailor these approaches for families facing specific adversities, and how programs partner with community organizations to support ERSEA work. Key findings related to the ERSEA components and partnerships include:

- **Eligibility and prioritization processes**
 - Programs apply Head Start's eligibility requirements and rely on their community needs assessments and application information from parents to identify families most in need of services.
 - Although income is the criterion that programs use most often for determining eligibility, programs also prioritize for enrollment categorically eligible groups of families (those experiencing homelessness, involved in foster care, and receiving public assistance); families facing specific adversities (such as those affected by domestic violence or substance use); and families with particular demographic characteristics (such as whether they were single-parent homes or had a family member deported).
 - Head Start's eligibility criteria consider multiple factors, but some families who may need Head Start's services may still not qualify because of income eligibility requirements.
- **Recruitment processes**
 - Recruitment is a year-round process; staff develop recruitment plans including locations to focus on and strategies that have been successful in previous years.
 - Programs use a range of recruitment approaches, including word of mouth from families and community organizations, community outreach, marketing and advertising, and partner collaboration. Word-of-mouth referral was reported as the most successful recruitment strategy across programs.

- Programs regularly monitor recruitment, using different data and tracking processes to catalog their outreach strategies, successes, and application volumes. The data sources programs use for monitoring recruitment include their community needs assessments, information from families (such as family surveys or informal conversations about how families heard about the program), and information from staff. Programs use tools such as informal spreadsheets and management systems databases to document their recruitment data, such as communication between staff and families during recruitment and applications and inquiries received during the recruitment period.
- Although programs' recruitment strategies do not significantly differ for families experiencing adversities, programs make adaptations for these families with respect to the following: (1) connecting with community partners that work with families facing adversities to recruit them; (2) being strategic about building relationships such that families feel encouraged to ask questions and share information; (3) communicating information about services to partners and families and emphasizing the ways in which program participation can meet families' diverse needs (such as food, utilities, and health services); (4) prioritizing geographic locations to recruit families facing adversities, such as urban areas that have a high concentration of homeless shelters to recruit families facing homelessness; and (5) expediting application timelines for families facing adversities to ensure that they can begin receiving services promptly.
- **Selection processes**
 - Programs develop selection criteria, which are updated annually, to reflect their areas of prioritization.
 - Programs begin selection by verifying eligibility. In doing so, programs tailor requirements for families facing adversities and sometimes obtain documentation support from partners, such as documents confirming foster care placement or lack of housing.
 - After verifying eligibility, program staff use information obtained from families during the application process and programs' selection criteria to assign selection points to families. Families experiencing specific adversities, such as homelessness and caring for a child in foster care, are assigned the highest number of points.
 - Waitlists provide a space for programs to list families who are accepted for services and track assigned selection points. In general, when selecting children from the waitlist for enrollment, programs objectively and systematically select children with the highest number of points, but staff also consider other factors, such as teachers' caseloads and classroom composition.
 - Programs consider families' adversities when selecting children from the waitlist, making accommodations when possible. For example, they may prioritize for selection families experiencing crises and/or those needing emergency services.
 - Parents identified areas of growth with respect to waitlist procedures and shared that improved communication from programs around waitlist procedures and timelines would be beneficial for their decision making about care arrangements.
- **Enrollment processes**
 - Programs complete several administrative tasks to enroll families. Enrollment involves a significant amount of paperwork, some of which can be challenging for families to complete or compile, so the time that it takes to get enrolled and start receiving services varies across families. Based on reports from enrolled parents, enrollment can take a few weeks or a few months.

- For all families, but particularly for families facing adversities, staff work to accommodate needs and individualize the enrollment process to promote a smooth transition into Head Start. This individualization could include offering a longer enrollment visit at the family’s home to complete paperwork, reaching out to partners to secure documents, and assessing whether required services can begin before enrollment is complete.
- Strategies such as conducting ongoing recruitment, maintaining a waitlist with many candidates, building and maintaining partnerships, and demonstrating flexibility in meeting families’ needs were reported as instrumental for maintaining full enrollment.
- Staff use the enrollment process to understand families’ needs and prepare them for attending and engaging with the program.
- **Attendance and retention processes**
 - Program staff and partners confront barriers when promoting attendance and retention, including inadequate transportation, adversities and illness, lack of understanding about the importance of attendance, and center characteristics that do not fit parents’ needs.
 - Attendance and retention may be more challenging for families facing adversities. For example, families experiencing homelessness may have poor attendance or leave the program due to the instability of their housing situation. In addition, families involved in child welfare and foster care may have absences caused by court appearances or visitations with biological parents.
 - Programs use a range of strategies to promote attendance and retention, including monitoring attendance; addressing transportation barriers; engaging with parents in a meaningful, communicative, and flexible way; and training staff. For all families, but particularly for families facing adversities, programs tailor strategies and use partnerships to meet families’ needs and connect them to services (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).

Chapter III contains information about the organizations that programs partner with to support their ERSEA work and the perspectives of the Head Start–eligible parents these organizations support. This includes a description of the partner organizations in the sample, including their goals, services, and focal populations; Head Start programs’ satisfaction with the partners’ support; knowledge of Head Start among parents not enrolled in Head Start; factors that drive the decisions these parents make about early education and child care; partners’ information sharing about early education and child care options; and these parents’ satisfaction with support from partner organizations, including the information they receive about early education and child care options. Key findings about Head Start programs’ partnerships with community organizations include:

- The programs that Head Start programs partner with are wide-ranging in the types of families they support and the services they offer to parents who are enrolled and not enrolled in Head Start. In addition to providing targeted services to address families’ adversities, partners play a critical role in helping programs reach, support, and retain families.
- Parents who were not enrolled in Head Start reported a high degree of satisfaction with partners’ services and ability to connect families to services. Parents said they would like more information from partners to help them make decisions about early education and child care.

- Head Start program staff appreciated that partners are communicative, responsive, and effective in connecting families to services. Head Start staff offered additional suggestions for improving communication between partners and Head Start programs.

Chapter IV summarizes the findings and outlines considerations for practice, including training and professional development, and implications for future research. Considerations for practice include the following:

- Community partners play an instrumental role in the recruitment, enrollment, and attendance and retention of families in Head Start. Moreover, the relationship between programs and community partners is reciprocal in nature with programs fulfilling families' child care and other needs and partners providing direct services to meet families' needs and ensuring their retention in Head Start. Hence, programs could consider opportunities to continue supporting and enhancing the relationships between program and partner staff.
- Programs could consider collecting families' alternate contact information at intake, which may make it easier for programs to follow up with and provide support to families who leave the program. With families' permission, programs could also explore with their partners the possibility of appropriately sharing individual families' contact information between organizations, which may strengthen the approaches that both parties use to support families.
- Programs could explore the value of sharing comprehensive information about Head Start program services with partner organizations who could in turn, share this information with the families they support.
- Programs could strengthen efforts to engage with and recruit parents whom partners support. For example, there might be opportunities for program staff to attend events that partners host for families and distribute flyers to parents.
- Given the staffing shortages in the early childhood field and because the services of programs and partner organizations are interrelated, it may be important to identify staffing needs among both groups to meet the needs of families they support.
- Conducting joint training or cross-training on specific topics could bolster programs' and partners' ability to support families. These topics include communicating with families in a way that is nonjudgmental and encourages families to share information, providing trauma-informed care, using motivational interviewing techniques, and supporting families experiencing particular adversities.
- Staff reported making adaptations to support families facing homelessness and offered fewer instances of tailoring strategies for families experiencing other adversities. While staff would benefit from continued support for helping families facing homelessness, it may also be helpful for them to receive resources and support focused on assisting families experiencing other adversities, such as domestic violence, substance use, and mental health issues, particularly because these adversities may be less apparent, and families may initially hesitate to share information about experiences with these adversities.
- Although staff from all programs reported receiving training on ERSEA topics, programs could benefit from assessing training and technical assistance needs that align with constantly changing selection criteria and family needs.
- It may be beneficial for programs to share information about effective strategies to ensure families' continued enrollment with one another. For example, although Head Start programs reported using

creative strategies to address transportation barriers, 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), could boost programs' ability to support families.

Findings from the case studies suggest directions for future research, including the following:

- Future studies should include Head Start parents, parents not enrolled in Head Start, and community partners in their samples. Although the case studies included these respondents, the voices of Head Start staff emerged most prominently when reporting findings. Future studies could employ qualitative and quantitative methods to elevate the voices of Head Start parents, parents not enrolled in Head Start, and community partners to understand how Head Start can reach and support families that most need services.
- Future studies could probe the impacts of the COVID-19 pandemic and recovery on programs' and partners' capacity to support ERSEA. Studies conducted a few years from now may allow us to examine whether pandemic-related adaptations, such as shifting enrollment procedures online, are still in place and probe staff and parent' perspectives on reasons for retaining some adaptations and suspending others. Studies could also assess how programs and partners responded to any policy changes that resulted from the pandemic.
- Future studies should prioritize understanding how program staff promote equitable program access and experiences when implementing ERSEA practices, including key successes, challenges, and growth opportunities. Because Head Start strives to promote equity by providing high-quality supports to families who need them the most, especially families with low incomes, who are often people of color, future studies could explore how families' program access or experiences differ by their background characteristics.
- Data collection instruments for future studies could use surveys to collect close-ended information and more in-depth, semi-structured interviews to contextualize or probe survey data. Case study findings could inform development of close-ended as well as open-ended questions about particular topics that the case studies highlighted.
- Case study data was collected remotely because of the pandemic and programs' preferences. As there could be differences in preferences across settings (for example, rural versus urban), these studies could be flexible with the data collection options they offer respondents in order to maximize participation.

Appendix A in the case study report details our approach to selecting programs to participate in the case studies, which included obtaining program nominations, gathering information about the nominated programs, and developing the criteria we used to select programs for the case studies. Appendix B summarizes our procedures for collecting and analyzing data for the case studies, including how we recruited the programs, partner organizations, and parents in the case study sample.

I. Introduction

Head Start is a national program that helps young children from families with low incomes get ready to succeed in school. It works to promote their early learning, health, and nutrition and their family’s well-being. Head Start connects families with medical, dental, and mental health services to be sure that children are receiving the services they need to develop well. Head Start also involves parents in their children’s learning and development, and helps parents make progress on their own goals, such as housing stability, continuing education, and financial security (Administration for Children and Families 2021). Head Start operates by providing grants to local public and private nonprofit and for-profit agencies. The agencies in turn deliver comprehensive children’s development services to children and families who are economically disadvantaged.

The Head Start REACH: Strengthening Outreach, Recruitment, and Engagement Approaches with Families (Head Start REACH) project is taking an in-depth look at the eligibility, recruitment, selection, enrollment, and attendance/retention (ERSEA) approaches that Head Start programs use to engage Head Start-eligible families experiencing adversities.¹ For the purpose of this study, Head Start refers to both the infant-toddler (Early Head Start) and preschool-age (Head Start) programs.

Exhibit I.1 includes definitions of the ERSEA terms guiding this report. We drew on program guidance provided by the Head Start Early Childhood Learning & Knowledge Center (n.d.) and case study findings to develop these definitions.

Exhibit I.1. ERSEA definitions for the case studies

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 by which Head Start programs identify, market to, and reach out to families to recruit them and how they monitor their recruitment efforts.

Selection refers to the processes that 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 that programs use to ensure strong attendance and prevent turnover among participants.▲

Head Start REACH focuses on how Head Start programs connect with and support families facing adversities. Adversities is a broad term that refers to a wide range of circumstances or events that pose a threat to a child or 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

¹ Retention is not explicitly included in ERSEA. It is a focus of the study because the Head Start Program Performance Standards (Head Start Early Childhood Learning & Knowledge Center n.d.[a]) and 2015 ERSEA final rule (Office of Head Start 2015) include requirements about specific families experiencing adversities. These guidelines include information on children and families who should be recruited, selected, and enrolled and how to ensure their attendance and retention in programs.

as structural racism. Common examples include but are not limited to families experiencing poverty, those experiencing homelessness, those involved in the foster care or child welfare system,² and those affected by substance use.^{3, 4}

This report summarizes findings from case studies of Head Start programs, including how the programs reach and support families experiencing adversities. To understand their ERSEA efforts, we synthesized information from (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.

A. Background and overview of the case studies

The goal of the Head Start REACH case studies was to obtain an in-depth understanding of the ERSEA approaches that are potentially successful for families experiencing adversities; the factors that affect implementation of these approaches; and how families find and experience early education and child care, including those who are and are not enrolled in Head Start. One of the first activities for the case studies was to identify programs that were viewed by informants as especially successful in reaching and supporting families experiencing adversities. Appendix A describes our processes for obtaining program nominations from key informants, gathering supplemental information about the programs, and using program selection criteria to recruit and finalize the six programs included in the case studies. In Appendix B, we provide details about our data collection and analysis procedures.

1. Research questions and data collection activities

The case studies examined how Head Start programs identify families most in need of their services (that is, families experiencing adversities); how the programs reach and retain these families; and key themes about the ERSEA approaches that programs use to reach and support them. Exhibit I.2 outlines the research questions that reflect these study goals.

To answer our research questions, we conducted the following data collection activities in six sites (that is, six programs and their associated partner organizations) from February to April 2022:⁵

- Virtual interviews with Head Start program directors and program or center staff involved in ERSEA efforts
- Virtual interviews with community partners that Head Start programs collaborated with to support their ERSEA efforts

² Being involved in the foster care or child welfare system refers to a range of families experiencing this adversity, such as those caring for a child in foster care, with a child in an out-of-home placement, or receiving in-home family preservation services.

³ During data collection, we provided the study's definition of adversities to program staff before inquiring about the adversities they prioritized for ERSEA activities. We gathered information about adversities that program staff reported focusing on, which included additional adversities (for example, families who are refugees or immigrants).

⁴ We refer to families and people who are affected by substance use because this is the language that the field uses, in addition to substance misuse and substance use disorders (Substance Abuse and Mental Health Services Administration 2020).

⁵ Due to the COVID-19 pandemic, at the request of programs, all data collection activities were conducted virtually. Virtual conversations took place through video and telephone calls.

- Review of documents related to Head Start programs’ ERSEA efforts
- Virtual focus groups with eligible families who were enrolled in Head Start
- Virtual focus groups with eligible families who were not enrolled in Head Start

Exhibit I.2. Case study research questions

1. How do Head Start programs decide which families to focus on for their recruitment, selection, and enrollment activities?
 - a. How do they prioritize families for enrollment in communities where there are more eligible families than funded slots?
 - b. To what extent are these decisions influenced by program-, community-, and systems-level factors (for example, the community needs assessment and the availability of other options for early care and education)?
2. What approaches do Head Start programs use to recruit, select, enroll, and retain families?
 - a. To what extent are these approaches tailored to families facing adversities (such as families experiencing homelessness; involved in child welfare, including foster care; and affected by substance use, mental health issues, and domestic violence)?
 - b. How do families perceive the approaches that programs use for recruitment, selection, enrollment, and retention?
3. Which approaches are most promising for recruiting, selecting, enrolling, and retaining families experiencing adversities and those facing barriers to using Head Start programs? ▲

2. Data analysis procedures

Exhibit I.3 presents a crosswalk of the research questions that each data collection activity helped answer, and it includes the format, type of respondent, and sample sizes for each activity.

Exhibit I.3. Data collection activities, respondents, and sample sizes for case studies, by study research question

| Study research question | Respondent (N) | Data collection activity |
|-------------------------|--|---|
| 1, 1a, 1b, 2, 2a, 3 | Program director (6) and program- (15) or center-level (3) staff | 60-minute, semi-structured interview and document review ^a |
| 1b, 2, 3 | Community partner organization staff (19) | Up to 60-minute, semi-structured interview |
| 2, 2b, 3 | Families enrolled in Head Start (30) | 90-minute focus group |
| 3 | Eligible families not enrolled in Head Start (20) | 90-minute focus group or semi-structured interview |

^a The document review attempted to fill gaps in understanding about programs’ ERSEA activities when the interview or focus group data were unclear. We reviewed documents that program staff provided and extracted relevant details, as described in Appendix B. However, because the interview and focus group data were comprehensive and generally contained more detailed information about programs’ ERSEA practices and procedures than documents, we largely relied on these data in presenting findings and drew on the information from documents to fill any gaps.

After collecting all data, we completed a multistep process through which we prepared the data for analysis, extracted topical 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 report are descriptive and based on qualitative methods.

B. Road map of the report

This report organizes the findings from the case studies into two main parts: (1) findings about Head Start programs' ERSEA approaches, including how programs partner with community organizations to conduct ERSEA and how they tailor approaches for families experiencing adversities, and (2) information about the partner organizations and the perspectives of the Head Start–eligible families who receive services from these organizations.⁶

Chapter II contains contextual information about the six Head Start programs included in the case studies, including programs' staffing structures and trainings related to ERSEA and adversities. It includes information about the programs' ERSEA approaches, focal adversities, how programs tailor these approaches for families facing specific adversities, and how programs partner with community organizations to support ERSEA work.

Chapter III contains information about the organizations that programs partner with to support their ERSEA work and the perspectives of the Head Start–eligible parents these organizations support. This includes a description of the partner organizations in the sample, including their goals, services, and focal populations; Head Start programs' satisfaction with the partners' support; knowledge of Head Start among parents not enrolled in Head Start; factors that drive the decisions these parents make about early education and child care; partners' information sharing about early education and child care options; and these parents' satisfaction with support from partner organizations, including the information they receive about early education and child care options.

Chapter IV summarizes the findings and outlines considerations for practice, including training and professional development, and implications for future research.

Appendix A details our approach to selecting programs to participate in the case studies, which included obtaining program nominations, gathering information about the nominated programs, and developing the criteria we used to select programs for the case studies. Appendix B summarizes our procedures for collecting and analyzing data for the case studies, including how we recruited the programs, partner organizations, and parents in the case study sample.

⁶ Throughout the report, the term staff refers to both program directors and ERSEA staff, because case study data showed that perspectives for these two groups generally aligned. However, for discussion about programs' staffing structure in Chapter II, we explicitly describe program directors' reported responsibilities.

II. Head Start Programs and ERSEA Procedures

We interviewed program directors and ERSEA staff at the six programs we engaged for the case studies. During these conversations, respondents described how different staff support ERSEA processes, how these staff implement ERSEA, the adversities that programs prioritize in reaching and selecting families, and the training that staff receive on ERSEA and supporting families.

The subsequent sections summarize our findings on these topics. The chapter begins with a description of the Head Start programs in the study, followed by information about each ERSEA component.

A. Head Start program context

As outlined in Exhibit II.1 and Appendix A, the case studies included 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 adversities that their programs focus on for their ERSEA activities. Based on program director reports, the programs vary in the adversities they prioritize. The most commonly reported adversity was homelessness, including doubling up.⁷ After homelessness, programs frequently prioritize families experiencing mental health challenges and involved in the child welfare and foster care systems.

Exhibit II.1. 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 |
|-----------|-----------------------------|------------|---------------|---|--|
| Program A | 355 | 7 | Urban | Homelessness, including doubling up | Refugee or immigrant status |
| Program B | 76 | 8 | Rural | Homelessness, including doubling up | Mental health challenges |
| Program C | 4,086 | 9 | Urban | Lack of affordable housing, leading to homelessness | Involvement in child welfare and foster care systems |
| Program D | 319 | 3 | Rural | Mental health challenges | Children with disabilities |
| Program E | 161 | 1 | Rural | Substance use | Family violence |
| Program F | 654 | 6 | Urban | Homelessness | Involvement in child welfare and foster care systems |

1. Head Start staff at multiple levels are involved in reaching and retaining families

Most commonly, across programs, three core types of staff support ERSEA processes: (1) program directors, (2) ERSEA managers, and (3) ERSEA coordinators. These staff generally oversee the ERSEA activities, as described below. Programs vary in the additional staff they engage to support ERSEA efforts, but these include family support staff and eligibility leads. Family support staff include family service advocates, family service specialists, and family health advocates. Eligibility leads include eligibility supervisors and specialists.

Program directors. Across programs, program directors reported providing general oversight for ERSEA activities and developing and maintaining connections with partner organizations to support

⁷ Doubling up is the informal term used when families live with another family because they do not have their own home or they are experiencing economic hardship.

ERSEA. Program directors described additional duties related to monitoring data, training staff, reviewing and updating selection criteria, and carrying out quality assurance. For example, three program directors described monitoring and tracking enrollment and attendance data to ensure their programs were in compliance with their enrollment and attendance procedures. One program director trains staff on ERSEA topics, while another director meets with the Parent Policy Council annually to review and make necessary updates to the program's selection criteria. In another program, the director reviews applications for enrollment that ERSEA staff submit to ensure the applications are complete.

ERSEA managers. In four programs, ERSEA managers have diverse responsibilities, but they primarily oversee ERSEA staff and the activities they conduct, including delegating work to additional staff. Like program directors, ERSEA managers provide trainings, support quality assurance, and review applications. For instance, in one program, the ERSEA manager prepares trainings on the Head Start Program Performance Standards and selection criteria point systems for the Parent Policy Council and ensures compliance with performance standards. In another program, the ERSEA manager reviews parents' applications for enrollment to assign points based on selection criteria. An ERSEA manager in a third program supports recruitment by managing a database that stores emails from parents inquiring about the program and tracks staff attempts to contact interested families.

ERSEA coordinators. In four programs, these staff collaborate with and support their ERSEA managers. For example, coordinators and/or specialists assist with selection by reviewing applications and selecting families based on selection criteria.

Family service advocates. In two programs, family service advocates conduct a variety of tasks related to recruitment, selection, enrollment, and attendance and retention. In one program, the family service advocate works with an eligibility specialist at the center level to support the center's application process, including collecting documentation, reviewing applications, and conducting calculations to determine income eligibility. This family service advocate also follows up with families who have difficulty with regular attendance to help resolve barriers to attendance. In the other program, the advocate participates in community fairs to recruit families. The advocate works with the ERSEA specialist to get families enrolled once they are selected by uploading applications into the ChildPlus data management system⁸ and following up on families' attendance plans.

Family service specialists. As described for one program, the family service specialist conducts enrollment visits and works with families to develop attendance plans.

Family health advocates. In one program, the family health advocate leads the application process, including eligibility and income verification. The health advocate also conducts enrollment visits and works with families to develop attendance plans.

Eligibility supervisors. In one program, a staff member said the eligibility supervisor primarily oversees the eligibility specialist.

Eligibility specialist. A staff member from one program said the eligibility specialist works closely with the family service advocate and community members to recruit families. The eligibility specialist manages a caseload and directly engages with families to collect necessary documentation, review applications, and enter and track recruitment data for reports.

⁸ ChildPlus was the first data management system developed for Head Start programs (ChildPlus n.d.).

2. Staff receive training on topics related to ERSEA and different adversities to conduct ERSEA activities with families facing adversities more effectively

Staff described receiving formal training focused on ERSEA, but topics varied by program. In all programs, staff reported participating in trainings focused on recruitment and eligibility within the past year. Eligibility topics included monitoring eligibility to ensure compliance with Head Start Program Performance Standards and understanding the consequences of knowingly documenting false information about families' eligibility. Recruitment topics included using particular recruitment strategies, using the community needs assessment to help identify which families to recruit, and using innovative ways to communicate and engage with families.

In four programs, staff received training within the past year on selection, enrollment, and attendance and retention. Trainings on selection highlighted understanding the selection criteria, including updates, and how to apply the selection criteria to choose families to participate. Enrollment trainings focused on teaching staff how to implement enrollment processes, including filling out enrollment forms. Trainings on attendance and retention ensured that staff understood attendance policies and procedures, potential barriers to regular attendance, processes for following up about attendance, and best practices for communicating with families about attendance.

Staff said that informal support and peer networking supplement the formal trainings they receive on ERSEA. One ERSEA staff member said the program's other staff generally provide a strong network of support for ERSEA staff by helping ensure that the program is following ERSEA-related protocol and procedures. In a second program, a staff member said their colleagues, including other ERSEA staff and the ERSEA coordinator, provide immediate support before or during home visits when a staff member has a question about an ERSEA topic. In a third program, key staff have weekly ERSEA enrollment meetings that function like community of practice meetings. When these staff convene, they review enrollment numbers and trends they are seeing on submitted applications and discuss questions about ERSEA topics.

Just as programs' ERSEA trainings cover multiple topics, staff receive and provide formal and informal support on different adversity topics. Most frequently, these subjects include trauma-informed care, best practices for supporting families facing adversities, and adverse childhood experiences (ACEs).

Staff in all programs said they have been trained on providing trauma-informed care and working with families facing adversities. Training on trauma-informed care has focused on using inclusive and asset-based language when discussing substance use and domestic violence and understanding factors that contribute to trauma. Training on supporting families facing adversities has focused on understanding particular adversities, such as involvement in the child welfare and foster care systems, homelessness, and refugee or immigrant status, and understanding how to speak to and work with families facing adversities. Staff from three programs described receiving training on ACEs and factors that protect against the effects of ACEs. For instance, one staff member was a certified ACEs trainer whose colleagues also were certified to provide trainings about protective factors for families. This staff member said that the protective factors training is new to the program, but the program attempts to train all staff on protective factors and implement the corresponding practices.

3. Conclusion

Case study programs rely on several staff to oversee, conduct, and track ERSEA activities. Across programs, program directors and ERSEA managers typically lead other staff. Programs vary in terms of other staff roles dedicated to ERSEA and the extent to which non-ERSEA staff support ERSEA activities. In carrying out ERSEA processes, staff attempt to reach families with specific adversities. These adversities vary by region and program. According to program directors in the case study programs, these adversities often relate to families experiencing homelessness and mental health challenges and those involved in the child welfare and foster care systems.

To support families and carry out ERSEA activities effectively, staff described the varied trainings they have attended or led. Eligibility and recruitment emerged as ERSEA topics that staff across programs have addressed during trainings. Common adversity topics included providing trauma-informed care, understanding specific adversities, and effectively communicating with families facing adversities. The next section summarizes how programs identify and prioritize the recruitment and enrollment of families who are eligible for Head Start, including families facing adversities.

B. Eligibility and prioritization processes and partnerships

As the first step in the ERSEA process, eligibility is a critical component of identifying and reaching families to engage in Head Start. Reflecting the definition in Exhibit I.1, eligibility refers to Head Start's eligibility requirements outlined in the Head Start Program Performance Standards and how programs use these requirements to prioritize recruiting and enrolling those families most in need of Head Start services. In this section, we summarize staff reports of the processes that programs use to identify areas of prioritization for recruitment and enrollment, the factors that programs consider in prioritizing families, and how programs verify families' eligibility for enrollment in Head Start.

1. Programs rely on their community needs assessments to identify areas for prioritization

All programs conduct community needs assessments to understand the experiences of families in their service areas and identify those most in need of services. In all programs, staff described using the needs assessment as a prioritization approach and staff in five programs noted that the needs assessment is conducted annually. Programs use their needs assessments to understand needs, including the adversities that families in their communities are facing. One staff member, for example, said the community needs assessment “really does help determine where the funding goes.” A staff member from another program said the needs assessment revealed that housing had become an increased need during the COVID-19 pandemic. The needs assessment allowed the program to plan for new partnerships to meet this increased need, including identifying affordable housing options and helping families stay in their homes. With these data, staff can determine the groups of families they should prioritize for recruitment and enrollment when determining who might reap the greatest benefits from Head Start.

In addition to community needs assessments, staff gathered information from parents about their needs through conversations with Parent Policy Council members and information from parents' applications. Staff from four programs offered examples of parents in their policy council raising concerns about families' needs or suggesting ideas to help identify focal adversities based on data from needs assessments. In one program, for example, a staff member said parents in the policy council raised substance use as a concern for community members, which prompted the council and staff to explore how this adversity affected the community. These conversations resulted in the program prioritizing reaching

and supporting families facing substance use. In another program, parents in the policy council reviewed and discussed data from the community needs assessment that revealed child abuse as a top concern. The program later concluded that families with any involvement with Child Protective Services should be prioritized for recruitment and enrollment.

In two programs, staff said that parents provide information about adversities they are experiencing during the application process. For example, one staff member said the application includes a question about families' current housing status, which allows staff to identify families who need housing support.

2. Programs consider factors beyond income to prioritize families for recruitment and enrollment

Staff reported that income is most often the primary criterion that programs use to determine eligibility for Head Start. Programs use the U.S. Department of Health and Human Services' Poverty Guidelines to classify families as having low incomes (Office of the Assistant Secretary for Planning and Evaluation 2022).

Staff reported that families who are categorically eligible for Head Start do not have to provide evidence of income eligibility. Per Head Start's eligibility guidelines, homelessness, involvement in foster care, and receipt of public assistance (Supplemental Nutrition Assistance Program [SNAP], Temporary Assistance for Needy Families [TANF], and Supplemental Security Income [SSI]) are adversities that render a family eligible for Head Start. Staff noted that families experiencing these adversities provide proof of their circumstances and/or that they are receiving governmental assistance.

Programs' prioritization processes also consider other adversities and the demographic characteristics of families. Staff named several other adversities and demographic characteristics when asked to describe the process that they use to prioritize the enrollment of eligible families. The adversities named included whether families were affected by domestic violence (two programs), raising a child with a disability (two programs), affected by substance use (one program), and affected by mental health issues (one program). Demographic characteristics that staff raised included whether families lived in the program's service area (two programs), were single-parent homes (two programs), had a family member deported (one program), and included a child with a sibling enrolled in the program (two programs). Section II.D describes how staff assign selection points to prioritize these families for enrollment.

Programs use their application processes to determine information about the adversities that families are facing and demographic characteristics. In this phase, staff inform parents that their program is designed for families most in need of Head Start services to ensure that parents are forthcoming with information on the application form. The form includes questions about the previously mentioned demographic characteristics and adversities, including whether the family has a child with a disability or is affected by substance use. The form probes for additional information, including whether parents have health insurance or family members who financially support them.

Conversations that staff have with families during the application process allow them to further clarify the adversities that families are facing. For example, one staff member asks a series of residency questions that are tied to the McKinney-Vento Act (McKinney-Vento Homeless Assistance Act of 1987), such as whether the families are living with friends or relatives because they lost their home or cannot afford a home, or whether they are living in a hotel or motel. In this program, parents who respond in the affirmative to these questions do not need to provide documentation for income eligibility, although the program might verify their housing status with a third party with the family's written consent. In another program, a staff member offered the example of a mother who submitted her application and was

concerned she would not be income eligible. In speaking with the mother, staff realized the family was homeless due to fleeing domestic violence, which would make them eligible. We provide information about programs' eligibility verification process in Section II.D.

3. Some families who need Head Start may not qualify because of income eligibility requirements

Although Head Start programs' prioritization processes consider multiple factors, some families who need Head Start may not qualify because of income eligibility requirements. Staff from four programs said some families who could benefit from the program do not qualify because their income is above the eligibility requirement, and they are not experiencing adversities that make them categorically eligible for Head Start. Staff from two of these programs believe that Head Start's income eligibility requirements are "super low," particularly for high cost-of-living areas, where parents might be making minimum wage or working overtime to meet rising costs. Although these parents might be struggling to make ends meet, they would not qualify for Head Start because their income is higher than the limit stipulated in the Poverty Guidelines. Head Start parents shared a similar view; respondents from three programs said they were concerned about qualifying in the subsequent program year because they were trying to make more money to combat inflation.



"When you reenroll, they ask you again for check stubs and a lot of other things. For example, in my case, they told me that my son was gonna be on the waiting list because [my income] went a little over. But then, my question is: Year after year, the rent goes up, and it's not just a little. So, if you go a little over, you no longer qualify.... The program doesn't see that, sometimes, you have to work a little bit more because otherwise, how am I gonna pay my rent? How am I gonna pay my bills?"

Head Start parent

4. Conclusion

Programs primarily use information from community needs assessments to determine areas of prioritization and supplement with information from parent and staff questionnaires. In their efforts to identify and enroll families who most need Head Start's services, programs prioritize factors beyond income, including adversities that families experience and demographic characteristics. Although eligibility and prioritization processes are designed so that families facing particular adversities such as homelessness, children who are in foster care and families receiving TANF, SSI, or SNAP qualify for services regardless of their income level, staff shared that some families who need services may still not qualify because they do not meet income eligibility requirements and are not categorically eligible. Programs' prioritization processes are meant to reflect their communities' needs and facilitate the use of practices that recruit the families most in need of their services. The next section describes these recruitment processes.

C. Recruitment processes and partnerships

Programs use different approaches to identify and reach families who are eligible to participate in Head Start, based on established selection criteria. As outlined in the definition for recruitment in Exhibit I.1, in this section, we describe these approaches and summarize how the case study programs identify, market to, and contact families for recruitment. The section includes information about how program staff work with community partners to recruit, tailor approaches for families facing adversities, and monitor their

recruitment efforts. The section ends with a summary of promising approaches and key lessons for recruiting families into Head Start and collaborating with partners on recruitment.

1. To prepare for recruitment, programs rely on recruitment plans and staff focus their efforts on reaching the families most in need of services

Formal plans help programs guide recruitment efforts. ERSEA staff from four programs said recruitment is a year-round process, and staff associated with three of the four programs described creating or having recruitment plans to inform these intensive outreach efforts. One ERSEA staff member said the recruitment plan outlined how staff would conduct recruitment, including locations to focus on. A staff member from a different program said their plan described recruitment strategies that had and had not worked in previous years. In this program, staff described tracking recruitment efforts and determining their effectiveness by checking families' applications to assess how they learned about the program and by facilitating discussions among staff about effective and ineffective strategies.

Across programs, staff strive to reach the families who need the most support. In describing how they determine whom to recruit, staff shared that they do not use specific recruitment quotas because the programs generally prioritize families most in need. However, some staff described recruitment goals that their programs set for these families.

Generally, programs vary in how they define families who need the most support and the information they use to understand who these families are. ERSEA staff from five programs specified that they try to recruit families they consider the "most vulnerable." For one of the staff members, these families include those that have children with disabilities and are experiencing homelessness. Another ERSEA staff member said the "neediest" families include those that experience multiple adversities at the same time or those with "a multitude of factors" that make them eligible for Head Start. This staff member and another from the same program said they heavily rely on their community needs assessment to understand who these families are. In addition to community needs assessments, Head Start's eligibility requirements help programs understand which families to prioritize for recruitment. In half the programs, staff described using Head Start's eligibility requirements to guide recruitment. For example, staff described prioritizing families who have children with disabilities and those experiencing homelessness because the Head Start Program Performance Standards highlight these children as focal groups.

Although programs rarely set formal recruitment targets, staff in three programs prioritize families experiencing particular adversities. One ERSEA staff member said the program tries to enroll a specific percentage of families involved with the child welfare system and experiencing homelessness, so staff strive to reach many of these families during recruitment. In the second program, a staff member reported prioritizing families who receive TANF because when staff conduct home visits to recruit some of these families in the community, they find that these families are often managing multiple "complex traumas" (for example, they could be in public housing, receiving public assistance, and be unable to work) and "are truly some of the most vulnerable populations ever". Staff in the third program said they reserve slots for families facing adversities, including those involved with the foster care system, experiencing homelessness, or in need of emergency housing.

2. To recruit families, programs use a range of approaches, including word of mouth, community outreach, marketing and advertising, and partner collaboration

Most commonly, programs reach parents through word-of-mouth referrals. Staff and parents from all programs described using or benefitting from this recruitment strategy. Head Start parents from all

programs explained that their referrals frequently came via word of mouth from other parents enrolled in Head Start. These parents might be connected to eligible parents through family, friends, co-workers, or neighbors.

According to program staff, parents learn about Head Start from other parents through informal conversations or more formal outreach. For example, ERSEA staff from four programs said they informally encourage parents to discuss their Head Start programs and experiences with their networks or to share postcards or other materials about the program with other parents. ERSEA staff from three programs said they formally speak with parents who are committee and policy council members about how they can support recruitment, including when and where to share program information with other parents.

Word-of-mouth referrals also come from other community members and organizations, although less frequently than parent referrals. Specifically, parents from five different programs described learning about the program from staff at community agencies, schools, or child care settings. One parent, for instance, said a Women, Infants, and Children (WIC) program nurse told her about Head Start; another parent learned about the program from a school counselor.

A community presence is critical for Head Start programs' recruitment; staff host or attend community gatherings and visit popular community locations to reach families. For example, staff from five programs described attending community events or fairs to recruit families. At these events, they set up tables or booths, distribute flyers and other handouts, and describe program services to eligible parents. As described by ERSEA staff from two programs, community partners or other community organizations sometimes host these events. Some programs host their own open enrollment nights and recruitment fairs, as described by staff from four programs. These events function as open houses, where interested families can learn about the programs and potentially complete applications.

Grassroots recruitment, or canvassing, emerged as another community-based strategy that programs use to reach families, as reported by staff from five programs. Going door-to-door in community neighborhoods allows staff to reach families who might be eligible for Head Start but have not yet enrolled their children. Canvassing also encourages staff to visit families' homes and community locations that families are likely to visit. These locations include farmers' markets; laundromats; WIC offices; churches; the Salvation Army; community shelters; and outdoor encampments for families experiencing homelessness, such as parks or dry riverbeds. In some cases, staff who visit the community locations may lead presentations about the programs for families.

Programs use social media and marketing to support recruitment. These efforts include developing outreach materials and creating social media posts to pique parents' interest in Head Start.

Most frequently, programs develop outreach and marketing materials to share information about their programs and reach families, including flyers, brochures, door hangers, and branded items. Staff from all programs said they create and disseminate their own flyers and brochures. These respondents described specifically posting these materials in different community locations, such as doctors' and dentists' offices, laundromats, restaurants, libraries, WIC offices, and apartment complexes. Two of the ERSEA staff, each from a different program, said their flyers and brochures include QR codes that link parents to online inquiries they can complete. Staff from three programs said they leave door hangers in apartment complexes, and staff from two programs said they develop marketing materials for use on buses and at bus stops. One program created marketing materials specific to the program for its recruitment. An ERSEA staff member worked with the program's branding department to create flyers, brochures, notebooks, T-shirts, and toys. Program staff reviewed the materials the branding department created to

ensure the look and feel of the materials adequately reflected their recruitment needs (for example, making sure the pictures reflected the communities of interest).

In five programs, staff use social media to reach families. For example, three ERSEA staff members, each from a different program, said they use Facebook groups, including parenting and education groups, to advertise their Head Start programs and indicate when they have open slots. Two staff members said social media has been especially helpful for recruiting families during the COVID-19 pandemic, because in-person outreach has been challenging.

Although rarely used, programs also market through public media and news outlets. Staff from one program raised this example. This program used radio advertisements to spread the word about its program. In addition, a local newspaper included photos from a fire safety event that the program held.

Head Start programs rely heavily on their community partners to recruit, with staff reaching families through connections with partners. In all programs, staff said they receive direct referrals from community partners. Receiving these referrals might be facilitated by the communication that partners and programs maintain. In five programs, for example, staff said they share information about their services during community partner meetings and events they attend. For instance, one ERSEA staff member attends community network meetings with other community partners. During these meetings, the staff member tells partners when the Head Start program has openings and encourages them to share the staff member's name and number with families whose children may be age eligible. Other staff from this program have attended and presented at partners' parenting classes to try to recruit parents. The staff member who described the approach said "being at the table with other community members" is important for recruitment. Three staff described emailing community partners to share information about the Head Start program, such as when enrollment starts or slots are open, in order for the partners to then share program information with parents. Staff said that partners distribute programs' marketing materials and share information about the program. For example, staff from three programs said their partners will help distribute flyers, newsletters, and, in some cases, application packets.

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

Recruitment strategies do not appear to differ for families experiencing adversities. Staff from five programs explained that recruitment generally looks the same for all families, but some tailoring occurs to better reach families facing adversities. Most differences in recruitment approaches relate to how programs (1) connect with community partners, (2) build relationships with families, (3) message their services, (4) determine recruitment locations, and (5) expedite the application process.

Connecting with community partners. To recruit families facing adversities, staff from three programs described relying on community partners that support families experiencing their focal adversities. This approach helps the program staff successfully reach the prioritized families. For example, the staff said they partner with homeless shelters to recruit families experiencing homelessness. Generally, the staff described how working closely with community partners to reach families facing adversities is an efficient, streamlined way to recruit families. One ERSEA staff member said working with partners to recruit families facing adversities is helpful because the partners are "on the ground in the community" with the families, and thus are able to directly refer families to Head Start or tell the programs about families who may be eligible. Another ERSEA staff member said direct referrals from partners are helpful

because they provide program staff with the clearest and most detailed picture about families' circumstances and needs. For another staff member, working with specific partners, such as homeless shelters, is helpful for understanding how to connect with families who may be difficult to reach.

Building relationships. ERSEA staff from three programs said that recruitment for families facing adversities can require more intentional or strategic relationship building. One of these respondents said staff should not simply ask the families questions, but they should work to help families feel encouraged to share about themselves and their situations in an authentic way: “[It’s important] that you’re really letting the family be comfortable about telling you their story, because it’s actually a privilege to hear their story.... It’s a privilege to enter their home.” Another ERSEA staff member said that recruitment presentations must be humble, nonjudgmental, and approachable, which helps families facing adversities feel more comfortable explaining their situations. This staff member said they strive to be warm and welcoming by communicating to families that the program is excited to have their child. According to ERSEA staff from the third program, face-to-face outreach can support relationship building. They said an in-person connection allows them to really talk with families about the program and that face-to-face engagement promotes a more personal connection with families. Staff feel these deeper connections can help nurture trust, a factor that is especially important for families facing adversities to feel comfortable sharing personal information.



“I don’t want people to think, ‘Oh, they’re only recruiting people that have issues with this or that.’ I want to show up to the world, and I want everyone to feel like we want everybody. So, as far as I’m concerned, my recruitment tactics will be, I’m going to show up, I’m gonna be positive, I’m gonna be enthusiastic, I’m excited, and I want to talk to you about your child.”

Head Start ERSEA staff member

Messaging about services. Staff in three programs said their programs work to ensure they meet the broad needs of families facing adversities. In addition, they strive to help partners understand, and thus be able to communicate, programs’ diverse services. For example, one staff member said the program works hard to assess the broad needs of families facing adversities and, during recruitment, focus not only on early education and child care but other needs that families have, including assistance paying for utilities and food. The program also works to make sure that partners understand these diverse services.

Focusing on specific geographic locations. An ERSEA staff member from one program said the program focuses on specific locations in the city to recruit families facing adversities. The ERSEA staff member described one area that has three to four homeless shelters, where staff focus their efforts to recruit families facing homelessness.

Expediting application timelines. A staff member from one program said the application process goes more quickly for families facing adversities, because the program intentionally prioritizes these families for enrollment.⁹

⁹ We received limited information about this theme from staff interviews and parent focus groups; in addition, programs’ documents did not explicitly mention expediting application timelines for families facing adversities.

4. Once interested in a program, families use different processes to express interest and complete their applications

As families learn about Head Start programs through different recruitment avenues, they can inquire about the programs to learn more and begin the application process. Staff from two programs said families complete inquiries over the phone, such as through a child care hotline. Staff from three programs said families complete online inquiries, including through email and websites.

After families inquire about programs, they begin the official application process. In three programs, staff explained that parents can complete the initial application process independently. For example, one ERSEA staff member shared that families apply to the program by accessing a QR code on program flyers or completing a paper application that staff send to them. The families may also visit centers to complete applications in person. In each program, staff are involved in the application process, either because parents have the option of completing the application with their support or the application requires additional contact from them. One ERSEA staff member, for instance, said families complete most of the application process over the phone. Subsequently, parents schedule an in-person visit to provide documents. During this visit, the parents and a staff member will review the pre-filled application, after which parents sign the completed application. In another program, after parents complete their online application, the family health advocate will call the family to schedule an interview, either at the family's home or a center. During the interview, the advocate asks about the child's strengths, any behavior concerns, whether the child is up-to-date with medical appointments, and other questions designed to help parents feel comfortable opening up about their child. The ERSEA staff member described the interview as a "getting to know you" conversation.

5. Programs regularly monitor recruitment, using different data and tracking processes to catalog their outreach strategies, successes, and application volumes

To track their recruitment processes, programs rely on multiple data sources, including their community needs assessments and information from families and staff. Given the many people who have a hand in recruitment—including staff, parents, and community partners—gathering diverse data allows programs to develop a clear and comprehensive picture of how recruitment is working.

- *Community needs assessments.* Staff from three programs described using their needs assessments to understand whether their recruitment approaches successfully identify the families most in need of services. Staff from two programs described annually reviewing their needs assessment to gather this information. Staff from the third program said they use the assessment to create center-specific recruitment plans. These centers receive information for their zip codes to assess whether the families in their area most in need of services are receiving them, or whether there is a percentage of eligible families whom staff still need to contact.
- *Information from families.* Program staff said they formally and informally ask parents about their recruitment experiences. In half the programs, for example, the application directly probes how families heard about the program. In two programs, staff administer parent surveys that ask how parents heard about the program. For one staff member, these surveys are "a huge data source for recruitment." Two other staff members said they use informal conversations to ask families how they heard about the program. Together, these informal conversations and formal data help staff understand the approaches that are most likely to bring families into the program.
- *Information from staff.* Staff directly provide outreach information to their programs to clarify the recruitment approaches being used and when they take place. In addition, as described by staff from two programs, management meets with staff to discuss recruitment processes. For example, staff and

management review recruitment data to understand the types of families they are reaching and how to reach more families. These reviews also help program leaders identify the recruitment training topics, including particular recruitment approaches, that staff might find most useful. One topic, for example, might include how to communicate effectively with community members.

Programs use different tools to document their recruitment data, including informal spreadsheets and systematic databases. These tools provide programs with easily accessible information about how recruitment is going and whom staff are reaching with their efforts. In four programs, staff described using spreadsheets and forms to track the referrals they receive from partners, and, occasionally, whether the referred families enroll. An ERSEA staff member from one of these programs said they specifically use the ChildPlus database to track partners' referrals.

Programs also track the communication between staff and families during recruitment periods. Staff from five programs reported using spreadsheets, logs, or ChildPlus to track these contacts. These logs can outline the number of contacts that staff make with families; where the communication took place; and the outreach materials that staff used, such as flyers and brochures. For example, staff will document whether they spoke to families at recruitment fairs, when leaving flyers in different community locations, or during the application process.

Recruitment monitoring also allows programs to track the applications and inquiries they receive. Tracking parents' levels of interest helps staff understand different aspects of recruitment, including recruitment sources, recruitment timelines, and locations where families are frequently recruited. In half the programs, staff track when and how many families submit applications or inquire about the Head Start programs. As mentioned, staff said they use spreadsheets, logs, or ChildPlus to track these data. In one program, tracking dates allows staff to understand how long it generally takes to contact families, which helps them assess whether and how frequently families are contacted in a reasonable amount of time. Another staff member tracks the neighborhoods where applicants live. This information helps clarify whether areas that staff prioritized during recruitment yielded applications.

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

Head Start staff offered successes and challenges about their recruitment experiences, which yielded important lessons about how to ensure that recruitment happens smoothly and effectively. Broadly, these lessons focus on the importance of relationship building and making sure staff are prepared to discuss Head Start when recruiting, so that community members, including parents and partners, are clear about Head Start's components.

Programs work to build strong and trusting relationships with parents and partners. Staff in two programs said they think strong relationships cultivate parents' trust in them and their intentions. For example, staff from one of these programs believed that strong relationships showed parents the Head Start program was a safe place for their children. An ERSEA staff member from the second program shared that relationship building helps families feel more comfortable providing personal information to staff during the recruitment process and trusting how it would be used. For this ERSEA staff member, reaching this point requires staff to be face-to-face with parents and have their "feet on the ground" to build direct connections.

Staff from two programs raised the importance of trust 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,” but the program’s staff do not. 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 community partners that support these families, because these partners are “trusted sources” for the families.

//////
“We want to approach [families] on their terms, not ours.”

Head Start program director

Programs ensure their staff clearly communicate the services that Head Start provides. Staff from four programs said that parents and partners are not always clear about what Head Start is or what services it provides to families. One staff member said that many eligible families do not know what Head Start is or what it can do for them. 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. An ERSEA staff member from another program shared that some families and partners do not understand that Head Start is a preschool program. This staff member has managed this challenge by consistently referring to the program as “Head Start preschool.”

7. Conclusion

Program staff think deeply and often about how they are finding and reaching eligible families to enroll in Head Start. These recruitment efforts, which are nonstop for many programs, are important for helping programs identify the families most in need of Head Start’s numerous supports. In general, programs’ recruitment efforts are innovative and wide-reaching. They rely on varied methods that engage parents, program staff, and community partners in identifying eligible families. With application processes, programs also use diverse approaches. For example, some require parents to complete applications in person, whereas others accept applications online. In addition, some programs allow parents to apply independently, while others provide staff support in completing applications.

To successfully recruit families facing adversities, program staff described relying on their connections with community partners to understand who these families are and how best to reach them, building relationships to nurture families’ comfort and trust, communicating about services in a way that acknowledges families’ diverse needs, visiting specific locations where families with adversities might frequently spend time, and expediting the application process.

Ultimately, programs’ recruitment processes reflect the families who participate in each program. There is no one-size-fits-all approach. However, case study discussions suggest that word of mouth, community partnerships, relationship building, innovation in outreach, monitoring efforts, and adaptability are important inputs for ensuring that recruitment is seamless and effective. Flexibility also emerged as a key input for selection, the next phase in the ERSEA process. The subsequent section describes how programs navigate their pool of recruited families to select those for service receipt.

D. Selection processes and partnerships

After programs reach families who are eligible to receive Head Start services, they begin their selection processes. As defined in Exhibit I.1, these processes generally reflect how programs develop and

implement their selection criteria, including reviewing application information to verify eligibility, assigning points, and implementing waitlist processes. This section details the development and implementation of those selection processes and highlights how programs consider and accommodate families experiencing adversities in their selection process. It concludes with a summary of lessons learned regarding selection, including successes and growth opportunities.

1. Programs' selection criteria, which are updated at least annually, reflect their areas of prioritization for enrollment

All programs use largely similar selection criteria, but there is some variation that reflects programs' local contexts. In Section II.B, we describe how programs identify areas of prioritization for enrollment in their communities. Programs develop their selection criteria based on these areas of prioritization.

Exhibit II.2 lists the selection criteria commonly utilized by the case study programs, according to documents obtained from the programs. All programs considered categorical eligibility (that is, families experiencing homelessness, involved in foster care, and receiving public assistance such as SNAP, TANF, and SSI). In addition, all programs also considered family income; family status (single parent, for example); whether the child had a documented disability; whether the child or family were dual language learners; the age of the parent, particularly if they were teen parents; whether the family struggled with substance use; and whether the family already had a child enrolled in Head Start or was transferring from another program. Less common criteria (mentioned by only one of the six programs in the study) included the recent death of a family member, migrant family, refugee or immigrant family, military or veteran family, parent or guardian with a disability, lack of access to health insurance/medical care/well-being services, ACEs, food insecurity, or being impacted by a natural disaster.

Programs refine their selection criteria through reviews that occur collaboratively and at least annually. In all programs, staff reported reviewing and revising their selection criteria either annually or more frequently. These refinements take place in collaboration with the programs' governing board and Parent Policy Council. Staff use the community needs assessments to help inform updates. When updating, programs generally determine whether to include additional factors as selection criteria.

Across programs, annual reviews and updates with the Parent Policy Council and board of directors help ensure that programs adhere to regulations and implement their selection criteria objectively. For example, staff from one program recalled discussing child abuse within their community with governing board and policy council members. Based on these discussions and their community needs assessment data, program staff determined that they were not adequately focusing on child abuse as an adversity, which resulted in a change to the selection criteria to indicate that any involvement with Child Protective Services during the child's lifetime would be considered a risk factor and considered when assigning selection points.

All programs use their community needs assessments to make updates to their selection criteria. For example, one staff member said their program periodically evaluates the system used to assign points to applications to ensure that staff are focusing on and prioritizing for enrollment the "right clients with the right needs." Staff from another program reported that they may update selection criteria based on trends in the community or through lessons they have learned from interactions with families.

Exhibit II.2. Case study programs' selection criteria

| | Program A | Program B | Program C | Program D | Program E | Program F |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| Categorically eligible ^a | X | X | X | X | X | X |
| Agency referral | X | X | X | X | X | |
| Child age | X | X | X | X | X | |
| Family income | X | X | X | X | X | X |
| Family status or type ^b | X | X | X | X | X | X |
| Child disability | X | X | X | X | X | X |
| Employment status | X | X | X | X | | X |
| Parent education | X | X | X | X | | X |
| Parent age (teen parent) | X | X | X | X | X | X |
| Parental incarceration | X | X | X | | X | X |
| Substance misuse | X | X | X | X | X | X |
| Mental health issues | X | | X | | X | X |
| Insecure housing (past or current) | X | X | X | | | X |
| Family EHS/HS enrollment or transfer | X | X | X | X | X | X |
| Current or previous CPS involvement | X | | X | | X | X |
| Parental pregnancy | X | | X | | | X |
| Receive or eligible for child care subsidy | X | | | | X | X |
| Dual language learner | X | X | X | X | X | X |
| Abuse or neglect risk | X | | X | | | |
| Domestic or family violence | X | X | | | X | |
| Impacted by COVID-19 | X | | | X | | |

Source: Head Start program selection criteria documents from six participating programs.

^a Families who are currently homeless; have children under the guardianship of CPS or foster children; or receive public assistance such as SNAP, TANF, and SSI.

^b Households could be a single parent, two parents, foster parents, grandparents, or other guardians.

CPS = Child Protective Services; EHS = Early Head Start; HS = Head Start; SSI = Supplemental Security Income; SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families

2. Programs begin the process of implementing their selection criteria by verifying families' eligibility for Head Start

Upon receiving families' application forms, program staff conduct eligibility verification, an activity that varies across programs and for families experiencing adversities. Program staff described requirements for confirming families' eligibility after they submit their applications. Generally, the verification documents that programs request might 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. In two programs, parents must submit these documents in person. In two other programs, parents can submit the documents by email or text.

Staff from three programs said that when an application is complete a group of staff will review it to determine the family's eligibility for selection, including whether the family is income eligible. After this group review process, the application is considered for official selection and placement on the programs' waitlists.

Programs adapt verification requirements for families facing adversities and sometimes receive documentation support from partners in verifying their eligibility. Programs tailor verification requirements for families experiencing specific adversities. For example, families experiencing homelessness do not need to provide documentation for income eligibility. For these families, programs use a third party to verify homelessness, such as staff from a shelter or somebody the family is living with. As another example, staff from one program noted that when a family is unable to provide a child’s birth certificate, they accept passports or immunization records to verify the child’s age, which is particularly helpful for refugee and immigrant populations.

Staff and partners in four programs shared that partners provide programs with documents necessary for eligibility verification, such as foster placement information and residency or income documentation. For example, staff from one program shared that one of their partners, a foster care agency, assists them in verifying the status of families involved in foster care who have misplaced their foster care placement paperwork by having the family’s caseworker provide a letter confirming that the child is in foster care. Similarly, another partner, a homeless shelter, might share documentation that verifies that a family is experiencing homelessness.

3. Program staff use information obtained during the application process and their selection criteria to assign selection points

Staff begin selection by reviewing information from applications and conversations with families during the application process. As described in Section II.B, programs’ application packets gather information about different experiences and stressors that families might be facing. Program staff clarify this information through conversations they have with families during the application process. Staff begin the selection process by reviewing this information to inform the points they assign to families. Exhibit II.3 provides an example of the points a program assigns for each of its selection criteria.

Exhibit II.3. Sample of selection criteria points awarded by a program

Below, we present an example of the points one program awards for each of its selection criteria.

| Categorically eligible | | Income eligible | |
|--|----------|---|----------|
| Families who are homeless: | 500 pts. | Below 50% poverty guidelines: | 150 pts. |
| Foster children: | 300 pts. | Below 100% poverty guidelines: | 100 pts. |
| Families receiving SNAP, TANF, or SSI: | 200 pts. | 100–130% poverty guidelines: | 50 pts. |
| | | Over income above 130% poverty guidelines: | 0 pts. |
| To obtain any of the points below, the family must be eligible within the 130% poverty guidelines | | | |
| Currently receiving child care subsidy: | 400 pts. | Employed, in school, or training full-time: | 300 pts. |
| EHS/HS sibling; EHS/HS transfer: | 150 pts. | Single-parent household: | 100 pts. |
| Formerly homeless: | 100 pts. | Current IFSP/IEP or documented disability: | 100 pts. |
| CPS involvement: | 100 pts. | Pregnant mother: | 75 pts. |
| Parent mental health/drug/alcohol: | 75 pts. | Teen parent: | 50 pts. |
| Parent less than 12th grade education: | 50 pts. | Incarcerated parent: | 40 pts. |
| English as a second language: | 25 pts. | | |

CPS = Child Protective Services; EHS = Early Head Start; HS = Head Start; IEP = Individualized Education Program; IFSP = Individualized Family Service Plan; SSI = Supplemental Security Income; SNAP = Supplemental Nutrition Assistance Program; TANF = Temporary Assistance for Needy Families.

After verifying families’ eligibility, all programs use a point system to officially apply selection criteria and identify the families in greatest need. All programs assign the most points to applicants

who are categorically eligible, including those experiencing homelessness; involved in foster care; and receiving public assistance (SNAP, TANF, and SSI). Other criteria that programs award high points to include raising a child with a disability, fleeing domestic violence, and being affected by substance use. According to a community partner that provides health services to children, families who receive the partner's services can occasionally receive more points and move up on the waitlist.

Program staff do not assign points independently; often, staff members collaborate to assign points based on the selection criteria. Staff members in three programs said that multiple staff members review the applications and the points assigned to families to ensure they are following Head Start guidelines. For instance, one program has a small number of staff who review applications and assign points. Each application goes through the same systematic, multiple-person review process to confirm that staff correctly assigned points.

4. As programs assign points, they typically use a methodical, collaborative process to develop and work through waitlists

Waitlists provide a space for programs to list families who are accepted for services and track assigned points. In five programs, families are automatically added to waitlists after their applications are approved. Staff in three programs reported that they use letters and phone calls to let families know when they are added to the waitlist. Two programs reported that the COVID-19 pandemic made it more difficult to maintain a large waitlist, because fewer families were comfortable sending their children into centers. We summarize programs' challenges in maintaining full enrollment during the pandemic under the Section II.E.

All 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 waitlist reports pulled from a database, such as ChildPlus, or algorithms to determine which child is highest on the waitlist. Selection criteria drive these reports and algorithms. Staff explained that children with the highest number of points are listed at the top of the waitlist, so staff will 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. Staff at one program allow parents to rank their center preferences, so when the program runs waitlist reports, the parents show up on the list for their preferred center.

In five programs, staff consider factors beyond points to select children from waitlists. When filling a vacant slot, staff from these programs reported factoring in teachers' caseloads; classroom composition (for example, assessing whether there is enough classroom support for children with disabilities); and children's age range. Staff from one program noted that they also consider referrals for emergency needs from their community partners. Although programs largely rely on points assigned, staff ultimately try to place children in a way that meets standards while also addressing their unique needs.

Program staff collaborate to ensure their waitlist procedures result in choosing the families most in need of support. Staff members in four programs specifically described collaborating to make sure the



"[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

program selects families with the greatest need. For example, waitlists might be reviewed by peers to ensure that the program is following the performance standards, taking selection criteria into consideration, and ultimately selecting the child with the highest need from the waitlist. A staff member in one program said that one of her job responsibilities is to work with individual centers to make sure each is interpreting the waitlist procedures correctly and selecting families with the highest points. This staff member added that she provides more support to some centers than others, because some are more diligent in monitoring their waitlist.

In one program, collaboration helps staff choose between qualifying families. When choosing between two qualifying families, this program's health service advisory committee members (which include a public health nurse, mental health expert, a Head Start Staff member, and a past parent) each conduct a blind review of the two applications and points awarded by the program, and independently assign points. The program then adds up the points assigned by each committee member and selects the child assigned the most points. Staff report that this approach strives to reduce bias in the selection process.

5. Programs consider families' adversities as they review their waitlists, accommodating these families' needs when possible

Staff from two programs offered examples of prioritizing families facing adversities or crises during the waitlist process to provide them timely support. Staff from these programs said their programs reserve slots to accommodate families experiencing adversities (such as those affected by substance use) and crises (such as referrals from a child welfare department) who need an emergency spot in the program. 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 selection and placement decision. In the other program, when staff are working on an application with a family currently experiencing a crisis, ERSEA staff will work with the program director to prioritize the family for approval. The family does not circumvent the selection process; staff merely try to expedite it.

6. Programs use electronic and print methods to contact families who have been chosen from the waitlist

Staff from five programs reported using phone calls, certified mail, email, and text messages to notify families when they are assigned a spot. Programs typically initiate contact with a phone call to notify selected families. Staff use other outreach methods when the phone call is unsuccessful, including sending a certified letter in the mail, a text message, or an email. If outreach is still unsuccessful, staff will reach out to emergency contacts to try to make a connection, or they will talk to staff at community partner organizations to see if they have a connection with the family and could notify them of their selection.

7. Community partners play a small role in some programs' selection processes, but external partners generally cannot access programs' waitlists

Three programs work with community partner organizations in a limited way during the selection process. One program works closely with the local school district during the selection process, because families in the area complete a single application for Head Start and community preschool slots. During the selection process, the program works with the district to place children into the most appropriate slots to maximize state and federal dollars. Two other programs use a community-based model: if a Head Start

slot was not available at one location but a community spot was available, the program would try to help the child enroll in the community location.

Programs typically do not share their waitlists with external partners, but internal partners might receive waitlists to ensure that families receive the support they need. Staff from four programs reported that they do not share their waitlist with outside organizations, because waitlists include sensitive, personal information, such as addresses and phone numbers, that could violate families' privacy. One staff member added that waitlists are constantly evolving, so waitlist information can become outdated quickly.

In two programs, however, staff described strategically sharing the names and phone numbers of parents on their waitlists with select external partners (with parental permission), including a local literacy center that offers free preschool so that families can gain access to the literacy center's preschool services. The case study sample included programs that were part of larger, umbrella organizations. These programs share their waitlist with other programs within the organization to connect families with necessary services while they remain on the waitlist.

8. Selection processes provide a structured way for staff to use selection criteria, but parents identified ways to improve their waitlist experiences

Program staff perceive their selection methods as helpful because they allow staff to support the families most in need of services. Staff said their methodical point systems and the selection criteria used to assign points help programs identify families who would benefit most.



"If I had 10 applicants, I'd take all 10 applications and line them up side-by-side, and you have your selection criteria, and then you have the point system. So you're going to look at all of those... you kind of put [the applications] in order and then once you have that order you're looking at, you ... have to get it down to one. . . . In order to do that, you have to compare each one. What are the circumstances? Are they a foster child? Do they have single-parent families? What's the income? What's the income per person? What is the circumstance? Are there special needs? And then you have to be really careful to use that selection process and make sure you're doing it right. And then you just keep taking away, until you have the one that fits."

Head Start ERSEA staff member

For Head Start parents in two programs, however, the waitlist experience emerged as an area for growth, with parents reporting that improved communication and timeliness could support their decision making. Parents from these programs expressed frustration about how long they were on the waitlist, the lack of information they received during the waitlist process, and the lack of time available to make an enrollment decision after coming off the waitlist. The parents said that being on the waitlist was like being "in limbo" due to these missed opportunities 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, like, 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."

One parent, for example, reported being on the waitlist for about one and a half years, a period that was long enough to require reapplying. Another parent said that being on the

Head Start parent

waitlist felt like being stuck in a loop—unable to move forward with other needs, such as finding a job, without first having child care. For parents in one program, the waitlist process was challenging because it created pressure to accept a slot without much lead time. Although it was exciting to receive a call about coming off the waitlist, their excitement was tempered by the stress of needing to quickly figure out how to complete the enrollment process. For example, one of the parents said accepting the spot meant signing up for a 45-minute commute to and from the Head Start center.

9. Conclusion

Once families submit their applications, program staff review the applications and verify families' eligibility for the program, often tailoring the process for families facing adversities. Partners may support this process by providing documents that programs require for eligibility verification of families facing adversities, such as those confirming residency or foster care placement.

Programs rely heavily on their selection criteria and a methodical selection process, which typically includes multiple layers of review, to ensure they are selecting families with the highest need. When filling open slots, beyond the points they assign to families based on criteria, programs consider center-specific factors, such as a teacher's caseload and the classroom's composition and capacity, and demographic characteristics such as the child's age. A program's waitlist plays an integral role in the selection process. Once families' applications are accepted, they are placed on a waitlist, with the highest-need families listed at the top. Programs will sequentially choose children from the top of the waitlist to fill open spots, but they may reserve some spots or assign priority points to accommodate families experiencing adversities. A couple of programs found it more difficult to maintain a large waitlist as a result of the COVID-19 pandemic.

Although program staff described valuing their selection processes and feeling confident that their criteria allowed them to serve the families most in need of services, parents' reports revealed growth opportunities, particularly in terms of open communication about where they stand on the waitlist. Generally, programs' systematic approach to selection likely creates a strong foundation for their next steps in supporting families, including officially enrolling families so that they can begin receiving services. The next section describes these enrollment processes.

E. Enrollment processes and partnerships

After programs inform families that they have been selected, staff begin procedures to officially enroll children into Head Start. As described in Exhibit I.1, enrollment refers to programs' intake procedures and the systems they use to enroll selected families and monitor their enrollment efforts. In this section, we describe these enrollment processes and the partnerships that staff use to support enrollment. The section includes information about how programs tailor enrollment processes for families facing adversities and the programs' promising approaches and growth opportunities related to maintaining full enrollment.

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

To begin enrollment processes, program staff distribute, occasionally help complete, and collect completed paperwork. Exhibit II.4 provides a sample snapshot of the paperwork required for Head Start enrollment. As described by staff members in three programs, the paperwork generally captures children's health and nutrition information and includes forms that help programs get to know the family

Exhibit II.4. Sample of required paperwork for Head Start enrollment

Below is a sample list of forms adapted from the enrollment packet shared by a case study program. Head Start programs generally require parents to complete, sign, and submit these forms as part of the enrollment process along with supporting documents, such as proof of age, income, and residency; Individualized Education Programs or Individualized Family Service Plans; and immunization records. A program representative also signs all forms.

- **Child and family information form.** Includes information about health insurance; medical contacts; primary and secondary parent or guardian's name, contact information, employment status, and whether the parent lives with family, provides financial support, and/or are a teen parent; and information about emergency contacts
 - **Parent enrollment participation agreement.** Obtains parents' commitment to participating in and fulfilling all requirements for participation in the program, including maintaining attendance; participating in group socializations, home visits, and parent conferences; maintaining regular contact with program staff; maintaining medical and dental visits for the child and keeping the program up-to-date on required medical information, including immunizations; and, if the child is not already in child care, providing a health care professional's statement that the child is able to participate in the program
 - **Notification of attendance policy.** Describes expectations and requirements for attendance, including a list of permissible, excusable absences
 - **Program participant rights and responsibilities.** Lists parents' rights as participants in the program and includes contact information of external regulatory bodies for filing complaints
 - **Informed consent for child and family services.** Obtains consent for developmental screenings; release of medical records so that the program can determine the child's medical and dental health; permission for the child and/or family to receive services such as emergency care, mental health, and crisis counseling; and the child's participation in program activities such as field trips and water play
 - **Child health history.** Includes information about birth history; hospitalizations and illnesses; health (including medical history, medications, and allergies); last medical and dental examination; and insurance
 - **Nutrition assessment.** Includes information about the child's food habits and preferences; parents can also indicate whether they need information about nutrition and encouraging healthy eating
 - **Infant feeding preferences.** Obtains information about preference for breast milk or formula; whether the child is developmentally ready for solids; and permission for the program to offer formula and/or solids to the child
 - **Family needs assessment.** Includes whether the child belongs to a family with one versus two caregivers, and whether the family is homeless, involved with welfare services, receiving welfare benefits, receiving or would like to receive services such as crisis assistance, child abuse and neglect services, and substance abuse treatment or prevention
 - **Family interest and volunteer survey.** Obtains information about training topics and volunteer opportunities the family is interested in, including a role on the Parent Policy Council; also gathers information about whether the parent prefers in-person or virtual meetings and preferred meeting days and times
 - **Home language survey.** Obtains information about languages spoken at home
 - **Meal benefit income eligibility form.** Includes questions about income, benefit receipt, foster care participation, Social Security information, and so on that allow a program to assess the family's eligibility for receiving meal benefits▲
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and understand any needs that may not have been apparent during the application process, such as school readiness goals and transitions. Staff noted that enrollment documentation is important because it helps programs understand whether a child needs additional accommodations.

Staff members help families complete enrollment paperwork. For example, parents and staff in four programs explained that staff reached out to families to explain documentation that was necessary for enrollment. They continued to check in with families during the enrollment process to see how things were going, if there were any obstacles to completing paperwork, or if the family needed anything. Parents said staff explained each document and the process in a step-by-step fashion. Parents and staff from these programs added that staff helped families fill out paperwork. For instance, staff may meet families at their home or in public places to help them with paperwork. Staff in one program mentioned engaging interpreters to help families with their paperwork.

As documentation is being completed, programs communicate with staff about setting up initial visits and start dates with families. Staff in half the programs reported notifying family advocates, home visitors, teachers, health specialists, and center directors when a family was approved for enrollment. These and other staff reach out to the families to set up an initial home visit and set an enrollment start date.

Programs may track data as part of the enrollment process. For example, staff in one program noted that they track a child's first day of attendance to ensure the child has attended and can officially be counted as enrolled. Staff in two programs that use braided and blended funding¹⁰ described determining and documenting the funding source for new families during the enrollment process.

Altogether, programs' administrative activities lead to enrollment periods that last for varied amounts of time. Families generally reported starting the program quickly after enrolling, but some families reported longer enrollment periods, from a few weeks to a few months. For example, Head Start parents in four programs said their children started attending within about two weeks of being accepted. Parents in two programs said the process took about two to three months for them. Parents from another program noted the enrollment period was tied to the school year calendar, so they had to wait for the new school year to begin before their child could start attending the program.

2. Staff try to accommodate families' needs during the enrollment process

Programs individualize the enrollment process for families, often leaning on the wider community network to serve families during enrollment. As staff in four programs noted, individualization may include prioritizing particular forms and filling out the rest later; conducting a longer enrollment visit (which occurs in the family's home or elsewhere, depending on the family's circumstances) to help the family fill out the enrollment packet; or reaching out to partners to secure missing information or forms. Tailoring can include providing services, subsidies, or resources sooner, before enrollment is complete, to support families. For example, staff said that if the child or family needs services more immediately, such as child care or dental care, families would work with necessary staff or subsidy systems to determine whether services could begin more quickly.

¹⁰ Braided funding describes when programs combine funds from different sources to support operations, but the funds have a particular purpose and must be managed distinctly. With blended funding, programs also combine funds from different sources, but they do not have to use the money for a specific purpose or track or manage the funds separately (Butler et al. 2020).

3. Partners support the enrollment process by providing or helping with needed documentation

Partners exchange documents with programs to support the enrollment process. Staff and partners in four programs reported that partners provide programs with documents and verification necessary for enrollment, such as birth certificates, Individualized Education Programs (IEPs) or Individualized Family Service Plans (IFSPs), foster placement information, and residency or income documentation. For example, one partner that provides transitional housing reported sharing letters confirming that families are in their transitional housing program, which is necessary for residency and income documentation. Staff and partners also mentioned exchanging immunization records or medical histories, child or family goals, current receipt of services, and questionnaires about children’s health and well-being. For instance, a staff member explained that one partner uses the Ages and Stages Questionnaire (ASQ), a survey about children’s development that the program also uses. If the partner already has necessary information on the ASQ, the program would use that information to avoid “bombarding the family” for a new ASQ.

Partners provide documentation support indirectly by helping parents submit paperwork. Partners and staff across four programs reported that the partners support the process in this way. For example, one partner helps families scan necessary documents, such as birth certificates, and sends them to the program. The partner said many families do not have scanners and often need to figure out how to send documentation to the program.

4. Programs use the enrollment process to help prepare families for the transition to Head Start and to get to know families and their needs

Programs use the enrollment process to help ease the transition to Head Start and familiarize parents with next steps. Staff in four programs said that during the enrollment phase, they discuss practical and logistical information about their programs, including program requirements. This discussion might include describing center hours, items the child needs to bring to the classroom, attendance requirements, and expectations included in the parent handbook. One of these programs allows children to begin attending for half days to get used to school before transitioning to the full-day format.

Programs also conduct parent orientation activities during the enrollment process to prepare families for beginning Head Start. Staff and parents in four programs described activities to orient families to the centers’ rules, policies, schedules and hours, environments, staff, and opportunities for parent involvement. These support activities might include mandatory parent orientations or visits, phone calls, and center tours. A parent from one of these programs said that the opportunity to tour the center and meet with the staff put her at ease during the enrollment process.

Staff use the enrollment process to facilitate relationship building for families and program staff. Staff in four programs said the enrollment process provides an opportunity to get to know families better and give them a chance to get to know the staff. Staff said this approach helps families become more comfortable with the program. For instance, one of these staff members described the process as a time to understand families’ histories and begin to problem solve, including figuring out when families last had doctor or dental visits, what families’ transportation concerns might be, or whether there may be child custody issues. Another staff member said that getting to know families during enrollment can be especially comforting for families who use home-based care, because enrollment takes place in their homes, where they feel safe.

5. 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.

Creating reports. Staff in two programs described frequently running and reviewing database reports to track enrollment. One staff member uses these reports to monitor enrollment numbers monthly.

Reviewing qualitative and quantitative enrollment data. Staff from two programs said they use their community needs assessments, annual surveys, or referral data to assess enrollment numbers and procedures. Staff also described using internal meetings, feedback provided during policy council meetings, and direct communication with families to gather data related to enrollment.

Documenting parents' enrollment decisions. Staff in half the programs described keeping records of why families choose not to enroll. These staff said that when a family declines a spot, they keep track of the reason in the ChildPlus database or other enrollment notes. We summarize factors that influence parents' enrollment decisions in Exhibit II.5.

Exhibit II.5. Reported factors that shape families' decisions to enroll in Head Start

Head Start staff, community partners, and parents enrolled and not enrolled in Head Start highlighted factors that influence why eligible families choose to enroll in the Head Start program or why they may decline an enrollment spot.

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)

Whenever possible, program staff described trying to accommodate parents' preferences and needs to support enrollment. In fact, staff from two programs described creatively accommodating parents' scheduling needs, such as by having afternoon sessions or adjusting home visiting schedules. Staff in one program spoke about addressing cultural or linguistic values of families that may shape whether they enroll in the program. For example, the staff encouraged enrollment of parents who might traditionally value family, friend, or neighbor care by sharing how children might benefit from receiving center-based care.▲

6. Programs occasionally tailor enrollment approaches for families experiencing adversities

Program staff did not describe distinct processes for enrolling families experiencing adversities, but they highlighted strategies for tailoring program enrollment to families' needs. Generally, these adaptations occur through flexible documentation and paperwork processes.

Flexible documentation. Staff across four programs said 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 identity, 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 members described wanting to meet families where they are in terms of paperwork timelines and meeting locations, with the goal of preventing barriers to enrollment. Staff in four programs specifically noted that they may conduct the enrollment visit in locations that families prefer, especially for families experiencing homelessness; postpone or reschedule enrollment visits based on families' schedules; offer an interpreter; or provide additional time for developmental screenings, particularly for families experiencing homelessness.

7. Staff perceive that clear communication, individualized processes, and partner collaboration facilitate enrollment

In naming the successes they experienced with enrollment, program staff highlighted several strategies that helped enrollment run smoothly and effectively. These strategies included openly communicating with families about the transition into the program and the expected paperwork, individualizing supports for completing enrollment forms, and working with community partners.

Open and clear communication. Staff in half the programs described the importance of communicating with parents about the transition into the program during the enrollment process. For example, staff in one program said they provide the family with a rundown of next steps and the items they will need or tasks they must complete as they transition into the program, such as securing immunizations, setting up a visit, and meeting staff. Staff in another program discussed the importance of using enrollment to prepare families for the program, including communicating about the program's curricula, rules, and expectations. Staff and parents in two programs said communication about enrollment paperwork, in particular, was helpful. In half the programs, staff described the value of preparing parents for the volume of paperwork that enrollment requires. Head Start parents reported appreciating such communication, adding that staff were helpful by answering questions and providing contact information to reach staff directly.

Individualized support. As described by staff and parents in half the programs, tailoring support with enrollment forms can facilitate enrollment processes. For example, staff prioritize the completion of the most critical forms for enrollment or split up the enrollment paperwork into more manageable batches. Some parents mentioned that it was helpful to complete paperwork at home because they could more easily locate the documentation but still receive help from staff with the paperwork.

Collaboration with community partners. According to staff and partners associated with two programs, partners can facilitate enrollment by alleviating some of the documentation burden for families. For example, staff in one of these programs said partners can help programs receive the necessary documentation to complete enrollment. A partner associated with another program said the paperwork families need to enroll in Head Start occasionally matches paperwork the families already completed for

the partner organization. In these cases, the partner will share the paperwork with the Head Start program, with family permission.

8. Head Start program staff reported several facilitators for maintaining full enrollment, including recruiting on an ongoing basis, maintaining a waitlist with many candidates, and building and maintaining community partnerships

To promote full enrollment, programs conduct ongoing recruitment and maintain 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. In some cases, staff in the program successfully enrolled some of these families. Staff in another program discussed putting younger siblings on the waitlist and prioritizing outreach to their families when the sibling was old enough to enroll. Staff in another program said it was helpful to maintain a waitlist with many candidates because it provided a consistent source from which to select families.

Community partnerships may influence programs' ability to maintain full enrollment. Staff in half of the programs spoke about the importance of building and maintaining community partnerships and keeping open communication with these partners. These staff described how communication with partners supports referrals and the programs' capacity to help families. For instance, staff shared that discussing the services their programs offer and the availability of open slots helps community partners communicate with eligible families about the program.

9. Program staff report that full enrollment has been hard for some programs to achieve due to the pandemic, income-related eligibility requirements, and general challenges with home-based options

The pandemic and its consequences. 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.

- *Staffing challenges.* Programs have not had enough staff to run at full capacity. Staff in four programs mentioned that staffing shortages in the classroom and with community providers hindered their ability to maintain full enrollment. Staff were frustrated with having children on the waitlist but not having enough teachers to operate at full capacity. One staff member explained that the program was looking for centers in which to open five classrooms. Staff added that contractors were experiencing their own staffing and enrollment issues, which prevented the programs from drawing on teachers from these other organizations to meet their own ratios or open new enrollment slots.
- *Parents' fears about the pandemic.* Staff in half the programs noted that the COVID-19 pandemic and related closures made it difficult to maintain full enrollment because some parents did not feel comfortable sending their children into centers or having a home visitor. Staff explained that parents sometimes felt it was easier to keep their children at home, rather than bring them in. In addition, families on the waitlist would decline spots they were offered due to fears about contracting COVID-19. To ease concerns, staff from one of the programs said they would occasionally have enrolled

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“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

parents talk to parents who were hesitant about enrolling to share positive experiences with and perspectives about Head Start.

- *Effects of COVID-19 restrictions.* Staff from two programs mentioned pandemic-related classroom restrictions and recruitment difficulties as challenges. One of these staff members said the program needed to maintain class-size restrictions in order to follow social distancing requirements. Another staff member noted that the pandemic made it more challenging to go into the community to talk to families about the program.

Income-related eligibility requirements. Staff members from one program spoke about the challenges of being bound by the Poverty Guidelines, because many families who are over the income eligibility thresholds still need Head Start services. One staff member said that families making minimum wage might occasionally be over the income eligibility threshold for Head Start, but they live in an area with a high cost of living. Being bound by the federal poverty definitions negatively affects these families, because the definitions make them ineligible for Head Start.

Challenges with the home-based option. As described by staff in one program, lack of demand made it difficult to maintain full enrollment in home-based options. Some but not all of these challenges related to the pandemic. This staff member explained that because of COVID-19 protocols, visits to families receiving home-based care needed to take place virtually, which became difficult to complete. In addition, parents who worked had a difficult time accommodating home visits. Staff perceived that families doubling up in homes, in particular, felt uncomfortable welcoming the home visitor for services. Another staff member explained that full enrollment for their home-based option had been challenging because families were asking to transfer to center-based care, whose operating hours better filled their needs.

10. Conclusion

Programs recognize that the enrollment process involves a significant amount of paperwork, some of which can be challenging for families to complete or compile. Along with partners, programs offer support and flexibility in the enrollment process, especially for families experiencing adversities. Staff and partners feel that their support, flexibility, and general communication with families eases the enrollment process. Staff said that other strategies—such as conducting ongoing recruitment, maintaining a waitlist with many candidates, building and maintaining community partnerships, and showing flexibility to meet families’ needs—are useful for maintaining full enrollment.

However, the COVID-19 pandemic has posed a range of challenges to maintaining full enrollment, including staff shortages, parental fears, and pandemic-related restrictions. Despite challenges, programs are nimble at responding to families. They use the enrollment process to better understand their needs and prepare them for attending and engaging with the program.

F. Attendance and retention processes and partnerships

Once families are enrolled, staff implement procedures to ensure that they regularly attend and stay in programs. This section describes staff members’ and parents’ experiences with attendance and retention. As indicated in Exhibit I.1, attendance and retention refers to the procedures and processes that programs use to ensure good attendance and prevent turnover among participating families. Because attendance and retention are intertwined—the strategies used to boost attendance are generally implemented with the goal of preventing turnover—we discuss both in conjunction, noting when processes are applicable to one or both. This section begins with a summary of barriers to attendance and retention, followed by a summary

of strategies that programs reported using to promote attendance and retention. The section includes information about how programs tailor strategies for families facing adversities and work with community partners to support attendance and retention.

1. There are barriers to strong attendance and retention, including inadequate transportation, adversities and illness, lack of understanding about the importance of attendance, and center characteristics that do not fit parents' needs

Lack of transportation appears to be one of the most significant barriers to families' attendance and retention. Staff across programs mentioned related challenges, including not having a car or having only one car in the family, not having money for gas, and being unable to drop off or pick up children due to conflicts with work hours or caring for multiple children. Transportation challenges are salient in communities that do not have public transportation and for families experiencing adversities. These families might be more transient and forced to move to locations that are too far to commute to and from the program.

“They don’t have a reliable vehicle to get there, or the family is sharing one car and dad had to go to work before mom was able to take the kids to school or before the kids would even be able to drop off at school.... That has created a problem.”

Head Start ERSEA staff member

Parents from two programs shared that they would attend more regularly if their program offered transportation assistance, such as busing. Although some programs offer such assistance, it can be challenging to provide it to every family in need. For example, one staff member said the program is only permitted to provide bus passes to families experiencing homelessness. Another staff member reported that bus passes are only helpful when families live close to public transportation, which is not the case for everyone.

The adversities families face may make it difficult to maintain attendance and stay enrolled in the program. Staff across programs named adversities that impede attendance and retention, which included experiencing poverty, homelessness, involvement in the child welfare system, custody issues, domestic violence, substance use, and mental health issues (Exhibit II.6). These staff explained that their programs attempt to work with families experiencing adversities to retain them. However, some families still leave the program because their adversities make it challenging to stay enrolled.

Program staff reported that COVID-19 illness, restrictions related to COVID-19 recovery, and general illness have resulted in absences. Staff in all programs reported that the pandemic caused absences because of children being exposed to COVID-19 or needing to quarantine because a family member was sick or exposed. Staff in one program said guidelines from the Centers for Disease Control and Prevention required the family to obtain a doctor’s note after a child had displayed symptoms or been exposed, and some families experienced challenges obtaining such a note because of their work schedules or because doctors’ offices were at capacity due to the pandemic.

Beyond COVID-19, staff in three programs said that general illnesses, such as hand, foot and mouth disease; whooping cough; and the flu, result in regular absences and occasional classroom closures. One program staff member said that children are more likely to be out because of illnesses at the start of the year. Staff in another program observed that absences due to general illnesses are usually brief because children do not need a doctor’s note to return to the classroom.

Attendance can be low when families do not know that regular attendance is likely essential to realize the full benefits of the program. Staff in three programs 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. For example, these parents may choose to keep children home on days when they are not working, or children may be absent because the family overslept.

Regular attendance appears less likely for families if their center’s location and schedule are inconvenient. Parents from two programs shared that their work schedules sometimes make it difficult for them to drop off their children at the center on time. One of the parents reported that she has a child who attends Head Start and another child who attends elementary school, so it is challenging for her to drop off both children and make it to work on time. The other parent said that it was easier to drop off her child for Early Head Start. Because the schedule for Head Start is different in her location, her child’s attendance is now contingent on her ability to arrange for someone else to drop off the child.

Exhibit II.6. How specific adversities influence attendance and retention

Program staff described how specific adversities might result in families’ having poor attendance or leaving the program:

- **Families living in poverty** may have low attendance due to transportation issues. Some may leave the program because of a lack of affordable housing, housing access, or housing stability in the community. For example, one staff member noted that if the car a family used to get to the program broke down, the family might have to wait for a tax refund to repair it. Staff from three programs reported that families living in poverty sometimes leave the program because they have to relocate due to their inability to afford their rent or because they had housing approved outside the community.
 - Two programs noted that **families experiencing homelessness** may have low attendance and high turnover because of the instability of their housing situation. During the pandemic, families who were doubling up were more likely to be absent due to repeated COVID-19 exposures and quarantine rules.
 - **Families involved in the child welfare and foster care systems** may have absences due to court appearances or visitations with biological parents. Staff from four programs reported that such families may leave the program if children are temporarily removed from their parents’ care and placed in foster care or reunified with their biological parents.
 - Two programs indicated that **families affected by domestic violence** may have poor attendance if the caregiver is managing the consequences of, experiencing, or attempting to flee domestic violence. They may also leave the program due to safety reasons, such as needing to relocate to create distance from the person or people displaying violent behavior.
 - Two programs reported that **families affected by substance use** may have trouble maintaining attendance and leave the program because they are “dealing with so much” and thus unable “to get their child to school every day,” or because they are “starting their recovery journey.” ▲
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2. Programs use multiple strategies to try and promote attendance and retention, including monitoring attendance; addressing transportation barriers; engaging with parents in a meaningful, communicative, and flexible way; and training staff

Programs monitor attendance and develop attendance plans for families with low attendance. Staff recognize the role that program attendance plays in retaining families and noted that it is everyone’s job to monitor and ensure that families maintain high attendance. All programs reported that they 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 that they can offer to improve attendance. Program staff reported tracking these resources. For example, one program uses a form to document the strategies staff have used to improve attendance for specific families.

One program reported that when a family is first identified for low attendance, the program sends them a notification. If the family is still struggling with attendance, program staff will meet with them to identify barriers and work on strategies to boost attendance. On the third absence, staff open an internal referral document that they use to conduct case reviews and hold discussions with coordinators in the program to strategize about offering additional resources. Staff only consider terminating the family’s participation in the program once all resources provided and strategies used proved unsuccessful.

Programs offer transportation assistance to boost attendance. Staff from all programs reported that they provide transportation assistance to families who need it. Across programs, this support included providing bus service, offering bus passes, and connecting families to carpool opportunities. Parents from one program said the bus service their program offers is very helpful for maintaining attendance. One parent shared that if families miss the Head Start bus, they can call the program aide on the bus to loop back around and pick up the child.

Program staff use connections with families to promote attendance and retention. Staff across programs described building relationships with families, identifying their needs, and communicating the importance of attendance.

- *Building relationships and meeting families’ needs.* Establishing relationships with families is a key retention strategy. All programs reported that they try to form strong relationships with families and meet their needs by either providing services and resources or connecting families to them. Staff at various levels of the program, including teachers, home visitors, center coordinators, coaches, family engagement specialists, and mental health specialists, focus on relationship building with families. These staff collaborate to monitor families’ changing needs and ensure that they are met. Because families can be reluctant to discuss factors that hinder attendance, staff explained that it is important to partner with them to identify barriers. For example, one program shared that if a child is chronically absent, the staff person with the strongest relationship with the family will contact the parent to identify and work through attendance barriers.



“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



“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

Head Start parents from all programs said the connections they had formed with program staff were instrumental in their decision to remain in the program. For instance, one parent noted that her child was excited to go to school because he had formed an attachment to his teacher, which reassured her that he was being treated well and encouraged her to keep him enrolled. 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 the child gets to the center on time; obtaining financial assistance to help families 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. For example, one program noted that if a child has multiple absences because of illness and the family is unable to take the child to the doctor, the program's health specialists will intervene to work through barriers and get the child to a doctor.



"If we're partnering with families, if we're doing good communication, if we're welcoming families, if we're open and honest with them, helping them understand how their child is developing in our care, if we're supporting them to meet their own family goals, then chances are they're (a) gonna want to stick with us and (b) have the resources that they need in order to do that."

Head Start ERSEA staff member

- *Communicating with families about the importance of regular attendance.* All programs tell families that consistent attendance is critical for receiving the full benefits of the program. Staff described using different approaches or focusing on different components for this communication. Staff in two programs said that specifically discussing the importance of attendance during the enrollment stage is useful. One staff member tells the family that continued enrollment in the program depends on maintaining regular attendance. The other staff member said the program explains the 85 percent attendance rule at enrollment and informs parents that if families have two absences in a month, program staff will be in touch with them to understand the situation. As another example, staff at one program speak to families about the importance of a keeping a routine and having the child arrive at the center on time each day. Staff in three programs shared that through communication they help families make the connection between regular attendance and children's outcomes. These communications also highlight the adverse effects of absences on children's learning and progress.

Head Start parents from half the programs reported that staff have talked with them about the importance of attendance. In addition, multiple parents across programs articulated the benefits of regular attendance. For example, one parent said that it is apparent that her child is learning at the center. She has seen positive changes in her child's behavior after using the behavior management strategies the teacher shared with her, which motivates the parent to maintain attendance and stay in the program. Another parent shared a similar view, noting that she is often surprised by and appreciative of the skills her child has learned by attending regularly. A third parent said that upon enrollment program staff talked with her about the importance of attendance and addressed her concerns, which resulted in her sending her child to the center daily despite her fears about the child experiencing separation anxiety.



“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

Being flexible with families may support attendance and retention. As program staff build connections with families, they are better positioned to offer flexible supports that meet families’ unique needs and address barriers to attendance and retention. Staff in four programs talked about this idea. They reported that exercising flexibility with schedules, locations, and service options helped attendance.

Programs, parents, and staff reported that programs often adjust schedules, including home visiting schedules, for families in a bid to encourage attendance. For example, staff from one program recounted that when a child at the center was demonstrating behavioral issues, staff recommended that the family drop off the child at “choice time,” where the children are in self-directed play, so the child did not need to start the day with an activity that requires sitting still. Staff from another program described a child who was new to the program and consistently absent because she did not want to nap at the program. Program staff worked out a plan with the family so that the child could leave at noon daily, which helped the child ease into the program. Staff are also in discussions with the family to gradually increase the child’s hours of attendance, so she can acclimate to a longer day before starting kindergarten the following year. Parents from two programs reported that their programs offer flexibility with schedules as needed, which has helped them attend more regularly.

Programs offer flexibility in terms of 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.

Programs use strategies to engage parents in program activities to support attendance and retention. Staff from four programs noted that specifically engaging parents in program activities and their children’s learning and development supports attendance and retention. Strategies that staff named 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 that 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. One program staff member commented that such activities support attendance and retention by acknowledging parents as their children’s first teachers and strengthening the home-school connection. Staff highlighted that inviting parents to join the policy council, in particular, is a useful strategy because it empowers parents to be involved in the program’s decision making and instills a sense of belonging.

Staff from two programs noted that it was challenging to engage families during the pandemic because of a mandate that prevented families from entering centers. Staff in one program said that they started using an app to share children’s photos with parents, so they could keep track of their children’s development and support their learning at home.

Program staff are trained to work through individual families’ attendance barriers. Programs train staff in customizing approaches to identify and overcome families’ attendance barriers and find workarounds, if needed. For example, one staff member shared that when a family’s attendance suffered during the pandemic because a family member was immunocompromised and could not risk exposure, staff worked with the family to identify how they could serve the family without the child coming to the center. Staff in another program noted that they receive trauma training, which prepares them to help families navigate crises and traumas they may experience that prevent attendance. In yet another program, staff reported that training on how to manage challenging behaviors and provide mental health supports helped with maintaining the attendance and retention of families struggling with those issues.

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“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

3. Programs tailor strategies to promote attendance and retention among families facing adversities

Staff from all programs provided examples of strategies they use with families facing adversities (Exhibit II.7). Staff from two programs noted that families experiencing adversities usually recognize the benefit of staying enrolled if their children are thriving in the program, because the program may be the one consistent thing the children have in their life at the time. As outlined below, staff from four programs explained that they form partnerships with social workers, foster care agencies, homeless shelters, and agencies offering support with recovery to help retain families facing adversities. These connections enable staff to fill gaps in services in order to promote retention.

Exhibit II.7. Reported attendance and retention strategies for families facing adversities

Program staff described how they boost attendance and prevent turnover among families facing specific adversities:

- For **families experiencing homelessness**, staff ensure families have shelter, form partnerships with homeless shelters to identify how the program can provide support and offer home visits at homeless shelters.
 - Staff keep track of **families involved in the child welfare system** and work with their social workers to provide support. If the family has a change in guardianship, staff will connect with the new guardian to retain 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.▲
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4. Partners play a substantial role in supporting families' attendance and retention

Staff and partners associated with three programs indicated that partners help centers contact parents who have chronic absences. These partners included social workers; those providing housing assistance; those providing support for children with special needs and children's health; and those providing comprehensive services, including case management. For instance, one ERSEA staff member and partner shared that if children have repeated absences from the center, the program might work with partners to see if they could contact the family. Another ERSEA staff member shared that staff from one organization (that provides support for children's health) provide wake-up calls to parents if they determine that children's absences are due to the family oversleeping in the mornings.

Staff and partners associated with four programs noted that partners can provide useful information about and collaborate with programs to identify reasons for families' absences. One partner who provides support for children's health reported that they might share relevant information gained during a home visit to help the program understand factors that might be impeding attendance. This partner added that they tend to be intimately familiar with families' situations because of their strong relationships and the amount of time they spend in families' homes. These deep connections mean the partners are often successful in helping programs understand reasons for poor attendance. Another partner who provides support for children with special needs said that when children with IEPs have poor attendance it indicates that they are not progressing toward their IEP goals or receiving required services. 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.

Partners provide direct support to children and families to strengthen program attendance and retention. This includes communicating about attendance, offering transportation assistance, providing financial support, and promoting family stability.

- *Communicating about attendance.* Staff and partners associated with all programs shared that partners discuss the importance of regular attendance and its influence on children's learning and socialization with parents.
- *Offering transportation assistance.* Staff and partners associated with four programs reported that partners provide short- and long-term transportation support. These partners included those providing housing assistance; those providing support with education, mental health, and/or domestic violence prevention and support for domestic violence survivors; and those providing comprehensive services, including case management. For example, one staff member said that some partners support families with transportation to ensure that children get to their first day of school, and they continue providing support until the program makes a plan for assisting families with their transportation needs. Other examples that staff and partners gave included partners' providing bus passes, paying for gas, and providing a bus service to ensure that families can get their children to school.
- *Providing financial support.* One program and two of its partners (one that provides education services and another that provides support for children with special needs) noted that they provide financial support for families to access wrap-around child care. A staff member explained that these partners have funding to pay for parents' supplemental child care, which families might need so that they can attend classes or work outside of the program's hours. Without this financial support, some families might need to leave the program.
- *Promoting family stability.* Staff and partners in five programs shared that partners promote stability by ensuring that families' needs are met, including those that Head Start cannot meet. One staff

member, for instance, reported that their partner supports retention by offering services for families affected by domestic violence, which is not a service the Head Start program can provide directly. Some families have particular needs when they enroll in Head Start, but their needs change with time. In these cases, partners step in to fulfill the needs, such as obtaining food and financial assistance. As reported, meeting parents' needs ensures that families remain stable, including in a home or job. This parental stability ensures that the children's situation remains stable, including their attendance and retention in Head Start.

5. Conclusion

Although attendance and retention is the last—and ongoing—step in the ERSEA process, programs recognize the importance of these efforts. They also emphasized that families must engage in services and remain in the program to experience enrollment benefits. Staff, parents, and partners outlined a range of barriers that families experience in maintaining attendance. These barriers included a lack of understanding about the importance of regular attendance, transportation issues, adversities that families face, illnesses and restrictions related to COVID-19, and centers' schedules and locations that make attendance challenging for some families.

Programs are adept at monitoring families' attendance and find that using diverse strategies can help maintain attendance and keep families in the program. It is evident from the perspectives of staff, partners, and parents that families attending Head Start have diverse needs and that program staff, with assistance from partner organizations, invest in addressing those needs to encourage attendance and retention. The next chapter summarizes the partnerships that the case study programs use to support their ERSEA efforts. The chapter includes perspectives from parents who are eligible for but not enrolled in Head Start.

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III. Partnerships That Support ERSEA and Experiences of Parents Not Enrolled in Head Start

The case studies explored how partners support programs' ERSEA processes, as outlined in Chapter II. Interviews with partners also focused on their own service goals and approaches to sharing early education and child care information with families. Conversations with the parents with whom partners work revealed how they think about Head Start, make child care decisions, and interpret the early education and child care information they receive from the partners. This chapter describes findings about these topics. The chapter begins with a section focused on partners' characteristics and follows with details about Head Start knowledge and child care decision making among parents not enrolled in Head Start. The chapter ends with a summary of partners' approaches to sharing early education and child care information with their families and families' satisfaction with these processes.

A. Partner characteristics

Head Start programs collaborate with community partners to support multiple ERSEA processes, including recruitment, selection, attendance, and retention. In our case studies, we engaged partners that Head Start program staff described as frequent collaborators in supporting their ERSEA efforts. This section provides a high-level overview of the partners included in our case study sample—including their service areas, focal populations, and family supports (Exhibit III.1)—and satisfaction with their services reported by Head Start program staff and parents not enrolled in Head Start.

1. Partner agencies, which support a variety of populations and offer diverse services, appear valuable to families and programs alike

Partners provide or connect families to services that address their adversities. Partners support a variety of populations (Exhibit III.1), including families raising children with disabilities, experiencing poverty, facing homelessness, fleeing domestic violence, and affected by substance use and mental health challenges. Most partners generally focus on and provide services to people experiencing poverty, but six partners focus on supporting people with additional needs, such as those fleeing domestic violence.

Head Start program staff and parents not enrolled in Head Start supported by these organizations reported high levels of satisfaction with community partners but also some opportunities for growth. For program staff, partners are communicative, responsive, and effective in connecting parents to services. One staff member, for example, explained that a strong relationship with the point of contact at a partner agency facilitates collaborative communication. Another staff member shared that partners are willing to meet the program's needs and, generally, provide support whenever the program staff request it (for example, by filling a service gap for families).

“I can ask [the partner] to do anything, and they do it.”

Head Start ERSEA staff member

Although program staff and partners appreciate their partnership and how they communicate, they described opportunities for improved communication. Staff and a partner associated with two programs specifically requested more frequent and formal communication. For example, the partner said it would be helpful to receive more communication about the enrollment or waitlist status of parents they refer to Head Start, and a staff member suggested using memoranda of understanding to formalize processes.

Exhibit III.1. Snapshot of Head Start partner organizations' service areas, focal populations, and family supports

| Program | Partner | Whether internal or external to Head Start agency | Focal populations | Primary service areas | Primary supports for families |
|-----------|------------|---|---|--|--|
| Program A | Partner #1 | External and stand-alone | Individuals or families experiencing domestic and/or sexual abuse | Domestic violence prevention and support for domestic violence survivors; housing support; and case management | Provide families with shelter and supportive services at a confidential location |
| Program B | Partner #1 | External and stand-alone | All community families who need services | Comprehensive services, including case management | Provide financial assistance, language access services, immigration services, and food assistance services |
| | Partner #2 | External and stand-alone | All community families who need services | Education | Provide access to early childhood education opportunities, tutoring, and family literacy services |
| | Partner #3 | External and stand-alone | Individuals or families experiencing conflict or distress | Mental health support | Offer services such as play therapy, parenting workshops, psychoeducation, and those that address mood disorders and trauma history |
| Program C | Partner #1 | External and stand-alone | All community families and individuals that need services | Comprehensive services, including case management | Use a strengths-based approach to connect families to services in the community |
| | Partner #2 | Under Head Start umbrella agency | All community families and individuals that need services | Comprehensive services, including case management | Collaborate with other partners and agencies (for example, Head Start, Child Care Resource Center, Transitional Mental Health Association) to obtain resources for families and meet their needs |
| | Partner #3 | Under Head Start umbrella agency | Children from birth to age 5; transitional youth; children and youth with special needs; adults; and whole families (including birth, adoptive, or foster families) | Comprehensive services, including case management | Offer and connect families to services, including support for basic needs (for example, food, shelter, transportation); child care; and legal needs |
| Program D | Partner #1 | Under Head Start umbrella agency | Community families who need behavioral and health services | Mental health support and substance use treatment services | Offer services and resources related to mental health case management, outpatient care, psychiatric crises services, substance use treatment services, and other services |
| | Partner #2 | Under Head Start umbrella agency | Pregnant women and families with low incomes and children younger than age 6 | Support for children's health | Conduct home visits, conduct screenings, and refer and transport families to counseling services |

Chapter III Partnerships That Support ERSEA

Exhibit III.1 (continued)

| Program | Partner | Whether internal or external to Head Start agency | Focal populations | Primary service areas | Primary supports for families |
|-----------|------------|---|--|--|---|
| | Partner #3 | Under Head Start umbrella agency | Children from birth to age 3 with a medical diagnosis or developmental delay | Support for children with special needs | Connect families to early education and child care services, public assistance services, ongoing medical care, and developmental clinics; provide transportation to services |
| | Partner #4 | External and stand-alone | Children with IEPs and families experiencing homelessness, involved with child welfare, and with mental health needs | Education | Provide access to preschool for 3- and 4-year-olds |
| Program E | Partner #1 | External and stand-alone | Children from birth to age 5 who qualify for early intervention or special education services | Support for children with special needs | Provide screenings and evaluations, case management, and direct instruction; connect families to early intervention and special education services and other services to meet families' needs |
| | Partner #2 | Under separate umbrella agency | Families of children from birth to age 8 | Comprehensive services, including case management | Provide education, coaching, tutoring, and career counseling; provide evening meals to families; connect them to services related to housing, finances, transportation, recovery, mental health, and domestic violence |
| | Partner #3 | External and stand-alone | Individuals experiencing domestic violence or abuse | Domestic violence prevention and support for domestic violence survivors | Provide therapy for domestic abuse; provide referrals for intersecting issues, such as poverty, racism, or substance use |
| Program F | Partner #1 | External and stand-alone | Families living in poverty, including pregnant women, refugees, and college students | Comprehensive services, including case management | Provide counseling services to families facing adversities; connect families to homeless shelters, child care resources, and resources to obtain financial assistance; partner with CPS to support families involved with child welfare |
| | Partner #2 | Under Head Start umbrella agency | Women with young children, up to age 17, experiencing homelessness | Housing support | Provide housing, counseling, and economic mobility services, including support to improve financial knowledge |
| | Partner #3 | External and stand-alone | Children from birth to age 3 | Support for children with special needs | Provide safety education or family counseling for families experiencing homelessness, depression, stress, or trauma; provide case management and financial management services |

CPS = Child Protective Services; IEP = Individualized Education Program.

Parents who were not enrolled in Head Start said the community organizations that partner with Head Start programs provide necessary support, are a constant helping hand, and show genuine investment in their well-being. Most often, parents described appreciating that partners connect them to resources aligned with any of their needs, such as WIC, postnatal support, therapy, and information about how to speak with children about their emotions. One mother, for instance, said her partner agency’s resources have been a “saving grace” that allowed her to easily return to work. The partner helped her sign up for WIC and connected her to resources that she needed as a young mother. This parent described the partner as an invaluable support that could benefit many mothers: “Hands down, like, every mom, when you leave the hospital, needs to have ... a pamphlet for [the partner].”

2. Conclusion

Because partners are wide-ranging in the types of families they support and the services they offer, they may be well positioned to help Head Start programs connect with and support families facing adversities.

Head Start program staff and parents not enrolled in Head Start reported being satisfied with community partners, including their communication and ability to connect families to resources. At the same time, program staff offered suggestions for improving communication and coordination between partners and staff, and parents said partners can improve how they share early education and child care information. The next sections explore additional perspectives that parents not enrolled in Head Start shared, including feelings about Head Start, learning about early education and child care options, making decisions about care, and partners’ growth opportunities regarding information sharing.

B. Knowledge of Head Start and approaches to making early education and child care decisions among parents not enrolled in Head Start

Parents who are eligible for but not enrolled in Head Start have varying levels of awareness about the program and its services. For parents who know about the program, there are different reasons they choose not to enroll in Head Start and instead rely on other methods of early education and child care. This section describes findings about these topics, as reported by parents who receive services through affiliated partners in the six sites. We include a summary of the Head Start services that partners believe could benefit parents not enrolled in Head Start.

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

Most parents were aware of Head Start, with some viewing it as a program that prepares children for school.¹¹ In focus groups and interviews with parents who were not enrolled, there was a mix of parents who had and had not heard about Head Start. There were parents from four sites who knew of the program, and parents from three sites who did not know about it. In explaining their perceptions about Head Start’s goals, parents from four sites who knew about the program said Head Start helps children get ready for school and teaches academic and social-emotional skills. Parents from

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

Parent not enrolled in Head Start

¹¹ When we present findings from parents not enrolled in Head Start, we do not include absolute counts. These data are from transcripts of focus groups where it is challenging to attribute responses to specific individuals with certainty.

two sites were aware of the additional services beyond early education and child care that Head Start offers because they previously had a child enrolled in Head Start.

2. Parents who were not enrolled learned about Head Start and the case study programs from different sources

Parents who were not enrolled learned about the case study Head Start programs that their partner organizations were affiliated with in various ways, citing community partners, other parents, and program staff as information sources. Parents associated with four sites said they heard about the programs from community partner organizations. Parents from one site reported learning about the program from other parents in the community and from an online search for local early education and child care programs. Direct contact and communication with program staff emerged as another information source, as described by parents from four sites. These parents said they had met staff from the Head Start programs, including through connections from the community partners or visits to a Head Start location.

3. Most often, parents not enrolled in Head Start were the primary caregivers for their children during the day because of barriers to accessing care or personal reasons for not choosing Head Start

Most parents not enrolled in Head Start from all sites reported being the primary caregivers for their children, mainly because they were most comfortable with this arrangement. These parents said that they cared for their children for at least 50 percent of the time, with some caring for their children all of the time. The parents explained that they preferred to care for their children due to safety reasons or concerns about the pandemic. Cost emerged as another contributing factor, with parents sharing that child care would be more expensive than being the primary caregiver.¹² However, parents from five sites said they relied on family care or a babysitter. A smaller number said they sent their child to part-time Pre-K for socialization.

Parents not enrolled in Head Start and partners named families' preferences and external barriers as factors driving early education and child care decisions. Parents from two sites said they might choose not to enroll in Early Head Start or Head Start because they were reluctant to send their child to full-time care or they were satisfied with their current arrangements. The external factors that emerged, which reflected general barriers to accessing care, included long waitlists for center-based care, lack of early education and child care options in the area, the expense of early education and child care, and lack of transportation.

4. Parents not enrolled in Head Start named priorities when choosing care, including those that affect their children's well-being and their own convenience

Parents not enrolled in Head Start reported wanting to ensure their children were well cared for and that travel was convenient, which partners corroborated. Parents from five sites were most concerned with finding trustworthy individuals 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 noting that they did not trust people outside of their

¹² Families can obtain early education and child care through Head Start at no cost.

family to watch their child. Staff from three partner organizations and parents from four sites mentioned that a curriculum-based education program was preferred, because parents perceived that such a program provided stimulating activities. Regarding travel, staff from one partner organization said that transportation was difficult for families because parents were already managing long commutes in a rural area where public transportation was largely unavailable.

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

Head Start partner

5. Partner agencies reported service gaps for families not enrolled in Head Start

Partners suggested that child care, transportation, and wrap-around supports such as case management and mental health supports were services that could benefit families not enrolled in Head Start.

Partners associated with three programs reported that child care, particularly options that families who are not enrolled could easily access, was a vital need. In addition, full- and extended-day options that accommodate parents’ work schedules were considered potentially helpful for families. Regarding wrap-around supports, partner staff associated with four programs noted that such services, including case management, were important for connecting families to other community resources, especially mental health supports. According to one partner staff member, the pandemic contributed to heightened mental health needs and challenges among families.

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“Case management is also helpful and supportive to parents, especially pregnant moms who may not know who and/or what to turn to, as well as support for special needs—evaluations, referrals, etcetera.”

Head Start partner

6. Conclusion

Parents not enrolled in Head Start were generally aware of the Head Start program overall and of the specific programs that participated in the case studies. Frequently, these parents heard about Head Start from sources in the community, including partner organizations and other parents. Parents not enrolled in Head Start were often the primary caregivers for their children during the day. These parents and community partners both named the expense of child care, lack of child care options, long waitlists, and a lack of transportation as general barriers to accessing care. When these parents set out to choose care, they prioritized child safety and comfort and overall trust, along with curriculum, cost, and transportation. To make decisions about child care, parents who are not enrolled could benefit from receiving information about available sources. The next section addresses this topic, as reported by partners and parents not enrolled in Head Start.

C. Partners’ approaches to sharing child care information and parents’ satisfaction with the information they received

Parents can obtain information about child care through multiple avenues, but the partner organizations that support them are a convenient and trusted source. This section highlights the types of information that partners share with the families they support and the families’ satisfaction with the information they receive.

1. Community partners share details about Head Start and its requirements, and they offer guidance to support decision making about care

Community partners share a range of information about Head Start and other child care options.

In three sites, parents not enrolled in Head Start reported receiving information about Head Start and other child care options from community partners, including details about eligibility criteria, the application process, and required documents.

Partners offer recommendations to support parents' child care choices. When making recommendations about child care, partners associated with four programs suggest settings that are licensed and curriculum-based, offer full-day programming, and provide transportation. Partners said they offer guidance about what to look for in a child care program, such as class size and ratios, program and class schedules, and planned activities.

2. Parents not enrolled in Head Start would like more information about child care options and supports for their child's development

Parents not enrolled in Head Start associated with three programs reported being satisfied with the information they received about child care, but they would like additional information to support their decision making. The parents suggested that a list of all local and licensed day care centers and providers would be helpful, with one parent requesting that the list also include unlicensed providers. One of these parents said that partners should provide more information about the cost of child care programs in their community.

Parents who were not enrolled want information about other supports for their child's learning and development. Parents in one site noted that partners should provide information about local, low-cost activities or community events for families and children.

3. Conclusion

Interviews with partners and focus groups with parents who were not enrolled indicated that partners share some information about child care options with families, including information about Head Start and its requirements and other child care options in the community. However, there is only limited information about how partners shared this information with families.

Parents who were not enrolled want more information about formal and informal supports for their children, including child care, activities, and community events designed to foster healthy development and learning. In the next chapter, we reference this recommendation from parents in an overall summary of data gleaned from the case studies, and implications and considerations for next steps in helping programs and partners better support families.

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IV. Summary, Implications for Practice, and Directions for Future Research

To understand how Head Start can reach the families most in need of services, the Head Start REACH case studies involved gathering multiple perspectives. We collected data from Head Start staff and parents, community partners that the programs worked with to support ERSEA activities, and parents not enrolled in Head Start whom the partners supported. Case study data yielded rich information about how programs use a multitude of strategies and partner with community organizations to support families facing adversities, identified areas for improvement, and provided lessons for practice and research. This chapter discusses these implications and lessons.

The chapter begins with an overview of programs' ERSEA activities, including the role that partners play in these activities and how they support Head Start-eligible families. A section on considerations for practice follows. The chapter concludes with potential directions for future research activities.

A. Summary of programs' ERSEA activities and partners' support for Head Start-eligible families

The case studies yielded comprehensive information about how selected Head Start programs implement their ERSEA practices to reach and support eligible families with assistance from their community partners. We summarize these findings below.

Head Start's eligibility requirements provide specifications for prioritizing families for recruitment and enrollment, and programs use their community needs assessment to identify areas of prioritization that reflect families' needs. To ensure that programs' prioritization processes accurately reflect the adversities families are facing, programs rely heavily on their community needs assessments. Data from these assessments identify families who are most in need of services. Staff occasionally supplement this information with data from questionnaires that staff or enrolled families complete about families' needs.

Programs prioritize categorically eligible families, those experiencing adversities, and those with certain demographic characteristics for recruitment and enrollment in Head Start. Program staff reported that families' income eligibility is most often based on the U.S. Department of Health and Human Services' Poverty Guidelines. However, programs also prioritize for recruitment and enrollment families who are categorically eligible for Head Start, including those experiencing homelessness, involved in foster care, and receiving public assistance. They may also give priority to families facing other adversities, such as domestic violence or substance use; and those with certain demographic characteristics, including whether families live in a program's service area and the number of parents or guardians in the family. Although programs' eligibility and prioritization processes are designed to ensure that families facing adversities qualify for services whenever possible, staff indicated that some families who need services still do not qualify because they do not meet the income eligibility requirements.

Programs typically use the same recruitment approaches for families who do and do not face adversities, but staff make some adaptations to reach families with heightened needs. Head Start programs use family and community partner "word-of-mouth," community outreach, marketing and advertising, and partner collaboration to identify and reach eligible families. Staff reported that word-of-mouth referrals are their most common recruitment source, and Head Start parents frequently said they

learned about their programs from another parent. Community partners also engage in word-of-mouth recruitment by indirectly or directly referring families to programs. In addition, programs use the events that community partners host by setting up tables to speak with parents or posting marketing materials such as flyers and brochures. Staff did not describe making significant adjustments to recruit families facing adversities, but they do make the following adaptations: (1) connecting with community partners that work with families facing adversities to recruit families; (2) building relationships with families facing adversities; (3) messaging about their services in a way that emphasizes their ability to meet families' diverse needs; (4) conducting recruitment in areas with high concentrations of families facing specific adversities; and (5) expediting the application process for families facing adversities, so they can begin receiving services promptly. Program staff emphasized that maintaining relationships with community partners is a key approach to recruiting these groups because partners have direct connections to families and are deeply aware of the families' needs.

Staff conduct selection methodically by verifying families' eligibility and using their selection criteria to assign points to families. As programs work through their waitlists, they attend to families' adversities and adapt their methods to meet emergent needs. After families submit their applications, program staff review them and verify families' eligibility for the program. Partner staff sometimes provide documents to help verify eligibility for families facing adversities, such as documents that confirm residency or foster care placement. Then, program staff use parents' applications and interviews they conduct during the application phase to understand families' needs, assign points based on programs' selection criteria, and place families on a waitlist. Selection criteria inform the number of points that staff assign. However, staff noted that programs prioritize families in crisis or experiencing adversities when choosing between two families with equal needs from the waitlist. For example, staff from one program said they assign priority points for certain adversities, including for families affected by substance use. In two programs, staff described reserving slots for families needing an emergency spot in the program, to quickly connect them with services.

Enrollment requires program staff to complete administrative paperwork before families receive services. In conducting these activities, staff work to accommodate families' needs and help them transition smoothly into Head Start. Staff explained that enrollment is a critical ERSEA step because it helps ensure that parents feel comfortable transitioning into Head Start. This comfort stems from staff members' communicating what parents can expect from services. Staff primarily enroll families by distributing, helping complete, and receiving paperwork. Partners sometimes help programs obtain necessary documentation to complete enrollment. Because enrollment involves a substantial amount of paperwork, staff and partners offer families support and flexibility during the process. Parents appreciate the help that staff provide during enrollment, including help with completing paperwork, and they value staff members' flexibility during enrollment, which might involve completing paperwork in parents' homes.

Program staff and partners confront barriers when promoting attendance and retention, but they use multiple strategies to address these barriers and meet parents' unique needs. Staff strive to ensure that families receive services and remain in the program. Thus, attendance and retention emerges as an ERSEA component that staff reported requires them to be consistent, responsive, and nimble in engaging with Head Start families. Families must manage several roadblocks when maintaining regular attendance in the program. Most often, parents confront having no, irregular, or inconvenient transportation to their Head Start centers, a challenge that is more prominent in communities where public transportation is sparse. Other barriers that make it difficult for families to attend or remain in the

program include challenges associated with specific adversities and schedules and locations that make attendance challenging. For example, families experiencing homelessness may have low attendance and high turnover due to housing instability, and those involved in child welfare and foster care may have absences caused by court appearances or visitations with biological parents. In addition, parents mentioned complications from illnesses and restrictions related to COVID-19. To address these barriers, program staff reported using a range of strategies, including monitoring families' attendance; offering transportation assistance; engaging with parents in a meaningful, communicative, and flexible way; training staff to work through individual families' attendance barriers; and customizing strategies for families facing adversities. Partners play an instrumental role in supporting families' attendance and retention by helping programs contact families with chronic absences, identifying reasons for the absences, and providing direct support to facilitate their attendance and retention in the program.

Programs' partners provide targeted services to address families' adversities, and they provide information about child care to families they serve. However, there is an opportunity for them to better help families make child care decisions. The case study sample included community partners that support families facing homelessness, managing substance use issues, confronting family violence, and other adversities. To help these families, partners implement services that promote well-being and self-sufficiency. In supporting families, partners described sharing information about child care options, including Head Start. Parents not enrolled in Head Start noted receiving these details. However, some of these parents suggested that more information about formal and informal support for children, including child care or community activities, could help them make more informed decisions to support their children's well-being and development.

B. Implications and considerations for practice

Findings from the case studies have several implications for practice. The following considerations reflect opportunities that program staff, partners, or parents directly shared, as well as potential opportunities we identified based on the salient challenges that families experience when attempting to receive 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. At the recruitment stage, partners refer families directly to Head Start, provide them with information and materials about Head Start, and help them complete application paperwork. At the enrollment stage, partners might help families by acquiring or sharing required documentation with programs to alleviate some of the burden on families. Partners help with attendance and retention by sharing contact or contextual information about families with chronic absences and providing direct support to families to ensure their regular participation in Head Start. 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 their retention 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.

Gather families' alternate contact information at intake and explore opportunities to support sharing of information between programs and partners. Program staff reported that some enrolled families stop attending the program without providing a reason or leaving their contact information, so

programs are unable to follow up with them to determine whether they need support. Programs could gather alternate contact information for families as part of the transition planning at intake. Programs could also explore with their partners the possibility of appropriately sharing individual families' contact information across organizations, including through memoranda of understanding that ensure family permission. Facilitating the sharing of information about specific families between Head Start and partner staff may strengthen the approaches that both parties use to support these families. For example, if a family moved out of the service area, program and partner staff could collaborate to connect the family to requisite services. Any sharing of individual families' information should be with families' permission and programs should elucidate 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 but not enrolled in Head Start and who receive services from partner organizations said they would like more information about their available 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 the Head Start program provides. For example, they could consider partnering with Child Care Resource and Referral Agencies that also have the goal of assisting families in finding child care that meets their needs.

Attempt to engage with and recruit parents whom the partners support. Programs should also consider being proactive in ensuring that partner organizations are sharing information about Head Start with eligible families who are interested in the program. For instance, they could attend events that partners host for families and distribute flyers and brochures to parents. They could also consider conducting frequent visits to partner sites 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 also 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. The early childhood field is facing a severe staffing crisis characterized by high staff turnover and Head Start and its partners are no exception. Program and partner staff shared that challenges associated with the pandemic have contributed to turnover in both Head Start programs and partner organizations. Staff expressed that programs' staffing shortages have resulted in issues with maintaining full enrollment, while 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, it may be important to identify staffing needs among both groups in order to meet the needs of families whom both partners support. Programs and partners could focus on creating a workplace culture that fosters staff well-being by ensuring that staff feel respected, trusted, motivated, and supported by leadership. For example, organizations can empower staff to share ideas and make decisions around using innovative strategies to recruit and support families. They can also provide access to mental health supports, such as sessions with a mental health consultant and trainings focused on mental health.

Consider providing program and partner staff with joint training or cross-training on specific topics. Most partners provide support for and likely receive training related to supporting families with adversities. Program staff reported that they could benefit from training about families' specific adversities—for example, learning best strategies for communicating with families in a way that is

nonjudgmental and encourages families to share information; providing trauma-informed care; using motivational interviewing techniques; and supporting families experiencing particular adversities, including substance use and domestic violence. Because some parents not enrolled in Head Start reported not knowing about Head Start or the specific programs involved in the case study, 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. Conducting joint trainings or cross-trainings on these topics may strengthen programs' and partners' capacity to reach and support families and be mutually beneficial.

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. Program and partner staff offered examples of working to meet the needs of families facing homelessness, including tailoring their ERSEA approaches and prioritizing these families through ERSEA activities. Staff offered fewer instances of adaptations made for families experiencing other adversities. They may benefit from continued support for helping families experiencing homelessness, particularly with recruiting these families and promoting their attendance and retention. However, it may also 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, particularly because these adversities may be less apparent, and families may initially hesitate to share information about experiences with these adversities. As described above, staff also shared that training focused on supporting families facing specific adversities would be beneficial.

Assess whether providing regular T/TA to program staff could enhance their ability to reach and support all eligible families. Case study data indicate that programs could consider regularly assessing staff's training needs and providing necessary T/TA to meet the needs of families. Although staff from all programs reported receiving training on ERSEA topics, programs could benefit from assessing T/TA needs that align with changing selection criteria and family needs. For example, if a program discovers through its community needs assessment that there is a higher concentration of families affected by substance use in the community, they could consider training staff in strategies to build relationships with and support these families. In addition, the families whom Head Start programs support are diverse in their cultural backgrounds and spoken languages, so programs could consider the populations and demographics in their service areas and explore the possibility of staff receiving T/TA focused on connecting with families culturally and linguistically. For example, staff from one program in a rural location described difficulty with serving families who speak languages they do not speak. Because this issue affects a small number of families, it is difficult for the program to justify hiring a staff member to accommodate these families. As another example, a different program described having difficulty recruiting some families who are refugees because the program staff do not "look" like the families, which makes it more difficult to earn their trust and build relationships with them. To manage this challenge, the program relies on community partners that have strong relationships with the families.

Encourage programs to continue sharing information about effective strategies. Case study data indicate that the strategies to ensure families' continued enrollment varied across programs and it may be beneficial for programs to share strategies with one another. For example, transportation was the most commonly reported barrier to attendance and retention. Although Head Start programs reported creative strategies they use to address transportation barriers—including giving families bus cards, providing direct bus transportation to centers, connecting families to carpools, and partnering with community

organizations to provide transportation support —parents reported wanting more support getting to and from centers. Moreover, 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.

C. Directions for future research

Findings from the case study suggest directions for future research. The following reflect preliminary approaches for research that can further inform our understanding of the eligibility, recruitment, selection, and attendance and retention of families in Head Start, including those experiencing adversities.

Include Head Start parents, parents not enrolled in Head Start, and community partners in study samples. Although the case studies included information from all these respondents, Head Start staff's voices emerged most prominently when reporting findings. Future studies could also include Head Start staff to gain important insights about programs' ERSEA practices. However, it is equally important to obtain perspectives of parents—both those who are enrolled and those not enrolled—and community partners. Conversations with both types of parents would yield important information about their early education and child care choices. For example, parents enrolled in Head Start could shed light on their experience with ERSEA staff, their reasons for enrolling in the program, and barriers to attending and staying in the program. Reports from parents who were not enrolled could help us understand the extent to which they are aware of Head Start, their reasons for choosing alternative child care, and perceived barriers to enrolling in Head Start. Such studies could employ mixed methods and include a qualitative component to obtain families' perspectives and elevate their voices. In addition, Head Start staff reported leveraging connections with community organizations for almost all ERSEA components. Because partners' supports are cross-cutting and, in some cases, invaluable, future studies could engage them. For example, future studies might further explore partners' supports for Head Start families who are experiencing adversities. They might also consider the specific strategies that partners use to inform parents' child care choices, given that in the case studies, parents who were not enrolled said they would like more information about their child care options. Research might also specifically assess how Head Start parents facing adversities experience partners' supports, including successes and opportunities.

Probe the impacts of the COVID-19 pandemic and recovery on programs' and partners' capacity to support ERSEA. COVID-19 influenced programs' ERSEA activities and partners' supports. For example, as noted above, the pandemic contributed to turnover among both groups, with partners' staffing shortages influencing the connections that program staff could make to support recruitment, attendance, and retention. Future studies could further examine how COVID-19 has continued to influence programs' and partners' collaboration to support ERSEA and families facing adversities. Given the finding that programs made several adaptations in their ERSEA practices and procedures on account of the pandemic, future studies might assess short- and long-term adaptations that have resulted from the crisis, including those that were unexpectedly successful and why. For example, several staff reported that they shifted many of their enrollment procedures online during the pandemic and have maintained those approaches. Studies conducted a few years from now may allow us to examine whether these and other pandemic-related adaptations are still in place and probe staff's and parents' perspectives on reasons for retaining some adaptations and suspending others. Studies could also assess how programs and partners responded to any policy changes that resulted from the pandemic.

Prioritize understanding how program staff promote equitable program access and experiences when implementing ERSEA practices, including key successes, challenges, and growth opportunities.

Although the case studies addressed issues related to equitable access to Head Start by focusing on Head Start's ability to reach and support families facing adversities, they did not explicitly examine how aspects of family identity (for example, race and ethnicity, disability status, or geographic location) shape or influence the practices programs use, what ERSEA practices might work best for families with different backgrounds, or how programs address gaps or barriers linked to families' backgrounds (for example, differences in who is or is not being reached or retained or potential bias in recruitment and selection procedures). Because Head Start strives to promote equity by providing high-quality supports to families who need them the most, especially families with low incomes, who are often people of color, future studies could explore how families' program access or experiences differ by their background characteristics. For instance, studies could unpack how the experience of adversity differs by other family characteristics (such as race and ethnicity, disability status, or LGBTQ+ status). This could help identify ways to further tailor program outreach, experiences, and services to best reach and engage families. Program staff also described tensions between meeting families' needs and adhering to Head Start Program Performance Standards and Office of Head Start guidance, particularly regarding income. Staff specifically said that some families who need Head Start's services are left out, often because their income is just slightly above the cutoff in the U.S. Department of Health and Human Services' Poverty Guidelines. Future studies could explore this idea by gathering perspectives from program staff and Head Start families to better understand the experiences of those left behind. Although some aspects of programs have clear implementation guidelines, it would be important to examine the many points all along the service delivery pathway where staff may exercise discretionary power.

Employ a mixed-methods approach of survey and open-ended instruments to collect data. Data collection instruments for future studies could use surveys to collect close-ended information and more in-depth, semi-structured interviews to contextualize or probe survey data. Case study findings could inform development of close-ended questions to obtain information efficiently about reported ERSEA processes. Findings can also inform development of questions in semi-structured instruments about particular topics that the case studies highlighted, such as child care decision making among families who are not enrolled, partners' support for ERSEA processes, and the experiences of families facing multiple adversities.

Be flexible in using virtual versus on-site data collection methods. We collected all case study data remotely because of the pandemic and programs' preferences. During data collection, respondents said the pandemic has increased their comfort with technology and, in some cases, resulted in a preference for virtual data collection among staff members and program participants. This information could be useful when determining the mode of data collection for any future studies. As there could be differences in preferences across settings (for example, rural versus urban), these studies could be flexible with the data collection options they offer respondents in order to maximize participation.

D. Conclusion

Head Start and Early Head Start provide supports that community partners and enrolled families value. According to partners, community members highly regard the programs, because they are known for providing high-quality care and education for children and helping families meet varied needs. The Head Start REACH project is well positioned to inform efforts to maintain these successes and strengthen program services. The project's case studies have provided insights about how programs reach, support,

and retain families who can benefit most, along with recommendations for improving these approaches. These findings can support future T/TA and professional development activities within the program. Future research studies can build on this foundation, yielding more information to further broaden access to Head Start and promote equitable outcomes for eligible families.

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Appendix A

Approach to Selecting Case Study Programs

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This appendix summarizes our approach to selecting programs to participate in the case studies. We describe our process for obtaining program nominations, gathering additional information about the nominated programs, and selecting programs for the case studies.

A. Obtaining program nominations from key informants

In February and March 2021, the Head Start REACH team conducted semi-structured interviews with key informants who had experience working with or knowledge of programs that were especially successful in reaching and supporting families experiencing adversities. We identified these informants with support from our federal partners.

We conducted the following key informant interviews to obtain program nominations for the case studies:

- Seven interviews with regional family engagement T/TA specialists from the ACF Office of Regional Operations' regional offices (specifically, Regional Offices 1, 3, 4, 7, 8, 9, and 10)
- Three interviews with ACF central office staff members
- Two interviews with state collaboration directors
- Two interviews with staff members from community partners that support Head Start programs

The key informant interviews resulted in the nominations of 39 programs that the informants indicated had demonstrated success in conducting ERSEA with families experiencing adversities.

B. Gathering additional information

We used two administrative sources to gather additional information about the programs under consideration: (1) the Program Information Report (PIR)¹³ and (2) the Head Start Enterprise System (HSES).

PIR. We used the PIR to supplement information that the key informants provided about nominated programs, focusing on the following details:

- Whether the program had an active Head Start grant
- Whether the program was urban or rural
- Program size (funded enrollment)
- Number of families with an expressed interest or identified need for the following services during the program year:
 - Emergency or crisis intervention, such as immediate needs for food, clothing, or shelter
 - Mental health services
 - English as a second language training
 - Substance use prevention
 - Substance use treatment
 - Child abuse and neglect services

¹³ The Office of Head Start's PIR provides comprehensive data on the services, staff, children, and families served by Head Start programs. All grantees and recipients are required to submit a PIR annually for Head Start programs.

- Domestic violence services
- Total number of families experiencing homelessness that participated during the program year
- Total number of enrolled children in foster care at any point during the program year
- Total number of enrolled children referred to Head Start or Early Head Start services by a child welfare agency

HSES. Because key informants varied in the amount of information they provided about the programs they nominated, we examined additional administrative information about the programs' priorities for reaching and supporting families facing adversities. These documents included programs' grant applications and applicant selection criteria.

C. Selecting programs for the case studies

The goal of the selection process was to have adequate variation in the ERSEA practices that programs used and in other program characteristics, in order to answer the research questions. Therefore, we assessed each program against the selection criteria in Exhibit A.1.

We prioritized (1) programs for which we had the most information related to ERSEA; (2) programs that were nominated by more than one key informant; and (3) programs that were serving the largest proportions of families experiencing adversities, as indicated by the informant and evidenced by the PIR information. We strived for variation in program characteristics, such as ACF region, state, urban or rural designation, and adversities targeted by the program. This strategy resulted in six programs that we prioritized for the case studies, as listed in Exhibit II.1 in the main report. We were successful in recruiting all six programs (see Appendix B).

Exhibit A.1. Program selection criteria

Types of approaches

- Range of approaches implemented for outreach and recruitment, selection, enrollment, and retention
- Approaches focused on families with specific adversities or commonly co-occurring adversities

Characteristics of the Head Start programs, to ensure variation in the sample

- Variation in program characteristics
 - ACF region
 - State
 - Urbanicity
 - Whether the program was Head Start only or also included Early Head Start
 - Range of family services provided by program (including, home-based and center-based care)
 - Whether the program had partnerships with community-based child care centers
 - Variation in characteristics related to recruitment, selection, enrollment, and retention
 - Program's overall approach to recruitment, selection, enrollment, and retention and the proportion of staff conducting those activities
 - Number and types of outreach and recruitment approaches used by program
 - Number and types of selection approaches used by program
 - Number and types of enrollment approaches used by program
 - Number and types of retention approaches used by program
 - Whether program had associations with partner agencies that supported populations experiencing specific adversities, as well as variation in types of partnerships (for example, partnerships with health agencies, homelessness and McKinney-Vento service agencies, local education agencies, social service agencies, child welfare agencies, and subcontracted foster care providers)
 - Success with the recruitment, selection, enrollment, and retention of families experiencing specific adversities or co-occurring adversities (for example, families experiencing homelessness and those affected by substance use) ▲
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Appendix B

Case Study Design

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This appendix describes our approach to collecting and analyzing data for the case studies. The appendix begins with information on how we recruited the programs, partner organizations, and parents included in the case study sample.

A. Recruiting programs, partner organizations, and parents

To begin the recruitment process, we trained two project team liaisons in January 2022 on how to establish rapport with program and partner staff, answer questions about the study, and follow up on any requests to gain approval for participation. This training also focused on data collection.

In February 2022, the project team liaisons started contacting the six Head Start programs to begin recruitment. The team used the following stepwise process for recruitment:

- **Step 1.** The project team liaisons contacted program directors and (1) shared information about the study; (2) explained why the program was nominated (that is, because of its strong ERSEA practices); and (3) gauged the program's willingness to participate in the study.
- **Step 2.** After a program agreed to participate in the study, the project team liaisons asked the program director to (1) name two adversities the program focused on; (2) identify up to four staff members involved in the program's ERSEA activities; (3) indicate which of these staff members could provide copies of documents related to the program's ERSEA approaches, policies, and community needs assessments; and (4) identify up to four community partner organizations that the program worked with on ERSEA efforts, such as health agencies, homelessness service providers, social service and child welfare or foster care agencies, and special education providers.
- **Step 3.** The project team liaisons asked program staff to identify and recruit eight to 10 parents from different families to participate in a focus group. To be eligible, parents needed to be enrolled in Head Start and experiencing adversities.
- **Step 4.** We invited but did not require program staff to join an initial recruitment call with each identified community partner organization. Among the one to four partners we recruited per site, we asked one to help identify and recruit eight to 10 parents from different families to participate in a focus group. To participate, parents needed to be eligible for Head Start but not enrolled. We purposively selected organizations to ensure that they were serving families experiencing different types of adversities. Recognizing that it could be more challenging to recruit families not enrolled in Head Start for focus groups, we offered these families the option of participating in a one-on-one interview in lieu of a focus group.

B. Collecting data

During the January 2022 training, the data collection team reviewed the interview and focus group protocols and the best practices for working collaboratively with programs to obtain high-quality data. The team included four Mathematica staff members.

Due to the pandemic and study sites' preferences, the team collected all data virtually, from February to May 2022. We collected data using the methods detailed below.

Interviews with program directors and program or center staff. We conducted 60- to 90-minute, semi-structured telephone interviews with program directors and up to four program- or center-level staff members, such as center directors, staff responsible for ERSEA-related efforts, and family service

workers. During the staff interview, we asked respondents about their ERSEA policies and practices, use of a community needs assessment, staff training on ERSEA, ERSEA approaches used with families facing adversities, factors driving decisions related to filling slots, and challenges in maintaining full enrollment.

Interviews with community partner staff. We conducted 30- to 60-minute, semi-structured telephone interviews with staff from up to four community organizations. In these interviews, we asked about the organization's experience working with the Head Start program, such as frequency and focus of contact; processes for referring families to the programs; understanding of Head Start's eligibility criteria; procedures for sharing information about child care options to families; outreach materials that the program shares with the partner; challenges and strategies for enrolling families facing adversities; and partners' views of the Head Start program's role in meeting the needs of such families.

Focus groups with families enrolled in Head Start. We conducted 60- to 90-minute virtual focus groups with no more than 10 parents, each from different families, enrolled in the Head Start programs. We worked to understand their experiences related to the program. During the focus group, we asked parents about their experiences with ERSEA staff, their reasons for enrolling, details about the recruitment process, post-enrollment experiences, and their likelihood of staying enrolled and why. We conducted focus groups in English or Spanish, depending on the language spoken by parents in each group.

Focus groups with families not enrolled in Head Start. We conducted 60- to 90-minute virtual focus group with no more than 10 parents who were not enrolled in Head Start. Parents in each focus group received support from one of the Head Start partners from each program. During the focus groups, we asked about parents' awareness and knowledge of Head Start and alternative child care options, barriers to Head Start enrollment, reasons for choosing alternative child care options, and the role the partner agencies played in helping parents choose child care. We conducted focus groups in English or Spanish, depending on the language spoken by parents in each group.

Document review. Before, during, or after interviews with ERSEA staff, we asked them to share program documents related to ERSEA. Requested documents included ERSEA policies and procedures; recruitment and attendance plans; selection and scoring criteria; outreach and recruitment materials; program applications and enrollment forms, including forms to track enrollment; and highlights from community needs assessments.

C. Analyzing the data

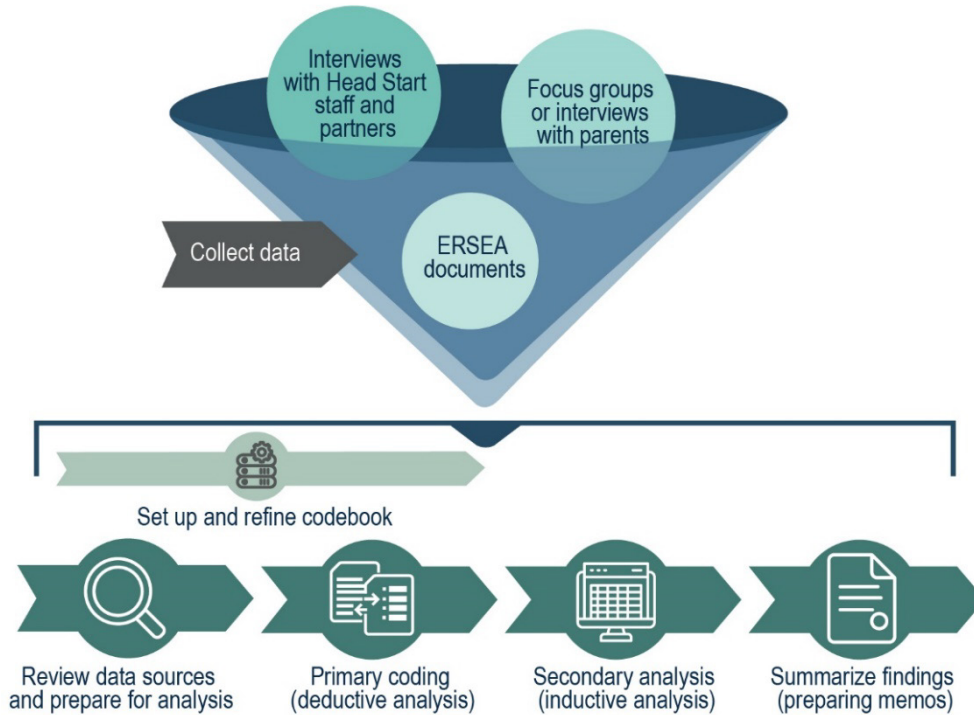
The analysis team¹⁴ used a multistep process to analyze the interview, focus group, and document review data we collected. Exhibit B.1 illustrates this analysis approach, which we subsequently describe.

Phase 1: Review data and prepare for analysis. We recorded the audio of and transcribed all focus group and interview conversations. To prepare the ERSEA documents for analysis, we developed a structured template to organize key information from each document. To prepare the transcripts for analysis, we developed a structured template that the team would use to record findings relevant to our research questions. This template included space to document the respondent who spoke about the finding

¹⁴ The team included all four data collectors and an additional team member, a principal researcher who supported the fourth and fifth phases in the analysis.

(for example, a program director or Head Start parent); the Head Start program the respondent was associated with; and the program’s focal adversities.

Exhibit B.1. Overview of the full analysis process



Phase 2: Create and refine a codebook to extract data from interview and focus group transcripts.

We developed a set of higher-order and subordinate codes that we used to thematically categorize interview and focus group data. We developed the Excel-based codebook using our research questions, data collection instruments, and a literature review. We refined the codes based on themes that emerged after our fieldwork. Reflective of the approach by DeCuir-Gunby and colleagues (2011), the codebook included code definitions and examples when relevant. In addition, the codebook cross-walked the codes with relevant research questions.

Phase 3: Conduct primary coding. The analysis team participated in a March 2022 primary coding training. Subsequently, we uploaded transcripts to NVivo 12, a qualitative analysis software. We used NVivo to apply codes to relevant chunks of interview and focus group text. To promote coder reliability before the team began coding in earnest, each team member coded the same set of transcripts. A primary coder, the analysis lead, reviewed the transcripts using NVivo’s query function to assess agreement. Subsequently, team members individually coded transcripts that a senior qualitative researcher reviewed to assess whether the codes were applied accurately.

Phase 4: Conduct secondary analysis. The team participated in a May 2022 secondary analysis training. To conduct secondary analysis, we extracted information from the documents and the coded output. The document reviewer used the structured template created in Phase 1 to extract key information about programs’ ERSEA processes, such as their selection criteria and enrollment paperwork. To analyze the coded output, the team used the structured analysis template, also created in Phase 1, to capture key

themes in transcript text and supplemental details, examples, or nuances. The analysis team created tables for each subordinate code in the codebook. Exhibit B.2 provides a visual representation of this phase.

Phase 5: Summarize findings. The May 2022 training addressed how to summarize findings in the analysis tables. The team drafted summaries for each higher-order code, using the analysis tables to include details about the different topics, or subordinate codes, of interest. In Phase 4, the analysis team found that the coded output provided sufficient data to answer the study’s research questions and address focal topics and that the document review was not necessary to fill gaps that the qualitative data could not fill. As a result, the summaries that the team drafted in Phase 5 did not include data or information from the documents. However, when reviewing the first draft of the report outline, external reviewers raised questions about whether the documents might add information. Therefore, in the second draft of the outline, the team referenced program documents to include supplemental details, when available, about requested topics.

The analysis team met regularly during each phase to discuss progress, questions, challenges, and emergent findings. Exhibit B.3 presents some of the lessons discussed during these analysis meetings, as well as lessons learned related to data collection.

Exhibit B.2. Overview of the secondary analysis process

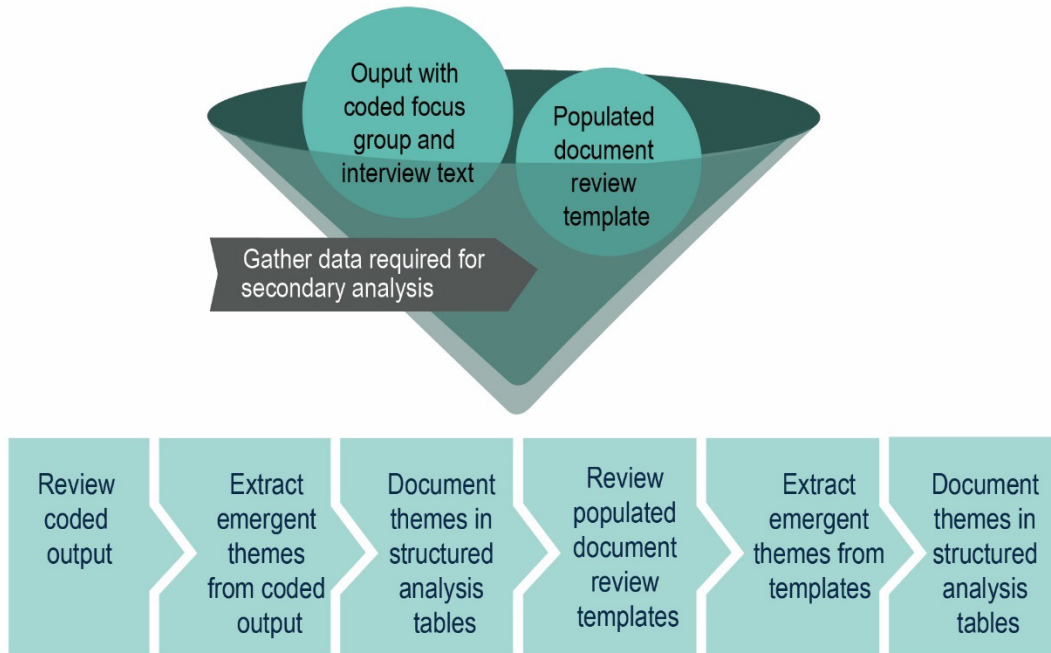


Exhibit B.3. Reflections about the case study design

Data collection and analysis revealed the following lessons about the case study design. These lessons focus on the team's experience with collecting data virtually, in a language other than English, and in a way that attended to sites' needs but impacted the analysis timeline and level of effort.

- **Virtual data collection promoted flexible scheduling and facilitated parents' participation.** The team initially planned to visit all sites to conduct all in-person interviews and focus groups. However, in-person data collection would have required the team to schedule back-to-back conversations during a compressed period. Pivoting to virtual modes, including WebEx and phone calls with staff and Zoom calls with parents, allowed the team to collect data over a longer period and prioritize dates and times—including nighttime—that worked best for respondents. In addition, in-person data collection would have required Head Start parents to travel to a central location to participate in focus groups. Because staff said many Head Start parents struggle to find transportation and because parents were recruited from different centers, parents might have encountered difficulties traveling for in-person focus groups. Virtual focus groups allowed parents to join conversations from any location—such as their kitchen, their car, or a school event for older children—especially because most used their phones to access Zoom.
 - **The case study design did not account for respondents who primarily communicate in a language other than English; however, virtual data collection allowed the team to easily engage bilingual staff to lead non-English focus groups.** Of the six sites, half required Spanish focus groups. Focus groups with three of the sites for Head Start parents were in Spanish, while focus groups with two of the sites for parents who were not enrolled were in Spanish. One core member of the data collection team is proficient but not fluent in Spanish, so the team engaged a fluent Spanish speaker who was trained in qualitative research but external to the team to be the lead facilitator. Convening virtual focus groups streamlined planning around the lead facilitator's schedule. Travel to multiple locations might have presented coordination challenges, especially because the facilitator was not part of the project. For future research efforts that require interviews or focus groups, the research team could include a recruitment question about the demographics of sites' staff and families. This information could help the team effectively plan for bilingual data collection or data collection in a language other than English.
 - **Virtual data collection impeded the fluency of some conversations because of technical difficulties and environmental distractions.** Although virtual data collection allowed the data collection team and respondents to schedule flexibly, promote parent participation, and engage bilingual staff, some challenges occurred. During some Zoom conversations, difficulties with Internet connections caused some responses to sound disjointed or delayed. Although virtual data collection allowed respondents to take calls from anywhere, in some cases background noise influenced people's ability to hear one another. To manage these challenges, we encouraged parents to mute themselves if they were not speaking and we frequently repeated or summarized responses to ensure that we heard them correctly. We asked respondents to repeat their perspectives when they were completely inaudible.
 - **Data analysis required a significant level of effort.** The case studies allowed us to gather perspectives from several respondents across multiple groups, including Head Start staff, staff from community partners, Head Start parents, and parents not enrolled in Head Start. Because Head Start and partner staff were stretched thin, the data collection team remained nimble. For
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example, we shifted interviews and focus groups as needed to give staff more time to recruit parents or attend to organizational priorities before focusing on the case studies. Most significantly, we shifted the timeline for data collection by extending deadlines. These changes decreased the time our team had to complete Phases 3 through 5 of the analysis process. Completing these phases during a shortened period required an increased level of effort. Future initiatives like the case studies should develop flexible timelines to accommodate unexpected circumstances that might require dates to be pushed back.▲

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