Research to Practice: Early Head Start Home-Based Services

Early Head Start Research and Evaluation Project

This research brief presents findings from the Early Head Start Research and Evaluation Project that pertain to home-based services, one of four service options Early Head Start offers to families.[1] Programs offering the home-based option must meet the level of service intensity for home-based programs set by the *Head Start Program Performance Standards*. The standards specify weekly home visits and bi-monthly socializations (parent-child play and interaction meetings), as well as other comprehensive services and referrals as needed. Research on home-based services, as reported here, can help programs determine if service intensity goals and desired outcomes are being attained. Findings may suggest improvements for the home-based option or changes in the range of options offered to families.

RESEARCH FINDINGS AND IMPLICATIONS FOR HOME-BASED PROGRAMS

The National Early Head Start Research and Evaluation Project, a random-assignment study of 3,001 children and families in 17 diverse programs (see *The Study* box), collected information during home visits and completed many child and parent assessments.[2] *Impact* analyses reported here compare the program to the control group, while *other* analyses examine just the program group.

Impacts found in the Early Head Start home-based programs

The national Early Head Start study reported positive impacts for home-based programs on a number of *parent* outcomes, when children were 24 and 36 months of age. At 24 months, Early Head Start parents, compared to control group parents, provided significantly more stimulating home environments, participated in more bedtime reading, and had greater knowledge of child development. These parents also reported less parenting stress and greater involvement in education and training activities than control group parents. At 36 months, Early Head Start parents were more supportive during play and continued to report less parenting stress. Compared to control group *children*, home-based Early Head Start children at 24 months showed stronger vocabulary development. At 36 months of age, these program children more strongly engaged their parents during play, a measure of social-emotional development.[3] Impacts were larger in home-based programs that fully implemented the Performance Standards. In the *fully implemented* home-based programs, there were also positive impacts on child cognitive and language development at 36 months (Administration for Children and Families [ACF], 2002; Jones Harden et al., 2003).

Theories of change of home-based programs

Programs that were mostly home-based were three times more likely to target parenting than child outcomes as desired outcomes, whereas Early Head Start center-based programs were equally likely to target child and parenting outcomes (Raikes, Roggman, et al., 2003). Many of the home-based programs subscribed to a theory of change that presumed short-term impacts on parenting would lead to long-term impacts on child development. Some support for this theory of change was found in analyses showing that selected significant child impacts on children at 36 months were, in fact, mediated by impacts on parenting at 24 months.

Measurable components of home visits

Researchers developed a conceptual model of parental involvement for home-based services that stressed the

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[2] About a third of the programs offered home-based services to all families and another third offered home-based services to some families while other families received center-based services. The other third of the programs provided exclusively center-based services. We refer to those programs that provided home-based services to all families as "home-based programs" and those that provided home-based services to some families and center-based services to some as "mixed approach programs."

[3] It is interesting to contrast impacts for home-based programs to those for other approaches. In general, impacts for mixed-approach programs were strong at both 24 and 36 months of age for both parenting and child outcomes. There were impacts for center-based programs on child cognitive development at both ages and on some other child and parenting outcomes not following a consistent pattern.

quantity of home visiting time (duration, number, length, and frequency of home visits) and the *quality* of emotional engagement (measured at the time of each visit and globally) (Korfmacher et al., 2003). The *focus of the visits* was also important, i.e., the extent to which visits were child- or parent-focused. These measures are examined in the next bullets, looking at relations *within* the program group (vs. between the program and control groups).

Quantity of involvement: Duration. Average duration for families in home-based programs was 23 months (Roggman, Cook, Peterson, Raikes, & Staerkel, 2003). Twenty-two percent of families stayed in the program for about a year and then left, while around half (49 percent) were still participating after 2 years. Families who dropped out were more likely to be mobile, single, relatively poor, and non-English-speaking. Families with children who had disabilities tended to stay in the program longer than other families. Families who stayed in the program had home visits that were longer, more focused on children, and less chaotic than families who dropped out early.

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Quantity of involvement: Number and length of visits. Over the course of their Early Head Start experience, parents in home-based programs received 64 total home visits on average and 2.4 visits per month. Home visits lasted an average of 72 minutes. Parents who were teens, single, lacked high school education, and moved frequently received the fewest home visits. Teen mothers received the shortest visits. In regression analyses that controlled for many parent demographic factors, the number of home visits notably predicted the number of parent hours in education and training (e.g., attendance in high school) (Raikes, Green, et al., 2003).

Quality of engagement. Most parents were rated by their home visitors as highly engaged (4.6 on a 5 point scale) during home visits. Non-English-speaking Hispanic families and parents with higher levels of verbal ability were rated as most engaged during visits. When staff rated *overall* engagement, parents whose children were eligible for Part C services were rated as most involved, while parents who reported depressive symptoms were rated as least involved. In regression analyses that controlled for many parent demographic factors including earlier depression, engagement was notably related to lower levels of maternal depressive symptoms and higher levels of supportive parenting when children were 36 months of age (Raikes, Green, et al., 2003).

Child focus during home visits. On average, 54 percent of the time in home visits was spent on child-focused activity, 31 percent on parent-focused activity, and 15 percent on building rapport between the parent and home visitor. Families that received more parent-focused activity tended to be those with more demographic risk factors, higher levels of depressive symptoms, or receiving Part C services. Parents who had higher levels of verbal ability and fewer risk factors were likely to spend more time during the visit on child-focused activities. In regression analyses that controlled for many parent demographic factors, more child-focused activity predicted higher levels of child cognitive and language development, greater parent support for language and literacy, and greater overall quality of the home environment (Raikes, Green, et al., 2003).

Additional insights about parent engagement from qualitative study. An in-depth, qualitative study in two sites showed that parents were best able to engage in services when the program (1) clearly conveyed program purposes, (2) emphasized the *child's* needs, (3) followed through consistently, (4) helped parents relate to the program as well as to individual home visitors, and (5) developed systems for tracking families in spite of mobility (Brooks, Ispa, Summers, Thornburg, & Lane, 2003). These factors were found to relate to engagement even in the face of high levels of parental demographic risk (e.g., teen parents, single parent, lack of education) and staff turnover.

Variation in Early Head Start home-based programs. Early Head Start home-based programs studied were similar in some ways, for example, they all strove to meet the Performance Standards. However, considerable variability between and within programs was found (Peterson et al., 2003). For example, observations during visits revealed that one program emphasized parent-home visitor discussion about child development, while another emphasized coaching the parent-child relationship. There was also great variation in the number of home visits over time. A number of programs decreased visits in the final year of program services while increasing child care (Robinson et al., 2003). Such flexibility, if in response to changing family needs, was likely to be positive. For example, the national evaluation found a pattern

of larger impacts on children and families in mixed-approach programs that made available a combination of home- and center-based services to families (ACF, 2002).

Staff carrying out home-based services. The Early Head Start Implementation Study examined dimensions of staff development in 17 research sites (ACF, 2003). Altogether, 85 percent of the frontline staff in home-based programs had completed a Child Development Associate (CDA) credential or more, and 61 percent of home visitors had a 4-year degree, dispelling notions that the home visitors in Early Head Start are generally paraprofessionals. Turnover was the staff issue most frequently mentioned in the study, ranging from 15 to 32 percent across the programs.

Staff who worked in home-visiting programs tended to fit one of four profiles (Schiffman et al., 2003). The largest profile group included staff who were positive about their jobs and workplace climate, had good mental and physical health, and did not view the work as difficult. A second group was similar but viewed the work as difficult. A third and smaller group included staff who were more negative about the workplace and neutral about the importance of the work. There was a fourth small group that included staff who did not have good physical or mental health.

IMPLICATIONS FOR PROGRAM IMPROVEMENT

- The study shows that programs can learn from several kinds of home-visiting data: quantity (frequency, duration, intensity), quality of engagement, and focus of the visits. All provide important information about the services families are receiving. Each program may want to examine the kinds of home-visiting data that should be collected on a regular basis and what can be learned from each data collection.

- Families with the most demographic risks (e.g., teen parents, parents with depressive symptoms, mobile parents) present challenges for home-based services because they are the most difficult to keep involved. However, home visiting programs can benefit many of these families; e.g., the study found significant, positive effects on education levels among high risk mothers who participated in home visits. Programs can explore: What are innovative ways of engaging families at greatest risk to capitalize on the potential that home-visiting services can offer these families?

- Home visits that focus on child development are associated with greater child cognitive and language development and increased parent ability to provide language and literacy stimulation in the home. However, parents at higher levels of risk tend to receive less child-development focus during visits, so their children may not benefit as much. Program staff can address, How can the program provide child-development focus during home visits when parents have many issues of their own?

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- The qualitative study showed that programs successful in keeping families engaged in spite of mobility use novel approaches for identifying addresses and work with the local post office and other institutions to keep track of families. Some programs reward families for notifying them about moves.

- It is useful for a program to clarify its theory of change for home-based services. A theory of change asks, What are the intended outcomes from a home-based program? What should happen during home visits to promote the intended outcomes? Such clarification provides a template for alignment of program services, purposes, and expected outcomes. Additionally, good supervision is critical to ensure the program theory of change is implemented during home visits. Strategies may include periodically accompanying the home visitor on home visits or videotaping home visits (some programs provide a video tape as a gift to families).

- The qualitative study showed that parents become engaged in Early Head Start programs by understanding program purposes and by forming relationships with several program staff as well as by having a strong relationship with one home visitor. How can programs address all of these levels of engagement?

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Early Head Start Research and Evaluation Project

The Study

The Early Head Start Research and Evaluation Project included studies of the implementation and impacts of Early Head Start under the direction of the Child Outcomes Research and Evaluation Division, Office of Planning, Research and Evaluation, in the Administration for Children and Families, U.S. Department of Health and Human Services. It was conducted by Mathematica Policy Research, Columbia University Center for Children and Families, and the Early Head Start Research Consortium of researchers in 15 universities. Research was conducted in 17 Wave I and Wave II Early Head Start sites representing a diversity of program models, racial/ethnic makeup, auspice, and region. In 1996, 3,001 families enrolled in an experimental design study, and children and families were assessed when children were 14, 24, and 36 months of age. Families were interviewed about services 7, 16, and 28 months after random assignment. Child assessments included a wide array of child cognitive, language, and social-emotional measures using direct assessment and parent report. Parent assessments included observation (videotaped and by interviewers) and self-report. Families in the program and control groups were comparable at baseline and assessment points. Two implementation reports and two impact reports (when children were 24 and 36 months of age) from the study have been completed and are available at the web site identified below. Overall, the study demonstrated a wide array of modest, positive impacts. The home visiting study drew on data gathered by the Early Head Start impact and implementation studies as well as home visit documentation data collected during home visits, staff ratings of family engagement, and local research studies.

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Early Head Start evaluation reports are available online at:
http://www.acf.hhs.gov/programs/core/ongoing_research/ehs/ehs_intro.html