

 **OPRE Research Brief**

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Partnering to Reach and Support Families with the Greatest Needs: Lessons from the Head Start REACH Case Studies



What is the Head Start REACH project?

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

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

Head Start programs engage parents to support children’s growth from birth through age 5 through services that promote early learning and development, health, and family well-being. These

programs specifically seek to assist families with low incomes and families facing a variety of other adversities. To foster positive child and family outcomes, Head Start programs build collaborative

relationships or partnerships with community organizations that often provide various services to families who are eligible for Head Start. Strong community partnerships also appear important for supporting Head Start's eligibility, recruitment, selection, enrollment, and attendance/retention (ERSEA) processes, particularly for families experiencing adversities.¹ The Head Start REACH: Strengthening Outreach, Recruitment, and Engagement Approaches with Families project is focused on understanding the ERSEA approaches that Head Start programs use to engage Head Start-eligible families experiencing adversities (see Box). One of the foundational activities of the project was to conduct case studies to obtain an in-depth understanding of the ERSEA approaches that are being used with families experiencing adversities; the factors that affect their implementation; and how families find and experience early education and child care, including those who are and are not enrolled in Head Start.

Six urban and rural Head Start programs of varying sizes from six Administration for Children and Families (ACF) regions were part of the Head Start REACH case studies. When recruiting programs, the study team asked program directors to name up to four community organizations they partner with for their ERSEA activities. From February to April 2022, we collected data from (1) Head Start program staff, (2) families who participate in their programs, (3) organizations the programs partner with to work on ERSEA, and (4) families who are eligible for Head Start but not currently enrolled. The Methods section at the end of this brief details the sampling, data collection, and analysis methods. This brief summarizes findings from the Head Start REACH case studies to illustrate how programs partner with their community organizations to reach and support eligible families, including those experiencing adversities.

ERSEA terms used in this brief

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

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

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

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

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

What types of services are offered by the organizations that case study programs partner with for their ERSEA activities?

Partner organizations, which offer diverse services and support a variety of populations, are valuable to families and Head Start programs alike.

/ Partners provide or connect families to services. The 17 partners that participated in the study offer services for families who are experiencing poverty, facing homelessness, fleeing domestic violence, raising children with disabilities, and affected by substance use and mental health challenges (Exhibit I). Some partners provide

specific services such as support for children with special needs, mental health support, or support for survivors of domestic violence. Other partners provide an array of services that help families meet basic needs (such as food, shelter, and transportation), and offer child care, legal assistance, and support for children’s health.

/ Partners are either external or part of an umbrella agency. An umbrella agency is the overarching agency to which the partner organization belongs, such as a community action agency. Of the 17 partners that participated in the case studies, 10 were external and stand-alone; six were under a Head Start umbrella agency; and one was under a different kind of umbrella agency.

Exhibit I. Examples of services provided by Head Start partners





“Hands down ... every mom, when you leave the hospital, needs to have ... a pamphlet for [the partner].”
 Parent not enrolled in Head Start

/ Parents who were not enrolled in Head Start said partners provide necessary support, are a constant helping hand, and show genuine investment in their well-being. Most often, parents said they appreciate that partners connect them to resources that help them meet their needs. Some examples parents offered were the Special Supplemental Nutrition Program for Women, Infants, and Children (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 she needed as a young mother.

How do community organizations support the ERSEA activities of programs participating in the case studies?

Exhibit II is a snapshot of how community organizations that partner with Head Start programs support ERSEA practices.

Partners support Head Start program recruitment in a variety of ways, including sharing information about the program with prospective families, making referrals, helping with the application process, conducting follow-ups with families and programs, and helping programs recruit families experiencing adversities.

/ Distributing program marketing materials and sharing information about the program. These include fliers and brochures that partners post (in the service setting or online on social media), give out during events, or arrange to have appear in their newsletters. Partners

Exhibit II. Snapshot of how community organizations support ERSEA processes

Recruitment	Selection	Enrollment	Attendance and Retention
<ul style="list-style-type: none"> • Share program information • Make referrals • Assist with applications • Conduct follow-ups • Streamline processes for families experiencing adversities 	<ul style="list-style-type: none"> • Provide documentation to verify eligibility • Collaborate to meet families' needs while they are on Head Start's waitlist • Provide services to waitlisted families 	<ul style="list-style-type: none"> • Exchange documents with programs • Assist with paperwork submission 	<ul style="list-style-type: none"> • Assist with contacting families with chronic absences • Help identify reasons for absences • Provide direct support

also share information about programs with families and/or invite program staff to events so they can engage with and recruit families. For example, one ERSEA staff member described an outreach event the partner was leading for families with children; the partner invited program staff to set up a booth to recruit families. In another example, program staff said they have attended health fairs and community fairs with partners—a standard recruitment practice.

- / **Directly referring families to programs.** This includes giving parents the program’s contact information, contacting the program about eligible families, and delivering families’ applications directly to programs. One ERSEA staff member said direct referrals from partners give program staff the clearest and most detailed picture of families’ circumstances and needs.
- / **Helping to distribute, collect, or fill out Head Start applications.** One partner said Head Start application paperwork can be overwhelming for some families, who might not complete it on their own. Partner staff will sometimes support them by obtaining the necessary information from parents and submitting their applications for them. Staff from another partner organization noted that applications sometimes require a higher literacy level than some parents have, so they offer families help to complete the applications. Partners also help parents drop applications off at programs, especially if they do not have transportation.
- / **Helping follow up with families and programs during the recruitment process.** Partners will contact families who may not have followed through with completed applications or follow up with the program about the status of applications for referred families.

- / **Helping programs recruit families facing adversities in an efficient, streamlined way.** For example, ERSEA staff said they partner with homeless shelters to recruit families experiencing homelessness. 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.

Community partners support programs’ selection processes by providing documents to verify families’ eligibility for Head Start, making emergency referrals, and working with programs to meet families’ needs.

- / **Assisting with documents the programs need to verify eligibility.** For example, staff from one program shared that one of their partners, a foster care agency, helps them verify the status of families involved in foster care who have misplaced their placement paperwork. They ask the family’s caseworker to provide a letter confirming the child is in foster care. Similarly, another partner, a homeless shelter, might share documentation that verifies a family is experiencing homelessness.
- / **Collaborating with programs to ensure families secure child care promptly.** 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. Two other programs use a community-based model: if a Head Start slot is not available at one location

but a community spot is available, the program will try to help the child enroll in the community location.

- / **Providing services to families while they are on the waitlist.** Staff in some Head Start programs reported sharing names and phone numbers of parents with certain partners (with parental permission) to connect families with necessary services while they are on the waitlist.

Partners support the enrollment process mainly by providing documentation support.





- / **Exchanging documents with programs to support the enrollment process.** Staff and partners reported that partners provide programs with documents and verification necessary for enrollment, such as income documentation, birth certificates, Individualized Education Programs (IEPs) or Individualized Family Service Plans (IFSPs), foster placement information, and residency documentation. Staff and partners also mentioned exchanging immunization records or medical histories, goals for the child or family, information on 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 Head Start program also uses. If the partner already has necessary information on the ASQ, the program could use that information to avoid "bombarding the family" for a new ASQ.
- / **Helping parents submit paperwork.** 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 paperwork to the program.

Partners support families' attendance and retention by helping programs contact families with chronic absences and identify the reasons for them, and by providing direct supports to families to ensure they attend and remain in the program.

- / **Partners help centers contact parents whose children have chronic absences.** For instance, one ERSEA staff member said staff from one partner organization provide wake-up calls to parents if they determine that children's absences are caused by the family's oversleeping in the mornings.
- / **Partners can provide useful information about families' absences and collaborate with programs to find out the reasons for them.** One partner that provides support for children's health might share relevant information from a home visit to help the program understand what might be keeping children from attending. Another partner that provides support for children with special needs said that when children with IEPs have poor attendance levels, it can mean they are not progressing toward their IEP goals or receiving the services they need. In these situations, partner and program staff meet with other service providers to discuss unmet IEP goals, potential barriers to regular attendance, and strategies for boosting attendance.
- / **Partners provide direct support to children and families to help them attend and stay in the program.** This includes communicating about attendance, offering transportation assistance, providing financial support, and promoting family stability (Exhibit III).

Exhibit III. Direct support from partners to help families attend and stay in the program

			
<p>Discuss importance of attendance with parents and help parents make the connection between attendance and children’s outcomes</p>	<p>Offer transportation assistance (for example, providing bus passes, paying for gas, and providing a bus service)</p>	<p>Provide financial support that helps families access wraparound child care</p>	<p>Promote family stability by meeting needs that Head Start cannot (for example, offering food and financial assistance and services to families experiencing adversities)</p>

What do program staff participating in the case studies think about partners’ services? What do program staff and partners think about their communication with each other?

Head Start program staff reported high levels of satisfaction with partners.

/ **For program staff, partners are communicative, responsive, and effective in connecting parents to services.** One 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 connecting families to services that the Head Start program is unable to provide).

Both Head Start program and partner staff mentioned opportunities for growth around communication with each other.

/ **Staff and partners thought there should be more frequent and formal communication.** For example, one 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.

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

Consider opportunities to support and enhance 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. Head Start programs and partners rely on each other to meet families’ needs and in many cases, partners complement the services that Head Start programs provide. Because of this reciprocity, establishing and maintaining trusting relationships between Head Start and community partners may be a key

strategy. For example, program staff and partners participating in the case studies brought up opportunities for improved communication in particular.

Consider providing resources to Head Start staff to promote communication about the waitlist.

In case study interviews, partners indicated that they often refer families they serve to Head Start programs. They noted that, in return, they would like to receive information about enrollment or waitlist status for the families they refer. Partners can use this information to identify barriers to enrollment and identify and connect waitlisted families to services.

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

As noted in case study interviews, partners and programs collaborate to support ERSEA procedures in several ways. To support these processes, programs could explore with their partners the possibility of appropriately sharing individual families' information across organizations, including through memoranda of understanding that ensure the family gives permission. Such sharing could be helpful at the enrollment stage because it may alleviate some of the documentation burden for families. Easier sharing of information between Head Start and partner staff about specific families might also strengthen the approaches both parties use to support families. For example, partners could help programs identify reasons for families' chronic absences, and programs and partners could collaborate to meet families' needs to enhance attendance and retention of families. Any sharing of individual families' information should be with families' permission, and programs should explain to families the reasons for

and benefits of sharing the information. It is also important for programs and partners to be mindful of privacy concerns when recording and sharing information about individual families.

Attempt to engage with and recruit parents whom the partners support by leveraging existing events and creating new opportunities.

Based on findings of the case studies, programs could consider being proactive in ensuring partner organizations are sharing information about Head Start with eligible families who are interested in the program. For instance, they could attend events that partners host for families and distribute flyers and brochures to parents. They could consider visiting partner sites regularly and identifying opportunities to engage directly with parents and provide information about Head Start's services. One possibility is to attend and present at partners' parenting classes and try to recruit parents there. They could also share information about available slots directly with parents and distribute application packets to them.

Consider providing program and partner staff with shared training on specific topics that support continued collaboration.

As noted, programs and partners participating in the case studies often collaborate and provide complementary services to support families. Program staff and partners might benefit from joint training or cross-training about families' specific adversities—for example, trainings focused on how best to share information about families while respecting their privacy, enhancing communication between partners and programs, and supporting waitlisted families. Conducting

shared training on these topics might strengthen programs' and partners' capacity to reach and support families and be mutually beneficial.

Visit the [project website](#) for more information about findings from the Head Start REACH case studies, including the [case study report](#).²

Attend to staffing challenges in Head Start programs and partner organizations that might be preventing them from meeting the needs of families.

The early childhood field is facing a severe staffing crisis characterized by high staff turnover, and Head Start and its partners are no exception. The case study interviews highlighted these issues and the interrelationships between Head Start programs and partners. Given this connection, it may be important to identify the staffing needs of both groups to meet the needs of families whom both partners support.

Endnotes

¹ Baxter, C., N. Aikens, L. Tarullo, C. Ayoub, J. Roberts, C. Mondirago, and M. I. Gaither. "Recruitment, Selection, Enrollment, and Retention Strategies with Head Start-Eligible Families Experiencing Adversity: A Review of the Literature." OPRE Report #2022-97. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2022.

² Shah, H., T. Shenbanjo, C. Lauver, K. St. Kitts, N. Aikens, and L. Tarullo. "Strengthening Outreach, Recruitment, and Engagement Approaches with Families: The Head Start REACH Case Study Report." OPRE Report #2023-132. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2023.

Methods

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

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

Characteristics of Head Start programs included in the case studies

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

Data collection activities and sample sizes for the case studies

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



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