



Evaluation of the Head Start Family Service Center Demonstration Projects

Volume I: Final Report from the
National Evaluation

March 2000

Commissioner's Office of Research and Evaluation (CORE)
and the Head Start Bureau
Administration on Children, Youth and Families
U.S. Department of Health and Human Services

Acknowledgements

Evaluation of the Head Start Family Service Center Demonstration Projects

Volume I: Final Report from the National Evaluation

Prepared for:

Henry Doan, Ph.D.
Research, Demonstration and Evaluation Branch
Administration on Children, Youth and Families
Department of Health and Human Services
Washington, DC

Prepared by:

Abt Associates Inc.
Janet Swartz, Project Director
Lawrence Bernstein, Associate
Marjorie Levin, Senior Analyst

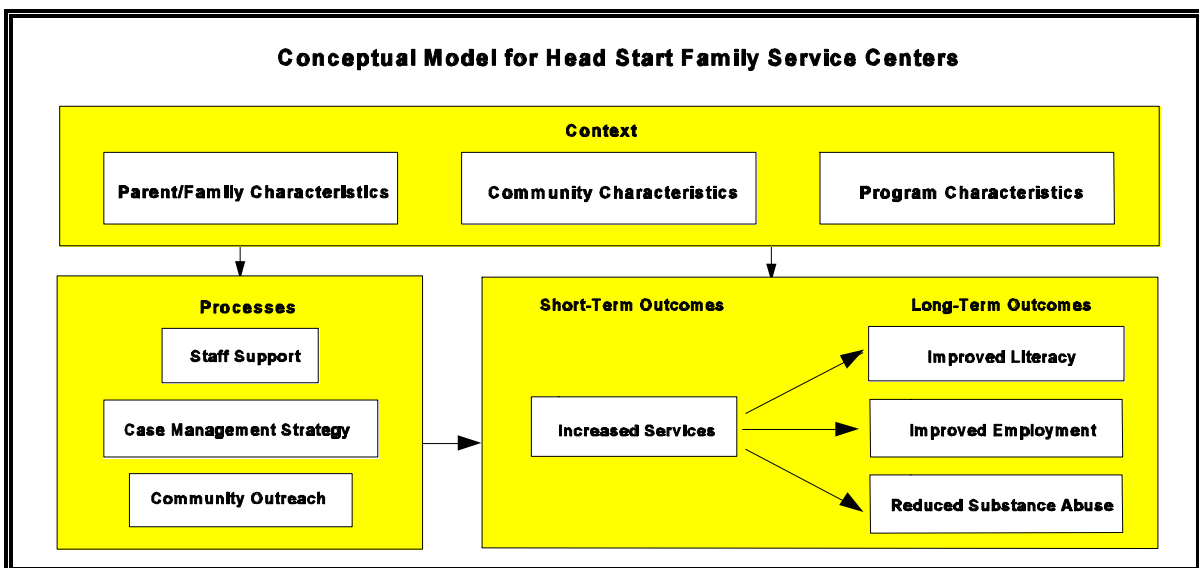
Executive Summary

This executive summary highlights findings from the final report of the national evaluation of the Head Start Family Service Center (FSC) Demonstration Projects. This report represents the first of two volumes. Volume II contains a summary of the local evaluation reports conducted by third-party evaluators in each FSC project.

The summary begins with a brief description of the FSC projects and the design of the national evaluation. The last two sections summarize program effects on participants and changes reported by project directors as a result of the integration of the FSCs into local Head Start programs.

Family Service Center Demonstration Projects

Over the past several years, there has been a growing concern among the Head Start community that many families experience high rates of unemployment or underemployment, have low literacy skills, and may be dependent on alcohol or drugs. These complex and often interrelated problems are likely to interfere with a family's ability to nurture their children and provide a positive home environment. In addition, program staff felt that the traditional set of Head Start sources were inadequate to address these problems.



The FSC demonstration projects were initiated in 1990 to enable Head Start programs to provide a more comprehensive set of services and enhance Head Start's capacity as a "two-

generational program” that offers services to both parents and children. Two key features of an FSC project were (a) collaborative efforts with community organizations, and (b) intensive case management that included a needs assessment and integrated services for families.

The design for the FSCs rested on a set of four assumptions:

- Head Start families have important yet unmet needs in three areas: literacy, employment, and substance abuse.
- Head Start, as currently constituted, is unable to address those needs adequately because of the large caseloads carried by social work staff, which make it difficult for them to provide the focused attention many families need.
- FSCs will help meet family needs by reducing caseloads which will increase the likelihood of families' receiving needed services.
- These services will result in improved family economic and psychological well-being.

The FSCs were three-year demonstration projects funded by grants from the Administration on Children, Youth and Families (ACYF) within the U.S. Department of Health and Human Services. All Head Start grantees were eligible to apply for the funds. A total of 66 FSC projects were funded by ACYF over three fiscal years. In September 1990, approximately \$2.5 million was awarded to 13 Head Start agencies to implement FSC projects (Wave I projects).¹ In September 1991, \$7.8 million was awarded to institute an additional 28 projects (Wave II projects). In September 1992, \$6.4 million was distributed to 25 new projects (Wave III). The average grant was \$250,000 a year for each of three years². Projects were located in 36 states throughout the country, including projects associated with Migrant Head Start and Head Start programs on Indian Reservations.

This report focuses on the experimental design results from the final cohort of programs. The Wave I and II projects were not required to systematically implement random assignment in their evaluation designs. A subset of Wave I and II projects (10 sites) did institute a randomized design; however, baseline data for these projects were not collected until after random assignment had been conducted. Results from these 10 projects were not significantly different from those reported here for Wave III. Due to the above considerations, results from the Wave I and II projects are not integrated into the body of this report. For further

1 One of the Wave I projects did not receive funds to continue into its second year of operation, reducing the number of operational FSCs to 65.

2 An additional special demonstration grant for \$3 million was awarded in 1992 to the Head Start agency in Los Angeles County; this project was not included in the national evaluation.

details, please refer to Appendix B: Summary of Findings from Interim Reports, Wave I and II Projects.

National Evaluation Design

On September 30, 1991, Abt Associates Inc. was awarded a contract to conduct a national evaluation of the FSC projects, each of which was also participating in a site-specific study conducted by a local evaluator. The national evaluation addressed three main questions. The first question focuses on program processes, while the other two address short-term and long-term outcomes.

- *How was the program implemented?*

What were the strategies used, problems encountered, and solutions found when Head Start agencies and other community agencies cooperated in implementing a Family Service Center model?

- *Were there effects on service utilization?*

Were families who participated in a Head Start FSC more likely to address problems of substance abuse, low literacy, and unemployment than families who attended a regular Head Start program?

- *Were there any effects on families?*

Did families who participated in a Head Start FSC experience significant benefits compared with similar families who attended a regular Head Start program?

All of the Wave III projects were required by ACYF in the grant announcement to implement a design in which interested families were randomly assigned to the FSC or to a control group that received regular Head Start services. Random assignment was carried out by Abt Associates in collaboration with the local evaluators at each site. Because families recruited for the national evaluation were not a random sample of all Head Start families, the results of this evaluation cannot be generalized to the total Head Start population. Moreover, the 25 Wave III FSC projects cannot be presumed to be representative of all Head Start programs across the country, in terms of either program or participant characteristics.³

³ In fact, the average total funded enrollment for the 25 Head Start programs with Wave III FSCs was 631 students, about twice the average enrollment for Head Start programs nationally.

Data Collection Measures and Methods

The national evaluation collected data from six sources: parent interviews; a functional literacy test administered to parents; on-site observations of project activities on-site; interviews with staff at the FSC, Head Start, and collaborating agencies; a project director questionnaire; and a case manager questionnaire.

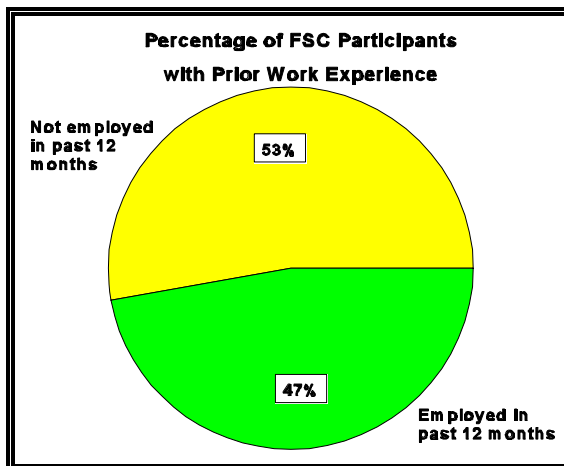
The parent interviews and the literacy tests were administered by independent data collection staff hired by local evaluators and paid through the FSC's local evaluation budget. Site visits and staff interviews were conducted by Abt staff. The project director and case manager questionnaires were self-administered surveys completed by FSC staff.

These data were collected from Wave III projects during the 1993–1994 and 1994–1995 program years. Information from FSC project staff was collected in the spring of 1994. Baseline data collection from individuals assigned to either the FSC or the control group spanned the period from August 1993 through January 1994. There were two subsequent data collection efforts in the summers of 1994 and 1995, corresponding to approximately 7 months and 19 months after baseline.

Findings of the National Evaluation

The Extent of Participants' Unmet Needs

Either through self-report or through an independent assessment of their functional level, the majority of FSC participants demonstrated unmet needs in only one of the three target areas—employment. It is important to note that the adults included in this evaluation were self-selected and, therefore, they could be considered highly motivated to either get a job or seek a better one. Moreover, other family situations, including being a single parent with several children, suggest that parents might be interested in other aspects of the FSC such as greater access to case managers.



Low literacy skills were not a major problem for the participants. A majority of the FSC participants had high school diplomas or the equivalent, and most scored in the highest category (high school) on a test of functional literacy administered at entry into the program.

Employment, the second area targeted by the program, was a problem for many participants. Help in finding a job and job training were the areas most frequently

identified in adults' self-report of need for services. In spite of their higher than expected educational and literacy levels, more than half of the participants had not worked during the year before they enrolled in the program, and about 15 percent had never worked. Among those employed, more than half earned less than \$5.00 an hour and worked less than 35 hours a week.

At baseline, only a small proportion of adults reported current or prior problems with alcohol or drugs. Based on self-reported data, approximately 10 percent of target adults and 25 percent of spouses or partners were reported to have drunk five or more drinks in one sitting on more than one occasion in the month before they entered the program. Smaller percentages of target adults and their partners were reported to have used an illegal drug, usually marijuana, in the same period. There is reason for caution in accepting these estimates because they are lower than generally accepted estimates of use in the general population (National Institute on Drug Abuse, 1991).

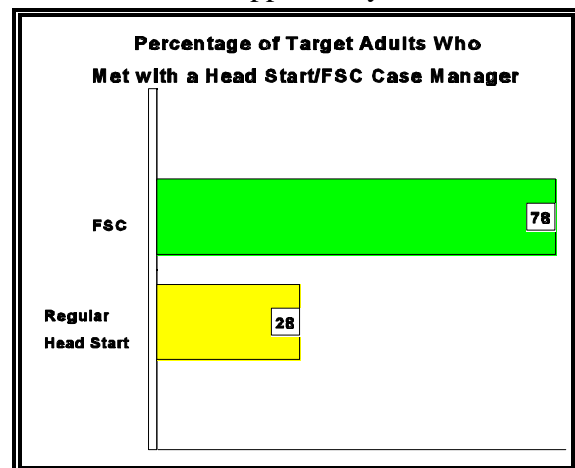
The Need for Additional Case Management

The assumption underlying the FSC was that intensive case management was essential to meeting families' needs. In the regular Head Start program, local agencies used a variety of approaches to provide case management to Head Start families who were not part of the FSC. In these regular Head Start programs, caseloads averaged 75 families and a quarter of social service staff had caseloads of more than 100 families. The majority of programs utilized a case management approach in which case managers or family advocates were assigned to work with a specific group of families, often by specific classroom or geographic area.

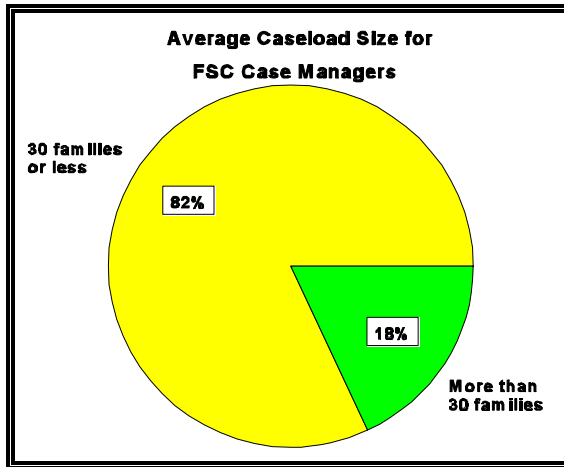
Caseload size is a critical feature of case management because it affects the amount of time and attention that case managers can give to assigned families. The more families for whom case managers have responsibility, the less time and contact they have with each individual family. This is illustrated most clearly when comparing a Head Start program that has five case managers and 150 families (caseload size of 30 families each) with a similar size program that has only one social service coordinator and no case managers. The social service coordinators working on their own without support have much less opportunity to work with individual families and often spend much of their time responding to crises.

Case Management Services Provided by the Program

Information gathered in site visits and from staff surveys indicate that intensive case management was indeed delivered.



The program increased access to social workers or case managers. FSC participants were much more likely to have met with a social worker or case manager than were families in the regular Head Start program (78 percent versus 28 percent).



Caseloads tended to be small. The average caseload size in the Wave III FSC projects was 23 families. Only three percent of case managers had caseloads of more than 40 families. These caseload sizes were significantly smaller than those of social service staff in regular Head Start programs which averaged 75 families during the FSC demonstration. Program staff reported that the smaller caseloads in the FSC afforded them the time and opportunity for more frequent contact and more intensive involvement with families.

Contact with families was frequent and often face to face. Over a third of the FSC families had in-person contact with their case managers on at least a weekly basis. Case managers used many different ways to keep in touch with families, including home visits, telephone calls, and meetings at the FSC. About one-third of the case managers reported that they conducted home visits with all families; the remainder met at home with at least some of their families.

Case managers spent as much time on families' basic needs and personal issues as they spent on literacy and employment needs. Case managers most often rated families' *basic needs* as the primary topic on which they spent time. Literacy, employment, and personal issues were all among the top five topics discussed with families. Half of the case managers indicated that *transportation* and *child care* issues required their attention as well. While dealing with such issues is an accepted part of good case management (and it would be almost impossible to deal with other topics in isolation), it clearly reduced the time available to deal with the three topics that were the focus of the program.

Effects of the FSC on Participants' Use of Services

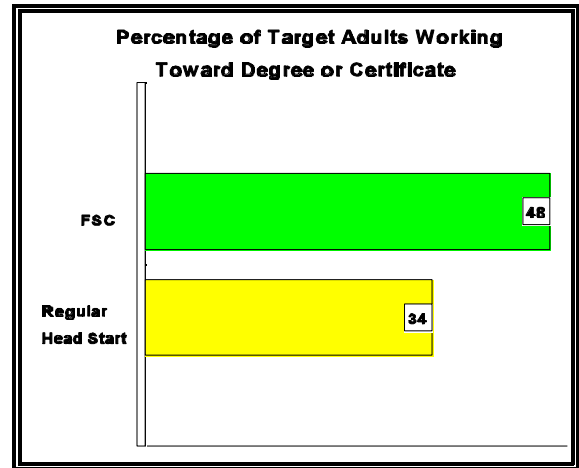
Most of the services to which FSC participants were referred were available to all Head Start families. The results from the second follow-up show greater use of services by program participants than by families in the control group.

More FSC adults participated in educational programs or employment services than did adults in regular Head Start. FSC adults participated more in:

- General Education Development (GED) preparation (17 percent versus 11 percent),
- Adult Basic Education (ABE) classes (seven percent versus three percent),
- computer instruction (eight percent versus four percent),
- employability classes (nine percent versus four percent),
- job training (19 percent versus 15 percent), and
- assisted job search (five percent versus two percent).

More than half of the adults in the FSCs participated in at least one of these services.

Adults in FSCs were more likely than those in regular Head Start to report that they were working toward a diploma or degree (48 percent versus 34 percent). This finding may have implications for participants’ future employment prospects. However, there were no differences between the groups in actual diplomas or degrees attained during the time frame of this evaluation.



A greater proportion of FSC adults than adults in regular Head Start participated in some type of drug program (11 percent versus 5 percent). In general, participation in drug programs was low across all FSC projects, which could either reflect a lower incidence of substance abuse problems than initially hypothesized or a greater difficulty in identifying or acknowledging these problems. Again, this also could be attributed to the self-selection of the study sample.

Barriers to the use of services offered by community agencies were likely to be logistical. Scheduling that did not meet parents’ needs, services that were too far away, and a lack of transportation or child care were all cited as barriers to the use of available services. In addition, project directors cited limited slots for employment services as a barrier.

Effects on Participants' Literacy, Employment, and Substance Abuse

FSC families, compared with families in regular Head Start, received more attention from case managers and participated more in educational and employment services that could help them move toward self-sufficiency in the future. However, *these activities did not translate into measurable impacts in the areas of literacy, employment, or substance abuse during the time of the evaluation.* There are several possible explanations for this absence of long-term program impacts.

Differences in participation rates in services may not have been sufficient to effect changes. Although there were reported differences between FSC and regular Head Start families in terms of participation in services, these differences may not have been sufficient to effect changes in program impacts. Moreover, participation levels in terms of frequency or intensity of service receipt may have been too low to lead to meaningful differences in programmatic outcomes.

Regarding substance abuse services, we cannot say with any certainty whether the low participation in these services indicates that there was little need for these services or a reluctance to admit problems in this area. It is possible that parents with young children are unwilling to disclose the problem either to independent researchers or to case managers associated with their child's Head Start program, and that a different approach to offering these services needs to be examined. Project staff also may have needed more training in this area in order to talk effectively with parents about substance abuse.

Economic self-sufficiency is difficult to achieve, particularly in a short time period. A second explanation for the lack of long-term impacts is that following families for only one year after leaving the program is too short a time span to realize an increase in indicators of economic self-sufficiency (e.g., an increase in wages or reduction in public assistance). Evidence from other evaluations also suggests that it is extremely difficult to achieve substantial impacts on income, employment, and skill levels. Where these types of programs have been effective, the benefits are not seen until two or three years after enrollment.

It is important to note that the FSCs were not designed as employment programs, and were thus unlikely to achieve, in the short term, even the limited success of such programs. Nevertheless, the relevance and importance of employment services for this population is borne out by parents' own assessment of their needs, by their use of employment services, and by the current political climate with respect to welfare reform.

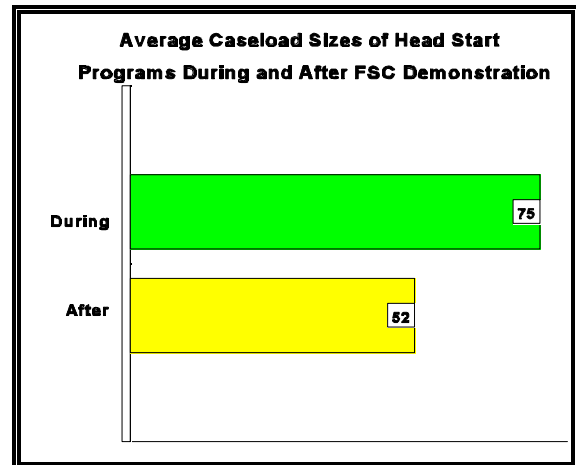
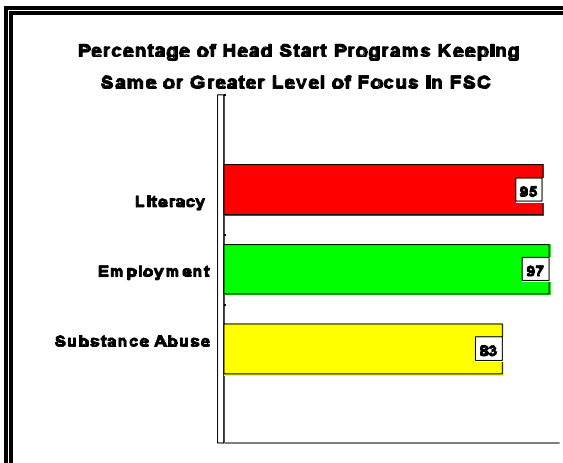
The quality of services from community agencies will vary. In programs such as the FSC, where the focus of case management is to broker services, the program does not have control over the services that clients receive, and it is hard to ensure quality. The challenge of relying on community services was supported by comments from FSC program staff, who indicated a number of barriers to the use of community services.

Findings of the Integration Study: Reported Effects of the FSCs on Head Start Programs

An additional component of the national evaluation included studying the extent to which the FSCs were integrated into regular Head Start programs after the demonstration had ended. This integration study examined how the FSC case manager, as well as services in literacy, employment, and substance abuse, were incorporated into Head Start at the end of the three-year demonstration period. Information was obtained from FSC or Head Start Staff through (1) telephone interviews to the 61 projects that received continued funding to integrate the FSC, and (2) site visits to a sample of five Head Start programs.

The staff and services of the FSC were successfully integrated into local Head Start programs after the three-year demonstration ended. Although not always a smooth or simple process, integration of the FSC into the regular Head Start program seems to have occurred in such a way as to maintain a focus on case management as well as on literacy, employment, and substance abuse. The process also has given Head Start staff a chance to modify the original strategies chosen, incorporating what worked and changing those components that did not work well in their sites, to address the needs of families in their programs more effectively.

Regardless of the particular integration approach used, caseloads in Head Start programs that had an FSC have been reduced. Some programs reduced the caseloads of all Head Start case managers; others instituted a two-tiered approach with special case managers for families most in need or maintained the FSC to keep caseloads low for a subset of social service staff.



Most programs still focus on literacy, employment, and substance abuse. In a number of programs, these services to families have been expanded or are now open to a larger proportion of families than before. However, there has tended to be a reduction in support services, such as *transportation* and *child care*, as programs try to serve more families with only a modest increase in funds.

The FSC demonstration has increased the visibility of Head Start in the community.

Increased collaboration with other agencies in the community has helped to heighten perception of Head Start as a provider of services to families rather than as simply an early childhood program.

While the FSCs had limited effects on outcomes for families, Head Start staff reported a number of positive organizational changes resulting from the FSC, including:

- improved case management through increased training, reduced caseloads, and additional staff;
- expanded Head Start services to include literacy, employment, and substance abuse as well as support groups and other on-site activities;
- strengthened community collaboration to provide services to Head Start families and improved access to community services;
- stronger family focus in terms of available services and philosophical approach;
- increased coordination among Head Start components and staff through reorganization of roles and hiring additional staff;
- increased parent involvement and participation in on-site activities and greater awareness of community resources; and
- improved reputation of the Head Start program in the community as a service provider to children and families.

All of these can be seen as resulting in more responsive programs that operate more collaboratively and effectively in their communities.