COORDINATING SERVICES TO SUPPORT FAMILIES

Findings from the Head Start Connects Case Studies

Head Start Connects

Coordinating Services to Support Families

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OVERVIEW

INTRODUCTION

One of the hallmarks of Head Start is its whole-family approach to the services it provides: improving children's well-being by supporting families' well-being. For children, that philosophy means supporting their health, development, and school readiness, while for families it includes their physical and mental health, housing, and financial stability. Head Start aims to do this over the long term by providing a comprehensive, integrated set of support services that are tailored to meet the individual needs of parents and families as well as the needs and resources of local communities.

Beyond basic information about the services that Head Start programs offer, little is known about exactly how the programs coordinate the provision of those services. To fill this knowledge gap, the Administration for Children and Families' Office of Planning, Research, and Evaluation contracted MDRC and its partners—NORC at the University of Chicago and MEF Associates—to conduct *Head Start Connects: Individualizing and Connecting Families to Comprehensive Support Service*. The project aims to gather information on the strategies, processes, and practices programs use to coordinate family support services so that service coordination is aligned with individual family needs and fosters family well-being.

The Head Start Connects research team conducted case studies with six Head Start programs across the country to learn about their processes. The case studies used a multiple-case design to explore the service coordination from multiple perspectives—Head Start staff, families, and local community service providers—via semi-structured, in-depth interviews. Although data collection took place from September to December 2020, amid the COVID-19 pandemic, this report focuses on coordination practices at case study sites prior to the pandemic. A separate brief published online in March 2022 focused on how the six sites adapted their coordination of family support services in response to the pandemic.

RESEARCH QUESTIONS

- **Identifying family needs:** How did Head Start programs assess and identify individual family needs and develop individualized plans for family support services?

- **Connecting families with services:** How did Head Start programs link or refer families to family support providers and services and help them navigate services if multiple needs were identified?

- **Maintaining connections with and for families:** How did Head Start programs track service uptake, particularly for services delivered by community partners? How did programs determine whether referrals and services were meeting families' needs?

- **Building partnerships with community providers:** How did Head Start programs identify service agencies in the community that provide family support services? How did community needs assessments inform and affect how Head Start programs coordinated services, and how were partnerships with service agencies developed and maintained?

- **Contextual factors and supports influencing service coordination:** What were the facilitators and challenges to coordinating support services at the family, program, and community levels? What resources at the organizational or systems level supported this effort?

PURPOSE

The Head Start Connects case studies aim to fill the knowledge gap about the strategies programs use to coordinate family support services and the processes or practices they use to ensure that service coordination is aligned with individual family needs and fosters family well-being. The design, with in-depth, semi-structured interviews and intentionally selected programs and respondents, allowed for a thorough examination of the coordination process from the perspectives of Head Start staff members, parents, and community providers associated with six Head Start programs. This report provides a detailed account of how the case study sites coordinated family support services.

KEY FINDINGS AND HIGHLIGHTS

The main findings from the Head Start Connects case studies report detail key aspects of family support services coordination and factors that facilitated the process:

Site Structure and Organization

- Family support service coordination was led by family support workers, with supervision and support from their managers and occasional involvement from other Head Start staff, usually teachers.

- Family support workers' roles extended beyond direct family service coordination.

- Caseload size varied across Head Start programs.

- Head Start program directors, family and community partnership managers, and family support workers described supervision as an essential component of family service practice, along with team learning and support. Supervision practices varied: Regular group or individual sessions ranged from twice a week to once a month.

Coordination Process

- Family support workers coordinated family support services through a series of standard activities tailored to individual families' needs and aligned with what is specified in the Head Start Program Performance Standards.

- Head Start programs varied in the tools they used to determine families' strengths and needs. Some tools were created by outside developers (for example, Parent Gauge, Mobility Mentoring) while others were created in-house.

- All Head Start sites used the ChildPlus management information system.

Engaging Community Providers

- Head Start sites worked with multiple public agencies, nonprofit social services providers and community action agencies, and faith-based and community organizations to meet families' basic needs and provide family support services.

- Identifying community providers and establishing relationships with them required ongoing effort from Head Start staff.

- Having partnerships with community providers (both informal and formal) and a broad array of services available in the community facilitated family support workers' ability to connect families to the services they needed.

Engaging Families

- Building rapport and relationships with parents was key to getting families necessary support.

- Family support workers exhibited dedication to supporting families and put a lot of effort into engaging parents in family support services, at times going beyond their formal job requirements.

- Despite family support workers' efforts to engage families, not all parents fully participated in family support services or took up services after receiving a referral.

- What families got out of family support services varied, but most parents agreed on one thing: They valued their relationships with their family support workers.

METHODS

The Head Start Connects case studies used a multiple-case, qualitative design to describe similarities and differences in coordination processes across the six participating sites. Case study sites were sampled to reflect variation on two key factors thought to shape how Head Start programs coordinate support services: **umbrella agency type** (hypothesized to be related to the types of services offered and the structure of the coordination process) and **family support worker caseload size** (hypothesized to be related to the general coordination process and extent to which services were tailored to individual families).

From September through December 2020, the research team conducted one-on-one, semi-structured interviews by video conference or phone and asked respondents to reflect both on coordination processes prior to the COVID-19 pandemic and during the pandemic. Interview participants included: 30 Head Start staff (program directors, family

and community partnership managers, family support workers, and other staff, such as teachers), 18 parents, and seven community providers, spread across the six sites.

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EXECUTIVE SUMMARY

One of the hallmarks of Head Start is its whole-family approach to the services it provides: improving children's well-being by supporting families' well-being. For children, that philosophy means supporting their health, development, and school readiness, while for families it includes their physical and mental health, housing, and financial stability. Head Start aims to do this over the long term by providing a comprehensive, integrated set of support services that are tailored to meet the individual needs of parents and families as well as the needs and resources of local communities.

Beyond basic information about the services that Head Start programs offer, little is known about exactly how the programs coordinate the provision of those services. To fill this knowledge gap, the Administration for Children and Families' Office of Planning, Research, and Evaluation, in partnership with the Office of Head Start, contracted MDRC and its partners—NORC at the University of Chicago and MEF Associates—to conduct *Head Start Connects: Individualizing and Connecting Families to Comprehensive Support Service*. The project aims to gather information on the strategies, processes, and practices programs use to coordinate family support services so that service coordination is aligned with individual family needs and fosters family well-being.

The Head Start Connects research team conducted case studies with six Head Start programs across the country to learn about their processes. The case studies used a multiple-case design to explore the service coordination from multiple perspectives—those of Head Start staff, families, and local community service providers—via semi-structured, in-depth interviews conducted from September to December 2020. The case study method allowed for descriptions of complex interrelationships grounded in the experiences of participants. This report first describes the qualitative data collection and analyses. It then presents findings from the case studies, providing a detailed account of how the case study sites coordinated family support services.

Although data collection took place amid the COVID-19 pandemic, this report focuses on coordination practices at case study sites prior to the pandemic. A separate brief published online in March 2022 focused on how the six sites adapted their coordination of family support services in response to the pandemic.[1]

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1. Marissa Strassberger and Carol Hafford, "Responding to the COVID-19 Pandemic: Head Start's Family Support Services," OPRE Report 2022-11 (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2022).

RESEARCH QUESTIONS

The case studies examined the following research questions:

- **Identifying family needs:** How did Head Start programs assess and identify individual family needs and develop individualized plans for family support services?

- **Connecting families with services:** How did Head Start programs link or refer families to family support providers and services and help them navigate services if multiple needs were identified?

- **Maintaining connections with and for families:** How did Head Start programs track service uptake, particularly for services delivered by community partners? How did programs determine whether referrals and services were meeting families' needs?

- **Building partnerships with community providers:** How did Head Start programs identify service agencies in the community that provide family support services? How did community needs assessments inform and affect how Head Start programs coordinated services, and how were partnerships with service agencies developed and maintained?

- **Contextual factors and supports influencing service coordination:** What were the facilitators and challenges to coordinating support services at the family, program, and community levels? What resources at the organizational or systems level supported this effort?

CHARACTERISTICS OF THE CASE STUDY SITES

The study team selected the six case study sites to reflect variation on two key factors thought to shape how Head Start programs coordinate family support services: umbrella agency type (hypothesized to be related to the types of services offered and the structure of the coordination process) and family support worker caseload size (hypothesized to be related to the general coordination process and extent to which services were tailored to individual families).[2] The sites' umbrella agencies included a community action agency, nonprofits, schools, and a Migrant/Seasonal program.[3] Family support workers' caseload sizes at the case study sites ranged from low (fewer than 36 families) to medium (36 to 50

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2. "Umbrella agency" is the term this report uses for the overarching agency of a Head Start program, that is, a grantee or delegate agency.

3. The study team considered four umbrella agency types because they are a large percentage of Head Start grantees: community action agencies, nonprofit agencies, school systems, and Migrant/Seasonal. The study team removed the following types of umbrella agencies prior to sampling because they were a small percentage of Head Start grantees: governments, for-profit agencies, and charter schools.

families) to high (over 50 families).[4] The case study sites also varied by geographic region (including the Pacific Northwest, Midwest, Appalachia, East Coast, and Migrant/Seasonal), urbanicity, and program size.

DATA SOURCES AND METHODOLOGY

Data sources for the study include publicly available information from the Head Start Program Information Report on program structure, including program staff and qualifications as well as child and family services need and receipt; program materials with information about each Head Start program, its activities, and context; and interview data collected remotely via video conferences and phone calls. The study team conducted one-on-one phone and video interviews, the study's primary data source, from September through December 2020. Interview participants included Head Start staff members, including program directors, family and community partnership managers, family support workers, and other staff members involved in service coordination (such as teachers and health managers); parents; and community service providers. The study team coded the interview transcripts in Dedoose, triangulated the data from different types of interview participants within each site, analyzed the data to identify common themes across sites, and integrated the other data sources into the qualitative data.

SUMMARY OF KEY FINDINGS

The main findings from the Head Start Connects case studies report detail key aspects of family support services coordination and factors that facilitated the process:

Site Structure and Organization

- **Family support service coordination was led by family support workers, with supervision and support from their managers and occasional involvement from other Head Start staff members, usually teachers.**

The roles of other Head Start staff members varied across sites in terms of when and to what extent staff members were involved in service coordination, though it was usually ad hoc, depending on an individual family's circumstances and preferences. For example, a teacher might join conversations about a family's service coordination if the family disclosed a need to the teacher before sharing it with the family support worker.

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4. The study team defined caseload size using data from the 2018-2019 Office of Head Start Program Information Report.

- **Family support workers' roles extended beyond direct family service coordination.**

Their additional responsibilities included assisting with lunch, covering for teachers in the classroom for short amounts of time, and assisting coworkers with other projects. They also engaged with children in the classroom and, at times, worked with parents whose goals were more focused on their children than on themselves. Being integrated into the daily operations at a center helped family support workers learn more about and maintain connections with families outside of the family partnership process. Getting to know the children and engaging with parents about their children was appreciated by parents and was highlighted by family support workers as a key strategy for building relationships and facilitated the coordination process.

- **Caseload size varied across Head Start programs.**

The average or targeted caseload per family support worker at each site ranged from 25 families to 51 families; 40 families was the typical caseload. Caseload size fluctuated within and across years, depending on how many family support workers were on staff, the number of families enrolled, and the family support workers' assigned centers.

- **Head Start program directors, family and community partnership managers, and family support workers described supervision as an essential component of family service practice, along with team learning and support. Supervision practices varied: Regular group or individual sessions ranged in frequency from twice a week to monthly.**

The sessions focused on working with families through the family partnership process and obtaining guidance and feedback from supervisors, and supervisors checking in on family support workers' well-being, given the stressors of their role. Family support workers valued teamwork and met frequently with coworkers to share challenges and solutions about working with families.

Coordination Process

- **Family support workers coordinated family support services through a series of standard activities tailored to individual families' needs and aligned with what is specified in the Head Start Program Performance Standards (HSPPS).[5]**

These activities included recruitment, enrollment, scheduled one-on-one meetings, unscheduled check-ins, group parent events and communications, and relationship-building. The discussions during one-on-one interactions between individual families

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5. The Head Start Program Performance Standards are the regulations that govern Head Start programs. For more information, visit: https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii.

and family support workers focused on required elements of family support services: conducting the family strengths and needs assessment, conducting goal-setting, completing the family partnership agreement, connecting to services, and following up on progress. While all sites conducted these main activities, the sites varied in how they structured and implemented each element according to staffing and organizational structure. How the sites tailored the work to individual families varied as well.

- **The sites varied in the tools they used to determine families' strengths and needs. Some tools were created by outside developers (for example, Parent Gauge, Mobility Mentoring) while others were created in-house by the site.**

Some tools used during the enrollment process provided an immediate read on a family's circumstances. Sites also used Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) scoring to determine if a family was involved in the child welfare system.[6]

- **All sites used ChildPlus, the most commonly used management information system in Head Start overall.[7]**

Family support workers used ChildPlus to document and track the family partnership process and efforts to assess needs, provide support, and follow up on parent goals and progress. All used ChildPlus to track communications with parents by using the case notes functionality. However, some sites noted that ChildPlus was not well-suited to tracking service receipt provided in-house by an umbrella agency, resulting in fragmented information and case documentation about a family's service utilization.

Engaging Community Providers

- **Head Start sites worked with multiple public agencies, nonprofit social services providers and community action agencies, and faith-based and community organizations to meet basic needs and provide family support services.**

All sites worked with public or community agencies that provided economic or food assistance (through food banks or the Special Supplemental Nutrition Program for Women, Infants, and Children) and mental health services. Only half of the sites had service providers in place to address physical health and well-being; less than half worked with housing programs or educational institutions. However, the local service array in urban and rural areas varied across the sites. Some sites were in communities with multiple resources,

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6. The ERSEA assessment tool and scoring is used to ensure Head Start programs are identifying and enrolling the children in most need. The tool uses ratings to help Head Start programs identify ways to improve their responsive eligibility, recruitment, selection, enrollment, and attendance services. For more information, visit: https://eclkc.ohs.acf.hhs.gov/publication/ersea-assessment-tool.

7. Jordan, Schultz, and King (2015).

while others had limited resources. This disparity affected family support workers' ability to develop community partnerships and make referrals for services.

- **Identifying community providers and establishing relationships with them required an ongoing effort by Head Start staff members.**

Family support workers, program directors, and family and community partnership managers used multiple strategies to identify community resources, create referral pipelines, and build sustainable partnerships. Common strategies included mapping community assets, developing resource directories, networking with providers, coordinating case management, learning from parents, and conducting community needs assessments.

- **Having partnerships with community providers (both informal and formal) and a broad array of services available in the community facilitated family support workers' ability to connect families to the services they needed.**

The breadth of community resources available varied across sites, as did the extent to which sites had formal or informal relationships with providers. Despite this variability, all sites relied on these services and partnerships to connect the families to resources beyond those offered directly by their program. Having dedicated liaisons, longstanding relationships, and access to additional community programs helped sites build effective partnerships.

Engaging Families

- **Building rapport and relationships with parents was key to getting families necessary support.**

Family support workers and parents emphasized their relationships with one another. Family support workers said strong relationships allowed them to get a fuller picture of parents' strengths and needs and helped with goal-setting and connecting them to services. Likewise, most parents described close relationships with their family support workers and how their relationships grew over time. Building trust took time; some families were more hesitant than others to share specifics during their initial conversations and more willing to open up as they built rapport with the family support workers.

- **Family support workers exhibited dedication to supporting families and put a lot of work into engaging parents in family support services, at times going beyond their formal job requirements.**

Family support workers' own descriptions of their day-to-day tasks, supported by similar accounts by other Head Start staff members, pointed to a deep dedication to doing what it took to support families. This was true even if that meant continuing to follow up with

families who did not respond, working additional hours outside of the scheduled workday, and driving long distances to get families where they needed to go. Family support workers walked a fine line between being present and pushy, and worked to find low-key ways to make sure they were in touch with families, seeing families, and supporting them, such as checking in at drop-off and pick-up. In this way, family support workers functioned at times as part-time mentors, coaches, therapists, and friends. It was clear that family support workers cared deeply about the families they served. However, because they became deeply involved in each family's situation and challenges, and given the nature and intensity of the work, this could take a toll on family support workers' own mental health and well-being.

- **Despite family support workers' efforts to engage families, not all parents fully participated in family support services or took up services after receiving a referral.**

Parents' participation in the services and referral uptake varied. Some parents didn't take part in any family support services activities and said they either didn't need the services or didn't realize they were available. Some parents reported not following up on the referrals they received and others did not take up services because of the stigma they feared was associated with participating. Families may have had multiple needs and had to focus on their emergency needs first, they may have experienced barriers to taking up the referral, or they weren't ready to work toward the goal or need being addressed.

- **What families got out of family support services varied, but most parents agreed on one thing: They valued their relationships with their family support workers.**

Parents reported getting various kinds of assistance from family support services, including referrals to services to pay for food, diapers, and rent; coaching for how to move up at a job or pursue a degree; or simply having someone who listened to them. The majority of parents agreed on one aspect of their experience with Head Start: They spoke of their family support workers glowingly, noting that they were "like family." Though some parents may not have been as involved as others in goal-setting or may not have followed through on referrals, they appreciated and valued the time spent with their family support workers.

SUMMARY AND LOOKING FORWARD

The case studies findings present a detailed description of how six Head Start programs coordinate family support services to foster family well-being. They depict standard coordination activities that are completed by all sites and are aligned with the HSPPS—for example, assessing families' strengths and needs and setting and following up on goals.[8] The findings also point to variation across sites in how each program coordinates

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8. Head Start Early Childhood Learning & Knowledge Center (2022c).

services—for example, the tools used to set goals and which community providers work with the program to offer services.

The findings also suggest several focal areas for the next study on Head Start's family support services and present several programmatic opportunities for Head Start programs to consider. Further research on the following topics would help paint a fuller picture of the coordination of family support services:

- The details of the role of family support worker.

- The strength of the relationships between family support workers and parents, and how that is associated with parents' participation in family support services, progress toward goals and, ultimately, family well-being.

- How varying levels of participation in family support services, availability of services in the community, and uptake of referrals are related to family well-being.

- The barriers parents face in taking up referrals.

- What parents who are eligible for Head Start understand about its two-generation nature and family support services.

- How culture intersects with coordinating family support services and how to best provide culturally responsive services.

- How service coordination is similar and different among Head Start programs nationally.

Research on these topics would further define what it means to be a family support worker and the overall goal of family support services. It would provide a deeper understanding of how family support services are facilitated and how parents interact with services. Ultimately, this research would generate knowledge that could help programs refine their service coordination to reach more parents and increase parents' participation in family support services.

These findings present several programmatic opportunities for Head Start programs to consider. The findings suggest that Head Start programs might consider adjusting their communication materials to make it clearer that family support services are a key aspect of Head Start—that Head Start is for children *and their families*. Similarly, programs may consider creating a standard definition for the role of the family support worker (for example, coach, mentor) both for the families enrolling and for the family support workers themselves. Clarifying this role may also help to clarify the purpose of family support services for parents. In addition, given typical resource and time constraints, programs may want to consider the families who indicate they do not need family support services. There may be some instances where resources could be targeted toward providing more intensive supports to the families who indicate a need for them or who are in crisis, rather than

continuing to pursue families who express less interest in engaging in additional services. Lastly, programs may also consider additional ways to support family support workers' wellness and mental health, given how deeply they dedicate themselves to their jobs and immerse themselves in the lives and challenges of the families they work with at Head Start.

Finally, while this report provides rich detail about family support services coordination in Head Start programs, a limitation is that the study's purposive selection of sites and small sample size within those sites means that its findings are not representative of all Head Start programs, communities, or family experiences in Head Start programs. The next phase of the Head Start Connects project, a nationally representative descriptive study, builds on and complements the findings from the current study by providing a perspective on family support services coordination that is representative of Head Start programs across the country.

1

Background and Study Overview

Head Start is a longstanding program that provides services for children and families with low incomes.[1] The U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF) awards grants to public agencies, private nonprofit and for-profit organizations, tribal governments, and school systems to run Head Start, Early Head Start, Migrant/Seasonal, and American Indian and Alaska Native Head Start programs.[2]

One of the hallmarks of Head Start is its whole-family approach to the services it provides. It simultaneously aims to improve children's well-being—their health, development, and school readiness—and support families' goals and well-being—including their physical and mental health, housing, and financial stability.[3] Head Start provides individualized learning experiences for children, recognizing parents and guardians as children's first teachers and actively engaging them in their children's education. Likewise, Head Start programs aim to be responsive to the unique needs of families, providing tailored services and supports.

There is extensive information about the educational services that Head Start provides to children. Less is known, however, about how Head Start programs offer services and referrals to parents and guardians. There is a broadly held assumption that the coordination of these services improves family outcomes, but there is little empirical evidence detailing the processes that are in place, what Head Start programs do in the course of coordinating services, the decisions they make, the contextual factors influencing their actions, or the challenges they encounter. The *Head Start Connects: Individualizing and Connecting Families to Comprehensive Support Services* project, conducted by MDRC in partnership with NORC at the University of Chicago and MEF Associates and with support from ACF's Office of Planning, Research, and Evaluation, in partnership with the Office of Head Start, aims to begin to fill that knowledge gap. The project is collecting and analyzing detailed

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1.   Chase-Lansdale and Brooks-Gunn (2014); Hsueh, Jacobs, and Farrell (2011). Unless otherwise noted, "Head Start" refers to both Head Start (families with children ages 3-5) and Early Head Start (pregnant mothers and families with children from birth to age 3).

2.   Office of Head Start (2022).

3.   Head Start Early Childhood Learning & Knowledge Center (2021b).

information about how Head Start programs across the country coordinate family support services and the processes or practices used to ensure that service coordination is aligned with individual family needs and fosters family well-being.[4] This report, which presents findings from case studies of family support services coordination practices in six Head Start programs, is part of that effort. Future research can build on this study to further examine the links between service delivery and child and family outcomes.

HEAD START'S COORDINATION OF FAMILY SUPPORT SERVICES

Head Start programs are expected to provide a comprehensive, integrated set of services tailored to the individual needs of parents and families as well as to the needs and resources of local communities.[5] The Head Start Program Performance Standards (HSPPS) include guidelines for providing family support services.[6] They typically include:

- Education and employment services

- Financial capability services

- Housing and food assistance

- Emergency or crisis intervention services

- Substance use treatment

- Physical health services (such as tobacco cessation, nutrition, or other services to maintain and promote physical health and well-being)

- Mental health services

Reflecting the flexibility that is fundamental to Head Start, the HSPPS do not specifically outline *how* family support services should be provided or coordinated within a particular program. For instance, there is no standardized goal-setting process that all family support staff members undertake with families. Instead, programs can adopt, adapt, or develop their own procedures for engaging families and tracking their goals. As such, goal-setting practices may be more or less formalized in different Head Start programs, with some using structured tools and others relying on more organic conversations with parents. Similar flexibility for programs exists throughout all phases of the family partnership process. Box 1.1 presents a general outline of the steps in that process.

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4.   For more information on the Head Start Connects project, visit https://www.acf.hhs.gov/opre/project/head-start-connects-individualizing-and-connecting-families-comprehensive-family.

5.   This report uses the term "parents" to refer to the child's parent or legal guardian.

6.   Head Start Early Childhood Learning & Knowledge Center (2022c).

BOX 1.1

The Family Partnership Process

Phase 1: Recruitment and Enrollment
- Gather information about families.
- Talk to families about program requirements.
- Help families enroll.

Phase 2: Family and Child Assessment
- Learn more about families—for example, services they receive from other agencies, what is important to them, and the goals they are already working on.
- Begin to build relationships with families.
- Begin to create and enact individualized family partnership plan (and continue to establish the plan through Phase 4).

Phase 3: Communication with Families
- Develop a deeper understanding of parents' strengths, hopes, and challenges.

Phase 4: Goal-Setting with Families
- Set a goal.
- Identify families' and staff members' skills.
- Assess parents' strengths.
- Examine stressors.
- Explore strategies.
- Determine necessary support.
- Track families' progress and celebrate successes.

Phase 5: Follow-up and Review
- Revisit goals and measure progress.
- Reassess and adjust service coordination based on individual families' changing needs and goals.

Phase 6: Continuous Program Improvement
- Use family partnership plan data to inform overall program planning and continuous improvement efforts.

SOURCE: National Center on Parent, Family, and Community Engagement, *The Family Partnership Process: Engaging and Goal-Setting with Families* (Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services, 2021).

Current data from the Office of Head Start's Program Information Report (PIR) and the Head Start Family and Child Experiences Survey (FACES) provide details on some aspects of the family partnership process. One study using FACES data found that although family services staff members were the Head Start workers who were mainly responsible for connecting families to services, they often shared information and collaborated with other staff members to determine the services that parents needed.[7] According to PIR data, about 66 percent of families received at least one family support service during the 2018-2019 program year, with parenting education and health education the most common services received (Table 1.1).[8] In the 2020-2021 program year, nearly 81 percent of families

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7. Aikens et al. (2017).The study uses the phrase "family services staff" to refer to Head Start staff members involved in family support services.

8. Office of Head Start (2019).

TABLE 1.1

Family Support Services Received in
Program Year 2018-2019

Family Support Service Area	Families Who Received Services in This Area (%)
Parenting education	48
Health education	40
Emergency or crisis intervention	18
Adult education	9
Mental health services	9
Housing assistance	7
Job training	7
Child abuse and neglect services	6

SOURCE: Office of Head Start, "Services Snapshot: National All Programs, 2018-2019" (Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services, 2019).

received at least one family support service (not shown), indicating the importance of these services during the COVID-19 pandemic.[9]

A literature review conducted for the current project found that Head Start's family service coordination activities fall into two main categories:[10]

- **Working directly with parents.** Activities include recruiting families into Head Start; conducting intake, completing assessments of families' needs and resources, setting goals, and developing individualized plans with parents; connecting parents to services; advocating for families and helping them access services; and tracking parents' progress toward goals and following up with them.

- **Identifying and connecting with community resources.** Activities include identifying and building partnerships with organizations in the community so Head Start programs can connect parents to available services from community providers.

The Head Start Connects literature review found that within each category, family support workers engaged in activities that varied from program to program in timing and frequency. Programs appeared to individualize service coordination by customizing how they work

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9. Office of Head Start (2021).

10. The literature review, which was created for internal ACF use, scanned 101 publications, primarily from 2006-2019, on family support services coordination in both Head Start and other programs that served adults and families with low incomes. Forty-five of the publications addressed Head Start specifically.

with parents and which services parents are referred to based on family assessments and goals set.

The literature review also highlighted gaps in the research about service coordination. The publications lacked consistent details on all aspects of service coordination processes, typically focusing only on one part of the process. For example, some publications detailed the process of conducting family assessments but did not provide details on how goals were set or how family support staff members followed up with families. Without comprehensive information about how service coordination is implemented, it is not possible to evaluate the degree to which different approaches, or components of different approaches, may yield better outcomes for families. As such, the field lacks knowledge that could inform efforts to improve family support services—both for the staffs that provide them and the families that participate in them.

In summary, while the existing data sources, resources, and research literature provide some information about how Head Start programs coordinate family support services, a more comprehensive description and understanding of that process is missing.

SCOPE OF THIS REPORT

This report aims to fill current gaps in knowledge by providing details about how Head Start programs coordinate family support services. It describes analyses and presents findings from case studies conducted virtually with six Head Start programs from September to December 2020. The case studies focus on key elements from the family partnership process described above. Box 1.2 explains the terminology used in this report.

Head Start Connects Case Studies

The Head Start Connects study used a multiple-case design to explore the Head Start coordination process from multiple perspectives—Head Start staff members, families, and local community service providers—via qualitative interviews, described below. The case study method allowed for descriptions of complex interrelationships grounded in the experiences of participants.

The case studies aimed to address the following research questions:

- **Identifying family needs.** How did Head Start programs assess and identify individual family needs and develop individualized plans for family support services?

- **Connecting families with services.** How did Head Start programs link or refer families to family support providers and services and help families navigate services if multiple needs were identified?

- **Maintaining connections with and for families.** How did Head Start programs track service uptake, particularly for services delivered by community partners? How did programs determine whether referrals and services were meeting families' needs?

- **Building partnerships with community providers.** How did Head Start programs identify service agencies in the community that provide family support services? How did community needs assessments inform and affect how Head Start programs coordinated services, and how were partnerships with service agencies developed and maintained?

- **Contextual factors and supports influencing the coordination of services.** What were the facilitators and challenges to coordinating family support services at the family, program, and community levels? What resources at the organizational or systems level supported this effort?

The current report focuses on coordination practices at the case study sites prior to the COVID-19 pandemic. Data collection and analyses took place during the pandemic, as

described in the next section. A separate brief describes the experiences of sites, staff members, and families with family support services coordination during the pandemic.[11]

Sample

To inform sample selection, the team interviewed experts who were knowledgeable about the coordination of family support services within Head Start. Experts included leaders from organizations that worked directly with Head Start programs, either as technical assistance providers, representatives of state or national associations, or researchers. The sample was drawn from the list of programs identified in these interviews. As shown in Table 1.2, the team selected six case study sites that reflected variation on two key factors thought to shape how Head Start programs coordinate family support services: umbrella agency type (hypothesized to be related to the types of services offered and the structure of the coordination process), and family support worker caseload size (hypothesized to be related to the complexity and organization of general coordination process and the extent to which family support workers could dedicate time to tailoring services to individual families).[12]

While it was not possible to achieve a nationally representative sample from the six Head Start sites, analysis of the PIR comparing the sampled sites to the universe of Head Start programs indicates that these combinations of umbrella agency type and family support worker caseload size reflect the majority of Head Start programs. Appendix A includes further details on the sample selection.

Data Sources and Methodology

Data sources for the study included publicly available information from the Head Start PIR on program structure, including program staff and qualifications, as well as child and family services need and receipt; program materials with information about each Head Start program, its activities, and context; and interview data collected remotely via video conferences and phone calls.

The study team conducted one-on-one phone and video interviews, the study's primary data source, from September through December 2020, during the COVID-19 pandemic.[13] According to the interview protocols, participants were asked to reflect on both coordination activities that took place prior to the pandemic and activities that may have changed due to the pandemic. This report focuses on the pre-pandemic findings, and the separate brief mentioned above describes changes due to the pandemic.

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11. Strassberger and Hafford (2022).

12. The study team considered four umbrella agency types because they are a large percentage of Head Start grantees: community action agencies, nonprofit agencies, school systems, and Migrant/Seasonal. The study team removed the following types of umbrella agencies prior to sampling because they were a small percentage of Head Start grantees: governments, for-profit agencies, and charter schools.

13. The study team planned to conduct in-person site visits but switched to remote interviews in response to the COVID-19 pandemic.

TABLE 1.2

Characteristics of Sites in the Head Start Connects Case Studies Sample

Characteristic	Number of Sites
Umbrella agency type	
Community action agency	1
Nonprofit	2
School	2
Migrant/Seasonal	1
Family support worker caseload size	
Low caseloads (<36)	1
Medium caseloads (36-50)	4
High caseloads (>50)	1
Head Start Region or Geographic Location[a]	
Migrant/Seasonal (Region 12)	1
Pacific Northwest (Region 10)	1
Midwest (Regions 5 and 7)	2
Appalachia (Region 4)	1
East Coast (Region 2)	1
Urbanicity	
Rural	2
Urban	4
Total case study sites	6
Program size: Head Start enrollment[b]	
Extra Small ($\leq$ 100)	1
Small (101-300)	2
Medium (301-600)	1
Large (601-1,000)	2
Extra Large/Super (>1,000)	0

SOURCE: 2018-2019 Office of Head Start Program Information Report (PIR).

NOTE: [a]There are 12 Head Start regions, 10 of which are based on geographic location (Administration for Children and Families, 2022). The other two, Region XI and Region XII, are based on the populations they serve: American Indian and Alaska Native families, and Migrant/Seasonal workers' families (Bernstein, Malone, and the AI/AN FACES 2015 Workgroup, 2018).
　　[b]The program size categories were created using ACF-defined size groups using 2018-2019 PIR information on ACF-funded enrollment.

Interview participants included Head Start staffs, including program directors, family and community partnership managers, family support workers, and other staff members involved in service coordination (such as teachers and health managers); parents; and community service providers. Primary contacts at each site (typically program directors or family and community partnership managers) provided names and contact information for one to two staff members in these positions whom they felt had knowledge relevant to the study's research questions. The team followed up with these staff members, inviting them to participate in one-on-one interviews. During preliminary phone calls, the primary contacts at each site also suggested names of parents and staff members at community service providers who might be interested in being interviewed, and the study team contacted them to provide further information and invite them to participate in the study. Table 1.3 shows the type and number of interview participants and the approximate length of each interview.

TABLE 1.3

Interview Participants, Sample Size, and Interview Length

Interview Participants	Total Number of Individuals Interviewed	Number of Individuals Interviewed per Site	Approximate Length of Each Interview (in hours)
Head Start staff members	30	--	--
Head Start program directors, family and community partnership managers	7	1-2	2
Head Start family support workers	12	2	2
Other Head Start staff (for example, teachers)	11	1-2	1
Parents	18	2-4	1-1.5
Community service providers	7	1-2	1
Total	55	--	--

Interviews covered topics related to how programs staffed, funded, and delivered family support services; how families participated in services; how community providers partnered with Head Start programs; and what challenges to and facilitators of family support services existed. In addition, interviews with family support workers included a reflective case narrative, in which one family support worker per site described working with a family with needs that were typical of families at their center. The other family support worker at each site described working with a family with exceptional needs compared with other families at their center (that is, the parent had either more needs than others or needs that

were particularly challenging). The interviewer prompted the family support workers to walk through their processes, explaining how they engaged with the families over time to coordinate family support services. By asking family support workers to reflect, in detail, on a single, real-life case, the study team hoped to move beyond hypothetical descriptions of how family support staff should conduct their work and instead learn about the actual choices, processes, and pitfalls that actually characterized their work. Appendix A provides further information about the interview protocols, including additional details on the reflective case narrative.

The study team coded interview transcripts in Dedoose using codes based on the content of the questions in each protocol. Key descriptors for cross-site comparison included organizational structure (for example, type of umbrella agency, urbanicity), program type and size (enrollment), family support worker caseload, and funding resources. The study team conducted reliability checks by reviewing exported data by descriptor to ensure consistent coding across sites and to identify areas where additional codes were needed.[14] The study team compared and contrasted patterns, relationships, and experiences with family support services and coordination across the diverse settings and sites. (See Appendix A for more about how the data were analyzed.)

This report indicates the prevalence of findings using the number of sites (ranging from none to six) for site-level findings (including a site in the count if at least one respondent from the site shared the sentiment, while noting if another respondent at the site shared contrasting information), and the following conventions for individual-level findings:

- "Many," "most," or "majority"—51 percent of respondents or more

- "Some"—between 20 percent and 50 percent of respondents

- "A few" or "several"—fewer than 20 percent of respondents

Throughout the report, the beginning of a section, subsection, or paragraph presents the main finding or theme and indicates its prevalence using the approach just described. The sentences that follow the main finding or theme illustrate it with specific, spontaneously provided examples or details that emerged through probing, rather than from direct responses to interview questions. This approach is standard in qualitative research using semi-structured interviews like the ones used here.

Organization of This Report

This report addresses the study's research questions by describing each of the many aspects of family support services coordination. To help frame the details included in these

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14. Saldaña (2009); Guest and MacQueen (2008).

chapters, the report first presents an overarching description of one family's interactions with Head Start family support services from the perspective of the family support worker. Sharing this narrative reminds readers that the information in this report is grounded in the personal and unique stories of individual families and Head Start staff.

Subsequent chapters draw from interviews with Head Start staff and community providers. These chapters also incorporate parents' perspectives as participants in family support services:

- **Chapter 2. Case Narrative: Sophia and Ava**

- **Chapter 3. Interacting with Families and Building Relationships** describes the key Head Start staff involved in the coordination of family support services, the different points when parents and family support workers interacted (including recruitment, enrollment, scheduled one-on-one parent meetings, unscheduled check-ins, and group parent events and messaging), and how family support workers built relationships with parents.

- **Chapter 4. Determining Families' Strengths and Needs and Setting Goals** describes the strengths and needs assessment process, how family support workers worked with parents to set goals, and how the results of both were put into individualized family plans.

- **Chapter 5. Connecting Families to Services** describes the process for referring families to services and their service utilization.

- **Chapter 6. Building Partnerships with Community Providers** describes how sites identified the services in the community they referred parents to, as well as how they built and maintained partnerships with community providers.

- **Chapter 7. Documenting Family Support Services Coordination** describes how family support workers documented and tracked information on family support service coordination, such as families' utilization of services.

- **Chapter 8. Supporting Family Support Workers** describes family support staff professional development, supervision and support, and wellness and morale.

- **Chapter 9. Conclusion** summarizes the key findings and discusses study limitations.

2

Case Narrative: Sophia and Ava

Sophia is a family support worker at an urban, nonprofit case study site.[1] In an interview with the study team, she described her role as being split equally, time-wise, based on where her job responsibilities took place—outside or inside the center. Outside activities included enrollment and recruitment. Inside activities included working with the 40 to 45 families on her caseload, including initial meetings to understand families' needs and strengths, their work and educational backgrounds and how they were doing; goal-setting; following up on goals every three months; and paperwork.

Sophia had worked with Ava, a single mother of three children (a 2.5-year-old enrolled in Early Head Start, a 4-year-old enrolled in Head Start, and an older, school-age child), for one year. While Sophia said she "didn't get much" from Ava during their first scheduled, one-on-one meeting, Ava eventually opened up as she learned that the family support workers were there to support her. Ava "has really great relationships with her kids. She loves her kids and her kids love her," Sophia said. But Ava was really struggling. The father of Ava's children didn't live with them, and Ava and her children were living with family members in what she described as an "unsafe situation."[2] Yet it was difficult for Ava to let people into her life and help her. In addition to housing, Ava's needs included transportation and food. She was working two jobs, but, Sophia said, she had "hit several hiccups along the way."

Because she had children in both Early Head Start and Head Start, Ava was assigned to two family support workers: one from Early Head Start and Sophia, her Head Start family support worker. Ava worked with both family support workers simultaneously, going to see one or both of them at different times to get resources. Though Sophia and her colleague tried to update each other on Ava and the other families they both served, Sophia noted

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1. All names used in this case narrative are pseudonyms. The narrative reflects the perspectives of "Sophia" (the family support worker) who was asked about working with "a family on your caseload who has common needs for families served by your site (that is, needs that are typical at your center, that lots of families may have)." The study team did not interview the parent ("Ava") or other individuals mentioned in the narrative, did not review case records, and did not verify details provided by Sophia.

2. The respondent did not specify what made this living situation unsafe.

that they were not always on the same page, especially when a parent or parents told each of them something different.

Sophia and the Early Head Start family support worker helped Ava directly and referred her to services. They purchased groceries for the family and gave Ava gift cards for gas for her car as often as they were able.[3] Sophia reported that she tried to obtain spots for Ava and her children at a local shelter for women and children—spending over an hour with Ava on the phone with the shelter and being hung up on four times—but the shelter admitted families only if they had been on the street or in their car for 24 hours. Both Sophia and the Early Head Start family support worker had given Ava information about housing on multiple occasions, but Sophia noted that "it's a difficult one because there's not a lot of follow-through [on Ava's part] with the resources we give her."

During their regular meetings, Sophia's conversations with Ava focused more on her immediate needs than on goals related to less urgent concerns. Likely as a result of that, Ava made more progress on a goal that was directly tied to her immediate needs—to have her own place to live—than on her second goal, to restart her education. "She wanted to go back to school, but I don't know if that happened, with everything else [going on]," Sophia said.[4] Expecting progress on goals in three to six months might not be realistic, Sophia continued, as goals could "get lost" when more pressing needs came up. Families focused more on getting the things they needed, Sophia said, rather than on the longer-term goals they set.

Though housing continued to be a "struggle" for this family, Sophia reported some progress. Recently, Ava had concluded that her living situation was not the best and she had decided to look for her own home. Sophia supported Ava by giving her information about housing. The next steps were for Ava to look at places within her price range that were located near the Head Start center and her workplaces; Sophia planned to let that information "sink in" before she followed up on Ava's progress and with next steps.

Even though Ava was making progress on housing, was working two jobs, and was establishing more of a routine, Sophia said that Ava and her family were still struggling at the time of the interview. Things would be going well for the family and then they would get hit with something new, which had a cascading effect and set the family back. For example, when Ava's car broke down, she could not take her children to the center, so the children were off their routine—which was hard for them—and then Ava struggled with them at home.

Sophia noted one other area of progress: Throughout the year, she and Ava had developed a relationship and built trust, and as a result, Ava had opened up to her. Ava's honesty and

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3. The respondent did not specify which funds were used to purchase groceries for the family.

4. "With everything else [going on]" likely refers to the COVID-19 pandemic, which was occurring during data collection.

openness about what her family had gone through and what she needed made it possible for Sophia to better support her and her family.

"Even if the resources that we give [Ava] don't necessarily stick…she does process them and she does really appreciate them, because she said that," Sophia concluded. "There's just so many things in her way that keep her from…getting what she needs. But overall… she has a really good relationship with us and she does when she can, you know, really make the attempt to give us the information that we need so we can help her."

3

Interacting with Families and Building Relationships

Coordinating family support services encompasses a series of interactions between Head Start staff and families. Relationships between families and Head Start staff—and efforts to build and sustain those relationships—provide the foundation for these interactions. This chapter describes the Head Start staff members who were involved in family support services, the touchpoints of their interactions with parents, and how staff members built relationships with parents. Finally, the chapter highlights factors that facilitated or impeded the process.

KEY FINDINGS

In the six Head Start programs in the case studies:

- Family support workers and their supervisors—the family and community partnership managers—were the main staff members involved in the coordination of family support services. Family support workers' responsibilities also included other activities, such as helping out at lunch time or when parents dropped off or picked up their children at the Head Start center. At times, other Head Start staff members were also involved in service coordination, depending on their relationships with the parents and the parents' needs.

- Coordinating family support services started with recruiting families into Head Start, which was often the first time a parent and family support worker interacted. Then, family support workers interacted with families to determine their eligibility and to complete enrollment paperwork.

- Family support workers and parents communicated through both scheduled and unscheduled conversations. Family support workers scheduled one-on-one meetings with families to determine their strengths and needs, set goals, and create individualized plans. In between these meetings, family support workers checked in with parents on a more impromptu basis and adjusted how they communicated depending on parents'

preferences or schedules. Family support workers also interacted with parents through group events or group messages distributed by email, on Facebook, or in handouts.

- Family support workers used a variety of strategies to build relationships with parents during each interaction, such as talking casually about subjects not directly tied to parents' goals or tasks (for example, sharing something cute they saw the parent's child do that day), or simply by showing that they were available and there to offer support.

- The majority of parents interviewed described their relationship with their family support workers in positive terms and their descriptions often aligned with the relationship-building strategies that family support workers had discussed.

HEAD START STAFF INVOLVED IN COORDINATING FAMILY SUPPORT SERVICES

At all case study sites, family support services were primarily coordinated by staff who worked in the family support services division of their Head Start program. Other Head Start staff members—teachers, for example—were also involved formally and informally in service coordination but to a lesser extent, as it was not their primary role. As context for understanding the coordination process, this section describes the roles various Head Start staff members played in coordinating family support services at the case study sites.

Key Family Support Staff

Family support workers led the coordination of family support services, with oversight and support from their supervisors—the family and community partnership managers.

Staff members in these positions had similar roles and responsibilities across the case study sites, though there was variation in how much time the family support staff spent on each coordination activity and the other job responsibilities they took on. The family support staffing structure and how sites assigned staff to families also varied by site.

Family Support Workers' Roles and Responsibilities

Family support workers' duties included working with families to assess their strengths and needs, help them set goals, and connect them to services. They were also involved in recruitment and enrollment activities at all sites. At half of the sites they spent a substantial portion of their time on these activities, including raising awareness in the community about Head Start, confirming applicants' eligibility, and working with parents to complete application and enrollment paperwork. There was a seasonal aspect to this, with enrollment taking up a larger part of their time at the beginning of the school year. In half of the sites, family support workers reported that the pressure to spend time on recruitment and

enrollment was also greater when the program had the capacity to serve more children than were currently enrolled.

Family support workers at half of the sites described additional responsibilities beyond their work with the families on their caseloads, such as assisting with lunch, covering for teachers in the classroom for short amounts of time, and assisting coworkers with other projects. One family support worker noted that because she had a Child Development Associate (CDA) credential, she was able to help out in the classroom.

Family Support Workers' Education and Professional Backgrounds

Table 3.1 shows the highest degree obtained and the number of years worked in the Head Start program for the sample of family support workers. Eleven out of the 12 people interviewed provided their highest degree obtained, of which nine had a bachelor's degree or higher; areas of study included psychology, sociology, social work, human services, and general rehabilitation services. Eleven of the 12 provided the number of years they had spent at their Head Start programs; seven had worked at their programs for three or more years. For some, this work experience included other responsibilities at the centers. For example, one family support worker started at Head Start as a bus monitor, then served as a teacher's aide, then as a teacher, and helped in the kitchen. This person earned more credentials, including infant, toddler, and preschool CDA credentials and a Family Service

TABLE 3.1

Family Support Workers' Education and Professional Backgrounds

Highest Degree Obtained	Number of Family Support Workers (n = 11)[a]
Associate's degree	1
Pursuing a bachelor's degree	1
Bachelor's degree	7
Master's degree (Master of Public Administration or Master of Social Work)	2

Years at Head Start Program	Number of Family Support Workers (n = 11)[a]
<1 year	1
1-2 years	3
3-9 years	3
10-19 years	2
20 or more years	2

SOURCE: Study team's interviews with family support workers.

NOTE: [a]Eleven out of the 12 family support workers interviewed shared this information.

credential. Most family support workers had worked elsewhere before joining their current sites. Some worked in related fields such as child care and behavioral health, and a few worked in unrelated fields such as healthcare. A family support worker from the Migrant/Seasonal site explained that when her site closed for the season, she moved to another state and worked at the Migrant/Seasonal Head Start program in that state when it opened for its season.

As Table 3.1 shows, most of the family support workers interviewed had worked at their centers for at least one year. However, one site had recently experienced turnover of all but one family support worker. Another site assigned family support workers to specific centers and sometimes changed these assignments (for example, in response to family support worker turnover). These changes in staffing presented an implementation challenge reported by staff members from two sites: Newer family support workers needed to take time to get to know families, and thus it took longer for families to open up and build relationships with them.

Family and Community Partnership Managers' Roles and Backgrounds

Family and community partnership managers oversee all family support services and supervise the family support workers. Programs use different terms for the staff with this set of responsibilities.[1] Although there are other kinds of managers in Head Start programs, for ease of reference, this report uses the term *managers* to refer to family and community partnership managers. The study team interviewed managers at five sites; there was no manager on staff at the sixth site at the time of interviews.

All five managers had bachelor's degrees, in fields ranging from sociology to human development to criminal justice. In addition, one had an associate's degree in social work, another had a master's degrees in social work, and another manager had a master's degree in education. The managers were all experienced professionals with 9 to 40 years of work experience. Four had experience working as family support workers or in a similar role, three of whom also had experience working as teachers. The fifth manager had a background in social work.

Managers oversaw family support services, including hiring, supervising, training, and supporting family support workers. Their roles also involved managing community resources. At three sites, this meant coordinating with community providers to get services for families. At one of these sites, this also included conducting the community needs assessment and coordinating resources available at multiple Head Start centers. At three sites, the managers also reported overseeing eligibility, recruitment, selection, enrollment, and attendance (ERSEA) tasks.[2]

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1. The terms used by the case study sites included: family service manager (reported by two sites), family empowerment advisor, site manager, and program manager.

2. These tasks and the ERSEA acronym are commonly-used terms in Head Start programming and administration. For example, an Office of Head Start web page is devoted to these tasks: https://eclkc.ohs.acf.hhs.gov/eligibility-ersea.

For the most part, managers did not carry caseloads of families. At two sites, managers picked up caseloads under certain circumstances. At one, the manager reported taking on family support worker responsibilities for a Head Start staff member who also had a child enrolled in the program. At the other site, the manager reported occasionally filling in as needed for a family support worker.

Family Support Services Staffing Structure

The staffing structure for family support staff—family support workers and managers—varied from site to site. Table 3.2 shows the staffing structure by site, including how family support workers were assigned to families.

Family support workers at four sites were assigned to individual centers, where they worked with all families in that center. At one of the other sites, family support workers were assigned to classrooms—no more than three classrooms per family support worker, but they might be split across centers. At the other site there were three centers, though family support workers were focused most at the "main" center (the other two centers were run in partnership with other organizations, and the case study site was only responsible for a few children and families at those centers). In this case, the family support workers were all based in an office located at the main center and were each assigned to individual families.

Caseload sizes (as reported during interviews) varied across sites. At two sites, caseloads also varied by the individual, where the more experienced workers had larger caseloads than their less experienced peers. The average or targeted caseload per family support worker at each site ranged from 25 families to 51 families, though the typical caseload was

TABLE 3.2

Staffing Structure, by Site

Site	Agency Type	Number of Centers in the Program/Site	How Family Support Workers Were Assigned to Families	Family Support Worker Caseload Size[a]	Number of Family Support Workers Supervised by each Manager or Director
Site 1	Migrant/Seasonal[b]	7	All families in a center	Low (<36)	7
Site 2	School	19	All families in a classroom	High (>50)	17
Site 3	Nonprofit	3	All families in a center	Medium (36-50)	3
Site 4	School	5	All families in a center	Medium (36-50)	5
Site 5	Community action agency	3	Individual families	Medium (36-50)	3
Site 6	Nonprofit	17	All families in a center	Medium (36-50)	17

SOURCE: Study team's interviews with family support workers, managers, and directors.

NOTE: [a]Family support worker caseload size is based on the average of what was reported by interviewed Head Start staff members.

[b]The Migrant/Seasonal site operated in multiple locations. Because case studies data collection focused on one of these locations, the number of centers reported only includes the centers in the locality that participated in data collection.

about 40 families. Family support workers at all six sites noted, however, that caseload size was not static: It fluctuated within and across years. The caseloads changed based on how many family support workers were on staff, the number of families enrolled, and their assigned center.[3] For example, one family support worker noted that her current caseload was 30, but in the past it had been as high as 75. Her caseload changed, in part, because her manager moved her from one center to another. Another family support worker noted that at the time of the interviews, she had 28 families in her caseload, compared with January of that year, when she had had close to 80 families; her caseload size dropped when the site hired an additional family support worker. She remarked that it was nice to have a smaller caseload, as it allowed her to spend more time with individual families and to focus on the details of each family. This, she said, led to families opening up more to her.

Other Head Start Staff

Depending on their relationship with a parent and the parent's needs, other Head Start staff members were sometimes involved formally and informally in service coordination.

These staff members included program directors, teachers, and health services, disability services, and child development managers. Family support service activities performed by these staff members tended to be ad hoc and not a formal part of their jobs. Still, each site facilitated cross-staff collaboration for family support services.

Program Directors' Roles in Family Support Services Coordination

Program directors, referred to in this report as *directors*, oversaw all operations at a Head Start program, including oversight of the managers and thus, family support services. The study team interviewed directors at two sites. At one site, the director reported that she was also responsible for getting grants and making sure there were funds for family support services. At the second site, the director also supervised the family support workers because at the time of the interviews, there was no family and community partnership manager.

Teachers' Roles in Family Support Service Coordination

In each of the six case study sites, Head Start teachers also served as liaisons between parents and family support workers. Because they saw children in the classroom and also conducted home visits, teachers could help identify family needs, such as seeing that a child lacked a winter coat. Family support workers at all sites reported that they followed up directly with families based on information that teachers provided. Family support workers also reported sharing information with teachers about families or children as necessary, such as information about a child's allergies.

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3. At the time of the interviews, family support workers at three sites reported having lower caseloads than usual because of lower enrollment numbers due to the COVID-19 pandemic.

The process differed when parents disclosed a need to the teacher (in contrast to teachers' own observations), as noted by Head Start staff (teachers, family support workers, directors and managers) from four sites. Teachers communicated with parents often—for example, when parents came into the classrooms for drop-off or pick-up. As a result, parents may have had a strong relationship with their child's teacher and might disclose a need that they didn't mention to the family support worker. When a parent disclosed to a teacher that they had a need, the teacher's next step depended on the parent's situation. Staff members interviewed at four sites described a variety of ways the teacher would be involved: by supporting the parent directly, by working with the family support worker to support the parent, or by relaying information to the family support worker, who could take it from there. Teachers at each site reported following a slightly different process.

One teacher noted that whether the teacher or the family support worker provided information to a parent depended on the parent, although the teacher would still check in with the family support worker. The teacher described an instance when she provided direct services:

> I went to do a home visit and the mom…had bruises on her face.… I know because of certain statements their child would make that the home environment wasn't as great…. Once the parents feel comfortable, they will…open up to you.… So, getting that trust and…[the parents] knowing...[that] I'm not…here to remove your child...but you do need to get help…. And I told her I would provide her with the information because [the site] does have a lot of programs…and…organizations in all areas that help with [domestic violence]. And just kind of assuring her that this is something that she can take and do if she would like, because I wasn't going to…force her to do it. But giving her the options and…the many ways out… really helped.

At another site, a teacher tried to help the parent first, before getting the family support worker involved. If the parent told the teacher that they needed an onsite resource, such as to speak with a nurse, the teacher would ask if it was okay to reach out to the nurse on the parent's behalf. If the parent agreed, the teacher would call the nurse. If the parent disclosed a need that was beyond the teacher's ability to address, the teacher would ask if it was okay to share the information with the family support worker. If the parent gave permission, the teacher might either talk with the family support worker and bring the information back to the parent or suggest that the parent reach out to the family support worker directly. This teacher gave an example:

> The mom said she has a hard time…buying underwear…. But, she wants to work on potty training…. I said, "Okay, I can talk to a [family support worker]…and we'll see if we can buy underwear for you?" … And mom said, "Okay." Then I contacted [the family support worker] and said, "Hey, that family needs underwear."… [Then] they went to the store [to] buy some underwear. And I have it in my classroom, and we sent some home with mom.

This teacher shared another example. When a grandfather—who was also the guardian—of a child in her class had trouble getting his Supplemental Nutrition Assistance Program (SNAP) benefits, the family support worker placed a call while he was in the room and the call was on speakerphone, to help him get his benefits. The teacher emphasized how she encourages parents to go to the family support workers if they are in a situation similar to the grandfather:

> I'll tell [the parents], "[The family support workers] have all [the] connections, they have all [the] phone numbers, they have experience…. Just talk to them. Find a time, and you guys are going to sit together and call."

At a site with a school grantee where family support workers spent time in the classrooms daily, the teacher would write down all of the information the family offered about their needs and would share it with the family support worker. The family support worker would "take it from there," the teacher said, and follow up with the families to address their needs. The teacher continued:

> But our families know that, if they need anything, we are mediators or liaisons to the [family support workers].… They can go through us and we will contact [the family support workers] if they can't get in touch with [them].

At another site, the teacher reported giving families the option of meeting with the family support worker at that moment or having the family support worker call them at another time. The teacher described how situations are handled when the parent discloses a need:

> When I'm asking them how they're doing, a lot of times they'll tell me, "…We're struggling right now. We don't have any food."… I will tell them, "…I'll let your [family support worker] know," and I'll ask them, "Do you want me to have her call you or would you like to see them now?" If [the parents] say they want to see [the family support worker] now, then I'll…call [the family support worker] up to tell them, "Hey, we have a family that is needing some assistance. Would you be able to come up and help out with that right now?"

The teacher described an instance when a parent confided in the teacher and how they met together with the family support worker:

> It was parent-teacher conferences time. And I was talking to mom about how everything was going at home. And then mom tells me, "Miss [teacher], we're homeless." I knew something was wrong when she wouldn't pick up [the phone]. For, like, a couple of weeks, I noticed she just seemed really, really quiet. And I would always ask, "Is everything okay?" But then she was like, "We're okay. We're okay." But she waited until we actually had parent-teacher conferences [to tell me].… And she just starts crying. So…I said, "I will do everything in my power to do the education part. But right now, we need to make sure that your family gets some type of housing." So we stopped the parent-teacher conference. We went

back to [the family support worker]. And I just sat there with her because during that time, like, mom, she felt more comfortable talking to me. And it wasn't that she didn't trust the [family support worker], but I was the one she told. So then she asked me if I would stay. So I stayed during the time that we were [talking to the family support worker]...to just try to help her get the help that she was needing.

Although the processes varied, teachers and family support workers at each site reported working closely together so they could coordinate communication with parents to meet their needs.

Health Services, Disability Services, and Child Development Managers' Roles in Family Support Services Coordination

Staff members who managed health, disability, and child development services in Head Start programs were primarily responsible for addressing children's needs. Still, family support workers at five sites reported that these staff members were sometimes involved in coordinating family support services, such as if a parent had a health issue and the health manager had access to relevant resources.

Because these health, disability, and child development managers were often in touch with the parents—educating them, for example, about child health and development needs and connecting them to services for their children—they might also learn about parents' needs. For example, while discussing their children's dental health needs, parents might reveal their own dental problems, as reported by one health services manager. If the health, disability, and child development managers learned about a parental need and had a resource that could help that parent, they shared this resource. Otherwise, they let the family support worker know about the need and the family support worker followed up. The family support worker might also ask these managers for resources to give to parents— for example, to address domestic violence or a health issue like diabetes. At two sites, the health managers handled referrals to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Cross-Staff Points of Formal Collaboration

In addition to informal communications to coordinate family support services, more formal, cross-staff collaboration among Head Start staff members took place at all six sites. Staff members at four sites reported having regular staff meetings to share information about individual families. At one site, these regular "case review" meetings involved the family support worker, the center manager, the health manager, and the child development manager. During the meetings, staff members discussed a family's needs, the child's needs, and the family's progress toward addressing those needs. For example, the family support worker might share that a parent needed WIC and the health manager would then work with the parent for a referral to the program. Family support workers were careful, however, about what information they shared with other staff members, making sure to only identify what was necessary in order to protect a family's privacy.

At another site, staff members reported scheduling "case conferences" as needed—bringing together everyone who communicated with a family, putting together the different pieces of information needed to develop a broader understanding of the family's situation, and planning how to reach out to the family. This same site also brought staff together when parents identified a need during a needs assessment that required multiple referrals—for example, mental health, family support, and education—as described by one family support worker:

> We would sit together and review each case…and say, "Okay, what steps have been taken? What has the education portion done? … Has mental health gone through the process of the referral for the board of education?"

A family support worker at another site described doing a "team referral": If a child was having behavioral challenges, the teacher would tell the family support worker. Then the family support worker would write a referral to the health and disabilities manager and get consent from the parent to conduct an observation, and the health and disabilities manager would conduct the observation. At the fourth site, family support workers and teachers met to discuss individual families, such as the needs that teachers identified in the classroom, and teachers' and family support workers' questions for each other. A family support worker explained that these meetings allowed them to "piece the two sides together and see, 'Okay, I didn't know that about that family. Let me see what I can do to provide… support or resources.'"

Staff members at the other two sites also described taking a team approach to working with families. A family support worker who had previously worked in an office away from the Head Start classrooms and who had recently been relocated said that being in the same building as the classrooms allowed her to work better with teachers and get to know the children. A family support worker at another site described the value of proximity. "We're all one big team," she said, noting that staff members at her site regularly shared information about individual families' needs with colleagues who could help address those needs (sharing only the necessary details to maintain families' confidentiality). For example, the nurse learning about a family's need when meeting with the family could let the family support worker know about the need, and the family support worker could follow up with the family to offer resources that addressed that need.

TOUCHPOINTS WHERE FAMILIES INTERACT WITH FAMILY SUPPORT WORKERS

Though multiple Head Start staff members and colleagues at other service organizations were in touch with families, direct interactions between a Head Start family support worker and the family were central to providing family support services. Family support workers at all sites described getting to know parents and families during a series of touchpoints: during recruitment, enrollment, one-on-one parent meetings, check-ins, and group events and communications.

Recruitment

Coordinating family support services started with recruiting families into Head Start, which was often the first opportunity for a family support worker and a parent to interact with each other.

At all sites, family support workers were involved in Head Start recruitment (which is Phase 1 in the Family Partnership Process, described in Box 1.1 in Chapter 1) and were often the first staff members parents interacted with when they learned about Head Start. A family support worker at one site noted that recruitment happened "all the time," most frequently during the summer, when there were more activities in the community. At another site with low enrollment, a family support worker said that recruitment was a "really big part" of her role.

Family support workers reported employing a variety of strategies to recruit families into Head Start, including coordinating with local government agencies and community organizations, and visiting places where families spent time. They also promoted the program via word of mouth, social media, and the radio. (Table 3.3 describes examples of these strategies reported by staff from one or more sites.)

TABLE 3.3

Recruitment Strategies

Common Strategy	Examples Mentioned by Staff at One or More Sites
Coordinate with agencies and community organizations[a] (six sites)	• Share information about Head Start with other organizations and programs which can, in turn, share with families they serve • Receive referrals from other organizations or programs
Visit places in the community where families spend time (five sites)	• "Walk the pavement" as a team, visiting places in the community (such as libraries, post offices, health clinics, corner stores) to interact with families and leave flyers about Head Start • Go door-to-door to provide information to families (for example, visiting migrant camps where eligible families may live, visiting the homes of families who were previously enrolled in Head Start) • Attend community events (such as parades, job fairs, school events) • Post flyers in spaces frequented by families (for example, in the laundry room of an apartment complex)
Word of mouth (four sites)	• Ask current Head Start parents to tell friends and neighbors about the program. "Other parents make the best recruiters," a family support worker remarked
Social media or the radio (three sites)	• Post information on Facebook, on school websites, or on the radio to advertise the program

SOURCE: Study team's interviews with family support workers, managers, and directors.

NOTE: [a]These include state human services agencies, schools, disability services providers, local community colleges, WIC, and others.

One family support worker described always being prepared to recruit at various locations:

> Anything that has to do with families, especially if it's free, we're there passing out stuff. We're always putting up the yard signs...everywhere we go, [and] sometimes we'll make…direct efforts to hit certain places and make sure that our flyers are there…. We'll recruit at the schools, to send home things with the kids.

Enrollment

Enrollment was a key touchpoint: Parents from five out of six sites recalled meeting with their family support workers for the first time during the Head Start enrollment process.

After learning about Head Start through the recruitment process, interested families enrolled in the program (Phase 1 in the Family Partnership Process; see Box 1.1), a two-part process that involved determining their eligibility for Head Start and completing their registration paperwork.

Step 1: Eligibility. To determine a family's eligibility, Head Start staff (family support workers or other site staff members such as an eligibility coordinator) or the umbrella agency staff (at one site) asked parents questions to get a sense of their circumstances. For example, staff members asked them about their employment and whether they had any specific needs (such as housing or treatment for a substance use disorder). The staff member entered this information into a Head Start application (also called an "intake" form), which was later reviewed and used to determine if the family was eligible for the program. Four sites mentioned maintaining waiting lists—typically used to hold spots for families with higher levels of need—when there were more eligible families than the program could serve. A family's spot on the waiting list depended, in part, on their responses to the family background questions.[4]

Step 2: Head Start enrollment paperwork. At all six sites, if a family was deemed eligible for the program, family support workers scheduled a meeting with the family to complete their enrollment paperwork. Enrolling families into Head Start automatically enrolled parents into family support services at all sites.

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4. According to the Head Start Program Performance Standards, all programs must establish selection criteria to prioritize the families to enroll based on the community needs identified in the community needs assessment. These criteria must include family income, the child's age, as well as whether the child is homeless, in foster care, or eligible for special education and related services or early intervention services. In addition, Migrant/Seasonal programs must also give priority to families who have relocated frequently within the past two years for agricultural work. All programs must establish and maintain a waiting list that ranks children for enrollment based on the program's selection criteria. See Head Start Early Childhood Learning & Knowledge Center (2021a).

Family support workers from two sites shared the amount of time it took to complete the enrollment paperwork during these meetings: two to three hours. A family support worker explained that the meeting took so long because the paperwork was extensive—50 pages—and included many questions about the families' and their children's histories. It also required multiple documents from families, such as income information and children's health and immunization histories.

As noted above, family support workers began building relationships with parents during the enrollment process. A family support worker at one site explained why she preferred handling enrollment herself:

> As I'm enrolling them, I get to know them…so I always, always like to register my own families. And that way, I'm able to tell people exactly what to expect from this family. For example, when teachers are going go do a home visit…I tell them, "[B]e sensitive, dress a little bit down." … I expect people to go in there and be as humble as possible, especially with these families.

Similarly, a parent described beginning to build a relationship with the family support worker during the enrollment process:

> I first met [her] when I was getting with the process of getting [my daughter] into the school…. She pushed to make sure...[my daughter] got in…. That was where the relationship really, really grew and started, because I told her I was a single parent…so she helped me with that [enrollment] process. And…when [my daughter] was accepted, she personally called me [to]…celebrat[e] together over the phone.

Family support workers began to identify families' needs in more detail during enrollment. All sites reported taking an initial assessment of families' needs at enrollment—for example, asking questions to determine if the family needed Medicaid or WIC, or if the parent wanted to pursue education or work opportunities. One family support worker described the enrollment process:

> We go through an enrollment packet and that…includes…the standard Head Start application for everyone. So we determine family size, we determine general income…. We learn about [the] kind of family needs [they have] and whether or not they've been enrolled in Head Start before, history of disability, or domestic violence, things like that.…
>
> [Next, we'd give] a tour of the center. We'd have families come in. They'd…see what a normal day looks like…. Then, we'd sit together and just talk through the whole enrollment packet. That normally took between an hour to two hours. It's pretty big. But that was a really great time to really establish that beginning relationship. It was just me and the family who was interested in starting.

If parents identified a specific need during enrollment, family support workers at all sites indicated that they would either give parents information about relevant services right then and there or refer them to a service, depending on the needs identified. At one site, parents could get connected to a service right away if the family support worker knew a provider who could address that need. At another site, staff members shared whatever information they had to address that need—for example, information about resources for rental assistance or food. Staff members at one site noted that their umbrella agency (which completed the eligibility step of enrollment) could connect parents to services right away when meeting with them to complete their intake paperwork—for example, providing food assistance. A family support worker at another site clarified that staff could work on a parent's need immediately if it was something "simple" such as needing to find a pediatrician.

Staff from three sites shared some of the challenges of engaging families in family support services after they enrolled in Head Start. One challenge was that families might not know that Head Start provided services for parents (such as job training and mental health counselling). A family support worker at one of the sites reported overcoming this challenge by reminding parents about the resources she could connect them with and making more of a point to mention these services during the enrollment process. Another challenge was that parents might not respond to outreach from their family support workers. One director said that staff members tried to overcome this by using multiple communication modes to reach parents, including phone calls, texting, and Facebook. Finally, staff from two of these sites also shared that some parents were overwhelmed and busy and felt like they did not have time to participate in family support services. A manager noted that staff members tried to overcome this by continuing to work with the parent to "[let] them know that we're there."

After enrollment, families were assigned to family support workers. At the two sites where family support workers were not dedicated to individual centers, the family support workers met as a team to assign one of them to the eligible family. At one of the sites, the priority was to assign the family to the family support worker who completed their enrollment. At the other site, the staff considered which family support workers already had good relationships with a particular family, likely from meeting them during recruitment or enrollment. Once a family was added to a caseload, the family support worker would follow up with the parent to schedule subsequent meetings.

Scheduled One-on-One Parent Meetings

Family support workers set up meetings with families to determine strengths and needs, set goals, and create individualized plans.

Staff from all sites indicated that after a family enrolled in Head Start, much of the direct work with family support workers occurred during scheduled one-on-one meetings. Initial meetings involved assessing strengths and needs, goal setting, and creating individualized

plans. Family support workers used subsequent meetings to refer parents to services offered in-house or by community providers (referrals could also take place during the initial meeting), to check to see if the services were meeting parents' needs, to assess parents' progress toward their goals, and to make any adjustments as families' needs changed. During these meetings, family support workers might also discuss the parent's child, pass along information from the child's teacher about how the child was doing in the classroom, or discuss the child's developmental or disability needs.

A parent from one site described these meetings:

> After six months, they check in with me on my goals. If I need any help, like financial aid or any other support for my son…whenever I need anything. I have a health problem and no insurance. [Site] provided me a couple of free programs around [the city].... They are [always] searching for resources for me, ...connecting me and helping me out. [My family support worker] checks in with me every six months and provides all the information, ...check[ing] in on how far I am [with my goals], how I am doing, how my son is doing, and how I am in my education.

Location

All sites reported that these scheduled meetings typically took place in-person—either at the center, during a home visit, or somewhere outside the center such as a park or a coffee shop. At one site, the meeting locations rotated: The first one took place at the center and the second took place in the parent's home or somewhere else outside the center if the parent preferred.

A parent described the family support worker's willingness to meet where it was convenient for the parent:

> [My family support worker] does personally reach out and just like everyone there at the center, they try to work with you. When, like, we do have meetings or things, she's even come to my job a few times so we can make it work, and just fits into what I need sometimes, [if] I can't talk on the phone. So she does text instead if that is easier.

At the Migrant/Seasonal site, one family support worker reported giving parents the choice of where to meet and arranged the time based on the parents' work hours. The other family support worker interviewed at that site, who worked at a different center, reported that all meetings took place during home visits, as parents were rarely on-site because their children took the bus to the center. A family support worker from another site said she preferred to meet at families' homes, noting that those meetings felt more "relaxed" and more like a "casual conversation," compared with meetings in the family support worker's office at the center.

Frequency

Family support workers at all sites reported holding one-on-one meetings with families at regular intervals, though the intervals varied by site. Meetings took place anywhere from once a month to about once every three months to once every six months, depending on the program and its requirements. A family support worker described scheduling the initial meeting with parents:

> Once [the family is] enrolled, I don't like to bombard them right away. I let them get settled in the classroom and make their own decision about how they feel it is going…. We are required to meet with them every 90 days. There is an initial meeting that takes place by 45 days [in the program]. I dig deeper during that [meeting] with them. By then, they usually feel more comfortable about someone wanting to meet them and talk about their lives.

Length

Family support workers reported that the meeting lengths varied. Staff from five out of six sites reported that meetings after enrollment lasted 20 to 30 minutes, on average, but varied from five minutes to 1.5 hours depending on the purpose of the meeting (whether it was to check to see how a family was doing in general, to follow up on goals, or to complete a strengths and needs assessment or to set goals). Meeting lengths also varied depending on a family's needs or preferences, with longer meetings when families had greater needs or wanted to share details about their circumstances, and shorter meetings when families had fewer needs or offered brief responses to family workers' questions. A family support worker discussed why meeting lengths varied:

> [My site] would like [the meetings] to be a longer duration than they are, however… parents are busy. [I] do not want to take up an hour if they do not want to give it to us. [I] tell families they can give me as little or as much info. Every family's comfort level is different. Some will tell me everything at that first meeting—what they need and what they are going through. Some families give me one-word answers and I will take it.... I'm not going to push them. My overall goal is to help [them] get where they need to be and want to go. I take what I can get to start with them…. My job is to meet them where they need me to meet them.

Participants

Family support workers described tailoring meetings to each family's preference, and families chose which family members attended. One parent described a time when her family support worker offered to meet with her and her husband separately:

> My [family support worker] could tell when I was holding back a bit [during a meeting to discuss strengths and needs]. And then we would branch off a little bit because she knew I would maybe talk differently if my husband [wasn't] in the same room.... She was just very direct and asked if I would like to talk without him. [So] I did, and my husband did also. I very much [found that helpful].

However, family support workers at four sites reported that they typically interacted with mothers. At the other two sites, family support workers said that whether they communicated with the mother, the father, or both parents, varied by family. One family support worker noted that she normally communicated with the "main parent"—that is, whichever parent was primarily with the child. A family support worker at the other site explained that "it's up to the parent" to decide which parent is involved; she had had families with both parents involved, as well as those where only the mother or only the father joined meetings. Either way, she said, she brought in the other parent or grandparent when there was a need to see them.

Still, at the sites reporting that they communicated mostly with the mothers, family support workers noted that fathers were sometimes involved in communications. For example, at the Migrant/Seasonal site, the fathers were likely involved when filling out intake paperwork during enrollment to answer questions about the family's finances and work history; a family support worker speculated that the fathers may be the ones who "handle the money" and hold onto the pay stubs, putting them in the best position to give the required financial information. A family support worker at another site noted that with the parents' permission, grandparents might also be included in communications—for example, if they had previously had custody of the child and wanted to stay involved. Family support workers tailored who was involved in meetings to the particular family: If a parent wanted certain family members involved, they would be invited. A family support worker delineated who was invited to meetings and why:

> If…mom and dad are both in the same household…I'll invite both of them…. But we have had some families [where]…mom has enrolled the child but is not with dad anymore, but…dad has expressed interest in being involved…. In those cases… we'll reach out to both parents.… I've had grandparents that want to be involved, maybe they previously had custody of a child…. If it's okay with a parent…we keep everybody in the loop.

Three sites reported actively trying to get other family members to be engaged in communications with the family support worker. For example, the sites hosted center events such as meals that included the fathers and grandparents of children in the program, as well as other activities to increase their involvement in the center.

Unscheduled Check-Ins

In between scheduled meetings, family support workers checked in with parents on a more impromptu basis and adjusted how they communicated depending on parents' preferences or schedules.

Family support workers at all sites reported using check-ins for several purposes: to see how the family was doing and to ask if they need additional support; to give information (for example, a reminder that a child was due for a dentist appointment); to ask or answer

questions about required paperwork; and to check in on parents' progress toward their goals. Family support workers expressed wanting parents to know that they were there for them and available if the parent needed anything. Depending on the site, the staff member, the parent, and the reason for the contact, these check-ins involved different communication modes (in-person, phone calls, text messages, emails, or printed materials) and took place with varying frequency.

In Person

Many of these check-ins took place in person at the center—both when parents visited for parent events and during drop-off and pick-up (reported by all sites except the Migrant/Seasonal site, where children were transported to the centers by bus). A family support worker described these interactions:

> We stand by the door in the hallway every morning and we greet [the parents]. So even if it's in passing, "Hi, how are you doing, good morning,"...or if we have something to say—"Hey, can I see you for a second?"—it's more...in-the-moment.... It's not like a scheduled meeting. But because we're out there in the hallway, we're made available, they may see our face that morning and say, "Hey, you know what, I needed to talk to you about something."… That's another reason why it's not as limited, the contact that we have with [parents], to, say, once a month.

Parents and family support workers alike said they valued the check-ins during drop-off and pick-up. One parent appreciated that "during the morning or evening, whenever I go [to the center], they all the time ask me, 'How are you doing? Everything is fine with you?' They know my situation." Another parent described growing to like her check-ins with her family support worker:

> Every two months, she asks me [about my] goals…. She would stop me [in the hallway] and say, "Hey, let's go check in for a few minutes." And she made it a point to hunt me out…. It was kind of overwhelming at first because I haven't had people like that in my life, but I just kind of started to enjoy it and I look forward to catching her in the hallway, getting to tell her I did something before she had a chance to ask me if I've done it.

Seeing parents in person allowed family support workers to see how they were doing and to chat with them. Face-to-face communications helped to build and maintain the relationship, allowed for more in-depth conversations about sensitive subjects, and allowed for physical connection (for example, a hug or a pat on the back), according to the parents and family support workers. One parent said that it was useful to have a family support worker check in during drop-off and pick-up:

> [My family support worker] was always accessible to us. And even in our drop-off and pick-up routines, she would be out there to see…if we needed anything from her…. She would always be there just to…offer a wave or offer a smile and make sure that everything was okay…. It's not just a teacher and an assistant in

your child's life. It's multiple people within the building…. It's like…a safety net, too, for the kids, [as] they know that if something's wrong, I can go to this person too…. That extra little comfort of knowing that there's more than just two people that you're…putting in your child's life that will be there for them.

Another parent agreed, noting that seeing family support workers at drop-off and pick-up made it easy for the parent to talk to the family support worker, so the parent didn't feel "out of the loop" or not aware of anything, such as information about events in the community.

Electronic and Printed Communications

Family support workers also reported checking in with parents electronically.[5] For example, they used phone calls (reported by all sites) and text messages (reported by five sites) to contact parents. Often it was a combination of the two. For example, one family support worker reported texting after a parent did not answer the phone.

Family support workers at three urban sites used email to get in touch with parents, perhaps because Wi-Fi service was stronger in these areas. A fourth site used Facebook Messenger, which parents could access via Wi-Fi without using up phone minutes or going over texting limits. The Migrant/Seasonal site also used printed materials to communicate with parents because most children took a bus to and from the centers. Family support workers sent a package of flyers and brochures with information about resources, upcoming events, and a monthly parent newsletter home with the children.

Tailoring the Communication Mode

Family support workers interviewed at all sites reported using multiple ways of maintaining contact with families and said they intentionally varied their communication modes to accommodate each family's situation and preferences. A family support worker at one site described determining which communication mode to use:

> It depends on the needs of the family…. I do check-ins through text messaging, phone calls…. I'll stop by and put a note on their door…. I've reached out through Facebook Messenger, and it's amazing how fast parents get back with me… because it's, you know, through Wi-Fi and they don't have to have a phone provider for that. If a parent can't meet with me due to a work schedule, I've met them at work on their lunch break…. I actually had a family [where]…the mom worked third shift [and] was impossible to reach during the day…. [So,] I reached out to her at like, midnight.

Family support workers also described circumstances in which a tailored approach was particularly important, such as texting instead of calling a family with a newborn so as not

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5. The sites reported using these virtual electronic communication methods to get in touch with parents prior to the COVID-19 pandemic.

to wake the baby. Electronic check-ins might suffice for a family with fewer needs, whereas checking in with a family in person (at the center during drop-off or pick-up or by visiting the family's home) might be more appropriate for families with higher needs.

Families, too, learned which modes were best to reach their family support workers. At the two sites that communicated with families by email, for example, parents noted that family support workers responded to emails quickly. One parent said, "It's even faster to email [my family support worker] because…a couple of minutes later, she gives you a phone call back and you're like, '[Wow,] I didn't know you can read that fast!'"

One parent reported that the family support worker "emailed me immediately…if the resources [are]…very limited…so I get [the resource] fast…for myself and my son." In some cases, parents' preferences depended on the context. For example, one parent explained that she preferred in-person communication when she needed to explain what she was feeling and her family's current situation.

Frequency
Staff members at all sites reported that these unscheduled check-ins occurred anywhere from daily (during drop-off and pick-up) to three or four times a week to once or twice a month, depending on the family support worker involved and the parent's needs and preferences. One family support worker described talking with pregnant mothers more frequently. Another family support worker reported checking in with families with higher needs three times a week, compared to once a month for families with fewer needs.

Initiating Check-Ins
Sometimes parents initiated these check-ins, and sometimes family support workers did. At one site, a parent noted that the family support worker tracked the parents down and initiated communication 80 percent of the time. At another site, parents reported that they appreciated that their family support worker reached out to them and initiated the conversation. At two other sites, parents reported that both sides initiated the communications. A family support worker further described these two-way communications:

> For the [parents] I communicate with more, a lot of times, they're the more comfortable parents who…have that relationship and trust built with me…. A lot of times, it's them reaching out to me and not always me having to reach out…to them to try and engage, which is awesome, you know, when they're already to the point of where they want to reach out and connect with you and ask questions. And it's not like you're having to pry for information or for them to try and connect.

Similarly, a parent described how different scenarios drove who initiated the conversation:

> Usually I'll send [my family support worker] a text: "Hey, can I talk to you?" And she'll tell me, "Oh, I'll see you at the center," or, "I have just paperwork for you to

sign" or just quick responses...so I'll just send her a message: "Hey, can we talk or something?" And she'll be like, "Yeah, I'll call you right now."

Group Events and Communications

Family support workers also interacted with parents through group parent events or group messages sent via smart phone applications, email, Facebook, or handouts.

Multiple parents attended events and participated in activities hosted at centers (which this report calls calls *parent events*). These events gave parents opportunities to interact with other parents as well as with their family support workers. These events included:

- **Regular parent meetings.** The meetings were used to discuss center activities and offer various classes and workshops on such things as stress management and financial management. All parents with children enrolled at a center were invited to attend.

- **Policy Council.** The council is an elected group of parents that makes decisions about their Head Start program.

- **One-time parent events.** These include planned activities for parents and other caregivers such as a Mother's Day breakfast or bingo night for grandparents.

One family support worker discussed how group parent events gave them a chance to connect with parents in a different way:

> …Opportunities to...engage with [parents] in a different capacity, which is very cool. I really enjoyed the parent events…laid back interactions where we weren't necessarily meeting for, like, paperwork purposes or…a home visit…or an enrollment, but really just kind of [to] enjoy time together…a more relaxed setting [for] getting to interact with them.

All respondents who mentioned these events shared positive views about them, although a manager from one site noted a challenge with facilitating them: There wasn't enough space at their center to host such events, so they needed to find space elsewhere.

In addition to connecting at group parent events, family support workers at two sites also contacted many families at once with the same message. They used a Facebook group or another smart phone application such as ClassDojo. At a different site, teachers communicated with parents through a Facebook group, and at the time of her interview with the study team, one of the family support workers was considering setting up a Facebook group as another way to reach parents. These three sites that reported using or planning to use social media to contact parents were the three sites that did not report using email and included centers in rural locations, where Wi-Fi access may have been weak.

A COMMON THREAD: COMMITMENT TO BUILDING RELATIONSHIPS

Throughout their descriptions of touchpoints with families, family support workers at all sites emphasized the importance of building relationships with families. Knowing a family helped them tailor coordination of services to suit that family's needs.

As noted above, the relationship-building process began during enrollment at three sites. One family support worker observed:

> Our first meeting itself would be…the enrollment appointment…. When we meet them to do [enrollment], we could give them, of course, all the information for the center, for the program.… [B]ut also we just got to start relationship building… right off the bat, try and make it very personal…ask questions to get to know them that's not just like on an enrollment script…. I just try and listen and pick up on things that might be unique to that family, even while we're first getting to know each other.

However, family support workers from five sites commented on having insufficient time with families to adequately build relationships. They noted that it was difficult for parents to open up about their family's situation and needs before they trusted family support workers, and building this trust took time. In fact, family support workers at two sites noted that working with a family over time—with multiple siblings enrolled or having a long tenure at the site—facilitated their ability to coordinate family support services because it allowed them to build stronger relationships with these families.

Strategies for Building Relationships with Parents

Family support workers used a variety of strategies to build relationships with parents during each interaction, including connecting with them informally and showing that they were available and there to support the families.

Family support workers tailored their relationship-building process to the individual families they worked with, as noted by one family support worker:

> We all have different personalities. Some [parents] are more outgoing and like that kind of personality from their [family support worker]…and then others are more reserved…. You kind of have to change the approach to each family where they feel comfortable.

While the strategies differed, family support workers reported some strategies more often in some sites than in others.

Having Intentional Communications

Family support workers from three sites reported being deliberate in their communications with parents. They focused on being "honest," "consistent," "professional" (even if the parent got mad), and not "push[y]." These family support workers felt that such intentional communications helped them build trust with parents. One family support worker emphasized building trust and being truthful about what she did and did not know:

> This population doesn't have much trust in government, [so we have to show] we will help them and follow through…. When I'm more open about myself, then they're more open with me, [for example], if the child has major aggression issues, and I share that I don't understand [because] I don't have children.

Another family support worker shared that she "stay[s] humble" when communicating with parents. She drives the point home with her families that she's "genuinely here for them, that they are my passion, not my paycheck."

Family workers also said they integrated compliments into their communications with parents as a way to build relationships. The compliments showed that the family support worker paid attention and noticed things about the family, as described by a family support worker:

> I smile with them and give them compliments and give their child compliments. And the main thing is knowing their child's name and knowing their name. I can say to every last child that walks in our building, "Good morning, [child name]."… I can say, "Good morning, Ms. [parent name]."… I want them to know that I'm serious when…we…have these one-on-ones that you open up to me and you're letting me in your life.

Family support workers also described being intentional in how they listened and responded to parents. They strove to be good listeners—"to listen [with] no judgement"— to put the parents at ease. One family support worker noted the importance of trying not to push parents to share more details than they were comfortable sharing.

Connecting Informally

At three sites, family support workers reported using casual check-ins as a strategy for building relationships. One family support worker described saying "hi" to parents when they visited the center as "little interactions [where] they get to see you as a person…." Check-in calls also provided this opportunity, as described by a family support worker:

> I also try and connect with families and communicate with them about things maybe that aren't just a typical like, "Hey, we need to set an appointment" or "Hey, we're doing our check-in." I guess I have seen their child do something that's cute in the hallway or saw something that reminded me about that family.

Family support workers described inviting parents to the center for reasons other than drop-off and pick-up, which allowed them to interact with parents more casually so they could get to know each other. One family support worker reported hosting parent meals and giving away prizes to encourage parents to spend time at the center. This effort was especially important at that site—the Migrant/Seasonal site—because children were bused in and parents did not go to the center for drop-off or pick-up. When parents did visit the center outside of parent events, this family support worker described making a point of inviting them to have lunch prepared by the center cook and joining them "just to…interact."

Family support workers reported trying to connect with parents on a personal level, touching on subjects they knew the parent was interested in such as makeup or football. The needs assessment for one site included questions about the family's interests and hobbies. A family support worker from this site described efforts to make these questions "more comfortable. I try and make it just more conversational, more laid back, and kind of play off of what they like talking about, what they are excited to tell you about." It made families "feel more seen and heard as an individual family and it's not just another family in the Head Start center."

> Maybe [the family is] from a different place and they like to talk about…where they're from…. I try and write that stuff down…. Those…small details help you remember…[things] they're excited to talk about. That's a strategy I've used to try to connect with them.

A family support worker from a different site reported using a complementary strategy— sharing some personal details with the family as a way to connect on another level.

> If I put myself out there, it makes them feel less intimidated [about] having to talk to somebody about their personal life…. I let them know a little bit about myself …. If they're like, "Oh, I'm going to school for this,"…I'll be like, "Oh, I got my bachelor's in this." And then…they feel a little bit more comfortable and then they kind of feel a connection with you.

Showing Support and Being Available

Family support workers from three sites emphasized the importance of showing "continual support and continual availability," making it clear that they supported parents and were available whenever the parent needed help or had a question.

In some cases, family support workers went out of their way to show that they supported a family. For example, a family support worker from the Migrant/Seasonal site reported driving the parent three hours so the parent could get citizenship paperwork completed. The family support worker also described getting to know the parent better during the long trip.

However, a family support worker shared one drawback to this strategy. The boundaries between the parent and the family support worker could get blurred: Family support

workers were there to support the parents and provide resources, yet they had to be careful not to influence the parents' decisions or provide advice or feedback on the situations that parents were in.

Being Culturally Aware

Family support workers at all sites reported being sensitive to a parent's language, and when asked directly by the study team interviewer, they described how they incorporated cultural awareness into their work. And family support workers from two sites, including both family support workers from the Migrant/Seasonal site, specifically emphasized their efforts to learn about a families' culture, religion, and customs as a way to build rapport.

One family support worker gave an example: If she knew a family did an activity in the community every Friday, she asked them how it went to express interest. This family support worker also shared that her site had a number of Ethiopian families who held a family pot luck where families brought food that was special to them, such as traditional Ethiopian food. She noted that "food sharing is such a big piece of…cultural exchange and cultural sensitivity."

A family support worker from the Migrant/Seasonal site highlighted the importance of using the family's language to build relationships, noting that she spoke Spanish with Spanish-speaking families and asked bilingual families which language they preferred—Spanish or English.

Another family support worker from the Migrant/Seasonal site discussed encouraging families to speak in their native dialect so they would be comfortable:

> I do have some families that are Spanish-speaking but they also speak a dialect from Mexico—Mixtec. And when they're home, they'll speak it. And I told them…"oh, don't mind me…." They've tried to teach me a few words.

Family support workers who shared the same culture as the family they were working with found that this connection helped them build a relationship with the family. This sentiment was described by both family support workers from the Migrant/Seasonal site. One of them reported:

> All of my families are Hispanic, actually. So I am Hispanic myself, so I'm a lot like them…. With…the Hispanic families, I know eye contact could be respect[ful], but when it comes to other cultures, it might not be respect[ful]. So I have to be really aware of their culture, be able to learn about them.

The other family support worker from the Migrant/Seasonal site, whose own parents were farm workers, described how this helped build relationships with the parents at that center:

> I've had instances where when I've had to get information [from parents], I will go to the field [where the parents work]…. I try to connect that way with them…. I

grew up in the fields…. My parents were farmworkers. And for me, it's not difficult, or I don't feel like, "Oh, I'm going to go get dirty."… If I need to go to the field to find them, I will.

Following the Parent's Lead

At two sites, family support workers emphasized following the parents' preferences and letting parents lead their work together. One of them shared that to make parents feel comfortable speaking out and taking the lead, she tells them from the start: "You have a voice. You are not just a parent. You are the reason why we all have jobs."

Another family support worker said that to make sure she got parents' opinions, she made sure to ask them questions like, "What do you want? Where do you want to go? What do you want to do?" Similarly, a different family support worker strove to follow the parents' preferences when possible—for example, meeting in person if the parent preferred it. Letting parents make these decisions helped the family support worker build a relationship with the parent.

Getting to Know the Children

Family support workers from two sites emphasized that the key to building a relationship with parents was to get to know their child—in particular, by spending time in the child's classroom. A family support worker described this strategy:

> [I made a point of] getting to know…parents' children in the classroom, so that I could report back: "I spent some time with so-and-so during snack time today. And this is how it went."… Parents want to know how their kids are doing…. That really helped me get to know kids, as well as parents. Once you get to know a child…it was easier to remember names and…relationships…[and the family's] support network.

Parents' Perceptions of Their Relationships with Family Support Workers

The majority of parents interviewed described their relationship with their family support worker in positive terms and their descriptions often aligned with the relationship-building strategies that family support workers had discussed.

Most parents shared positive aspects—for example, how their family support workers made them feel comfortable, supported, or like family—though a few were more neutral in their descriptions or had brief responses.

Instilling Comfort

Some of the parents interviewed (representing five sites) noted that their family support workers were easy to talk to. They felt comfortable opening up to them, sharing details they had not shared with others, and knowing that the family support worker would keep the

details confidential. Parents described trusting their family support workers because the family support workers did not judge them, listened to what they had to say ("give[s] me her ear to talk to"), and welcomed any questions or concerns they might have. They expressed knowing that their family support workers "genuine[ly] want to make sure [I am] okay." One parent said:

> They would encourage without pushing and make you feel comfortable. Like, with my first Policy Council meeting, [the manager's] just like, "Just sit. Just give me one meeting.... You don't have to say anything. Just kind of observe."… [The manager] sat right next to me and explained everything…. And I'm like, "Okay, I can do this." … They hold your hand...[without] babying you.

Another parent at the same site described their family support worker as their "hype man" because of how encouraging she was, and described how she was a good listener:

> I love [my family support worker]…. She's like my personal therapist.... I can call and talk to her about anything, my car breaking down. Or like these past couple of days, [my daughter] was out sick…but she has seasonal allergies. And I just wanted to make sure 100 percent that it was allergies before I put her in this school…and made a whole bunch of kids sick…. So, talking to [my family support worker] about that…. I can call her when I need something and she's definitely there. And she listens to everything that I talk to her about.

Similarly, another parent commented that working with her Head Start site on what her family needs "makes me feel good" because it lets her know that she's "on the right track for wanting to be involved and for asking questions." She further explained:

> [The family support workers] actually welcome my questions and like my comments and my concerns…. They are willing to listen, eager to know, and willing to find out how they can help, or how they can change it, or how they could make it better.

A third parent described how the family support worker was "caring" and "an all-around person who you can talk to about anything." This parent also noted that her family support worker "follows through." This aligned with family support workers' comments that they built relationships by making sure to follow through on the things they said they would do. A family support worker at the same site noted that parents were looking for "reliability" and "if they've come to you with something and you've been able to help them work through it, they're more inclined to come to you at another point."

Being Supportive and Available

Some parents (representing four sites) described knowing that their family support worker wanted to be helpful. They noted that family support workers were a "big support" and helped parents in many ways, such as getting them scholarships for nursing school, telling them about a class available at a local technical college, and by paying a family's electricity bill without asking. A parent described this support:

[The family support workers] want to help…. They do everything they can to help you reach that goal…. They're always asking, "…Oh, this is your goal, let's try to figure out how we can do that."… It feels nice to have people there that I know have my back…. It's nice to have so much support.

Parents expressed appreciation that their family support workers were frequently in touch with them, checking in and wanting to make sure the family was okay. Parents knew that their family support workers were "accessible" and available to talk to parents when parents had a question. Reported one parent:

This is the big thing: Somebody is there if you need something…. She's there, available. Even if I just text in an emergency…even in the weekend…she just [replies to] me. Immediately…. So this gives me...more confiden[ce] [that], okay, she is there. And whenever I need [it]…I'm…really confident she's there to help me.

A parent remarked that family support workers seem "very busy," but despite that, "they are always working around the clock" to help her family. This sentiment aligned with family support workers who said that they make sure to be supportive and available to parents.

Getting to Know Their Children

Some parents (representing four sites) reported appreciating the family support worker's help with their children—for example, telling them about their child's behavior or reminding them about a doctor's appointment. They also appreciated their family support worker getting to know their children and remembering details about them, as described by one parent:

[Our family support workers] want to know about the kids. They don't want to just know a name. They want to know [my children's] interests, their favorite colors, what they…get really excited [about]…. All three of mine play soccer. So, they'll ask me, you know, about [my children's] soccer games…. And [that tells you] it's all about the kid for [the family support workers]…. Just that little comfort…is knowing that…[your children have] got one more person in their corner, that's going to support them…. It's because, you know, [the family support workers] invest that interest in your child and you know that they're going to be there for [your child].

These sentiments aligned with the family support workers noting that getting to know a parent's child helped them build a relationship with the parent.

Paying Attention to the Details

Some parents (representing three sites) said they appreciated their family support worker knowing details about their family. They noted that their family support worker kept track of their interests and followed up on them—for example, knowing that a parent liked hiking and asking about upcoming hiking trips. One parent described it this way:

It was always, "How are you doing, what are you doing?"… [The family support worker] knew about my love for reading. And she would always, you know, ask me how many books I had read. Or she would just ask about anything and everything.

A parent discussed how the family support worker had a "personal touch" and seemed to know what her family needed:

[The family support workers and manager] are an amazing group of women…. Not even just from a job aspect but to know that personal touch. Anything I've ever needed, even if I didn't ask, it's kind of like they knew if I needed something without me saying it.

This aligned with family support workers reporting that they tried to get to know details about the families as a way to build relationships.

Using Casual, Flexible Communications

A few parents (representing three sites) said they appreciated it when their family support worker engaged in more informal communications with them. It put them at ease. Said one parent:

[My family support worker is] very professional…. We'll start off talking about, "Hey, do you need help with [your child]'s application or anything else?"… We talk business, but then…she's like, "Hey, you have a fruit and vegetable box." I'm like, "Oh, that reminds me, I started growing...zucchinis or cucumbers." And… we just go off on a random tangent…. They're literally like my family and I adore them…. They're just so easy and comfortable to talk to…. To know that we can also have a professional and a personal relationship at the same time is amazing.

Parents also valued how their communications and relationship could be reciprocal, where their conversations might also touch on the family support worker's life, as described by a parent:

I see [my family support worker] every morning when I drop my child off. I see her every afternoon when I pick her up. You know, so we talk. We've been around each other…. I'll bring [the family support workers] coffee and donuts…and talk to them and make sure everybody's okay…. So not only does it just come down to school. I ask them [about] their personal lives too—Are they okay?—and not only are they going to be there for me.

These sentiments align with family support workers' reported relationship-building strategies, including making sure to have some more casual conversations built into their discussions and sharing details about their personal lives so the relationship was not completely one-way.

Feeling Like Family

These displays of support, feelings of comfort, and interactions that were both professional and touched on more casual details in their lives prompted some parents (representing four sites) to remark that they saw their family support workers as "family." Parents used the term to show how close they had become to their family support worker. "I love my [family support worker] to death," one parent stated, underlining the closeness of their relationship. A different parent noted that she could talk with her [family support worker] "like family" and they could discuss sensitive topics, such as the parent's health.

Another parent emphasized the importance of this familial relationship, commenting that "the biggest key is the family part" and that parents "stop seeing them as your [family support worker] [because]...they do end up becoming a part of your family," by providing "support and comfort." A parent summed up that aspect of the relationship this way:

> [Our relationship] is really friendly. I never hide anything. She keeps everything confidential. Whatever I want to share, I share confidently. She is so friendly, nice, kind, and encourages and supports me. [She] gives me confidence, says, "Keep trying, we are here for you." [It] is a big thing for me. [Our relationship is] like a family member, not like she is a worker.… For me, she's like family.

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Determining Families' Strengths and Needs and Setting Goals

Identifying families' strengths and needs, setting goals, and putting both in an individualized family plan is the second step in the Head Start service coordination process. This chapter addresses how Head Start programs assess and identify family needs, develop individualized plans for family support services, and the facilitators and challenges in implementing a tailored coordination approach at the family and at the program levels.

KEY FINDINGS

- Following recruitment and enrollment, family support workers' knowledge of the families on their caseloads grew through the formal process of assessing their strengths and needs. The sites used a variety of tools to conduct the assessments. Some tools were created by outside developers while others were created in-house by the site.

- The goal-setting process was tied to the needs-assessment process: Goals were based directly on the needs identified, and in two sites, goals were set during or immediately after the needs assessment. Parents' goals ranged from short-term to long-term, and many were focused on their children.

- At all sites, family support workers reported breaking down goals into smaller steps and noted this was an important part of the goal-setting process.

- Family support workers varied in how often they followed up with parents on their goals, though at most sites this took place during scheduled meetings. Half the sites also used unscheduled check-ins to follow up with parents.

- Parents did not always remember details of the formal strengths and needs assessment or the goal-setting process, and the parents who did remember expressed varying levels of comfort with the two.

ASSESSING PARENTS' STRENGTHS AND NEEDS

As noted earlier, once recruitment and eligibility determination were both complete, family support workers across all sites reported that they began learning about families' needs as they completed the enrollment paperwork together. After enrollment, family support workers conducted more formal assessments of strengths and needs. This step took place during Phase 2 of the Family Partnership Process (see Box 1.1 in Chapter 1). Sites varied as to the timing and frequency of these assessments, as well as the tools they used.

Family support workers at three sites emphasized the importance of identifying family strengths and helping parents identify ways in which they felt confident, in addition to identifying needs. Parents and family support workers gave examples of attributes or characteristics that they identified as personal strengths: being resilient, having social support, having "family unity" where the parents are strong supports for each other, having or pursuing a job, having an income, being able to advocate for their children, being open to communication, and being resourceful. One parent recalled their family support worker asking: "What is something that you think you do very well?" A family support worker observed that it's "always a lot easier to talk about strengths" than about needs:

> Strengths, I don't think [that] is really hard because there's always something. When you're sitting and talking to a family, there are strengths everywhere. They may not see their strengths, sometimes. You know, you may see something in them that they don't really recognize is oh, that might possibly be a strength.

Timeline and Frequency

All sites conducted formal strengths and needs assessments at two or more points in time.

The first assessment allowed family support workers to learn about immediate needs, provide emergency resources, and was a "good opportunity to engage families and get to know each other." One family support worker spoke about the importance of gathering information about parents' status and basic needs during this initial assessment (for example, health insurance coverage) so that the family support worker could provide needed support at the outset. Another family support worker reported asking families during this first assessment whether they needed help with food, housing, or utility bills, and then gave them flyers that showed what services they could receive. At this time, the family support worker and family also identified possible barriers to meeting needs or accessing services, such as transportation.

Staff members from two sites explained that the second and more in-depth assessment occurred once the parent and family support worker started forming a relationship. The timing of this more intensive assessment varied. At two sites, it might take place during the

family support worker's first home visit or meeting with a family. At four sites it took place within 30 or 45 days of the family's enrollment in Head Start or about 60 days into the year.[1]

Two sites conducted the needs assessment at multiple time points, to see if there was a change in needs over time. One site conducted the assessment a third time, in March or April, and the other site, the Migrant/Seasonal site, did so at the end of its season.

Tools Used

Head Start sites used various tools to determine families' strengths and needs. Some were created by outside developers and others were created by a site in-house.

Sites used specific assessment tools as part of the formal process to identify families' strengths and needs. Some tools employed during the enrollment process provided an immediate read on a family's circumstances. Sites also used Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) scoring to determine if a family was involved in the child welfare system.[2]

Tools Created by Developers

Two sites used tools created by outside developers. One used Parent Gauge, a research-informed, web-based interview tool offered by the National Head Start Association. It includes approximately 10 open-ended questions and 35 close-ended questions to help sites identify needs.[3] This tool includes both baseline and follow-up assessments so Head Start programs can measure growth. The site using this tool completed the baseline assessment about one and a half months after the start of the school year (around October) and the follow-up assessment in March or April.

The other site used Mobility Mentoring: The Bridge to Self-Sufficiency (the "Bridge"), a research-informed tool that focuses on five areas: family stability, well-being, education and training, financial management, and employment and career. It gives a point-in-time

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1. The sites reporting that the needs assessment took place at their first home visit or meeting with a family did not say when that took place; at one site, three staff members gave three different timeframes— within 30 days of enrollment (family support worker), within 45 days of enrollment (family and community partnerships manager), and about 60 days into the year (Head Start program director).

2. The ERSEA assessment tool and scoring is used to ensure Head Start programs are identifying and enrolling the children in most need. The tool uses ratings to help Head Start programs identify ways to improve their responsive eligibility, recruitment, selection, enrollment, and attendance services. See Head Start Early Childhood Learning & Knowledge Center (2022a).

3. For more information on Parent Gauge, visit: https://www.nhsa.org/our-work/current-initiatives/parent-gauge/parent-gauge-faq/.

assessment of family needs and well-being to support economic self-sufficiency.[4] A parent from this site described the process for using this tool:

> First, [my family support worker] provided me with some paperwork [to] fill out. Part of the paperwork is [about] what supports I need for me and my son. And in which areas [Head Start] is able to help, even in my health, education, future job, skills, and other areas. I filled out that one and they analyzed it and talked with me about it…. We discussed…how [to] manage my education…my life, and where I am.

This site also used motivational interviewing techniques alongside the Bridge to determine families' needs.[5]

Tools Created by Sites

Four sites used tools they created in-house. After the initial formal assessment during enrollment, family support workers at one site used a tool they created called Family Matrix to conduct an additional formal assessment of each family's strengths and needs. Staff members described it as a tool that helped determine parents' needs for such things as jobs, housing, and health care, and was also used to set goals. This tool used a 4-point scale (1 = "in crisis," 4 = "thriving") to get an overall assessment. A family support worker emphasized the importance of the name of the tool. She felt that parents were more receptive to a tool called a "matrix" rather than a "needs assessment." One family support worker used the tool to keep track of parents' hobbies in order to connect with them and get to know each one as "an individual." This site used motivational interviewing techniques alongside the Family Matrix to determine family strengths and needs. Staff members interviewed spoke highly of the Family Matrix, with the director reporting that the tool "gets some good conversations going about what is happening for that household." The manager also noted that the Family Matrix is "the guidance you need to…move the family where they have said [they need to be]."

Another site completed a Family Needs Assessment form that went over various areas—medical, financial need, abuse, family reunification, and parenting skills—and asked parents if each was a "strength" or a "challenge." If they identified something as a challenge, the family support worker spoke to the parent about that item. Staff members from this site noted that the Family Needs Assessment not only addressed needs but also gets at "family as learners, family as advocates." A different site used a Family Outcomes Assessment, which used yes/no questions to measure parents' needs in areas such as housing, mental health, and transportation.

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4. For more information on Mobility Mentoring: The Bridge to Self-Sufficiency, visit: https://www.empathways.org/approach/bridge-to-self-sufficiency.

5. Motivational interviewing is an evidence-based approach to conversations that aims to help people uncover their own motivation to make a change and to come up with a plan for making the change. See Case Western Reserve University (2022).

The fourth site, the Migrant/Seasonal site, used two assessment tools developed in-house and explained the assessment as a two-step process to identify needs and provide services. First, the family support worker conducted a Basic and Immediate Needs Assessment during enrollment, when the parent identified emergency needs such as food or gas and the family support worker asked if the family had any immediate concerns for which they could provide referrals. Because the program's goal was to guide families toward advocating for themselves, the first point of intervention would be to provide, for example, food for the family to address the immediate need, and then refer the family to apply for SNAP or WIC or to go to food pantries. At the next meeting, the family support worker conducted the Family Needs Assessment to determine the family's additional needs (for example, regarding employment, domestic violence, or health) which would "open the whole door to" services. This assessment used a 3-point scale, with 3 representing a strength, 2 representing a growth area, and 1 representing a need.

Parent Interest Surveys

In addition to the assessment tools described above, two sites also distributed a Parent Interest Survey to all parents. One site used the survey to learn what resources parents wanted (for example, information on substance abuse and mental health) and to plan for and offer these resources at monthly parent meetings. A secondary goal was to increase parents' participation in the program. The other site used the survey to gauge parents' interest in activities such as trainings, volunteering at the center, or participating in center governance. The site separated this survey from its needs assessment as a way to emphasize to parents that the staff also cared about parents' interests.

Parents' Perceptions of the Assessment Process

Parents did not always remember details of the formal strengths and needs assessment process, and the parents who did remember expressed varying levels of comfort with it.

During interviews with the team, half of the parents shared their perceptions about identifying family needs and areas of strength; the other half of the parents—most of whom came from the same two sites—either shared few details about the process and did not share a perception of it, only described the process with references to their children's needs, or did not recall the process at all.

Parents felt comfortable. Some parents (representing four sites) noted that they were "comfortable" talking with their family support workers, discussing strengths and needs as well as other topics such as resources they needed help with. One parent described how the family support worker made her feel at ease during the assessment process:

> She [family support worker] just asked me, "Hey, what is something that you think that you do very well, you know, as a mom, as an employee?"… I think the

best thing is that there's no judgment…. She's finding every opportunity to tell me that I'm doing a good job.

This parent went on to note that the partnership plan she and the family support worker developed accurately reflected her family's strengths and needs. Another parent from this site recalled being "embarrassed" about needing assistance with an electricity bill, but the family support worker put the parent at ease by saying, "You shouldn't be embarrassed…. You have no job. [The state department is] still processing your cash assistance. So it's like, that's what [we're] there for."

Parents got used to it. A few parents (representing two sites) reported that they were uncomfortable talking about family needs at first but opened up over time. One parent said she was originally uncomfortable with identifying needs and evaluating her family's situation but had "gotten over it." This parent said that she didn't like to talk about needs; she preferred "to do things on [her] own." She described being uncomfortable about providing documentation about a no-contact order against a family member. Over time, she reflected that she had "gotten more used to it," adding that "talking about it and getting help… actually does help—[more] than me kind of stressing over it."

Another parent noted that questions about the family's strengths and needs were "very direct questions off the intake forms" and that "it was difficult at first" because her family recently went through a number of major life changes. This parent articulated her strengths ("always advocating for my kids") but noted that "talking about my weaknesses was always hard, because I didn't see myself as a weak person." This parent observed that it was particularly hard to talk to the family support worker with her husband in the room (for example, discussing finances), but she became comfortable "after a couple months."

One parent remained uncomfortable with the process. The parent stated that she didn't like talking about her problems or sharing information about her financial situation or health issues; she said would rather focus the conversation on what was going on with her children.

SETTING GOALS

The next step in the family support service coordination process was to set goals with parents; this took place during Phase 4 of the Family Partnership Process (see Box 1.1).

Timeline for Setting Goals

The goal-setting process was tied to the needs-assessment process: Goals were based directly on the needs identified, and in two sites, goals were set immediately after the needs assessment.

Family support workers at five out of the six sites described their timelines for setting initial goals with parents.[6] At two sites, goal-setting occurred during staff members' first meetings with the parents after enrollment, immediately after the first needs assessment; in one case this took into consideration the short timeframe for the Migrant/Seasonal programs, and in another case, it was because the goals came directly from the Bridge needs assessment completed just prior to goal-setting. Given the time constraints on programming, the Migrant/Seasonal program worked with parents to set goals during enrollment.

The three other sites completed goal-setting at a later meeting. One site worked with families to set goals about 45 days after school started, and after they had completed the Parent Gauge interview described earlier. A family support worker from this site noted that she let parents know in advance that they were going to set goals at their next meeting, to give parents the opportunity to think about their goals in advance. This site could also set goals with families sooner (right after enrollment) if families had immediate needs, so staff members could connect the family with resources as soon as possible. At another site, family support workers worked with parents to set goals at the second meeting, while completing the Family Matrix (the more intensive strengths and needs assessment). Goal-setting was completed at the beginning or end of the meeting, depending on how comfortable a family was with putting their goals on paper. Lastly, a different site intentionally did not ask parents to do goals at enrollment (when they did the needs assessment), emphasizing the importance of having established rapport and trust with the family first, before setting goals.

Tools for Setting and Documenting Goals

Though sites varied as to which tools they used to help parents set goals, all sites had a system for formally documenting these goals.

Family support workers described using specific tools, including those created by outside developers and those created in-house, to both set and keep track of families' goals.

Tools
All sites used tools to help families set goals and five out of six sites shared their goal-setting documents. The last site did not provide their goal-setting tool, but described it as "a rubric on ChildPlus," data management software for early childhood programs and the most commonly used management information system in Head Start overall.[7] For the five sites that shared their tools, all of the tools included a space to write in one overarching goal and from three to five lines to write out the smaller steps to achieving that goal.

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6.   The sixth site had recently gone through administration and staffing changes at the time of the case study; one family support worker interviewed was new to the role and had not yet gone through the goal-setting process and the other family support worker did not clarify the goal-setting and follow-up timeline.

7.   Jordan, Schultz, and King (2015).

Otherwise, their tools differed in what information they included. (See Table 4.1 for common items included on the tools.)

TABLE 4.1

Common Items Included in Sites' Goal-Setting Tools

Goal-Setting Item	Site 1	Site 3	Site 4	Site 5	Site 6
Targeted date for achieving goal	X	X	X		X
Family engagement outcome category (PFCE Framework)[a]	X	X		X	
Who is responsible for taking the step or providing support (parent, another family member, or Head Start staff)?	X	X		X	X
Materials, information, or resources needed to meet goal or be provided to families	X			X	
Family strengths and resources		X	X		
Barriers or concerns		X			X
Follow-up date	X		X	X	
Update on parents' progress	X		X	X	X

SOURCE: Goal-setting tools sites shared electronically with the study team.

NOTE: Site 2 did not share an electronic copy of its goal-setting tool and is thus not included in the table.

[a]Head Start's Parent, Family, and Community Engagement Framework.

Additionally, four of these sites each had unique items included on their goal-setting documents:

• One site had a checkbox to note which family member(s) were involved in the goal-setting process as well as a checkbox to indicate if a father figure was involved.

• The second site had a checkbox to note whether the family had an existing family plan with another agency. This site also had a checkbox asking parents to affirm that they received a copy of the county resource guide.

• The third site had an exercise for setting goals that asked parents to think of a goal they had today, as a way to prepare them for creating family goals.

- The fourth site had a place for parents to indicate their motivations for achieving their goals—for example, to better provide for their family, to reduce stress, and school readiness/kindergarten transition. This site also had a place to record "How we'll know it's [the action step] done."

Documenting Families' Goals in a Family Partnership Agreement

At the five sites that shared their goal-setting tools, the goal-setting documents also served as individualized plans for families—a way to formally document families' goals and to track parents' progress toward achieving them. Four sites referred to their goal-setting sheet as a "Family Partnership" or "Family Partnership Agreement" (FPA) and another site's "Goal Action Plan" had a note that the document had replaced their FPA. Staff members from one of these sites explained that the strengths and needs assessment, goal-setting, and individualized plan creation were one and the same; this site used the Family Matrix tool to determine needs and create an individualized plan. A family support worker at this site reported, "[At the meeting to do the Family Matrix], we do the Family Partnership Agreement, or I call it our 'goal-planning worksheet.' We…talk about…barriers, resources…." Otherwise, the manager from this site shared, the site was not required to make a formal plan: "It needs to be the family choice," the manager said. Lastly, the site that did not share a goal-setting tool said that they documented families' goals in ChildPlus (as mentioned earlier) and that they had an FPA that served a different purpose—to note parents' commitment to participating in activities required for enrollment in Head Start (for example, by participating in home visits).

Process for Setting Goals

Although the process for setting goals differed from site to site, family support workers at all sites reported breaking goals down into smaller steps as an important part of the goal-setting process.

Family support workers described a series of steps they took when working with parents to set goals. Not all sites took all of the steps outlined below.

Parent Takes the Lead

At four sites, family support workers emphasized that the goal-setting process started with parents, who would take the lead in setting and choosing their goals. Parents identified the goals that were important to them and actively participated in the goal-setting process. As one family support worker noted, "I ask [the parent]…what's something they want to work on and… a parent, you know, shares with me." Another family support worker noted, "You don't want to tell [parents] a goal they need because that's your goal, you know. You want them to see something they would like to work on for themselves." This family support worker's site started the goal-setting process with different outcome areas, using a "Family Outcomes Form" and asking parents about each outcome: "Do you feel pretty good about how things are going in this area or do you feel like you need to make some changes?"

At one site, the family support worker notified parents in advance of the meeting that they would be setting goals, so parents could think about potential goals prior to the meeting. The other family support worker at this site detailed how parents were encouraged to take the lead. The family support worker started the goal-setting process by asking parents what they would like to work on. The parents set their own goals, and the family support worker began working on this goal with them by asking them to describe the outcomes they would like to see, and what meeting their goal would look like. For example, if a parent's identified goal was to spend more time on academics with their children, the identified outcome might be to go to the library once a week.

Comments from a few parents (representing three sites) illustrate parents taking the lead in goal-setting. One parent described setting goals together with the family support worker, but the parent mostly led the process; the parent noted that the process was both "professional and personal at the same time." Another parent reflected on how she and her husband began taking the lead in goal-setting as they grew comfortable with the process, explaining that their family support worker "was suggesting [goals] at first and then after a while, we got comfortable enough that we started telling her how we really wanted [our goals] to be." Similarly, a parent noted that the family support worker would give ideas when the parent didn't have an idea for a goal.

Start with the Needs Identified in the Needs Assessment

Family support workers at four sites reported specifically tying the goal-setting process to the needs identified during the needs assessment. They either did this by starting goal-setting with a discussion of the family's identified needs or by completing goal-setting immediately after the needs assessment.

For example, a family support worker reflected on the goal-setting process—or "conversation"—and described how it was connected to the needs assessment. It started with a discussion of the family's strengths and needs identified in their strengths and needs assessment. The family support worker asked for more details about each need and then turned it into a goal. For example: A family had a health need. This need was broad, so together the parent and family support worker focused on each individual issue related to health. One issue may have been that the family did not have health insurance—that, then, became the parent's goal: to get health insurance. The family support worker then started to work with the parent on this goal by talking about who the parent could contact to get health insurance.

A parent spoke of the goal-setting process in a similar way, starting with the assessment of where the family currently was. This parent described the process as discussing goals with the family support worker and how the parent would achieve them, then looking to see where the parent was on a scale that showed progress toward goals, and talking about how much the parent needed, should spend, and should save.

Break the Goal into Smaller Steps

A common practice across all sites was for parents and family support workers to identify a long-term goal and then break it down into multiple shorter goals with manageable steps. How the sites did this differed:

- Three sites used SMART goals—making each goal "specific," "measurable," "attainable," "reasonable," and "trackable."

- Two sites used worksheets to identify the smaller steps of a larger goal, noting that the goal should include steps that were more specific than the larger goal, with targeted completion dates.

- At the sixth site, the family support worker talked to the family generally about the steps toward a larger goal.

One family support worker described the goal-setting process:

> Break down that need into…smaller baby steps so that that goal is attainable.... If I have a parent…[who says], "Well, I want to get a better job,"…we break that down…. "Well, what steps would you need to take to get a better job...? Are you considering, you know, training or school?" Or, "Is there something…within your job that you can do specifically to advance in your career? Is there a different career path that you want to try?"

Another family support worker described "start[ing] at the beginning" with what the parent needed to get their "big goals." For example, if the goal was to get a better job, then the parents needed to define what a "better job" was and think about what types of jobs they were looking for, and then search for job openings in that job field. If the parents needed help preparing their resumes, then the family support workers would refer them to a resume writing program.

One parent describing this step of the process said the family support worker made the parent feel comfortable about opening up and being candid. Together they started with small goals, such as surviving one month on one paycheck. Then they put the goals into her FPA.

Ask Parents to Identify Who Might Help Them Achieve Their Goal

At one site, family support workers talked to parents about who they thought could help them reach their goals. For example, it might be a family support worker or a teacher.

Nudge Parents to Consider Different or Additional Goals

Family support workers at five sites described having to "nudge" or encourage parents to consider different or additional goals; this did not come up at the sixth site. Sometimes it was hard for parents to think of goals at all, but the family support workers described

emphasizing that the goals could be small. Family support workers had a few strategies in place to address this:

- Suggest a more attainable goal if the parent has a goal that doesn't seem realistic.

- Gently guide parents if they don't know what steps to take.

- Revisit goals if they no longer seem attainable. For example, one family support worker said that parents might do their budgets and find they didn't have extra money to put into savings. In that case, the family support worker encouraged them to change the goal from saving a certain amount of money to putting an extra $10 a month toward paying a past-due bill.

- Follow up on the potential goal at a later meeting. For example, if a family lacked insurance but did not want to make getting insurance a goal, one family support worker's strategy was to ask them at a future meeting if they were able to get insurance.

When determining how much to nudge families to consider a different or an additional goal, family support workers at these five sites described taking families' individual circumstances into account—trying not to push parents while gently encouraging them to consider other possibilities.

Set a Timeline for Achieving Goals

When setting goals, parents and family support workers established a timeframe for completion. Family support workers from two sites said they had clear time expectations, such as completing the goal within three to six months and then setting a new one, or completing the goal within six months, to coincide with a check-in meeting scheduled for the spring. In other cases, parents had more control. At one site, family support workers asked parents to give a specific timeline for completing their goal (such as in six months). A family support worker from a different site noted that parents were in control of the timeline but that the family support worker tracked it. Similarly, at another site, one family support worker encouraged parents to put alarms on their phones to remind them to start the steps toward their goals, and another said she put parents' goals into *her* calendar to remind her to check in with them at set intervals. Those calendar reminders also gave her "a reason to reach out to [families] and connect with them," she said. Staff members at another site noted that they "tried" to get parents to set timeframes and identify the steps needed to achieve their goals.

Staff members at five sites shared a challenge of the goal-setting process: when parents did not want to set goals. These staff members said there could be several reasons for this. Parents might be overwhelmed or did not want to set a goal because they already had too much going on. They might say they didn't have goals or were hesitant to say what they needed or to share personal information before they got to know a family support worker. An additional challenge that staffs at two of these sites encountered: when parents

only named goals for their children and could not or did not want to think of goals for themselves. This made it difficult to create family goals, the staff members said.

Types of Goals Set

Parents' goals ranged from short-term to long-term, and many were focused on the parents' children.

Some of the shorter-term goals had to do with how parents budgeted and spent their time, whether for personal or family-oriented activities, such as improving time-management skills, spending more quality time as a family, or spending time with their children on their schoolwork. Parents at three sites described having long-term goals, which tended to be focused on financial well-being. Examples included getting or completing an education, obtaining financial aid for education, improving finances or savings, buying a car, getting a new job, or improving a housing situation. Although some goals addressed emotional well-being, at one site the family support worker found that parents were hesitant to talk about their relationship with their child's other parent.

Family support workers at four sites reported that most parents wanted to set goals for their children, such as language development or toilet training. Two sites allowed parents to set goals for their children by indicating at the top of the goal-setting documents that the goals could be for the family or for the child. A family support worker from one of these sites, the Migrant/Seasonal site, reported that "only five percent of the goals were for parents" and the rest were for their children; this site also had a line on its form for the parents to sign to say that they did not want to establish family goals at this time.

A family support worker at another site explained why parents tended to do this:

> [The parents] think we're there for the children and…not to help mommy or daddy or the family as a whole. And they tend to just want to say, "Well, I want my child to learn his ABCs, one, two, threes, recognize his name, and that's my goal. I want them to be ready for kindergarten." And when I can, I say, "That's our goal, too. We want them to be ready for kindergarten. But how can we help you? Because," I say, "We help you get better or improve or meet a goal that you have, [and] that in turn will help your child as well."

Family support workers from two sites went into more detail, reporting how they prompted parents to create parent goals by emphasizing family goals. One family support worker described this:

> For my goal-setting purposes, [the goal is] supposed to be for the parent or caregiver or for the family unit as a whole…. So it's a lot of…shifting conversation to be parent-centric…. I…create the space where they recognize you set goals with your educator for your child…. These goals [set with me] are for us to get

to know each other better and for kind of the purpose of resource finding and capacity building together.

Another family support worker noted that if the family insisted on setting child goals, that was okay, but then the family support worker would try to explain that she was looking for a family goal.

Some parents (representing four sites) named specific examples of goals that they had established with their family support workers. One parent's goals were to get a better car, then a new job. Another parent said she set a goal to get her husband to take an English class and adjusted the goal over time as needed. Another parent's goals were to understand the rules and regulations around getting her child to school, to address her child's capacity for self-regulation and discipline, and to address her own physical needs. A different parent did not remember the original goals that had been set but did remember that typically there was one long-term and one short-term goal. The current goals were to save money and purchase a home.

Following Up on Parents' Progress

Family support workers followed up with parents about their goals during scheduled meetings at five sites and also during unscheduled check-ins at three sites. However, the frequency of these follow-ups varied.

Family support workers said they regularly followed up with parents to see how they were progressing toward their goals and to see if they needed to adjust anything.

Timeline
Family support workers from five sites reported following up on goals during their scheduled one-on-one meetings with parents—usually on a monthly basis. At the Migrant/ Seasonal site, where there was one family support worker assigned to a single center and child goals were included in the goal-setting document, one family support worker reported following up on child goals every 30 days and on family goals every two to three weeks, while the other one reported following up with parents once every two months during home visits.

Family support workers at another of the five sites reported following up once every three months. One explained that if the parent set a three-month goal, then the family support worker would check in about it at the three-month meeting. If the parent accomplished the goal, the family support worker helped the parent set a new one.

In addition to follow-ups at scheduled meetings, family support workers from three sites also reported checking in on goals during unscheduled exchanges on a weekly or biweekly basis—when they saw parents during drop-off and pick-up or at other times. One family support worker set up two to three follow-up dates for each goal with the parent and kept a

running follow-up list. The first follow-up occurred a week or two after the goal was set, and from there the family support worker checked in with the parent in a monthly phone call.

Process

Family support workers at five sites described their process for following up on parents' goals. A family support worker at one site noted that parents often changed their goals at the follow-up meetings, so the family support worker focused on getting a parent to choose a primary goal that they would maintain over time. At another site, a family support worker explained:

> Once we've established a goal, we meet with them once a month to say, "...What steps have you taken to get to that goal? Okay, we completed that. Or, what has hindered you from taking those steps to moving forward towards the goal?" And then we'll work through whatever that roadblock has been or say, "Okay, that's a roadblock. What can we do to change that or better that so that you can work towards your goal?"... And every month, we'll meet until we establish that we've worked through that goal. And sometimes they'll say, "You know what, I want to work on something else now." That's okay.... We can't put what we think they need on them.... They can change their mind. They want to work on something else.

At another site, the family support workers described working with parents to adjust their goals as needed during the follow-up meetings. One family support worker would do this during the first home visit with the family. Both family support workers explained that they asked parents a series of questions to understand what got in their way. One of them described this process further:

> I would say…, "What are your barriers to achieving this goal? What are some steps that you'd be willing to take?... How would you like to start those steps [and] when…?" So it's a lot of both putting the ball back into their court through… motivational interviewing, because it all comes from them. And if they do identify [a goal], we can give suggestions. Like if they're working on [their child's] bedtime routine, "Have you set an alarm on your phone when it's 8:00 to start that?" We work with the Conscious Discipline [method] and that employs a lot of visual schedules. So [we ask], "Would you like us to set up a visual schedule with you? You know, we can help you with that. We've got construction paper, crayons, we can make it together with the children."

For example, one parent's original goal was to register her child for kindergarten, but she struggled to meet the goal. During a meeting with her family support worker, the two discussed the barriers she was facing and the family support worker learned that the parent lacked transportation to get to a place with a computer she could use to fill out the registration documents.

Parents also spoke about following up on their goals with their family support workers. Parents from two sites provided details on the process. One parent noted that the family

support worker would check in periodically on the goals and how the parent's daughter was doing and would offer encouragement. Another parent reported that the family support worker checked in "all the time":

> They all the time check where I am, what I need.... After six months, they check with me, how I am far from my goal achieving. And if I need any help...like a financial aid or any other support for my son, especially for his therapy...and also whenever I need any [medical assistance]...because I have a health problem.... [The family support workers are] all the time searching out the resources for me.

Parents' Perceptions of the Goal-Setting Process

The parents had varied recollections of the goal-setting process, ranging from not recalling it to having a more detailed recollection.

A few parents across three sites did not recall the goal-setting process at all, and a few parents at two other sites had only a vague recollection of talking to the family support workers about goals or using a tool such as a questionnaire to guide the process. Some parents (representing three sites) only reported setting goals for their children, and one of these parents reported not having a formal goal-setting process and simply talked about things as they come up.

Other parents had more detailed recollections about the process: when they set their goals, what types of goals they had, how the family support staff members helped, when they checked in together to assess progress, and how that made the parents feel.

Parents from two sites spoke of how their family support workers helped them or made them feel during the goal-setting process. One described how their family support worker helped the parent work with doctors and to get Medicaid and Social Security. The parent reported making progress on the goals—especially on child behavior, helped by a Conscious Discipline class. Another parent reported that the goal-setting process made the parent feel more confident: The family support worker gave the parent many ideas and confidence. A third parent reported that although she felt overwhelmed at first because she had never had someone in her life like her family support worker who followed up with her on her goals, she eventually grew to appreciate and even look forward to their goal-setting conversations.

5

Connecting Families to Services

After identifying families' strengths and needs and setting goals, the next step in the coordination of family support services is to connect families with services. This chapter describes how family support workers determined which services families needed and the processes used to connect parents to those services. Next, the chapter details parents' service receipt from both the parent and staff perspectives. Additionally, the chapter highlights factors that facilitated or impeded the process of connecting families to services.

KEY FINDINGS

- Families' needs directly determined the services that family support workers connected them to. Family support workers adjusted the services provided or made referrals based on whether there were multiple services that addressed the need or if the family required something more tailored to its particular circumstances than was typically offered.

- Family support workers connected families to services provided directly by the Head Start program, the Head Start umbrella agency, or community providers. Service provision varied by Head Start program agency type—community action agency, nonprofit, or school system.

- Family support workers' approaches to referring parents to and helping them navigate services varied based on the service provider and the individual parent's preference.

- Parents reported receiving different kinds of services from their Head Start programs, umbrella agencies, and community providers. However, parents and Head Start staff also reported a variety of reasons that parents might *not* use such services, such as facing barriers that prevented them from accessing the services, wanting services only for their children, and having concerns about the stigma associated with receiving the services.

SERVICE PROVISION

After identifying families' strengths and needs and setting goals, family support workers connected parents to services to address those needs and goals. The services could be provided to families directly by a family support worker or by another staff member within the Head Start program, by the umbrella agency, or by a community provider.

Determining Which Services to Provide or Refer

Families' needs directly determined the services that family support workers connected them to. Family support workers adjusted the services provided or made referrals based on whether there were multiple services that addressed that need or if a family required something more tailored to its particular circumstances than was typically offered.

A family's needs directly determined which services a site would connect it to. For example, if a family needed winter coats, the goal would be to pick up winter coats, so the family support worker would refer the family to a local nonprofit organization like the Salvation Army.

Family support workers described common services they typically provided (for example, food boxes or bus passes) or referred families to (for example, GED classes or a health clinic that charged on a sliding scale). If multiple services addressed the same need, family support workers usually started with the services provided in-house, by their Head Start program or umbrella agency. If the in-house service had exceeded its capacity or funding, the family support worker would instead refer the family to a community provider. For example, when one site's housing for families reached capacity, family support workers would refer families to a community provider that offered housing services.

In some cases, family support workers would both provide the service directly and refer families to a community provider. This scenario was common when the in-house service did not completely meet a family's need or was meant to provide temporary, emergency assistance. For example, if a family had a food-related need, the family support worker would directly provide them with food to take home and would refer the family to enroll in WIC or SNAP to get longer-term support. A Head Start director explained the latter scenario, emphasizing the importance of going beyond giving families one-time assistance and connecting them to a resource they could access independently:

> In an emergency situation [we can] go buy some groceries for that family...depending on the need...[while] connecting them to food banks at the same time. Because while we might be able to provide them with enough food to get through a week or a weekend, it's not sustainable. So, how do we give them that resource, but then set them up for success to be able to go to that food bank and continue to,

you know, get their needs met without relying on us? Everything we do is, "How do we help you in the crisis, but allow you to continue to meet that need?"

Otherwise, when multiple services addressed the same need, the family support worker gave parents information about all of them so the family could choose which one to take up. One family support worker described this process and the importance of giving families a choice:

> When a parent identifies a need, I will gather as much information that I do know about it and give them as much information as I can and then say, "Here's your options. What is something that you think is going to work best for you and your family?"… [G]iving them the power to make their own choices is important…. Once they decide on what they want to do, I…suggest…[they] sleep on it…. A lot of times life is just so hectic and you'll say yes and not want to say yes…. [I] then follow up with them the next day…. [Then I] submit…a formal referral or I just communicate between the agency and the parents verbally.

A Head Start director further described instances when families could choose which service to receive, noting why it was important to talk the families through the service options so they could make an informed decision that worked best for their family:

> We try and stay informed of [who] actively is doing GED classes [for example]…. [S]ome of the programs are true GED preparation, others are high school diploma… and tend to be a little more challenging to complete. And so [we're] helping families see those distinctions in the different services, helping them look at what's closer to their house. Some of those programs have child care available, some do not. So do you need to take that class at 10:00 in the morning while you have your child in Head Start, or could you take it at 6:00 in the evening and take your child [with you]?
>
> So just kind of walking them through those different things. Because usually, there may be two to three locations to get that need met, but there's pros and cons to each. And generally, our families are only going to know any of that if they had a friend or family member that already went there, because word of mouth becomes the primary rating system. And so they may not even consider one that's closer to their house and better meets their needs because Aunt Martha said, "You go here."

If the services known to the family support worker did not fit a family's needs, the family support worker would search for one that did, such as a dental clinic that was open during hours when a parent was off work, or child care that was available in the evenings. One parent wanted help looking for employment in a specific field, so the family support worker searched for employers who were hiring and gave the parent a list of names, including the name and phone number of someone in the office to contact.

A family support worker shared a challenge with connecting families to appropriate services: She didn't always know or understand all of the details related to a family's need. For example, one parent initially reported needing help with housing, but later shared that the family was going through eviction, something the family support worker would have handled differently from the beginning had she known.

Service Array

Family support workers connected families to services provided directly by the Head Start program, by the Head Start umbrella agency, or by community providers. Service provision varied by agency type—community action agency, nonprofit organization, or school system.

Services Provided by the Head Start Program

Head Start programs provided some services to families directly on-site at the center or during the home visit. These services included ones provided directly by the family support worker or by other staff members at the Head Start program, as well as services provided on-site at the center by external consultants.

Services provided directly by the family support worker or other Head Start staff members included:

- Parenting classes—for example, teaching Conscious Discipline, budgeting, making nutritious meals (five sites)

- Transportation assistance—for example, providing bus passes and gas gift cards, driving families to where they need to go to access a service (four sites)

- Clothing assistance (three sites)

- Food assistance (two sites)

- Emergency funds for housing (two sites)

- Mental health services (two sites)

- Wraparound childcare (one site)

Four sites offered a variety of regular services on-site that were led by a consultant or other external provider, such as mental health counseling, GED classes, and Individualized Education Plan (IEP) consultations. A family support worker could walk a parent over to where the consultant was stationed in the center to receive that service.

In fact, staff members said that having resources available on-site facilitated their ability to connect parents to services, whether offered by the Head Start program, the umbrella agency, or a co-located community provider. Family support workers could offer parents concrete supports immediately, such as food or a car seat. Family support workers also said that immediate access to a needed support made parents feel the program was helping them. Co-location also facilitated follow-up—to make sure the parent had accessed the service. One family support worker explained that having providers on-site made the services provided seem more unified to parents:

> It's usually quite the hub of, you know, service providers…. Parents can see…the service providers just being, you know, a familiar face…in the building. And so it's helpful when we sit down for, like, IEP meetings, and things like that because everyone already kind of knows each other…. [I]t's just really helpful…for the cohesiveness of the services to have that good…working relationship and kind of wrap around the family, instead of being just individual parts all coming in at different times.

Services Provided by Head Start Umbrella Agencies

Sites varied in the extent to which they referred parents to services offered by their umbrella agencies, with some sites relying on them more so than others. Five sites were part of a larger umbrella agency that had resources the programs could provide: Two were part of a larger nonprofit (which included the Migrant/Seasonal site), two were part of a school system, and one was part of a community action agency. The sites whose umbrella agencies were large nonprofits or a community action agency reported having access to a great number of their services, and thus were more likely to make referrals to those organizations.

At one site, the family support staff worked in the same building as the umbrella agency—in this case, a school system. At the other four sites, the family support staff worked in a separate building and were not co-located with the umbrella agency.

Staff members at the five sites said their umbrella agencies could provide a range of services. The most common services mentioned included: food assistance (four sites), clothing and diaper assistance (three sites), housing and rental assistance (three sites), and employment and training services (three sites). One site's umbrella agency arranged for a domestic violence advocate to present information to the families. Another site that was part of a school system had federally qualified health centers located at its umbrella agency (that is, on the school campuses), which gave families direct access to medical services (for example, a dentist) and behavioral specialists for their children.

Staff members at one site said that they often referred parents to services from their umbrella agency. Their site was part of a large umbrella agency that offers extensive services to families, and families in their program had access to all of those services. The family support workers could reach out to their contact at the umbrella agency or call a direct phone line to get information about the services available that might suit a particular family. Explained one family support worker:

> We're lucky to have [umbrella agency] as our grantee. They have over sixty-something programs…[including] counseling, not just for the kiddos, but the family as a whole. They have…[homeless] shelters, they have different programs that provide assistance for the parents for GED, resume writing…. [W]e have the [direct] access [phone] line [to the umbrella agency] that we can contact and say, "Hey, you know, I need some assistance in food" ... and they'll give you a listing of where to go, where to contact.

Another site also relied heavily on its umbrella agency, which had a staff member co-located at the Head Start center, to provide services to families. The family support worker would call a contact at the umbrella agency or walk a parent over to the co-located staff member, and then agency staff members would make referrals to supports such as rent and housing assistance, money for utility bills, and weatherizing families' homes (to lower heating and cooling costs). This site's umbrella agency applied for a foundation grant to pilot a program in which the family support staff members work intensively with a few families who were selected because they indicated that they "really want to see mobility, that they really want to work on goals," the manager explained. This new approach, she said, will take an "in-depth [look at] how do we work intensely with a family and see what that looks like."

Services Provided by Community Providers

Services and supports available from community providers that were external to Head Start or its umbrella agency were wide-ranging. The most commonly mentioned included: education services such as GED or English Language Learner classes (five sites); food assistance, including referrals to WIC and SNAP (four sites); housing assistance (four sites); mental health counseling (four sites); and child development and behavioral consultations, such as consultations about IEPs, autism spectrum disorders, and speech therapy (four sites).

Staff members from four sites said that having an established relationship or planned communications with community providers made it easier to connect parents to those services. Joining regular meetings convened with community providers, for example, facilitated relationships between providers and family support workers and provided an opportunity to learn about the services available, talk about families' needs, and refer families. One family support worker noted that when several families at a center accessed the same provider, it made it easier for parents to feel comfortable using that resource because they knew other parents used it. Having community providers attend group parent meetings at the center made it easier to connect families to services, explained another family support worker, because it allowed her to introduce parents directly to the provider and to register parents for the service right away. Another benefit of having staff members from service providers attend group parent meetings was that the family support worker could register multiple parents for a service at the same time.

Staff members at all sites reported at least one challenge related to the services offered by community providers. Those challenges fell into one of four categories:

- **Lack of resources.** At two sites, family support workers described a dearth of community services. At one of the sites, located in a rural area, there were few resources beyond public benefits. At the other site there were few resources to help meet parents' specific needs. A manager at this site remarked that while there were some resources, "Nobody has money just sitting in their coffers to pay for some next-level thing"—that is, services that would truly help people get out of poverty.

- **Language.** At two other sites, family support workers described language barriers: The community provider did not offer services in the parents' language or provide a translator.

- **Lack of responsiveness.** The fifth site reported that community providers did not return calls or only had voicemail; no one answered the phone. One family support worker described scheduling a time for a group phone call with the provider, the parent, and a translator, but the provider missed the meeting and did not call back.

- **Lack of insurance coverage.** The sixth site noted that sometimes parents' insurance did not cover the community providers' services. For example, mental health providers in the area did not take parents' insurance, so the parents couldn't receive their services.

Helping Parents Access and Navigate Services

Family support workers' approaches to referring parents to services and helping them navigate the services varied based on the service provider and the individual parent's preference.

Family support workers at all sites described factors that enhanced their ability to help parents access services, including: working with service provider staff members who spoke Spanish, or having documents that were translated for families who spoke Spanish (five sites); working with teaching staff at their site who were familiar with the resources provided by the umbrella agency (one site); and having the ability to scan and email documents, which made it easier to communicate with the community provider and get services for parents faster (one site).

Approaches to Making Referrals Varied from Less to More Involved

Family support workers' approaches to referrals fell on a continuum, from a very hands-off approach with modest involvement to a more hands-on one where family support workers were more involved in helping parents connect to and navigate services. All Head Start staff members who described the referral process indicated that they intentionally adjusted their approaches depending on the service provider or the family's situation and preference.

Hands-off approach. In a more hands-off approach, family support workers gave parents information about available services—for example, the name and phone number of a community provider, or the process for applying for utility support—and then it was up to the parent to take the next step. One family support worker described this approach:

Some families choose to just take the booklet of resources and then we ask, "Hey, have you been able to contact that resource that we gave you?" Some say no, that they figured it out [without needing to contact the resource]. Some say yes.

Sometimes, such as for a medical or dental exam, the family support worker provided parents with a letter of referral, which established that the provider must offer the parent an exam at no cost. But it was still the parent's responsibility to make the appointment. Similarly, sites might provide mobile clinics or hold events like job fairs, but it was up to the parents to follow up. One parent described a more hands-off referral:

> I have, like, an eye problem, [and] I have no insurance, so [eye care is] too expensive…. I just told [the family support workers] everything and…they found this big [eye care] event…and they just give [me] the flyer [showing] where I need to go [to] get this service and take care of my vision…. I just go over there and I just get my free glasses and free eye exam.

Most family support workers described certain situations when they would use a more hands-off approach. However, one family support worker reported that she tried to be more hands-off with *all* referrals, so parents were ultimately able to navigate services on their own. She described one such situation:

> If I have a family who doesn't speak English, I go ahead and call [the provider] because some agencies don't have Spanish-speaking people, others do. But just to make sure, I…contact them and get…the number that families can [call directly to] reach someone that speaks Spanish…. I don't want to do the process for [the parents] because my process is to have them be more self-sufficient.

Hands-on approach. Most Head Start staff members who discussed the referral process also described situations when family support workers took a more hands-on approach with referrals, particularly when a parent requested the extra support. For example, family support workers sometimes sat with parents while the parents called a community provider, either to request information or make an appointment. One family support worker referred to this as a "warm referral" and described it this way:

> [If parents] choose for us to make the call with them, then we'll make the call to the agencies with them…. [If] they're still struggling or if they've left several messages, we're able to make that call. Or if from the get-go they'd like to make the call with us, then we're able to do that.

Sometimes family support workers would take it upon themselves to call the community partner and let them know that they were sending a parent for services. Taking this a step further, some family support workers would drive a family member to the service partner. One site discussed providing transportation to and from before- and after-school child care providers for any families who needed this. A family support worker described the range of more hands-on referrals:

I try to [introduce the parent to the provider]. That is not always possible. I always let the parents know so they expect the phone call [for when they] need to meet a service provider. I have gone in person with families to a counseling program when the parent was…nervous, so I waited until they could go back to the waiting room.

Another family support worker detailed her degree of involvement:

Let's say the parent wants food stamps…. I will fill out the referral, and then I will call my local health and human services [and say], "…I have a family that's interested in applying for SNAP…." They'll take the information, and…be expecting the family. And then I'll contact the family and let them know, "I've already reached out to [the SNAP office]. They're going to be waiting for you, so call them to make an appointment. And if you need any translating, just let me know and I will assist you…." A lot of times, [parents will] say, "…Can you go with me? Because I feel nervous."

A family support worker at one site described taking direct action to support families—for example, reaching out to the mental health services provider on behalf of a particular family, and if the parent was comfortable with it, arranging a meeting between the provider and the family that the family support worker would also attend.

Factors that determined the approach. While a few family support workers indicated that they typically used either a more hands-off or hands-on style, most Head Start staff members interviewed described situations when family support workers had to change things up. It depended on a family's situation and the service provider, as described by a Head Start manager, who said the referral process was "totally individualized for the families":

We either will give the families the information to contact the provider themselves or with their permission…we will...set that appointment for [them]…. It…depends on what they need and how they need those services. Some families work during the day, so it's very difficult. You know, they work on a factory line, they can't get out and make a phone call. So they might say to the [family support worker], "I've got to work tomorrow. There's no way that I'm going to be able to make that appointment. If you'll make the appointment for me and here's some times that work…." Or it may be that…they have no transportation. The [family support worker] says, "We'll come pick you up and get you to the appointment."

A family support worker noted that more hands-on support was provided when parents had challenges with the referral. For example, one parent could not get in touch with an organization that provided families with car seats. So the family support worker stepped in, made more phone calls, and found out what was happening with the program, noting:

It's important for parents to be independent…to make the phone calls…. But when they have a roadblock…I'll jump in and make sure that they receive that service.

Whether family support workers were more or less involved in referrals also depended on whether they were connecting parents to services offered by Head Start, by their umbrella agency, or by a community provider. At the site that was within a community action agency and at one of the sites within a nonprofit (that had many services parents could access), family support workers relied heavily on referrals to their umbrella agencies. Family support workers' involvement differed when referring to the umbrella agency, compared to when referring to a community provider. Though the family support worker might be more hands-on with both types of referrals, the ways they were involved looked different.

The key difference, one family support worker explained, was that with umbrella agency services, the family support worker had direct access to the staff member providing the service. They were also familiar with the application for the service, so they could help parents fill out the paperwork. This allowed the family support worker to quickly connect the parents to the service, as this family support worker explained:

> I usually…email [my contact at the umbrella agency]…and say, "I have a family right now that's in need, this is what's going on, when you get a chance, can you please give me a call back?" And she usually calls me right back…. I look over the paperwork first, and…then I display it to the parents…and then connect [the parents and the umbrella agency] via email and phone. And there are times…I… phone the [umbrella agency] right there with the parent there.

The family support worker compared this process to making referrals to community providers for whom she did not have a contact or direct access. Without this direct connection, her initial referral might be more hands-off—for example, giving the parent the provider's contact information so the parent could reach out. If the parent could not get ahold of the provider, the family support worker would become more involved in the referral and would do what she could to reach the provider on the parent's behalf. She gave an example, in this case, explaining that she did not have a direct line to the public assistance office, which changed the referral process:

> You know…County Board of Social Services is just that, …County, so it's not going to be available for [our phone calls with specific questions]…. [Parents tell me], "I reached out, I can't get nobody, I'm getting no answer."

> So, that's where I have to…do a little deeper research, go online, get the names, get the phone numbers, start making my calls…. I'm getting pushed to the side too, because...[the public services agency is] not treating me like a provider, they're treating me like the public…. By the time I get somebody, I'm like, "Yeah, well, I'm following up because this specific person from our program has been trying to reach you and can't."

Supporting Parents as They Navigate Services

In addition to interacting directly with providers as they referred families to services, family support workers helped parents navigate services. One parent noted that it was particularly

helpful to have the family support worker discuss the different service options with her. There were many resources available, but it was hard to find the time to sift through all of the options.

One family support worker described supporting parents by taking a multistep approach:

> I had a family ask me for housing last week. So what I did was, I printed [out] the different kinds of housing with a few different numbers and I gave that to them. And I said, "I want you to look at this first. This is the first step. These are just the different kinds of subsidized housing." And I gave them the qualification information and I said, "I put your information into their system and it says these are the ones that you qualify for. I want you to look over this information and let me know if you have any questions first." Then they'll come back to me and they'll say…either, "I have questions" or "Where do I need to go?" Then I will give them the next step, which is like a list of phone numbers…. "You can call this apartment complex and they may tell you may or may not qualify, or you may have to go through the Housing Authority."

The family support worker said that she broke down referrals into smaller steps so she didn't "overload" parents with too much information, noting that parents are "already struggling" and giving parents too much information at once "does not help."

Both parents and family support workers who spoke about this process said frequent check-ins were helpful. They served both as a reminder to parents to take action and as an offer to help if they needed more assistance. For example, one parent described an instance when her family support worker checked in with her to see if she had found wraparound child care for her child. When the family support worker learned that had not happened, she provided further support by searching for a nanny.

When they described helping parents navigate services, family support workers did not differentiate between support given to parents with one need or to parents with multiple needs. This is because the extent to and the way in which family support workers helped parents navigate services depended not on how many needs a parent had, but on each parent's individual situation and if the parent indicated needing additional help. For example, if parents said they were unable to access a particular resource or the resource they were referred to did not meet their needs, the family support worker would step in to help them access the service or find a new one.

By talking parents through the various services available and by checking in with them frequently, family support workers learned whether a parent had followed up with a service provider or intended to. If the parent had encountered any barriers, the family support worker could step in and provide additional, tailored assistance, such as calling a service provider directly to make an appointment for the parent. One family support worker explained that keeping in touch with families through "constant contact" and "keeping that communication line open" allowed her to better help parents navigate services.

Family support workers from two sites shared challenges they experienced with supporting parents as they navigated services. One noted that there were limits to what information could be shared between community providers and family support workers: There was no way to follow up directly with community providers to learn about how well the service was meeting a family's needs. Another explained that parents might share their needs with their family support worker as a "last resort," *after* they already experienced a problem, such as letting the family support worker know that their electricity had been shut off after the fact, rather than telling them earlier on that they couldn't afford the utilities bill.

SERVICE UTILIZATION

Parents and Head Start staff members described parents' receipt of family support services provided by Head Start centers and by outside providers, including the services received and those not received.

Services Received

Parents reported using a variety of services from their Head Start program, umbrella agency, and community providers.

While the study team's interviewers prompted parents about different service categories, interviewers did not ask parents to complete a checklist.[1] The services parents reported receiving are summarized in Table 5.1.

Not Receiving Services

Parents and Head Start staff members reported a variety of reasons that parents might not use family support services, including facing barriers to accessing the services, wanting services only for their children, and having concerns about the stigma associated with receiving services.

Head Start staff members and parents reflected on possible reasons that parents did not use available services.

Reasons For Not Using Services
Head Start staff members at all sites explained what might get in the way of parents taking up family support services, particularly when a parent had a goal but did not use available support from their center.

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1. Because the study team sought to learn what was salient to parents, they did not verify parents' reports with family support workers or by reviewing families' case files.

TABLE 5.1

Parents' Reports of Services Received

Services Received[a]	Reported By	Number of Sites Represented
Supports for children • Assistance with children with disabilities or developmental concerns • Wraparound child care • Kindergarten transition	Most parents	6
Emergency and short-term assistance • Food assistance • Clothing and household supplies • Transportation assistance • Help with paying bills (including rental assistance)	Some parents	5
Skills development • Disciplining or other parenting skills • Financial management • Information on taking driving classes and the driver's test • Stress and anxiety workshop • Time management	Some parents	3
Education and career/employment • Assistance with getting a GED or high school diploma • Materials for learning English • Information on employers hiring in the parent's field • Vocal encouragement for a parent's job search	Some parents	3
Supports for parents' physical and mental health • Dentists and doctors with evening appointments so parents can go after work • Health insurance • Health clinic with a sliding scale	Some parents	3

SOURCE: Study team's interviews with parents.

NOTE: [a]The services are ordered from those mentioned the most often to those mentioned the least often.

There were barriers to taking part in the services provided. Head Start staff members from all sites reported that parents face various barriers to accessing services. Staff members from three sites noted that some services or sign-up periods were not available at times that accommodated working parents. One family support worker said that she helped parents navigate this by showing them how to scan and upload required documents with their phones so they could do that part of the process remotely; this family support worker said she had learned this trick herself as a working mother who had experienced poverty. In some cases, the service provided was located far away and it was difficult to get to the site if, for example, the family lacked transportation, a barrier reported by staff members from two sites. Other barriers parents faced (each one reported by a different site) included no access to a printer to print out registration forms, inadequate guidance on how to sign up for a program and communicate with the provider, and appointments, such as for WIC, that were offered too far in the future to help parents with immediate needs.

Not having the time to participate was a significant barrier (reported by staff members from three sites). A family support worker explained that parents might not have the time because of busy work schedules. One manager noted that parents were already overwhelmed with taking care of young children and working full time. They didn't have time to access services with complicated registration procedures. Two family support workers from two different sites shared an example of a parent not accessing a service that required multiple steps to register: In one case, the parent had to file for eviction first before she could get help with paying the rent; in another, signing up for the service required visiting multiple locations.

Some parents (representing three sites) reported not using services because they did not have the time to take advantage of them—specifically services related to education, including learning English and earning a GED. One parent was referred to a clinic for dental care but was unable to get the services because the clinic was only open at times that conflicted with the parent's work hours.

Services weren't available or didn't meet the parent's needs. Staff from all sites reported two common impediments to parents' use of services: Services either were not available or were insufficient. For example, families needed food but the food bank only gave out unhealthy items such as cupcakes, when what the parents really needed was ingredients to make a meal. Another example: Parents needed clothing for their children, but the places that offered free clothing didn't have children's clothing. Or a service existed but didn't have enough capacity, so the provider put parents on a wait list. Sometimes, a service might be available but parents didn't qualify for it. For example, as reported by one family support worker, the provider only gave energy assistance to parents with lower incomes and rent assistance to parents who were working.

A few parents from one site also described these challenges: They discussed a need with their family support workers and got a referral to address it, but the referral ultimately did not work out for them. One parent who received a referral to get help paying for a gas bill applied but didn't receive any money because the provider ran out of funding. Another

parent needed assistance paying for auto repairs but the family support worker couldn't find a program to pay for it.

Parents didn't know the service was available. Staff members from two sites reported that parents might not participate because they weren't aware of the services or didn't believe they were free. Two of these parents did not realize their site offered services for parents and thought all of the sites' programs were for meeting children's goals. Two other parents didn't talk to their family support worker about having a particular goal and didn't realize the center offered services to support their work toward that goal; for example, they didn't realize their center offered time management classes.

Parents knew the service was available but weren't ready to use it. Some parents (representing three sites) explained that they knew their site offered a particular service but that they had not requested the service yet; they said they planned to use the service in the future. For example, a parent reported needing mental health services and knew that the site had a mental health consultant. The parent just needed to reach out to this consultant and planned to in the near future. Another parent discussed having changing career goals and her family support worker referring her to services for each goal (for example, help with tuition so she could go to school for nursing, then to culinary classes at a technical college so she could become a chef); she hadn't taken up these services because she was not sure of her ultimate career goal.

Parents were worried about the stigma associated with receiving services. Staff members from four sites reported that parents' negative perceptions of services prevented some from participating. They thought parents may feel "ashamed" and believe accepting services meant that they had "failed." Moreover, they didn't "want anybody in their business" or to talk about their issues. At one site, staff members reported that parents knew that caregivers had to take parenting classes if they were involved with child welfare. So parents didn't want to take the classes offered by the site because they didn't want others to think they were involved with child welfare.

At one rural site, a director said many of the parents came from families who had similar challenges. These parents "see the struggle as a normal thing" and did not think they needed help.

> [The parents] are very proud. They do not want help. They are doing fine, they're good with what they have. And they don't need any more, and they don't want any more.

This site gave children backpacks of food, for example, which angered the parents. The parents said "absolutely not" to the food backpacks. "I can take care of my family, we do not need food." Yet, the director noted that the children said they were hungry and that there was no food to eat at home. The parents didn't want to be associated with the stigma associated with needing help with food and didn't want anyone "in my business." Because

they were in a rural area, they were concerned about others in the community knowing if they were seeing a particular doctor or receiving a service.

Parents signed up for child care services in Head Start and were not interested in services for themselves. Staff members from three sites said that some parents simply did not want to participate. These parents "just want [their] kid in preschool" and said that they "don't need any of this other stuff." One family support worker noted that employed parents thought they did not need any family support services because they had an income.

Parents' Views on Unmet Needs and Not Using Available Services

Perhaps because of these barriers, most parents interviewed (at five sites) reported having at least one unmet need. A few parents (representing two sites) reported not receiving any family support services. Some parents reported receiving some services (for example, food assistance) but not others (such as transportation assistance), despite needing the added support. Parents reported unmet needs, which included:

- Acquiring skills such as time management or disciplining (some parents, representing two sites)

- Transportation or money to pay for car repairs (a few parents, representing three sites)

- Parent's mental health or dental services (a few parents, representing two sites)

- Paying the bills, such as rent or gas (a few parents, representing two sites)

- Parent's education (a few parents, representing two sites)

- Learning English (a few parents, representing one site)

6

Building Partnerships with Community Providers

Head Start programs established partnerships with community providers so that families could access services to meet their needs and achieve their goals. This chapter first describes how Head Start staff identified community resources and the multiple strategies they used to catalogue services and build and sustain relationships with community providers. Next, it describes the types of community providers the sites worked with and the nature of these partnerships, along with strategies used to form and maintain those partnerships. Finally, the chapter identifies facilitators and challenges associated with developing and maintaining partnerships.

KEY FINDINGS

- Head Start sites established partnerships with community providers to serve as referral partners. Staff members, including family support workers and directors or managers, used multiple strategies to identify community resources and build sustainable partnerships. Strategies included mapping community assets, developing resource directories, networking with providers, coordinating cases, learning from parents, and conducting community needs assessments.

- The local service array—the community infrastructure of supports and services available to meet basic needs or improve family well-being—varied across sites. This had implications for the types of needs that family support workers could help families address and where support was available.

- The sites worked with a variety of public agencies, nonprofit social services providers and community action agencies, and faith-based and community organizations to meet basic needs and provide family support services.

- Sites had both formal and informal partnerships in place with community providers, with roles and responsibilities about referrals and services sometimes formalized in a memorandum of understanding or a common agreement about these expectations.

- Community providers valued their relationships with the Head Start sites and the interdependency of their mutual efforts in meeting families' needs.

- Head Start staff members noted that having dedicated liaisons, longstanding relationships, and access to other community programs helped them build community partnerships and connect families to services.

IDENTIFYING COMMUNITY RESOURCES

Head Start staff members reported needing to identify community resources in order to connect families to services.

Strategies Used to Identify Community Resources

Head Start staff members described the strategies they used to identify service providers and resources that would meet families' needs and help them achieve their goals. Some communities had abundant services available, while others had limited resources and lower direct-service capacity.

As noted across the study sites, the first step in developing partnerships with local providers was knowing what was available in the community to support families. One family support worker described this approach as "keeping our ear to the ground [for]…things that are coming out, really watching social media, investigating some of these resources that have come about."

Head Start staff members used multiple strategies to identify community resources, as shown in Table 6.1. These strategies, listed in the table by their prevalence across sites, included mapping community resources, developing resource directories, networking with providers and building relationships with staff, managing cases with providers, learning from parents, and conducting a needs assessment (as required by the Head Start Program Performance Standards).[1]

As one site noted, participating in meetings with a broader coalition of community providers helped staff continuously learn about available resources for families. One of the family support workers noted the importance of ongoing community engagement:

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1. Head Start Early Childhood Learning & Knowledge Center (2022b).

TABLE 6.1

Strategies Used to Identify Community Resources

Common Strategy	Examples Mentioned by at Least One Respondent
Map community resources and gather information from multiple sources	**Family support workers** • Conduct online searches, for example, Google, provider websites, social media (3 sites) • Keep an eye on social media (1 site) • Leverage staff members' specializations or interests to serve as point persons for identifying resources and helping families navigate systems, such as foster care/child welfare system, early intervention services (1 site) • Send texts and emails to school-based family resource coordinators about seasonal resources available in the community, for example, Halloween goody bags, food drive for Thanksgiving turkeys (1 site) • Go beyond the traditional outreach area and conduct outreach in the communities where families live, to learn about available resources and opportunities for referrals (1 site) **Head start directors and managers** • Query staff or advisory committee members about available resources and compile information (1 site) and share information with Head Start staff (1 site) • Invite providers to monthly Head Start meetings to tell staff about their programs/agencies (1 site)
Access, maintain, and create updated community resource directories	**Family support workers** • Jointly develop a book of resources, for example, Social Security office, local food banks, foster care agencies, daycare center; make sure that the contact information is up to date, with an emphasis on knowing the local person in charge of the resource and accessing further information (1 site) • Scan resources from meetings with local businesses for inclusion in resources catalogue (1 site) **Head Start managers** • Keep a supply of hard-copy flyers available for families and providers, maintains information in cloud-based folder to text flyers to parents, keeps updated resource drive with county services—same resource guide is used by all community providers across county, facilitates availability of accurate information for staff and families. (1 site)

(continued)

TABLE 6.1 (continued)

Common Strategy	Examples Mentioned by at Least One Respondent
Build relationships and gather information	
Networking and making connections	**Family support workers** • Renew connections with agency staff when turnover occurs by establishing friendly working relationships with key staff at agencies to address turnover at agencies (1 site) and obtain the contact information for multiple staff at an agency/provider to ensure access (1 site) • Conduct ongoing networking and community outreach for recruitment (1 site) • Conduct direct outreach to community programs to obtain information about resources (1 site) • Let community partner staff accompany Head Start staff during recruitment, to build connections and trust (1 site) **Head Start directors and managers** • Maintain connections in field of expertise, for example, nursing and health, and call on former colleagues for information (1 site) • Maintain a connection with the local community college, which has on-campus resources, employment services for SNAP recipients, and a women's program (1 site)
Make connections with community providers and staff through events, and trainings	**Family support workers** • Attend community events or roundtables to share flyers and talk about resources (3 sites) • Attend monthly, informal networking events, for example, Lunch and Learn, to learn about resources and connect with providers (1 site) • Attend trainings in the community with local providers (1 site) **Head Start managers** • Coordinate recruitment events with providers (1 site)
Conduct case staffing (joint case planning) with partners	**Family support workers** • Participate in monthly case staffing meeting, led by state human services department office, with social workers, mental health professionals, and educators. (1 site)

(continued)

TABLE 6.1 (continued)

Common Strategy	Examples Mentioned by at Least One Respondent
Learn from parents' experiences	**Family support workers** • Reach out to providers working with families to set up collaboration agreements to increase the number of families to work with (1 site) • Identify resources and provide additional support to address language barriers when families interact with community service providers (1 site) **Parents** • Serve as the parent representative for regional health and human services council and share information from these meetings back with families (1 site)
Conduct a community needs assessment	**Family support workers** • Conduct an analysis of the community and the systems within the community to identify resources available for families (1 site) • Update the most recent needs assessment to better understand child and family needs related to opioid epidemic and resources in the community (1 site)

SOURCE: Study team's interviews with family support workers, managers, directors, and parents.

> I think with attending these community meetings, we are learning more and more about our communities every day. Like, I've worked in the same place for almost 10 years and there's still so much more for me to learn…. Keeping that open mind and keeping our eyes and ears open for new and exciting things in the community [is important].

Another site noted that the Head Start staff learn about resources by "being out there" in the community, with a family support worker emphasizing that partnership-building starts during recruitment while staff are "walking the pavement." The Head Start director remarked that family support workers "make direct connections to supportive services outside of [the agency]" by having actionable information about resources and relationships with community partners. Describing family service as the "backbone" of programs, a family support worker at this site emphasized "connecting families with resources in the community," and noted that the family and community partnership manager helped guide staff in identifying resources and providers.

However, at one site, staff members said there were challenges to learning about what local providers had to offer. Newer staff were described as needing greater exposure to and knowledge of the small, tight-knit community, its resources, and providers.

Availability of Community Resources

Across the sites, the array of community resources available to serve families varied.

Head Start staff members distinguished between resource-rich communities (three sites) and resource-stressed communities (two sites), with one site noting it was a little of both. This had implications for the types of needs that family support workers could help families address and where families could receive support. Illustrating this difference, a Head Start director at an urban nonprofit agency described having many resources available to serve families and underscored the need for service coordination across multiple providers:

> There are a lot of nonprofits realizing what the community needs. But then it becomes a bit of a tangled web for families to sort out where to go for what.… We are lucky, with lots of resources in the community, [it's] just a matter of getting people connected. We haven't felt like there was a gap that we needed to fill ourselves.

In contrast, a family support worker in a rural area described having a lack of services in the community:

> We're in an area where there's limited [resources]…outside of basics…[such as] food stamp[s], WIC…. There's no public transportation…[and] fewer jobs in this area, and a lot of [parents lack cars, so] have trouble getting to and from work…. It's just hard to be able to help in some areas.

The array of services available within agencies also varied. At four sites where the Head Start program was housed in a nonprofit umbrella agency or was part of a school system, family support staff had a built-in referral process for in-house services (for example, birth to age 3 programs, kinship navigators, and food or energy assistance).

In one community, the director of a site said that providers and local organizations had limited funds and capacity. As result, staff members relied on personal connections and networks to get their families the necessary support. At another site, staff members noted that options and resources were limited for families who qualified for Head Start but not for other services because they were slightly over the income cap, even though they were living on the edge of poverty.

Gaps in the service array were a systemic issue and outside the Head Start programs' control. Head Start staff noted challenges in meeting families' concrete needs due to lack of resources. For example, two sites, one in an urban area and the other in a rural area,

noted that the supply of affordable housing was insufficient to meet families' housing needs. Two sites, located in areas with high rates of substance misuse and opioid addiction within families, noted that there were limited treatment facilities (including Medicaid-assisted treatment services). Lack of transportation in rural areas was a barrier to service delivery noted by two sites. Rural areas lacked local or regional transportations systems that families could use to access services in adjoining counties. At a household level, not having transportation inhibited access to essential services such as a laundromat. One site described the need for dental services for children and dentists who accepted Medicaid. Another site noted that resources to train families in financial management (for example, budgeting or becoming credit worthy) were not available in the community. One site noted that many children needed clothing but there was only one clothing pantry in the community.

PARTNERING WITH COMMUNITY PROVIDERS

Head Start staff described the variety of providers that their programs worked with to meet families' needs, noting that they had formal and informal partnerships in place to coordinate family support services. Community providers valued having close relationships with Head Start family support staff.

Types of Providers

Head Start sites worked with a variety of service providers—public agencies, nonprofit social services providers and community action agencies, and faith-based and community organizations—to meet basic needs and provide family support services.

Family support workers described working with multiple providers to address family needs and refer and coordinate services. Table 6.2 shows the types of service providers they partnered with. As shown in the table, all six Head Start sites worked with public or community agencies that provided economic assistance, agencies that provided food assistance (through food banks or WIC), and agencies that provided mental health services. Three sites also worked with health care providers. Two nonprofit sites, one in an urban area and the other in a rural area, worked with local housing providers. These two sites also worked with local organizations that addressed personal and public safety. Three sites worked with educational entities.

One site noted that established connections between the community providers and the Head Start agency made services "more approachable" to parents and other families, and not (in the words of a family support worker) a "stranger resource."

TABLE 6.2

Types of Service Providers Case Study Sites Worked With

Types of Service Providers	Case Study Site					
	Nonprofit			CAA[a]	School	
	1	3	6	5	2	4
Economic assistance Public agencies, including social service agencies, economic support and self-sufficiency programs	X	X	X	X	X	X
Asset development Financial education, debt counseling						
Education Higher education, including universities, community and technical colleges; agricultural extension office		X			X	X
Housing Housing authorities, energy and rental assistance programs	X	X				
Food assistance						
Food banks and pantries	X	X	X	X	X	X
School-based family resource centers						X
WIC offices (all sites)[b]	X	X	X	X	X	X
Physical health and well-being Local primary care, dental, vision providers; WIC; federally qualified health center, public health department; hospitals		X			X	X
Mental health Mental health providers, community behavioral health, counseling services, behavioral health managed care	X	X	X	X	X	X
Reentry or resettlement Jail ministry, refugee resettlement program		X				X
Safety Domestic violence shelter, law enforcement agencies	X	X				
Resources to meet basic needs Clothing pantry; YMCA, Goodwill and Salvation Army		X				X
Information Public library						X

SOURCE: Study team's interviews with family support workers, managers, and directors.

NOTE: [a]CAA = Community Action Agency.

[b]WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

Strategies for Forming and Maintaining Partnerships

Head Start staff members—including family support workers, managers, and directors—formed and maintained partnerships with providers in various ways using both individual connections and having an organizational presence in the community.

Head Start staff members built on the community resources they identified. By networking with providers, family support workers at all six sites developed working relationships with the providers to make referrals and connect families to services.

Beyond these individual relationships, all sites emphasized that it was also important for Head Start to have an organizational presence in the community. One family support worker described meeting with partners—led by the state human services agency and including social workers, mental health professionals, and educators—to develop a case plan for each family:

> We all come together and do what's called "case staffing." ...If a social worker has a case that they're in need of support for this specific thing, they have a ton of providers in the room that can talk about what's needed…. That also gives providers opportunities to say, "Hey, this is what's happening. This is a family that's looking for this type of service…. Does anybody have any ideas?" So it's… bouncing ideas off of one another. And that's a huge space for where I find context for families. It's a…relational way to share what types of needs exist and then figuring out what types of resources are already out there.

At another site, a community partner from the child welfare agency reported that case workers invited family support staff members and Head Start teachers—if families were comfortable with them joining—to service planning sessions to develop short- and long-term goals.

As one family and community partnership manager noted, having Head Start "at the table as a partner," as a community resource, connector, and advocate for families, was a conscious strategy. Strategies described by some sites to develop or sustain formal or informal partnerships included:

- **Conducting check-ins with service providers,** with family support workers visiting treatment centers and checking in once a month with other home visitors and coordinators (one site)

- **Participating in interagency forums,** such as monthly or quarterly interagency meetings with service providers in the community or a state and local government partnership for children and families in the county, which emphasized linkages among programs (three sites)

- **Serving on councils and boards to bring "outside resources in,"** with two sites having community leaders and providers serve on the Head Start Policy Council or the Advisory Committee, or having the family support worker serve on the board of directors of a local family health clinic that provided services to Spanish-speaking families (three sites)

One of the sites observed that a potential outcome of community partnerships was a two-way referral system: Family support workers referred families to services at a provider and providers referred families to Head Start for child enrollment.

Head Start staff members at two sites noted that having a dedicated liaison with a provider or in the community helped build relationships. For example, at one site, the liaison shared in-depth information, facilitated access to services, and provided a "warm hand off" between the family support worker and community provider (for example, for behavioral therapy). At another site, "neighborhood allies" at a community organization recruited families for Head Start and supported them until they met with the family support workers. Existing relationships between the neighborhood ally and Head Start staff facilitated interaction with families.

Relationships with other community-based child- and family-serving programs broadened Head Start's reach and potential partner base. Examples included increased access to workshops for caregivers on early childhood development, or coordination with local food banks to distribute food.

Types of Partnerships

Head Start programs' partnerships with community providers ranged from formal to informal agreements.

Formal Partnerships

To formalize relationships and lay out roles and responsibilities, four sites mentioned establishing a memorandum of understanding (MOU) with some community providers. The goal of an MOU was to be explicit about the scope of services, secure direct access for Head Start children and families (for example, not being placed on a wait list), and ensure timely delivery. One director referred to the terms of an MOU as "how to play and be nice with each other." Some staff described the MOU as reflecting an established or longstanding partnership and agency priorities to ensure access to services to meet families' needs.

The sites established MOUs with a variety of providers. Three sites established MOUs with healthcare providers: Two of them had MOUs with selected primary care, mental health, vision, and dental providers, while the third site had MOUs in place with a federally qualified health center and community-based health providers.

One site established MOUs with the county housing authority, local community college, and local school district. Another had a longstanding MOU with the local food bank. Another site established an MOU with a counseling program because the Head Start program provided enough referrals for the provider to assign a dedicated staff member to those families. The Migrant/Seasonal site had MOUs with local education agencies across states to ensure continuity in schooling and services for returning migrant children.

While not all sites had MOUs in place, all of them reported having informal relationships with community providers. One site noted that MOUs were not needed to refer families to services. But two sites said they were considering establishing MOUs to set up a referral process and formalize working relationships, to ensure access to services for Head Start families. Reflecting on its organizational practice, one site observed that establishing MOUs was an area for agency improvement, with the director noting:

> I…have a list…of community collaborations that I need to make in writing…. We have a beautiful relationship but I don't have anything in writing.

Formal partnerships and working relationships at two sites stemmed from the Head Start programs' integration into the broader service delivery system at the local or county level, and from working "across systems." Both of these sites had strong relationships with county-based child and family service agencies, and children in foster care were automatically enrolled into the Head Start program. For one of the sites, the Head Start centers were located in elementary schools, which had family resource centers as part of the county and school district service delivery system to serve families with low incomes. For the other site, participation in the state and local government partnership for children and families afforded access to a broad array of service partners.

Informal Partnerships

The Head Start sites' emphasis on community outreach and engagement, along with networking and relationship-building, also yielded informal partnerships with various providers, such as community centers and churches. Beyond providing services and resources to Head Start families, the community providers fulfilled other roles. All sites reported that community providers served as referral partners, with one site noting that its referral partners sat on the Head Start Policy Council. At one site, the Head Start program and community organizations provided reciprocal endorsements, letting other organizations know about the resources each one had available to meet family needs.

One family support worker emphasized the importance of community relationships in ensuring the safety of children and staff in high-crime areas:

> We're a Head Start, we're not a school…we're not on the list for all the school districts for [school shooting] lockdowns…. We have had police activity out just in front…. We need to have that good relationship where we've got to keep our kids safe.… Gang violence is something here…as well. We just have a lot of those unspoken agreements through the community.

Community Provider Perspectives

Community provider staff members described having valued relationships with Head Start sites and interdependency between organizations.

The seven community provider staff members interviewed—including representatives from food banks, a child welfare agency, a community action agency, and a community college workforce program—reflected on their partnerships with the Head Start sites. Although not representative of all providers, they evoked common themes of valued relationships and interdependency among organizations. One staff person explained the common purpose, noting:

> We help connect people, but no one agency does everything in a rural county....
> [O]ur strength is that we work together.

One staff member described accompanying family support workers as they recruited families in the community, observing that having staff members who wanted to do the "work on the ground with [Head Start] builds trust." One staff member—at a food pantry serving Migrant/Seasonal families—described being adaptable when it came to what Head Start parents needed and resourceful about what its agency could provide, noting that it took perseverance to find needed resources and they were focused on solutions.

Provider staff members also spoke about having a preexisting relationship with Head Start staff or the program or being proactive in developing one. At two sites, the provider staff took the initiative to provide information to the Head Start staff about service availability in the community, such as housing and food assistance. One of these providers ran a school-based resource center and received "a lot of referrals" from Head Start. This provider and the Head Start center were "working more closely and collaboratively," to the extent that the provider staff took part in "some of their home visits to let families see me and know who I am," emphasizing the importance of building relationships with families.

Likewise, a community provider staff member who was part of a citywide, pre-K to college initiative reflected on the need to develop rapport and relationships with Head Start families while helping family support workers understand the purpose of its broader, community-building initiative. To the provider staff member, it was important that the Head Start staff was comfortable sharing information and learning about the services available:

> [The relationship between the agency and Head Start] had already been established.
> As I came in, though, one thing I can say we were able to do through my work is
> build more trust. A lot of the Head Start families are from the community, so they
> want to see a community face who they're able to say, "Okay, this information
> I'm receiving, I can trust it more. It's reliable, more." And so, I think my role
> helped to smooth that bridge out to remove any of those trust barriers that might
> have previously existed.... A lot of the work that I [did] with Head Start initially,
> when I first started, was to really assist with helping staff understand what [our
> organization]'s purpose was. And then really being able to articulate what it is that

we did, through the family support [workers], to families that they worked with. So developing the language, tailoring the programs that we did to best meet the needs of those families.

Recognizing a Head Start program's reach and history in the community, a staff person at a food bank that worked closely with the site described it as "our first go-to [organization] when we need to pilot…a new project," such as a large-scale food distribution program across a multi-county service area during the pandemic.

Five community provider staff members noted that the Head Start staff members they worked with were responsive, describing them as leaders in their communities and willing partners in community-driven initiatives. Another provider organization was inspired by Head Start events, prompting it to build onto the "Dad's Day" at Head Start and to sponsor a "Dad and Kids Day" at Home Depot.

Community provider staff members who worked with three sites noted that there was "easy communication" with the Head Start staff. Other factors that facilitated this connection were the "free flow of information" and Head Start staff members' responsiveness to providers' requests. Two community provider staff members offered site-specific suggestions for improvement. One would like to have had more communication with Head Start and receive more information. Another thought it would be helpful to have its staff and Head Start staff hold frequent and mandatory "meet and greets" so that they could establish stronger working relationships.

7

Documenting Family Support Services Coordination

As part of the process of partnering with community providers, Head Start staff members tracked and documented how effectively families were engaging with the services Head Start and the partner organizations provided. This chapter describes how Head Start programs gathered and used that information. First, it describes the management information system (MIS) used by each site to track family support services and the perceived benefits and disadvantages of those systems, as well as any supplemental systems used. Next, it describes how sites and community providers shared information about family needs and service utilization, as well as the types of information collected to document the family partnership process. Finally, the chapter describes facilitators for and barriers to how Head Start programs implemented these processes.

KEY FINDINGS

- All sites used an MIS to document information about children and parents that showed families' service utilization.

- All sites used ChildPlus, data management software for early childhood programs. Family support workers reported using ChildPlus to document and track the family partnership process and their efforts to assess needs, provide support, and follow up on parent goals and progress. However, some sites noted that the software was not well suited to tracking service receipt provided in-house by an umbrella agency, resulting in fragmented information and case documentation about a family's service utilization.

- Head Start staffs and community providers had processes in place to share information about families' needs and service receipt. Community providers did not have access to the Head Start sites' MIS.

DOCUMENTING AND TRACKING

Head Start staff members described how they documented information related to family support services coordination, including families' use of services.

Gathering detailed information about parents over time and "telling the story of the family" were important parts of the family partnership process. Directors, managers, and family support workers across sites shared their perspectives on gathering and tracking information and maintaining quality and timely documentation. One manager noted that "documentation is an integral part of casework." A director noted that the electronic file was the "main record-keeping place," adding:

> Part of [family support workers'] professional development is, you know, what to document, how to document it. Not necessarily what it should say, but, you know, some parameters around being confidential and making sure that it is not opinion-based, that it's factual, and making sure that it's an accurate reflection of what happened and what services were provided.

A family support worker noted the value of documenting a family's status and progress in the case notes from the time of the application to enroll in Head Start and then anytime there was contact with the family.

Family support workers across sites emphasized the value of documenting informal conversations and meetings with parents as well. Along with documenting goals, family support workers said that they tracked referrals made to service providers on the parents' behalf. A director spoke to the importance of tracking referrals or service uptake, noting, "It's really the parent's job to follow through on stuff, but our parents often need support in that…."

Management Information System

All sites used an MIS to document child and parent information that showed families' service utilization. Community providers did not have access to a site's MIS.

Software and Other Systems used by Head Start Programs

All six sites used an MIS to document a range of information about the parents and their children, registration and enrollment, family support services, and communication efforts. Community providers working with five sites reported they did not have access to the MIS, but Head Start staffs and community providers did have some processes in place to share information about families' needs and service receipt.

All six sites used ChildPlus for family support services. This was a new system for one site, but other sites had been using it for years. Multiple Head Start staff members had access to ChildPlus, with five sites reporting that various Head Start staff members (for example,

family support workers, managers, directors, education and health staff) had access to and used ChildPlus. At one site, however, only the family support workers had access. A family support worker from another site explained how ChildPlus was used:

> Just the paperwork that we keep track of, like the communications, so the regional staff could know what we're doing. What is it that our families need more help in? It's just like, documenting everything. And then when it comes to the children at the center, then we have a lot of paperwork, like the [Family Partnership Agreements], the follow-ups, the strengths and needs of families. All of that needs to be submitted and input into a program where they keep track of [it], which is the ChildPlus program.

All six sites reported using ChildPlus to track communications with parents by using the case notes function. Four sites used the software to document "everything," including referrals, follow-up reminders, and conversations with parents. One family support worker noted, "There are always case notes. We're told, 'If it's not written or it's not typed in, then it didn't happen.' So every conversation has to be in there."

One manager used ChildPlus to run reports to see how many families had used the services and how many referrals were received. This manager described holding monthly meetings where staff members navigated through the ChildPlus system and shared information from the database to tell the social history of a family.

Two sites noted the benefits of using ChildPlus to document family support service-related activities with parents, as shown in Table 7.1. A manager observed:

> People spend a lot of time learning…ChildPlus. You know, learning how to use our database…. Not just what to put in, but what they can get out of it…. And that's all really…helping them to understand that they just don't generate data, [but] how to utilize data…. If they understand that, it helps them with planning how to serve their families better in their classrooms and at their site.

ChildPlus was also used for following up with families. At four sites, staff members reported using ChildPlus to schedule meetings with parents to follow up on their short- and long-term goals. One family support worker observed that ChildPlus facilitated "timing, tracking, and monitoring" family support services. Another noted that the planning and scheduling features of ChildPlus facilitated following up on family partnership agreements.

Sites also noted some drawbacks to using ChildPlus for tracking family support services. One site said that ChildPlus did not integrate with other internal systems used by the umbrella agency to account for services provided in-house, resulting in fragmented information and case documentation about family service utilization. Staff members at another site—a multiservice agency—said the software did not facilitate internal communication and coordination across programs. This site was transitioning from ChildPlus to an MIS that could be used for case management, donor management,

TABLE 7.1

Reported Benefits of ChildPlus for Family Support Services

Function	Benefits
Documentation of family needs and services	• Single, integrated system for documenting information about the child and parent, registration and enrollment, health and disability information, family services, and communications • Facilitates identification of "high needs" in families • Allows for storage of paperwork (for example, family partnership agreements) and case notes
Case coordination	• Multiple staff members can record, monitor, and track needs and services • Has a "group note" feature
Data privacy and security management	• Has unique staff log-in information (because confidential information is stored) • Staff members have access rights to record information in areas of oversight (for example, health, family services)
Access	• Web-based application is accessible from home and office (particularly useful during the COVID-19 pandemic)

SOURCE: Study team's interviews with family support workers, managers, and directors.

volunteer tracking, and outcomes management. The goal was to facilitate internal service tracking for all staffs within the umbrella agency and to allow more flexibility in tailoring service delivery.

Sites reported other disadvantages to using ChildPlus. One site noted that it had limited utility for their agency's work, as ChildPlus was very specific to Head Start and the metrics were geared to populating the annual Program Information Report (PIR). Other agencies, including community providers, could not see the data. Other drawbacks reported by staff were that using it might involve a learning curve, data entry took time, and it was hard to find the case notes in the system.

Three sites used additional systems along with ChildPlus:

• **Paper records.** One site required staff members to maintain a digital ChildPlus record as well as a master paper file for each child and family; the paper file was used by the staff for easy access to comprehensive information about a family. (Information in ChildPlus is separated by staff role, such as health or child development.) The paper file was also used for monitoring reviews of service delivery conducted by the regional office of Head Start. This site was transitioning from paper-based records to a paperless system using only ChildPlus.

- **Multiple information management systems.** In addition to ChildPlus, one school-based site used two other systems to record information about families and services:

  o The site used Infinite Campus, a school-based MIS, to document attendance, record teacher-parent communications, and document custody issues. Family support workers had access to this web-based system, which followed a child from K-12. It was noted as being helpful for when a child had an Individualized Education Plan goal and for transitioning to kindergarten. However, Infinite Campus was not linked with ChildPlus.

  o This site also developed a team-based Google Drive before the COVID-19 pandemic that was used intensively during the pandemic. The Head Start site and the school cocreated a Google document for the entire Head Start staff (including the family support workers and teachers), the resource center coordinator, and school principal. Use of Google Drive helped with coordination and information-sharing between the site and school. It also included a document that families could use to obtain site and school contact information and lesson plans.

- **Web-based directory.** One site also used a web-based directory of community-based providers, services, and supports. This website identified different resources within the service area for referrals, along with the service provider and income eligibility requirements. The family support worker used the website to verify which external programs and services were still active, including their phone numbers and locations. The website had a case management section the staff could use for "people I'm helping" and allowed the family support worker to set up parent information. The website could also be used for tracking information sent to parents, along with forms that the family support worker could use for referrals to providers. The family support worker reported being able to follow up after a referral using the website.

Two sites did not report use of other systems in addition to ChildPlus.

Types of Information Gathered and Tracked by Head Start Programs
Head Start staffs across all sites reported gathering child- and parent-specific information and recording it in ChildPlus. Family support workers reported that they documented and tracked the family partnership process and their efforts in assessing needs, providing support, and following up on parent goals and progress. During the interviews, family support workers described gathering and recording various types of information about the families they worked with and recording this information in their MIS. Table 7.2 lists information from across the six sites (not all information was collected in all six sites and information for similar categories was not collected consistently in multiple sites).

Access to Systems by Community Providers
Five of the six sites reported that community providers did not have access to ChildPlus, the Head Start MIS. Head Start staffs and community providers had other

TABLE 7.2

Types of Information Gathered/Tracked in MIS

Category	Information Gathered
Child	• Enrollment • Physical and dental information • Health insurance coverage • Immunizations records • Incident reports (child safety)
Parent	• Income • Housing status • Educational attainment • Health insurance coverage • Health or disability status • Receipt of Social Security disability benefits • Incarceration • Substance use history • Custody issues • Supports
Family support services	• Needs and strengths • Needs assessments • Family assessments • Family partnership agreement • Goals established • Running list of follow-up items related to goals • Information shared • Attempts to contact parent • Referrals made and tracked • Service receipt/uptake • Calendar and follow-up appointments with parent • Reminders • Progress notes • Case notes of routine contact • Family support worker and parent communications and interactions (including catch-ups, family conferences, discussions with parents) • Family issues or problems
Household	• Changes in household composition (during pandemic)

processes in place to share information about families' needs and service receipt. For example:

- **Release of Information (ROI).** At one site, parents authorized Head Start staff to share information through a ROI, which was documented in ChildPlus. At another site, the child welfare agency and the Head Start program used ROIs to exchange confidential information about families who were involved in the child welfare system.

- **Customer relationship management system.** One provider—a community development organization—used Salesforce, a customer relationship management platform, to document how many families were using programs provided by their partners. While the Head Start staff did not have access to the system, they provided information to populate it. As noted by the community provider, the family support workers provided information about the families served and the provider entered it into Salesforce. Then the provider looked at the linkage of "question asked, resource made, connection established." The provider tracked the number of Head Start families who participated in events and volunteered with the community provider's organization.

One exception to these methods involved a Head Start program with multiple centers that operated within a school district. Head Start and elementary school staff members had different levels of access to ChildPlus (Head Start's MIS) and Infinite Campus (the school's K-12 MIS). The school staff did not have access to ChildPlus, for example, but some of the Head Start staff had access to Infinite Campus. Although the community provider had access to the Family Resource module in Infinite Campus, the family support workers did not. This arrangement constrained the family support workers' knowledge of the type and quantity of family resource services or supports that a Head Start parent obtained from the community provider. As such, these partners relied on more informal information sharing.

Constraints on information sharing and case coordination were a challenge for one site, with one director noting that the need to maintain confidentiality resulted in "siloed" service planning and limited communication and collaboration between providers for child-welfare involved Head Start families.

How Community Service Providers Tracked Service Use by Head Start Families

There were few examples of sites and community providers that coordinated tracking of services used by Head Start families.

Although community providers tracked family demographics and service receipt for their organizations, they did not coordinate information collection with the Head Start programs at any of the six sites.

However, at one site, the local food bank worked closely with the Head Start program to coordinate food assistance for the weekend child nutrition program. The food bank liaison worked with the site to identify the number of food bags needed by location each week. The food bank had an electronic inventory system and placed a real-time order to provide the food bags to the site.

Three community providers described different methods of collecting information about service delivery and use, along with varying levels of information recorded and shared. The providers noted that this information was not shared with the Head Start program. For example, a resource center that coordinated with one site (whose centers were located in elementary schools) used a notebook to track resources provided to or used by families and then transferred the information at the end of the week to the school system's MIS. One drawback was that that resource center did not document whether parents using the services were with the Head Start program. Another provider, a food bank, entered family demographic information into its database, and families provided consent to let other organizations see their information and track needs and service use. Another community provider, a workforce development program, collected extensive information about family needs and status during its intake process, including Temporary Assistance for Needy families (TANF) receipt, SNAP use, employment history, incidence of domestic violence, and needs (for example, housing, transportation, child care, and tuition assistance). However, they did not keep track of which families also participated in Head Start. One of the provider's goals was to track service use better.

8

Supporting Family Support Workers

Working directly with families to coordinate services requires not only knowledge and skills on the part of family support workers, but organizational support. This chapter describes Head Start staff professional development, including training, supervision, support, and teamwork, along with wellness and morale.

KEY FINDINGS

- Head Start staff members reported receiving training and professional development, either formally or informally, on many topics related to family support services.

- Directors, managers, and family support workers described engaging in regular group or individual supervision sessions ranging from twice a week to once a month. The sessions focused on working with families through the family partnership process. Family support workers obtained feedback and guidance from managers and directors. In turn, managers checked on family support workers' well-being, given the stressors of their job.

- Family support workers valued teamwork and described meeting frequently with coworkers to share challenges and solutions about working with families.

- Family support staff members conveyed passion and enthusiasm for their work but acknowledged feeling overwhelmed, burned out, or stressed at times and experiencing secondary trauma related to the emotional toll of working with families. All sites integrated staff wellness supports into their programs, such as self-care resources, mental health consultation, and flexible schedules.

STAFF TRAINING, SUPPORT, AND MORALE

Head Start staff members described key aspects of staff training, professional development, supervision and support, and staff wellness and morale.

Staff Training and Professional Development

Head Start staff members described receiving training and professional development on many topics related to family support services and meeting the needs of families. Some degree of "on the job learning" was common for family support workers, but they also had a community of practice to turn to for guidance and support from their coworkers and direct supervisors.

Staff training

Approaches to training new hires varied across sites, as described by four family support workers at four sites who shared how they were trained for their positions. A family support worker at the Migrant/Seasonal site described receiving comprehensive training on family services before starting the job, including training on ChildPlus. At another site, a family support worker said that training at the beginning of the school year included eligibility, recruitment, selection, and attendance (ERSEA) training; engaging families; diversity; self-care; and one-day family support worker training. A family support worker at another site was trained in using the Mobility Mentoring coaching model and how to take families through that process; part of the training involved role-play with other family support workers. This family support worker—along with colleagues at the site—also received ERSEA training focused on the enrollment process and subsidies. Training for new family support workers at a fourth site included family engagement, ERSEA, and homelessness prevention.

Head Start managers at two sites described looking into and providing training when family support workers reported there was a need. For example, one manager noted that a recent increase in the number of families dealing with domestic violence led her to provide training in that area. "My hope is I have…more time to train [family support workers] on meeting the families where they are. You can't stand in judgment of the families," the director said.

Staff at five of the six sites also reported receiving annual training on a wide range of subjects, including those unrelated to coordination of family support services, such as health and safety.[1]

Family support workers at many sites described "learning on the job," noting that they were "thrown in the deep end" and "had to get [their] feet wet." One new family support worker described her first few weeks on the job:

> Looking at paperwork and getting to know the center…then more looking at the [Head Start Program Performance Standards] and what the job entails. I learned a lot from other family support workers and just jumping into [it]. A lot of it is just doing it…just jumping into the tasks…meeting with families.

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1.   No information was provided by the sixth site.

Training also took place during informal interactions, as noted by one director who described engaging families, interacting with them, and responding to their concerns:

> We brainstorm together, and we walk through that conversation, and we think about different responses that the family may have, and what's the appropriate response to that. So that when the staff have to actually do that with the family, [they're] a little bit more prepared. I also remind them it's okay to say, "I don't have an answer to that question. Hold on a second and I'll get back to you." So, while I don't do a very in-depth training, if my staff call me and ask me a question, I usually try my hardest not to give them a blanket answer. [I'll say], tell me more about this family. What's going on? What do you know?" And then we walk through what that looks like, how to approach it.

Professional Development and Credentials

Staff members in five of the six sites described receiving professional development, either formally or informally, on many topics related to family support services. These included:

- The family partnership process, including goal-setting

- Family culture and building relationships

- Management information systems (ChildPlus)

- ERSEA

- Trauma-informed care

- The opioid epidemic

Staff members at three sites noted that they consulted the Early Childhood Learning and Knowledge Center (ECLKC) as a resource for professional development, including in areas related to family well-being (for example, working with homeless families) and family leadership. One manager reported using ECLKC as a resource for developing relationship-based competencies.[2]

A director said that Head Start Program Performance Standards require that family support workers have "a bachelor's degree in some kind of family studies or early childhood education and that sort of thing, but they at a minimum have to have a bachelor's degree

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2. None of the family support workers interviewed specifically mentioned receiving training or wanting training on relationship-based competencies (RBC). The RBCs describe the knowledge, skills, and individual practices that early childhood professionals use to engage families effectively in positive, goal-oriented relationships. However, the topics of the trainings and support they mentioned, such as trauma-informed care or motivational interviewing, are specific examples of training that supports relationship-based competencies. See National Center on Parent, Family and Community Engagement (2018).

in a related field" within 18 months of being hired. At one site, a health service worker and some teachers were being cross-trained to acquire a family development credential, along with 6 family support workers. One family support worker reported that the Head Start program paid for her to receive a bachelor's degree.

Training and Professional Development Needs

Directors, managers, and family support workers at five of the six sites identified training or professional development needs to support organizational or individual practice. They identified a range of topics that addressed the skills and knowledge family support workers needed to engage and work with families, document this activity, and coordinate support services in the community. Topics included:

- Motivational interviewing

- Goal-setting with families

- Home visiting

- Using management information systems

- Substance abuse training (including how to recognize it and how to have difficult conversations with families about it)

- Cultural responsiveness training, including how to effectively use interpreters (to supplement diversity, equity, and inclusion training)

- Building community partnerships

At the sixth site, the manager reported that the agency conducted a survey each spring to find out what the staff "wants to learn about" and then organized professional development days to address these topics (for example, trauma-informed care).

Staff Supervision and Support

Directors, managers, and family support workers described supervision as an essential component of family service practice, along with team learning and support.

Directors, managers, and family support workers at five sites reported engaging in regular group or individual supervision sessions ranging from twice a week to monthly. Most of these supervision sessions focused on how to address issues with families, along with "venting" about issues or "processing" their struggles. A family support worker described an individualized and team-oriented process at her site:

> My site manager… does my performance plan, and we do goals for myself every year. We…meet monthly…and she's always available. [In terms of service coordination, we talk about] specific needs of families…situations going on. There are two other [family support workers]…. We meet together…and…bounce ideas off of each other. They…offer ideas…[and] reflection. We do goals…we talk about what areas we're struggling with and what we can do to be successful.

At four sites, newer family support workers received support from those who had been on the job longer. One director paired new family support workers with seasoned staff members. At other sites, more experienced family support workers demonstrated practices, shared their knowledge and experiences, and in some cases trained new family support workers.

In three sites, family support workers specifically indicated that their supervisors or managers were supportive and available, such as having an "open door policy." At two of these sites, the manager interviewed had been a family support worker prior to assuming the managerial role. One manager described the frequency and content of the sessions, along with the problem-solving approach:

> Depending on the family support worker, their need for check-in frequency is either weekly or biweekly for about an hour. We do reflective supervision...[and] brainstorm certain challenges: What is the need? What do we have at the center, and what do we need to bring in if we don't have it?

Family support workers valued having a supervisor or manager who would respond promptly to requests for help and could offer suggestions about how to solve problems (for example, directing them to resources they may not know about, helping them understand nuances of eligibility, and helping them maintain boundaries with families). A family support worker explained what she valued about her supervisor:

> I feel like I have the best supporter as a supervisor…. We can have a daily crisis or an incident, I can pick up that phone and physically call her or shoot her an email or contact her. If I don't get her when I need to get her, I'm going to hear from her before the end of that day. So, one thing about her, she values her team, she even values us as professionals because she used to be [a family support worker]. So, she knows some of the trials and tribulations and challenges that we're always fac[ing].... You know, she's a big mouthpiece for us and she goes to bat for us. And I really learned a lot from her [and] how to just stay true to what's going on.

However, at one site, a center-based family support worker did not have a clear sense about whom to reach out to with questions, because the direct supervisor for the family services staff was located at the agency off-site and site supervisors (responsible for daily programs operations) were at the center.

Staff Wellness and Morale

Directors, managers, and family support workers emphasized the importance of moral support, personal wellness, and self-care to address the emotional demands of their work and provide balance, and of having organizational and mental health supports in place.

At five sites, family support workers, directors, and managers described working as a team, meeting frequently to problem solve, share challenges and solutions, or for moral support. Three family support workers shared that they took pride in their work and seeing accomplishments with their families.[3]

While deeply committed to their work with families, family support workers in all sites described feeling overwhelmed, burned out, or stressed at least some of the time. Some stressors were brought on or exacerbated by the COVID-19 pandemic. These included the many unknowns about COVID-19 and rapidly changing policies and processes, along with checking on families and meeting their needs, and pressure to recruit and enroll new children due to families dropping out of Head Start because of the pandemic.[4] Other issues predated or were unrelated to the pandemic. Some staff members noted that dealing with families' struggles and crises left them feeling mentally and emotionally drained, or as one family support worker put it, "You have some families that you worry about when you go home." Another family support worker reflected on the toll that took:

> Sometimes during home visits, those can be very draining. I sometimes do too many [visits] in one day…knowing all those problems [of parents] and then trying to solve them all. And it does weigh on you. I try to [take] more time in between home visits. There are times that it is overwhelming.

Many family support workers reported using one another as a sounding board, informally seeking advice or fresh ideas. One family support worker said:

> We have an open office setup. So if I'm struggling with a family or I'm needing more information on how I can reach a family or support them in their goals, I'm able to ask my co-workers and we're able to collaborate. And then we're also always there to kind of just discuss with each other like, "Oh, hey, have you tried this approach?" Or, "Hey, maybe we could ask this differently."

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3. The final section of the family support worker interview protocol includes a question about "what are you most proud of?" It was not asked of all family support workers due to time constraints.

4. For a discussion of COVID-19-related program operation changes and experiences in greater detail, see Strassberger and Hafford (2022).

Others described the challenges of balancing their work with families with other personal and professional demands. One family support worker described the need for self-care and maintaining boundaries:

> I think it'd be very easy to get burned out of this job if you don't do your own self-care. Like outside of here, kind of leave work here at work.... It can be hard to, you know, maybe have a really heavy conversation with the family and then try and go home and forget about it, leave it here at work or something. But in general, I feel like our staff get along pretty well and have a pretty good team feel…. It does feel like a team which is helpful with providing, you know, the best services we can to families.

Staff members at all sites described formal and informal supports available to them through their organizations. In three sites, staff members reported being given extra days off for self-care. In at least one case, this additional time off was provided to the staff after the emergence of COVID-19, to help them cope with the effects of the pandemic. At two sites, family support workers noted that their supervisors gave them flexibility in their schedules when they needed it. An employee assistance plan was mentioned by staff members at half of the sites. Staff members from another three sites mentioned having a person on staff, such as a mental health consultant, with whom they could discuss their own well-being. One family support worker described having multiple resources to turn to:

> We do check in with our supervisor and I have voiced distress.... We have a mental health consultant. We can talk to her as staff, [it's] not just for the parents. I have reached out to her before. We do have a local counseling organization we can use that is a mental health, well-being resource.

A supervisor at one site stressed the importance of holding professional development sessions on self-care and incorporating this learning into one's practice, noting, "… [W]e have to keep our staff well. Certainly, physically well, but also mentally well, to be able to care for the families that we work with, that we're here to serve." A family support worker whose supervisor did wellness checks said the supervisor began conversations with "How are you doing?" and reminded staff that "you can't pour from an empty cup." Only one family support worker indicated that she was unaware of any supports offered through her work. At the other sites, Head Start programs offered events to promote staff wellness, including trainings, stress management workshops, a wellness fair, and recreational activities.

9

Conclusion

This report provides detailed accounts of how Head Start programs coordinated family support services. Its multiple-case design, with in-depth, semi-structured interviews and intentionally (not randomly) selected programs and respondents, allowed for a close examination of the coordination process from the perspectives of Head Start staff members, parents, and community providers from six Head Start programs. The report's main findings address key aspects of family support services coordination and factors that facilitated the process.

SUMMARY OF KEY FINDINGS

Site Structure and Organization

Family support service coordination was led by family support workers, with supervision and support from their managers and occasional involvement from other Head Start staff members, usually teachers. Though family support workers and their managers were the key staff members leading service coordination, other Head Start coworkers at all sites also played a part. Those roles varied across sites in terms of when and to what extent staff members would get involved, though it was usually ad hoc, depending on an individual family's circumstances and preferences. For example, a teacher might join conversations about a family's service coordination if the family disclosed a need to the teacher before sharing it with the family support worker.

Family support workers' roles extended beyond direct family service coordination. At half of the programs, family support workers had additional responsibilities, such as assisting with lunch, covering for teachers in the classroom for short amounts of time, and assisting coworkers with other projects. Family support workers also engaged with children in the classroom and at times, worked with parents on goals more focused on their children than on themselves. While this increased family support workers' responsibilities, being integrated into the daily operations at the center helped them learn more about and maintain connections with families outside of the family partnership process. Getting to know the children and engaging with parents about their children was appreciated

by parents and was highlighted by family support workers as a key strategy for building relationships and facilitated the coordination process.

Caseload size varied across Head Start programs. The average or targeted caseload per family support worker at each site ranged from 25 families to 51 families; 40 families was the typical caseload. Caseload size fluctuated within and across years, depending on how many family support workers were on staff, the number of families enrolled, and the family support workers' assigned centers. Caseloads also varied by the individual, in that the more experienced workers had larger caseloads than their less experienced peers.

Directors, managers, and family support workers described supervision as an essential component of family service practice, along with team learning and support. Supervision practices varied: Regular group or individual sessions ranged in frequency from twice a week to monthly. The sessions focused on working with families through the family partnership process and obtaining guidance and feedback from supervisors, and supervisors checking in on family support workers' well-being, given the stressors of their role. Family support workers valued teamwork and met frequently with coworkers to share challenges and solutions about working with families.

Coordination Process

Family support workers coordinated family support services through a series of standard activities tailored to individual families' needs and aligned with what is specified in the Head Start Program Performance Standards. These activities included recruitment, enrollment, scheduled one-on-one meetings, unscheduled check-ins, group parent events and communications, and relationship-building. The discussions during one-on-one interactions between individual families and family support workers focused on required elements of family support services: conducting the family strengths and needs assessment, conducting goal-setting, completing the family partnership agreement, connecting to services, and following up on progress.

While all sites conducted these main activities, the sites varied in how they structured and implemented each element according to staffing and organizational structure. How the sites tailored the work to individual families varied as well. For example, all sites had scheduled meetings with parents, but meeting frequency and length varied; each site had its own guidelines for when meetings were scheduled and the degree to which families' circumstances and preferences dictated their length. All sites conducted goal-setting, but each site had its own guidelines for which tools to use; family support workers adjusted how and when they followed up with families on their progress toward their goals based on families' circumstances and preferences. All sites connected families to services provided by their program, umbrella agency, and community providers, but the services offered depended on each site's structure and local context. Also, the extent to which family support workers took a more hands-off or a more hands-on approach to referrals varied by family support worker and each family's circumstances and preferences.

The sites varied in the tools they used to determine families' strengths and needs. Some tools were created by outside developers (for example, Parent Gauge, Mobility Mentoring) while others were created in-house by the site. Some tools used during the enrollment process provided an immediate read on a family's circumstances. Sites also used Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) scoring to determine if a family was involved in the child welfare system.

All sites used ChildPlus, Head Start's management information system. Family support workers used ChildPlus to document and track the family partnership process and efforts to assess needs, provide support, and follow up on parent goals and progress. All used ChildPlus to track communications with parents by using the case notes functionality. However, some sites noted that ChildPlus was not well-suited to tracking service receipt provided in-house by an umbrella agency, resulting in fragmented information and case documentation about a family's service utilization.

Some Head Start programs and community providers had permission to share information about families and one had access to school-based information systems. Otherwise, information sharing was limited, which inhibited case coordination and tracking service uptake.

Although community providers tracked family demographics and service receipt for their organizations, they did not coordinate information collection with the Head Start programs.

Engaging Community Providers

Head Start sites worked with multiple public agencies, nonprofit social services providers and community action agencies, and faith-based and community organizations to meet basic needs and provide family support services. All sites worked with public or community agencies that provided economic or food assistance (through food banks or the Special Supplemental Nutrition Program for Women, Infants, and Children) and mental health services. Only half of the sites had service providers in place to address physical health and well-being; less than half worked with housing programs or educational institutions. However, the local service array in urban and rural areas varied across the sites. Some sites were in communities with multiple resources, while others had limited resources. This disparity constrained family support workers' ability to develop community partnerships and make referrals for services.

Identifying community providers and establishing relationships with them was an ongoing effort for Head Start staffs. Family support workers, directors, and managers used multiple strategies to identify community resources, create referral pipelines, and build sustainable partnerships. Common strategies included mapping community assets, developing resource directories, networking with providers, coordinating case management, learning from parents, and conducting community needs assessments.

Having partnerships with community providers (both informal and formal) and a broad array of services available in the community facilitated family support workers' ability to connect families to the services they needed. The breadth of community resources available varied across sites, with some having fewer resources available in the community, as did the extent to which sites had formal or informal relationships with providers. Despite this variability, all sites relied on these services and partnerships to connect the families to resources beyond those offered directly by their program. Having dedicated liaisons, longstanding relationships, and access to additional community programs helped sites build effective partnerships.

Engaging Families

Building rapport and relationships with parents was key to getting families the necessary support. Across all sites, family support workers and parents emphasized their relationships with one another. Family support workers said strong relationships allowed them to get a fuller picture of parents' strengths and needs and helped with goal-setting and connecting them to services. Likewise, most parents described close relationships with their family support workers and how their relationships grew over time. Building trust took time; some families were more hesitant than others to share specifics during their initial conversations and more willing to open up as they built rapport with the family support workers.

Family support workers exhibited dedication to supporting families and put a lot of work into engaging parents in family support services, at times going beyond their formal job requirements. Family support workers' own descriptions of their day-to-day tasks, supported by similar accounts by other Head Start staff members, pointed to a deep dedication to doing what it took to support families. This was true even if that meant continuing to follow up with families who did not respond, working additional hours outside of the scheduled workday, and driving long distances to get families where they needed to go. Family support workers walked a fine line between being present and pushy, and worked to find low-key ways to make sure they were in touch with families, seeing families, and supporting them, such as checking in at drop-off and pick-up. In this way, family support workers functioned at times as part-time mentors, coaches, therapists, and friends. It was clear that family support workers cared deeply about the families they served. However, because they became deeply involved in each family's situation and challenges, and given the nature and intensity of the work, this could take a toll on family support workers' own mental health and well-being.

Despite family support workers' efforts to engage families, not all parents fully participated in family support services or took up services after receiving a referral. At all sites, one of the primary roles of the family support workers was coordinating family support services. However, parents' participation in the services and referral uptake varied. Some parents didn't take part in any family support services activities and said they either didn't need the services or hadn't realized they were available. Parents reported

not following up on the referrals they received for a variety of reasons. Some did not use the services because of the stigma they feared was associated with participating in family support services. Others may have had multiple needs and had to focus on their emergency needs first, or they may have experienced impediments to using a service. Some parents were not ready to work toward the goal or need being addressed.

What families got out of family support services varied, but most parents agreed on one thing: They valued their relationships with their family support workers. Parents reported getting various kinds of assistance from family support services, including referrals to services to pay for food, diapers, and rent; coaching for how to move up at a job or pursue a degree; or simply having someone who listened to them. The majority of parents spoke of their family support workers glowingly, noting that they were "like family." Though some parents may not have been as involved as others in goal-setting or may not have followed through on referrals, they appreciated and valued the time spent with their family support workers.

DISCUSSION

These key findings suggest several focal areas for the next study of Head Start's family support services. First, more research focused on understanding the details of the role of the family support worker would help paint a fuller picture of the coordination of family support services. For example, what do family support workers do on a day-to-day basis and how does this vary from site to site and in what context? Understanding this would help further define what it means to be a family support worker and the ultimate goal of family support services. Similarly, future studies may also consider measuring the strength of the relationships between family support workers and parents, and how that is associated with parents' participation in family support services, progress toward goals and, ultimately, family well-being. More research is also needed to understand how culture intersects with coordinating family support services and how to best to provide culturally responsive services.

Further research is also warranted to understand how varying levels of participation in family support services, availability of services in the community, and uptake of referrals are related to family well-being. Similarly, future studies may examine the barriers parents face in taking up referrals, in order to gather information that might help programs target and reduce those barriers. Researchers may also consider examining what parents who are eligible for Head Start understand about its two-generation nature and family support services; these details could inform programs on how to best communicate with parents about the services Head Start offers for parents, in addition to those for their children. Finally, because the basic activities of family support services (for example, assessing families' strengths and needs, goal-setting) are similar across Head Start sites, future studies may look to develop common measures (for example, parent and family support worker surveys focused on specific service coordination activities) to increase understanding about how service coordination is similar and different among Head

Start programs nationally. This might help provide more consistency in support services coordination across Head Start programs.

These findings also present several programmatic opportunities for Head Start programs to consider. The findings suggest that Head Start programs might consider adjusting their communication materials to make it clearer that family support services are a key aspect of Head Start—that Head Start is for children *and* their families. Similarly, programs may consider creating a standard definition for the role of the family support worker (for example, coach, mentor) both for the families enrolling and for the family support workers themselves. Clarifying this role may also help to clarify the purpose of family support services for parents. In addition, given typical resource and time constraints, programs may want to consider the families who indicate they do not need family support services. There may be some instances where resources could be targeted toward providing more intensive supports to the families who indicate a need for them or who are in crisis, rather than continuing to pursue families who express less interest in engaging in additional services. Finally, programs may also consider additional ways to support family support workers' wellness and mental health, given how deeply they dedicate themselves to their jobs and immerse themselves in the lives and challenges of the families they work with at Head Start.

Limitations

While this report provides rich detail about family support services coordination in Head Start programs, it has some limitations. Its purposive selection of sites and its small sample sizes within those sites mean that its findings may not be representative of all Head Start programs, communities, or family experiences in Head Start programs. Within sites, respondents were not sampled randomly, and it is possible that the purposive selection resulted in a biased sample of respondents. It was also difficult to draw conclusions about variation within sites. Finally, the study team completed interviews via video teleconference or phone, as data collection took place during the COVID-19 pandemic. This may have limited which participants were able to participate.

Looking Forward

A nationally representative descriptive study, also part of the Head Start Connects project, will build on and complement findings from the current study.

Sample and Methodology

SAMPLE

The study team used purposive sampling to identify the programs to include in the case studies. While the set of programs identified was not meant to be representative of all Head Start programs, the sampling approach was intended to yield a mix of programs that reflected variation on factors thought to be associated with how Head Start programs coordinate family support services.

The study team began by conducting eight interviews with 10 experts in summer 2019. Experts were selected because they possessed: (1) deep knowledge of or experience with the processes Head Start programs use to coordinate family support services for parents and to tailor services to individual family needs, and (2) awareness of a range of Head Start programs. The team aimed to identify where variations existed in Head Start programs' delivery of family support services and what influenced such variations. Additionally, the study team sought recommendations for programs that approached aspects of family support services in typical or unique ways for consideration as case study sites.

The study team identified several themes from the interviews that informed the sampling strategy for the case studies. The interviews revealed that multiple, interacting factors shaped how family support services were delivered in Head Start programs. Experts suggested that these factors included: the type of umbrella agency (for example, community service organization, school district, nonprofit organization), the size of family service workers' caseloads, whether a program was in an urban area or a rural one, and whether the area had many community resources or few. In consultation with the federal Office of Planning, Research, and Evaluation (OPRE), the study team decided to prioritize two key factors when developing the study sample: umbrella agency type and family support worker caseload. The study team developed a sampling strategy aimed at maximizing variation in the types of umbrella agencies represented and average caseload of family support workers.

Regarding the first of these factors, umbrella agency type, experts and the literature review suggested that the structures of different types of umbrella agencies may make them more or less able to engage deeply with families and efficiently provide effective support services. For example, Head Start and Early Head Start programs that are embedded in larger, multiservice organizations may have easy access to in-house resources to address a range of families' needs. Meanwhile, programs administered by school systems may be better equipped to engage deeply with families on issues that are directly related to children's education, with less emphasis on the needs of parents. The Office of Head Start's Program Information Report (PIR) lists seven types of entities that administer services; the study sample includes the three most common types of umbrella agencies in the PIR: community action agencies, nonprofit agencies, and school systems. Together, these types of umbrella organizations represent 85 percent of programs in the PIR.

Regarding the second prioritized factor, family support workers' caseloads, experts suggested there was variation in the extent to which Head Start programs saw their work

with family support services as central to their mission. This prioritization might have been reflected in the size of caseloads for family support workers. For instance, programs that emphasized family support services more might aim for family support workers to have smaller caseloads, allowing them more time to devote to each family.[1] The study team therefore wanted the study sample to include programs with different average family support worker caseloads. Caseload was calculated by dividing each program's Administration for Children and Families–funded enrollment by the number of family support workers plus the number of family support worker managers carrying cases. This information came from the PIR data from the 2018-2019 school year.[2] The resulting caseloads were divided into thirds: family support workers carrying caseloads between 0 and 35 families in the bottom third of programs; between 36 and 50 families in the middle third of programs; and more than 50 families the upper third. The study sample includes one or more program in each third.

While guaranteeing variation in program type and caseload in the study sample, the study team also aimed to select a mix of programs that reflected diversity on secondary dimensions of geographic location, urbanicity, enrollment, and population served.[3] Additionally, in consultation with OPRE and the Office of Head Start, the study team decided to include one Migrant/Seasonal program in the sample. Experts noted that Migrant/Seasonal programs have abbreviated engagement with families who are often quite isolated; this isolation may necessitate creative practices that could have important implications for traditional Head Start programs.

Resources were available to conduct case studies in six sites. The study team built the sampling frame from the list of 75 programs generated in the key informant interviews. Next, programs were categorized into the grid shown in Table A.1. The study team sought programs in the five cells (indicated with an X) that reflected the most frequently observed combinations of agency type and caseload in the full set of Head Start programs represented in the PIR. Ultimately, one program in each cell would be selected; a sixth spot was held for a Migrant/Seasonal program.[4]

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1. An important caveat is that some programs had family support workers triage families, so their caseloads contained a mix of high- and low-need families. A family support worker may have had a high caseload with only a handful of families needing more intensive assistance.

2. The PIR collects data on the services, staff, children, and families served by Head Start programs nationwide. All Head Start grantees and delegates are required to submit data to the PIR.

3. Programs were categorized into urban and rural groups using rural-urban commuting area scores (> 4 as urban; <= 4 as rural) for their addresses as listed in the Early Childhood Knowledge and Learning Center location dataset. For programs with multiple centers, the study team took the mean of the centers' scores.

4. Due to fluctuating enrollment and caseload sizes, as well as the time lag between identifying programs to sample in one program year and the actual data collection in another year, the program identified during sampling as having "low" caseloads had caseload sizes that moved them to the "medium" category by the time of data collection. The Migrant/Seasonal program sampled later had caseload sizes in the "low" category, so the sampled case study sites ultimately still had at least one program in each caseload size category.

TABLE A.1

Sampling by Program Type and Family Support Worker Caseload

	Family Support Worker Caseload[a]		
Agency type[b]	Low (< 36)[c]	Medium (36-50)	High (>50)
Community action agency		X	
Nonprofit agency	X	X	
School		X	X

SOURCE: Data from the Office of Head Start 2018-2019 Program Information Report (PIR).

NOTE: [a]Family support worker caseload calculated by dividing the number of family support workers and family support managers carrying cases by Head Start enrollment.
[b]This table presents five of six sites included in the case studies. The sixth was a Migrant/Seasonal Head Start grantee. It was sampled separately and therefore was not included in this grid.
[c]Because this table was used for sampling, it presents the caseload sizes as indicated in the 2018-2019 PIR, as opposed to what was reported during data collection. Due to fluctuating enrollment and caseload sizes, as well as the time lag between identifying programs for sampling in one program year and the actual data collection in another year, the nonprofit agency program identified during sampling as having "low" caseloads had caseload sizes that moved them to the "medium" category by the time of data collection. The Migrant/Seasonal program sampled later had caseload sizes in the "low" category, so the sampled case study sites ultimately still had at least one program in each caseload size category.

From the list of recommended programs, the study team identified two programs in each cell marked with an X—a first choice and a backup. The team also identified two Migrant/Seasonal programs. In each cell of the grid, the study team attempted to identify programs that reflected the dominant level of urbanicity among all programs in the PIR with that combination of program type and caseload. Finally, taking a holistic view of the 12 identified programs, the study team assessed the degree to which variation in geographic location, urbanicity, program size, and population served had been achieved. A few replacements were made to maximize the diversity along these dimensions among the set of programs.

Recruitment

Once the 12 programs were identified and approved by OPRE, the director of the Head Start program from each site was invited to participate in an initial phone call with the study team. The aim was to help the team get a preliminary sense of each program's approach to family support services and to assess each program's capacity to accommodate interviews. Two programs declined to participate, so the team identified comparable backups from the remaining programs suggested by experts.

The study team, in consultation with OPRE, used the information gathered from these calls to narrow the list to six programs deemed most appropriate for inclusion as case study sites. Members of the team contacted leaders in these programs again to inform them of the decision and officially invite them to be a part of the study. Participating programs reflected variation on the prioritized and secondary dimensions of interest:

- **Geographic location.** The selected programs spanned six Head Start regions, including Region XII.[5] The Pacific Northwest, Midwest, Appalachia, and East Coast were represented.

- **Urbanicity.** Programs in both rural (2) and urban (4) communities were represented.

- **Program size.** Head Start enrollment in the selected programs ranged in size from "extra small" to "large."[6]

- **Population served.** Programs varied in the racial-ethnic composition of the population they served.

METHODOLOGY

The study team planned to collect data in spring 2020 during in-person visits to program locations. Due to the COVID-19 pandemic, however, the team delayed data collection and conducted video or phone interviews from September through December 2020. The team also updated interview protocols to learn about how service coordination might have changed during the pandemic.[7]

Data Sources

The study team collected data from several sources, including the 2018-2019 PIR, program materials, preliminary phone calls, and interviews.

Head Start Program Information Report
The study team accessed the publicly available PIR for 2018-2019 to obtain information about each selected program location prior to contacting that program. From the PIR, the

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5. Region XII includes all Migrant/Seasonal Head Start programs.

6. The study team used program size categories created using ACF-funded enrollment information from the 2018-2019 PIR. One program was "extra small" (100 or fewer children enrolled), two programs were "small" (101 children to 300 children enrolled), one program was "medium" (301 children to 600 children enrolled), and two programs were "large" (601 children to 1,000 children enrolled).

7. Findings about how the pandemic affected service delivery are not included in this report. These findings can be found in Strassberger and Hafford (2022).

team gathered information about program structure; program staff members and their qualifications; children's and families' needs; and services families received.

Program Materials

The team reviewed materials about each program to become more familiar with the program, its activities, and the program's context. These materials varied by site but included: (1) Head Start grantee application and annual plan for the current program year, (2) external-facing program materials, such as recruitment and retention materials, parent newsletters, parent resource guides, websites, brochures, and other media, and (3) internal management and administrative materials, such as strengths and needs assessment forms, goal-setting forms, family partnership agreement forms, organizational charts, strategic plans, policy and procedural handbooks, grant applications, and partnership agreements with service providers in the community.

Preliminary Calls

The study team conducted preliminary calls with the Head Start program directors and family support workers at each site prior to beginning the full set of interviews. These conversations were held via phone or videoconference, using a semi-structured interview protocol. During preliminary calls with Head Start program directors, the team aimed to verify information about the program from the PIR, confirm information about the family support services staff and other Head Start staff members who interacted with parents (for example, which individuals were involved in family support services), obtain an overview of the family support services provided by the site, gather information on the sites' current operations in response to COVID-19, and discuss logistics for the upcoming interviews. During preliminary calls with the family support workers, the team shared information about how case narratives would be used to learn how family support workers coordinated services for parents in different circumstances and with varied backgrounds. Members of the team asked family support workers who would be participating in full interviews to identify a family they had worked with that either had typical or exceptional needs relative to the rest of their caseload.

Interviews

Members of the study team interviewed participants by videoconference or phone. After all team members who were involved in data collection were trained on the interview protocols and qualitative interviewing techniques, two team members conducted each interview, with a primary interviewer leading the conversation and a notetaker typing responses as close to verbatim as possible. Interviews were audio-recorded via the Zoom for Government application, when permitted by the interviewee, to allow the notetakers to fill in any gaps in their typed notes. Prior to an interview, the study team gave the participant a document describing the interview and the meaning of informed consent, and obtained the participant's verbal consent to be interviewed and to allow the audio to be recorded. Two of the parent interviews were conducted in Spanish. Table A.2 presents information about each type of interview.

Interview Participants, Sample Size, and Interview Length

Interview Participants	Total Number of Individuals Interviewed	Number of Individuals Interviewed per Site	Approximate Length of Each Interview (in hours)
Head Start staff members	30	--	--
Head Start program directors, family and community partnership managers	7	1-2	2
Head Start family support workers	12	2	2
Other Head Start staff (for example, teachers)	11	1-2	1
Parents	18	2-4	1-1.5
Community service providers	7	1-2	1
Total	55	--	--

The study team designed interview protocols to gather information on how programs identified family needs, connected families with services, maintained connections with families, and built partnerships with community providers, as well as the contextual factors and supports that influenced the coordination of family support services. Table A.3 lists the topics covered in the interview protocols for each type of participant in the study.

The protocol for family support workers included a case narrative. In preliminary calls, family support workers were asked to identify a family that had either typical or exceptional needs, relative to the rest of the families in their caseloads. During the interviews, the interviewer prompted family support workers to describe the family (without providing identifying information) and its needs, then describe, step-by-step, how they worked with the family. This description began with their first interaction with the parent and proceeded through the conclusion of services or up to the present if the family was still in the program. By asking family support workers to reflect, in detail, on a single, real-life case, the study team hoped to move beyond hypothetical descriptions of how family support staff *should* conduct their work and instead learn about the actual choices, processes, and pitfalls that actually characterized their work.

Topics Covered in Study Interview Protocols

Interview Protocol	Topics
Head Start program directors/ family and community partnership managers[a]	**Part A** Professional background; what needs parents in the program have; why parents do and do not access family support services; how family support services are funded; staffing for family support services; use of management information system(s); partnering with community providers; successes and challenges in providing family support services **Part B** Clarifications from completed interviews; staff training and professional development
Family support workers	Professional background; working with parents; determining parents' needs and strengths, and setting goals; service referral, receipt, and uptake; monitoring, tracking, and follow-up; working with external community partners; supervision, support, and professional development; staff wellness and morale; successes and challenges in providing family support services; case narrative
Other Head Start staff (for example, teachers)	Professional background and role; family interactions and communications; family needs and types of family support services; learning about parent needs and linking to supportive services; working with external community partners; service uptake; supervision, support, and professional development; staff wellness and morale; experiences providing and coordinating family support services
Parents	Personal and family background; goals and service needs related to education and career, emergency assistance, health, support with children, and skills (for example, managing money, parenting skills); how COVID-19 affected parents' interests and needs; working with family support workers; family partnership plans; working with outside organizations and agencies; success and challenges in receiving family support services
Community service providers	Organization background; working with Head Start programs (generally); partnership with Head Start programs (specifically) and provision of services

NOTE: [a]Head Start program directors/family and community partnership managers were interviewed twice, as the first interview of the case study and the last. There were two reasons for this. First, the study team split the interview into two parts to avoid participant fatigue. Second, by bookending the case studies with these interviews, the study team could gather information to inform its approach at the beginning and fill in any gaps that remained at the end.

Analysis

The study team conducted limited quantitative analysis of a select set of PIR elements, including univariate and bivariate descriptive information (frequencies, means, medians, cross-tabulations) for the programs participating in the case studies.

Meanwhile, three experienced qualitative researchers analyzed the study's qualitative data. Interviews were coded in Dedoose using a priori codes based on the content of the questions in each protocol. Reliability checks were conducted by reviewing exported data by descriptor (for example, site, respondent type) to ensure consistent coding across sites and to identify areas where additional codes were needed.[8]

Once coding was complete, each member of the analysis team examined a set of exported excerpts for an assigned group of codes. A two-tier analysis was conducted to identify key themes, both within and across sites. The first-level analysis was a within-site analysis that triangulated information from staff, parents, and providers to develop an understanding of site-specific characteristics, contexts, and processes for coordinating family support services. Next, the team conducted limited, comparative cross-case analysis of the six sites (the second-level analysis) to better understand the influence of organizational structure (for example, agency type, urbanicity), program type and size (enrollment), caseload, and funding resources in how programs delivered family support services. The analysis team met to discuss themes and patterns that were emerging from the within-case and cross-case analysis.

Finally, the study team integrated the data from the other data sources into the qualitative data. The team reviewed each site's program materials, focusing on documents providing details on service coordination (for example, goal-setting sheets, family partnership agreements, needs assessment templates), and used this information when synthesizing the findings to add details or to elaborate on themes.

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8. Saldaña (2009); Guest and MacQueen (2008).

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