

Contract No.: 233-02-0086(14)
MPR Reference No.: 6107-702

MATHEMATICA
Policy Research, Inc.

**The Enhanced Home
Visiting Pilot Project:
How Early Head Start
Programs Are Reaching
Out to Kith and Kin
Caregivers**

Final Interim Report

January 12, 2006

***Diane Paulsell
Debra Mekos
Patricia Del Grosso
Patti Banghart
Renée Nogales***

Submitted to:

U.S. Department of Health and Human Services
Administration of Children, Youth and Families
Head Start Bureau
330 C Street, SW
Switzer Building, Room 2310C
Washington, DC 20447

Submitted by:

Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, NJ 08543-2393
Telephone: (609) 799-3535
Facsimile: (609) 799-0005

Project Officer:
Judie Jerald

Project Director:
Diane Paulsell

ACKNOWLEDGEMENTS

This report would not have been possible without participation of the dedicated directors and staff of the 23 Enhanced Home Visiting pilot programs who generously shared their insights and experiences with us. We are grateful to all who participated in the site visits and collected information for the program recordkeeping system. We are also grateful to the parents and caregivers in each community who contributed their time and candidly shared their experiences with the pilot program.

We would also like to thank others who contributed to this report. Judie Jerald at the Head Start Bureau and Rachel Cohen at ACF's Office of Planning, Research, and Evaluation provided guidance, support, and suggestions that helped shape all stages of the research and the report. A number of other researchers gave us helpful feedback on our site visit protocols: Steven Anderson, University of Illinois at Urbana-Champaign; Judy Carta, University of Kansas; Ellen Kisker, Twin Peaks Consulting; Jon Korfmacher, Erikson Institute; Toni Porter, Bank Street College of Education; Eva Marie Shivers, University of Pittsburgh; and Susan Spieker, University of Washington.

Gina Adams at the Urban Institute and Kimberly Boller at Mathematica Policy Research, Inc. (MPR) carefully reviewed drafts and contributed thoughtful comments and suggestions. In addition to the authors, Robin Koralek, Carolyn O'Brien, and Nancy Pindus at the Urban Institute and David Eden, Laura Hawkinson, and Barbara Schiff at MPR conducted site visits. Also at MPR, Anne Bloomenthal designed the program recordkeeping system and Jamila Henderson provided programming support. Bryan Gustus and William Garrett skillfully produced it.

CONTENTS

Chapter	Page
EXECUTIVE SUMMARY	xi
I INTRODUCTION	1
THE ENHANCED HOME VISITING PILOT PROJECT	2
THE ENHANCED HOME VISITING PILOT PROJECT EVALUATION	3
Research Questions	5
Data Sources	5
Analytic Methods	7
ROADMAP TO THE REPORT	8
II DESIGN OF THE PILOT PROGRAMS	11
GOALS SET BY THE PILOT SITES	12
TARGET POPULATION	13
Types of Families Targeted for Pilot Enrollment	13
Types of Caregivers Targeted for Pilot Enrollment	14
Expanding Eligibility for the Pilot	15
DESIGN PROCESS AND SERVICES PROPOSED	16

Chapter	Page
II <i>(continued)</i>	
DESIGN CHALLENGES.....	18
STAFFING FOR THE ENHANCED HOME VISITING PILOT.....	19
Staffing Structure.....	19
Staff Qualifications.....	22
Staff Training.....	23
Staff Turnover.....	24
COMMUNITY PARTNERSHIPS.....	24
Types of Community Partners and Services Provided.....	25
Selecting Community Partners.....	26
Strength of the Community Partnerships.....	27
III CHARACTERISTICS OF CHILDREN, FAMILIES, AND CAREGIVERS.....	29
CHARACTERISTICS OF PILOT FAMILIES AND CHILDREN.....	29
Demographic Characteristics of Children and Families.....	30
Families' Child Care Needs and Access to Care.....	34
Parents' Reasons for Using Kith and Kin Child Care.....	35
CHARACTERISTICS OF KITH AND KIN CAREGIVERS.....	36
Demographic Characteristics of Kith and Kin Caregivers.....	36
Caregiver Strengths.....	39
Caregiver Challenges and Needs for Training and Support.....	39
Caregivers' Interest in Becoming Licensed Child Care Providers.....	40

Chapter	Page
III <i>(continued)</i>	
CHILD CARE ARRANGEMENTS.....	41
Characteristics of the Child Care Arrangements.....	41
Typical Activities During Care.....	41
Parents' Views on Their Child Care Arrangements.....	43
IV DELIVERY OF SERVICES DURING THE FIRST YEAR OF IMPLEMENTATION	47
RECRUITMENT	47
Strategies for Identifying Eligible Families	48
Strategies for Recruiting Families.....	50
Strategies for Recruiting Caregivers.....	50
Families' and Caregivers' Motivations for Enrollment	51
SERVICES PROVIDED THROUGH THE PILOT.....	52
Home Visits to Caregivers.....	53
Group Activities.....	57
Materials and Equipment	59
Referrals to Caregivers.....	59
Help with Child Care Licensing	60
Strategies for Strengthening Parent-Caregiver Relationships.....	60
PARENT AND CAREGIVER SATISFACTION WITH PILOT SERVICES	62
Suggestions for Improving the Pilot.....	63

Chapter	Page
V	EARLY IMPLEMENTATION LESSONS 65
	EARLY IMPLEMENTATION SUCCESSES 65
	Fostering Relationships Between Parents, Caregivers, and Home Visitors..... 66
	Providing Resources for Improving the Quality of Care 68
	Delivering Pilot Services..... 69
	Changing Caregiving Practices..... 70
	IMPLEMENTATION CHALLENGES 70
	Recruiting and Maintaining a Full Caseload of Caregivers..... 71
	Attendance at Group Events..... 73
	Staffing Issues 74
	Design Issues..... 75
	Implementation Challenges Experienced by Pilot Home Visitors..... 75
	EARLY IMPLEMENTATION THEMES 77
	Design Themes 77
	Service Delivery Themes 78
	REFERENCES..... 81

T A B L E S

Table	Page
I.1 FUNDED ENROLLMENT SLOTS FOR EARLY HEAD START ENHANCED HOME VISITING PILOT SITES	4
I.2 TYPE AND NUMBER OF SITE VISIT RESPONDENTS	6
I.3 CODES USED TO ANALYZE QUALITATIVE DATA COLLECTED DURING SITE VISITS, BY RESEARCH QUESTION	9
III.1 DEMOGRAPHIC CHARACTERISTICS OF CHILDREN ENROLLED IN THE ENHANCED HOME VISITING PILOT	31
III.2 DEMOGRAPHIC CHARACTERISTICS OF PRIMARY CAREGIVERS FOR CHILDREN ENROLLED IN THE ENHANCED HOME VISITING PILOT	32
III.3 DEMOGRAPHIC CHARACTERISTICS OF CAREGIVERS ENROLLED IN THE ENHANCED HOME VISITING PILOT	37
III.4 CHARACTERISTICS OF CARE ARRANGEMENTS COVERED BY THE ENHANCED HOME VISITING PILOT	42

EXECUTIVE SUMMARY

In summer 2004, the Head Start Bureau funded 24 Early Head Start programs to implement the Enhanced Home Visiting Pilot Project, an initiative designed to support the quality of care that kith and kin caregivers provide to infants and toddlers enrolled in home-based Early Head Start programs. Pilot sites provide home visits to caregivers, organize group training and support group events, and give or lend materials and equipment. In addition, the pilot sites must collaborate with community partners in their work with caregivers.

The Head Start Bureau contracted with Mathematica Policy Research, Inc. (MPR) and its subcontractor, the Urban Institute (UI), to conduct a two-year evaluation of the pilot project. Because so little is known about the needs of kith and kin caregivers, the quality of care they provide, and the effectiveness of service delivery strategies for this population, the evaluation is designed to be descriptive. Data collection activities focus on learning about program operations and service delivery strategies rather than on assessing the pilot's effects on child care quality and children's outcomes. Data sources for the evaluation include interviews and focus groups conducted during two rounds of site visits to the pilot programs, a program recordkeeping system maintained by the pilot sites, and observational assessments of the quality of the caregiving environments and of interactions between children and caregivers participating in the pilot.

Six primary research questions guide the evaluation:

1. What are the characteristics of families served by kith and kin caregivers in the pilot program? What are their child care needs and usage patterns?
2. What are the characteristics and needs of kith and kin caregivers participating in the pilot program?
3. What program models are the pilot sites developing?
4. How is the pilot program being implemented, and what services are sites providing?

5. What community partnerships have sites developed to support the pilot program?
6. What is the quality of care provided by kith and kin caregivers participating in the pilot program?

This interim report describes the early implementation experiences of the pilot projects. It is based primarily on site visits to participating programs after approximately one year of pilot operation, as well as information collected by programs on the characteristics of children, families, and caregivers enrolled in the pilot. It describes programs' initial designs for their pilot projects, as well as pilot staffing and the community partners that programs selected. It also examines key characteristics of children, families, and caregivers enrolled in the pilot; describes programs' methods for recruiting pilot participants and the services the pilot sites provide; and examines the early implementation successes and challenges programs experienced.

During their first year of implementing the Enhanced Home Visiting Pilot Project, participating Early Head Start programs broke new ground in efforts to reach out to and support kith and kin caregivers. Although each pilot site is unique in its design, target population, service delivery strategies, and community partnerships, some common themes have emerged in programs' early implementation experiences. Below, we examine two broad categories of themes: (1) design themes, and (2) service delivery themes.

KEY DESIGN THEMES

Pilot sites are serving a diverse population of kith and kin caregivers. Programs are enrolling and serving a much more diverse group of caregivers than the Head Start Bureau envisioned when the grant announcement was written. This is primarily because the lives of Early Head Start families are complicated, with many caregivers involved in the children's lives. Programs have taken the approach of "following the child" into the settings where he or she receives care—including regular, consistent care provided by relatives or family child care providers, sporadic care provided by a series of informal caregivers, care from custodial and noncustodial fathers, and care in foster homes.

To provide services to kith and kin caregivers, pilot sites have applied the same approach they use for providing home visits to Early Head Start families. Most Early Head Start programs selected for the pilot based their designs on what they knew how to do best—they used their home-based services to families as the primary model for providing services to caregivers. Managers and front-line staff are experienced and skilled in providing these services, and many curricular and training resources are available to the pilot home visitors. Using this model has helped families understand and "buy in" to the pilot; because they receive similar services, they can explain the pilot and its value to their caregivers.

In general, caregivers are receptive to the pilot and like the services they receive. Overall, caregivers who participated in the site visit focus groups expressed satisfaction with

the services they are receiving. Many enjoy the emotional support and encouragement their home visitor provides, and they appreciate the ideas and materials they receive as well. Based on discussion in the focus groups, the home-based services and individualized approach offered through the pilot appear to match the needs and interests of the caregivers.

There are trade-offs to using the same or different home visitors to work with parents and caregivers. Programs have taken two main approaches to staffing the pilot—assigning one home visitor to work with both the family and caregiver or assigning different home visitors to work with each party. When one home visitor works with both parties, services are well coordinated, and the home visitor is able to develop an in-depth understanding of the child’s life circumstances. However, because home visitors are mandated by the Head Start Program Performance Standards to complete weekly visits with parents, caregiver visits sometimes become a lower priority when home visitors are pressed for time. In addition, home visitors sometimes find it difficult to avoid getting pulled into conflicts between parents and caregivers. On the other hand, when parent and caregiver visits are conducted by different home visitors, the two home visitors must communicate frequently and coordinate closely to achieve continuity in services provided across the two settings.

KEY SERVICE DELIVERY THEMES

During the first year of implementation, staff focused heavily on building caregiver-parent-home visitor relationships and creating continuity for the child. During site visit interviews, many pilot staff emphasized their view that establishing trusting relationships with kith and kin caregivers and between parents and caregivers would lay an essential foundation for improving the quality of care the child receives and increasing continuity of caregiving across settings. As a result, during early visits, home visitors emphasized building trust with caregivers over influencing caregiving practices.

Home visitors deliver child development information and training by focusing on the child’s individual developmental goals. One third of the pilot sites used the child’s developmental goals established by the parent and Early Head Start home visitor as the primary basis for home visit activities with caregivers. Home visitors in nearly all sites included child-caregiver activities as part of each visit. In addition, home visitors worked with caregivers on learning about stages of development, age-appropriate behavioral expectations, and activities to promote healthy development, but they individualized specific activities according to the needs of the child. By focusing as much as possible on the child’s development during each visit, home visitors feel they are able to make suggestions about caregiving practices and encourage caregivers to do activities “for the good of the child.” Grandparents in particular responded well to this approach.

Individualization of services for caregivers is a hallmark of the pilot programs. As described previously, many pilot home visitors individualized home visit activities according to the needs of the child. They also individualized services to the needs of the caregivers—including the frequency and schedule of home visits, topics covered, and the materials and equipment provided. One program working primarily with fathers met with

fathers at the program office or other locations to address specific education and training needs or to help obtain social services. During focus groups, caregivers expressed appreciation for this flexibility and said it made them feel comfortable participating in the pilot.

Providing equipment, toys, and home safety items makes the pilot attractive to caregivers. During focus groups, caregivers said that the equipment, toys, and materials they received through the pilot made enrollment and continued participation very attractive for them. Many do not have the resources to purchase toys, books, or home safety items. Programs also found these items to be attractive incentives for encouraging participation in group training events.

While most caregivers do not attend group activities, providing incentives and transportation increases their participation. Most programs had difficulty getting caregivers to participate in group training and other events. Because many kith and kin caregivers do not view themselves as child care providers, they often felt they did not need training. Others faced barriers such as lack of transportation or time to attend. Some programs, however—especially those that provided incentives—were able to achieve good participation in group events. In other programs, relative caregivers attended group socializations and field trips organized for Early Head Start families.

Most caregivers are not interested becoming regulated child care providers. Most pilot sites had one or two caregivers who expressed interest in becoming regulated child care providers, but overall few kith and kin caregivers expressed such interest. Programs generally took the approach of assisting caregivers who were interested in connecting with the licensing agency and obtaining the training they needed, but they did not push caregivers who were not interested in pursuing this option.

EARLY IMPLEMENTATION SUCCESSES

During site visit interviews, pilot and community partner staff described four main types of early implementation successes: (1) fostering relationships between parents, caregivers, and home visitors; (2) providing resources to improve the quality of care; (3) delivering pilot services to caregivers; and (4) effecting changes in caregiving practices. At this early stage of implementation, most successes mentioned by pilot staff are activities that set the stage for potential improvements in the quality of care provided rather than actual changes in quality that home visitors have observed. This evaluation is not designed to measure the effects of the pilot program on child care quality. Therefore, we will not be able to determine whether the early successes reported here translate into quality improvements. Nevertheless, identifying program practices and strategies that enable staff to reach out to caregivers and provide them with information and training can be valuable for ongoing program development and more rigorous evaluation in the future.

Fostering Relationships Among Parents, Caregivers, and Home Visitors

- Pilot home visitors have developed trusting relationships with caregivers.
- Pilot participation has improved communication and engendered mutual respect between parents and caregivers.
- The important role that caregivers play in the children's development has been acknowledged.
- Caregivers' social isolation has been reduced, and many are better connected to the community.
- Parents and caregivers receive consistent information about child development and work together on children's developmental goals.
- Fathers are more involved with their children and with program activities.

Providing Resources for Improving the Quality of Care

- Caregivers are receiving information about children's development and developmentally-appropriate practices.
- Caregivers have appropriate home safety equipment and materials for childproofing their homes.
- Caregivers have more age-appropriate toys, books, and developmentally-appropriate activities to do with the children.

Delivering Pilot Services

- Most programs are completing regular home visits.
- At some pilot sites, participation in group activities has been high.
- Coordination with community partners and within Early Head Start programs has increased.
- Services for kith and kin caregivers have become integrated into the Early Head Start program.
- Pilot services benefit all children in the caregivers' homes, including Early Head Start and non-Early Head Start children.
- Some programs reported positive changes in caregiver practices.

EARLY IMPLEMENTATION CHALLENGES

As expected for a new initiative, pilot sites faced a number of unanticipated implementation challenges during the first year of pilot operations. During site visit interviews, pilot staff described five main types of challenges: (1) recruiting and maintaining a full caseload of caregivers, (2) encouraging attendance at group events, (3) dealing with staffing issues, (4) dealing with design issues, and (5) meeting implementation challenges experienced by pilot home visitors.

Recruiting and Maintaining a Full Caseload of Caregivers

- Programs must recruit from a limited pool of Early Head Start home-based families.
- A few programs further limit the pool of eligible families by establishing additional eligibility criteria.
- Recruitment into the pilot is a multistage process.
- Some programs had difficulty gaining caregivers' trust.
- Some programs experienced more turnover in caregivers than expected.

Encouraging Attendance at Group Events

- Attendance at group trainings, group socializations, and support groups for caregivers was lower than expected in two-thirds of the pilot sites.
- Caregivers faced barriers to attending group events, including transportation and lack of time due to caregiving duties and work outside the home.

Dealing with Staffing Issues

- In some programs, tensions arose about coordinating services when multiple staff members began working with the same child and family.
- Some home visitors did not have enough time to conduct home visits as frequently as intended.
- A few programs had difficulty finding qualified staff or experienced turnover when initial staff hired for the pilot did not work out.

Dealing with Design Issues

- Some programs had to make last-minute design changes to meet grant requirements.
- A few programs did not develop a clear design for the pilot until after implementation was under way.

Meeting Implementation Challenges Experienced by Pilot Home Visitors

- Parent-caregiver tensions created challenges for home visitors.
- Caregivers' social service needs distracted from the home visitors' focus on child development during home visits.
- Some caregivers are reluctant to make changes in how they care for the children.

Despite these challenges, programs made significant progress in implementing the Enhanced Home Visiting Pilot during their first year of operation. They hired and trained staff, enrolled families and caregivers, and provided them with regular services. They also identified some implementation challenges and began developing and testing strategies for overcoming them. As the evaluation continues, we will continue exploring the themes identified in this report and identify new themes that emerge as implementation continues and pilot models evolve further. A final report, planned for summer 2006, will examine these themes in detail, exploring the extent to which implementation experiences change over time and the strategies that programs develop for responding to the obstacles they face in recruiting and serving caregivers.

CHAPTER I

INTRODUCTION

Low-income families rely heavily on child care provided by family, friends, and neighbors (“kith and kin” caregivers) for their infants and toddlers (Ehrle, Adams, and Tout 2001). The national evaluation of Early Head Start found that a large proportion of program families used kith and kin care, especially families in home-based programs (Administration for Children and Families 2004). Forty-two percent of families enrolled in home-based options reported using kith and kin care, compared to 17 percent of families enrolled in the center-based options and 37 percent of families enrolled in mixed approach options (Administration for Children and Families 2004). Although state and local agencies are exploring strategies to serve kith and kin caregivers, little is known about how to effectively engage these caregivers and provide services in ways that support their efforts to provide quality care for young children (Anderson et al. 2005; Collins and Carlson 1998; Porter 1998).

Growing recognition of the importance of school readiness—and implementation of the president’s *Good Start, Grow Smart* initiative to prepare young children for school—have prompted policymakers and program administrators to increase their focus on strategies to improve the quality of young children’s out-of-home care. Studies that identify promising program models and service delivery strategies are clearly needed to provide guidance to the early childhood community in its ongoing and future efforts to support kith and kin caregivers.

Early Head Start, with more than 700 programs and 70,000 families enrolled nationwide, serves as a national laboratory for developing and testing strategies to support the development of infants and toddlers. Moreover, the Head Start Bureau has given programs a mandate to support the quality of all settings where children receive care by providing high-quality services and supporting parents and child care providers in caring for their young children. Thus, Early Head Start provides fertile ground for designing and testing strategies to support quality in kith and kin child care settings.

In summer 2004, the Head Start Bureau funded 24 Early Head Start programs to implement the Enhanced Home Visiting Pilot Project, an initiative designed to support the quality of care that kith and kin caregivers provide to infants and toddlers enrolled in home-based Early Head Start programs. The pilot program provides an important opportunity to

learn more about the needs of these caregivers and how to support them. Lessons learned from the pilot can benefit other Early Head Start programs and the broader early childhood education community.

The Head Start Bureau contracted with Mathematica Policy Research, Inc. (MPR), and its subcontractor, the Urban Institute (UI) to conduct a two-year evaluation of the pilot project. The evaluation is focusing on identifying program models, documenting implementation strategies and challenges, learning about promising practices, and assessing the quality of kith and kin child care settings.

This interim report describes the early implementation experiences of the pilot projects. It is based primarily on site visits to participating programs after approximately one year of pilot operation, as well as information collected by programs on the characteristics of children, families, and caregivers enrolled in the pilot. A final report planned for summer 2006 will be based on all data sources used for the evaluation. In the rest of this introductory chapter, we provide an overview of the pilot program and the evaluation.

THE ENHANCED HOME VISITING PILOT PROJECT

Most families enrolled in Early Head Start need child care for their infants and toddlers while parents work or attend school or training programs (Administration for Children and Families 2004). Because the quality of care young children receive plays an important role in their development, Early Head Start has made helping families obtain good-quality child care for their infants and toddlers a high priority—whether that care is provided by an Early Head Start center, a child care center in the community, a family child care home, or a relative or friend. In keeping with this priority, the purpose of the Enhanced Home Visiting Pilot Project is to develop program models for supporting kith and kin caregivers in acquiring the knowledge, training, and skills they need to support children’s healthy development. The Head Start Bureau has identified five main goals for the pilot program:

1. Identifying the needs of kith and kin caregivers and the support they need to provide quality care
2. Increasing the availability of quality infant-toddler child care in the pilot communities by providing training and support to caregivers
3. Providing an enhanced quality of care to Early Head Start children as a result of the support, training, resources, and home visits their caregivers receive
4. Providing children with positive experiences in the enhanced care settings to lay a strong foundation for early learning, improved child outcomes, and school readiness
5. Enhancing relationships, communication, and understanding between programs, parents, and caregivers in support of children’s development

In spring 2003, the Head Start Bureau invited Early Head Start programs that provide services to families through the home-based option to apply for participation in the pilot.¹ Twenty-four programs were selected to participate, and they began operations in summer 2004.² Programs participating in the pilot must continue providing all services that the Head Start Program Performance Standards for home-based programs require. In addition, they are providing training, resources, and support to kith and kin caregivers of enrolled families, tailored to the specific strengths and needs of their communities. All pilot sites must collaborate with community partners, such as community-based home visiting programs or community agencies that offer training to child care providers, in their work with caregivers. Most of the pilot sites planned to provide regular home visits to caregivers, to organize group training and socialization activities, and to offer materials and supplies.

Table I.1 lists the pilot sites, organized by Administration for Children and Families region.³ The table also displays the number of Early Head Start children each program is funded to serve, the number of those enrollment slots designated for the home-based option, and the number designated for the Enhanced Home Visiting Pilot Project. In addition, Appendix A contains a brief profile of each pilot site that summarizes the goals and design of the pilot and describes the site's community partners, staffing structure, methods for recruiting families and caregivers, characteristics of caregivers, and core pilot services.

THE ENHANCED HOME VISITING PILOT PROJECT EVALUATION

Through the pilot evaluation, the Head Start Bureau aims to collect and disseminate information about the program models and service delivery strategies developed by the pilot sites so that all Early Head Start programs and families can benefit from their experiences. Because so little is known about the needs of kith and kin caregivers, the quality of care they provide, and the effectiveness of service delivery approaches targeted to this population, the evaluation is designed to be descriptive. Data collection activities will focus on learning about program operations and service delivery strategies rather than on assessing the pilot's effects on child care quality and children's outcomes. The main goals of the evaluation are the following:

- Learn about the characteristics and needs of kith and kin caregivers and the families that rely on them for child care

¹ Early Head Start programs that provide services through the home-based option must provide families with weekly home visits lasting at least 90 minutes and at least two group socialization activities per month. Under the home-based option, programs do not provide center-based child care to families either directly or through partnerships with community child care providers.

² One of the 24 sites selected for the pilot subsequently relinquished its Early Head Start grant and withdrew from the pilot.

³ Only 23 of the 24 sites initially selected for the pilot are listed because one program relinquished its Early Head Start grant and withdrew from the pilot.

Table I.1. Funded Enrollment Slots for Early Head Start Enhanced Home Visiting Pilot Sites

Program	Location	Total EHS Enrollment Slots	Home-Based Enrollment Slots	Pilot Enrollment Slots
ACF Region I				
Children's Friend and Service	Providence, RI	98	98	10
Kennebec Valley Community Action Program	Waterville, ME	64	24	16
Northeast Kingdom Community Action Agency	Newport, VT	72	72	16
ACF Region II				
The Astor Home for Children	Rhinebeck, NY	125	85	20
ACF Region III				
Cen-Clear Child Services, Inc.	Philipsburg, PA	176	176	35
Luzerne County Head Start	Wilkes-Barre, PA	96	96	14
Monongalia County Board of Education	Morgantown, WV	121	75	20
Northern Panhandle Head Start, Inc.	Wheeling, WV	48	48	20
ACF Region IV				
Alabama Council on Human Relations, Inc.	Auburn, AL	152	80	20
Mountain Area Child and Family Center	Asheville, NC	100	46	20
ACF Region V				
Mahube Community Council, Inc.	Detroit Lakes, MN	128	58	50
Hamilton Center, Inc.	Terre Haute, IN	80	44	11
Community Action Wayne/Medina	Wooster, OH	96	66	25
Baraga-Houghton-Keweenaw Child Development Board	Houghton, MI	95	45	25
EightCAP, Inc.	Greenville, MI	198	178	40
ACF Region VI				
Region 10 Education Service Center	Richardson, TX	120	120	24
Hutchinson Public Schools Unified School District #308	Hutchinson, KS	60	54	20
ACF Region VII				
Northwest Nebraska Community Action Council	Chadron, NE	36	36	20
Community Action Agency of Siouxland	Sioux City, IA	85	85	20
ACF Region VIII				
Starpoint First Steps Early Head Start	Canon City, CO	65	55	12
ACF Region IX				
Shasta Head Start Child Development, Inc.	Redding, CA	192	100	20
Maricopa County Head Start Zero to Five	Phoenix, AZ	191	191	14
ACF Region X				
Mt. Hood Community College Child Development and Family Support Program	Gresham, OR	92	84	20
Total		2,490	1,916	492

Source: Site visit interviews conducted in summer and fall 2005.

-
- Identify promising program models for reaching out to caregivers and supporting them in providing good-quality infant-toddler care
 - Identify implementation strategies and challenges
 - Document the quality of care that caregivers participating in the pilot program provide
 - Identify and disseminate lessons learned from the pilot

In the rest of this section we describe the pilot evaluation in more detail, including the primary research questions, data sources, and analytic methods.

Research Questions

Because so little is known about kith and kin child care, the Enhanced Home Visiting Pilot evaluation can make an important contribution to the early childhood community by exploring the characteristics, needs, and experiences of kith and kin caregivers and the families who rely on them for child care. Similarly, what we learn about Early Head Start programs' experiences in implementing the pilot program can yield important guidance for program development and implementation to support future initiatives. Building on the Head Start Bureau's goals for the pilot program and the evaluation, we have identified six primary research questions to guide our evaluation:

1. What are the characteristics of families served by kith and kin caregivers in the pilot program? What are their child care needs and usage patterns?
2. What are the characteristics and needs of kith and kin caregivers participating in the pilot program?
3. What program models are the pilot sites implementing?
4. How is the pilot program being implemented, and what services are sites providing?
5. What community partnerships have sites developed to support the pilot program?
6. What is the quality of care provided by kith and kin caregivers participating in the pilot program?

Data Sources

The pilot evaluation will collect and analyze information from three main sources: (1) interviews and focus groups conducted during two rounds of site visits to the pilot programs, (2) a program recordkeeping system maintained by the pilot sites, and

(3) observational assessments of the quality of the caregiving environments and of interactions between children and caregivers participating in the pilot.

Site Visits. Much of the data needed for the evaluation is being collected during two rounds of site visits to the pilot programs. The first round of visits—to all but one of the 23 of the pilot sites—took place in summer 2005.⁴ Although the number and titles of pilot staff we interviewed varied somewhat across the sites, we interviewed the following types of staff: (1) the Early Head Start director, (2) the pilot coordinator, (3) the pilot home visitors, and (4) community partner staff involved in the pilot. Table I.2 displays the number of each type of respondent we talked to across 23 sites we visited. Site visit protocols are included in Appendix B.

In addition to individual and group interviews with pilot staff, we also attempted to conduct two focus groups during each visit—one with parents enrolled in the pilot and another with caregivers who were receiving pilot services. We were able to conduct the parent focus group in 21 of the 23 sites and the caregiver focus group in 22 sites. On average, four parents participated in each group, ranging from one to nine participants across the sites. An average of five caregivers per site participated, ranging from one to eleven caregivers. While many of these groups were relatively small, in part because of lower than expected enrollment in the pilot in most sites, the focus groups included more than a third of caregivers and more than a quarter of parents enrolled at the time of the site visits.

Table I.2. Type and Number of Site Visit Respondents

Respondents	Number
Grantee Executive Director	3
Early Head Start Director	23
Pilot Coordinator	33
Home Visitor	56
Community Partner Staff	30
Parent	88
Caregiver	107
Total Respondents	340

Source: Site visits to 23 Early Head Start programs conducted in summer and fall 2005.

⁴ One visit was not conducted until October 2005 because the site was delayed in implementing its pilot project.

We also conducted case reviews on a sample of six families and caregivers enrolled in the pilot at each site. During these reviews, we discussed the primary goals of the family and caregiver and the services they have received with home visitors or other staff who work with them. Each review usually lasted about 30 minutes.

In January 2006, we will contact the program director at each site again, by telephone, to update the information we collected during the visit and to learn about any changes that have been made in service delivery. Half of the pilot sites will be selected for a second round of in-depth site visits to be conducted in spring 2006. We will work with the Head Start Bureau to establish criteria for selecting these in-depth study sites.

Program Recordkeeping System. We have designed a program recordkeeping system to collect consistent information about families and caregivers enrolled in the pilot and services provided across the 23 pilot sites. Pilot staff enter information into the system to create three types of records on (1) pilot participants, (2) child care arrangements, and (3) pilot services. Pilot participants include the caregivers, children, and families who are enrolled in the pilot and the home visitors. Child care arrangements tracked in the system are those in which caregivers enrolled in the pilot are caring for Early Head Start children. Pilot services include home visits, group training and support groups, and material support provided to enrolled caregivers. Programs began entering information into the system in July 2005, after OMB clearance was obtained. This report includes preliminary information from the recordkeeping system on the characteristics of children, parents, and caregivers and on the kith and kin child care arrangements.⁵

Observations of In-Home Child Care Settings. During the second round of site visits, we will conduct in-home observations of kith and kin care settings and child-caregiver interactions using the Child Care Assessment Tool for Relatives (CCAT-R; Porter et al. 2005) and the Arnett Caregiver Interaction Scale (Arnett 1989). Following each observation, we will conduct a short, 20-minute interview with the caregiver to determine whether the observer was observing a typical day in the setting and whether the child was behaving as if it were a normal day. The interview will also elicit information about the caregiver's attitudes toward child care, their relationships with the child's parents, and their experiences in balancing child care and home life. We will conduct these observations and interviews with a subsample of eight kith and kin caregivers in each of the 12 in-depth study sites we visit in spring 2006.

Analytic Methods

For this interim report, we analyzed the data collected during the first round of site visits and a preliminary extract of data entered into the program recordkeeping system. Because of the high number of pilot sites in the evaluation, we used a qualitative analysis software package, Atlas.ti (Scientific Software Development 1997), to facilitate organizing

⁵ As of December 2005, 22 of 23 sites had submitted data extracts to MPR. One site had not yet enrolled any families or caregivers and, therefore, did not submit data.

and synthesizing the large amount of data collected during the visits. This software enabled research team members to use a structured coding scheme for organizing and categorizing data that are linked to the primary research questions (Table I.3). Once the site reports were coded, we used Atlas.ti to conduct searches and retrieve data on our research questions and subtopics. We analyzed these data both within and across sites to identify common themes that emerged across respondents and sites, as well as patterns of service delivery, staffing, and other program dimensions.

We also analyzed a preliminary extract of data from the program recordkeeping system covering the initial two to three months of data entered. To provide a snapshot of the characteristics of families, children, and caregivers enrolled in the pilot, we computed descriptive statistics—such as frequencies, means, percentages, and ranges—on characteristics of participants across the sites. Similarly, we examined characteristics of the kith and kin child care arrangements of children enrolled in the pilot by computing descriptive statistics on key characteristics of the arrangements.

The final report for the evaluation will include a more in-depth analysis of these data, as well as information on the types, intensity, and duration of services that caregivers receive through the pilot. It will also include analyses of the in-home quality observations completed using the CCAT-R and Arnett observation tools.

ROADMAP TO THE REPORT

We now turn to presenting interim findings from the evaluation. In Chapter II, we describe programs' initial designs for their pilot projects and the processes they used for developing the designs. The chapter also provides an overview of pilot staffing and the community partners that programs are collaborating with to provide pilot services. Chapter III examines key characteristics of children, families, and caregivers enrolled in the pilot and of the child care arrangements themselves. In Chapter IV, we describe programs' methods for recruiting families and caregivers for the pilot and the services that the pilot sites provide. Chapter V presents early implementation lessons from the pilot project, including programs' views on their early implementation successes and challenges, and a synthesis of key implementation themes that emerged from the first year of the evaluation.

Table I.3. Codes Used to Analyze Qualitative Data Collected During Site Visits, by Research Question

Data Source
Program Director Coordinator Home Visitor(s) Community Partner Parents Caregivers Case Review Summary Site Visitor Reaction Summary
Research Questions
<p>Family Characteristics Question 1: What Are the Characteristics of Families Enrolled in the Pilot?</p> Family Characteristics and Needs Access to Child Care in the Community Child Care Arrangements Reason for Choosing Child Care Arrangement Relationship with Kith and Kin Caregiver Satisfaction with Kith and Kin Care Other Issues Raised by Parents
<p>Caregiver Characteristics Question 2: What Are the Characteristics and Needs of Kith and Kin Caregivers?</p> Caregiver Characteristics Motivation for Providing Care Caregiver Typical Day Caregiver Rewards Caregiver Challenges Relationships with Parents Interest in Becoming a Regulated Child Care Provider Amount and Timing of Care Provided Other Issues Raised by Caregivers
<p>Program Models Question 3: What Program Models Are the Pilot Sites Implementing?</p> Program Characteristics Goals and Objectives Services Sites Planned to Provide How Models Were Developed Changes in Models and Reasons for Changes Sustainability of Models Sufficiency of Funding Design Lessons

Table I.3 (continued)

Implementation**Question 4: How Is the Pilot Program Being Implemented?**

Recruiting Families
Outreach to Caregivers
Staff Qualifications
Staff Training
Supervision of Pilot Staff
Services to Families
Caregiver Turnover
Caregiver Eligibility
Home Visits to Caregivers
Group Training/Support Groups for Caregivers
Curricula
Materials, Equipment, and Financial Support for Caregivers
Referrals for Caregivers
Strategies for Strengthening Relationships Among Parents, Caregivers, and Staff
Coordination of Services
Receptivity of Caregivers to Pilot Services
Parent Satisfaction with Pilot Services
Caregiver Satisfaction with Pilot Services
Successes of the Pilot
Implementation Challenges
Implementation Lessons
Staffing Lessons
Other

Community Partners**Question 5: What Community Partnerships Have Pilot Sites Developed?**

Types of Community Partners
Partner Recruitment and Selection
Partner Involvement in Model Development
Services Provided by Partners
Sustaining the Partnerships
Partnership Lessons

Child Care Quality**Question 6: What Is the Quality of Care Provided by Kith and Kin Caregivers?**

Staff Opinions About the Quality of Care
Whether Staff Think Quality of Care Has Improved
Changes in Caregiving Practices

CHAPTER II

DESIGN OF THE PILOT PROGRAMS

Relatively little is known about the training and support needs of kith and kin caregivers or how best to design and deliver services that will strengthen the quality of care they provide to young children. Because of the limited knowledge base in this area, Early Head Start grantees were given broad latitude in designing their pilot programs; the only requirements were that they involve a community partner and “provide training, resources, and services to relatives and neighbors who are caring for Early Head Start/Migrant infants and toddlers.” Grantees were encouraged to design programs tailored to the unique needs of the families they serve and build on the resources already available in their communities. Above all else, the Enhanced Home Visiting Pilot was intended to generate innovation in design and implementation, with the pilot sites serving as laboratories for developing promising models that could be expanded to other Early Head Start and early childhood programs.

In this chapter, we describe the grantees’ experiences and the processes they followed in developing program models for the Enhanced Home Visiting Pilot, including how they staffed the pilot and the community partnerships they brought together to serve kith and kin caregivers. The chapter begins with an overview of the primary goals established by the pilot programs, and then describes the target populations they planned to serve. Next we describe the design process itself, including the formal and informal needs assessments sites conducted, the services they proposed, and how they involved community partners in the planning process.

The chapter also describes the staffing models developed by the pilot sites, the qualifications of staff who work on the pilot, and the training they received in preparation for their work with caregivers. The chapter concludes with a brief description of the pilot sites’ community partners and the various roles they play in providing pilot services. We describe the processes Early Head Start programs used to select community partners and end with a discussion of the sites’ success in establishing effective partnerships for the pilot.

GOALS SET BY THE PILOT SITES

During site visit interviews, the Early Head Start program directors described four main goals of the Enhanced Home Visiting Pilot: (1) improving the quality of care provided by kith and kin caregivers, (2) increasing the consistency of care across home and child care settings, (3) improving parent-caregiver relationships, and (4) supporting caregiver needs (see Box). The first three of these goals focus primarily on the needs of the children, while the fourth directly addresses the needs of the caregivers.

Goals of the Pilot Sites	
	Number of Programs
Improve quality of care	23
Increase consistency of care	10
Improve parent-caregiver relationship	5
Support caregiver needs	12
N = 23 pilot programs	

The overarching goal of the pilot program, as noted by every program director, was to improve the quality of care provided by caregivers to support young children's development. In most sites, addressing this goal involved efforts to improve caregiving practices by sharing child development information and demonstrating play activities designed to stimulate the children's growth. Many sites also planned to address this goal by providing health and safety equipment, age-appropriate toys, and furnishings to caregivers to improve the child care environment. A small number of grantees chose to focus their pilots on a particular aspect of child care quality, such as health and safety, or on a particular aspect of children's development, such as early literacy or physical and mental health.

Increasing the consistency of care between parent and caregiver was identified as a goal guiding pilot efforts in 10 of the 23 programs visited. Programs planned to work toward this goal by encouraging caregivers to adopt practices similar to those used by the parents in meeting the child's needs and stimulating his or her development. Often this goal was prompted by the desire to create more consistency in daily routines for the home-based Early Head Start child. In some cases, it was also motivated by the desire to encourage Early Head Start parents to use certain caregiving practices by reinforcing them among all caregivers in the household. Sites differed in the ways they proposed to accomplish this goal, but all involved efforts to provide consistent child development information to parents and caregivers.

Five sites planned to go a step further, focusing on improving communication and relationships between parents and caregivers as a primary goal of their pilot. For example, one site is serving incarcerated teen parents who in many cases have strained relationships with their own parents. Usually, their parents are also their child's caregiver. A major goal of this pilot program is to prepare the family—child, parent, and relative caregiver—for reunification when the parent is released from the juvenile detention facility. Through individual visits and group activities during the parent's incarceration period and home visits afterward, pilot staff encourage parents and caregivers to rebuild their relationships for the child's benefit.

Providing emotional support and helping caregivers access needed social services was a primary goal reported by over half of the pilot sites. Program directors in these sites noted that relative caregivers are often socially isolated and go unrecognized for the contributions they make to the child's well-being. From these directors' perspective, attention to caregivers' emotional and social service needs are as critical as attention to their caregiving practices in assuring that they are able to provide the best care for the child. One site has focused almost exclusively on this goal, working with residential and nonresidential fathers to help them become more comfortable and skilled in their role as caregivers, to enroll in GED and job training programs, and to access physical and mental health services.

The pilot sites vary in their relative emphasis on improving caregiving practices and addressing caregivers' emotional support and self-sufficiency needs more generally. Over half of the sites are explicitly focused on the dual goals of improving the quality of care and providing emotional support and referrals to address caregiver needs (see Box). The remaining sites, in contrast, have placed most of their emphasis on improving the quality of care provided by kith and kin caregivers, and one site is focused exclusively on this goal. The decision to focus primarily on improving the quality of care was often prompted by programs' concerns that asking home visitors to assist caregivers with personal needs would take time and focus away from the child and away from the pilot's primary goal of improving caregiver knowledge and skills.

Relative Emphasis on Supporting Quality and Addressing Caregiver Needs

	Number of Programs
Dual focus on improving quality and caregiver needs	12
Primary focus on improving quality	11
N = 23 pilot programs	

TARGET POPULATION

The majority of sites reported serving a mix of populations in their Enhanced Home Visiting Pilots, a mix defined in large part by the characteristics of low-income families enrolled in Early Head Start in their communities. In this section, we first describe the types of families pilot sites targeted for enrollment and then describe the types of caregivers they planned to serve.

Types of Families Targeted for Pilot Enrollment

According to the grant announcement, families eligible for enrollment in the pilot needed to be enrolled in Early Head Start, receive services through the home-based option, and use kith and kin care for their Early Head Start child. Beyond these requirements, programs had latitude to define their target population for the pilot. Most sites did not target specific types of families for enrollment; instead they sought to enroll all families that met the eligibility criteria. For the most part, families participating in the pilot reflect the characteristics and needs of the larger population of families enrolled in the site's Early Head Start program.

Some sites, however, targeted specific types of families. These sites were already serving the target population as part of their Early Head Start program and saw the pilot as an opportunity to expand the scope of services available to them. For example, six sites planned to enroll immigrant families in the pilot because these families tended to use relatives to care for their young children (see Box). Several hired bilingual home visitors who would be able to work with Spanish-speaking caregivers. Other sites targeted families in which parents were working or attending college.

Five sites targeted families headed by teen parents. For example, two pilot sites are working almost exclusively with teenage mothers and the child's maternal grandmother. Another targeted teenage mothers and fathers incarcerated in state juvenile detention facilities and the relative caring for the child during the parent's incarceration and probation period. Five sites targeted families involved with the child welfare system; one of these sites is working solely with foster parents and relatives who have been assigned as kinship caregivers by the child welfare agency.

Types of Families Targeted for Pilot Enrollment	
	Number of Programs
Immigrant families	6
Parents working or in college	5
Teenage parents	5
Families involved with child welfare system	5
Non-Early Head Start families	3
N = 23 programs	

Three sites planned to enroll non-Early Head Start families in the pilot. Two of these sites have long waiting lists and viewed the pilot as a way of providing services to more Early Head Start-eligible children. During the grant award process, however, the Head Start Bureau clarified that all families enrolled in the pilot must already be enrolled in Early Head Start. In other words, the pilot was not to be viewed as an expansion opportunity but rather as an enhancement to the services families were already receiving. A third site that provides seamless, birth to 5 services to low-income families through Early Head Start, Head Start, and other funding sources decided to open the pilot to non-Early Head Start families receiving home visiting services. The program director felt that opening enrollment to all families using kith and kin care, regardless of the child's enrollment in Early Head Start, was more in keeping with the agency's practice of seamless service delivery. Services for the non-Early Head Start families and caregivers are funded by other sources.

Types of Caregivers Targeted for Pilot Enrollment

As stated previously, most sites did not target specific populations of families for pilot enrollment; instead, they recruited families that met the eligibility criteria and then worked with the caregivers they were using. As described in more detail in Chapter III, for the majority of pilot sites this meant working primarily with grandmothers or other female relatives who cared for the Early Head Start child (see Box next page). Some of the relative caregivers are the children's primary caregivers because the biological parents are unable to

care for the child; in some cases, the relative caregiver has obtained or is in the process of obtaining legal guardianship as well.

The pilot sites were given some degree of latitude in how they chose to define kith and kin caregivers for the purpose of pilot eligibility. The federal grant announcement stated that programs targeted to “relatives and neighbors who are caring for Early Head Start/Migrant infants and toddlers” were eligible but did not specify further what types of caregivers could be enrolled. Some sites decided up front to define kith and kin caregiver broadly, including both regulated and unregulated in-home child care arrangements. Three planned to enroll a mix of relative caregivers and regulated family child care providers. For example, some Early Head Start parents in one rural site do not have family living in the area and as a result rely on friends and neighbors who are licensed family child care providers to care for their child.

Types of Caregivers Targeted for Enrollment	
	Number of Programs
Mostly grandparents or other relatives	18
Mixture of relatives and regulated family child care providers	3
Mostly fathers	1
Foster parents and kinship caregivers	1
N = 23 programs	

Two sites planned to serve very specific groups of caregivers. One site is working almost exclusively with residential and nonresidential fathers as the kith and kin caregivers, and one site is working exclusively with foster parents and relatives assigned as kinship caregivers by the child welfare system.

Expanding Eligibility for the Pilot

During site visit interviews, staff in half of the pilot sites—including program directors, pilot coordinators, and home visitors—expressed a desire to extend pilot eligibility to families beyond those enrolled in the Early Head Start home-based option. Some community partners, parents, and caregivers recommended expanding eligibility as well. This issue came up, in part, because most programs had difficulty recruiting sufficient numbers of families (discussed in more detail in Chapters IV and V): expanding eligibility might alleviate recruitment problems. For example, staff in two sites said that some families served through the center-based option also used kith and kin child care and could benefit from pilot services. Staff wanted to extend pilot services to these families, and a third program reported that it was already doing so (see Box next page).¹

¹ At a grantee meeting held in June 2005, Head Start Bureau staff clarified that families enrolled in the home-based option at the time of pilot enrollment could remain in the pilot if they transitioned to the center-based option, as long as the family continued to use kith and kin child care.

The desire of staff to expand eligibility also came up in the context of transitioning children and families from Early Head Start to Head Start. Staff in seven sites said they wanted to continue working with caregivers once the children they cared for moved into the Head Start program. Even when the children received center-based Head Start services, many families continued to use kith and kin child care, according to the staff. Home visitors, in particular, felt awkward about dropping caregivers when the children continued to receive services from the grantee agency. One site operating a seamless Early Head Start/Head Start program dealt with this issue by gradually reducing the scope of services for caregivers of children who transitioned to Head Start, from home visits and group activities to monthly newsletters and invitations to parent events. Staff in other sites have not yet established a process for gradually limiting pilot services to caregivers when children age out of Early Head Start and said they were unsure of how they will do so when the need arises. As stated previously, another site is using alternative funding sources to pay for pilot services for Head Start and non-Early Head Start children. Finally, one program already operates a similar kith and kin child care initiative for Head Start families and thus could continue services for transitioning families if needed.

Recommendations for Expanding Pilot Eligibility	
	Number of Programs
Include families in the center-based option	3
Include Head Start families	7
Include non-Early Head Start families who are income-eligible	8
N = 23 programs	
Note: Some sites made more than one type of recommendation.	

In eight sites, staff said they wanted to extend pilot eligibility to non-Early Head Start children and families who were income-eligible for the program. As stated previously, several programs initially planned to use pilot funds to serve children and families on their waiting lists or non-Early Head Start families served by their agency through other funding sources. In addition, community partners in some sites raised this issue because they would like to refer families and caregivers they serve to the pilot. Because the Early Head Start programs are fully enrolled and have long waiting lists, however, programs often are not able to enroll referred families and caregivers, even if they are eligible.

DESIGN PROCESS AND SERVICES PROPOSED

During site visit interviews, program directors in half of the pilot sites said they viewed the Enhanced Home Visiting Pilot as a natural extension of the services they were already providing or wanted to provide, which for them was a primary reason for applying for the grant. For example, one Head Start program had tried in the past to establish partnerships with child care centers and family child care homes to improve the quality of care used by Head Start families. When the grant announcement was released, they viewed the pilot as an opportunity to continue pursuing this goal with kin and kin caregivers of Early Head Start children. Another had already been providing home visits to kith and kin caregivers of children enrolled in Head Start since 2001; staff were eager to apply the lessons learned from

that initiative to Early Head Start. Yet another site viewed the pilot as a welcome opportunity to expand its Early Head Start initiative for foster parents from a single county to its entire four-county service area. Similarly, a program already operating an Early Head Start initiative for incarcerated teen mothers and relative caregivers viewed the pilot as a means of expanding the initiative to include incarcerated teen fathers as well. All of these sites, because of their prior work, considered themselves ready to implement a home visiting program for kith and kin caregivers and were eager to take on the challenge.

Three-quarters of the pilot sites used some combination of a formal needs assessment, consultation with community partners, and informal input from staff and Policy Council members to design their Enhanced Home Visiting Pilots. The remaining sites relied either on family surveys, input from home visiting staff, or discussions with community partners to determine who should be targeted for enrollment and what services should be provided. Only one pilot site did not begin a formal design process until after funding was received. Sites that based their pilot design on a prior or ongoing initiative were no less likely than other sites to follow a formal design process of community needs assessment, community partner involvement, and informal input from staff, parents, and families.

All of the pilot sites planned to conduct home visits with kith and kin caregivers, although the anticipated frequency and intensity of visits varied (see Box). The proposed intensity of home visits ranged from weekly, 90-minute sessions with the caregiver and child to an initial home visit followed by monthly contact with the caregiver via phone, newsletter, or the parent's home visit. In keeping with pilot goals, five sites also planned specific strategies for coordinating lesson plans for parents and caregivers, so that each would be working on the same developmental goals and activities with the child.

Services that Pilot Sites Planned to Provide

	Number of Programs
Home visits	23
Group activities	22
Materials and equipment	21
N = 23 programs	

All but one site proposed offering some type of group activity for caregivers. Again, these group activities varied in frequency and intensity, from monthly support group trainings lasting three to four hours to invitations to attend the monthly group socialization events for Early Head Start families. To encourage participation, eight sites planned to provide incentives—either material items, gift certificates, or small cash stipends. One site proposed a tiered incentive system, in which caregivers would receive gift certificates to toy and department stores each time they participated in a group activity, supplemented by a \$150 stipend each time they completed 18 hours of home visits and group training workshops.

Finally, all but two sites planned to provide materials and equipment for caregivers to use in caring for children, either as gifts or loans. The most commonly proposed items to be given to caregivers were health and safety items such as smoke detectors and outlet plugs.

The most commonly proposed loaned items were toys and books. One site planned to give caregivers \$300 worth of educational toys, books, and safety equipment at the beginning of enrollment and then again in the second year if they continued to participate in the pilot.

Overall, the pilot sites proposed a comprehensive package of training, resources, and services for kith and kin caregivers, but the scope and intensity varied greatly from one site to another. In Chapter IV we describe in greater detail the types of trainings, resources, and services that were actually provided and how the implementation of services differed from what was proposed.

DESIGN CHALLENGES

Program directors in nine of the pilot sites reported no difficulties in designing their Enhanced Home Visiting Pilots. As one program director put it, “We knew what we wanted.” As would be expected, sites that based their pilot on experiences implementing similar initiatives faced fewer design challenges. Fourteen sites, however, experienced varying degrees of difficulty in designing their pilots and getting them launched. One site was in midst of implementing its Early Head Start program and found it challenging to take on another new initiative at the same time. Two other sites were delayed by difficulties in identifying and hiring qualified staff.

Eleven sites had difficulty during the design phase because they initially misinterpreted the federal grant announcement. For example, two sites interpreted the announcement as an expansion opportunity to serve a larger number of Early Head Start families. Two other sites interpreted the announcement as an opportunity to serve caregivers of children enrolled in a community partner’s home visiting program. Another site thought it could provide some services to caregivers in lieu of services to parents and planned to alternate home visits between parents and caregivers. One site thought that staff from the community partner had to provide services to caregivers; however, when program managers learned that their staff could provide these services, the program chose to redesign the staffing structure. During the grant review and award process, the Head Start Bureau clarified the grant requirements and requested that these sites redesign their pilots accordingly. While most sites were able to accomplish this with little difficulty, a few struggled to devise an alternative approach given the staff and budget available for the pilot. In fact, four of the sites considered returning the pilot funding because of difficulties they encountered during the redesign process, but in the end they identified ways to reassign existing staff or reduce the scope of proposed pilot services to fit the grant amount awarded.

As a result of these difficulties, several program directors said they would have liked more clarity in the grant announcement about who should be considered a kith and kin caregiver, the extent to which Head Start Program Performance Standards apply to the pilot, and the frequency and intensity of services that should be provided to caregivers. In addition, a few directors said they would have liked more technical assistance during the grant proposal process, especially in the areas of staffing and budgeting.

Other program directors said that the technical assistance they received from ZERO TO THREE was helpful. Some praised the listserv in particular as a useful tool for sharing ideas and learning from the experiences of other pilot sites. Staff also found the grantee orientation meeting helpful in providing opportunities to share recruitment and implementation strategies with other pilot grantees.

STAFFING FOR THE ENHANCED HOME VISITING PILOT

In many ways, the success of the Enhanced Home Visiting Pilot hinges on the programs' ability to attract and retain home visitors that caregivers will trust, confide in, and look to for knowledge and expertise. Finding the right staff to fill this role is not a simple task. In the words of one program director, "It's not for everyone. It takes a certain kind of person who can deliver the message in a non-threatening way, a person who believes in the mission...." This section describes the staffing models developed by the pilot sites. We begin with an overview of the staffing structures sites developed and the qualifications of staff working on the pilot. We then describe the pre-service and in-service training pilot staff received. We end the section by discussing levels of staff turnover experienced by pilot sites during their first year of implementation.

Staffing Structure

In the majority of pilot sites, one or two management staff served as pilot coordinators, overseeing recruitment and service delivery and supervising the pilot staff. Below, we describe models for staffing pilot home visits, approaches to supervising pilot staff, and strategies for coordinating services for families and caregivers.

Staffing for Pilot Home Visits. All of the pilot sites have assigned one or more staff to conduct caregiver home visits. The sites took one of three main approaches to assigning home visitors to caregivers: (1) a dual-home visitor model in which a pilot home visitor worked with the caregiver and an Early Head Start home visitor worked with the family, (2) a single-home visitor model in which a single home visitor provided services to both the caregiver and family, and (3) a community partner model in which community partner staff conducted caregiver visits and Early Head Start home visitors worked with families.

Fourteen sites have implemented the dual-home visitor approach (see Box). In these sites, one or two pilot home visitors typically provide all of the caregiver home visits; most of these staff work full time or nearly full time on the pilot. In some programs, such as the one that targeted foster parents as caregivers, it was important that different staff be assigned to the caregiver and biological parent to maintain confidentiality of the foster parents' and biological parents' situations. Other sites

Approaches to Assigning Home Visitors to Caregivers Enrolled in the Pilot	
	Number of Programs
Dual-home visitor model	14
Single-home visitor model	7
Community partner model	2
N = 23 programs	

chose this staffing model because of concerns that home visitors would be overburdened if they were expected to provide home visits to both caregivers and parents. One site began implementation using the same home visitor for caregivers and families but quickly found that the increased caseload was too difficult for staff to manage. After several months' effort to make this staffing model succeed, the site hired a full-time home visitor to work exclusively with pilot caregivers.

Most sites implementing the dual-home visitor model planned for caseloads of about 10 caregivers per home visitor; because enrollment has been lower than planned, some home visitors have caseloads of six or fewer caregivers. Two sites implementing this model have larger caseloads of 30 to 40 caregivers per home visitor; however, the planned intensity of home visiting services is much lower compared to the other dual-home visitor sites.

Seven sites purposely chose a single-home visitor staffing model, in which the same home visitor worked with both parents and caregivers, either as a joint home visit (if the caregiver and family lived in the same home) or during separate visits. The number of home visitors involved in the pilot in these sites ranged from two to ten. Programs chose this staffing model based on the belief that families and caregivers would be more receptive to enrolling in the pilot if they already had a relationship with the home visitor assigned to them. Staff also thought that this staffing arrangement would facilitate coordination of services and increase consistency in caregiving between parents and caregivers.

In general, home visitors in these sites were receptive to adding caregivers to their caseloads. Distributing the pilot caseload across multiple home visitors reduced the burden of additional work; some sites weighted pilot families as two cases when distributing caseloads to ensure an even workload across home visitors. In addition, some of these sites used pilot funds to hire an additional home visitor to accommodate the increased workload. Typically, each home visitor was responsible for visiting two to four caregivers.

Two sites are relying solely on their community partners to provide home visitors for the pilot. In both cases, the community partners were programs operating under the larger umbrella organization that serves as the Early Head Start grantee. For example, one site chose to collaborate with the Parents As Teachers (PAT) program administered through its grantee. This program had been providing home visiting and other services to families in the community for over a decade and seemed well-suited to play a key role in the pilot. Moreover, the Early Head Start and PAT programs shared space and had collaborated previously on another initiative.

Approaches to Supervising Pilot Staff. Most Early Head Start programs participating in the pilot provided weekly or monthly group supervision meetings with all home visitors and weekly or monthly individual supervision meetings between the supervisor and home visitor, as well as periodic reviews of services provided to individual families. In some sites, supervision also included periodic in-field observations of home visits. The amount of supervision time that focused specifically on pilot activities and services, however, varied widely across programs. In some sites, discussion of the pilot was limited to monthly staff meetings and occasional case reviews. In other sites, supervision focused on the pilot was more intensive; home visitors and supervisors met regularly, both one-on-one and as a

group, to discuss the services they were providing to caregivers. The intensity of focus on pilot activities related to programs' approaches to supervision, as described below.

Programs took several different approaches to supervising home visitors who worked on the pilot; to some extent, these decisions were driven by the approach they took to assigning home visitors to caregivers (dual, single, or community partner models). More than half of the sites assigned one supervisor to all of the program's home visitors (see Box). All seven sites using the single-home visitor model took this approach, as well as five of the sites using a dual-home visitor model. Typically, supervision of home visitors' work with caregivers was folded into the overall supervision that home visitors

Approaches to Supervising Pilot Staff	
	Number of Programs
One supervisor for all home visitors	12
Different supervisors for Early Head Start and pilot home visitors	8
Community partner supervises pilot home visitors	2
Home visitor supervisors provide pilot home visits	1
N = 23 programs	

received, and specific focus on the pilot was somewhat limited. For example, supervisors and home visitors might discuss the pilot primarily during monthly staff meetings or during occasional reviews of services provided to individual families.

Eight sites assigned different supervisors to pilot home visitors who worked with caregivers and Early Head Start home visitors who worked with families. In these sites, supervision of work on the pilot was more extensive. Supervisors and home visitors met regularly to discuss services for particular caregivers. In the two sites that used community partner staff to conduct caregiver home visits, supervision was also provided by the community partner. Finally, one site assigned the staff members who supervised the Early Head Start home visitors to serve as the pilot home visitors. These staff were highly skilled and already familiar with the pilot families.

Approaches to Coordinating Services for Parents and Caregivers. A primary goal of the pilot is to increase consistency in caregiving between parents and caregivers. To accomplish this goal, pilot sites need to ensure coordination among staff working with the family and caregiver. As stated previously, some sites are accomplishing this coordination by assigning one home visitor to work with both the parent and caregiver. In sites using a dual-home visitor model, communication and coordination is accomplished in several ways. Pilot home visitors in some sites have weekly or monthly team meetings with Early Head Start staff to keep each other informed about family needs and goals and to coordinate strategies for addressing child and family issues that arise. In other sites, home visitors share goal sheets, developmental screening results, and service plans to coordinate their work with the child, parents, and caregivers during home visits. Information sharing is often facilitated by shared office space for the Early Head Start and pilot home visitors. In at least two sites, staff have conducted joint home visits with the parents and caregivers to facilitate coordination and consistency with the child. Moreover, during site visit interviews, many

pilot home visitors in the dual-approach sites stated that they coordinate lesson plans with Early Head Start staff so that the parent and caregiver are receiving the same information and doing similar child-focused activities during the home visits.

Most of the home visitors reported that communication and coordination are working well in their programs. In about half of sites, however, pilot home visitors experienced some tension and resistance from Early Head Start home visitors during the early months of implementation. Some home visitors did not feel comfortable with having a new staff person involved with “their families.” In some cases, the roles for each home visitor and guidelines about sharing information on families were not initially clear. In most programs, tensions eased once staff discussed their concerns and clarified how they would work together on behalf of the families and children. Throughout the first year of implementation, most sites have continued developing systems for communicating effectively and coordinating their work.

In a few sites, however, coordination continues to be challenge. In one program using a community partner staffing model, questions remain about how to coordinate their work while maintaining the confidentiality of family and caregiver information. At the time of the site visit, regular cross-agency team meetings had been implemented to improve coordination of services. Staff at another reported that they were considering changing to a single-home visitor staffing model because of ongoing coordination challenges among home visitors.

Staff Qualifications

For the most part, the pilot sites have been able to draw on a highly qualified pool of people to serve as home visitors for the pilot. The majority of sites had little difficulty initially identifying and hiring qualified home visitors for the pilot. In some cases, qualified staff within the agency chose to transfer positions to work on the pilot; in other cases, qualified people from outside the agency applied and were hired for home visitor positions.

The majority of home visitors have an associate’s or bachelor’s degree in early childhood education, elementary education, child development, social work, or nursing; some are pursuing a bachelor’s or master’s degree part-time while working on the pilot. A few home visitors who do not have two- or four-year degrees have a Child Development Associate (CDA) credential. The majority of home visitors have worked in early childhood or home visiting programs, with years of experience ranging from one to eighteen years in early childhood education and one to sixteen years as home visitors. Two-thirds have prior experience working in Early Head Start or Head Start. In two of the three sites targeting a mix of relative caregivers and licensed family child care providers, at least one home visitor has experience as a licensed family child care provider herself. However, only one home visitor across all of the pilot sites reported having prior experience working with kith and kin caregivers.

During site visit interviews, program directors mentioned several characteristics they looked for when staffing the pilot. They felt that prior experience as a home visitor was

important; they also wanted staff who were flexible, persistent, and not easily flustered by what they might encounter in caregivers' homes. Some directors stressed the importance of hiring someone whom caregivers would accept as a peer, such as a grandmother or someone with life experiences similar to those of the caregiver. For example, one site chose to assign an assistant Head Start teacher to the pilot because of the skill she displayed in interacting with families at the Head Start center. Moreover, this home visitor is from the local community, a former Head Start parent herself, and adept at locating needed resources and sharing child development information in a supportive, non-threatening way.

Staff Training

A variety of pre-service and in-service trainings were offered to home visitors in preparation for work with caregivers, but the scope and intensity of training experiences received varied widely across the pilot sites (see Box). In nearly half of the sites, home visitors participated in formal training workshops for certification on PAT, WestEd's Program for Infant/Toddler Caregivers (PITC), or other curricula. In the site that targeted fathers for enrollment, staff attended a fatherhood conference and received training on several fatherhood curricula. Pilot staff at some sites, especially those who were new to Early Head Start, also shadowed the

Pilot Home Visitor Training	
	Number of Programs
Formal curricula training	10
Shadowing home visitors	6
National and state conferences	6
Early Head Start in-service trainings	10
Orientation or self-guided reading only	5
No specific training for pilot	3
N = 23 programs	
Note: Some sites provided more than one type of training.	

Early Head Start home visitors as part of their pre-service training. These experiences were often augmented by an orientation to the Enhanced Home Visiting Pilot provided by the pilot coordinator and monthly in-service trainings for all Early Head Start staff on topics such as CPR, first aid, and nutrition. In seven sites, pre-service training for pilot home visitors consisted primarily of orientation to the pilot and self-directed readings on kith and kin care. Home visitors in some of these sites, including the program that assigned supervisors as pilot home visitors, were already experienced in providing home visits to Early Head Start families.

The types of training that home visitors found most useful for their work with kith and kin caregivers varied from site to site and was somewhat dependent on the extent of their prior experience as Early Head Start home visitors and the type of training they received for the pilot. For example, in sites that included shadowing or discussions with other program home visitors, pilot staff found this aspect of their preparation to be by far the most useful; this was especially true for staff who were new to home visiting. In other sites, home visitors found training on specific curricula especially useful for solidifying their knowledge

about early childhood development so they could more effectively share this information with caregivers. In one site, pilot staff participated in several meetings with Head Start home visitors who provide services to kith and kin caregivers. Although the pilot staff were already highly experienced parent home visitors, they found the discussions on how to recruit and work with kith and kin caregivers to be especially helpful.

Home visitors identified several areas in which, in hindsight, they would have benefited from receiving more training during the pilot's first year. Across all sites, the most commonly requested training topics included language development, child health issues, behavior management strategies, the impact of prenatal drug exposure, adult literacy, conflict mediation, and availability of community resources. Some home visitors also requested more training on family child care licensing requirements. Home visitors who received minimal pre-service and in-service training were the most likely to express the need for more general training on child development and on how to work with kith and kin caregivers.

Staff Turnover

More than half of the pilot sites experienced no turnover in home visitors during their first year of implementation. Moreover, in most of the sites where home visitors left their positions, supervisors were able to hire qualified replacements with little disruption in pilot services. In three sites, however, staff turnover resulted in difficulties with implementation. For example, in one, the home visitor was fired after the first few months of implementation and temporarily replaced by another staff member who oversees another program operated by the agency. At the time of the site visit, the program still did not have a plan for permanently filling the home visitor position. Because the temporary staff person could not devote her full attention to the pilot, implementation was hampered. In another site, the original home visitor was not able to build rapport with families and caregivers. Finding a replacement for this position took several months; during this period, services for caregivers were interrupted. A third site has been plagued by staff turnover since beginning its pilot program, with several home visitors and the pilot coordinator leaving the agency during the first year. At the time of our site visit, the pilot coordinator's position had not been filled because of difficulty finding a replacement with the required experience and credentials. An interim coordinator is temporarily filling this role.

COMMUNITY PARTNERSHIPS

The Head Start Bureau required all of the sites to involve a community partner in their pilot programs, acknowledging that fully meeting the needs of kith and kin caregivers requires drawing and building upon existing expertise and resources from other community agencies. All of the sites are working with at least one community partner to provide training, resources, and services to caregivers; more than a third are working with multiple partners. In six sites, at least one partner is part of the larger umbrella agency that serves as the Early Head Start grantee. As stated previously, in two of these intra-agency partnership sites, the community partner provides all home visits and other services to caregivers.

In this section, we describe the types of community partners involved in the pilot and the services they provide to caregivers. We then describe the process Early Head Start programs used in selecting community partners and end with a discussion of the sites' success in establishing effective partnerships for the Enhanced Home Visiting Pilot.

Types of Community Partners and Services Provided

Across all 23 sites, the most common community partnership is with local child care resource and referral agencies (CCR&Rs) (see Box). Typically, these agencies collaborate with the pilot on providing group training for caregivers, either by offering training specifically for pilot caregivers or inviting them to other training workshops they offer to licensed and unlicensed child care providers in the community. In three sites, the CCR&Rs provide caregivers with access to a lending library of toys and children's books; in one site, the CCR&R operates a mobile lending library with toys and safety equipment for pilot caregivers. Several sites planned to do much of their caregiver recruitment through referrals from CCR&Rs. However, these referral arrangements did not prove fruitful because few eligible caregivers were identified. Moreover, as discussed in more detail in Chapter IV, when eligible caregivers and families were referred, they were usually placed on the Early Head Start waiting list because the program was already fully enrolled.

Community Partners Involved in the Pilot	
	Number of Programs
Child care resource and referral agency	11
Family support and home visiting programs	7
State and local child care initiatives	4
Health care providers	4
Part C providers	3
Child welfare agency	3
Even Start	3
Mental health care provider	2
County social services agency	2
Cooperative extension service	2
Public school district	2
State university	1
Public library system	1
Department of Juvenile Corrections	1
Literacy council	1
N = 23 programs	
Note: Some programs reported more than one partner.	

Family support programs comprise the second most common type of community partner. These programs provide a variety of services to families with young children, including home visits, parenting classes, play groups, and parent support groups. In three sites, the family support program is the pilot's primary partner. In most of these sites, the family support program's role is to provide play groups or cosponsor group socialization events for pilot caregivers, children, and their families. Two programs offer support groups for relative caregivers. In one site, the family support program provides all staffing and services for the pilot, including home visiting, support group trainings, socializations, and materials and equipment.

A variety of other agencies are collaborating with Early Head Start programs to provide pilot services. Three sites have developed partnerships with child welfare agencies because of the nature of the families enrolled in the pilot—for example, incarcerated teenage parents, foster parents, or kinship caregivers. In two sites, the child welfare agency’s primary role is to provide referrals for pilot enrollment and coordinate child protective services with services provided by Early Head Start. The site working with incarcerated teenage parents has also developed a strong partnership with the state’s Department of Juvenile Corrections, which provides access to the incarcerated parents, referrals for enrollment, and space at the correctional facility for pilot activities. Even Start programs typically cosponsor group socialization events with the pilot. Several other types of partners, such as local health care providers and child care organizations, provide training for the pilot; others, such as mental health care providers, Part C providers, and a literacy council, will accept referrals.

Selecting Community Partners

Selecting appropriate community partners who share a similar vision and commitment to service delivery is crucial for any program’s success. This may be especially true for an initiative like the Enhanced Home Visiting Pilot because so little is known about how to effectively deliver services to kith and kin caregivers. Building strong partnerships—defining roles and expectations and working through differences—can be a complex and time-consuming task.

Given these challenges, it is not surprising that the vast majority of pilot sites selected community partners with whom they already had relationships, either because they are part of the same umbrella organization or because they have a history of collaborating on other initiatives. For example, one site looked to the CCR&R within its umbrella organization to provide the group trainings for kith and kin caregivers, recognizing that the community partner had greater expertise in this area. Similarly, more half of the pilot sites drew on already established partnerships with other community agencies, such as Part C providers, Even Start programs, and other service providers who could accept or make referrals to the pilot.

None of the sites used a formal process for identifying and inviting community partners to be involved in the pilot; instead, a more informal process was used. In most cases the Early Head Start director contacted potential community partners about the pilot, discussed what their agencies might provide, and then included them in the grant application. Often the community partner provided a letter of commitment for the grant application but was not involved in writing it. In some cases, formal partnership agreements were drawn up specifically for the pilot; in others, the sites relied on formal partnership agreements already in place with the Early Head Start or Head Start program. During site visit interviews, one program director expressed regret that a more formal process for identifying and inviting community partners to participate in the pilot was not followed, because the CCR&R was not involved in the pilot’s first year. However, during early implementation this site became aware of the need to include the CCR&R and planned to do so in the pilot’s second year.

In most cases, community partners were identified for the pilot before the grant application was submitted. In at least two sites, however, new partnerships have been forged with community agencies because of program needs that emerged during the first year of implementation. For example, one site had initially planned to provide all of the support group trainings for caregivers in-house, using Early Head Start staff and occasional outside speakers to cover various topics. After seven months of low caregiver attendance, the site decided to solicit help from the local CCR&R, which had been implementing kith and kin caregiver support groups since 1999. The two agencies have since drawn up a partnership agreement outlining how they will provide support groups for pilot caregivers, with specific strategies for caregiver outreach, incentives for attendance, and plans for caregiver transportation and child care.

Strength of the Community Partnerships

The Enhanced Home Visiting Pilot sites faced a major task of forging new partnerships or reworking prior partnerships within a short period of time to provide services to kith and kin caregivers. Initially, some sites may have been more primed than others to establish strong partnerships, so we would expect variation in the successes achieved in collaborating and integrating services with other community agencies. There are several ways of assessing the strength of community partnerships in the Enhanced Home Visiting Pilot. One method is to rely directly on assessments made by the Early Head Start program directors and community partner staff themselves. Based on these criteria, 18 out of the 22 sites considered their partnerships to be going well by the end of the pilot's first year.

Another method is to look more closely at various criteria that suggest a strong partnership is in place. To assess the strength of the pilot sites' partnerships, we reviewed all partnership information provided during interviews with the program director and community partners for evidence that the partnerships met four key criteria: (1) a history of collaboration (2) involvement in the design process (3) formal partnership agreements, and (4) active involvement in implementation, including evidence of effective communication and coordination. Based on this information we classified the partnerships as follows:

- **Strong partnerships.** At least one community partner is actively involved in pilot implementation, has a formal partnership agreement with the pilot or was involved in the pilot's design, and has a history of collaboration with Early Head Start or is part of the same umbrella organization.
- **Evolving partnerships.** At least one partnership meets one of the three criteria for a strong partnership, and the site had clear plans for strengthening existing partnerships or adding new partners in the coming year.
- **Limited partnerships.** Community partners are not actively involved in pilot implementation, do not have formal partnership agreements with the pilot and were not involved in the design process, and have no history of collaboration or are not part of the same umbrella organization.

Based on these criteria, more than two-thirds of the sites were classified as having strong or evolving partnerships (see Box). Sites with strong partnerships had a shared vision and clearly defined roles from the start of implementation, or they were able to define their vision and roles early on in the pilot's first year. For example, one site chose to collaborate with the CCR&R in its community. The two agencies had a long-standing history of collaboration on various Head Start-child care initiatives and saw the pilot as an opportunity to continue working together to improve child care quality. The two organizations

developed the grant proposal together and secured state funding to purchase a van for a mobile lending library. While the partnership experienced some delays in implementation, by early 2005 they began scheduling home visits with pilot caregivers to do home safety checks, providing health and safety information, and arranging for caregivers to receive health and safety equipment.

Strength of Community Partnerships Established for the Pilot	
	Number of Programs
Strong partnerships	8
Evolving partnerships	8
Limited partnerships	7
N = 23 programs	

Sites with evolving partnerships represent a more varied group, but are all defined by efforts to strengthen existing partnerships or disband ineffective partnerships and develop new ones. One example is a partnership with a child welfare agency. Initially, all necessary ingredients appeared to be in place—a history of collaboration and clearly defined roles that emerged from prior joint efforts to serve to families. When the grant announcement was released, the two agency directors agreed to expand their current collaboration. Once the pilot began, the site experienced difficulty in gaining full cooperation from child welfare agency staff. However, Early Head Start staff have been proactive in nurturing relationships with child welfare staff, and the situation has improved. Some differences in program vision have not yet been fully addressed, but pilot staff are continuing efforts to make the partnership work.

Sites with limited partnerships had far less success in working through the challenges of commitment and coordination, and in most cases the partners have never been actively involved in pilot implementation. For example, one pilot site formed a partnership with the local CCR&R, primarily to provide training and refer caregivers to the pilot. To all involved, the partnership seemed like a good fit. The two organizations had worked together in the past, and the CCR&R was involved in discussions during the pilot design phase. At the time of the site visit, however, this partnership had not yielded referrals to the pilot and plans for group trainings had not gotten off the ground.

In this chapter, we have described the critical steps taken by the Early Head Start programs in developing their Enhanced Home Visiting Pilots—including the goals they hoped to achieve, the target populations they identified, the design processes they followed, the staffing structures they put in place, and the community partnerships they forged to provide pilot services. In the next chapter, we describe the characteristics of the families, children, and caregivers who have actually enrolled in the pilot.

CHAPTER III

CHARACTERISTICS OF CHILDREN, FAMILIES, AND CAREGIVERS

Kith and kin care represents as much as half of all child care arrangements used by working parents with children under age 5 (Brown-Lyons et al. 2001). While families at all income levels rely on kith and kin care to some degree, low-income families do so heavily (Ehrle et al. 2001; Casper 1997). Most kith and kin caregivers are related to children they care for, but their ages and education levels vary widely (Anderson et al. 2003). Given the large proportion of families that use kith and kin child care, understanding the characteristics of these families and their caregivers is an important precursor to developing effective outreach strategies and identifying the mix of services they need.

In this chapter, we describe the characteristics and needs of families and caregivers participating in the Enhanced Home Visiting Pilot Project, as well as the kith and kin child care arrangements themselves. We begin by describing the children and parents enrolled in the pilot and the families' child care needs. We then explore the characteristics of enrolled caregivers, their training and support needs, their interest in becoming licensed, and their experiences as caregivers. We end with a description of the child care arrangements that are the subject of the pilot. The information presented in this chapter comes primarily from the program recordkeeping system developed for the evaluation (described in Chapter I), focus groups with parents and caregivers, and, to a lesser extent, site visit interviews with pilot staff.

CHARACTERISTICS OF PILOT FAMILIES AND CHILDREN

To be eligible for the pilot, families must be enrolled in home-based Early Head Start and be using kith and kin care. Consequently, all the pilot families have incomes below poverty and at least one child under age 3. In this section, we describe in detail the Early Head Start families enrolled in the pilot, including their demographic characteristics, their child care needs, and their reasons for using kith and kin child care.

Demographic Characteristics of Children and Families

Preliminary data on characteristics of children in the pilot indicates that children were 17 months old, on average, when their families enrolled; nearly one-third were 24 months old or older (Table III.1).¹ Nearly two-thirds were white, a considerably higher proportion compared with the total population of Head Start children, which is only 27 percent white (Head Start Bureau 2005). This difference in the racial makeup of the pilot and Head Start caseloads may be due in part to the demographic characteristics both of the communities in which pilot sites are located and of the families in these sites that are enrolled in the home-based option.

All Head Start and Early Head Start programs must reserve at least 10 percent of enrollment slots for children with disabilities, but the Head Start national average is actually 13 percent (Head Start Bureau 2005). The percentage in pilot programs is even higher: 16 percent of children have a suspected or identified disability or delay. This could reflect difficulties families have finding regulated child care for children with disabilities or parents' desire to place such vulnerable children in the care of a trusted relative or friend. Of those children with a disability or delay, more than half have a speech delay; the others have a range of diagnoses. Almost all (94 percent) have been referred for early intervention services, and 70 percent have been enrolled in early intervention. The difference between the proportion referred and the proportion enrolled probably reflects the time lag between referral, assessment, and enrollment for services.

In nearly 90 percent of the pilot families, the Early Head Start child's primary caregiver was a parent or stepparent (Table III.2) and 5 percent were grandparents. Another 5 percent were nonrelatives, either foster parents or other legal guardians. On average, primary caregivers were 26 years old when they enrolled in Early Head Start; 22 percent were teen parents. Less than half were married or living with a "significant other." As with the children, a large proportion (more than 70 percent) of primary caregivers were white. Ten percent spoke Spanish as their primary language, and 2 percent spoke a language other than English or Spanish. Of those caregivers whose primary language was a language other than English, 6 percent did not speak English well or did not speak English at all.

At the time of pilot enrollment, more than half the primary caregivers were employed either full- or part-time; another 9 percent were looking for work. Nearly 14 percent were in school or training. In terms of education, almost three-quarters had a GED, a high school diploma, or a higher degree.

¹ As noted in Chapter I, the program record-keeping data presented in this report are based on data extracts from 22 of the 23 pilot sites. One pilot site had not yet enrolled any families or caregivers in the pilot as of December 2005.

Table III.1. Demographic Characteristics of Children Enrolled in the Enhanced Home Visiting Pilot

	Percentage of Children
Child's Age at Enrollment in Early Head Start	
0 to 11 months	46
12 to 23 months	22
24 months or older	18
Child's Age at Enrollment in the Enhanced Home Visiting Pilot	
0 to 11 months	33
12 to 23 months	30
24 months or older	32
Child's Gender	
Female	49
Male	51
Child's Race	
American Indian or Alaskan Native	5
Asian	2
Black or African American	11
Hispanic or Latino	17
Native Hawaiian or Other Pacific Islander	<1
White	65
Child Has a Suspected or Identified Disability or Delay	16
Of Those with a Disability, Category of Disability or Developmental Delay	
Visual impairment	2
Hearing impairment	2
Orthopedic	9
Speech	48
Mental retardation	2
Emotional-behavioral	2
Learning disability	6
Autism	3
Other disability	27
Child has been referred to early intervention services	94
Child is enrolled in early intervention services	70

Source: Enhanced Home Visiting Recordkeeping System. Missing data range from 0 to 42 across items.

Note: N = 423.

Table III.2. Demographic Characteristics of Primary Caregivers for Children Enrolled in the Enhanced Home Visiting Pilot

	Percentage of Primary Caregivers
Primary Caregiver's Age at Enrollment in Early Head Start	
Under age 20	22
20 to 29	55
30 to 39	15
40 or over	9
Primary Caregiver's Relationship to the Child	
Parent or stepparent	89
Grandparent	5
Other relative	1
Other nonrelative	5
Primary Caregiver's Gender	
Female	95
Male	5
Primary Caregiver's Marital Status	
Single	43
Married	36
Living with significant other	14
Separated	2
Divorced	5
Widowed	1
Primary Caregiver's Race	
American Indian or Alaskan Native	4
Asian	2
Black or African American	7
Hispanic or Latino	14
Native Hawaiian or Other Pacific Islander	<1
White	73
Primary Language Spoken at Home	
English	89
Spanish	10
Other	2
Primary Caregiver's Occupational Status	
Employed full time	29
Employed part time	25
In school, high school, or GED	8
Trade or business school	<1
In college	5
In graduate school	<1
Looking for work	9

Table III.2 (continued)

	Percentage of Primary Caregivers
Retired	<1
Homemaker	19
Disabled	2
Other	2
Primary Caregiver's Highest Level of Education	
Less than high school	10
Some high school	20
High school diploma/GED	46
Some college	18
Two-year college degree	5
Four-year college degree	2
Primary caregiver's reason for accessing child care	
Employment	41
Training/education	13
Both employment and training/education	9
Respite	12
Other	24

Source: Enhanced Home Visiting Recordkeeping System. Missing records range from 26 to 59 across all items except primary caregiver's age. For this item, 122 records are missing.

Note: N = 423.

Families' Child Care Needs and Access to Care

According to program recordkeeping system data, nearly two-thirds of the primary caregivers were using kith and kin child care so they could work, attend school, or both (Table III.2). Another 12 percent cited respite as their primary reason. Early Head Start families may use kith and kin care simply because they lack access to regulated child care. Research shows that the supply of regulated infant-toddler care is limited in many communities, especially for low-income families (Paulsell et al. 2003). To understand better the potential constraints on parents' child care choices in the pilot communities, during site visits we asked pilot and community partner staff about the availability of regulated infant-toddler child care in their communities.

Supply of Regulated Infant-Toddler Care. In all but two of the pilot sites, staff reported that the supply of licensed infant-toddler child care was low, especially for low-income families. In some of the rural sites, staff reported that only one child care center in the entire county accepted infants and toddlers; many others reported long waiting lists. For example, in one site, the program director described the supply of child care in the community as "a real mess," adding that Early Head Start had hundreds of children on its waiting list. Staff in another small community, which has only three child care centers, reported a two-year wait for infant-toddler care. Similarly, staff in another site estimated that licensed child care slots met only 25 to 30 percent of the demand for care in their community. Moreover, consistent with national patterns, pilot staff also reported that the supply of center-based care available during nontraditional hours was very limited (Ross and Paulsell 1998). Transportation posed a further barrier to accessing child care for some pilot families. And in many sites, staff cited the high cost of providing infant-toddler care, partially as a result of the low child-staff ratios required by licensing regulations, as one reason for the limited supply.

One urban site was an exception to the overall pattern of limited supply. In this site, the program director reported that there are two infant-toddler slots available in the community for every child who needs care. Furthermore, staff explained that there had been an "explosion" of child care slots available in the past five years. Staff speculated that the reason for this increase was greater demand, coupled with the relative ease and low cost of becoming a licensed provider in the state, since there are few regulatory requirements for family child care providers.

Cost of Infant-Toddler Child Care. The high cost of regulated infant-toddler child care was another barrier for the families in the pilot communities. For example, staff reported that the cost of licensed infant-toddler care in one rural site averaged \$100 to \$125 per week; in other site, staff reported a cost of nearly \$700 a month.

Overall, pilot staff reported that families' access to child care subsidies was also limited. In some communities, waiting lists for child care subsidies existed. In addition, most states required parents to work full-time to be eligible for a subsidy; according to program recordkeeping data, only a third of parents enrolled in the pilot met this criterion. Parents who worked part-time or were in school may not have been eligible. For example, staff in

one site reported that recent cuts in subsidies resulted in eligibility limits that precluded teen parents attending school from being eligible. Similarly, parents attending college or, in another site, parents working less than 30 hours per week were not eligible. In a few sites, staff reported that some pilot families, because of their immigration status, were not eligible for subsidies.

Even when parents obtained a child care subsidy, pilot staff said that some families, as a result of illness, irregular work attendance, job loss, or reductions in work hours, had difficulty sustaining their eligibility. One site explained that formal centers are usually not flexible enough to deal with frequent disruptions in service. In addition to losing their subsidies, some pilots reported that required copayments were sometimes too high for parents to afford.

Parents' Reasons for Using Kith and Kin Child Care

During site visit focus groups, we asked parents why they decided to use kith and kin child care and whether they had considered other arrangements. Parents discussed a variety of reasons for using their kith and kin caregiver—such as trust, convenience, low cost, and shared culture and values—that are consistent with prior research on parents' child care decisions (Emlen 1999; Larner and Phillips 1994; Mitchell, Cooperstein, and Larner 1992; Porter 1991) (see Box). Few parents said they had considered other arrangements; however, as discussed in the previous section, families enrolled in the pilot may not have had access to other child care options.

In more than half the sites, at least one parent reported using kith and kin child care because the caregiver was available; these parents felt that the caregiver was the “natural choice” for them. In many families, the kith and kin caregiver was living in the same household as the parent and child or had been helping to care for the child since birth (see Box). Trust was also mentioned by at least one parent in more than half the sites. Some parents expressed general distrust of child care centers and strangers, and said that for this reason they preferred relatives, especially their own mothers, to care for their infants and toddlers. Convenience was also a factor for parents in deciding to use kith and kin care, especially when the caregiver and parent lived in the same home.

Parents' Reasons for Using Kith and Kin Child Care

	Number of Programs
Availability	12
Trust	12
Low or no cost	4
Convenience	3
Wanted child to be with grandparent	2
Shared culture	1

N = Parent focus groups conducted in 20 programs

Parent Quotes on Reasons for Using Kith and Kin Child Care

Availability

“I used to live with my parents, and my grandma lived in the same house. So she started taking care of [my daughter], and when we moved, she continued to take care of her. I had to go back to work right after my daughter was born. Because I'm a single parent, I needed someone. She just volunteered to help out.”

Trust

“I don't trust too many people with my kids. The only people I trust are my mom or his mom, or my sister. She's good with kids, too. But I prefer my mom.”

“With this arrangement, I can just go to work and come home and there are no pick-ups,” explained one parent. Other parents needed only part-time care or care during nonstandard hours or shifting schedules; in these situations, relatives were much more flexible than regulated child care providers. In one family, the mother and the caregiver (the mother’s sister) shared caregiving so that the mother could work part-time during the day and the sister could work evening shifts at a fast food restaurant. In four sites, parents reported that they sought out an unrelated family child care provider because they did not have family or friends available to care for their child or because they wanted their children to socialize with other children while in care.

CHARACTERISTICS OF KITH AND KIN CAREGIVERS

To be eligible for the pilot, caregivers must be providing care for at least one child enrolled in Early Head Start; there are no other requirements. Across the pilot sites, the caregivers enrolled in the pilot are quite diverse, both in terms of their relationships to the children and their demographic characteristics. In this section, we describe the caregivers in detail, including their demographic characteristics, their strengths and caregiving challenges, their training and support needs, and their interest in becoming licensed.

Demographic Characteristics of Kith and Kin Caregivers

Data on characteristics of kith and kin caregivers enrolled in the pilot indicates that more than half are the children’s grandparents (Table III.3). Another 21 percent are relatives, including nonresidential parents, residential fathers, aunts, and uncles. About 26 percent of the caregivers are not related to the children; they are family friends, neighbors, foster parents, or family child care providers with no prior relationship to the family.

The average age of the caregivers is 43—three-quarters are 30 to 59 years old. Ten percent are 60 or older and 1 percent of the caregivers are 70 or older. Over 80 percent are women, almost two-thirds are married or living with a “significant other,” and like the pilot parents and children, most of these caregivers are white. Also, English is not the primary language for 12 percent of the caregivers. More than 7 percent do not speak English well or at all. Their education levels also vary widely. About one-third have some college experience, slightly more than one-third have a high school degree or GED, and nearly one-third have less than a high school education.

Most caregivers have some experience caring for young children. More than 80 percent have at least one year of experience. In addition, one-third have attended at least one training workshop on child development, and one-third have experience working in a child care or Head Start program. Twelve percent are licensed or registered child care providers; another 7 percent have another type of license, most likely as a foster care parent.

Table III.3. Demographic Characteristics of Caregivers Enrolled in the Enhanced Home Visiting Pilot

	Percentage of Caregivers
Caregiver's Relationship to the Early Head Start Child	
Nonresidential parent	2
Residential father ^a	5
Grandparent	54
Aunt/uncle	9
Other relative	5
Family friend	8
Neighbor	2
Other relationship	6
No prior relationship	10
Caregiver's Age at Enrollment in Enhanced Home Visiting	
Under age 20	2
20 to 29	14
30 to 39	20
40 or 49	36
50 to 59	18
60 to 69	9
70 or older	1
Caregiver's Gender	
Female	83
Male	17
Caregiver's Marital Status	
Single	22
Married	55
Living with significant other	7
Separated	2
Divorced	9
Widowed	4
Caregiver's Race	
American Indian or Alaskan Native	4
Asian	2
Black or African American	7
Hispanic or Latino	13
Native Hawaiian or Other Pacific Islander	0
White	75
Primary Language Spoken at Caregiver's Home	
English	88
Spanish	10
Other	2
Primary Caregiver's Highest Level of Education	
Less than high school	7
Some high school	22
High school diploma/GED	39
Some college	18
Two-year college degree	7
Four-year college degree	5
Some graduate school	1

Table III.3 (continued)

	Percentage of Caregivers
Caregiver Has Education or Training in Child Development	31
Caregiver Has Experience Working in a Child Care Program	24
Caregiver's Years of Experience Caring for Other People's Children	
Less than 1	19
1 to 3	24
4 to 6	18
7 to 10	10
More than 10	30
Caregiver's Licensing Status	
Licensed family child care home	6
Registered home child care provider	6
Exempt from licensing or registration	44
Other licensing status	7
Licensing status unknown	38
Total Hours of Care Provided for Pilot Child in a Typical Week	
1 to 10	24
11 to 20	20
21 to 30	15
31 to 40	14
More than 40	27
Caregiver Has a Regular Assistant	39
Assistant's Gender	
Female	50
Male	50
Assistant's Age	
17 or younger	10
18 to 60	80
Over 60	8
Assistant's Relationship to Caregiver	
Spouse/significant other	48
Assistant's own child	16
Paid assistant	5
Other relative	28
Other nonrelative	2

Source: Enhanced Home Visiting Recordkeeping System. Missing records range from 13 to 75 across all items except caregiver's age at enrollment. For that item, 158 records are missing.

Note: N = 394.

^aOne pilot program served both nonresidential and residential fathers. The caregivers in this category represent the residential fathers served by this program.

Three-fourths care for children for more than 10 hours a week, and more than half do so for more than 20 hours a week. More than one-third have a regular assistant who helps them provide care. Most are between the ages of 18 and 60, and half are male. More than 90 percent are relatives of the caregiver, such as a spouse or child.

Caregiver Strengths

During site visit interviews, we asked pilot staff about their views on the strengths of the caregivers they serve through the pilot. Overwhelmingly, staff thought that the most significant strengths were the love and affection the caregivers, especially the grandparents, demonstrate toward the children. For example, one home visitor said about a particular caregiver, “The sun rises and sets on her grandbaby.”

Another strength noted by pilot staff in many sites was the caregivers’ willingness to learn from the home visitor about the child’s development and new approaches to childrearing and behavior management (see Box). Some home visitors also noted that many grandparents were eager for a “refresher course” in childrearing, since many had not cared for an infant or toddler in many years. Caregivers typically sought help with such issues as managing difficult behaviors, temper tantrums, toilet training, and sleeping and eating habits.

Quotes from Pilot Staff About Caregivers’ Strengths

“The grandmothers let us in their home to benefit their grandchild. They know it is going to benefit the child developmentally and educationally to let us in, and they are willing to participate and do the activities. . . . They get down on the floor and do it with [the child and home visitor]. The willingness and the enthusiasm that they show towards their grandchild is amazing.”

Finally, some pilot staff cited as a significant strength the caregivers’ very willingness to help the parent with child care. Many of the caregivers were able to provide care during flexible and nonstandard working hours, even on weekends and sometimes overnight. Few parents could have found a regulated child care provider willing to provide such flexibility.

Caregiver Challenges and Needs for Training and Support

During focus groups, we asked caregivers about the challenges they faced in caring for the Early Head Start children. Many cited managing children’s behavior, as well as a range of issues related to toddlers, such as temper tantrums, children hitting one another, toilet training, and “picky” eating habits. Older caregivers spoke about feeling overwhelmed at times; some said they had a hard time “keeping up” with the children. A few also said that caring for children with special needs was challenging (see Box next page).

Another challenge discussed during caregiver focus groups was inconsistency or disagreement between caregivers and parents about how to handle different types of child behavior. Especially for caregivers, allowing the parents to take the lead in decisions about various behavior management issues and not undercutting their authority as parents was difficult. As one grandmother put it, “You are the grandmother and they are the parent, period.” This situation was sometimes exacerbated when the parents were teenagers; some

felt they had two sets of children to raise and expressed some resentment about the situation (see Box).

Caregivers' Training and Support Needs. During site visits, we also asked pilot staff about their views on the types of training and support caregivers need. Most cited the need for information on child development, behavior management, and home safety. Especially for older caregivers, pilot home visitors cited the need for "updated" information about childrearing practices and behavior management; strategies considered acceptable by a previous generation are no longer considered developmentally-appropriate.

Pilot staff also cited emotional support as another pressing need of many caregivers. They explained that some caregivers are isolated and just need someone to talk to about the challenges they face. In one site that targets foster parents as caregivers, staff said that many caregivers need extra support to cope with their frustrations related to the child welfare system. Other home visitors said that many caregivers have poor self-esteem and do not receive sufficient recognition for the work they do in caring for the children.

Home visitors also said that many caregivers need developmentally-appropriate equipment and materials, such as child-sized furniture, toys, and books. Often they also need health and safety equipment, such as first aid kits and materials for childproofing their residences. In sites that sought to address caregivers' personal needs, home visitors cited financial support, transportation, housing, employment, and mental health services.

Caregivers' Interest in Becoming Licensed Child Care Providers

Across all the pilot sites, few unregulated kith and kin caregivers expressed interest in becoming licensed. Their reasons varied, but most viewed themselves not as "child care providers," but simply as grandparents caring for their own families. Many cared for only one or two children and were not interested in caring for children outside the family. According to home visitors, some caregivers had too many other commitments, such as employment outside the home, in addition to caregiving duties, to work on meeting licensing requirements. Some had health problems that precluded their viewing child care as a potential career option. Despite an overall lack of interest, at least one caregiver in more than half the sites expressed some interest in licensing; services provided to help these caregivers with the licensing process are described in Chapter IV.

In addition to lack of interest, pilot staff said that many caregivers faced significant barriers to meeting licensing requirements. In some cases, caregivers or others living in their

Caregiver Quotes About the Challenges They Face

Caring for a Child with Special Needs

"He's two and a half, and there are certain things that you expect a two-and-a-half-year-old to do, but he's not there yet. . . . That's hard because you think he should be able to do it but he can't. . . . That's my hardest thing, being patient with him."

Caring for the Child of a Teen Parent

"I thought it was kind of unfair because, I mean I love my grandson right to pieces, and I wouldn't change him for the world. But I told [the home visitor], 'I didn't make him. I didn't ask for that extra financial responsibility. I have four kids of my own that I have to support.'"

homes had criminal records that would bar them from becoming licensed. In other cases, caregivers' homes were too small or would need extensive repair work to meet health and safety codes. For example, one caregiver initially expressed interest in licensing; however, her home was located on a busy street and did not have a fence. At the time of the site visit, the home visitor was searching for resources in the community for building the fence she would need to meet licensing standards, as the caregiver could not afford to pay for a fence on her own. Finally, immigration status prevented a few caregivers from pursuing licensing.

CHILD CARE ARRANGEMENTS

This section describes in detail the kith and kin child care arrangements that are the subject of the pilot. We provide information about hours and location of care, typical schedules and activities, and parents' views on the arrangements.

Characteristics of the Child Care Arrangements

According to preliminary program recordkeeping data, more than half the Early Head Start children are in the kith and kin child care setting for at least 20 hours a week (Table III.4). More than a quarter are in care for more than 40 hours a week. In nearly 80 percent of the arrangements, care is usually provided during weekday daytime hours. In the other 20 percent, care is provided primarily during the evening or early morning or on weekends. Less than 1 percent of programs reported arrangements in which care is provided primarily overnight, but in focus groups, caregivers reported sometimes providing overnight care. In nearly 80 percent of these arrangements, care is provided in the caregiver's home; in 15 percent, the child and caregiver already live in the same home. In another 16 percent, care is provided primarily in the child's home. About one-third of the caregivers receive compensation for this child care arrangement; only 13 percent receive a subsidy.

Pilot staff also recorded parents' reasons for using this particular arrangement for their young child. Responses are similar to reasons for using kith and kin care discussed by parents in focus groups (presented earlier in this chapter). Nearly 60 percent reported using the arrangement because they trusted the caregiver, and another 18 percent used the arrangement because the caregiver was a relative.

Typical Activities During Care

In the focus groups, caregivers described a variety of activities they do with the children. In general, most mentioned routine care activities, such as making meals and bathing and dressing the child. Other commonly discussed activities were playing, reading, going outside to play or for walks, and letting the child watch television. In terms of schedules, family care providers caring for multiple children tended to describe set schedules of routine care and play activities they followed with the children every day. In contrast, relatives did not tend to schedule structured activities beyond sleeping and eating. While they engaged the children in many of the same activities as family child care providers, their days were less

Table III.4. Characteristics of Care Arrangements Covered by the Enhanced Home Visiting Pilot

	Percentage of Arrangements
Number of Hours Child Is in Care During a Typical Week	
1 to 10	27
11 to 20	19
21 to 30	12
31 to 40	12
More than 40	30
Times When Caregiver Regularly Cares for the Child	
Weekday daytime	79
Early mornings	4
Evenings	16
Weekends	1
Overnight	<1
Location Where Care Is Provided	
Caregiver's home	64
Child's home	16
Both child's and caregiver's home	15
Multiple locations	5
Primary Caregiver Receives Compensation for Providing Care	29
Primary Caregiver Receives a Child Care Subsidy for this Child	13
Parent's Primary Reason for Using this Arrangement	
Trust in the caregiver	59
Flexible hours	6
Affordability	3
Individual attention, child-to-adult ratio	1
Shared language/cultural values	1
Caregiver is a relative	18
Other	12

Source: Enhanced Home Visiting Recordkeeping System. The number of missing records ranges from 38 to 49 across all items except caregiver compensation. For that item, 102 records are missing.

Note: N = 435.

structured (see Box). Some caregivers who provide care on a more erratic basis said they could not describe a typical day, because it varied so much. Nevertheless, they also talked about providing routine care such as feeding, dressing, bathing, and generally “filling in” for the parent when needed.

Finally, several caregivers described doing shifts of caregiving either before or after their work shifts outside the home. For example, one grandmother described how her daughter and grandson meet her at work. She then takes her grandson back to her home, feeds him, plays outside, recites letters and numbers, and then gets him ready for bed.

Parents’ Views on Their Child Care Arrangements

Across the sites we visited, most parents reported overall satisfaction with their kin and non-kin child care arrangements; few mentioned things they disliked or changes they would make. This finding is consistent with prior research on parent satisfaction with child care; parents typically say they are satisfied with the arrangements they use, perhaps because they feel they are using the best arrangement available to them given the constraints they face (Emlen 1999; Phillips 1995). In the rest of this section, we describe aspects of the arrangements that parents said they liked and disliked.

Aspects of Care Arrangements that Parents Liked. Many aspects of child care arrangements that parents liked reflect their reasons for choosing the arrangements in the first place. For example, trust was a major reason that parents chose their caregivers, and it is the most commonly cited aspect of the arrangement that parents like (see Box). Parents feel that they can trust their caregivers to take good care of their children, and that their children are safe with the caregivers. Many parents emphasized that they feel particularly safe leaving their child with a family member. One parent explained, “The safety factor, that we know our child’s going to be safe. In today’s society, any place that they’re safe is a good place. We trust family.”

Caregivers’ Descriptions of a Typical Day

Family Child Care Provider

“I start at 6:30 a.m. We have free play until breakfast. After breakfast we do circle time and sing some songs. Then we have snack, more free time, lunch, and then nap. The children sleep for most of the afternoon since they get up so early in the morning. They don’t usually wake up until 4:30 or 5:00 p.m. It is usually just a short time until we have dinner, and then we have free play until mom arrives at about 8:00 p.m.”

Grandmother

“When she wakes up, the first thing she wants to do is eat. Then we go with washing up, getting clean clothes on, and all that. Just the normal things. Then, if it’s nice outside, we go out and feed the birds, the dogs, and work in the garden. Then go in and take a nap. On Wednesdays, I bring her here [to the Early Head Start center for a group socialization] ‘cause she enjoys being with the children, and we live out in the country. Her mom usually gets off at 5:00 p.m., and she comes and picks her up. But sometimes she works overnight, too.”

Aspects of Care Arrangements That Parents Liked

Trust
 Caregiver’s love for the child
 Child familiar with caregiver
 Shared family culture
 Consistency with parent’s rules and routines
 Reliability
 Convenience
 Child is learning

Parents also liked how much the caregivers love their children. One parent noted, “[The caregiver] is a big part of [my daughter’s] life. She’s good with her. She reads to her, pays attention to her; you can tell that she likes being with her.” Similarly, parents said they liked the bond that the caregivers had with the children. For example, one parent said, “[My daughter] is so familiar with her [caregiver] that they even have their own kind of language. They understand each other, and they’re really good together.”

Other parents said that they liked the fact that their relative caregiver was familiar with the child’s needs and the values parents wanted to pass on to the child. One mom explained, “Some babysitters don’t stay in contact unless you need them that day. My mom, I talk to her every day. I tell her if the baby’s not feeling good. . . . She knows the whole situation.” A father also explained that in his house the parents and grandparents support each other’s rules. He noted, “They know how I stand on things, ’cause we live right with them. If I tell ’em no, my parents don’t go behind my back, and if they tell ’em no, it goes the same way. They know what they’re allowed to do, and what they’re not allowed to do.”

Several of the parents across sites mentioned that they like how reliable and flexible their caregiver is and appreciate the caregiver’s willingness to pitch in when needed or adapt to schedule changes. One parent explained, “I think I am blessed to have my mom help me. You don’t have a lot of absences from work, because even if [the baby] is sick, my mom will still take him. She is very reliable.”

A few of the parents said they liked the fact that their child learns a lot with the caregiver. As one mom put it, “With my provider, the first impression I had of her is that she had a schedule and it wasn’t TV. . . . They have learned so many songs, my kids know their colors, they do flash cards. They have really learned a lot with her. She is just like having preschool every single day. . . . She does a lot of educational activities. I have been so blessed. She is wonderful. . . . She really does a very good job.” Parents also appreciate that the caregiver helps their child reach developmental goals such as toilet training, walking, and crawling.

Aspects of Care Arrangements that Parents Would Change. Very few of the parents mentioned aspects of the child care arrangement they would like to change. In fact, in several focus groups, the parents all said they would make no changes. Nevertheless, a few said they would like the caregiver to use behavior management strategies and limits that are consistent with those established by the parent. A few felt that their caregiver was too permissive with—and thus “spoiling”—the child.

In addition, a few parents said they would like their caregiver to be more available, particularly on evenings and weekends. For example, one mom expressed her frustration with the fact that her caregiver is pregnant and has reduced the hours she is available to care for the child. She would prefer to have a caregiver who is available during nonstandard hours, since her job requires her to work odd hours and weekends. She would also like to use one caregiver rather than different caregivers for weekday and weekend care.

A few parents also raised concerns about the caregiver’s age and physical ability to provide good-quality care. For example, one mother said about her caregiver, “She already raised us all and she’s tired. It will be better for our relationship if she doesn’t do this

anymore.” Furthermore, a few parents were concerned that their child was watching too much television with the caregiver. “But that’s all they do is watch TV all the time. I always tell them they need to do more,” explained one parent.

CHAPTER IV

DELIVERY OF SERVICES DURING THE FIRST YEAR OF IMPLEMENTATION

In Chapter II, we discussed the services the Enhanced Home Visitor Pilot programs initially planned to provide. In this chapter, we discuss the services that were actually provided by programs during the first year of pilot implementation. Overall, the pilot programs made significant progress in carrying out their plans for working with kith and kin caregivers. By the end of the first year, 22 of the 23 programs we visited had enrolled kith and kin caregivers in the pilot and had implemented most of the services they set out to provide. Programs have also faced some challenges, such as difficulties recruiting participants and low attendance at group activities. However, many reported developing new ideas and approaches to address these challenges.

This chapter provides a detailed description of the services offered to caregivers, including their intensity, format, and content. We begin the chapter with a discussion of strategies used to recruit and enroll families and caregivers into the pilot. Next, we discuss the services offered through the pilot—including home visits, group activities, and provision of materials and equipment. We also explore the strategies programs used to strengthen relationships between caregivers, parents, and staff. Throughout the chapter, we highlight the differences in service provision that stem from variation in staffing structures and other differences across programs. We conclude the chapter by discussing caregivers' and families' satisfaction with the services they have received through the pilot and their recommendations for improvement.

RECRUITMENT

During site visit interviews, program staff described a three-stage process of recruitment for the pilot: (1) identifying eligible families, (2) recruiting interested families, and (3) recruiting and enrolling kith and kin caregivers. In this section, we discuss these three stages of recruitment as well as the parents' and caregivers' motivations for enrolling in the pilot.

As described in more detail in Chapter V, all 22 pilot sites we visited had difficulty recruiting sufficient numbers of families and caregivers. Although program staff envisaged some recruitment challenges, in many sites the challenges were more difficult to overcome

than they anticipated. For example, programs expected some turnover in caregivers, but they did not expect to have difficulty identifying sufficient numbers of families that use kith and kin caregivers and were willing to participate. During site visit interviews, program staff described changes they made to the recruitment process based on these early experiences and the strategies they found to be most effective. We note these throughout the section.

Strategies for Identifying Eligible Families

To be eligible for the pilot, families must be enrolled in the Early Head Start home-based option and use kith and kin child care. For all programs, therefore, the first step for recruitment was to inform home-based families about the pilot and identify which ones used kith and kin caregivers. Programs used five main strategies to identify eligible families: (1) soliciting referrals from Early Head Start staff, (2) developing outreach materials and advertising the pilot, (3) identifying eligible families at Early Head Start enrollment, (4) soliciting referrals from community partners, and (5) soliciting referrals from kith and kin caregivers (see Box).

In nearly all programs, Early Head Start staff, especially home visitors, identified eligible families in their caseloads and referred them to the pilot. Many home visitors were familiar with the child care arrangements of families in their caseloads; others asked families about their use of kith and kin care during regular visits. In some programs, center-based staff also identified and referred pilot-eligible families when they knew the families and were aware of their child care arrangements.

During site visit interviews, programs reported that having Early Head Start staff identify eligible families was the most successful recruitment strategy. Program directors stressed the importance of making sure that all staff understood the pilot and its goals and “bought into” its benefits for children and families. Once this was accomplished, staff were more likely to identify and refer eligible families.

Almost half of the pilot programs also developed and distributed outreach materials such as brochures and posters to advertise the pilot. Staff displayed posters in Early Head Start centers and distributed brochures at socialization events and Policy Council and parent meetings to raise families’ awareness of the pilot. Programs also mailed letters to Early Head Start families describing the pilot and encouraging them to contact pilot staff to enroll. In addition, pilot staff made presentations about the pilot at Policy Council and parent meetings and other program events to encourage enrollment.

Strategies for Identifying Eligible Families	
	Number of Programs
Referrals from Early Head Start staff	20
Advertisement/outreach materials	10
Identification at Early Head Start enrollment	9
Referrals from community partners	7
Referrals from caregivers	3
N = 22 programs	
Note: Some programs used more than one strategy.	

These two primary strategies—soliciting referrals from staff and advertising among program families—proved to be useful first steps in identifying potential enrollees. In many programs, however, these strategies did not yield sufficient numbers of families to meet enrollment targets, either because families using kith and kin care had left the program, families no longer needed child care, fewer families than expected had stable kith and kin arrangements, or some families and caregivers were reluctant to enroll.

In response, programs developed strategies for identifying potentially eligible families beyond those already enrolled in Early Head Start. For example, nine programs began identifying families using kith and kin care during the Early Head Start enrollment process, either by adding new sections about child care use to enrollment forms or by asking families about their child care arrangements. Others contacted families on their waiting list to determine which ones used kith and kin care and prioritized them for enrollment when Early Head Start slots opened up. Sites generally reported that this strategy was helpful for boosting pilot enrollment.

Seven programs solicited referrals to the pilot from community partners. Overall, programs did not find this strategy effective. Some families referred by partners were not income-eligible for Early Head Start; if they were eligible, they had to be placed on the waiting list because Early Head Start programs were typically fully enrolled. For example, one community partner did a mass mailing to families with children ages birth to 3, but all families who expressed interest ended up on the Early Head Start waiting list. During site visit interviews, several community partners expressed frustration about their inability to get families and caregivers into the pilot (see Box).

Two programs, however, relied solely on community partners due to the special populations they targeted; one targeted families headed by incarcerated teens, and the other targeted foster parents as caregivers. Referrals to these pilot programs came from the Department of Juvenile Corrections and the foster care agency, respectively. To generate sufficient referrals from these agencies, pilot staff worked on sustaining close communication about the pilot with staff from the referring agencies.

A final strategy programs tried for identifying eligible families was soliciting referrals from the kith and kin caregivers themselves. These referrals typically occurred when a caregiver enrolled in the pilot stopped caring for the Early Head Start child (or the child transitioned to Head Start) but wanted to continue participating in the pilot. A few programs reported that caregivers referred families of other children in their care to the program. This approach, however, had the same drawbacks as referrals from partners: unless the Early Head Start program had an opening, the referred family would be placed on a long waiting list.

Community Partner Quote About Making Referrals to the Pilot

“I have lots of grandparents raising children, but I can’t get them into the pilot. So they’re out there in limbo. I can’t get them into the enhancement program because they have to be in Early Head Start, and we can’t get them into Early Head Start so they can’t go into the pilot. So it’s very frustrating, because I have all these beautiful brochures and flyers that I pass out in my center, but I feel bad because I know they can’t get in.”

Strategies for Recruiting Families

Once eligible families were identified, programs used several strategies to recruit them. In programs that used a single-home visitor staffing model (described in Chapter II), the home visitor simply presented the pilot to the family during a regular home visit. In programs that used a dual-home visitor staffing model, the family's home visitor would describe the pilot during a home visit; if the family was interested, the pilot home visitor would follow up. In many cases, the next step would be that the pilot home visitor accompany the Early Head Start home visitor on a visit to discuss the pilot in more detail and to enroll the family. Other times, however, the pilot home visitor contacted the family independently. During site visit interviews, home visitors explained that they decided how to approach parents based on whether they knew the family from other program events and the family's level of interest in the pilot. If they did not know the family well or thought the other home visitor's presence might encourage the family to enroll, they conducted a joint visit. In programs using a community partner staffing model, pilot home visitors usually contacted families on their own.

During the visit, pilot staff informed families about the goals of the pilot and the services that could be provided. For example, home visitors sometimes brought educational materials and toys to the visit and explained how they would use these materials to work with the child and caregiver on developmental goals. They also described to families the types of safety equipment they would distribute to caregivers. In addition, they described the training opportunities that would be available to the caregiver, and, in sites that offered incentives, they described incentives that caregivers could earn. Some said they preferred to focus their recruiting visits more on the objectives of the pilot and its potential benefits for the child rather than on the tangible benefits to caregivers.

Strategies for Recruiting Caregivers

Apart from rare exceptions, all programs required that families give approval before a caregiver was contacted. Once families gave approval, program staff relied on three main strategies for approaching caregivers about the pilot: (1) families approached caregivers, (2) Early Head Start home visitors approached caregivers, or (3) pilot home visitors approached caregivers. Many home visitors said they preferred that families approach caregivers first, because families were able to vouch for the Early Head Start program and share their positive experiences with caregivers. However, if the caregiver and family lived in the same home or the home visitor already knew the caregiver, this step was generally not necessary. A few programs described other situations in which pilot staff contacted caregivers directly. For example, staff from the program that serves incarcerated teens reported contacting the caregivers directly once the teens gave permission. In addition, a few programs enrolled noncustodial fathers and sometimes discussed the pilot with them before obtaining approval from the children's mothers.

When pilot staff contacted caregivers for the first time, they attempted to schedule an initial home visit because they found that in-person contact was the most successful means of convincing them to enroll. If a caregiver expressed reluctance, home visitors sometimes suggested that the caregiver agree to an initial visit or two and then decide about enrolling.

In addition, home visitors asked families to continue encouraging the caregiver to enroll and emphasizing the pilot's benefits. When caregivers did not agree to enroll, the home visitors would sometimes approach them again at a later time.

During the initial contact, pilot staff focused on how the pilot could benefit the child and caregiver and the services that were available through the pilot. Some home visitors said they also stressed that services and participation requirements were flexible and would be tailored to the caregiver's needs and interests. Others described how they tried to engage the child during the visit and demonstrate techniques the caregiver could use to help the child achieve a developmental goal. Programs that served foster parents or caregivers in the process of becoming licensed frequently explained how the training sessions offered through the pilot could be counted towards required training hours for licensing. One home visitor said she even drove a caregiver to a medical appointment during her first home visit to demonstrate how the pilot could benefit her.

In sites that provide materials and incentives, home visitors often emphasized the equipment, gift certificates, and other items they could provide as a selling point for the program. For example, one home visitor explained that she would try to identify a need the caregiver had, such as a high chair, and then explain how she could help the caregiver obtain that equipment through the pilot. Other home visitors stressed incentives such as stipends for attending trainings and the books and toys distributed at each home visit.

Families' and Caregivers' Motivations for Enrollment

During focus groups with parents and caregivers, we asked participants what attracted them to the pilot. Understanding their motivations for enrolling can help the pilot sites and staff of similar initiatives to make enrollment attractive to families and caregivers.

At least one parent in six of the sites said that his or her primary motivation was that the pilot would be beneficial for the caregiver—because the home visitor would provide support, someone to talk to, activity ideas, or information (see Box next page). In three programs, parents said that access to free equipment and materials attracted them. A few others said that they enrolled because they thought the pilot would benefit the child, because they trusted Early Head Start, or because they were ordered by the family court to enroll.

Caregivers described similar motivations. The most frequently cited reason (mentioned by at least one caregiver in eight sites), however, was that the pilot would benefit the child. In particular, grandparents and other relative caregivers expressed a willingness to participate “for the child's sake”—in other words, because they thought pilot services would support the child's healthy development. Caregivers in four sites said they were attracted by the equipment and materials or by the information they could obtain on childrearing techniques. For example, one grandmother said, “I thought it sounded pretty good. To me, no matter how much education you have on this stuff, you can always learn more.”

Other caregivers explained that their motivation to enroll was based on the connection with pilot staff or the program itself. For example, several cited their families' relationships with Early Head Start and positive experiences with their home visitors as reasons to enroll. One grandmother said she was enticed by the opportunity to regain a connection to Head Start; her own child, now 18 years old, had been enrolled in Head Start as a young child. In four sites, caregivers said that the opportunity to receive support and encouragement from the home visitor on a regular basis motivated them to join the pilot. In a site that enrolled fathers, one father said he enrolled in the pilot in part to "have someone to talk to about stuff."

During interviews with home visitors, we asked about their perceptions of family and caregiver motivations for enrolling in the pilot. While they cited reasons similar to those expressed by the parents and caregivers themselves, they ranked the importance of each motivation somewhat differently. For example, home visitors in more than half of the sites thought that participants' primary motivation was access to materials and equipment, followed by support for the caregiver and benefits for the child.

Family and Caregiver Reasons for Enrolling in the Pilot

	Number of Programs
Reasons reported by parents	
Beneficial for the caregiver	6
Access to free equipment and materials	3
Beneficial for the child	3
Trust in Early Head Start	2
Parent ordered to participate by court	1
Reasons reported by caregivers	
Beneficial for the child	8
Access to free equipment and materials	4
Access to new information on childrearing	4
Trust in Early Head Start/Head Start	4
Emotional support	4
Help in obtaining licensure	2
Reasons reported by home visitors	
Access to free equipment and materials	13
Emotional support	8
Beneficial for the child	6
Trust in Early Head Start	3
Training hours count toward licensing	3

N = 14 parent and 17 caregiver focus groups in which reasons for enrolling were discussed; 18 home visitor interviews in which perceptions of caregiver and family motivations for enrolling were discussed.

SERVICES PROVIDED THROUGH THE PILOT

In general, the pilot programs reported that they did not provide additional services to families enrolled in the pilot beyond those that all Early Head Start families received. Instead, nearly all of the programs' basic services were directed to the kith and kin caregivers. In this section, we describe the services that pilot sites provided to the caregivers during the first year of implementation. The pilot programs delivered services through the following four approaches: (1) conducting home visits, (2) offering group activities, (3) distributing or loaning materials and equipment, and (4) making referrals. Although few caregivers expressed interest in licensing, pilot sites also helped some caregivers pursue licensing. In addition, nearly all programs developed strategies to strengthen relationships between parents and caregivers.

Home Visits to Caregivers

All programs offered home visits to caregivers, although the visits varied in frequency, duration, and content. The specific approaches programs took to home visits differed according to their goals for the pilot and their staffing approaches. Some programs made working on children's developmental goals, primarily through caregiver-child activities, the central focus of their visits. Others spent more time providing information to caregivers, and some placed more emphasis on meeting caregivers' emotional and social service needs. Here we describe the frequency and duration of caregiver visits, the content of initial visits, the content of typical visits, curricula used for the home visits, types of information typically requested by caregivers, and ways in which home visitors included other children in the caregiver's home in the home visit activities.

Duration and Frequency of Home Visits.¹

All programs reported conducting home visits to caregivers; in 20 programs, staff said they visited caregivers on a weekly to monthly basis (see Box). Two programs did not conduct regular home visits. One required caregivers to participate in three home visits per year, and additional visits could be provided at the caregiver's request. Another program conducted an initial home visit with caregivers and then followed up monthly by telephone, at a group socialization event, or at the family's home visit (if the caregiver and family lived in the same home). Nearly all programs said that home visits typically lasted for 60 to 90 minutes. One program scheduled 45 minute visits, and another reported that the visit lasted until the child lost interest in the activities.

Frequency of Home Visits Reported by Pilot Staff

	Percentage of Programs
Weekly	6
Biweekly	12
Monthly	2
Three times a year	1
Initial visit only	1
N = 22 programs	

In the majority of programs, home visitors said they were usually able to complete their visits as scheduled. In a few sites, however, home visitors had difficulties with scheduling or completing them. For example, caregivers occasionally canceled scheduled visits because of illness or conflicts with work schedules (see Box). Another common barrier to completing home visits was that some caregivers provided care to the Early Head Start child on an irregular schedule or during nonstandard work hours. When

Home Visitor Quote on the Difficulties of Scheduling Home Visits

"One of my grandparents works until 2, so we can only do home visits after 2. Sometimes we have to cancel and reschedule. And my other grandparent, she had her other children in the home, they're 10 and 12. So after school was out, she was very busy with them and their appointments. So we had to reschedule 2 or 3 times. They want to do home visits, it's just hard."

¹ As described in Chapter I, we are collecting data on the frequency and duration of caregiver home visits in the program recordkeeping system designed for this evaluation. This report contains information about the frequency and duration of home visits based on reports from program staff. The final report will provide data on frequency and duration of home visits from the program recordkeeping system.

caregivers did not have a regular schedule for providing care, sometimes the child would not be in their care at the scheduled visit time. Some programs reported conducting these visits despite the absence of the child; others rescheduled the visits.

Initial Home Visits. Home visitors reported that the first home visit was primarily a chance to get to know the caregiver and the child and to build trust and rapport. Staff from several programs reported taking the caregiver's lead during the first visit. For example, if the caregiver seemed comfortable, the home visitor would begin asking questions about the caregiver's needs and goals; however, if a caregiver seemed uncomfortable, the visit would focus mainly on the child and the home visitor would spend a shorter amount of time in the home.

In addition to getting to know the caregiver, home visitors also described pilot services in more detail and emphasized the pilot's benefits to the caregiver. Some home visitors described bringing educational materials for the children and safety equipment for the caregivers' homes during the first visit to demonstrate concretely how the pilot would benefit the caregiver. Home visitors also described to caregivers the types of information they could bring to assist caregivers with the child's developmental goals or their own personal goals.

Home visitors also reported that they used the initial visit to collect information about the caregivers' needs and interests to help plan future visits. The most common means for collecting this information were interest surveys and needs assessments. Interest surveys asked caregivers about the types of information and activities they wanted to cover during home visits and about their interest in group activities. Only four programs reported conducting a formal needs assessment with caregivers; however, many reported informally assessing caregiver's needs or recording caregivers' expressed needs. All programs collected information on caregiver demographics, contact information, and child characteristics. Programs also commonly reported completing a partnership agreement that outlined the responsibilities of the caregiver and the home visitor. For example, the caregiver would agree to participate in all scheduled home visits and call and reschedule if she was not able to attend a visit. A few programs reported completing a safety checklist, a child-rearing survey, confidentiality/release forms, or a developmental assessment of the child during the initial visit.

Typical Home Visits. After the initial visit, programs took three main approaches to planning subsequent visits. In eight programs, home visitors reported that the primary focus of the visits was the child's developmental goals established by the parents and Early Head Start home visitor. Caregiver needs were addressed only as they related to working with the child on those goals. In another eight programs, home visitors said that visits were planned according to the needs and interests of the

Primary Focus of Caregiver Home Visits	
	Number of Programs
Child's developmental goals	8
Caregiver's goals and interests	8
Mixed focus on caregiver and child	6
N = 22 programs	

caregivers. In most of these programs, the visits focused on child development topics identified by the caregivers, but in a few sites, they might also focus on caregivers' social service needs. This was especially true of the program that targeted fathers. In two programs that focused more on caregiver needs, the child was not always present during the visits. The remaining six programs reported focusing on both child development and caregiver needs. In addition to their primary focus, the majority of programs reporting focusing at least one visit on the safety of the caregiving environment; many used home health and safety checklists for this purpose.

The types of activities conducted during a typical home visit were similar across all twenty programs that conducted regular visits; they were also very similar to the activities conducted during visits with parents. The majority of home visitors said their visits included an activity with the child, caregiver, and home visitor; a discussion with the caregiver on a specific topic, such as health and safety practices or educational uses of toys and books; and the completion of a record of the visit. More than half of the programs reported that child-caregiver activities were the primary activity during every visit. The activities were often selected to address a specific goal defined for the child, such as learning colors or addressing a delay in speech or motor skills. Home visitors explained that they individualized the activities to fit the needs of the child. Often, they also used the activities as an opportunity to model developmentally-appropriate practices for the caregivers (see Box).

Caregiver Quote on Home Visits

"...when she comes, she never sat on the furniture until we were doing a craft out in the kitchen. She always immediately would come in and was down on the floor with him so that they were on the same level. I thought that was—at first I questioned it, but after a while I got to thinking, well, he's down there and so she goes down there. That way they are eye to eye."

Discussions with the caregivers ranged from addressing health concerns—such as encouraging caregivers not to smoke in the same room as the child—to suggesting new activities to do with the child during the coming week or following up on activities suggested the previous week. Depending on the program's focus, the home visit might also include time to address the emotional and social service needs of the caregivers. At the end of the visit, most programs required that a home visit record be completed, often signed by the caregiver. Programs developed forms for this purpose that collected information on the activities completed during the visit, the information shared with the caregiver, plans for follow-up, and in some programs, observations of the child. Some programs made this form available to parents so that they were informed of the home visit activities.

Curricula Used for Home Visits.

Programs adopted a variety of curricula for the caregiver home visits; half used Parents As Teachers (PAT) (see Box). Six programs did not report the curriculum they used or reported they did not use a curriculum. The other sixteen programs reported using a curriculum, but nearly all home visitors explained that they used

Curricula Used by Programs

Creative Curriculum	Touchpoints
Parents As Teachers	H.E.L.P.
Healthy Babies	High/ Scope
Father for Life	24/7 Dad
Born to Learn	PITC

it as a guide or a resource rather than following it closely (see Box). Home visitors referred to the curricula and often used activity ideas; however, many felt that the curricula did not meet the specific needs of the caregivers or children. For example, the home visitor from a program that served fathers explained that the curriculum the program was using was targeted to working with fathers in a group setting. He, however, was working with the fathers one-on-one and thus needed to adapt the materials for this purpose. Other home visitors reported that the curricula adopted by their programs contained activities targeted to older children and were not applicable to infants, or they were targeted to formal child care providers rather than kith and kin caregivers.

**Home Visitor Quote about
Individualizing the Curriculum**

“The curriculum is good to have, but we have to come up with our own things because the needs of each provider and child are a little bit different. That is a bit of a challenge, but that is why we need to spend so much time looking for information. You need to find good information for them so you can really answer their questions, so that is also how you build a good relationship.”

Information Requested by Caregivers. Home visitors reported that caregivers asked many questions and requested information on various topics during home visits. The types of information requested varied by the age of the child and the specific needs of the caregiver. One common request was information on toilet training strategies, including advice on when to begin training the children. Another common type of information caregivers requested was on child development milestones. Staff reported that caregivers often asked where a child should be developmentally, if a child was on target developmentally, and what the caregiver could do to help a child when a delay was suspected. For example, caregivers asked home visitors when a child should be able to sit up independently. If the child was not sitting independently at a specific age, they asked how they could help the child. The third type of commonly requested information was ideas for new educational activities to with the children. In particular, caregivers that cared for multiple children were eager for new ideas and activities for entertaining and engaging them. Home visitors reported bringing caregivers new materials, showing them how to use materials around the house to make toys and games, and simply suggesting activities caregivers could do with children.

Addressing the Needs of Other Children in the Home. As discussed in Chapter III, many caregivers provide care for multiple children. These situations ranged from caring for one other grandchild to handling seven or more other children in a family child care home. Home visitors in many programs reported making efforts to interact with all children in the home. They often planned activities to accommodate the other children. For example, a home visitor planned a painting activity that children of any age could participate in. One home visitor reported setting up various activity centers so that all children were engaged during the visit; others brought appropriate activities for older children. Some programs reported interacting with the other children in the home as a goal of the pilot. Others merely found it difficult to isolate the Early Head Start child from the other children during the visit.

Group Activities

Twenty-one programs offered at least one of the following types of group activities to caregivers: training workshops or series, group socialization events for caregivers and children, and caregiver support groups (see Box). These events include those planned especially for pilot caregivers and children as well as group activities offered by programs or community partners to which caregivers were invited. One program did not plan group activities for caregivers because it expected caregivers to have little interest and not enough time to attend the events. In the rest of this section, we describe the types of group activities that were offered, community partner involvement in group activities, and caregiver attendance at group activities.

Group Activities Offered to Caregivers

	Number of Programs
Caregiver trainings	18
Socialization events	16
Support groups	4

N = 22 programs

Note: Some programs offered more than one type of group activity.

Caregiver Training. Half of the pilot sites offered training workshops and series designed specifically for the caregivers; nine programs provided the training directly, and four provided training through their community partners (see Box). The frequency of training varied considerably across these programs. During the pilot's first year, seven programs had offered five or fewer training workshops. For example, one program reported organizing three trainings—on grandparents as caregivers, communicating with parents, and early literacy. In another program, a community partner provided four caregiver trainings and offered each in English and Spanish. Four programs offered training series for caregivers; most of these occurred monthly or biweekly. In one site, for example, the pilot offered a biweekly training series based on WestEd's Program for Infant/Toddler Caregivers. After completing 12 months of training, caregivers would have enough training hours to apply for licensure. In another program, a community partner offered a seven-week training course on behavior management techniques.

Topics of Trainings Organized for Pilot Caregivers

- Grandparents as caregivers
- Communicating with parents
- Early literacy
- Infant-toddler nutrition
- Home safety
- Brain development
- Behavior management
- Schedules and routines
- Language development
- Airway obstructions
- Nursery rhymes
- Making hand puppets
- CPR and first aid
- Setting up the caregiving environment

In addition to training events organized specifically for pilot caregivers, a number of programs said they invited caregivers to parent trainings offered by Early Head Start or other training events offered by community partners. In particular, when programs partnered with CCR&Rs, caregivers were usually able to attend CCR&R trainings free of charge. Pilot staff reported that some caregivers attended CCR&R-sponsored training on CPR, first aid, care seat safety, and a few other topics, but overall few caregivers took advantage of these invitations.

Group Socialization Events. Early Head Start programs that provide services through the home-based option are required by the Head Start Program Performance Standards to offer at least two group socialization events per month for parents and children. Half of the pilot sites reported inviting caregivers to attend the socialization events organized for Early Head Start families. These included parent-child events, play groups, field trips, family fun nights, and other special events such as picnics or holiday parties. Although caregiver attendance was low overall, programs reported that relative caregivers, especially grandmothers, were much more likely to attend than unrelated caregivers. In a number of programs, staff reported that typically the caregiver would attend these events with the parent and child.

Four programs planned play groups and other socialization events specifically for caregivers and children enrolled in the pilot. One program offered weekly play groups for pilot participants. The others offered groups less frequently, such as four or five events per year. For example, the program that targeted fathers offered a number of father-child events, such as a pumpkin carving event and a trip to a nature center. Three of the four programs that scheduled socializations specifically for caregivers reported less frequent events. These programs had only offered socializations on occasion, rather than on a regular basis. Three programs cosponsored group socialization events with Even Start. For example, one site offered a monthly First Books event with Even Start. During the event, participants would read a book, do a related caregiver-child activity, and receive a copy of the book to keep.

Support Groups. Few programs offered support groups for caregivers. In one program, however, a weekly support group was scheduled; typical activities included arts and crafts, cooking, outside speakers, and videos on child development. In two programs, support groups for grandparent or relative caregivers were offered through community partners.

Attendance at Group Activities. Caregiver attendance at group events has been low across programs; many caregivers lack transportation or the time to attend. Other barriers cited by staff included health problems, conflicts with work schedules, and shyness. According to staff, socializations were better attended than training events or support groups; however, attendance was still low. As stated previously, grandparents were more likely to attend than unrelated caregivers. The program that served incarcerated teens reported high attendance rates at socializations, as they were opportunities for the incarcerated teen parent, the caregiver, and the child to interact.

Despite the challenges of encouraging attendance, a few programs were successful in increasing attendance over time. Typically, these programs provided transportation and food, sometimes even child care. A few offered the events at multiple times during the month to accommodate caregivers' various schedules. In addition, a number of them provided participation incentives. For example, a few programs gave caregivers stipends of \$10 to \$15 for attending events. Another paid caregivers \$1.00 an hour for the care they provided to the Early Head Start child if they met participation requirements. One gave an incentive payment of \$150 to caregivers when they completed 18 hours of training and home

visits. In a few programs, including the one that targeted foster parents, staff have made arrangements for pilot training to count towards training hours needed to obtain or maintain licensing. Others provided gift certificates, door prizes, books, and other items.

Materials and Equipment

All programs either gave or loaned materials and equipment to caregivers (see Box). Health and safety equipment—including first aid kits, smoke detectors, fire extinguishers, outlet plugs, cabinet locks, safety gates, and car seats—were the most common items given to caregivers. Often, pilot staff provided these items based on the results of a home safety check. A few other programs gave caregivers books, toys, art supplies, children’s music CDs, and equipment. In particular, some non-resident fathers and other caregivers needed cribs, high chairs, and other equipment to care for infants in their homes.

Materials and Equipment Given to Caregivers	
	Number of Programs
Health and safety equipment	14
Books	5
Toys, art supplies, children’s music	5
Other equipment	4
Stipend to purchase supplies	1
N = 22 programs	

Half of the programs gave caregivers access to a lending library, either directly through the Early Head Start program or through a community partner. Lending libraries typically offered books, educational toys, music, and, less frequently, equipment. Home visitors often brought toys and books on home visits, left them in the home, then rotated in new items during the following visit. In one program, a community partner operated a mobile lending library and would stop at caregivers’ homes at least three times a year. Other programs offered a lending library in their Early Head Start centers or other community locations.

Access to educational materials and equipment was an attractive component of the pilot for many families and caregivers (see Box). Sometimes home visitors even gave caregivers donated clothes and other items when they saw a need.

Quote from Parent on the Equipment Provided by the Pilot

“I think it’s important that if we ask them to care for our children that we make it as easy as possible for them. If I can get high chairs and gates that can stay at her home that makes her job easier, that makes it better for me.”

Referrals to Caregivers

Nearly all programs reported making some referrals for caregivers, and a few gave out community resource guides to caregivers at enrollment. The types and frequency of referrals varied across the pilot sites, in part depending on their target population and goals for the pilot (see Box next page). Sites that focused primarily on the children’s developmental goals made few referrals. However, programs that included a focus on caregivers’ social service needs, such as the program that targeted fathers, often made referrals to a broad range of

community service providers. Common referrals included food banks, utility assistance, free community activities and events, and physical and mental health services.

Help with Child Care Licensing

As described in Chapter III, few caregivers enrolled in the pilot have expressed interest in becoming licensed child care providers. More than half of the sites, however, reported referring one or two caregivers for help with licensing and registration. In addition, programs reported that some caregivers expressed interest in becoming licensed “down the road.” Others were in the process of obtaining a license when they enrolled in the pilot, so home visitors talked about assisting them by gathering the necessary information and paperwork. In a few cases, pilot sites also paid for first aid and CPR training to help caregivers obtain or maintain certification needed for licensing. In addition, as described previously, a few programs arranged for training provided through the pilot to count towards training hours required for licensing.

Referrals Requested by Caregivers

- Food banks
- HUD
- Legal assistance
- Utility assistance
- Tax preparation assistance
- Physical health services
- Mental health services
- Counseling
- Mediation
- Donation centers
- GED classes
- Adult education
- Job search services
- Lead abatement services
- Respite care

Staff at one site related a success story of a grandmother who became a licensed provider as a result of being enrolled in the pilot (see Box). When the grandmother first enrolled, the home visitor felt that she had low self-esteem and did not see herself as important in her grandchild’s life. Through the pilot home visits, the grandmother began to view her role as caregiver as important for the child’s development and at the same time developed an interest in caring for other children as well. The home visitor helped her obtain information on state licensing requirements, helped her obtain the required certifications in CPR and first aid, and put her in touch with the CCR&R to complete the background checks and other paperwork. The grandmother has since received her license to operate a family child care home and has started caring for two other children in addition to her grandchild.

Caregiver Quote on Licensing

“If it weren’t for her [the home visitor], I’d have never made it to my classes. She came and got me, because I don’t drive. She came and took me to every single one of my meetings. If it hadn’t been for her, I’d have never got my license.”

Strategies for Strengthening Parent-Caregiver Relationships

A central goal of the pilot was to strengthen the relationships between parents and kith and kin caregivers. Four programs explicitly defined this as a key goal in their program design (as discussed in Chapter II). Facilitating communication and strong relationships can support a related goal of the pilot—increasing continuity in caregiving across home and caregiver settings. Four programs provided specific training to home visitors on strengthening relationships and improving communication between parents and caregivers. Staff at other programs highlighted facilitating communication and strengthening relationships between parents and caregivers as a training need.

Staff from nearly all programs (19 of the 22 we visited) said they worked with parents and caregivers on improving their relationships. In a few programs, staff said that they would do so if necessary, but issues with parent-caregiver relationships had not come up during the first year of implementation. Pilot staff developed a number of key strategies for strengthening relationships and addressing conflicts between caregivers and parents (see Box).

Seven programs reported planning joint activities for parents and caregivers, including joint home visits, socialization events, and training workshops. A few programs also made scrapbooks and shared photographs and mementos from socializations and home

visits with the parents and caregivers to foster a bond between them. In six programs, home visitors reported that they explicitly encouraged direct communication between parents and caregivers when disagreements arose. For example, if a caregiver brought up a conflict or issue, the home visitor would brainstorm with her about strategies for approaching the parent about this problem. Home visitors who used this approach said direct communication was both an important skill for parents and caregivers to develop, and it also prevented home visitors from being placed in the middle of the conflict. One home visitor from a program using a single-home visitor staffing model explained that avoiding getting into a “he said, she said” situation with the parents and caregivers is essential for maintaining her relationships with them. Staff from programs using a dual-home visitor staffing model reported collaborating with the Early Head Start home visitor when conflict arose. Typically, the home visitors discussed the issue and established a consistent approach to take with each party. This guaranteed that the families and caregivers would receive a consistent message.

Another strategy used by programs to strengthen relationships was to share information about the services the caregiver received with the parent. Programs often created a home visit record that captured information about the activities conducted during the visit and the goals that were addressed, and four programs shared this record with the parents. Staff at programs that used this strategy described it as helpful way to keep families informed and to spark conversation between caregivers and families. At one program that served foster parents and biological parents, the form contained only information about the child’s routines and acted as the only means of communication between the parties. In addition, staff at four programs stressed the importance of being a neutral listener. They reported that often caregivers “just needed to vent” about an issue. If the issue was more serious, home visitors would address it using one of the other strategies described. One program offered a workshop to caregivers and families on communication skills and relationship building.

Strategies for Strengthening Relationships

	Number of Sites
Joint activities	7
Direct communication	6
Collaborate with Early Head Start home visitor	6
Share written information	4
Be a neutral listener	4
Address issues through training	1
N = 19 programs	

During parent and caregiver focus groups, we asked participants if the participation in the pilot had changed or improved their relationships. Most participants said that because they already had a good relationship, the pilot had little effect. Some caregivers, however, described how the pilot had helped them improve their relationship with the parent. For example, one caregiver said she “learned not to yell so much.” Another caregiver said she learned that her tone of voice with the parent was “too rough” and saw that when she gave advice or asked the parent for something in a gentle way, the parent was more receptive. In addition, some caregivers and parents felt that sharing information and activities from their home visits helped improve their relationship (see Box).

Quote from a Grandmother About How Participation in the Pilot Improved Her Relationship with Her Daughter

“I think it [the pilot] enhances my relationship with her [child’s mother], because we talk about what the baby did. Not only does [pilot home visitor] come to my house, but [parent educator] also goes down to see her. So sometimes we’ll talk about the difference between the two sessions. Sometimes [the mother] gives me ideas and sometimes I give her ideas. So I think that’s really enhanced our relationship from me being in the program.”

PARENT AND CAREGIVER SATISFACTION WITH PILOT SERVICES

During parent and caregiver focus groups, we asked participants about their satisfaction with services provided through the pilot and their recommendations for improvement. Participant opinions about the pilot were overwhelmingly positive. In part, this may be because those who attended the focus groups were most likely those participants who enjoyed participating in the pilot. Nevertheless, participants described aspects of the pilot that they particularly liked; in general, these aspects are similar to their stated motivations for enrolling in the pilot discussed earlier in the chapter. Both parents and caregivers said they liked the information the caregiver received on child development and the support provided to caregivers (see Box). In particular, parents liked that the caregivers received the same information as they did from Early Head Start about such topics as behavior management, toilet training, and home safety. Some parents, especially those using a grandparent as a caregiver, liked that the pilot provided caregivers with “updated” information on child development and child-rearing approaches. Many also said that they like the pilot because they thought it was beneficial for the Early Head Start child. Parents liked that their child

Aspects of the Pilot that Parents and Caregivers Liked

	Number of Programs
Parents	
Information caregiver receives	11
Beneficial for the child	9
Support for caregiver	8
Free equipment and materials	6
New activities and ideas	5
Caregivers	
Information caregiver receives	12
Support for caregiver	12
Beneficial for the child	8
New activities and ideas	5
Free equipment and materials	4

N = 20 parent focus groups and 18 caregiver focus groups in which satisfaction with the pilot was discussed.

received additional Early Head Start services through pilot home visits and group socializations. They also liked that the care environment was enhanced with new toys, books, and activity ideas.

Some caregivers said that they often find themselves at loss for new activities to do with the children in their care. Home visitors gave them many ideas for new activities; many of the activities could be done with things the caregivers already had at home. For example, one caregiver explained the home visitor gave the child uncooked pasta to play with. The child spent time pouring the pasta from bowl to bowl. The caregiver said she would never have thought of that idea on her own.

Both parents and caregivers discussed the materials, participation incentives, educational materials, and safety equipment caregivers received. In addition, they liked that the caregivers were receiving emotional support from the home visitors and were in some cases referred to needed social services. Caregivers in particular enjoyed their relationships with the home visitors and the regular adult company home visitors provided. Many described them as knowledgeable, easy to talk to, and good with the children (see Box).

Caregiver Quote About Her Satisfaction with the Pilot

“The first couple times it was like, okay, do your thing and go, but I love her now and we are buddies. She did her thing and said good-bye. Now, I kind of wish she could stay for longer, that’s how much she has won me over. She won me over because she is very knowledgeable about her business, she interacts so well with the kids, and her sincerity about the whole thing....”

Suggestions for Improving the Pilot

Overall, parents and caregivers expressed satisfaction with the pilot and did not report any particular aspects of it that they did not like. However, a number of participants made suggestions for improvements. For example, families and caregivers suggested that the pilot include field trips to community activities such as a local zoo or a park. The explained that these are activities they cannot always do on their own because of lack of transportation or cost. At least one parent in three programs said he or she would like to receive more information on the services the caregivers and child receive through the pilot and updates on the activities conducted during the home visits (see Box). This suggestion was specific to programs that used a dual-home visitor staffing model. Families and caregivers also made suggestions about the frequency and length of the home visits. Some wanted more or longer home visits, while others reported that the home visits were too frequent. These requests are difficult to interpret, however, because the frequency and duration of the visits varied not only by program but also by caregiver.

Parent Quote on Keeping Families Informed About Home Visits

“They [the home visitors] set up their own schedule with the caregiver and I don’t even know when they are going there. I would like to know when they will do the visit. That way I would be more prepared to ask on those days what happened.”

In this chapter, we have described programs’ strategies for recruiting families and caregivers for the pilot. We have also described in detail the services provided to caregivers

through the pilot, as well as parent and caregiver satisfaction with the program and suggestions for improving it. In the next chapter, we explore programs' early implementation successes and challenges; we also discuss the main themes that emerged from the programs' first year of pilot operations.

CHAPTER V

EARLY IMPLEMENTATION LESSONS

The experiences of Early Head Start programs in implementing the Enhanced Home Visiting Pilot can yield important guidance on program development and implementation to support future initiatives for kith and kin caregivers in other Early Head Start and early childhood programs. A key question for assessing implementation is the extent to which staff have been able to carry out the pilot program as planned. Especially because the pilot is breaking new ground in reaching out to kith and kin caregivers, identifying factors that may be helping pilot staff do what they intended or, alternately, impeding their efforts to achieve pilot goals can provide important implementation lessons for future program designers and practitioners.

This chapter discusses implementation lessons from the pilot gleaned from our first round of site visits in summer 2005. Because most of the programs began implementing their pilots about a year before our visit, the lessons we present focus on the earliest stages of implementation. We begin the chapter by examining the main successes and challenges programs experienced in their first year, primarily from the perspective of Early Head Start and community partner staff involved in delivering pilot services. We then discuss key implementation themes that have emerged from this early stage of the evaluation. A final report will examine these themes in more detail, exploring the extent to which implementation experiences change over time and identifying the strategies that programs develop for responding to the obstacles they face.

EARLY IMPLEMENTATION SUCCESSES

During site visit interviews, pilot and community partner staff described four main types of early implementation successes: (1) fostering relationships between parents, caregivers, and home visitors; (2) providing resources to improve the quality of care; (3) delivering pilot services to caregivers; and (4) changes in caregiving practices. At this early stage of implementation, most successes mentioned by pilot staff are activities that set the stage for potential improvements in the quality of care provided rather than actual changes in quality that home visitors have observed. For example, having trusting relationships with home visitors may motivate caregivers to implement changes that home visitors suggest. Similarly,

provision of information and materials may lead caregivers to do more age-appropriate activities with the children.

This evaluation is not designed to measure the effects of the pilot program on child care quality. Thus we will not be able to determine if the early successes reported here translate into quality improvements. Nevertheless, identifying program practices and strategies that enable staff to reach out to caregivers and provide them with information and training can be valuable for ongoing program development and more rigorous evaluation in the future. Below, we discuss each of the main successes identified by pilot sites in more detail.

Fostering Relationships Between Parents, Caregivers, and Home Visitors

Based on their experiences providing home-based services to families, Early Head Start staff believe that supportive relationships between parents, caregivers, and home visitors will serve as the foundation for achieving two of the main goals set by the pilot sites: (1) improving the quality of care the child receives and (2) increasing continuity of caregiving across home and kith and kin child care settings. As a result, pilot staff have focused heavily on establishing and building these relationships during the first year of implementation. In the rest of this section, we discuss specific successes cited by program staff in the area of relationships.

Pilot home visitors have developed trusting relationships with caregivers. Staff in half of the pilot sites reported that establishing trusting relationships with kith and kin caregivers was one of their most significant accomplishments. Many said that establishing trust was the primary focus of their initial contacts and home visits with caregivers. Because families already had trusting relationships with their own Early Head Start home visitors, many caregivers were inclined to trust the pilot staff. Pilot home visitors feel that trust is essential for getting into caregivers' homes for initial visits and for continuing to conduct the visits over time. Once trust is established, home visitors are able to address safety issues in the caregivers' homes or suggest changes in caregiving practices without offending them.

Pilot participation has improved communication and mutual respect between parents and caregivers. In half of the pilot sites, staff said they have been able to improve communication and help to resolve conflicts between parents and caregivers. For example, staff in these sites reports that parents and caregivers sometimes have disagreements about such issues as behavior management techniques or the timing of toilet training. Some caregivers are noncustodial parents who have longstanding disputes with the other parent. Home visitors' primary strategy for helping the parties resolve their differences is encouraging them to maintain focus on the needs of the child—to work things out “for the child’s sake.” Home visitors help both parties work on communication by encouraging them to talk openly and respectfully about disagreements, listening to their concerns, strategizing with them about how to approach different issues, and not taking sides. In addition, some home visitors said they try to point out the positive role that each party plays in the child’s life.

The important role that caregivers play in supporting the children's development has been acknowledged.

Staff in more than half of the pilot sites said that including the caregiver more formally in Early Head Start has helped both parents and caregivers recognize the important role caregivers play in supporting the children's healthy development. According to staff, this recognition has boosted the self-esteem of many caregivers and motivated them to learn more about child development and how they can work with the child on developmental goals (see Box). Moreover, this acknowledgment helps to foster more positive working relationships between parents and caregivers.

Home Visitor Quote About Recognition of the Caregiver's Role

"It's the provider realizing, even though she has been providing child care for 20 years, she never saw that her relationships with those children had such a big impact. She thought, 'I'm taking care of these children and I'm feeding them,' but I always bring a lesson on brain development and on social-emotional development, and I say, 'What you are doing is providing this child with the tools they will need to form relationships later in life. You are impacting this child in such a big way that you don't realize.' And then they start to feel that way, like, 'Everything I do will change this child's life somehow.' They feel so empowered by you saying that, that they really want to learn about it."

Caregivers' social isolation has been reduced, and many are more connected to the community. Pilot staff report that many caregivers are socially isolated. Some live in rural areas and lack transportation. Some are new immigrants who do not speak English and are not familiar with the community. Others are elderly, and some have difficulty getting out of the house because of their responsibilities as caregivers. Half of the programs cited reducing caregivers' sense of isolation as a significant success of their pilot. As reported in staff interviews and caregiver focus groups, caregivers feel less isolated because they receive regular home visits; they have someone to talk to about their concerns and questions about the children, and they receive emotional support and encouragement from the home visitors. Although attendance at group events has been low in many sites (discussed later in this chapter), a few sites reported that caregivers have formed support networks and have enjoyed meeting regularly. Likewise, some relative caregivers regularly attend group socialization events at the Early Head Start programs.

Home visitors described several other ways that they have helped caregivers connect to community resources, a goal established by half of the pilot sites. In eight programs, staff reported that they have referred many caregivers to other social service providers, such as home heating assistance programs, food banks, support groups, mental health services, health care providers, and GED and ESL courses. Other home visitors have taken caregivers and children on field trips to local playgrounds, libraries, nature centers, and other child-friendly places in the community. A few programs have given caregivers backpacks or fanny packs to facilitate trips outside with the children.

Parents and caregivers receive consistent information about child development and work together on the children's developmental goals. In a quarter of the pilot sites, staff identified consistency across parent and caregiver home visits as an important success of their pilot. Whether parents and caregivers had the same or different home visitors, eight programs took the approach of presenting similar information during both visits and

selecting the child-caregiver activity conducted during the visit based on the child's developmental goals set by the parent and Early Head Start home visitor. Pilot staff also said they encouraged the parent and caregiver to use consistent behavior management strategies across the two settings.

Fathers are more involved with their children and in program activities. One of the pilot sites targeted fathers for enrollment in the pilot. A few other sites enrolled some fathers, usually nonresidential fathers who cared for their children during regular visits. One home visitor cited fathers who have become comfortable holding, interacting, and playing with their children as a significant success of the program. Home visitors in these sites also reported that some fathers are participating more in Early Head Start program events and activities.

Providing Resources for Improving the Quality of Care

Another success that may set the stage for later improvements in the quality of care is the provision of information, equipment, and activities to caregivers. These resources are necessary precursors to changing caregiving environments and practices, and, if caregivers act on the information and make use of the equipment and resources, improvements in quality are likely to occur. In this section, we discuss programs' successes in providing child development information, safety equipment, toys, activities, and books to caregivers.

Caregivers are receiving information about children's development and developmentally-appropriate practices. In three-quarters of the pilot sites, staff said that being able to provide caregivers with information about stages of development and developmentally-appropriate caregiving practices is a significant success of the pilot. For example, some home visitors described how caregivers have learned to observe the children and identify developmental milestones. Home visitors also reported that many caregivers are enthusiastic about receiving child development information and advice on behavior management and other issues; in general, pilot staff report that relative caregivers—especially grandparents—are more receptive to receiving and acting on this information than nonrelative providers.

Caregivers have appropriate home safety equipment and materials for childproofing their homes. Staff in nearly half of the pilot sites said that improving home safety was an important success for the pilot. As described in Chapter IV, home visitors in the majority of sites reported performing a home safety check or conducting at least one home visit focused on home safety. Typically after this visit the home visitor or a community partner would provide the caregiver with needed safety equipment and items for childproofing the home, such as fire extinguishers, smoke detectors, safety gates, first aid kits, outlet covers, and cabinet locks. In addition to focusing on safety in the home, many programs also provided caregivers with car seats and training on car seat safety. A few home visitors also said they had been able to convince the caregiver or others in the caregiver's home not to smoke in the house, or at least not in the same room as the child.

Caregivers have more age-appropriate toys, books, and developmentally-appropriate activities to do with the children. In more than half of the pilot sites, staff felt that providing toys, books, and activities for caregivers to do with the children was a significant success. As described in Chapter IV, nearly all of the pilot programs either gave or loaned books to the caregivers, and many gave or loaned toys as well. Some also provided books as incentives for participating in trainings, socialization events, or home visits. Home visitors in some sites routinely left at least one activity for the caregiver and child to do together during the week (such as a matching game or a craft activity) and followed up on that activity the next week. A number of home visitors also reported teaching caregivers to use materials in their homes to make simple toys and games for the children (see Box).

Caregiver Quote about Activity Ideas

“I am not crafty. I cannot think of activities to do besides reading, so when [home visitor] came, she brought the best ideas that would take two seconds and a bucket, so I guess I was trying to make everything too complicated. She brings simple stuff, she is really good with the kids and they really love her. And I have learned a lot from her. Because she knows a lot about how the kids grow, and we have the best time, and I really love her.”

Delivering Pilot Services

Because few other initiatives exist for supporting kith and kin caregivers, the pilot sites had little guidance about how to design their programs. For example, little is known about how to reach out to caregivers, how best to deliver services and training, and the types and frequency of services that caregivers want. In this context, staff in many sites felt that simply implementing the services as planned and delivering services to caregivers on a regular basis was an important success. Here, we describe the main implementation successes identified by pilot staff.

Most programs are completing regular home visits. All but two of the sites planned to offer regular home visits to caregivers, and nearly all of them were able to complete home visits on a regular basis (weekly, biweekly, or monthly). In part, success in delivering home visits reflects success in gaining and maintaining the trust of caregivers. Moreover, home-based Early Head Start programs already know how to provide home-based services and work with families in a home setting. Many have found that the strategies they used to sustain regular home visits with families were also effective with caregivers.

At some pilot sites, participation in group activities has been high. Overall, pilot sites have struggled with how to increase caregiver participation in group training and socialization events. Nevertheless, one-third of the programs reported participation in group events as a success, because over time they were able to increase participation. Some programs increased caregiver participation by providing transportation to the events; one site invested in a bus and driver for the pilot. Most of the sites that reported success with group activities offered financial or material incentives to encourage participation.

Coordination with community partners and within Early Head Start programs has increased. Community partners in five of the pilot sites cited the strength of their

partnerships with Early Head Start as a positive outcome of the pilot. Similarly, staff in several programs reported that through the pilot they have established new community partnerships. Some also cited increased coordination of services within their own agencies as a success.

Services for kith and kin caregivers have become integrated into the Early Head Start program. Staff in several programs said that the pilot has raised awareness within the program of the needs of kith and kin caregivers; staff have accepted the pilot as part of Early Head Start and refer families and caregivers for enrollment. One program that targets fathers reported that as a result of the pilot, other Early Head Start staff are more aware of the importance of involving fathers and make more efforts to engage them in program activities.

Pilot services benefit all children in the caregivers' homes, including Early Head Start and non-Early Head Start children. Home visitors in several pilot sites reported that they bring activities for all children in the caregivers' homes, regardless of age, and that they attempt to include all of the children in home visit activities. Others said that because of improvements in home safety and increased availability of toys and materials, all children in the home are benefiting from the pilot (see Box).

**Home Visitor Quote on Reaching
Non-Early Head Start Children**

"We've touched kids, and not just our Early Head Start kids who are getting services anyway...we are also serving the other children who are in those homes. Hopefully over all those child care homes, those aunts, those grandmas we are seeing are offering better quality care because we have been in there and touched that home somehow. We're showed them how to make games, we've lent them blocks or other toys, so hopefully we're offering quality for the kids in those homes."

Changing Caregiving Practices

More than a quarter of the pilot sites felt that pilot services have produced changes in caregiver practices. For example, some of the home visitors observe that caregivers are interacting with the children more, such as doing follow-up activities that home visitors leave with them each week. Home visitors also reported observing caregivers talking and reading more to the children. In addition, some home visitors and parents reported that caregivers are relying less on TV to keep the children occupied. For example, during a focus group one parent noted that her son and her mother, who cares for the child, are watching less TV because the home visitor brings activities for them to do together (see Box).

**Parent Quote on Changes in
Caregiver Behavior**

"Just the fact that they are not watching TV...is good enough for me. I don't really care which activities they are doing!"

IMPLEMENTATION CHALLENGES

As expected for a new initiative, pilot sites faced a number of unanticipated implementation challenges during the first year of pilot operations. Nearly all programs had

more difficulty than they expected with recruiting caregivers for the pilot and in some cases maintaining a full caseload due to frequent caregiver turnover. Although most programs planned to offer some group trainings and events, the majority struggled with low levels of caregiver participation. Some programs faced staffing issues such as tensions among pilot and non-pilot staff, insufficient staff time, difficulty finding qualified staff, and staff turnover. Design issues delayed implementation in some programs; others had difficulties coordinating with community partners. Finally, home visitors discussed several challenges of working with the caregivers, including parent-caregiver tensions, caregivers' social service needs, and difficulty suggesting changes in caregiving practices. In the rest of this section, we discuss each of these challenges in more detail and describe strategies that some programs have used for addressing them.

Recruiting and Maintaining a Full Caseload of Caregivers

All but a few programs reported caregiver recruitment as their most difficult implementation challenge. At time of our site visits in summer 2005, few of the pilot sites were fully enrolled. In the rest of this section, we describe programs' main barriers to recruiting sufficient numbers of caregivers and then describe strategies programs have used to overcome recruitment obstacles.

Programs must recruit from a limited pool of Early Head Start families. As described in Chapter II, staff in half of the pilot sites expressed frustration that they can recruit families for the pilot only from the pool of home-based families already enrolled in the program. In some cases, programs learned that fewer families than expected were using kith and kin care. In other programs, fewer families and caregivers than anticipated wanted to enroll. Once program staff had approached all families using kith and kin care about enrollment in the pilot, they were not able to enroll more caregivers until new families enrolled in the Early Head Start program.

A few programs further limit the pool of eligible families by establishing additional eligibility criteria. Some programs put additional eligibility criteria in place that added to recruitment difficulties. For example, some programs required caregivers to provide care on a regular basis and for a substantial proportion of the week; sporadic caregivers were not eligible. In addition, some programs would not enroll registered or licensed family child care providers.

Recruitment into the pilot is a multi-stage process. Program staff must first approach parents about enrollment in the pilot. If the parent agrees, then the caregiver must be approached. This can be a lengthy and time-consuming process for staff; if either party is reluctant to enroll, recruitment is delayed.

Some programs had difficulty gaining caregivers' trust. Staff in some programs reported that caregivers are reluctant to enroll in the pilot because they fear that home visitors will report them to the child care licensing agency or child protective services. Others fear that home visitors will criticize their caregiving or their home and tell them what to do (see Box). In a few sites, staff reported that some caregivers simply did not want someone they did not know visiting them at home.

**Caregiver Quote about Concerns
Prior to Enrollment**

“I had reservations because it’s like, you have all these kids running around the house, and the house is never picked up, and you have somebody coming into your home and telling you, or to look around and think, ‘Oh my gosh, this lady shouldn’t have day care kids in there because it is a disaster area.’ If I have company over, all the toys are picked up and on the shelves. To have somebody come in the middle of that mess was like, I don’t know. But it has been a good thing.”

Some programs experienced more turnover in caregivers than expected. About one third of the programs reported that they have experienced more caregiver turnover than expected. In general, however, staff feel that this turnover is the result of families’ tumultuous lives rather than caregivers dropping out of the program. In fact, pilot staff reported that many of the caregivers want to continue participating in the pilot, but they cannot do so because the Early Head Start families left the program, moved out of the service area, or no longer needed child care. In some cases, disputes between parents and caregivers sever the caregiving relationship.

To increase and maintain a full caseload of caregivers, programs have devised a number of strategies:

- Provide enrollment incentives to caregivers—such gift certificates, equipment, and books
- Give families on the Early Head Start waiting list who use kith and kin care priority for enrollment
- Offer flexible and individualized services if caregivers express concerns about meeting participation requirements; for example, offer biweekly rather than weekly home visits
- Suggest that caregivers agree to just one or two initial home visits and then make a decision about enrollment if they express reluctance
- Encourage all Early Head Start staff to refer eligible families to the pilot and encourage them to enroll
- Hire home visitors who are from the local community and can quickly gain caregivers’ trust

As described in Chapter II, program staff also made several recommendations for revising the pilot eligibility criteria to expand the pool of families from which programs can recruit and enroll. For example, three programs that offer both home- and center-based services have found that many center-based families use kith and kin care, even though they receive some child care from Early Head Start, and programs would like to enroll these families in the pilot. In seven agencies that offer both Head Start and Early Head Start services, staff would like to continue visiting caregivers when children transition from Early Head Start to Head Start. Similarly, programs that aim to provide seamless birth-to-five services find it awkward to offer pilot services to some families and not others. Finally, eight programs that maintain lengthy waiting lists would like to expand their programs by enrolling new families in the pilot—essentially creating a kith and kin care option in which services would be provided primarily in the caregiver’s home.

Attendance at Group Events

In nearly two-thirds of the pilot sites, caregiver attendance at group training, socialization, and support group events has been lower than anticipated. Perhaps because community partners participate in organizing group events in many sites, community partners in 40 percent of the sites we visited also reported attendance at group activities as a significant challenge. Despite initial expectations, pilot staff have found that many caregivers do not attend trainings and other events. As described in Chapter IV, many face barriers to attending, such as lack of transportation or lack of free time because of their caregiving duties.

Community Partner Quote on Incentives for Group Events

“We now do the FNP store—that’s the Family Nutrition Program store—and at the end of each class I give them FNP bucks. That last class we have together I set up a table. I get plastic containers, kitchen timers, whisks and put them out, and they can buy what they want with their FNP bucks. The older ones, they have fun with that, they really get into that.”

Programs have responded to this challenge in a variety of ways. Some managers simply decided to redesign pilot services so that all essential training and child development information is provided during home visits; they felt that caregivers were not interested in groups and staff were devoting too much time and resources to planning the events. Some programs have opened events intended exclusively for caregivers to all Early Head Start parents; in some cases, more parents than caregivers attend the sessions. Conversely, other programs have decided to invite caregivers to Early Head Start group socialization and other events for parents and children rather than planning separate events. In general, pilot staff have found that relative caregivers, especially grandparents, enjoy attending these events with their children and grandchildren but that nonrelative providers do not usually attend.

Despite widespread difficulties with attendance at group events, some pilot sites have devised strategies for encouraging participation. For example, one program invested in a bus and driver to provide transportation for caregivers. Others provided transportation, food, and sometimes even child care so that caregivers could attend events. Providing incentives also has been a successful strategy for encouraging participation in training. For example, in one program caregivers can earn \$150 for completing an 18-hour training course. In

addition to monetary incentives, programs provide door prizes, such as a baby gate, a chair, or a stroller, as well as free books, toys, and vouchers that can be exchanged for free items (see Box previous page). Finally, in one program staff reported that caregivers attend events because they have developed a strong support network and enjoy being together; this program does fun activities with the caregivers such as cooking or crafts.

Staffing Issues

During the first year of pilot operations, about one-third of the programs experienced implementation challenges related to staffing the pilot. Three main types of staffing challenges were reported: (1) tension about the roles of various staff in working with families and caregivers, (2) insufficient staff time to provide pilot services, and (3) difficulties finding and retaining qualified staff. We discuss each of the staffing challenges in more detail here.

In some programs, tensions arose about coordinating services when multiple staff members began working with the same child and family. Especially during the initial months of implementation, Early Head Start home visitors in about half of the sites were resistant to involving the pilot home visitors in service delivery for “their” families and children. In some cases, there was lack of clarity about roles; in others, there were “turf issues” about who should do what with families and who should have access to families’ information (see Box). In most cases, these tensions were resolved within a few months through discussion and supervision, but they may have contributed to initial recruiting difficulties since some home visitors were reluctant to refer families to the pilot. In a few pilot sites in which community partners conducted home visits, lack of clarity about roles and insufficient coordination also created some tension.

Home Visitor Quote on Lack of Clarity about Roles with Families

“Some of the parents, we don’t even know what they look like. That’s sometimes the line we’re not sure we can cross, because they have their Early Head Start visit and we have the enhanced home visit, and there’s no crossing it. There’s a line in the sand, and there isn’t.”

Some home visitors did not have enough time to conduct home visits as frequently as intended. In the six sites that used a single-home visitor staffing model, completing weekly, 90-minute visits to families as required by the Head Start Performance Standards sometimes took precedence over caregiver visits. When home visitors had difficulty completing the family visits, they cut back on caregiver visits since their frequency is not mandated. In a few rural sites, travel time required to reach caregivers’ homes made completing visits at the intended frequency challenging. One site had to change its pilot design to meet the grant requirements and ended up without enough pilot staff to deliver services to caregivers at planned levels of intensity.

A few programs had difficulty finding qualified staff or experienced turnover when initial staff hired for the pilot did not work out. These gaps in staffing prevented programs from providing services to caregivers at planned levels of intensity, and they

sometimes created gaps in services to caregivers while programs worked on hiring new staff to replace those that left the pilot.

Design Issues

Programs experienced two types of implementation challenges related to the initial design of their pilot programs: (1) last minute changes in the design and (2) initial confusion among pilot staff due to lack of a clear design.

Some programs had to make last minute design changes to meet grant requirements. For example, one program planned to shift some of the required weekly visits from parents to caregivers—visiting each one twice a month. The program, therefore, developed a modest budget for supervision and materials and equipment for caregivers, but it did not plan to hire additional staff for the pilot. Once staff realized that they must continue providing weekly visits to parents plus caregiver visits, they did not have sufficient grant funds to implement their model as planned. Another program planned to enroll new families in the pilot, and another planned to enroll only regulated child care providers. Making last minute changes to comply with grant requirements created recruiting challenges for these programs.

A few programs did not develop a clear design for the pilot until after implementation was underway. Some program staff said that they wanted to learn about the needs and interests of enrolled caregivers before finalizing service delivery plans and developing lesson plans and forms for tracking pilot services. In some cases, this delay resulted in a design that better matched caregivers' needs. In others, however, it created confusion among pilot staff about what services they were supposed to provide and at what intensity.

Implementation Challenges Experienced by Pilot Home Visitors

During site visit interviews, home visitors described a range of issues that impeded their ability to deliver planned services during home visits. Tensions and disputes between parents and caregivers took up time during home visits and created turnover when disputes severed caregiving arrangements. Caregivers' social service needs sometimes dominated home visitors; low literacy skills created barriers to providing child development information and promoting literacy activities with children. Other challenges included how to positively influence caregivers' interactions with the children and how to encourage caregivers to do more activities with them. In the rest of this section, we describe these challenges in more detail.

Parent-caregiver tensions created challenges for home visitors. Although half of the sites identified improving parent-caregiver relationships as a success of the pilot (see previous section), these conflicts were also challenging for home visitors at times, especially when the same home visitor was visiting both the parent and the caregiver. Home visitors in half of the programs reported these conflicts as a significant challenge. Talking with

caregivers about these conflicts took valuable time during home visits, distracted home visitors and caregivers from their work with the child, and led to increased turnover when parents or caregivers ended care arrangements due to conflicts. Conflicts arose about behavior management, toilet training, and children's schedules. Sometimes they were related to longstanding disagreements within families or intergenerational conflicts between parents and their children. As described in Chapter IV, home visitors encourage both parties to talk openly and respectfully about their concerns and to attempt to resolve the conflicts for the child's well being (see Box).

**Home Visitor Quote About
Parent-Caregiver Conflicts**

“You're trying your best to help the caregiver, and the parent doesn't see it that way. Like I have [a grandmother] who just started in the program two weeks ago, and [child's father] sees me as a threat, that I'm going to turn grandma against him even more. But what I'm trying to do is just the opposite. I've tried to say to [grandmother], maybe you should try to talk more if something's bothering you rather than holding it in. Maybe if you discuss it in a nice way you can get over this not liking each other.”

Caregivers' social service needs distracted from the home visitors' focus on child development during the visits. In half of the pilot sites, home visitors said that caregivers' social service needs interfered at times with their attempts to focus on child development issues during home visits. In sites that did not identify addressing caregiver needs as a goal of their pilot, home visitors said that they try to minimize focus on the caregivers' needs beyond issues related to caring for the child, and they provide few referrals to other community services. In other programs, home visitors refer caregivers to a wide range of social services—such as home heating assistance, weatherization, food banks, health care providers, and mental health services. In a program that works primarily with fathers, the home visitor spent significant time helping with GED preparation and job searches. Some home visitors reported that caregivers' health problems, especially when caregivers are elderly or disabled, interfered with their ability to do activities with the child. Other home visitors mentioned that the low literacy levels of some caregivers impeded their ability to read handouts on child development and in some cases deterred caregivers from reading books to the children.

Some caregivers are reluctant to make changes in how they care for the children. Perhaps the most difficult struggle that home visitors faced was figuring out how to motivate caregivers to make positive changes in how they care for the children and how to make suggestions without offending them. Home visitors in many sites mentioned that some caregivers are reluctant to turn off the TV, even during home visits. A related challenge was how to encourage the caregivers to interact more with the children and to get down on the floor with them. One home visitor said, “[E]very time I go to that home I go straight to the floor and say, ‘Look what we are doing!’ Getting them motivated to do it can be difficult.” Home visitors reported that they begin by trying to change patterns of interaction during the home visits, such as suggesting that the caregiver turn off the TV while the home visitor is present and participate in the activity. They also model age-appropriate interaction during the visits, point out developmental milestones, encourage caregivers to observe the children, praise caregivers when they exhibit a positive behavior (such as talking to the child), and

leave toys and activities for the caregiver and child to use together. Many said they try to avoid making direct suggestions unless they observe a serious safety issue in the home.

EARLY IMPLEMENTATION THEMES

During their first year of implementing the Enhanced Home Visiting Pilot Project, participating Early Head Start programs have broken new ground in efforts to reach out to and support kith and kin caregivers. Although each pilot site is unique in its design, target population, service delivery strategies, and community partnerships, some common themes have emerged in programs' early implementation experiences. In the rest of this section, we examine two broad categories of themes: (1) design themes and (2) service delivery themes.

Design Themes

Across the 23 pilot sites we visited, we have identified four notable themes related to pilot design. First, programs are serving a diverse group of caregivers. Second, nearly all of the Early Head Start programs built on their experience operating home-based programs in designing the pilot. Third, caregivers have been generally responsive and happy with the services programs chose to offer them. Finally, there are advantages and disadvantages to the various staffing configurations that programs have chosen for the pilot. Below we discuss each of these themes in more depth.

Pilot sites are serving a diverse population of kith and kin caregivers. Programs are enrolling and serving a much more diverse group of caregivers than envisioned by the Bureau when the grant announcement was written. This has occurred primarily because Early Head Start families' lives are complicated, with many caregivers involved in the children's lives. Programs have taken the approach of "following the child" into the settings where he or she receives care—including regular, consistent care provided by relatives or family child care providers, sporadic care provided by a series of informal caregivers, care from custodial and noncustodial fathers, and care in foster homes.

Pilot sites have used the same approach they use for providing home visits to Early Head Start families to provide services to kith and kin caregivers. Most Early Head Start programs selected for the pilot based their designs on what they knew how to do best—they used their home-based services to families as the primary model for providing services to caregivers. Managers and front-line staff are experienced and skilled in providing these services, and many curricular and training resources are available to the pilot home visitors. Using this model has helped families understand and "buy in" to the pilot; because they receive similar services they can explain the pilot and its value to their caregivers.

In general, caregivers are receptive to the pilot and like the services they receive. Overall, caregivers who participated in the site visit focus groups expressed satisfaction with the services they are receiving. Many enjoy the emotional support and encouragement they receive from their home visitor, and they appreciate the ideas and materials they receive as well. Based on discussion in the focus groups, the home-based services and individualized

approach offered through the pilot appears to match the needs and interests of the caregivers.

There are trade-offs to using the same or different home visitors to work with parents and caregivers. Programs have taken two main approaches to staffing the pilot—assigning one home visitor to work with both the family and caregiver or assigning different home visitors to work with each party. When one home visitor works with both parties, services are well-coordinated, and the home visitor is able to develop an in-depth understanding of child’s life circumstances. However, because home visitors are mandated by the Head Start Program Performance Standards to complete weekly visits with parents, caregiver visits sometimes become a lower priority when home visitors are pressed for time. In addition, home visitors sometimes find it difficult to avoid getting pulled into conflicts between parents and caregivers. On the other hand, when parent and caregiver visits are conducted by different home visitors, the two home visitors must communicate frequently and coordinate closely to achieve continuity in services provided across the two settings.

Service Delivery Themes

Programs made important strides in delivering services to caregivers during the first year of pilot operation. We identified six notable themes related to delivering pilot services and describe each one below.

During the first year of implementation, staff focused heavily on building caregiver-parent-home visitor relationships and creating continuity for the child. During site visit interviews, many pilot staff emphasized their view that establishing trusting relationships with kith and kin caregivers and between parents and caregivers would lay an essential foundation for improving the quality of care the child receives and increasing continuity of caregiving across care settings. As a result, home visitors prioritized building trust with caregivers over influencing caregiving practices during early visits.

Home visitors deliver child development information and training by focusing on the child’s individual developmental goals during home visits. One third of the pilot sites used the child’s developmental goals established by the parent and Early Head Start home visitor as the primary basis for home visit activities with caregivers. Home visitors in the majority of sites included child-caregiver activities as part of each visit. In addition, home visitors worked with caregivers on learning about stages of development, age-appropriate behavioral expectations, and activities to promote healthy development, but they individualized specific activities according to the needs of the child. By focusing as much as possible on the child’s development during each visit, home visitors feel they are able to make suggestions about caregiving practices and encourage caregivers to do activities “for the good of the child.” Grandparents, in particular, responded well to this approach.

Individualization of services for caregivers is a hallmark of the pilot programs. As described previously, many pilot home visitors individualized home visit activities according to the needs of the child. They also individualized services to the needs of the caregivers—including the frequency and schedule of home visits, topics covered, and the

materials and equipment provided. One program working primarily with fathers met with fathers at the program office or other locations to address specific needs for education and training or to help obtain social services. During focus groups, caregivers expressed appreciation for this flexibility and said it made them feel comfortable participating in the pilot.

Providing equipment, toys, and home safety items makes the pilot attractive to caregivers. During focus groups, caregivers said that the equipment, toys, and materials they received through the pilot made enrollment and continued participation very attractive for them. Many do not have the resources to purchase toys, books, and home safety items. Programs also found these items to be attractive incentives for encouraging participation in group training events.

While most caregivers do not attend group activities, providing incentives and transportation increases their participation. Most programs had difficulty getting caregivers to participate in group training and other events. Many kith and kin caregivers felt they did not need training because they do not view themselves as child care providers. Others faced barriers such as lack of transportation or time to attend. Some programs, however—especially those that provided incentives—were able to achieve good participation in group events. In other programs, relative caregivers attended group socializations and field trips organized for Early Head Start families.

Most caregivers are not interested becoming regulated child care providers. Most pilot sites had one or two caregivers who expressed interest in becoming regulated child care providers, but overall few kith and kin caregivers expressed interest. Programs generally took the approach of assisting caregivers who were interested in connecting with the licensing agency and obtaining the training they needs, but they did not push caregivers who were not interested in pursuing this option.

Programs made significant progress in implementing the Enhanced Home Visiting Pilot during their first year of operation. They hired and trained staff, enrolled families and caregivers, and provided them with regular services. They also identified some implementation challenges and began developing and testing strategies for overcoming them. As the evaluation continues, we will continue exploring the themes identified in this report and identify new themes that emerge as implementation proceeds and pilot models evolve further. A final report will examine these themes in detail, exploring the extent to which implementation experiences change over time and the strategies that programs develop for responding to the obstacles they face in recruiting and serving caregivers.

REFERENCES

- Administration for Children and Families. "The Role of Early Head Start Programs in Addressing the Child Care Needs of Low-Income Families with Infants and Toddlers: Influences on Child Care Use and Quality." Washington, DC: U.S. Department of Health and Human Services, 2004.
- Anderson, S.G., D.M. Ramsburg, and J. Scott. "Illinois Study of License-Exempt Child Care: Final Report." Urbana-Champaign, IL: University of Illinois at Urbana-Champaign, 2005.
- Arnett, J. "Caregivers in Day-Care Centers: Does Training Matter?" *Journal of Applied Developmental Psychology*, vol. 10, 1989, pp. 541–552.
- Brown-Lyons, M., A. Robertson, and J. Layzer. "Kith and Kin—Informal Care: Highlights from Recent Research." New York, NY: National Center for Children in Poverty, 2001.
- Casper, L. "Who's Minding Our Children?" In *Current Population Reports, Household Economic Studies*. P-70, no. 62, fall 1994 update. Washington, DC: U.S. Department of Commerce, 1997.
- Collins, Ann, and Barbara Carlson. "Child Care by Kith and Kin: Supporting Family, Friends, and Neighbors Caring for Children." *Children and Welfare Reform*, Issue Brief No. 5. New York, NY: National Center for Children in Poverty, 1998.
- Ehrle, Jennifer, Gina Adams, and Kathryn Tout. "Who's Caring for Our Youngest Children? Child Care Patterns of Infants and Toddlers." Washington, DC: Urban Institute, 2001.
- Emlen, A., P.E. Koren, and K.H. Schultze. "From a Parent's Point of View: Measuring the Quality of Child Care." Portland, OR: Regional Research Institute for Human Services, Portland State University, 1999.

Head Start Bureau. "Head Start Program Fact Sheet: Fiscal Year 2004." Available at [www2.acf.dhhs.gov/programs/hsb/research/2005.htm]. Accessed October 24, 2005.

Larner, Mary, and Deborah Phillips. "Defining and Valuing Quality as a Parent." In *Valuing Quality in Early Childhood Services: New Approaches to Defining Quality*, edited by Peter Moss and Alan Pence. New York, NY: Teachers College Press, 1994.

Mitchell, Anne, E. Cooperstein, and Mary Larner. "Child Care Choices, Consumer Education, and Low-Income Families." New York, NY: National Center for Children in Poverty, 1992.

Paulsell, Diane, Renee Nogales, and Julie Cohen. "Quality Child Care for Infants and Toddlers: Case Studies of Three Community Strategies." Washington, DC: Mathematica Policy Research, Inc. and ZERO TO THREE, 2003.

Phillips, Debra A. *Child Care for Low-Income Families. Summary of Two Workshops*. Washington, DC: National Academy Press, 1995.

Porter, Toni. "Just Like Any Parent: The Child Care Choices of Welfare Mothers in New Jersey." New York, NY: Bank Street College of Education, 1991.

Porter, Toni. "Neighborhood Child Care: Family, Friends, and Neighbors Talk About Caring for Other People's Children." New York, NY: Bank Street College of Education, 1998.

Porter, Toni, Rena Rice, Shannon Kearns, Sally Mabon, Susan Sprachman, and Kim Boller. "Child Care Assessment Tool for Relatives (CCAT-R): Manual." New York, NY: Bank Street College of Education, 2005.

Ross, Christine, and Diane Paulsell. "Sustaining Employment Among Low-Income Parents: The Problems of Inflexible Jobs, Child Care, and Family Support: A Research Review." Princeton, NJ: Mathematica Policy Research, Inc., 1998.

Scientific Software Development. *Atlas.ti: Visual Qualitative Data Analysis Management Model Building in Education Research and Business*. Berlin, Germany: Scientific Software Development, 1997.

Contract No.: 233-02-0086(14)
MPR Reference No.: 6107-702

MATHEMATICA
Policy Research, Inc.

**The Enhanced Home
Visiting Pilot Project:
How Early Head Start
Programs Are Reaching
Out to Kith and Kin
Caregivers**

Appendixes

January 12, 2006

***Diane Paulsell
Debra Mekos
Patricia Del Grosso
Patti Banghart
Renée Nogales***

Submitted to:

U.S. Department of Health and Human Services
Administration of Children, Youth and Families
Head Start Bureau
330 C Street, SW
Switzer Building, Room 2310C
Washington, DC 20447

Project Officer:
Judie Jerald

Submitted by:

Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, NJ 08543-2393
Telephone: (609) 799-3535
Facsimile: (609) 799-0005

Project Director:
Diane Paulsell

CONTENTS

Appendix	Page
A SITE PROFILES	A.1
CHILDREN'S FRIEND AND SERVICE, PROVIDENCE, RHODE ISLAND.....	A.3
KENNEBEC VALLEY COMMUNITY ACTION PROGRAM, WATERVILLE, MAINE.....	A.7
NORTHEAST KINGDOM COMMUNITY ACTION AGENCY, NEWPORT, VERMONT.....	A.11
THE ASTOR HOME FOR CHILDREN, RHINEBECK, NEW YORK	A.15
CEN-CLEAR CHILD SERVICES, INC., PHILIPSBURG, PENNSYLVANIA.....	A.19
LUZERNE COUNTY HEAD START, WILKES-BARRE, PENNSYLVANIA.....	A.23
MONONGALIA COUNTY BOARD OF EDUCATION, MORGANTOWN, WEST VIRGINIA.....	A.27
NORTHERN PANHANDLE HEAD START, INC., WHEELING, WEST VIRGINIA.....	A.31
ALABAMA COUNCIL ON HUMAN RELATIONS, INC., AUBURN, ALABAMA.....	A.35
MOUNTAIN AREA CHILD AND FAMILY CENTER, ASHEVILLE, NORTH CAROLINA	A.39
MAHUBE COMMUNITY COUNCIL, INC., DETROIT LAKES, MINNESOTA	A.43
HAMILTON CENTER, INC., TERRE HAUTE, INDIANA	A.47

Appendix**Page***A (continued)*

COMMUNITY ACTION WAYNE/MEDINA, WOOSTER, OHIO.....	A.51
BARAGA-HOUGHTON-KEWEENAW CHILD DEVELOPMENT BOARD, HOUGHTON, MICHIGAN.....	A.55
EIGHTCAP, INC., GREENVILLE, MICHIGAN.....	A.59
REGION 10 EDUCATION SERVICE CENTER, RICHARDSON, TEXAS	A.63
HUTCHINSON PUBLIC SCHOOLS UNIFIED SCHOOL DISTRICT #308, HUTCHINSON, KANSAS.....	A.67
NORTHWEST NEBRASKA COMMUNITY ACTION COUNCIL, CHADRON, NEBRASKA.....	A.71
COMMUNITY ACTION AGENCY OF SIOUXLAND, SIOUX CITY, IOWA	A.75
STARPOINT FIRST STEPS EARLY HEAD START, CANON CITY, COLORADO	A.79
SHASTA HEAD START CHILD DEVELOPMENT, INC., REDDING, CALIFORNIA	A.83
MARICOPA COUNTY HEAD START ZERO TO FIVE, PHOENIX, ARIZONA	A.87
MT. HOOD COMMUNITY COLLEGE CHILD DEVELOPMENT AND FAMILY SUPPORT PROGRAM, GRESHAM, OREGON	A.93
B SITE VISIT PROTOCOLS	B.1
INTERVIEW GUIDE FOR PROGRAM DIRECTORS.....	B.3
INTERVIEW GUIDE FOR COORDINATORS/SPECIALISTS/SUPERVISORS.....	B.15

Appendix

Page

B (continued)

HOME VISITOR INTERVIEW GUIDE B.25

INTERVIEW GUIDE FOR COMMUNITY PARTNERS B.33

PARENT FOCUS GROUP GUIDE B.39

CAREGIVER FOCUS GROUP GUIDE B.43

CASE REVIEW GUIDE B.49

APPENDIX A
SITE PROFILES

CHILDREN'S FRIEND AND SERVICE

PROVIDENCE, RHODE ISLAND

Founded in 1834, Children's Friend and Service provides services to vulnerable children statewide through the provision of adoption and foster care, early intervention, family preservation family counseling and other services. A major program of Children's Friend and Service is the Rhode Island Child Development and Education Training System (CHILDSPAN), which provides training and consultation to child care providers statewide. Services offered include training for providers seeking state family child care licensing, the Child and Adult Care Food Program, and other programs to enhance the quality of early childhood and school-age programs. In 2004, Children's Friend and Service served 17,217 individuals.

The agency's first Early Head Start grant was awarded in 1999. As of June 2005, the agency was serving 98 federally-funded Early Head Start children and 102 children in Enhanced Early Start, a program that provides services similar to Early Head Start through another funding source. All children and families are served through the home-based option. The program's service area includes Central Falls and South Providence.

Goals and Design of the Enhanced Home Visiting Pilot

At the time the grant proposal was submitted, several Early Head Start families were using kith and kin child care; staff felt that these caregivers could benefit from more support. Staff also identified a need for more consistency in caregiving across the parents and kith and kin caregivers. Because CHILDSPAN provided training for child care providers, the agency planned to combine the expertise of Early Head Start and CHILDSPAN staff to develop a support and training program for the caregivers and attempt to improve communication and consistency between parents and caregivers.

The program planned to enroll 10 caregivers in the pilot and provide them with weekly home visits, including an observation and assessment component to identify the specific needs of each caregiver. The program would then provide support services to caregivers such as information on developmentally-appropriate activities to do with the child, and help caregivers with other social service needs. The final phase of the program would be training through CHILDSPAN, including training towards licensing if caregivers were interested. In addition, CHILDSPAN would enroll the caregivers in the Child and Adult Care Food Program, as well as in a lending library.

Community Partners

The primary partnership for the pilot is between the Early Head Start program and CHILDSPAN, both programs operated by Children's Friend and Service. CHILDSPAN's

Accreditation Specialist provides primary oversight for the program and supervises the pilot home visitor.

Pilot Staffing

Since the program is operated by two different programs within Children's Friend and Service, oversight is shared. The Director of Programs and the Early Head Start director, who oversee Early Head Start, receive regular updates on recruiting and service provision for the pilot. Supervision of day-to-day activities is provided by CHILDSPAN's Accreditation Specialist. The program planned to hire one home visitor for the pilot. Qualifications for the position include fluency in English and Spanish, knowledge of child development, experience in child development programs, and at least an associate's degree in Early Childhood Education or a CDA and relevant work experience. As of June 2005, the position had not been filled, but a bilingual Family Child Care Case Manager at CHILDSPAN was filling the position temporarily.

Recruiting Families and Caregivers

The program has implemented several recruiting strategies. The Early Head Start program's Family Support Workers have attempted to recruit families using kith and kin care. The agency also conducted a survey of Early Head Start families in English and Spanish to help staff identify those using kith and kin child care. In addition, the agency developed a bilingual brochure about the pilot. The pilot home visitor has attended Policy Council and Parent Committee meetings to describe the pilot and recruit interested families.

Characteristics of Caregivers

Since few Early Head Start families were using kith and kin care when operations got underway, in June 2005 the agency had only one caregiver enrolled in the pilot. The caregiver is the child's grandmother.

Services Provided Through the Pilot

The pilot provides caregivers with home visits and training opportunities.

Home Visits. The home visitor tries to conduct weekly visits lasting 60 to 90 minutes. She conducted an initial needs assessment using the *Smart Start Caregiver Interaction Scale*. During a typical home visit, the home visitor brings activities for the child and caregiver to do together that target the child's developmental goals. The home visitor draws from several curricula to plan the home visits, including *Parents As Teachers* and the *Creative Curriculum for Infants and Toddlers*. She also brings toys and activities boxes to leave with the caregiver each week.

Training Opportunities. The caregiver is invited to attend training workshops provided through CHILDSPAN.

KENNEBEC VALLEY COMMUNITY ACTION PROGRAM

WATERVILLE, MAINE

The Kennebec Valley Community Action Program (KVCAP) has provided services to residents of northern Kennebec and Somerset Counties for 40 years—including Head Start and Early Head Start, child care, health services and family planning, parenting and life skills training, support for teen parents, affordable housing programs, energy services, and transportation for medical and social service appointments. The agency has more than 200 employees, half of whom work on Head Start, Early Head Start, child care, and other programs operated through the agency’s child and family services division.

The Early Head Start program has been in operation for six years and is funded to serve 64 children. The program provides child care to 40 children in four center-based locations—and in family child care homes: the Skowhegan Child Development Center, Kennebec Valley Community College, and two vocational centers affiliated with area high schools—and in family child care homes. In partnership with the Maine Department of Youth and Family Services and the Maine Department of Child Protective Services, the agency also provides home-based services to 24 children and families. All families enrolled in this option, known as “SPARK,” are referred by the state child welfare program. SPARK has been operating since 2003.

Goals and Design of Designing the Enhanced Home Visiting Pilot

KVCAP already provides services to kith and kin caregivers who care for children enrolled in its Head Start program. Known as CareQuilt, this initiative provides home visiting, training, information, and support to kith and kin caregivers. When the Enhanced Home Visiting Pilot grant announcement was released, KVCAP staff viewed it as an opportunity to expand their CareQuilt initiative to serve Early Head Start children, families, and caregivers. KVCAP staff knew that many Early Head Start families used kith and kin child care and could benefit from the services.

KVCAP planned to enroll 16 kith and kin caregivers in the pilot. Staff would provide monthly, 90-minute home visits to the caregivers. In between visits, staff would make informal weekly contacts by telephone. Through the pilot, caregivers would receive free equipment and materials such as outlet covers, car seats, and educational supplies. In addition, the grantee intended to provide monthly “Fellowship and Learning” meetings for caregivers and parents, invite caregivers to Early Head Start group socializations, and provide transportation to these events as needed.

Community Partners

KVCAP works with three community partners to deliver pilot services.

Healthy Families. Also operated by KVCAP, Healthy Families aims to support first-time expectant and new parents in getting their children off to a healthy start. The initiative was started in 1992 by the National Committee to Prevent Child Abuse. It provides home visits, parent trainings, and referrals to other community services. Early Head Start and Healthy Families SPARK partner to offer joint group socialization events to which kith and kin caregivers enrolled in the pilot are invited.

Vocational Centers. These centers are affiliated with area high schools and host school-based Early Head Start centers. The vocational centers partner with Early Head Start to provide child care for teenage parents who are attending high school. Some Early Head Start families enrolled in these centers also use kith and kin child care and participate in the pilot.

Child Development Services (CDS). This agency is an Intermediate Educational Unit that provides all Part B and C services in its region. CDS works closely with the Early Head Start program to provide developmental screenings and early intervention services to Early Head Start children with developmental delays or disabilities. The agency can conduct screenings, can provide early intervention services to children enrolled in the pilot, and at the parents' discretion can provide some services to children in the caregivers' homes.

Pilot Staffing

The Early Head Start coordinator assistant serves as the pilot coordinator. She supervises two family advocates who provide home visits to caregivers and other pilot services. The family advocates also work with Early Head Start families enrolled in the four center-based Early Head Start sites. KVCAP staff decided to staff the pilot with their existing family advocates because they did not want to have additional staff visiting the families. Instead, staff felt that they could build upon the relationships that families and family advocates had already developed. Both family advocates have extensive prior experience working in Early Head Start and delivering home-based services. Prior to beginning their work on the pilot, the family advocates received an orientation and training from KVCAP's CareQuilt staff. The director of operations for KVCAP's child and family services division serves as pilot director and is available to answer questions and provide support.

Recruiting Families and Caregivers

KVCAP targets families enrolled at its two vocational center sites and the community college center for pilot enrollment. To advertise pilot services, staff designed a brochure and poster for display at the centers. In addition, a letter describing the pilot was sent to all Early Head Start families. Family advocates also approached families using kith and kin caregivers about enrollment and discusses the pilot when enrolling new families in Early Head Start.

Caregivers are identified through the families. Early Head Start family advocates either approach the parents and caregivers together or the caregivers separately to describe the pilot. According to family advocates, the most attractive aspect of the pilot for the caregivers is the provision of safety equipment and toys. In fact, one family advocate makes note of the equipment the family needs, then uses that information as a selling point when describing the pilot to parents and caregivers. Staff stress to the caregivers that the pilot is intended to support them and benefit the children.

Characteristics of Caregivers

At the time of the site visit, six families and caregivers were enrolled in the pilot. Three are the children's maternal grandmothers, one is a paternal grandmother, one is an aunt, and one is the mother's boyfriend. Five of the six are employed in addition to providing child care. Caregivers have not expressed interest in becoming licensed or registered family child care providers. However, one caregiver has asked the family advocate about becoming a substitute teacher for Early Head Start.

Services Provided Through the Pilot

The pilot provides regular home visits, group socializations and training events, and home safety equipment and other supplies.

Home Visits. Family advocates conduct these visits monthly at the caregiver's home (or in the child's home if the child and caregiver live together). During initial visits, family advocates work on establishing a service plan for the caregiver based on a questionnaire about the caregiver's learning environment, health and safety issues, and relationships with the child and family. Rather than use a formal curriculum, family advocates tailor the home visits to the specific needs of each caregiver. Topics covered during the home visits include information on home safety, developmental stages, age-appropriate behavior management techniques, and other child-rearing issues. One family advocate conducts nearly all of her caregiver home visits with the caregiver, parent, and child because they live in the same home. The other family advocate conducts about half of her caregiver home visits with the parent present.

Beginning in fall 2005, KVCAP planned for caregivers to begin receiving home visits from not only the family advocate but the child's Early Head Start center teacher as well. The teacher's home visits will focus on the child's development and educational activities the caregiver can do with the child, along with services for the caregiver and family. The family advocate is available should the family's service needs be more involved.

Group Events. KVCAP has offered several trainings for caregivers on such topics as grandparents providing care, communicating with parents, and early literacy. Caregivers are also invited to monthly parent meetings and group socializations, as well as special events like the end-of-year celebrations. In fall 2005, the program planned to offer support group activities for caregivers, scheduled at a time when most caregivers are available.

Materials and Equipment. Caregivers receive free safety equipment such as smoke alarms, safety gates, and car seats, as well as high chairs, booster seats, and potty chairs, toothbrushes, and child-sized eating utensils. Books and educational toys are lent out as well.

NORTHEAST KINGDOM COMMUNITY ACTION AGENCY

NEWPORT, VERMONT

Since the 1960s, the Northeast Kingdom Community Action Agency (NEKCA) has provided a broad range of services to moderate- and low-income families in northeastern Vermont. Its service area covers more than 2,100 square miles, including communities in Caledonia, Essex, and Orleans counties. The agency offers Head Start, Early Head Start, Reach Up (a welfare employment program), child care, healthy babies, health education, micro business development support, support for victims of domestic violence and sexual abuse, workforce training and development services, youth services, and general outreach and emergency assistance.

A Head Start agency since the 1960s, NEKCA received funding for Early Head Start beginning in 1996. The agency offers home-based services to 72 families with infants, toddlers, and pregnant women.

Goals and Design of Designing the Enhanced Home Visiting Pilot

Scheduling weekly home visits with working parents is sometimes challenging for NEKCA home visitors. To address this situation, NEKCA staff designed the pilot to redirect some home visits with working parents to home visits with the children's caregivers. Staff felt that home visits to caregivers would be beneficial to the children because they spend so much time with the caregivers; in some families, children and caregivers live in the same home.

When NEKCA received its pilot grant, the Head Start Bureau clarified that it could not reduce the number of home visits provided to parents. Because NEKCA's grant for the pilot did not provide sufficient funds to add a pilot home visitor (and caregivers are geographically dispersed, making a single pilot home visitor impractical), agency managers decided to use pilot funds primarily for resources and incentives for caregivers, rather than to provide regular home visits.

The primary goals of the pilot are to enroll 16 kith and kin caregivers, provide them with resources and safety equipment, and include them in group socialization and training events offered by Early Head Start.

Community Partner

NEKCA selected the Family, Infant, and Toddler Program of Vermont (FIT), an early intervention services provider, as its community partner for the pilot. NEKCA planned for FIT staff to accompany home visitors on visits to caregivers as needed, help with pilot recruitment, and share resources. This partnership never got off the ground, however, and in June 2005 NEKCA approached two local child care resource and referral agencies about

partnering on the pilot. These agencies will provide training opportunities for kith and kin caregivers.

Pilot Staffing

Two children's services managers oversee pilot recruitment activities and services. The Early Head Start program's eight home visitors are responsible for recruiting and providing services to two caregivers each. In June 2005, five home visitors were working with caregivers. All of the home visitors have associate's or bachelor's degrees; most have been working for the Early Head Start program for at least two years. The children's services managers provided the home visitors with an initial orientation to the pilot, based on material presented at the 2004 pilot grantee meeting. In addition, the managers and home visitors discuss the pilot during monthly staff meetings.

Recruiting Families and Caregivers

To recruit families and caregivers, the program distributed an introductory letter about the pilot to all enrolled families. In addition, Early Head Start home visitors identify families in their caseloads that are using kith and kin care and discuss with them the option of enrolling in the pilot. Most families approached by the home visitors have been receptive to enrolling. Next, the home visitor approaches the kith and kin caregiver to discuss the benefits of the pilot and the equipment and services the caregiver can receive. A few caregivers have declined to enroll because of privacy concerns, but most have been receptive. Home visitors think that the free equipment and incentives attract caregivers to the pilot.

Characteristics of Caregivers

In June 2005, NEKCA had a caseload of 11 caregivers distributed among five home visitors. Most of the caregivers are grandparents; a few are aunts or other relatives. Some live in the same home as the Early Head Start child and family. None of the caregivers are licensed or registered family child care providers. Turnover among caregivers has been very low; only one caregiver has dropped out of the pilot because her grandchild left the Early Head Start program.

Services Provided Through the Pilot

Services provided through NEKCA's pilot include an initial home visit and follow up contacts, materials and equipment, and opportunities to attend group socialization and training events.

Home Visits and Follow-Up Contacts. All caregivers receive an initial home visit. At that time, the home visitor provides a welcome letter listing all services available through the pilot, an interest checklist, an incentive request form, and a resource sheet on home safety

for infants and toddlers. Also at this visit, caregivers are given the option of requesting additional visits. Home visitors also discuss any child development issues that caregivers raise at that time, such as questions about toilet training, behavior management, or language development. After this initial visit, the home visitors follow up with caregivers at least monthly, usually during telephone calls, visits with parents and children in which the caregiver is also present, or occasional follow-up visits.

Group Activities. Caregivers are invited to the group socialization activities and parent training classes offered by the Early Head Start program. As of June 2005, no caregivers had attended training classes, but several had attended group socialization events and outings with the children.

Materials and Equipment. When caregivers complete their interest checklists during the initial home visit, they indicate the types of safety equipment they need. The pilot provides smoke detectors, first aid kits, cabinet locks, and outlet covers, as well as books and children's music. Home visitors also give the caregivers backpacks.

THE ASTOR HOME FOR CHILDREN

RHINEBECK, NEW YORK

The Astor Home for Children is a behavioral health and child development agency that was founded in Dutchess County, New York, in 1953. The agency became a Head Start grantee in 1978, and an Early Head Start program in 1995. Together, the agency's Head Start and Early Head Start programs serve 550 children in seven locations throughout the county.

The Early Head Start program is funded to serve 125 families with infants, toddlers, and 10 pregnant women. The agency has 85 enrollment slots in its home-based option and 40 slots in center-based care.

Goals and Design of the Enhanced Home Visiting Pilot

In designing its pilot program, the Astor Home for Children sought to create a "Triad of Trust" around each child, consisting of the parent, the caregiver, and the home visitor. The primary aim of this design was to provide the child with more consistent caregiving across all settings by working with both the parent and caregiver. To facilitate this continuity, the agency decided to assign the same home visitor to both the family and the caregiver. During the home visits to caregivers, the primary focus is on the children's developmental goals rather than on the needs of the caregivers.

The agency is funded to serve 20 caregivers through the pilot. Each home visitor, known as Parent Infant Educator (PIEs), would have a caseload of eight families and two caregivers. Home visits to caregivers would be provided biweekly. In addition, a community partner would provide access to health and safety equipment, and developmentally appropriate toys, books and equipment, distributed through a mobile lending library.

Community Partner

The Astor Home for Children formed a partnership with the Child Care Council of Dutchess County (CCCD) to provide some pilot services. CCCD is the child care resource and referral agency for Dutchess County and operates a mobile lending library for child care providers. If a caregiver chooses, CCCD conducts a health and safety assessment of the caregiver's home, provides the caregiver with a health and safety kit that includes a first aid kit and fire extinguisher, and visits the caregiver with the mobile lending library at least three times a year.

Pilot Staffing

Oversight of the pilot is provided by the agency's assistant executive director, the Early Head Start director, and the pilot coordinator (an Early Head Start center director). Pilot services are provided by 10 PIEs who provide weekly home visits to parents and biweekly visits to caregivers. The site directors at each of the seven Early Head Start centers supervise the PIEs through regular individual supervision, in-field observation, and group meetings. The pilot coordinator is responsible for tracking pilot enrollment and facilitating communication and support for pilot staff across centers.

Eight of the ten PIEs have bachelor's degrees, one has an associate's degree in early childhood education, and one is a nurse. The PIEs' experience includes work in Early Head Start, Head Start, after-school programs, and other education-related positions. Although the PIEs did not receive training specific to the pilot, they all received month-long training in child development and family dynamics before they began their positions as PIEs. Early in the pilot's implementation, six PIEs left their positions; four existing staff working in other positions and two new hires replaced them.

Recruiting Families and Caregivers

Caregivers are recruited for the pilot using a two-stage approach. First, the PIE asks each of the families in her caseload whether they use a kith and kin child care provider and, if they do, whether they would like to enroll in the pilot. If the parent agrees, the parent discusses the pilot with the caregiver and introduces the caregiver to the PIE. In general, parents have close relationships with their PIE, which helps establish trust with the caregiver. Some families and caregivers have been reluctant to enroll because they do not want to have contact with the CCCD, the community partner, because this agency is involved with licensing and child care regulation in the county. According to the PIEs, the most successful recruitment tool they have is the offer of a \$25 monthly gift certificate as an incentive for participating in home visits. The agency offers gift certificates to local grocery stores, CVS pharmacy, or Barnes and Noble bookstore.

Characteristics of Caregivers

In July 2005, there were 20 families and 19 caregivers enrolled in the pilot. Most of the caregivers were family members—grandmothers, aunts, uncles, and a stepfather. A few were family friends. Nearly all of the caregivers had experience raising their own children, and none had other jobs outside of their roles as caregivers. Only one caregiver has expressed interest in becoming a licensed child care provider; the agency connected her with CCCD for help with the licensing process. Turnover among pilot caregivers has been low; a few caregivers have left the pilot because the family left the Early Head Start program.

Services Provided Through the Pilot

Core services provided to caregivers through the pilot are biweekly home visits that center around the child's health, growth, and development, as well as the provision of home safety equipment and other supplies. Pilot staff have found that most caregivers will not attend group training or other group activities because of lack of time, transportation, or interest.

Home Visits. During an initial home visit with the parent, child, and caregiver, the PIE reviews the child's developmental goals and the most recent Ages & Stages assessment. After that initial meeting, the PIEs work with the child and caregiver on the same developmental goals they are working on with parents. Typically, a child-caregiver activity is the central focus of each visit. PIEs also try to model developmentally-appropriate interaction with the child, provide the caregivers with child development information, and identify health or safety issues they observe in the caregiver's home.

Materials and Equipment. The PIEs lend caregivers some materials related to the children's developmental goals—such as paper and paint, puzzles, books, and other items. In addition, caregivers have access to first aid and safety equipment and a wide range of other items through CCCD's mobile lending library.

CEN-CLEAR CHILD SERVICES, INC.**PHILIPSBURG, PENNSYLVANIA**

For more than 25 years, Cen-Clear Child Services, Inc., (CCS) a not-for-profit agency with over 500 employees, has provided a wide range of pre-school, health, mental health, and support services to families in central Pennsylvania. Programs include Head Start and Early Head Start, Part C, family counseling, mental health and supportive services, life skills trainings, parenting classes, and various health services and screenings. The agency serves approximately 1,700 families and 2,400 children annually across five counties—Blair, Centre, Clearfield, Jefferson and Indiana.

The agency's Early Head Start program was launched in 1998 with 120 funded enrollment slots. The program received expansion funding for an additional 36 slots and an Early Head Start Child Welfare Services grant for another 20 slots, bringing the total number of funded enrollment slots to 176. All children and families are served through the home-based option.

Goals and Design of the Enhanced Home Visiting Pilot

CCS drew upon experiences with its Head Start Child Care Partnership—a collaboration with local child care centers that wish to meet Head Start performance standards—to develop the initial pilot design. Based on its experience with the child care centers, program staff members felt that they could support quality child care for families that rely on unlicensed and unregistered caregivers for their infants and toddlers. Upon reviewing the grant announcement, staff concluded that the pilot would be a good opportunity to improve the quality of care in both center-based and home-based environments, particularly family child care providers who serve several children. However, since most Early Head Start families use unregulated caregivers, most enrolled caregivers have been relatives and friends.

The program aimed to support a caseload of 35 caregivers in Centre County. Caregivers would receive biweekly home visits from an enhanced home visiting advisor hired for the pilot. These visits would support and supplement the developmental goals agreed upon by parents and the Early Head Start home visitors. Caregivers would receive developmentally-appropriate toys, games, health and safety equipment, books, and other materials during the home visits through a lending library. Trainings, weekly Early Head Start play groups, and other group socialization events would also be offered to caregivers. The advisor would distribute information on social service resources to caregivers as needed.

Community Partners

The agency's primary pilot partner is a consultant from the Office of Human Resources' Worklife Program at Pennsylvania State University. This program seeks to improve the

affordability, accessibility, and quality of child care through training, technical assistance, and accreditation. The consultant was involved in the design phase of the pilot and invited the advisor to attend trainings through the Worklife Program. In addition, the consultant accompanied the first advisor on three home visits and gave feedback as part of her initial training. The consultant also encourages child care providers in her professional network to refer their families to the pilot, and she is available to provide information and guidance to caregivers who express an interest in becoming licensed or registered.

Various other organizations with longstanding partnerships with CCS play small roles in the pilot. These include the Child Development and Family Council (the local child care resource and referral agency), Even Start, and the Mid-State Literacy Council. Caregivers are invited to attend activities already being offered to families served by these agencies, such as ESL classes sponsored by the literacy council.

Pilot Staffing

The director of special projects has responsibility for overseeing the pilot and supervises the advisor. Other pilot staff include the Head Start-child care partnership coordinator, who provides feedback and support to the advisor as needed, particularly with regards to recruitment.

The agency had to replace the original advisor hired for the pilot because she was unable to cultivate rapport with the families and caregivers; this change caused a brief interruption in pilot services. The current advisor has a bachelor's degree in elementary education with a minor in special education. Prior to joining the pilot, she had worked as an assistant director of a child care center and as a substitute teacher. Since joining the pilot, she has received pre-service training in CPR and first aid and in-service training on safety, attention deficit hyperactivity disorder, and the child welfare services program. She also has shadowed Early Head Start staff on several regular weekly home visits to families.

Recruiting Families and Caregivers

Recruitment for the pilot generally begins with the family. Early Head Start home visitors, and to some degree the Head Start-child care partnership coordinator and community partner consultant, help identify families eligible for the pilot. Organizations affiliated with CCS have also placed advertisements in their newsletters, though this approach has been less successful. In most cases, the Early Head Start home visitor first talks to parents about the pilot's services. If there is interest, the advisor attends the family's next weekly home visit and describes the pilot services in more detail. Once the parents agree to participate, the advisor contacts the caregiver to determine if he or she would like to enroll in the pilot; sometimes the parents directly invite their caregivers to join. Families receive free books as an incentive for agreeing to participate.

Most caregivers are receptive to joining the pilot and are especially attracted to the offer of free materials and equipment. Immigrant families with limited English skills appreciate

receiving English language materials and books. The advisor thinks the fact that she is from the local community is a key advantage to recruitment. Many families know and recognize her, and thus are more willing to trust her efforts.

Characteristics of Caregivers

In June 2005, there were 27 families and caregivers enrolled in the pilot. While the program initially hoped to target child care centers and family child care providers who care for multiple children, caregivers tend to be relatives, friends, or neighbors who care for a small number of children and often provide 10 hours of care or less per week. Two caregivers operate family child care homes. Most relatives are grandparents, though other family members include an aunt, a cousin, and nonresident fathers. One is a foster parent. Some families served by Early Head Start are foreign graduate students attending Pennsylvania State University; about a dozen of these families are also enrolled in the pilot. Due to their limited English speaking skills, they tend to ask relatives or friends who share their language and culture to care for their children.

Caregiver turnover has been low and is usually due to a change in the family's circumstances, such as dropping out of Early Head Start or no longer needing child care due to unemployment. One family experienced an interruption in child care due to a disagreement between the caregiver and parent, but this was resolved within a few weeks.

Services Provided Through the Pilot

Through the pilot, CCS offers regular home visits, group socializations and training opportunities, health and safety equipment, access to a lending library and mobile lending unit, and referrals to social service resources.

Home Visits. Most caregivers receive biweekly home visits, though a small number of caregivers have requested more frequent visits. Visits last from 45 to 60 minutes and are driven by the individualized child development goals established by parents and Early Head Start home visitors. Early Head Start visitors regularly update the advisor so that she can reinforce these goals during pilot visits. She brings toys and books to each visit, models developmentally-appropriate activities, and provides information on child development.

While the advisor does not use a formal curriculum, visits are loosely based on the Parent Child Home Program format, in which the home visitor suggests educational ways that the caregiver can incorporate toys and book into the caregiving environment and monitors progress made at the next visit. At the end of each visit, the advisor and caregiver complete a form that records the issues discussed, the needs of the caregiver and child, and what the caregiver will do before the next visit, such as reading to the child more frequently. Along with supporting child development goals, the home visitor shares health and safety information with caregivers and brings healthy, easy-to-make recipes each month. Children are usually present during the visits, and occasionally parents participate as well.

Group Events. Caregivers are invited and encouraged to attend the weekly Early Head Start play groups, as well as a wide range of other special events and trainings sponsored by CCS or other community organizations. None of the activities are exclusively for caregivers enrolled in the pilot. Examples of group events include reading hours in local libraries, English conversation classes, special day trips to the local amusement park, special holiday celebrations, and CPR and first aid training. Caregivers can also attend parent trainings that take place during the weekly Early Head Start group socializations. Interest in training opportunities has been low. However, some caregivers attend special one-time events, and several foreign-speaking caregivers enjoy attending the conversation group and weekly Early Head Start socializations as a way to expose themselves and their children to spoken English.

Materials and Equipment. A wide range of resources—books, toys, compact discs and tapes, videos—are available to caregivers through a lending library at the agency’s main office. Because transportation barriers prevent some caregivers from accessing the lending library, a mobile lending unit stops at or near caregivers’ homes and centrally located churches and libraries each month. The advisor also distributes toys and books during home visits. Caregivers receive health and safety items such as gates, first aid kits, fire extinguishers, outlet covers, and potty chairs as needed.

Referrals. While home visits center focus on the child’s developmental goals, the advisor provides caregivers with information on how to access other services as needed. For example, she has talked to caregivers about mental health or community wellness activities, which could range from a referral to a mental health provider or information on an upcoming parade or picnic. The home visitor has also helped caregivers access energy assistance, housing assistance, and the WIC program, among other resources.

LUZERNE COUNTY HEAD START

WILKES-BARRE, PENNSYLVANIA

Luzerne County Head Start, Inc., has been providing Head Start services to families in Luzerne and Wyoming counties since 1965. All Head Start services are center-based, including 20 slots in four community child care centers. In 2004, the agency served 740 Head Start children and their families.

The agency began operating Early Head Start in 1999. The Early Head Start program operates out of three family centers, in Wilkes-Barre, Hazelton, and Edwardsville; all families receive services through the home-based option. In 2004, the program served 96 infants, toddlers, pregnant women, and their families.

Goals and Design of the Enhanced Home Visiting Pilot

Luzerne County Head Start maintains a substantial waiting list for Early Head Start; typically more than 100 families are on the list. When the Enhanced Home Visiting Pilot grant announcement was released, agency managers initially viewed it as an opportunity to expand their program to serve more families. They wrote a grant application for the pilot with the assumption that the caregiver would be treated as a child care partner, with services focusing primarily on the caregiver and child rather than on the family. The program planned to hire one staff person to oversee partnerships with 10 child care providers. During the design phase, the agency consulted with local child care agencies and learned that many families in the area use kith and kin care for their infants and toddlers.

Once the Head Start Bureau notified the program that they would need to recruit existing Early Head Start families and provide services to the caregivers in addition to weekly home visits with families, staff members scaled back their plans from weekly to biweekly caregiver home visits. They planned to enroll a total of 14 caregivers. In addition to biweekly home visits, the agency would provide group caregiver meetings and either provide or lend safety equipment, children's books, toys, and early childhood resource materials.

Community Partners

The agency recruited three community partners for the pilot: Luzerne County Child Care Information Services, the Luzerne County Assistance Office, and Luzerne County Children and Youth Services. Each of these partners had preexisting partnerships with Luzerne County Head Start. All of the agencies offered to promote the pilot to client families using kith and kin care and provide referrals, but by July 2005 only a few referrals had been made.

Pilot Staffing

The Early Head Start program director oversees the pilot and supervises the pilot home visitor, known as the child care coordinator, as well as supervising all Early Head Start staff. The agency reassigned one full-time staff person from within the agency to serve as a home visitor for the caregivers. She has a bachelor's degree in early childhood education. She is also a grandmother and relates well to the pilot caregivers, many of whom are also grandmothers. The home visitor received in-service training at the agency on a range of child development topics, including a 16½-hour training on the Touchpoints model of service delivery. Initially, the program director worked closely with her to plan and discuss home visits.

Recruiting Families and Caregivers

Families are identified for the pilot either by Family Educators (who provide home visits to Early Head Start families) or through referrals from community partners. The agency created a brochure about the pilot that can be used as a recruitment tool. In addition, the program's Policy Council authorized it to give priority for enrollment to families using kith and kin child care until all pilot enrollment slots are filled.

Once a family expresses interest in the pilot, the home visitor contacts the family by telephone to describe the pilot in more detail and the services that would be provided to the caregiver. If permission is granted by the parent, the home visitor then contacts the caregivers directly to discuss enrollment. According to the home visitor, once caregivers realize that the pilot will connect them with resources and support, they are interested in participating. At of July 2005, no caregivers had refused to enroll.

Characteristics of Caregivers

In July 2005, the agency had nine caregivers enrolled in the pilot. Most were grandparents; one was a great uncle, and one caregiver took care of her roommate's two children. Four participants lived with the children they cared for, and two others had lived with the children when they first enrolled in the pilot. Four of the caregivers held jobs outside the home in addition to providing care for the children. None of the caregivers were licensed, and only one expressed interest in pursuing licensing.

Services Provided Through the Pilot

Core services provided to caregivers through the pilot are biweekly home visits, group events and training opportunities, and provision of materials and equipment.

Home Visits. During an initial visit with the caregiver, the pilot home visitor provides an orientation on the pilot. In subsequent visits, the home visitor works with the caregiver on the child's developmental goals. She also discusses the availability of community resources and provides handouts to explain the purpose of the activities they do with the

child. The agency uses the Hawaii Early Learning Profile and Creative Curriculum for Infants and Toddlers as resources for planning home visits. The home visitor also spends time discussing any concerns the caregiver has about the child and safety issues she observes in the home.

Group Events. The agency convenes monthly caregiver meetings in which guest speakers provide information and training on a variety of topics. Meetings have covered such topics as early childhood development, nutrition, language development, airway obstructions, kitchen safety tips, starting recipe boxes, nursery rhymes, and making hand puppets. The agency also held a “caregiver appreciation” picnic. According to the home visitor, a core group of about five caregivers attends these meetings regularly. The agency provides a \$10 stipend as an incentive for attending the monthly meetings.

Materials and Equipment. The caregivers receive a kit at enrollment that includes a nursery rhyme book, a set of “hand and finger” plays, a hand puppet for bath time, a book for the caregiver to record special things the child does, a personal item for the caregiver such as a bath sponge, magnets, and a monthly calendar for recording home visit appointments. They also receive “The Basics of Caring for Children in your Home,” which includes newsletters, tips, and activity ideas. In addition, during visits the home visitor provides caregivers with easy, low-cost games, crafts, and toys. All of these materials are provided on loan, but they can be kept for as long as six months. Caregivers receive a *Touchpoints Journal* to keep after completing the group training on T. Berry Brazelton’s Touchpoints model of working with children and families.

MONONGALIA COUNTY BOARD OF EDUCATION

MORGANTOWN, WEST VIRGINIA

The Monongalia County Board of Education's Head Start program (MCHS) has been operating for 40 years. The agency's mission is to provide quality early childhood experiences for families with young children and to build community and family partnerships in Monongalia County.

MCHS received its first Early Head Start grant ten years ago; it was one of the first 68 programs funded nationwide. Currently, the agency is funded to serve 120 Early Head Start families and children—75 families through the home-based option and 45 families through the center-based option.

Goals and Design of the Enhanced Home Visiting Pilot

MCHS's primary goal for the pilot was to improve the consistency of caregiving between parents and caregivers. To accomplish this goal, the pilot was designed to offer the same set of tools and information to the caregivers that is provided to Early Head Start parents. Home visits to caregivers would be based on *Parents As Teachers*. Staff thought that the pilot would appeal to Early Head Start families, because many of them do not trust child care centers and prefer to rely on family and friends to care for their children.

The agency conducted a needs assessment to identify families that used or needed child care and surveyed the area for other agencies who provide resources to kith and kin caregivers. Staff used this information to determine the number of enrollment slots to propose for the pilot. The program planned to offer biweekly home visits, monthly group socialization events, literacy information, referrals to the Relatives As Parents (RAP) program, and first aid and safety equipment. These services were designed to provide consistency between the information provided to the parents and caregivers. In addition, the agency planned to invite caregivers to the same group activities that Early Head Start parents attend. MCHS aimed to enroll 20 caregivers in the pilot.

Community Partners

MCHS selected two community partners for the pilot. Both already had established close relationships with the Early Head Start program and shared the pilot's goal of educating and supporting kith and kin caregivers.

Even Start. This home-based family literacy program is the agency's primary community partner for the pilot, and staff are co-located with Early Head Start. Even Start and the pilot provide joint trainings and group socialization events for caregivers and parents enrolled in either of the two programs.

West Virginia University Extension. This partner was originally intended to serve as an internal evaluator for the pilot. A representative from the extension service helped MCHS design the pilot and attended the initial pilot grantee meeting in Washington, D.C.

Pilot Staffing

The Early Head Start coordinator provides oversight for the pilot and supervises the two pilot home visitors. The community liaison works on maintaining the pilot's community partnerships and oversees caregiver training. The program hired two part-time home visitors for the pilot. Prior to the pilot, one was a half-time Head Start teacher and the other was an experienced Early Head Start home visitor who wanted to reduce her work schedule to part time. Both are licensed social workers and have degrees in early childhood education.

Recruiting Families and Caregivers

To be eligible for the pilot, Early Head Start families must be using kith and kin child care for a significant part of the day or week. If care is provided by the father, he must be a nonresidential father. Early Head Start home visitors approach families using kith and kin care about enrolling in the pilot. Staff discuss potential recruits—such as families with parents who have recently enrolled in school, started a job, or need child care for another reason—during staff meetings and strategize on the best way to approach them about the pilot. Having the pilot home visitor accompany the Early Head Start home visitor to discuss the pilot with the parents has been an effective recruiting strategy. Once the parent agrees to enroll, the pilot home visitor contacts the caregiver.

Characteristics of Caregivers

In July 2005, each home visitor had a caseload of four caregivers, for a total of eight caregivers enrolled in the pilot. Most caregivers are grandparents who live in the child's home; one is a grandfather who is disabled, and one is an aunt. Only one grandparent has expressed interest in licensing. She would like to obtain a license to care for her own grandchild so that the family can apply for a state child care subsidy to pay her for providing care.

Services Provided Through the Pilot

MCHS provides the following services to caregivers: regular home visits, materials and equipment, and group training and socialization events.

Home Visits. The biweekly pilot home visits closely mirror the home visits provided to the parents. MCHS home visitors base their lesson plans for the visits to both parents and caregivers on the PAT curriculum. Typically, the central focus of each caregiver visit is a caregiver-child activity that the home visitor brings. After the activity, the home visitor

reviews a handout about the activity with the caregiver. Early Head Start and pilot home visitors coordinate closely to ensure that they are working with parents and caregivers on the same behavior management techniques so that the child receives consistent care in both settings.

Group Events. Several training sessions have been held for caregivers on such topics as literacy, fire safety, home safety, and nutrition. Caregivers are also invited to attend the Early Head Start group socialization events, but thus far few have attended. One caregiver is disabled and others lack transportation or time away from caregiving duties to attend these events.

Materials and Equipment. According to pilot staff, most caregivers have access to age-appropriate toys because they live in the child's home. Nevertheless, the home visitors lend some books and materials to caregivers, and they give some books and puzzles to caregivers to keep.

NORTHERN PANHANDLE HEAD START, INC.

WHEELING, WEST VIRGINIA

Founded in 1979, Northern Panhandle Head Start, Inc., (NPHS) provides services to families and young children through Head Start, Early Head Start, the Maternal Infant Health Outreach Worker (MIHOW) program, and pre-kindergarten partnerships with local school districts. The agency employs approximately 136 staff and serves 601 families annually; its Head Start program serves more than 600 children across five counties.

The agency's Early Head Start program has been in operation since 1999 and is funded to serve 48 families with infants, toddlers, and pregnant women in three West Virginia counties: Brooke, Marshall, and Wetzel. All families receive services through the home-based option.

Goals and Design of the Enhanced Home Visiting Pilot

Since 1995, NPHS staff have been working with family and center-based child care providers of Head Start children to provide training and support quality improvement. When the Enhanced Home Visiting pilot was announced, agency staff viewed it as an opportunity to expand these activities to kith and kin caregivers of Early Head Start children. NPHS conducted a needs assessment using information from a survey of Early Head Start families, parent educators' knowledge and experience with families, and a community assessment database for the three counties in this service area. Based on this information, the program estimated the number of eligible families it could serve through the pilot. The NPHS Policy Council and Board of Directors was also involved in planning and goal-setting for the pilot; some Policy Council members are Early Head Start parents and working mothers who are very aware of the need to support kith and kin caregivers.

The program planned to provide a comprehensive package of services including weekly home visits, training in CPR and first aid, training in positive discipline practices, and support groups for 20 caregivers. An important goal of the program is to improve the safety of the caregiving environment. Staff planned to address safety needs first, then shift the focus to child development activities caregivers could do with the children. The program planned to provide needed safety equipment, books, and toys from its lending library.

Community Partners

NPHS works with five community partners to deliver pilot services:

- ***Marshall County Starting Points Center.*** This agency provides parent education, play groups, a clothing bank, and a toy and book lending library. It

also operates Parents As Teachers and Teen Parents As Teachers programs. For the pilot, Starting Points provides resources (books, toys, and equipment) and coordinates the group socializations for parents and caregivers.

- ***West Virginia University (WVU) Extension.*** The WVU Extension provides nutrition and healthy eating information to low-income families. For the pilot, the WVU Extension provides training classes on infant-toddler nutrition in two counties as well as individual nutrition training for caregivers during home visits.
- ***Brooke County Public Schools Love and Logic Program.*** *Love and Logic* is a program to help low-income parents develop effective ways of managing their children's behavior through a combination of lecture and role play. This program is offered to the pilot caregivers as a seven-week training course on effective behavior management strategies for young children.
- ***Wheeling Hospital.*** The hospital provides a training class on CPR and first aid to all pilot caregivers and Early Head Start parents.
- ***RAPP.*** RAPP (Relatives as Parents Program) is a grassroots support group for grandparent caregivers. Pilot caregivers are invited to attend RAPP support group meetings, but at the time of the site visits, caregivers had not yet attended.

Pilot Staffing

The Early Head Start coordinator supervises a pilot home visitor. This home visitor has a Child Development Associate (CDA) credential and is working on a bachelor's degree in early childhood education. She is a former NPHS parent who served on the agency's Policy Council and later became an assistant Head Start teacher. Prior to beginning her work on the pilot, she participated in orientation and training on Early Head Start and the pilot, shadowed Early Head Start parent educators on home visits, and conducted initial home visits with the Early Head Start home visitors for the first three months of pilot implementation.

Recruiting Families and Caregivers

Families using kith and kin caregivers were identified through a family survey administered during the pilot's initial design phase. Families who indicated interest in the program were then contacted by the pilot home visitor; she conducted an initial home visit with the parents to describe the pilot in more detail. Early Head Start parent educators were also involved in "selling the program" to families and often accompanied the pilot home visitor on the initial visit.

Once the parents agreed to enroll, the pilot home visitor contacted the caregiver. While many caregivers have been receptive to enrolling, some felt that they did not need the services or were reluctant to have a stranger visit them at home. The most effective

recruitment strategies have been involving Early Head Start parent educators in recruitment, since they have already established trusting relationships with families, and offering resources such as books, toys, and car seats as incentives for participating in the pilot.

Characteristics of Caregivers

In June 2005, the pilot home visitor had a caseload of 10 caregivers. Seven were the children's grandmothers, one was an aunt, and two were family friends and neighbors. All of the caregivers took care of the children in the caregivers' homes. The pilot home visitor began with a caseload of 19 caregivers; eight left the pilot because the families of the children they were caring for left Early Head Start. One grandmother has expressed interest in becoming a licensed child care provider, and pilot staff are working with her to meet licensing requirements and complete necessary training hours.

Services Provided Through the Pilot

Core services provided to the caregivers through the pilot are weekly home visits, training and support groups, access to a lending library, provision of safety equipment, and referrals.

Home Visits. The home visits take place on a weekly basis and typically last about 90 minutes. The first home visit serves as a time for the home visitor and caregiver to get to know each other and set goals and objectives. Together, they complete a service plan at the end of the first visit that lists the goals and activities they have agreed to work on during subsequent visits. Typical home visits consist of an hour of structured educational activities with the child and caregiver. Most of these activities come from the Parents As Teachers curriculum. The last half hour is usually spent as support time for the caregiver, providing an opportunity for him or her to express concerns, either about the child or about personal issues.

Group Events. Several support groups and training sessions have been offered for caregivers and parents through the pilot. The groups range in topics, and most have been based on caregiver's requests. Training sessions include training on infant/toddler nutrition, CPR and first aid training, child-directed activities, and a seven-week course on behavior management.

Materials and Equipment. The home visitor usually brings a box of materials related to the developmental activities the caregiver is working on with the child and leaves them at the end of each home visit. In addition, the home visitor provides safety equipment such as smoke detectors and fire extinguishers. Caregivers also have access to a lending library of toys, books, blocks, games, and art supplies.

Referrals. The pilot home visitor has made a few referrals each month for caregivers enrolled in the pilot. The types of referrals vary but include referrals for food banks, utilities assistance, lead abatement, and family counseling.

ALABAMA COUNCIL ON HUMAN RELATIONS, INC.**AUBURN, ALABAMA**

Operating since 1954, the Alabama Council on Human Relations (ACHR) is a statewide non-profit organization founded to address issues of racial and economic justice and educational opportunity in the state. ACHR began as an outgrowth of the Southern Regional Council, a civil rights group, and initially focused on voting rights and school desegregation. Currently ACHR provides a range of services in Lee and Russell counties, including Head Start, Early Head Start, child care, adult education, case management, a child care food program, a fatherhood program, affordable housing and housing counseling, WIC, weatherization, energy assistance, and emergency crisis intervention.

The Early Head Start program has been operating since 1998 and is funded to serve 152 infants and toddlers. ACHR serves 80 children through the home-based option and 72 children through the center-based option. Two of the agency's centers house nine Early Head Start classrooms. To enroll in the center-based option, parents must be working or attending school.

Goals and Design of the Enhanced Home Visiting Pilot

The primary goal of the pilot was to improve the quality of child care services provided to children by kith and kin caregivers. Staff viewed the pilot as an important opportunity to support grandmothers and other family members who were caring for Early Head Start children while their parents were in school or working. ACHR's early childhood coordinator and home visitors used their knowledge of family circumstances and needs to decide what services would be offered to the caregivers.

Initially, ACHR planned to use the Early Head Start home visitors to conduct visits to the caregivers. Instead of providing weekly visits to parents, home visitors would conduct two visits a month with parents and two with caregivers. However, during the grant approval process, the Head Start Bureau clarified that the agency must continue providing weekly visits to parents. As a result, the agency decided to scale back on its enrollment target; instead of enrolling 40 caregivers, ACHR would enroll 20. These caregivers would receive biweekly home visits, opportunities to participate in group socialization events, and materials and safety equipment.

Community Partner

ACHR selected the Child Care Resources Center (CCRC), the area's child care resource and referral agency, as its community partner for the pilot. The two agencies already had a strong working relationship and previous experience with partnerships for other initiatives. Caregivers enrolled in the pilot can participate in any training that CCRC offers for child

care providers. Home visitors provide caregivers with monthly schedules of trainings offered by CCRC.

Pilot Staffing

ACHR's Early Head Start coordinator also serves as coordinator for the pilot and supervises the work of the two pilot home visitors. The two staff members who provide home visits to caregivers are trainers for the Early Head Start program and supervise the Early Head Start home visitors. The agency decided to reassign these staff to the pilot, rather than hiring new staff, because they felt that families would respond more readily to staff they already knew and trusted.

One of the home visitors has a bachelor's degree in child development. She has approximately eight years experience at ACHR as an Early Head Start teacher, a home visitor, and a supervisor. The other home visitor has an associate's degree in child development and 20 years of experience working in Head Start and Early Head Start. Prior to implementing the pilot, the two pilot home visitors received an initial orientation to the pilot from the Early Head Start coordinator.

Recruiting Families and Caregivers

To recruit families for the pilot, ACHR developed a brochure and sent letters to Early Head Start families describing the pilot. Early Head Start home visitors followed up with families to discuss the pilot in more detail and to encourage them to enroll. In addition, agency staff now discuss the pilot with new families when they enroll in Early Head Start. Once families agreed to enroll, either the Early Head Start home visitor, the pilot home visitor, or both would meet with the caregiver. To increase interest in the pilot, the agency has also had pilot home visitors accompany Early Head Start home visitors on visits to advertise the pilot. Staff think that caregivers are attracted to the pilot because it provides another adult for them to talk to as well as educational materials and equipment for the children in their care.

Characteristics of Caregivers

In July 2005, ACHR had seven caregivers enrolled in the pilot. Six are grandmothers, and one is an aunt. Some care for multiple children, and some live in the same home as the family and child. Several work outside the home in addition to their caregiving responsibilities.

Services Provided Through the Pilot

Core services provided to the caregivers through the pilot are home visits, group events, and materials and equipment.

Home Visits. Home visits take place twice a month, with most visits lasting about an hour. and consist of training, support, and guidance to the caregiver. During the initial home visit, the visitor collects some basic information from the caregiver and provides an orientation to the pilot services. During subsequent visits, home visitors cover a variety of topics and do at least one activity with the caregiver and child. For example, if the topic is music, the activity might consist of making a homemade instrument. Home visitors stress the important of reading and talking to the child at every visit. In addition, sometimes home visitors bring healthy snacks to leave with the caregiver. Caregivers also receive weekly Baby Reading, Activities and Growth for Success (RAGS) newsletters that contain activity ideas.

Materials and Equipment. Home visitors bring two books per child and toys to loan to the caregiver on each visit. The agency gives some items to caregivers to keep, including an art kit, safety equipment, and dental care items. In addition, they sometimes bring caregivers diapers or other items from the agency's donation center when they are available. Finally, at the time of the site visit, home visitors were in the process of compiling laminated photo albums for the caregivers containing pictures taken during home visits and at group socialization events.

Group Events. The agency offers regular Early Head Start socializations such as play groups and guest speakers. Caregivers receive door prizes when they attend these events. CCRC also provides a broad array of training events, but caregiver interest in these events has been low.

MOUNTAIN AREA CHILD AND FAMILY CENTER

ASHEVILLE, NORTH CAROLINA

After nearly a decade of planning and fundraising by the Swannanoa Valley Voice for Children—a community group formed to address the child care needs of area families—the Mountain Area Child and Family Center (MACFC) opened in January 2001. Within six months, MACFC was enrolled at capacity with 76 full-time children attending the center. The agency provides center-based child care and other services to children and families who live in Buncombe County, North Carolina, focusing on those living in rural areas outside the city of Asheville.

In 2001, MACFC received its first Early Head Start grant to serve 48 infants and toddlers and 12 pregnant women. MACFC classrooms are blended, containing children funded by Early Head Start, state child care vouchers, and private tuition. Since beginning Early Head Start, MACFC has opened two additional centers—the Montmorenci Center housed in a church building and the Reuter Center housed in a local YMCA.

MACFC's Early Head Start program is now funded to serve 100 children and pregnant women—54 children in center-based care and 46 children and pregnant women through the home-based option.

Goals and Design of the Enhanced Home Visiting Pilot

The grant announcement for the Enhanced Home Visiting Pilot came out at the same time the program was developing its home-based option and preparing to expand from 60 to 100 enrollment slots. Not many of MACFC's Early Head Start families used kith and kin child care, but program staff identified a need to support Early Head Start fathers in their roles as parents. The main goal of MACFC's pilot is to enroll 20 fathers and support them in improving their skills as caregivers. The agency also enrolls a small number of kith and kin caregivers who are not fathers.

The program planned to hire two home visitors to work with the fathers and provide one-on-one mentoring during weekly home visits. The pilot would also provide support groups for fathers and father-child outings. Home visitors would focus their work with fathers on parenting techniques—establishing routines, behavior management, relationship development, and fostering social-emotional development. In addition, the home visitors would individually assess the fathers' needs and link them with needed social services.

Community Partner

MACFC's community partner for the pilot is the Buncombe County Health Center, which provides parenting classes for fathers and other caregivers. The Center offers a series of classes on topics such as nutrition and meal planning, routines and schedules (such as

sleep routines, toilet training, eating, and the importance of consistency), car seat safety, and smoking cessation. Workshops are provided on each topic in both English and Spanish.

Pilot Staffing

The Early Head Start family services specialist supervises the day-to-day work of the pilot home visitors. MACFC hired two male home visitors to provide pilot services in summer 2004; one of these positions is for a bilingual home visitor who could work with Spanish-speaking fathers. Both home visitors had experience working with families and children in a range of settings and providing social services. Prior to beginning their work with fathers, the home visitors attended the Head Start Fatherhood Conference. In addition, they attended two other training conferences—a training on the National Fatherhood Institute’s 24/7 Dad curriculum and a training on the Center for Successful Fathering’s Successful Fathering curriculum. The bilingual home visitor left MACFC shortly before the site visit, and the program hired a replacement in July.

Recruiting Families and Caregivers

The recruitment process begins when Early Head Start home visitors identify families with fathers who might be willing to participate in the pilot. When a potential family is identified, the Early Head Start home visitor presents the pilot to the mother and asks if she can bring the pilot home visitor on the next home visit. At that visit, the pilot home visitor talks more about the pilot with the mother (and the father if he is present). If the mother decides the pilot will be beneficial to the child’s father, the pilot home visitor obtains contact information for the father and begins trying to schedule an initial visit.

When contacting fathers for the first time, the home visitor describes the benefits to children of having a father who is involved in their lives, such as higher educational achievement and healthy emotional development. He also tells the father that the pilot can help with employment, education, and a range of other issues and topics. Pilot home visitors feel that their recruitment efforts are more successful when they present participation requirements as flexible. The minimum expectation is at least one contact a month with the home visitor.

Characteristics of Caregivers

The program attempts to recruit fathers who live with their children, noncustodial fathers, and expectant fathers. Of the 46 home-based families enrolled in the program, approximately half have fathers who are potential candidates for enrollment in the pilot. In June 2005, one pilot home visitor had a caseload of 10 English-speaking fathers and two grandmothers who are kith and kin caregivers. Most of the fathers are young and underemployed; many are enrolled in GED preparation courses.

The bilingual home visitor position was vacant at the time of the site visit, and pilot services for Latino fathers were on hold. Before the bilingual home visitor left the program,

however, he also had a caseload of approximately 10 fathers. The Latino families tend to be two-parent families, but in most cases the fathers had not been involved in taking care of the children. In addition, many of the Latino fathers have more than one job and work long hours during the week.

Services Provided Through the Pilot

The pilot provides fathers with regular home visits, parent training opportunities, father-child outings, home safety equipment and other supplies, and referrals.

Home Visits. Home visiting services are individualized to the needs of each father according to goals established for the visits in the first few weeks after enrollment. Goals might include learning more about child development, learning to hold an infant, promoting language development, finding a job, obtaining a GED, or finding better quality housing. Many of the fathers do not feel comfortable meeting at home; consequently, many of the meetings with fathers take place in the MACFC office, at restaurants, at fathers' job sites, or at other locations. During a typical meeting, the home visitor and father review a handout on child development, talk about the father's goals, and work on personal goals such as job searches or GED preparation.

Group Events. MACFC's pilot offers two types of group events for fathers: parenting classes and father-child outings. Parenting classes are offered in both English and Spanish by the Buncombe County Health Center, but only a few fathers have attended. These classes are also open to other Early Head Start families. In addition, the pilot offers father-child outings and activities such as a pumpkin carving event and trips to a nature center and a local pool. Some fathers regularly attend these events with their children and in some cases with their spouses.

Materials and Equipment. When the home visitors do a home safety check during an early home visit, they provide equipment such as fire extinguishers, cabinet latches, and outlet covers. In addition, noncustodial fathers often lack the equipment they need for overnight visits with their children. The home visitor helps them find cribs, car seats, infant seats, and other items.

Referrals. Home visitors provide fathers with referrals to a range of community services, such as local charities for financial assistance and the community college for GED preparation classes, English as a Second Language classes, and other technical courses such as carpentry. Noncustodial fathers are sometimes referred to a mediation center for help negotiating custody and child support agreements and a visitation center to facilitate visits with their children. Home visitors have also made referrals to mental health providers, the Medicaid dental clinic, and Job Corps.

MAHUBE COMMUNITY COUNCIL, INC.**DETROIT LAKES, MINNESOTA**

Founded over 40 years ago, the Manube Community Council, Inc., (MCC) is a community action agency serving low-income and elderly residents in three counties in rural western Minnesota: Becker, Hubbard, and Mahnommen. Over 4,500 families are served annually. Programs cover a broad range of services, including Head Start and Early Head Start; weatherization; energy assistance; emergency food, clothing, and shelter services; the Retired Senior Volunteer Program; housing assistance; budgeting workshops; and a car loan program. MCC also functions as the local child care resource and referral agency and operates Crisis Care, a program that provides short-term child care to licensed providers on an emergency basis.

MCC's Early Head Start program has been operating since 1997 and is funded to serve 128 families with infants, toddlers, and pregnant women. Families can choose from either the center-based option, the home-based option, or a licensed family child care option. At the time of the site visit, 58 children were enrolled in the home-based option, more than half of the remainder were in licensed family child care homes, and the rest were in center-based care.

Goals and Design of the Enhanced Home Visiting Pilot

MCC saw the Enhanced Home Visiting Pilot as an extension of its work in the 1990s on a special grant to build relationships between Head Start and family child care providers. Initially, the agency considered a formal approach to working with caregivers by developing individualized lesson plans for the children, but this is already done by the Early Head Start home visitors. Instead, staff decided that a more flexible, informal approach without a lot of documentation or paperwork would be more effective with kith and kin caregivers, particularly in the beginning stages. The pilot aimed to give caregivers support to enhance the child's development and the quality of care provided, emphasize the important roles that the caregivers play in the children's lives, and enhance their self esteem. The agency is funded to serve 50 children and their caregivers through the pilot.

Originally, MCC planned to have existing Early Head Start home visitors deliver services to both families and caregivers enrolled in the pilot, but eventually staff decided that a combined caseload was too burdensome. Consequently, a home visitor was hired just for the pilot. Planned services included home visits, access to social events and trainings, educational materials and equipment, and referrals to community organizations. While MCC required three caregiver home visits per year, the number of home visits would ultimately be determined based on the needs and interests of caregivers.

Community Partners

To provide services to caregivers, the Early Head Start program collaborates with three primary partners, all of which fall under the umbrella of MCC:

- ***Child Care Resource & Referral Agency (CCR&R).*** An MCC child care specialist refers caregivers to training events sponsored by the agency, promotes the pilot at community meetings, and provides child care for grandparents who attend RAPP support groups (see below). In addition, the child care specialist conducted a well-received Infant/Toddler CPR training for parents and caregivers and plans to provide additional trainings for pilot caregivers in the future.
- ***Crisis Care Program.*** This program trains and maintains a volunteer pool of licensed family child care and foster care providers to make back-up child care on an emergency basis available to families in a self-defined crisis.. Volunteers can provide care for up to 72 hours and receive a small stipend. Two grandmothers enrolled in the pilot have accessed the program—one for medical reasons and one due to scheduling conflicts. One enrolled caregiver who is a retired licensed provider has volunteered with the Crisis Care Program since before the pilot began.
- ***Relatives As Parents Program (RAPP).*** This is a relatively new program that was in place 15 months before the pilot began. It offers a support group for grandparents who care for their grandchildren. Speakers deliver presentations on such topics as housing assistance, weatherization, the 4-H club, income tax preparation, and completing job applications. Transportation and child care are available for participants.

Pilot Staffing

The Kith and Kin Program Coordinator oversees the pilot; she also provides oversight for the CCR&R agency and RAPP. In December 2004, a home visitor was hired to deliver pilot services exclusively to caregivers. Before the pilot home visitor was hired, the coordinator delivered services to all enrolled caregivers and continues to work with three of them. The home visitor has a degree in social work and had previously worked at a youth crisis center and in nursing homes as a recreational therapist. She is a former Head Start parent. After she was hired, the home visitor participated in standard training sessions for new Early Head Start staff members, including an intensive 40-hour infant/toddler training. She also received one-on-one training on the pilot from the Kith and Kin Program Coordinator.

Recruiting Families and Caregivers

The agency uses a variety of recruitment methods for the pilot. One of the most effective methods is referral from Early Head Start home visitors and family service workers. Families and caregivers have also learned about the pilot through other programs operated by MCC and at RAPP gatherings. Some have been approached by pilot staff at Early Head Start group socialization events.

In describing the pilot to families and caregivers, staff stress the minimal paperwork burden and the program's flexible format. Home visits and pilot contacts can take place anywhere—in the home, at Early Head Start socializations, or by phone—and caregivers determine the level of support and services that they want to access. This flexibility is appealing to caregivers. Sometimes families or caregivers who initially are not interested decide to join once they learn more about the benefits of the pilot. Having the pilot home visitor accompany the Early Head Start home visitor on a weekly visit to talk about the available services with parents and caregivers has been a useful strategy for generating interest in the pilot.

Characteristics of Caregivers

As of June 2005, 42 caregivers caring for 46 Early Head Start children were enrolled in the pilot. The majority of caregivers were grandmothers, though a range of other relatives were participating as well, including one great-grandmother and one niece. Some children were cared for by multiple family members; one child who was in state custody at the time rotated between four relatives. A few caregivers were friends or neighbors. Since the pilot began, one or two caregivers have expressed interest in becoming licensed or registered caregivers. One grandmother is a retired licensed family day care provider.

For the most part, while some caregivers are reluctant to join the pilot, those who decide to enroll tend to remain in the program.

Services Provided Through the Pilot

MCC's pilot program supports caregivers by providing home visits, training and group event opportunities, home and safety equipment, educational materials, access to a lending library, social service referrals, and transition services for caregivers when children move from Early Head Start to Head Start.

Home Visits. Topics covered during home visits are caregiver-driven; no formal curriculum is used. At the first home visit, caregivers complete a partnership agreement that surveys their needs and interests. Common topics of discussion include nutrition, safety, setting limits, and developmental stages; the home visitor models developmentally-appropriate caregiving practices as needed. Caregivers have asked for information about explaining death and dying to children who have recently lost family members, as well as the long-term effects of parental drug use or exposure to the manufacture of methamphetamine in the home.

Caregivers determine the frequency of home visits as well as the topics covered. MCC officially requires three home visits per year, though most participants receive about one visit each month; some caregivers request bimonthly visits, while others opt to meet with the home visitor at Early Head Start socializations on a more sporadic basis.

Group Events. Caregivers are invited to attend the weekly Early Head Start group socialization events, along with other trainings and group activities sponsored by MCC. Some grandparents have attended RAPP meetings; one grandmother preferred RAPP to the Early Head Start socializations because she felt more comfortable with other caregivers her age. In addition, the CCR&R agency conducted an Infant/Toddler CPR and first aid training for caregivers; participants received smoke alarms, carbon monoxide detectors, fire extinguishers, and first aid kits. Some caregivers also attended a car seat safety training and received a free car seat, with the option to have it installed for them. One caregiver has completed part of a 40-hour infant and toddler training curriculum.

Materials and Equipment. The pilot operates a mobile lending library with toys, books, videos, and other items that the home visitor brings to each home visit; this is a popular resource with caregivers and families. The home visitor prepares activity packets containing art supplies and ideas for art-related activities. These items are made available not only for children enrolled in the pilot but also for other children being cared for in the household. Caregivers can also request home and safety equipment such as cribs, high chairs, safety gates, door knob safety latches, and play pens as needed.

Referrals. The home visitor routinely refers caregivers to a range of community resources and social services—many of which are housed within MCC. Caregivers have received information on legal assistance, energy assistance, weatherization, housing assistance, tax preparation, migrant health services, and food banks. In addition, the home visitor can make referrals to behavioral health and mental health specialists who are under contract with MCC if needed.

Transition Services. Because MCC strongly believes in a seamless Early Head Start/Head Start service delivery system, the program plans to continue providing limited services to caregivers even when families transition out of Early Head Start. For example, the home visitor will continue to send newsletters about upcoming trainings, conduct home visits in the short term if there is an urgent need expressed by the caregiver, and refer caregivers to the CCR&R agency for additional support. Agency staff think that this service approach is an important step in maintaining their relationships with local families.

HAMILTON CENTER, INC.**TERRE HAUTE, INDIANA**

Founded in 1971, Hamilton Center, Inc. (Hamilton Center) is a non-profit behavioral health agency that serves approximately 10,000 individuals annually in nine Indiana counties: Vigo, Clay, Greene, Hendricks, Marion, Owen, Parke, Putnam, Sullivan, and Vermillion. The agency offers a broad array of services for adults and children. Programs for adults include counseling, addiction counseling, intensive inpatient and residential behavioral services, rehabilitation services, and the Affinity Stress Center. Programs for children include outpatient counseling, family preservation, day treatment, foster care, Healthy Beginnings (early intervention), and Early Head Start.

The agency's Early Head Start program began operating in 1995 as one of the first 68 programs funded. Hamilton Center is currently funded to serve 80 families with pregnant women, infants, and toddlers. The program offers center-based services to 20 families, home-based services to 44 families, and a combination option to 16 families.

Goals and Design of the Enhanced Home Visiting Pilot

The primary goals of the pilot are to provide caregivers with information about developmentally appropriate practices, to enhance the learning environment for Early Head Start children, and to foster continuity in caregiving for the child across the home and child care settings. Program staff decided to base the design for the pilot on their design for the Early Head Start and Healthy Families home-based option. Prior to beginning the pilot, the agency conducted a needs assessment—including a family survey and consultation with the Policy Council, staff, and community partners—to determine how many families used kith and kin care. Based on this assessment, the agency planned to enroll 11 caregivers in the pilot.

The program planned to provide home visits to caregivers based on the caregivers' identified needs and interests. Caregivers would have at least two home visits monthly. Caregivers would be invited to attend all Early Head Start group socialization events, and the agency would organize group socializations specifically for the caregivers and children. Training for caregivers would be provided by the agency's community partner. In addition, the agency would purchase developmentally-appropriate toys, books, and equipment for the caregivers and children.

Community Partner

Hamilton Center chose Community Coordinated Child Care, known as 4Cs, as its community partner for the pilot. This agency serves as the child care resource and referral agency for Hamilton Center's service area and plays a lead role in the community on initiatives to improve child care quality. The agency provides training for caregivers and

Early Head Start staff on quality caregiving practices and basic information to staff on the steps kith and kin caregivers must take to become licensed child care providers. 4Cs also operates a lending library with educational resources and activities that can be used during caregiver home visits. The agency is also available to provide First Aid and CPR training for caregivers.

Pilot Staffing

The Early Head Start program manager oversees pilot operations and supervises the pilot staff. Five home educators provide home visits to both the families and the caregivers. Agency staff decided that using the same home visitor would help to foster continuity of care across the two settings. When establishing home educators' caseloads, pilot families are weighted as two families to account for the caregiver home visits. When the pilot began, the agency hired one additional home educator to accommodate the home visits to caregivers.

All of the home educators have bachelor's degrees, and four have several years of experience working in Early Head Start. In addition to ongoing staff training activities, Hamilton Center provided home educators with two trainings specifically for the pilot. The first, conducted by a mental health consultant, focused on active listening skills and techniques for facilitating communication. The second training, conducted by 4Cs, reviewed resources in the community that are available to caregivers and the process for becoming a licensed child care provider.

Recruiting Families and Caregivers

To recruit families for the pilot, home educators offer pilot services to families already enrolled in Early Head Start who use kith and kin child care. Once a family agrees to enroll in the pilot, the home educator usually conducts a home visit with the caregiver to discuss the pilot. Staff feel that many of the caregivers are already familiar with Early Head Start and are interested in obtaining additional services for the children. Some caregivers are also attracted to the pilot by the free toys, books, and safety equipment.

In an effort to increase pilot enrollment, Early Head Start staff have also contacted families on the waiting list to identify those that use kith and kin care and prioritize them for enrollment. Due to low enrollment in the initiative, the decision was made to offer enhanced services to those families enrolled in the combination option within Hamilton Center, Inc. Teachers would serve as the primary contact for the family, and a home based educator would be assigned to provide enhanced services to the caregiver. Staff have also encouraged other community agencies to refer eligible families and caregivers to the pilot.

Characteristics of Caregivers

In June 2005, the agency had six caregivers enrolled in the pilot. Each of the five home educators was serving one or two pilot families and their caregivers. Half of the caregivers are the children's grandmothers. One is an aunt, one is a great-grandmother, and one is a

family friend who operates a family child care home. At the time of the site visit, she was in the process of becoming licensed with the help of 4Cs. Some of the relative caregivers live in the same home as the family and child.

Services Provided Through the Pilot

Hamilton Center provides pilot caregivers with regular home visits, materials and equipment, and opportunities to attend group socialization events.

Home Visits. The home visits occur on a weekly or bimonthly basis and usually last for about 90 minutes. The home educators try to target the needs of individual caregivers. During the initial visit, the home educator gets to know the caregiver and her needs and interests. Initial goals are established, including developmental goals for the child and goals for the caregiver. Caregiver goals may focus on child-caregiver interactions, personal issues such as finding employment or better housing, or communication between the caregiver and parent. During a typical home visit, the home educator follows up on child-caregiver activities discussed the previous week, does a new activity with the child and caregiver, discusses caregivers' questions and progress on goals, and completes a home visit record. To keep the parents informed of program services, the home visit records completed in the caregiver's home are shared with the parents on a regular basis. Home educators use the Hawaii Early Learning Profile (HELP) curriculum as a guide for conducting the visits.

Materials and Equipment. The home educators provide the caregivers with health and safety equipment, such as first aid kits, outlet covers, smoke detectors, and safety gates. They also provide caregivers with developmentally appropriate toys and books for the children. Most items are purchased for the caregivers, but some toys and books are loaned.

Group Events. The home educators invite caregivers to the bimonthly family days, usually conducted on week nights, organized for Early Head Start families and children. In addition, the pilot has organized two group socialization events specifically for the caregivers and children. Training events for caregivers have not yet been held but are planned for the future.

COMMUNITY ACTION WAYNE/MEDINA**WOOSTER, OHIO**

Community Action Wayne/Medina (CAW/M) has been operating in Wayne and Medina Counties for over 30 years. Services offered include Head Start, Early Head Start, and Triway Preschool; support groups for parents; Building Healthy Families; after-school programs; and male involvement activities. Other services include fire/poison safety; home weatherization assistance programs, emergency home energy assistance; urgent health services transportation; operation HOMES intake; prescription drugs for seniors; food pantry; homeless assistance and prevention; and senior visitation programs.

CAW/M's Early Head Start program, operational since 1998, is funded to serve a total of 112 infants, toddlers, and prenatal mothers. The program operates both a home-based option and a full-year, full-day center for working parents who receive child care subsidies. The Early Head Start program is also involved in the Child Welfare initiative and has partnered with the local child welfare agencies in both Wayne and Medina Counties.

Goals and Design of Designing the Enhanced Home Visiting Pilot

Until 1998, the CAW/M Head Start home-based option was designed to offer home visits to any adult who cared for a child. In 1998, the program changed this policy to serve only the children's parents or legal guardians. When the Enhanced Home Visiting grant announcement was issued, CAW/M management staff were attracted to its service delivery approach, because not only was it home-based, but it also reached out to other adults who fit into a broader definition of "caregiver." They saw the pilot as a way to return to working with the other adults who are involved in children's lives. The program envisioned that the pilot would target not only kith and kin caregivers, but foster parents and kinship care providers as well.

The goals of the pilot are to provide additional educational opportunities for the Early Head Start children; identify needs of kith and kin caregivers; increase opportunities for parents and caregivers to form a united bond for the education of infants/toddlers; and increase the quality of educational supports provided by the kith and kin caregivers. In the original design, CAW/M planned to contract with a community partner for home visitors that would conduct home visits with kith and kin caregivers two times per month. CAW/M changed their initial implementation plans once program staff learned that other pilot sites were using the Early Head Start home visitors to conduct visits to caregivers. Other planned services included group socializations and training opportunities that would be jointly conducted by CAW/M and the community partner; invitations to caregivers to attend weekly Early Head start socializations; and use of the Parent Store—a CAW/M facility where Early Head Start parents can purchase a variety of items with points they have accumulated by participating in events home visits or other program events.

Community Partners

For the pilot, CAW/M partnered with two Help Me Grow agencies; one located in Wayne County, the other in Medina. Help Me Grow is a statewide program run by the Ohio Department of Health, Bureau of Early Intervention Services. The program is designed to provide home-based specialized services to infants and toddlers who are identified at-risk, experiencing a developmental delay, or diagnosed with a physical or mental condition that is likely to result in a developmental delay.

CAW/M partnered with the Help Me Grow agencies to provide home visitors for delivering services to kith and kin caregivers and to collaboratively conduct group socializations and training events for parents and kith and kin caregivers enrolled in Help Me Grow or the pilot. However, once the director of Early Head Start learned that they were allowed to use the Early Head Start home visitors to conduct visits to both the parent and kith and kin caregiver, it was determined that the Help Me Grow home visitors would not be involved in the pilot. CAW/M still plans to work with Help Me Grow staff to conduct joint training opportunities and socializations.

Pilot Staffing

The Chief Operations Officer of CAW/M is responsible for the start-up of the pilot. She assigned the Early Childhood Education Coordinator the role of overseeing the pilot operations in October 2005. The Early Head Start home visitors are responsible for conducting home visits to parents and kith and kin caregivers. The home visitors are supervised by operations managers. One operations manager is assigned to supervise the home visitors in Wayne County; the other supervises the home visitors in Medina County. Home visitors are required to have a minimum of an Associate's degree in Early Childhood Education, child development, or a related field, and one year of experience working with infants and toddlers. Although staff did not receive specific training for the pilot, the operations managers reported that staff attended trainings on working with teen mothers whose children are in foster care and understanding family dynamics and strategies on negotiating/mediating communication.

Recruiting Families and Caregivers

Due to changes to the pilot design, the implementation of the pilot was delayed. As a result, in October 2005, the program had not yet begun to enroll caregivers and families. However, the Early Head Start home visitors have identified families in their current caseloads who use kith and kin caregivers or who are involved in the foster care system to approach about enrolling in the pilot. Staff reported talking with families about the pilot. If the families expressed interest, staff then encouraged the families to speak to the caregivers or they contacted the caregivers directly. For families involved in the foster care system, staff will attempt to deliver services to either the biological parent, the foster parent, or a kith and kin caregiver. This depends on the person currently enrolled in Early Head Start. Staff expect that communication with a biological mother or foster parents will have to be approved by the local child welfare agencies.

Services Provided Through the Pilot

The pilot plans to provide home visits twice per month to caregivers, to invite caregivers to Early Head Start socializations, and to offer group training events and socializations for caregivers and families enrolled in the pilot.

Home Visits. The director and home visitors reported that they will conduct home visits to caregivers twice per month. The home visitors reported that they expect the home visits to kith and kin caregivers will be similar to visits conducted to families. The staff see the home visits to caregivers as an opportunity to reach the adults who spend the most time with the Early Head Start children. For families involved in the child welfare system, the home visits are an opportunity for the home visitors to deliver services to the adult not enrolled in Early Head Start. (The adult enrolled in Early Head Start varies by case.) In most cases the foster parent is served and the biological parent does not receive services; however, in some cases, the biological parent receives services, but the home visitors do not have contact with the foster parent.

Group Events. The staff reported that kith and kin caregivers will be invited to Early Head Start socializations and parent meetings. The director also indicated that CAW/M plans to partner with Help Me Grow to provide collaborative training events and socializations for the families and caregivers enrolled in the pilot and the families enrolled in Help Me Grow. The agency expects to conduct a needs assessment of the pilot families and caregivers and the Help Me Grow families to determine topics for the training events.

Materials and Equipment. The program plans to extend to kith and kin caregivers the opportunity to visit the CAW/M Parent Store, which is described above.

BARAGA-HOUGHTON-KEWEEAW CHILD DEVELOPMENT BOARD**HOUGHTON, MICHIGAN**

Founded in 1974, the Baraga-Houghton-Keweenaw (BHK) Child Development Board is a not-for-profit, early childhood agency that provides comprehensive early childhood education and health and family services to low-income families in the rural, upper peninsula of Michigan. The agency partners with several other organizations in the community to provide the following services: Head Start and Early Head Start, Michigan's 0 to 3 Secondary Prevention Program, Even Start, New Start, Caregiver Club, AmeriCorps, and Adult Education. BHK provides services to approximately 1,500 children each year; services are offered at 23 locations throughout its three-county service area.

BHK operates a seamless Head Start, Early Head Start, and Even Start program. Operating for about five years, the Early Head Start program offers center-based and home-based options for Early Head Start children; approximately half of enrolled families receive center-based care, and half receive home-based services. BHK also provides home-based services to additional Early Head Start-eligible children and families through other state- and federally-funded programs. In 2005, the agency was funded to enroll 321 children in Head Start and 95 infants, toddlers, and pregnant women in Early Head Start.

Goals and Design of Designing the Enhanced Home Visiting Pilot

Initially, BHK proposed to enroll 25 Early Head Start children and their caregivers, plus an additional 50 children and caregivers who were enrolled in other programs administered by BHK, in the pilot. Other funding sources would cover the cost of serving these additional families. The agency planned to target three types of caregivers: (1) seniors, such as grandparents and other elderly caregivers; (2) formal and informal caregivers, including regulated family child care homes, friends, and neighbors; and (3) babysitters and other occasional caregivers. Since the pilot was designed however, the agency has reduced the number of families it serves due to funding reductions in several programs. As a result, the target enrollment for the pilot was reduced to 25 Early Head Start and 15 non-Early Head Start children and caregivers.

The agency planned to use existing home visitors to provide bimonthly home visits to caregivers. BHK also planned to hire a senior mentor who would work closely with elderly caregivers and offer support groups for seniors. In addition, while BHK already offered play groups, the agency planned to offer additional play groups specifically for caregivers and children enrolled in the pilot. Caregivers would also have access to four parent resource centers operated by BHK and access to a mobile lending library.

Community Partners

BHK's primary community partner for the pilot is the Keweenaw Family Resource Center (KFRC). BHK and KFRC have a longstanding partnership, working collaboratively on a range of projects for the past 15 years. KFRC is a grassroots organization that provides services to children ages birth to 5 years and their families, including play groups, home visiting, a welcome baby service for new parents, a baby closet of donated clothes and equipment, and early intervention service coordination. At the time of the visit, BHK was contracting with KFRC to provide an Early Head Start playgroup and to supervise three home visitors who worked with families enrolled in Early Head Start, Even Start, and the pilot.

Pilot Staffing

The Enhanced Home Visiting Pilot coordinator has primary responsibility for overseeing pilot operations. She also oversees the agency's toy lending libraries and resource centers. Two home visiting coordinators supervise the work of seven BHK home visitors who provide services to families enrolled in a range of programs. At the time of the site visit, four of the home visitors were working with families and caregivers enrolled in the pilot.

Each home visitor has either a bachelor's degree, an associate's degree, a Child Development Associate (CDA) credential, or a teaching certificate. All of them participated in a one-day initial orientation to the pilot, as well as a half-day training on the pilot in fall 2004. In addition, they take part in regular training sessions for home visitors throughout the year.

Recruiting Families and Caregivers

Most of the families were recruited to enroll in the pilot by their BHK home visitors. Typically, the home visitor has already been working with the family and has established a trusting relationship with them. Once families agree to enroll in the pilot, the home visitor contacts the caregiver. Home visitors try to persuade a caregiver to enroll by explaining that she will be able to come to the caregiver's home, do activities with the caregiver and child, and also show the caregiver new activities to do with the child on her own. Home visitors present the services as "skills building" in an effort to avoid offending the caregiver or criticizing her skills as a caregiver. BHK staff have encouraged other organizations in the community to refer families and caregivers to the pilot. In addition, the pilot coordinator has made presentations to a number of parent meetings sponsored by BHK to encourage families to enroll.

Characteristics of Caregivers

In July 2005, 15 caregivers were enrolled in the pilot. Of these, eight provided care for Early Head Start children. Four were enrolled in other BHK home visiting programs, and

three were not receiving other BHK services. For example, one caregiver learned of the pilot from another caregiver and asked to enroll. Most of the caregivers are grandparents, but the agency's caseload also includes one aunt, one friend, and one boyfriend of the child's parent.

Services Provided Through the Pilot

Services provided through the pilot include biweekly home visits, socialization opportunities, training opportunities, and provision of materials and equipment through a lending library:

Home Visits. Caregivers receive home visits twice a month; each visit typically lasts about an hour. During the initial visit, the home visitor provides an orientation packet that includes a home visit checklist, a resource guide, a service plan, and a family contact form. The home visitor and caregiver also discuss the caregiver's interests and needs. Subsequent home visits are individualized to the needs of each child and caregiver. Topics covered during the visits include child development, behavior management, toilet training, health and safety, and other topics. Home visitors use a variety of curricula, including the Hawaii Early Learning Profile and Bounce, an infant-toddler curriculum developed by BHK staff.

Group Events. Caregivers are invited to a range of group socialization, training, and support group events offered by BHK. These include weekly play groups, special playgroups for pilot caregivers and children, and other group socialization events. Caregivers can also attend a support group for fathers, babysitting classes offered by the Red Cross, parenting classes offered through Even Start, and CPR classes.

Materials and Equipment. Materials such as books, toys, videos, and other resources on childrearing and child development are available to caregivers through four lending libraries and a mobile lending unit operated by BHK.

EIGHTCAP, INC.**GREENVILLE, MICHIGAN**

EightCAP, Inc., a community action agency established in 1966, seeks to promote the health, education, and welfare of residents in its service area. Currently, the agency provides services in four Michigan counties: Gratiot, Ionia, Isabella, and Montcalm. The agency offers a wide range of services including K-6 public education, housing programs, a foster grandparents program, Head Start and Early Head Start, a school readiness program, a welfare employment program, and other social services.

The agency provides early childhood education services to approximately 850 children enrolled in Head Start and 150 children enrolled in its school readiness program. EightCAP began operating its Early Head Start in 1997 and currently serves about 198 Early Head Start children annually. Almost all Early Head Start children and families receive services through the home-based option. The agency offers center-based care to 20 Early Head Start children through a collaboration with the local child welfare services agency.

Goals and Design of the Enhanced Home Visiting Pilot

In recognition of the growing number of infants and toddlers in both kith and kin and foster care in its service area, the agency designed its pilot to improve the quality of care these children receive by supporting their caregivers. In addition, the agency sought to reduce the number of foster care placements that young children experience by supporting the foster parents in their roles as caregivers. The primary target population for EightCAP's pilot is foster parents.

Prior to applying for the pilot, EightCAP had already received a state grant to operate a foster parent support program in one county. Agency managers modeled their pilot on this initiative and planned to extend it to all four counties in their service area. The program planned to deliver pilot services to the foster parents of the same children whose biological parents were receiving services from Early Head Start. This design would allow the pilot home visitor to focus on the children's and caregivers' needs while the Early Head Start home visitor worked with the parents. Services would include biweekly home visits, monthly caregiver meetings, play groups, and a resource van. Training offered through the pilot would be counted toward training hours needed to maintain the foster parents' licensing. Initially, EightCAP planned to serve up to 40 children and foster parents. Because there were fewer than 40 foster care placements in the agency's service area, however, the pilot has been able to enroll only about 25 caregivers.

Community Partners

The agency partnered with the Department of Human Services' (DHS) child welfare agency, also its partner for the foster parent support program. DHS caseworkers make pilot

referrals to foster parents or parents whose children are in child protective services and are being cared for by a relative. Members of DHS were involved in designing the pilot and met several times with Early Head Start staff to discuss the pilot's goals and objectives.

Pilot Staffing

The Head Start manager and Early Head Start coordinator provide general oversight for the pilot, and a pilot supervisor provides day to-day supervision of two pilot home visitors, known as Caregiver Advocates. Both of them have bachelor's degrees; one was previously an Early Head Start home visitor and the other worked as an Early Head Start intern. The advocates received training from DHS on child welfare law, the foster care system, and foster care licensing in preparation for their work on the pilot. In addition, they received the same in-service training as the Early Head Start home visitors, and they attended a training sponsored by Michigan State University on relative and kinship care.

Recruiting Families and Caregivers

Program staff identify families by targeting DHS foster families and families whose children are in child protective services who meet the Early Head Start eligibility requirements. In addition, families already enrolled in Early Head Start who are using kith and kin caregivers are generally receptive to the pilot because they want their caregivers to receive the same resources that they receive. Some biological parents are required by court order to enroll in Early Head Start and the Enhanced Home Visiting pilot in order to regain custody of their children. An incentive for foster parents to enroll is that training they receive counts towards training hours for their foster care license. One issue that has affected recruitment is a lack of foster families in the service area.

Characteristics of Caregivers

In August 2005, EightCAP had 21 caregivers enrolled in the pilot, including 16 foster parents and five kith and kin caregivers. The kith and kin caregivers were grandparents; most of them were caring for grandchildren placed with them by DHS. By law, foster parents must be licensed and registered to serve as foster parents. In general, the grandparents have had no interest in licensing.

Services Provided Through the Pilot

Through the pilot, caregivers receive regular home visits, materials and equipment, and group events such as trainings, play groups, and support groups.

Home Visits. Child Advocates conduct 90-minute, biweekly home visits that are individualized based on the children's and caregivers' needs. The Child Advocates administer developmental assessments and work with the caregivers to address the children's needs. For example, they help the caregivers to establish routines for the children and

suggest developmentally-appropriate behavior management strategies. Attachment disorders are common among the Advocates also provide information and training on attachment disorders, which are common among children.. In addition, they make appropriate referrals to address the caregiver's personal goals, such as attending school.

Group Events. The program offers various training and group events, including support and play groups. Play groups are usually held two to four times per month, while support groups occur about once a month. Topics that are covered during the support group meetings are driven by interests expressed by caregivers and have included subjects such as brain development and behavior management. Attendance at these meetings counts toward the training hours needed for foster care licensing.

Materials and Equipment. The Child Advocates bring materials and equipment that caregivers request to the home visits. The most requested item thus far has been car seats. Foster parents also ask for children's clothing, and grandparents primarily request cribs. In addition, safety equipment such as plug covers and cabinet locks are provided.

REGION 10 EDUCATION SERVICE CENTER

RICHARDSON, TEXAS

The Region 10 Education Service Center (Region 10 ESC) is one of 20 regional service centers in the state of Texas that provide a wide range of technical assistance, training, and support services to local school districts with the overarching goal of improving student achievement. This region serves 81 public school districts, 31 charter schools, and numerous private schools across eight counties in north Texas.

Region 10 ESC has been a Head Start grantee for 13 years and received its first Early Head Start grant in 1999. It partners with three local school districts to operate Early Head Start and gives priority for enrollment to pregnant and parenting teenagers, families that meet income eligibility guidelines, and children with disabilities. Funded to serve 120 Early Head Start families in three counties, over 150 are served annually in one of three Early Head Start centers or through the home-based option.

Goals and Design of the Enhanced Home Visiting Pilot

The pilot's goals are to improve the quality of child care provided by kith and kin caregivers, expand literacy opportunities for children, and support cognitive development of infants and toddlers so they can be successful in center-based and school-based programs in the future. Staff also work to increase continuity in caregiving across the various settings where children receive care. To determine the number of families it would serve, the agency surveyed all Early Head Start families enrolled in the home-based option. Approximately 10 families expressed interest in the pilot.

Based on this feedback, the Region 10 ESC decided to hire three additional Early Head Start home visitors, bringing the total number of home visitors on staff to six. All of them would provide home visiting services to both families and their caregivers enrolled in the pilot. Home visitors would conduct separate weekly visits to parents and caregivers, as well as monthly joint visits to discuss the child's goals. The pilot would also offer group meetings for caregivers, monthly two-hour training seminars for families and caregivers, and a range of resources and material support.

Community Partner

Region 10 ESC selected Early Childhood Intervention (ECI) of LifePath Systems, the Part C provider for Collin and Rockwall counties, to serve as its community partner for the pilot. ECI provides the same services to families enrolled in the pilot as it does for all Early Head Start families—developmental assessments, early intervention services, counseling, and service coordination. The early intervention specialist continues to work closely with the home visitors and families but is also available to meet with caregivers during the pilot home

visits if needed. For the most part, the home visitor shares information from ECI with the caregivers on the ways they can support the children's developmental goals.

Pilot Staffing

A project manager oversees the day-to-day operations of the pilot and is supervised by the Early Head Start coordinator. Required qualifications for the manager position are a master's degree in early childhood education and mentoring experience. A manager was hired when the pilot began but left the position after six months. At that time, the agency hired an education consultant, who used to work for the Region 10 ESC and helped launch the Early Head Start program, as a part-time interim project manager.

A total of six Early Head Start home visitors, three of whom were hired for the pilot, provide home visits to the families and caregivers. Each home visitor works with one or two caregivers. Minimum qualifications for this position include a GED or high school diploma, ability to earn a Child Development Associate credential within one year of hire, and English and Spanish (preferred) language skills. Two home visitors are working on their bachelor's degrees, and three had previous home visiting experience before joining Early Head Start. Prior to beginning the pilot, home visitors received a one-day orientation session from the pilot project manager and attended a training on the Parents As Teachers (PAT) curriculum. The home visitors meet individually with the interim project manager to discuss issues and concerns each week; pilot staff meet as a group monthly. There has been some turnover among home visitors since the pilot began, which has affected consistency of service provision for some caregivers.

Recruiting Families and Caregivers

Staff do not discuss the pilot with families who are new to Early Head Start during enrollment. Instead, home visitors wait until they have developed an initial level of trust with families, usually after the third or fourth home visit. At that point, home visitors briefly mention the availability of pilot services, leave a brochure (available in English and Spanish) that describes the pilot, and follow up during the next home visit. If the family is interested, home visitors then approach the caregivers. In addition, some teen parents have learned about the pilot from their family service specialists during the school year when they receive center-based Early Head Start services.

Once families have agreed to enroll in the pilot, caregivers are usually willing to enroll. From time to time, however, caregivers prefer to observe a home visit before making a decision. Staff think that using the same individual to provide home visits to parents and caregivers helps convince some families and caregivers to enroll, because the family is already comfortable with the home visitor.

Characteristics of Caregivers

In July 2005, 12 families and their caregivers were enrolled in the pilot. Most caregivers are relatives; some care for the children of teen parents. For two families, the home visitor works with two caregivers who share child care responsibilities—two grandmothers in one case, and a grandmother and non-custodial father in the other. Very few caregivers have expressed an interest in becoming licensed. Staff reported that state licensing requirements in Texas have become more stringent and that becoming licensed can be prohibitively expensive for some families.

Services Provided Through the Pilot

For its pilot program, Region 10 ESC offers regular home visits to caregivers, joint visits with caregivers and families, access to a book and toy lending library, socializations/play groups, participation incentives, and referrals to community resources. Group trainings were slated to begin in August 2005.

Home Visits. Home visitors conduct weekly or biweekly visits to caregivers that typically last 60 to 90 minutes; children enrolled in the pilot are expected to be present. Lesson plans are prepared for each visit and draw upon the PAT curriculum, though they are individualized according to the children's developmental goals. Home visitors model a different developmental activity at each visit, such as how to do infant massage, and provide information on developmental stages. They also explain how caregivers can make homemade toys with everyday household products and give them ideas for activities to do with the children. Caregivers receive a notebook to keep all educational materials that they receive. While caregivers do not receive safety equipment, one home visit is dedicated to a home safety "walk-through" of the home using a PAT checklist; during this activity home visitors discuss how to make adjustments to the physical environment as appropriate.

Joint Visits. Early Head Start staff also try to schedule a monthly joint home visit with caregivers and families—this is in addition to the pilot home visits and the regular weekly visits to families. These sessions provide an opportunity to facilitate communication between those directly involved in caring for the children, review child's goals and discuss new ones, and enhance service coordination and consistency of caregiving across the two settings.

Materials and Equipment. Through the pilot, caregivers have access to a lending library that contains books, toys, puzzles, and blocks. Caregivers also earn "baby bucks" by participating in the pilot, which can be exchanged for incentive items such as diapers. The pilot does not provide health or safety equipment directly to participants—only information on effective practices—though sometimes staff obtain in-kind cribs and car seats from other community resources. Home visitors also distribute donated clothes and shoes as needed.

Referrals. Caregivers have asked home visitors for information on a range of community resources. For example, home visitors have made referrals to Temporary Assistance for Needy Families (TANF), Legal Aid, budgeting assistance, transportation

assistance, WIC food pantries, GED and ESL classes, programs that offer housing vouchers, and doctors and dentists who accept Medicaid. In addition, home visitors inform caregivers about free upcoming social events being offered in their communities.

Group Events. There have been no group events or trainings organized for caregivers; these were to begin in August 2005. While caregivers are invited to attend the Early Head Start play groups and other group socialization events, few have attended due to transportation barriers and busy schedules.

HUTCHINSON PUBLIC SCHOOLS UNIFIED SCHOOL DISTRICT #308

HUTCHINSON, KANSAS

The Hutchinson Public Schools Unified District #308 (HSP) is the third largest school district in the state of Kansas. It serves more than 5,000 students from pre-school through twelfth grade. The district enrolls children from a 14 square mile area in the city of Hutchinson. Its Head Start and Early Head Start programs serve a total of six school districts throughout Reno County.

While the Head Start program has been in operation since 1965, the district received its first Early Head Start grant in January 2004. Together, the two programs serve 274 families. Early Head Start is funded to serve 50 families with infants and toddlers and 10 families with pregnant women. Nearly all of these families (48 of 60) are served through the home-based option. Through partnerships with two child care centers, 12 center-based slots are available for parents who work at least 30 hours per week or who attend high school.

Goals and Design of the Enhanced Home Visiting Pilot

The design phase of the pilot coincided with the startup of the Early Head Start program. During the implementation phase for Early Head Start, staff learned that many families did not want to use center-based care for infants and toddlers and relied much more on kith and kin child care. Consequently, HSP decided that the pilot would enable them to better meet the needs of local families by improving the quality of care from these types of caregivers. The program is funded to serve 20 caregivers.

HSP planned to offer 90-minute weekly or biweekly home visits to caregivers based on WestEd's Program for Infant and Toddler Caregivers (PITC) modules. Promoting early literacy was one of the overarching goals of the pilot, and a lending library housed at the Early Head Start would be one available resource for literacy promotion. Other planned services included monthly trainings for caregivers, a stipend for caregivers who participate in the home visits and trainings, special group socializations for caregivers, and free materials and equipment.

Community Partners

HSP selected Child Care Links Association (CCLA), the local child care resource and referral agency, as its community partner for the pilot. CCLA agreed to provide an Infant/Toddler Specialist to conduct monthly caregiver trainings for 10 months each year. Trainings are offered twice (an evening session during the week and a repeated Saturday morning session) to better accommodate caregivers' schedules. Each training lasts two hours and focuses on a topic from PITC or from trainings offered to child care providers through the Kansas Department of Health and Environment. A Provider Feedback Survey, administered to participating caregivers by the pilot home visitor, also helps guide the

selection of training topics to best meet the caregivers' needs. Sometimes the pilot home visitor also makes suggestions to CCLA for training topics based on issues she encounters on the home visits. During the design phase, CCCLA played an important role in developing a framework for the trainings, and the Infant/Toddler Specialist attended one of the grantee meetings in Washington, D.C.

Pilot Staffing

The Home-based Services/Child Care Partnership Coordinator oversees the pilot and supervises the pilot home visitor. Initially, the three Early Head Start home visitors were to provide home visits to both families and caregivers. However, staff decided to hire a home visitor exclusively for the pilot after they heard about how well this structure was working for other pilot grantees. There was a staffing transition a few months after the pilot began when the original pilot home visitor became an Early Head Start home visitor and needed to be replaced. This change interrupted pilot services for a few months.

The current home visitor has an associate's degree in early childhood education and previously worked as a Head Start teaching assistant. Training for the pilot mirrors the training that HSP provides its Early Head Start home visitors, which includes training on Born to Learn: Parents As Teachers and Partners in Parenting Education Program (PIPE), a ZERO TO THREE training, and an orientation on the Head Start performance standards. Monthly staff trainings on various topics serve as ongoing professional development, and the coordinator meets with the home visitor every other week to discuss pilot operations.

Recruiting Families and Caregivers

Recruitment for the pilot begins with the Family Services Workers, who are responsible for recruitment and intake for Early Head Start. If they determine that a family is eligible for the pilot, they contact the pilot home visitor who in turn approaches the family. In most cases, she accompanies the Early Head Start home visitor on a regular weekly home visit to talk to parents about the benefits of the pilot and services offered. If the family is interested, she usually asks them to discuss the pilot with the child's caregiver, and then she meets with the caregiver and parents together to enroll them. Most caregivers have been receptive to joining the pilot and are particularly attracted to the offer of free materials.

Characteristics of Caregivers

In July 2005, HSP had six caregivers enrolled in the pilot. Three caregivers are grandmothers, and one is a family friend. Two caregivers are registered family child care providers, and both are in the process of being licensed. Another caregiver had expressed interest in becoming registered or licensed. The grandmothers each cared for less than four children, but the family child care providers cared for approximately 10 children each, the majority of whom were not enrolled in the pilot. The family friend cared for nine children, including six of her own, one child enrolled in the pilot, and his older brother. There has been very little turnover among caregivers since the pilot began. Only one family dropped

out because the parent stopped working and the family subsequently moved outside of HSP's service area.

Services Provided Through the Pilot

HSP provides a range of services to caregivers through the pilot, including regular home visits; monthly trainings; health, safety, and educational materials; access to the Early Head Start lending library; and stipend payments.

Home Visits. Caregivers usually receive biweekly home visits, which last about 90 minutes. During the first home visit, the home visitor collects enrollment information, but primarily she uses this time to begin developing a relationship with the caregiver and the children in care. Services provided during the pilot home visits target the needs of the Early Head Start child rather than the caregiver. The home visitor uses the Parents as Teachers curriculum as an informal guide. Each home visit includes a child-caregiver activity (for example, arts and crafts), reading, and one physical activity. Because most caregivers care for other children aside from those enrolled in the pilot, the home visitor tries to engage all children during the visit. However, she tries to give some individualized attention to the enrolled child. For example, she might read a book to all children but then will read to just the enrolled child while the caregiver plays with the other children. In addition, the home visitor spends some time discussing a particular health or safety topic with the caregiver or modeling a developmentally-appropriate practice or activity. She also informs caregivers about other available community resources and services.

Group Events. The primary group activity offered through the pilot is the monthly training led by the Infant/Toddler Specialist from HSP's community partner, CLLA. These trainings are held for ten months out of the year; each session is offered twice a month. Early Head Start child care partner staff and the Early Head Start home visitors are also invited to attend the trainings, which focus on a different topic each month. To encourage participation, the program provides child care and transportation. Furthermore, if caregivers participate in the home visits and attend the monthly training, they receive a stipend of \$1.00 per hour for each child enrolled in the pilot who is in their care. A few caregivers regularly attend the CLLA trainings, and staff think that offering the same training twice a month to accommodate schedules has helped increase participation. HSP also invites caregivers to monthly Child Development Associate (CDA) trainings, which are geared towards center-based child care providers. One caregiver regularly attends the CDA trainings. HSP had not yet sponsored group socialization events specifically for caregivers because it is difficult to find a convenient time when they can meet.

Materials and Equipment. The home visitor distributes toys, games, compact disks, and books to the caregivers, most of which they can keep; sometimes items are loaned and then replaced with new items. She tries to select materials that are developmentally appropriate for the children enrolled in the pilot as well as other children in the home. In addition, the home visitor is developing "exploration packets" with materials to target the individual needs of the child. For example, if one goal is independent eating, then the caregiver would receive a packet including bibs and spoons. Caregivers receive first aid kits,

and they frequently receive an incentive at a monthly training that reinforces the content covered. For example, caregivers received sunscreen at a session on sun safety, and toothbrushes and toothpaste at an oral health training. A book-lending library is also available to caregivers through the Early Head Start program.

NORTHWEST NEBRASKA COMMUNITY ACTION COUNCIL

CHADRON, NEBRASKA

The Northwest Nebraska Community Action Council (NNCAC) was formed in 1965 to help needy families and individuals in five rural Nebraska counties: Box Butte, Cherry, Dawes, Sheridan, and Sioux. Services offered include Head Start and Early Head Start; housing and weatherization; the Retired Senior Volunteer Program; emergency rent and utility assistance payments; food resources; donated clothing and household items; the Foster Grandparents Program; the Child Care Initiative; and the Early Development Network, which supports families with children ages birth to three who have a disability or qualify for special education services through a local school district. NNCAC serves over 1,500 families annually.

NNCAC has provided Early Head Start services since 1999 in Box Butte and Dawes counties. The Early Head Start program is funded to serve 18 children through the home-based option in each county (36 total), and there are waiting lists of about 20 families in both counties.

Goals and Design of Designing the Enhanced Home Visiting Pilot

Prior to receiving the grant, Early Head Start staff had been involved with NNCAC's Child Care Initiative (CCI) to support local child care providers in improving child care quality. Encouraged by some early successes, they saw the pilot as a way to continue this work, targeting both kith and kin providers as well as licensed family child care providers. In addition to caregivers of Early Head Start children, staff initially planned to serve caregivers of children in its Early Development Network who were Early Head Start-eligible, but they learned from the Head Start Bureau that this was not permitted. The pilot is funded to serve 20 caregivers in Box Butte and Dawes counties.

The overarching goal of the pilot is to improve the quality of care for children in home child care environments. NNCAC hired two pilot home visitors—one for each county—who would conduct weekly, 60-minute home visits to caregivers. Services and activities would be individualized and would reinforce the child's goals developed by the Early Head Start home visitors and families. Home visitors would model developmentally-appropriate practices and provide materials that could be used to enhance learning experiences for the children. Caregivers would also be invited to biweekly Early Head Start socializations and other group activities.

Community Partners

The program's most active community partner for the pilot is CCI. Started three years ago in close partnership with Early Head Start, this initiative provides resources, support, and training to family child care providers (mostly licensed) to enhance child care quality for

infants and toddlers in Box Butte and Dawes counties. Through the pilot, CCI is also reaching out to kith and kin caregivers. CCI offers a range of services to caregivers enrolled in the pilot. It sponsors training sessions, covers the costs of substitutes when caregivers attend trainings, and helps caregivers acquire supplies and equipment. The CCI manager is available to make home visits to caregivers who need extra support in improving the home environment (for example, advice on room arrangement to create a more play-friendly space).

NNCAC can also link caregivers with its other established partners as appropriate. Through a contract with the Panhandle Mental Health Services, a mental health specialist can participate in a home visit and up to three additional visits per year that focus on mental health and well-being for caregivers or family members. Additionally, a family advocate from the Western Community Health Center is available to help caregivers clean their homes to improve the quality of the care environment. As of June 2005, caregivers had not yet accessed these services.

Pilot Staffing

The Head Start/Early Head Start director is responsible for the pilot's day-to-day operations. The pilot coordinator supervises the Early Head Start home visitors and one pilot home visitor for Box Butte County, and the family development/health program manager supervises the Early Head Start home visitors and one pilot home visitor in Dawes County. NNCAC hired the two pilot home visitors in May and October 2004, respectively; one replaced an original home visitor who did not work out. One home visitor is a former Head Start parent who is working on an associate's degree in special education. The other is a former Head Start teacher and a former licensed family child care provider with an associate's degree in early childhood education. In preparation for the pilot, the home visitors attended Head Start/Early Head Start in-service trainings and a Parents As Teachers training, and they shadowed Early Head Start staff on some home visits. One home visitor completed two one-week home visitor trainings in Omaha, Nebraska; the other visitor is scheduled to take this training in fall 2005.

Recruiting Families and Caregivers

In most cases, Early Head Start home visitors approach families that use kith and kin child care to see if they would like to join the pilot. They then invite the pilot home visitor to accompany them on a regular weekly visit to talk about the services and to play with the children. This preliminary face-to-face contact helps establish a relationship between pilot staff and families. If the family agrees to join, the parents complete a partnership agreement and either contact the caregiver directly or give permission for pilot staff to contact the caregiver. Outside organizations also make referrals to the pilot, and pilot home visitors have attended local child care provider meetings to advertise the program.

Characteristics of Caregivers

In July 2005, the pilot had four active caregivers in Box Butte County (two additional caregivers have not been active) and three in Dawes County. On average, about half of the pilot caregivers enrolled at any given time are licensed family child care providers who receive compensation for child care services. These caregivers tend to provide full-time care to multiple children; one cares for ten children at any one time. The other caregivers are relatives, usually grandmothers or aunts. The relative caregivers have not expressed an interest in becoming licensed.

Caseloads have fluctuated over the course of the pilot. Several caregivers dropped out, usually due to a change in family circumstances such as moving, loss of employment, or transitioning out of Early Head Start. One grandmother dropped out because her husband did not feel comfortable with the home visits.

Services Provided Through the Pilot

Pilot services offered by NNCAC include weekly home visits, access to a lending library and participation incentives, opportunities to attend trainings, opportunities to participate in Early Head Start socializations and Head Start/Early Head Start group activities, and community referrals.

Home Visits. Home visiting services begin with caregivers completing a partnership agreement, a needs assessment, and an interest survey. Visits are conducted each week and last between 60 and 90 minutes. They are based on an informal lesson plan that the home visitor and caregiver developed at the previous visit. During a typical visit, the home visitor shares information on whatever topic is of interest to the caregiver (for example, language development or motor skills); models techniques, such as cuddling infants; and gives activity ideas that the caregiver and children can do together. Pilot staff also reinforce developmental goals for the children that families have developed with their Early Head Start home visitors. Sometimes the home visitor organizes a group activity for all children in the home, like an art project or making cookies. Home visitors do not use a formal curriculum, though from time to time they draw upon information from PAT or other resources. In addition, a portion of each visit is spent discussing the caregiver's questions or concerns. Staff also spend some time playing with the children to give caregivers respite.

Group Events and Individualized Trainings. Caregivers are invited to the bimonthly Early Head Start socializations and all Head Start/Early Head Start group activities, such as Family Fun Nights. Relatives are more likely to attend these events than family child care providers. The pilot also provides training opportunities through CCI and other organizations. Some caregivers have attended a CPR/first aid training, a two-day early childhood conference sponsored by a local college, and a state food program presentation. In addition, NNCAC obtained special permission from the regional child care licensor to allow the technical assistance that occurs during the home visits (for example, if the visitor spends 30 minutes discussing car seat safety) to count toward the required 12 hours of annual training to maintain licensure.

Materials and Equipment. Caregivers have access to a lending library with books, toys, and videos. CCI has helped caregivers obtain supplies such as books, soft furniture, and car seats. NNCAC offers books and toys from its collection of donated items from the Hallmark Company as incentives to join the pilot.

Referrals. Pilot home visitors have referred caregivers to various community resources, many of which are housed within NNCAC. These have included maternal and child health services, a food program, WIC, tax preparation and household budgeting, weatherization, and legal counseling. Frequently home visitors gather information on behalf of caregivers, especially the licensed providers, since it is difficult for them to leave their homes during regular business hours. One caregiver received referral information on school readiness for a non-Early Head Start child with special needs in her care.

COMMUNITY ACTION AGENCY OF SIOUXLAND

SIoux CITY, IOWA

Founded in 1971, the Community Action Agency of Siouxland (CAAS) provides a broad range of services to low-income members of the greater Sioux City community—including Head Start and Early Head Start, food, clothing, and other emergency assistance, shelter for the homeless and a shelter for women and children, weatherization services, the child care food program, low-income heating assistance, and a food bank. The agency serves approximately 14,000 community members annually, two-thirds of whom have incomes below poverty.

The agency's Early Head Start program began in 1999. It is funded to serve 85 children and pregnant women through the home-based option. At the time of the site visit, however, the agency was serving 102 children because several families had multiple children enrolled in the program.

Goals and Design of the Enhanced Home Visiting Pilot

CAAS maintains a lengthy waiting list for its Early Head Start program. Initially, in an effort to serve more eligible children in the community, the agency planned to enroll non-Early Head Start children who were in kith and kin child care arrangements in the pilot. When the program received its grant for the pilot, however, the Head Start Bureau clarified that only current Early Head Start families were eligible for enrollment. The program was funded to enroll 20 children and their caregivers in the pilot.

The program planned to hire two child care specialists to conduct weekly, 90-minute home visits with caregivers. The visits would be conducted using the same approach that is used with home visits to parents. The main focus of the visits would be activities for the child and caregiver to do together. Activities would be based on the developmental goals set for the child by the parent(s) and the family's Early Head Start home visitor to ensure continuity in activities done with the child across the two settings. The program also planned to conduct regular group training workshops with caregivers.

Community Partners

CAAS's Early Head Start program works with three community partners to deliver pilot services:

Even Start. The pilot collaborates with Even Start, a federally-funded family literacy program operated by the local school district, to provide a monthly *First Books* event for parents, caregivers, and children. Books and suggested learning activities are provided for these events by Iowa Public Television as part of its *Ready To Learn* program. At a typical

event, participants read the book and do a related activity or craft. In addition, each participant receives a book to take home.

Western Hills Area Education Agency, Region 12. This state agency provides support for school districts and all early intervention services for infants and toddlers in its region. The agency has partnered with the Early Head Start program since its inception to coordinate services for children with disabilities and their families. The agency provides services to some children enrolled in the pilot and sometimes provides early intervention services to children in the caregivers' homes. In addition, caregivers are able identify children with suspected disabilities or delays and through the pilot refer them for early intervention services.

Child Care Resource & Referral (CCR&R). Child care specialists refer caregivers to training events sponsored by the CCR&R and sometimes pay caregivers' registration fees. CCR&R staff members are also available to help caregivers with the process of becoming a registered family child care provider.

Pilot Staffing

The Early Head Start Education Manager oversees day-to-day work on the pilot and supervises pilot staff. The program hired two full-time child care specialists in May 2004 to conduct home visits and provide other services to the kith and kin caregivers. Both specialists have degrees in early childhood education and were trained through Wested's Program for Infant-Toddler Caregivers. In addition, one of the specialists has prior experience as a family child care provider, and the other has worked as an Early Head Start home visitor. Prior to beginning their work with the caregivers, both specialists attended a training sponsored by Parents As Teachers (PAT) on the primary curriculum the program uses for the caregiver home visits—*Supporting Child Care Providers Through Personal Visits*.

Recruiting Families and Caregivers

Program staff identify families who are using kith and kin care during the enrollment process. In addition, Early Head Start home visitors identify currently enrolled families that are beginning new kith and kin child care arrangements. The recruitment process begins when home visitors present the option of enrolling in the pilot to the families during home visits. If a family agrees to enroll, the home visitor passes on the caregiver's contact information to the education manager, who assigns the caregiver to one of the child care specialists.

The child care specialists then contact the caregivers to set up an initial visit. If the caregiver is reluctant, the specialist suggests participating in a single visit and then deciding whether to continue. Occasionally either parents or caregivers are initially reluctant to participate in the pilot, but they sometimes change their minds after they get to know the specialists during group socializations or other program events. According to staff, parents

are important advocates for the pilot; if they are excited about the services, they often help to convince the caregiver to participate.

Characteristics of Caregivers

In July 2005, the pilot had an active caseload of 12 caregivers. Of these, seven caregivers were related to the children. Most were grandmothers, but the caseload included one great-grandmother and one aunt. In addition, the pilot had recently enrolled one noncustodial father who cares for his child overnight on a regular basis. Five caregivers were registered child care providers who were not related to the children. Since the program's inception, only one of the relative caregivers has expressed interest in pursuing registration.

The program has experienced substantial turnover in caregivers; 31 caregivers had enrolled in the pilot since it began in May 2004, but of these only 12 remained by July 2005. The main reasons that caregivers left the pilot was that the child and family moved out of the Early Head Start program's service area, the child transitioned out of Early Head Start, the parent stopped attending school or work and no longer needed child care, or the parent and caregiver ended the caregiving relationship because of a dispute.

Services Provided Through the Pilot

Core services provided to caregivers through the pilot are weekly home visits, group training opportunities, group socialization activities for caregivers and children, first aid supplies and home safety items, access to a toy lending library, and referrals.

Home Visits. The child care specialists conduct weekly home visits to most caregivers; only a few have requested less frequent schedules. Most visits last about an hour. *Supporting Child Care Providers Through Personal Visits*, developed by PAT, is the primary curriculum used for the visits, although the specialists individualize visits to the needs of the child and interests of the caregiver. The main focus of the visit is a child-caregiver activity, such as matching game, a creative project, a fine motor exercise, or another age-appropriate activity. Specialists select these activities based on the developmental goals established for each child. If the caregiver has other children in the home, the specialist brings age-appropriate activities for them as well. The specialist usually leaves at least one activity for the caregiver and child to work on during the week and follows up on their experience with the activity the following week.

During the visit, the specialists talk with caregivers about goals they have established, review handouts for that week's lesson, and provide information about upcoming program and community events. Specialists also make referrals to CAAS services such as energy assistance and the food bank, as well as other community resources. Caregivers have access to the EHS mental health consultant as needed.

Group Events. Initially, the pilot planned to offer regular group training events, but staff members learned that most of the caregivers do not want to attend group training.

Instead, staff began inviting caregivers to attend the group socialization events for families and children that are offered to all Early Head Start families. Many of the relative caregivers attend these events with the children and sometimes with the children and parents. Caregivers are also invited to a monthly *First Books* event cosponsored by the local Even Start program. Specialists also inform caregivers about training offered by the local child care resource and referral agency and sometimes pay for caregivers to attend first aid, CPR, and other relevant training courses for caregivers. If necessary, Early Head Start will pay for a substitute to provide child care in the caregiver's home while he or she attends training.

Materials and Equipment. When specialists do a home visit lesson on home safety, they provide each caregiver with a first aid kit for the home, a fanny pack filled with first aid supplies to take on outings, and some home safety supplies (such as outlet covers) as needed. Caregivers also receive a free children's book as an incentive at the end of each month if they complete all scheduled home visits. The pilot also maintains a toy lending library for the caregivers that includes manipulatives, blocks, puzzles, music CDs, science exploration kits, dramatic play kits, book and puppet sets, storytelling sets, and children's books. Specialist sometime give caregivers additional items—such as child-sized furniture or snow boots for a particular child—that they obtain from donations to the program or yard sales.

STARPOINT FIRST STEPS EARLY HEAD START

CANON CITY, COLORADO

Developmental Opportunities, more commonly known as Starpoint, has served adults with developmental disabilities since 1976 and functions as the Part C provider for Fremont County. The organization oversees a range of programs for children and families, including First Steps Early Head Start, First Steps Parents as Teachers (PAT), the SPIN Early Childhood Care and Education Center, the Fremont County Family Center, support services for teen parents, and Early Childhood Health/Education Outreach (Project ECHO) developmental screening clinics. Starpoint serves approximately 1,000 families across 130 square miles in rural Colorado.

Starpoint's Early Head Start program began in 1996. Currently, it is funded to serve 55 families through the home-based option and 10 families in the full-day/full-year center-based option at the SPIN Early Childhood Care and Education Center. To enroll in the center-based option, parents must be employed or in school, receive a state child care subsidy, and place the child in care for a minimum of 20 hours per week.

Goals and Design of the Enhanced Home Visiting Pilot

Through its extensive involvement as a Consolidated Child Care Pilot (CCCP)¹ and as a member of the Project ECHO Interagency Council, Starpoint has demonstrated its commitment to advocating for high quality child care services for infants and toddlers. Program planners saw the grant as a way to improve the quality of care delivered by kith and kin caregivers by increasing their knowledge of developmentally-appropriate practices and by providing licensing opportunities. The agency also hoped to strengthen relationships between caregivers and families. Starpoint estimated that it would support between 10 and 12 caregivers.

To implement the pilot, Starpoint decided to use First Steps Parents As Teachers (PAT), one of its community partners, to provide key staff and deliver services. The agency used the Bank Street College model of informal support groups to design the pilot's training component, in which caregivers could socialize and learn from each other. Caregivers could opt for three home visits each month and attend the support group or choose four home visits if they elected not to participate in the support group. The grantee would also provide stipends for attending the support group trainings, educational materials, and \$300 cash each fiscal year to purchase additional supplies as needed. Based on its past experience with CCCP, Starpoint staff decided that monetary compensation was a critical means of acknowledging caregivers' time and effort.

¹ This child care initiative was launched by the Colorado General Assembly in 1997 in response to welfare reform to help meet families' needs for full-day, full-year quality early childhood services.

Community Partners

Starpoint Early Head Start works with two community partners to deliver pilot services:

First Steps Parents as Teachers (PAT). Like Early Head Start, PAT is administered by Starpoint and is housed in the Fremont County Family Center. Its mission is to provide families with home visitation and parental support through trainings, play groups, and support groups. PAT is responsible for core service delivery to pilot caregivers, including providing weekly home visits, conducting the support group trainings, and distributing supplies and equipment. This is the first time that First Steps Early Head Start and PAT have collaborated formally as partners on a project.

ECHO and Family Center Early Childhood Mental Health Action Team. This community collaborative project, called Crib to Kindergarten provides mental health services on an as-needed basis. Early childhood mental health specialists, who are employed by the Canon City Schools, West Central Mental Health and Rocky Mountain Behavioral Health, provide comprehensive behavioral and emotional health assessments and intervention services to children from birth to age five and their families in home and classroom settings. The Childcare Support Team led by an Early Childhood Special Educator provides support for children with challenging behaviors in childcare centers and homes.

Pilot Staffing

Starpoint serves as the fiscal administrator for the grant and coordinates Part C services with pilot home visitors as needed. Staff from PAT implement most pilot services in addition to their regular PAT duties. The co-coordinator for PAT also acts as the home visit coordinator to oversee the pilot and supervises three home visitors who work with kith and kin caregivers. Two home visitors began working on the pilot in June 2004, while a third replaced a visitor who left the program and began in June 2005. Early Head Start staff help with recruitment. To encourage communication and service coordination, pilot staff meet with Early Head Start staff for an hour every week to discuss issues that emerge during home visits and to share information.

All three home visitors have extensive home visiting experience, either with PAT or Early Head Start, and they continue to deliver PAT home visits and other services. One home visitor has a bachelor's degree in psychology, and two have the state credential equivalent of a Child Development Associate (CDA) credential. Prior to working with kith and kin caregivers, the home visitors attended a three-day PAT training, a two-day early childhood education training delivered by the Colorado Department of Education (CDOE), and a 10-day train-the-trainers course on the Expanding Quality in Infant/Toddler Care program, which is the state's modified version of the WestEd model, also delivered by CDOE. They received training on the ITERS, ECERS, and Ounce assessment tools. In addition, staff trained in the CCAT-R provided an orientation on serving kith and kin caregivers which was based on materials from Bank Street College. CCAT-R raters are staff employed by Starpoint.

Recruiting Families and Caregivers

The Early Head Start home visitors help recruit families and caregivers for the pilot. They identify current and new families who use kith and kin caregivers to ascertain interest. It is also common for families and caregivers to learn about the pilot from PAT staff, and sometimes caregivers convince the families to enroll in Early Head Start so they can qualify for pilot services. Once a family enrolls, the Early Head Start coordinator assigns the caregiver to a pilot home visitor. They spend a portion of the first visit explaining in detail the services and benefits of the pilot to caregivers and building connections with the caregivers and children.

Characteristics of Caregivers

In July 2005, three home visitors shared a caseload of eight caregivers. All were relatives—grandmothers, great-grandmothers, and an aunt. Home visitors emphasize opportunities for licensure when working with the caregivers, but most are not interested in this option. One unlicensed child care provider had recently left the pilot because the parents switched to a friend who moved back to the area for their child care needs. At the time of the site visit, she was trying to find another family who would be eligible for Early Head Start services so that she could reenroll and continue working toward obtaining her child care license.

Overall, there has been low caregiver turnover; seven out of nine caregivers who have joined the pilot remain active. A bigger challenge is families who drop out of Early Head Start, which may affect whether a caregiver can continue to receive pilot services. In some cases, the pilot home visitor and caregiver have found another family to enroll in Early Head Start so that the caregiver can remain in the pilot.

Services Provided Through the Pilot

Starpoint provides caregivers with regular home visits, support group trainings that count toward becoming a licensed family child care provider, training stipends, access to a lending library, and cash to purchase additional supplies and equipment as needed.

Home Visits. Caregivers must select one of two options for home visiting services. They can either receive weekly one-hour visits, or they can opt for biweekly, one hour visits while attending the two biweekly support group classes.² At the first visit, caregivers receive a welcome packet, complete paperwork, and talk about goals that they would like to work on. A needs assessment is conducted within the first few visits and is periodically updated.

² Initially caregivers could choose to receive three home visits and one support group class instead of weekly home visits. However, support group classes were shortened and held twice a month at the caregivers' request. Consequently, they could choose to receive two home visits and two support group meetings each month instead of weekly home visits.

Pilot staff utilize the PAT curriculum to help inform the content of the visits, either using it as a reference to draw on for ideas and information or following its lesson plans in order. Visits are typically split between engaging in educational activities with the children and listening and offering social support to the caregivers. Educational activities have included reading, making play dough, and taking nature walks with a magnifying glass. Two packets of handouts related to the activity are provided each week—one for the caregiver and one for the family. Home visitors model developmentally-appropriate practices and share activity ideas that the caregivers can do with children, which they collect in a notebook for future reference.

In addition, home visitors regularly distribute pamphlets on different resources available through the Fremont County Family Center. One home visitor helped refer one grandmother to early intervention services for her grandson, which have been invaluable.

Group Events. A core element of the pilot is to offer biweekly, two-hour support group trainings (also called “fellowship classes”) using the Expanding Quality for Infants/Toddlers Care curriculum, an 80-hour course developed by the CDOE and based on WestEd’s Program for Infant/Toddler Caregivers. Started in October 2004 and led by the pilot home visitors, classes originally were half-day sessions but caregivers expressed a preference for shorter classes twice a month. After completing the 12-month series, caregivers are eligible to apply for licensure. While most are not interested in obtaining a child care license, most caregivers regularly participate in the training series and enjoy the classes, both for the learning opportunities and social support that the classes provide. They receive a \$15 stipend for each class they attend and taxi vouchers as needed. Caregivers must receive a home visit in lieu of any class they miss.

Materials and Equipment. Caregivers receive \$300 per fiscal year to purchase supplies and equipment based on their individual needs. Home visitors, who usually accompany the caregivers on shopping trips, disburse the funds on a monthly prorated basis (for example, if a caregiver is enrolled for six months, she would be eligible for \$150) and try to distribute it quarterly as opposed to all at one time. Items purchased have included children’s books, educational toys, outdoor fences, playground equipment, car seats, safety items, play pens, diapers, high chairs, and booster seats. In addition, caregivers have access to books, toys, and videos from the PAT resource library.

SHASTA HEAD START CHILD DEVELOPMENT, INC.**REDDING, CALIFORNIA**

Shasta Head Start Child Development, Inc. (SHSCD), a private, non-profit organization, has been a Head Start grantee since 1965. The agency serves over 800 Head Start and Early Head Start families annually across three rural counties in northern California: Shasta, Siskiyou, and Trinity.

The Early Head Start program began in 1997 and offers center-based, home-based, and family child care options. Two of its centers target teen parents, and another center operates on a college campus. In June 2005, the Early Head Start program was serving 192 children, 100 of whom were receiving home-based services.

Goals and Design of the Enhanced Home Visiting Pilot

The pilot's overarching goals are to improve the quality of care provided by kith and kin caregivers by offering mentoring, training, and resources; to help strengthen relationships between caregivers and families; and to offer opportunities for caregivers to become licensed child care providers. In consultation with the Shasta County Office of Education, a community partner for the pilot, and the program's Policy Council, the agency prioritized aspects of child care quality that would be addressed by the pilot. Health and safety would be the top concern, followed by promoting early literacy, promoting a learning environments in the home, and reducing television watching. Initially, SHSCD planned to enroll 20 caregivers.

The program planned to hire one full-time home visitor to deliver home visits based on the Creative Curriculum for Family Child Care, which would reinforce and complement the family home visits that use the Partners for a Healthy Baby curriculum. Staff envisioned a process that would provide services in three phases and potentially lead to Community Care Licensing and Accreditation. Caregivers could opt not to pursue licensure but still access various training opportunities. In addition, materials and incentives would be made available. Referrals to community resources as needed would be another key component of the pilot.

Community Partner

SHSCD selected the Shasta County Office of Education's Early Childhood Services (ECS) as its community partner; the two organizations have a long collaborative history. In addition to acting as the local child care resource and referral agency, ECS administers numerous nutrition, health, and early education services for families and young children. Caregivers participating in the pilot can access ECS's lending library and attend workshops offered through the Early Child Care Initiative. An early childhood specialist is also available to assist caregivers who want to become licensed or eligible to receive a child care subsidy.

Pilot Staffing

The Head Start/Early Head Start director supervises a full-time pilot home visitor and is responsible for overseeing pilot operations. The home visitor, who was reassigned from her prior position as an Early Head Start home visitor, takes the lead on all implementation components. She has extensive experience in delivering home visits and has a bachelor's degree in psychology. In July 2004, she became certified in WestEd's Program for Infant/Toddler Caregivers (PITC). Since the pilot began, the home visitor has participated in monthly training and case conferencing with the Early Head Start home visitors. She meets formally with the director and Early Head Start home visitors on a monthly basis and is also in close contact with Early Head Start staff as specific issues arise with caregivers and families. Moreover, the home visitor meets quarterly with ECS's early childhood specialist to plan and coordinate training opportunities.

Recruiting Families and Caregivers

Early Head Start home visitors play a key role in identifying families who use kith and kin caregivers and who might be interested in enrolling; most families learned about the pilot from their home visitor. As a first step, Early Head Start staff describe the pilot to families and provide a brochure about it. Once families express interest and give written consent to enroll, the Early Head Start home visitor passes on the relevant contact information to the pilot home visitor. The pilot home visitor then calls the caregivers, and requests an in-person meeting to discuss the pilot in more detail. In addition, the pilot home visitor networks with various organizations and posts flyers in the community, which has resulted in some referrals from outside of Early Head Start. The pilot's incentives and training stipends have appealed to many caregivers.

Characteristics of Caregivers

In June 2005, 11 caregivers caring for 10 Early Head Start children were enrolled in the pilot (a husband and wife team enrolled in the pilot together as caregivers for their niece). The majority are relatives, over 50 years old, and caring for either one child or one child and a sibling. One caregiver is a friend and neighbor. Turnover among caregivers has been relatively low. Two child care arrangements ended due to disputes between the parents and caregivers, both of whom were relatives.

Only one caregiver has expressed an interest in becoming a licensed or subsidized child care provider. The home visitor speculated that limited space and resources would make bringing many of their homes into compliance with state regulations prohibitively expensive for caregivers to pursue this option.

Services Provided Through the Pilot

Core pilot services offered by SHSCD consist of regular home visits, training opportunities and stipends, safety equipment and other supplies, participation incentives, a lending library, and referrals to community resources.

Home Visits. The pilot home visitor delivers biweekly, 90-minute home visits to most caregivers, though one family receives visits every week. Children are present during approximately half of the sessions. Hours spent in home visits count toward earning a portion of the \$150 training stipend described below. At the first home visit, the home visitor completes a needs assessment, determines the caregiver's interest in accessing toys and books from the lending library, explains the training opportunities and stipends, conducts a health and safety checklist, and distributes a resource binder.

Staff originally planned to base caregiver visits on the Creative Curriculum for Family Child Care and include extensive information in the resource binders. The home visitor soon realized, however, that focusing a visit on a single topic was more effective with the caregivers. Home visits have addressed topics such as age-appropriate behavior, language development, reading, preparing healthy meals, alternatives to television, and ideas for educational games to play with children. As these topics are discussed, materials are added to the resource binder.

Group Events. During the visits, caregivers receive training calendars that list upcoming training opportunities that are either led by the home visitor or are classes held at ECS. CPR/first aid classes and workshops on brain development have been popular with caregivers. The home visitor offers informal biweekly support groups specifically for caregivers who are grandparents; caregivers from the wider community who are referred by ECS attend these meetings as well. Caregivers are also invited to attend regular Early Head Start socializations and any other group activities sponsored by SHSCD; several of them attend with parents and children. A van is available for caregivers who need transportation to the events.

In July 2005, the home visitor began conducting monthly trainings at ECS for the Family Child Care Association (FCCA) that are also open to caregivers enrolled in the pilot. SHSCD will purchase \$35 FCCA memberships for kith and kin caregivers who attend, enabling them to participate in future FCCA trainings and activities for free.

Materials, Equipment, and Participation Incentives. After the home visitor conducts a home and safety checklist, she brings any items the caregiver needs, such as fire extinguishers, outlet covers, or car seats, to the second visit. She also brings developmentally-appropriate toys and books from the lending library, which caregivers can keep as long as they need.

In addition, caregivers are eligible for various participation incentives, depending on how long they participate in the pilot. Early on, they receive small gift certificates to stores like Toys "R" Us, Target, or Home Depot to purchase items for enhancing the care environment. In addition, caregivers receive \$150 for every 18 hours of combined training,

home visits, and support group meetings that they complete. Incentive payments beyond the first 18 hours of training are covered by an outside funding source, California's First Five initiative. After the first ten months of the pilot, three out of ten caregivers had completed 18 hours of training. Caregivers who choose to pursue licensure are eligible for higher education incentive stipends for earning college credit or professional development hours, though none of the enrolled caregivers have fallen into this category.

Referrals. The pilot home visitor provides a list of local community resources and makes specific referrals as needed. Caregivers and families have accessed physical and mental health services, Part C services, anger management training, a fatherhood involvement conference, and automobile assistance, and other services.

MARICOPA COUNTY HEAD START ZERO TO FIVE PHOENIX, ARIZONA

Housed within the Education Division of the Maricopa County Department of Human Services, Head Start Zero to Five became a Head Start grantee in 1965. It serves the fourth largest and fastest growing county in the United States. Its Early Head Start program began in 1996 and is funded for 191 families in home-based and center-based options; full day/full year programs are located in four high schools. Priority is given to teen parents and homeless families living in transitional housing; parents in the center-based option must be working or in school.

In addition, the Early Head Start program has operated a locally designed home-based model for incarcerated pregnant teens and teen mothers since 2003 and a similar program for incarcerated teen fathers since 2004. The agency is funded to serve 12 families through this option at two juvenile facilities—the Black Canyon School for Girls and the Adobe Mountain School for Boys—but in June 2005 was serving 17 families.

Goals and Design of the Enhanced Home Visiting Pilot

Through its experience implementing the locally-designed option for incarcerated teens, staff learned that caregivers—sometimes a grandparent, aunt, or the other parent— needed support services during the teen’s incarceration. To address this need, Zero to Five planned to offer seven pilot slots for families with incarcerated teen fathers. At the Head Start Bureau’s request, the grantee expanded the program to include 12 families with incarcerated teen mothers or fathers.

Zero to Five planned to have pilot two home visitors work with caregivers while two Early Head Start staff worked with incarcerated parents. Goals of the pilot would be to educate caregivers about developmentally-appropriate early childhood practices to reinforce what the parents learned through Early Head Start, to lay the groundwork for a successful reunification when teens are released, to help caregivers access health care services for children, and to work with all caregivers in the household to promote consistent caregiving routines. The grantee envisioned the pilot home visitors acting as liaisons between caregivers, incarcerated parents, and Early Head Start staff so that information on the child would be shared with everyone involved. Caregivers would receive weekly home visits, access to a lending library, equipment and supplies, support groups, trainings, and referrals.

Community Partners

Three community partners collaborate with Zero to Five to deliver pilot services:

Arizona Department of Juvenile Corrections (DJC). DJC partnered with Zero to Five for the first time in 2003 on the locally-designed option for incarcerated teen mothers. Due to the special population that it serves, DJC was key in helping design this original

initiative, enabling Early Head Start to gain access to the juvenile facilities and to continue its work on the pilot to extend its services to kith and kin caregivers. DJC provides referrals to the pilot and provides space for the bimonthly group socialization events for parents, caregivers, and children at the juvenile facilities. The department also offered input during the design phase of the pilot.

Association of Supportive Child Care (ASCC). Since 1976, ASCC has served as the child care resource and referral agency for half of Arizona; the agency has offered support group trainings to kith and kin caregivers since 1999 through the Kith and Kin Care Project. The project, which operates in Maricopa and Pinal counties, is based on the Bank Street model; it seeks to improve the quality of kith and kin care through a 14-week support group and training program. Caregivers enrolled in the pilot are invited to attend these trainings. ASCC is also available to help caregivers who express interest in becoming licensed.

Office of Child Protective Services (CPS). Because of the pilot's unique target population, Zero to Five expected that it would need to coordinate with CPS as it worked with parents, children, and caregivers. Case workers, judges, and attorneys refer incarcerated teen parents to Early Head Start and the pilot, and CPS gives official permission for caregivers to attend the bimonthly socializations with parents and children.

Pilot Staffing

Two pilot home visitors work with the caregivers and extended family members living in the household, while two Early Head Start home visitors work with the incarcerated parents. One pilot home visitor was hired in August 2004, and one was hired in March 2005 to replace a staff member who left the program. All four home visitors have bachelor's degrees (two in elementary education, one in early childhood education, and one in criminal justice) and are all working on master's degrees in social work or counseling. Two had prior experience as Zero to Five home visitors, and two were former Head Start classroom teachers. One pilot home visitor has worked at a juvenile detention center with incarcerated teen parents.

Before working on the pilot, the home visitors received an orientation from Early Head Start staff on mandatory DJC policies and procedures in working with incarcerated teen parents. They received 16 hours of Early Head Start pre-service training, a two-day Parents As Teachers (PAT) training, a two-day training on cultural diversity and fatherhood, a half-day orientation from ASCC on available resources for kith and kin caregivers, and a 40-hour training from the Arizona Early Intervention Program on services for special needs children. In addition, staff have attended a state child abuse conference and conferences on juvenile justice.

The infant/toddler area coordinator and Early Head Start program specialist supervise the home visitors and oversee day-to-day pilot operations. Supervisors meet with the home visitors and teachers individually and as a group on a weekly basis, conduct in-field

observations three to four times a year, and observe a group socialization event at the juvenile centers each month.

Recruiting Families and Caregivers

Caregivers are recruited through a combination of the Early Head Start teen parent, the Early Head Start home visitor, the pilot home visitor, and DJC. Officials from DJC refer any incarcerated teen who is a parent or who is expecting a child for services; those suffering from mental illnesses or with a history of sexual offenses are ineligible. When parents are first brought to the facility, Early Head Start staff members deliver an orientation session about Early Head Start services and the pilot. If teen parents express interest and have a kith and kin caregiver who might be willing to join, the pilot home visitor contacts the caregiver to discuss the pilot. Once families and caregivers decide to enroll, Early Head Start notifies CPS that the family will participate.

Parents are usually eager to enroll in the pilot because it enables them to maintain a connection with their child and the caregiver; they have to enroll in the pilot to participate in the bimonthly group socializations with children and caregivers. When pilot enrollment is full, eligible parents are placed on a waiting list and participate in a weekly PAT support group until a slot opens up.

In contrast, a few caregivers have been reluctant to join the pilot because they fear the pilot home visitor will report them to CPS, the time commitment is too great, or they resent the teen parent for becoming incarcerated and leaving them to care for the child. Several strategies have helped overcome these obstacles. Staff stress that the pilot will help the child and the parent. If a caregiver's initial response is no, then the home visitor mails the caregiver a newsletter and information about caring for infants and toddlers; sometimes she also includes a picture of the teen. The teen parent then either calls the caregiver or writes a letter urging him or her to join the pilot. This approach has been successful in changing the minds of some caregivers.

Characteristics of Caregivers

In June 2005, eight caregivers for children of teens at the Black Canyon facility and 13 caregivers for children of teens at the Adobe Mountain facility were being served through the pilot. Most caregivers are relatives—primarily grandparents, biological mothers or fathers, or aunts—with foster parents comprising a small percentage. Two children were in CPS custody. In many cases, there were multiple caregivers in the same household receiving pilot services, such as the maternal grandmother and the child's mother. Since the pilot began, one caregiver who raises her six grandchildren and works as an assistant at a child care center has expressed interest in becoming a licensed child care provider.

There has been some turnover among families and caregivers. As of June 2005, 17 of 25 families who had enrolled in the pilot were still enrolled. While teen parents do not drop out of the pilot while incarcerated, some have done so upon being released. In a few cases

when the teen parent ran away and left the child with the caregiver, the caregiver asked if he or she could remain in the pilot; Zero to Five transferred these families to the regular Early Head Start program. One family changed caregivers when the children were removed from the aunt's care and placed in a shelter. Two other caregivers dropped out of the pilot. One great-grandmother became overwhelmed when her granddaughter was transferred to an adult facility and faced a long sentence; another great-grandmother dropped out for similar reasons, and her great-grandchildren were placed in foster care.

Services Provided Through the Pilot

Zero to Five offers a range of services through the pilot, including weekly home visits for caregivers, support groups for caregivers, bimonthly Early Head Start socialization events, access to a lending library, health and safety equipment, community referrals, and assistance in facilitating the reunification process.

Home Visits. Caregivers receive weekly home visits that typically last 90 minutes. Information and training provided during these visits is consistent with the services teen parents receive from Early Head Start staff. At the first visit, the home visitor discusses goals and distributes a parent handbook; a needs assessment is conducted on the next visit that covers health, safety, child development, and family service needs. Home visitors draw upon a variety of curricula to guide their work with caregivers, including the Creative Curriculum for Infants and Toddlers, Parents As Teachers, Hawaii Health at Home, and Partners for a Healthy Baby. Visits typically include discussion of what happened over the previous week, a planned activity with the child (such as reading, playing with blocks, or art projects), modeling developmentally-appropriate practices, and discussing developmental stages. Home visitors also complete weekly observation forms that record developmental milestones observed and distribute handouts with ideas for activities to do with the child between visits. If the incarcerated teen is pregnant, home visits focus on preparing the home environment for the infant's arrival. One expectant grandmother and home visitor made blankets, books, and infant clothes. Approximately three to six months before an incarcerated teen parent is released, the home visitor starts to discuss how family dynamics will be affected and helps caregivers prepare for this transition.

Group Events. Bimonthly socialization events are held at the juvenile facilities for incarcerated teens, caregivers, and children. The room is spacious and cheerful with comfortable furniture and toys. Caregivers regularly attend these sessions with the children, which provide the only time when parents can have physical contact with them and their children (unlike family visitations). The socializations are very popular, and many pilot participants would like to see them offered more frequently.

In addition, the pilot offers support group meetings for caregivers at ASCC. Four had been held as of June 2005, including an orientation to ASCC's 14-week program for kith and kin caregivers in the wider community (see below), a health and safety training, and a workshop on child development. A luncheon was also held for caregivers. A handful of caregivers have attended, though transportation and geographic dispersion often hinder participation. Beginning in fall 2005, ASCC plans to hold the first 14-week support group

training series for caregivers participating in the pilot at Zero to Five's central office. They will co-facilitate the trainings with Early Head Start staff; transportation, child care, and incentives will be offered to encourage participation.

Materials and Equipment. When pilot home visitors conduct home safety checks, they identify safety items that caregivers need, such as baby gates and car seats. Staff also bring children's books, toys, blocks, games, art supplies, and other educational materials from Zero to Five's lending library to each visit.

The pilot also provides materials so that caregivers and teen parents can make items for children during the socializations and separately on their respective visits, such as blankets, books, blocks, and other toys. For example, a teen parent might make a toy that the home visitor then brings to the caregiver's home. The home visitor might then take a picture of the child and caregiver playing with the toy to the parent. Pilot participants also make scrapbooks to hold photographs and mementos of the bimonthly socializations. These activities aim to help strengthen the parent-caregiver-child relationships and prepare families for reunification.

Referrals. Caregivers receive referrals for a variety of community resources, including health services, Medicaid, GED and vocational education programs, family counseling, legal aid, and housing assistance. Home visitors also remind caregivers about children's upcoming immunizations and doctor's appointments.

MT. HOOD COMMUNITY COLLEGE CHILD DEVELOPMENT AND FAMILY SUPPORT PROGRAM

GRESHAM, OREGON

Mt. Hood Community College (MHCC) Child Development and Family Support Program operates a range of grant-funded programs to support children and families in middle and east Multnomah County, including the city of Gresham, and the eastern portion of the city of Portland. Head Start is the agency's largest program, serving more than 600 children in both part- and full-day options. Early Head Start is the second largest program, serving 92 children. Other programs include Head Start, Community Placements Child Care, the Child Care Network, Even Start, and Parents as Teachers.

MHCC's Early Head Start program has been operating June 2002. It is funded to enroll 92 families and children—72 children and 12 expectant parents in the home-based option and 8 children in center-based care.

Goals and Design of the Enhanced Home Visiting Pilot

MHCC staff viewed the pilot as an opportunity for Early Head Start to better meet the child care needs of enrolled families by working with kith and kin caregivers on quality improvement. Specific goals of the pilot include improving the quality of care, reducing social isolation of caregivers, gaining a better understanding of caregivers' strengths and needs, providing support to the caregiver, and helping families move toward self-sufficiency by supporting caregivers. MHCC planned to enroll 20 caregivers in its pilot program.

The program planned to provide caregivers with at least two program contacts per month; at least one contact would be a home visit. MHCC planned to use the Parents As Teachers (PAT) curriculum to guide home visits. The agency would also offer group activities for caregivers including craft activities, child development training classes, English as a Second Language (ESL) classes, field trips, and social events. Health services for the children, such as developmental screening, vision and hearing screening, dental screening, and nutrition assessments, would be offered. MHCC also planned to provide materials and equipment through a lending library; consumables such as art supplies; and access to a telephone, fax, computer, and sewing machine at the program office.

Community Partners

MHCC collaborates with three community partners to operate the pilot:

- **Family Child Care Network.** This network is comprised of several organizations and 25 providers that care for more than 165 children in the county; it is coordinated by MHCC. The network and the pilot offer joint

training sessions on infant-toddler caregiving and child development for pilot and network caregivers.

- **Community Health Nurse.** The community health nurse provides some health services to enrolled caregivers.
- **Library System.** The library system has a large outreach program that offers literacy training in English, Spanish, Vietnamese, and Russian for family child care providers. The library also operates a book-lending program for caregivers, including those enrolled in the pilot.

Pilot Staffing

The child care coordinator supervises a pilot home visitor, a program assistant, and a bus driver/child care provider. The full-time pilot home visitor has 17 years of experience working at MHCC. She has experience providing preschool services and training for child care providers. She has a bachelor's degree in home economics and graduate credits in early childhood education. She also completed PAT training and Social Services Competency-Based Training (SSBCT). A half-time program assistant is responsible for data management and providing materials and supplies. A bus driver/child care provider also works part-time on the pilot; she has had child development training and attended Early Head Start trainings on infant feeding and health screening.

Recruiting Families and Caregivers

Families are usually identified for pilot enrollment by Early Head Start home visitors. The home visitors present information to families using kith and kin child care and provide a flyer about the pilot. Often, the pilot home visitor accompanies the Early Head Start home visitor on a visit to discuss pilot services with the family. The home visitor shows the parent the caregiver activity calendar and pictures of group activities. Sometimes the caregiver is also present for these meetings; in some cases, the parent informs the caregiver about the opportunity to enroll in the pilot. Once a family agrees to participate, the pilot home visitor asks the parent about the best way to approach the caregiver sets up a caregiver home visit. The pilot home visitor also developed a family questionnaire to help identify those who might be interested in the pilot.

Characteristics of Caregivers

In June 2005, MHCC had 12 caregivers caring for 13 Early Head Start children enrolled in the pilot. Most of the caregivers are grandmothers, and some of them live in the same home as the parent and child. One father is enrolled in the pilot, and several caregivers are family friends or neighbors. So far, only a few caregivers have expressed interest in becoming licensed child care providers.

Services Provided Through the Pilot

MHCC offers a range of services through the pilot for families, including monthly home visits, a range of group activities, and materials and equipment.

Home Visits. The home visits take place once a month and usually last about 90 minutes. The first visit includes a discussion of the caregiver's needs and goals and a home safety assessment. The home visitor also provides the caregiver with a community resource directory in English, Spanish, or Russian. During early visits, the pilot home visitor works on establishing a relationship with the caregiver. After the initial visit, the home visits are tailored to the individual needs of the children and caregivers. The home visitor uses PAT to guide the home visit activities and covers topics such as language development, sleep routines, music activities, or behavior management. During a typical visit, the home visitor, caregiver, and child do an activity together, and the home visitor usually gives the caregiver at least one handout on child development. During home visits, caregivers ask for information about a variety of issues, including toilet training, hygiene, diapering, toothbrushing, and sleeping.

Group Events. The pilot offers group activities for caregivers at the Early Head Start center twice a week. Topics covered during these events include arts and crafts, cooking activities, videos on child development, and speakers. Some of these activities are designed for caregivers and children to attend together; parents are also invited to attend. A two-day training was offered at the center for caregivers on setting up the caregiving environment. In addition, the pilot has also used the program's bus to go on field trips such as to the Scholastic Book Warehouse to purchase books at discounted prices.

Materials and Equipment. The home visitor assesses the caregivers' needs for equipment during the first home visit. The pilot has provided such items as car seats, clothing, money for diapers, booster seats, and a humidifier. Caregivers can also check out books and toys from a lending library. In addition, the pilot provided summer first aid packets to caregivers containing Band-Aids, sunscreen, insect repellent, and information on water safety.

APPENDIX B
SITE VISIT PROTOCOLS

ENHANCED HOME VISITING PILOT PROJECT EVALUATION
INTERVIEW GUIDE FOR PROGRAM DIRECTORS

INTRODUCTION (2 MINUTES)

Thank you for agreeing to participate in this interview. My name is _____ and I work for [MATHEMATICA POLICY RESEARCH/URBAN INSTITUTE], an independent research firm/organization. We are conducting a study for the Head Start Bureau to learn about Early Head Start programs' experiences implementing the Enhanced Home Visiting Pilot Project. What we learn may be used to help other Early Head Start programs develop similar pilot projects.

Everything you tell me/us is confidential. I/we would like you to feel comfortable giving your opinions and impressions. The information we gather will be used to write a report for the Head Start Bureau about programs' experiences implementing the Enhanced Home Visiting Pilot Project, including successes, challenges, and lessons from the first year of pilot operations. Our report will describe the experiences and viewpoints expressed by staff across the pilot sites, but specific comments will not be attributed to specific individuals or programs. No individual staff member will be quoted by name.

Do you have any questions before we get started?

ABOUT YOU (5 MINUTES)

To begin, I'd like to learn about **your role in the Early Head Start program**.

1. What is your official job title, and what are your primary responsibilities?
2. How long have you worked for [GRANTEE]?
3. How long have you held your current position? What other positions have you held within the agency?

CHARACTERISTICS OF ENROLLED FAMILIES (10 MINUTES)

Let's talk now about the **characteristics and needs of the families** enrolled in your Early Head Start program.

4. Do you have any **enrollment criteria beyond the federal eligibility requirements** for Early Head Start? If so, what are they?

5. Overall, what are the **most pressing needs of the families** you serve?

6. Is there **enough infant/toddler child care available** in the community to meet the needs of families in your program? If not, what are the main barriers families face in arranging infant/toddler care?

7. Why do some families you serve tend to use home-based care instead of center-based child care?

8. How do the characteristics and needs of families enrolled in the Enhanced Home Visiting Pilot Project differ, if at all, from those of the rest of the population you serve?

NEEDS OF KITH AND KIN CAREGIVERS (5 MINUTES)

Now let's talk about the **characteristics and needs of kith and kin caregivers** enrolled in the Enhanced Home Visiting Pilot Project.

9. What are their **relationships with the children** in their care? Do they tend to be relatives, family friends, or neighbors?

10. What are their **most pressing needs**? What are their strengths as caregivers?

11. In your opinion, what kinds of **training and support do the caregivers need** most?

DESIGNING THE ENHANCED HOME VISITING PILOT PROJECT (15 MINUTES)

At this point, I'd like to talk specifically about the Enhanced Home Visiting Pilot Project. To start, let's talk about how your agency **designed the pilot project and decided which services** to offer.

Design Process

12. Why did this initiative **appeal** to your program?
13. What are the **goals and objectives** of your program's Enhanced Home Visiting Pilot Project?
14. What specific **enrollment criteria** does your program use for selecting families to enroll in the pilot?
15. How did your program identify **goals and objectives** for the pilot, determine **enrollment criteria**, and decide which **services** to provide? How did you decide how many enrollment slots to offer?

PROBE IF NOT ALREADY MENTIONED:

- Did you **conduct a needs assessment**? Did you consult with other organizations in the community? Did you seek advice from experts?

OPTIONAL PROMPTS:

- *Who was involved? Staff? Policy Council? Other community members?*
- *Did you base your model for the pilot on experience operating similar programs?*
- *What was the rationale for focusing on particular needs and providing specific services?*

Initial Plans for Service Provision

Now I'd like to talk about the **services your program initially planned to provide** through the pilot. Later in the interview, I'll ask you about the services that you are actually providing.

16. What **services** did your program initially plan to provide to kith and kin caregivers?

PROBES IF NOT ALREADY MENTIONED:

- Did you plan to provide **home visits** to caregivers? How often? Who would provide them?
- Did you plan to provide **materials and equipment** to caregivers (such as books, toys, cribs, high chairs, or safety equipment)? Did you plan to give or loan the items?
- Did you plan to provide any **direct payments, financial incentives, bonuses**, or other incentives such as gift certificates to caregivers?
- Did you plan to offer **support groups, play groups, training workshops**, or other group events for caregivers?
- Did you plan to offer any other services I haven't asked about?

17. What were the most difficult aspects of the design process? What went smoothly?

18. Would additional **technical assistance** in designing the pilot model have been helpful? If so, what kind of technical assistance? *Are there other resources that would have been helpful?*

PILOT STAFFING (15 MINUTES)

Now I'd like to learn about **how the pilot project is staffed**.

19. Approximately what **percentage of time do you devote to the pilot** on the weekly basis?
IF DIRECTOR DOES NOT SPEND TIME ON THE PILOT WEEKLY: On a monthly basis?

20. **How many staff** work on the pilot? What are their **job titles and main duties** related to the pilot? [CONFIRM INFORMATION OBTAINED DURING PLANNING PHONE CALL.]

21. What are the **qualifications** of staff working on the pilot?

OPTIONAL PROMPTS:

- *What is the educational background of pilot staff?*
 - *Do they have prior experience working in Early Head Start, child care, or other early childhood programs?*
22. How did your program decide how to staff the pilot? *What was the rationale for choosing this particular staffing configuration?*
23. Did you **hire new staff** to work on the pilot, **reassign existing staff**, or both? Why did you take this approach?

PROBES:

- Did you consider **matching caregivers with home visitors** who have similar characteristics, such as age or ethnic/cultural background?
 - IF AGENCY **REASSIGNED** EXISTING STAFF: How receptive were staff to working on the pilot program?
 - IF AGENCY **HIRED** NEW STAFF: How easy or difficult was it to find people with the appropriate qualifications and skills?
24. Do any of your **community partners provide staff** for the pilot? If yes, what are their job titles and main duties?
25. Did staff receive **special training** in preparation for operating the pilot? If so, what type of training? *How helpful do you think this training has been for pilot staff?*
26. Tell me about the **supervision and feedback** that pilot staff receive.
27. How well is the staffing structure working so far? *Are there sufficient staff resources to operate the pilot?*

PROBES IF NOT ALREADY MENTIONED:

- Has there been any **turnover of pilot staff**?
- IF YES: Which positions?
- IF YES: How has staff turnover affected the original design of the program? What you've been able to accomplish so far?

28. If you could, would you **change the staffing structure** for the pilot? If so, how?

COMMUNITY PARTNERS (10 MINUTES)

Let's talk about the community partners that work with you on the pilot project.

29. What **community partnerships** has your program developed for the pilot program?

30. What was the **rationale for choosing** these partners?

OPTIONAL PROMPTS:

- *How were they recruited?*
- *What criteria were used in selecting them?*
- *Did the Early Head Start program have a relationship with any of the partners before the pilot? If yes, what was the relationship?*
- *Did any potential partners decline to participate, and if so, why?*

31. IF NOT ALREADY MENTIONED: Did you recruit any **Part C providers** as partners? If so, what role do they play in the pilot?

32. Do you have **formal partnership agreements** with these community partners? [REQUEST COPIES OF PARTNERSHIP AGREEMENTS.]

33. To what extent were community partners **involved in designing the pilot** and setting goals and objectives?

34. What pilot **services** do community partners provide?
35. What is the **extent of oversight and supervision** your program provides to partner staff working on the pilot?
36. How are the partnerships going so far? *What aspects of the partnerships work well, and what has been challenging?*
37. If you could, is there **anything you would change** about the partnerships or partnership agreements? *Would you seek different or additional partners? If so, why?*
38. What **lessons** have you learned about recruiting and choosing partners, developing partnership agreements, and working with partners that could be beneficial for other programs?
39. What is the **potential for sustaining these partnerships** after pilot funding ends?

IMPLEMENTATION EXPERIENCES (25 MINUTES)

Now I'd like to hear about your experiences during the first year of pilot implementation.

Recruiting Caregivers

40. What strategies do you use to **identify and recruit kith and kin caregivers** to participate in the pilot?

PROBES IF NOT ALREADY MENTIONED:

- Are they identified through Early Head Start **parents**? By **other organizations** in the community?
- What **strategies** do you use to recruit the caregivers?
- How **receptive** are they to enrolling in the pilot? *Participating in home visits? Attending support groups or training events?*
- Which recruitment strategies have worked well, and which have not been as effective as you anticipated?

Service Planning

41. How do you **decide what services to provide** to caregivers?

OPTIONAL PROMPTS:

- *Do you conduct needs assessments with them?*
- *Do you develop service plans or partnership agreements with the caregivers?*

42. Have you been able to **implement the pilot project as planned**? Provide the types of services at the frequency anticipated? If not, how has **actual implementation differed from your initial plans**? Why was a change required?

PROBES IF NOT ALREADY MENTIONED:

- Have you been able to provide **home visits** to caregivers as planned?
- Are you able to **conduct the activities and cover the topics** planned for home visits?
- What has been **challenging** about implementing the home visits as planned, and what has gone well?
- Has **gaining access to caregivers homes'** been challenging? What strategies have worked best in gaining access to caregivers' homes?
- Have you been able to **provide materials, equipment, or financial support** as planned?
 - IF NO: How has actual provision of material support differed from initial plans, and why do you think this has happened?
- Have you been able to implement **support groups, play groups, or group training activities** as planned? What outreach strategies do you use to encourage caregiver participation in these activities?
 - IF NO: How has actual provision of group events differed from initial plans, and why do you think this has happened?
 - *What has been challenging about planning and implementing these group events, and what has gone well?*
 -

Recruiting and Serving Families

43. What strategies have you used to **recruit families**? What have been the barriers to enrollment, if any, and what have you done to overcome them? *How receptive have Early Head Start families been to enrolling in the pilot?*
44. Do you provide specific **services to parents and children enrolled in the pilot**, in addition to the services that all Early Head Start families receive? If yes, what are they, and why do you provide them?

Relationships

45. What strategies have you used to **facilitate communication and strengthen relationships** between **parents, caregivers, and pilot staff**? How effective do you think these strategies have been? *What has been challenging, and what has worked well?*
46. How much **turnover** has there been so far in the **kith and kin caregivers** families use? Is there more or less turnover than you expected?
47. Have any of the **families or caregivers dropped out** of the pilot? If so, what were their reasons? *Is this a higher or lower dropout rate than you expected?*

Funding

48. Is the grant **funding** you receive for operating the pilot **sufficient for providing services through the pilot as intended**? *If not, did service provision cost more than you anticipated? Why? Do you draw on other funding sources to support the pilot? What other funding sources do you use?*
49. At this point, what do you think is the **future of the pilot** at your program? *Do you hope to continue providing pilot services after pilot funding ends? Do you think this will be feasible?*

SUCCESSSES, CHALLENGES, AND LESSONS (20 MINUTES)

Now I'd like to hear your views on the **successes and challenges** of the pilot, and any lessons you've learned about working with kith and kin caregivers.

Successes

50. In your opinion, how much **progress** do you think your pilot program has made toward meeting its **goals and objectives**?

51. What have been the **most important successes** of the pilot so far?

OPTIONAL PROMPT:

- *Does the pilot seem to work better for certain types of caregivers than others (such as grandmothers or neighbors)? If so, why?*

52. What are the **benefits of the pilot** for children, parents, and caregivers?

Challenges

53. What are the **most significant implementation challenges** the pilot has faced so far? *What are pilot staff most concerned about?*

54. What **strategies** have you or your staff used to work through these challenges? How well do you think these strategies worked?

Lessons and Recommendations

55. What are the most **important lessons** your program has learned so far about providing services to kith and kin caregivers?

56. What **changes**, if any, do you think should be made in the Enhanced Home Visiting Pilot Project?

OPTIONAL PROMPTS:

- *Changes in program services?*
- *Changes in program staffing?*
- *Changes in or additions to current community partners?*

57. Would you **recommend** that other Early Head Start programs develop similar initiatives to support kith and kin caregivers?

58. Is there anything else you would like to add before we end the discussion?

Thanks again for participating in the interview.

ENHANCED HOME VISITING PILOT PROJECT EVALUATION
INTERVIEW GUIDE FOR COORDINATORS/SPECIALISTS/SUPERVISORS

INTRODUCTION (2 MINUTES)

Thank you for agreeing to participate in this interview. My name is _____ and I work for [MATHEMATICA POLICY RESEARCH/URBAN INSTITUTE], an independent research firm/organization. We are conducting a study for the Head Start Bureau to learn about Early Head Start programs' experiences implementing the Enhanced Home Visiting Pilot Project. What we learn may be used to help other Early Head Start programs develop similar pilot projects.

Everything you tell me/us is confidential. I/we would like you to feel comfortable giving your opinions and impressions. The information we gather will be used to write a report for the Head Start Bureau about programs' experiences implementing the Enhanced Home Visiting Pilot Project, including successes, challenges, and lessons from the first year of pilot operations. Our report will describe the experiences and viewpoints expressed by staff across the pilot sites, but specific comments will not be attributed to specific individuals or programs. No individual staff member will be quoted by name.

Do you have any questions before we get started?

ABOUT YOU (5 MINUTES)

To begin, I'd like to learn about **your role in the Early Head Start program**.

1. What is your official job title, and what are your primary responsibilities?
2. How long have you worked for [GRANTEE]?
3. How long have you held your current position? What other positions have you held within the agency?

CHARACTERISTICS OF PILOT FAMILIES AND ENROLLMENT CRITERIA
(5 MINUTES)

Let's talk now about the **characteristics and needs of the families** enrolled in the Enhanced Home Visiting Pilot Project.

4. Overall, what are the **most pressing needs of the families** you serve?
5. Is there **enough infant/toddler child care available** in the community to meet the needs of families in your program? If not, what are the main barriers families face in arranging infant/toddler care?
6. What **specific enrollment criteria** does your program use to select families for enrollment in the pilot?
7. How do the characteristics and needs of families enrolled in the pilot differ, if at all, from those of the rest of the population you serve?

NEEDS OF KITH AND KIN CAREGIVERS (5 MINUTES)

Now tell me about the kith and kin caregivers enrolled in the pilot.

8. What are their **relationships with the children** in their care? Do they tend to be relatives, family friends, or neighbors?
9. What are their **strengths as caregivers**? What are their **most pressing needs**?
10. In your opinion, what kinds of **training and support do the caregivers need** most?
11. Have any of the **caregivers expressed interest in becoming licensed or registered child care providers**? If so, have you provided any information or **services to help** him or her move in this direction? Describe what you've done or are doing.

DESIGNING THE ENHANCED HOME VISITING PILOT PROJECT (10 MINUTES)

At this point, I'd like to talk specifically about the Enhanced Home Visiting Pilot Project. To start, let's talk about how your agency designed the pilot project and decided which services to offer.

Design Process

12. Why did this initiative **appeal** to your program?
13. What are the **goals and objectives** of your program's Enhanced Home Visiting Pilot Project?
14. Were you **involved in the planning process** for the pilot? IF YES: How did your program identify goals and objectives for the pilot, determine enrollment criteria, and decide which services to provide?

Initial Plans for Service Provision

15. What **services did your program initially plan** to provide to kith and kin caregivers?

PROBES IF NOT ALREADY MENTIONED:

- Did you plan to provide **home visits** to caregivers? How often, and who would provide them?
 - Did you plan to provide **materials and equipment** to caregivers (such as books, toys, cribs, high chairs, or safety equipment)? Did you plan to give or loan the items?
 - Did you plan to provide any **direct payments, financial incentives, bonuses, or other incentives** such as gift certificates to caregivers?
 - Did you plan to offer **support groups, play groups, training workshops**, or other group events for caregivers?
 - Did you plan to offer any **other services** I haven't asked about?
16. Would **additional technical assistance** in designing the pilot model have been helpful? If so, what kind of technical assistance?

STAFFING AND SUPERVISION (20 MINUTES)

Now I'd like to learn about **how the pilot project is staffed**.

17. What is **your role** in the Enhanced Home Visiting Pilot Project?

18. Do you **supervise other staff** who work on the pilot? If so, what are their **job titles and main duties**?

19. What are the **qualifications of staff** working on the pilot?

PROBES IF NOT ALREADY MENTIONED:

- What is the **educational background** of pilot staff?
 - Do they have **prior experience** working in Early Head Start, child care, or other early childhood programs?
20. How did your program decide how to staff the pilot? *What was the rationale for choosing this particular staffing configuration?*
21. Did you **hire new staff** to work on the pilot, **reassign existing staff**, or **both**? Why did you take this approach?

PROBES:

- Did you consider **matching caregivers with home visitors** who have similar characteristics, such as age or ethnic/cultural background?
 - IF AGENCY **REASSIGNED** EXISTING STAFF: How receptive were staff to working on the pilot program?
 - IF AGENCY **HIRED** NEW STAFF: How easy or difficult was it to find people with the appropriate qualifications and skills?
22. Do any of your **community partners provide staff** for the pilot? If yes, what are their job titles and main duties on the pilot?
23. Did staff receive **special training in preparation** for operating the pilot? If so, what type of training? How helpful do you think this training has been for pilot staff?
24. Does your program plan to provide **additional training** to pilot staff in the future? If so, what kind of training, and why did you decide to provide it?

25. Tell me about the **supervision and feedback** that pilot staff receive.

PROBES:

- Do home visitors or other pilot staff receive regular **individual supervision**? If so, by whom, how often, and what topics are typically discussed?
- Do pilot staff receive **group supervision**, such as regular staff meetings and other opportunities to discuss pilot activities and issues that come up with families and caregivers? If so, how often, and what topics are typically discussed?
- Do pilot staff receive **in-field supervision**, such as observation of home visits and feedback? If so, who conducts observations, how often, and is there a specific observation tool? [REQUEST COPY]. How do you use this information?

26. How well is the staffing structure working so far? *Are there sufficient staff resources to operate the pilot?*

PROBES IF NOT ALREADY MENTIONED:

- Has there been any **turnover of pilot staff**?
- IF YES: Which positions?
- IF YES: How has staff turnover affected the original design of the program? What you've been able to accomplish so far?

27. If you could, would you **change the staffing structure** for the pilot? If so, how?

COMMUNITY PARTNERS (5 MINUTES)

Let's talk about the **community partnerships** that work with you on the pilot project.

28. What **pilot services** do community partners provide? *What are the qualifications of partner staff who provide these services?*

29. What is the extent of **oversight and supervision** your program provides to partner staff working on the pilot?

30. How are the partnerships going so far? *What aspects of the partnerships work well, and what is challenging?*

31. If you could, is there **anything you would change** about the partnerships or partnership agreements? *Would you seek different or additional partners? If so, why?*

IMPLEMENTATION EXPERIENCES (25 MINUTES)

Now I'd like to hear about your experiences during the first year of pilot implementation.

Recruiting Caregivers

32. What strategies do you use to **identify and recruit kith and kin caregivers** to participate in the pilot?

PROBES:

- Are they identified through Early Head Start **parents**? By **other organizations** in the community? What criteria do you use to select caregivers for enrollment?
- What **strategies** do you use to recruit kith and kin caregivers? Which strategies have worked well, and which have not been as effective as you anticipated?
- How **receptive** are they to enrolling in the pilot? Participating in home visits? Attending support groups or training events?

33. How do you **decide what services to provide** to caregivers?

PROBES IF NOT ALREADY MENTIONED:

- Do you conduct **needs assessments** with them?
 - Do you develop **service plans or partnership agreements** with the caregivers? If yes, what is the content of these plans? [REQUEST COPY IF NOT ALREADY OBTAINED].
34. Have you been able to **implement the pilot project as planned**? Provide the types of services at the frequency anticipated? If not, how has **actual implementation differed from your initial plans**? Why was a change required?

PROBES IF NOT ALREADY MENTIONED:

- Have you been able to provide **home visits** with caregivers as planned?
- Are you able to **conduct the activities and cover the topics** planned for home visits? *Do home visitors use a specific curriculum? Do they develop lesson plans for the visit?*
- What has been **challenging** about implementing the home visits as planned, and what has gone well?
- Has **gaining access to caregivers' homes** been challenging? What strategies have worked best in gaining access to caregivers' homes?
- Have you been able to **provide materials, equipment, or financial support** as planned?
 - IF NO: How has actual provision of material support differed from initial plans, and why do you think this has happened?
- Have you been able to implement **support groups, play groups, or group training activities** as planned? What outreach strategies do you use to encourage caregiver participation in these activities?
 - IF NO: How has actual provision of group events differed from initial plans, and why do you think this has happened?
- *What has been challenging about planning and implementing these group events, and what has gone well?*

Recruiting and Serving Families

35. What strategies have you used to **recruit families**? What have been the **barriers to enrollment**, if any, and what have you done to overcome them?
36. Do you provide specific **services to parents and children** enrolled in the pilot, in addition to the services that all Early Head Start families receive? If yes, what are they, and why do you provide them?

Relationships

37. What strategies have you used to **facilitate communication and strengthen relationships** between **parents, caregivers, and pilot staff**? How effective do you think these strategies have been? What has been challenging, and what has worked well?

38. How much **turnover** has there been so far in the **kith and kin caregivers** families use? Is there more or less turnover than you expected?
39. Have any of the **families or caregivers dropped out of the pilot**? IF YES: What were their reasons? *Is this a higher or lower dropout rate than you expected?*

SUCSESSES, CHALLENGES, AND LESSONS (15 MINUTES)

Now I'd like to hear your views on the **successes and challenges** of the pilot, and any lessons you've learned about working with kith and kin caregivers.

Successes

40. In your opinion, how much **progress** do you think the pilot program has made toward meeting its **goals and objectives**?
41. What have been the **most important successes** of the pilot so far?

OPTIONAL PROMPTS:

- *Does the pilot seem to work better for certain types of caregivers than others (such as, grandmothers or neighbors)? If so, why?*
- *Do you think the pilot has improved the quality of care provided by the kith and kin caregivers you work with? If yes, what aspects of quality have improved?*

42. What are the **benefits of the pilot** for children, parents, and caregivers?

Challenges

43. What are the **most significant implementation challenges** that the pilot has faced so far? *What are pilot staff most concerned about?*
44. What **strategies** have you or your staff used to work through these challenges? How well do you think these strategies worked?

Lessons and Recommendations

45. What are the **most important lessons** your program has learned so far about providing services to kith and kin caregivers?

46. What **changes**, if any, do you think should be made in the Enhanced Home Visiting Pilot Project?

47. Is there anything else you would like to add before we end the discussion?

Thanks again for participating in the interview.

ENHANCED HOME VISITING PILOT PROJECT EVALUATION

HOME VISITOR INTERVIEW GUIDE

INTRODUCTION (2 MINUTES)

Thank you for agreeing to participate in this interview. My name is _____ and I work for [MATHEMATICA POLICY RESEARCH/URBAN INSTITUTE], an independent research firm/organization. We are conducting a study for the Head Start Bureau to learn about Early Head Start programs' experiences implementing the Enhanced Home Visiting Pilot Project. What we learn may be used to help other Early Head Start programs develop similar pilot projects.

Everything you tell me/us is confidential. I/we would like you to feel comfortable giving your opinions and impressions. The information we gather will be used to write a report for the Head Start Bureau about programs' experiences implementing the Enhanced Home Visiting Pilot Project, including successes, challenges, and lessons from the first year of pilot operations. Our report will describe the experiences and viewpoints expressed by staff across the pilot sites, but specific comments will not be attributed to specific individuals or programs. No individual staff member will be quoted by name.

Do you have any questions before we get started?

ABOUT YOU (5 MINUTES)

To begin, I'd like to learn about your role in the Early Head Start program.

1. What is your **official job title**, and what are your **primary responsibilities**?
2. How **long have you worked** for [GRANTEE/PARTNER]?
3. How long have you held your **current position**? What **other positions** have you held within the agency?
4. Prior to your current position, had you ever **worked as a home visitor** before?
5. Prior to your current position, had you ever **worked with kith and kin caregivers** before?

TRAINING (10 MINUTES)

Now I'd like to ask a few questions about any training you received for the pilot project.

6. Did you receive any **orientation or training** for the Enhanced Home Visiting Pilot Project **before you started** working with caregivers?

[IF YES]: Tell me about it.

PROBES IF NOT ALREADY MENTIONED:

- Who provided the orientation/training?
- What topics were covered?
- How many sessions, and how long was each session?
- What was the format—lecture, role play, small group work?

7. Have you participated in any **in-service training** for the Enhanced Home Visiting Pilot Project **since you started** working with caregivers?

[IF YES]: Tell me about it.

PROBES IF NOT ALREADY MENTIONED:

- How many in-service trainings have you had?
- Who provided the training?
- What topics were covered?
- How many sessions, and how long was each session?
- What was the format—lecture, role play, small group work?

8. Did you **find this training helpful** for the work you do during a typical home visit?
[IF YES]: What has been most helpful?

9. Are there any **topics you would have liked more training** in? Is there anything about the orientation and training you think could be improved?

IMPLEMENTATION OF PILOT SERVICES

Now I'd like to ask some questions about implementation of the Enhanced Home Visiting Pilot Project. To start, let's talk about recruitment of caregivers.

Caregiver Recruitment (5 MINUTES)

10. Are you involved in identifying and **recruiting kith and kin caregivers** for the pilot?

[IF YES]: What strategies do you use to recruit caregivers? Which strategies have worked well, and which have not been as effective as expected?

11. In your opinion, what **attracts caregivers to the program**? What has been least attractive to them?

Home Visits (30 MINUTES)

Now I'd like to hear a little bit about the caregivers you work with and the home visits you do.

12. How many caregivers do you currently work with? Tell me a little bit about them.

PROBE IF NOT ALREADY MENTIONED:

- How are they related to the Early Head Start child?

13. Tell me a little about the things you do **before setting up the first home visit**. How do you make your first contact with caregivers?

14. Can you walk me through what happens **during the first home visit** with a caregiver?

PROBES IF NOT ALREADY MENTIONED:

- Assess caregiver assets and needs?
- Assess child needs?
- Develop service plans for caregivers? If yes, what do these cover?
- Provide information, either through written materials (such as pamphlets or tips sheets), videos, or other means

15. Now tell me what you do during a **typical home visit**. Are you using a specific curriculum?

[IF YES]: Tell me about the curriculum you use.

PROBES IF NOT ALREADY MENTIONED:

- name of the curriculum?
- what topics are covered, what activities are included?
- follow the curriculum as written, or use it more as a guide?

[**IF NO**]: What do you try to focus on during a typical visit?

PROBES IF NOT ALREADY MENTIONED:

- What topics do you try to cover?
- What activities do you try to do?

16. What **concerns or questions** do caregivers bring up **most often** during the home visits?
How do you respond?

17. What types of **materials and equipment** (such as books, toys, cribs, safety equipment) do caregivers request **most often**? How do you respond?

[**IF MATERIALS AND EQUIPMENT ARE PROVIDED**]: Are they given to caregivers or loaned to them?

18. Have you ever made **suggestions to caregivers** about how to care for the child, such as changing their safety practices or behavior management strategies?

[**IF YES**]: Can you give me an example? How receptive are caregivers to these suggestions?

19. What do the **caregivers like best** about the home visits you do? Can you give me an example?

20. How **receptive are caregivers** to participating in the pilot, and having staff visit them at home?

PROBES IF NOT ALREADY MENTIONED:

- How many home visits do you try to do a month? How many are you able to complete?
- How easy or difficult has it been to schedule home visits with caregivers?
- What are the main reasons home visits have to be rescheduled?

Group Activities and Other Services (10 MINUTES)

Now I'd like to change topics, and talk a little bit about other activities and services for caregivers in the pilot.

21. Besides the home visits, do you help **plan or set up other activities** for caregivers, such as support groups, play groups, or group training activities?

[IF YES]: Tell me about these group activities.

PROBES IF NOT ALREADY MENTIONED:

- When are they offered?
- What topics are covered?
- What community partners are involved?
- How well have they worked?
- What has been most challenging, and what has gone well?

22. Do you ever **refer caregivers** to other community agencies for services? If so, how often and for which types of services?

23. What strategies have you used to **facilitate communication and strengthen relationships** between caregivers and parents? How well have these strategies worked?

24. **[IF HOME VISITOR DOESN'T WORK WITH BOTH FAMILY & CAREGIVER]:** Do you **coordinate services** provided to the family and caregiver? (For example, do the home visitors for the family and caregiver coordinate the topics and activities they cover during the visits?) If so, how?

TURNOVER IN CAREGIVERS AND FAMILIES (5 MINUTES)

Now I'd like to ask a couple questions about what happens when pilot families change caregivers.

25. How much **turnover** has there been so far in the kith and kin caregivers families use? Is there more or less turnover than you expected?

26. What happens when a **family changes caregivers**? What do you do to enroll the new caregiver into the pilot?

27. Have any of the caregivers or families you work with **dropped out of the pilot**? If so, what were their reasons? Is this a higher or lower dropout rate than you expected?

ASSETS AND NEEDS OF CAREGIVERS (10 MINUTES)

Now I'd like to get your thoughts about the caregivers you work with.

28. In your opinion, what are the **major assets or strengths** of the caregivers you work with?

29. What are the **most pressing needs** of the caregivers you work with? In your opinion, what kinds of training and support do caregivers need most?

30. Do you have any specific **concerns about the quality of care** they provide?

PROBES IF NOT ALREADY MENTIONED:

- The types of programs or amount of time the child watches TV?
- Health and safety practices in the home ?
- How the caregiver relates or responds to the child?
- Amount of time the caregiver spends reading to or playing with the child?

OPTIONAL, IF TIME LEFT: Have you provided any information or services to address these issues? Tell me about what you've done or are doing.

31. Have any of the caregivers expressed an **interest in becoming licensed** or registered child care providers?

[IF YES]: What have you done to help them become licensed or registered?

SUCCESSSES, CHALLENGES, AND LESSONS (15 MINUTES)

I'd like to finish up by hearing your views on the **successes** and **challenges** of the pilot, and any **lessons you've learned** about working with kith and kin caregivers.

32. What have been the **most important successes** of the pilot so far?

OPTIONAL PROBES IF TIME LEFT:

- Does the pilot seem to work better for certain types of caregivers (such as grandmothers or neighbors)? If so, why?
- Do you think the pilot has had any impact on the quality of care provided by kith and kin caregivers you work with? If so, what aspects of quality have improved?

33. Thinking about the work you do with caregivers, what are you **most proud of**? Can you give me an example?

34. What are the **biggest challenges** you've faced in working with caregivers?

OPTIONAL PROBE IF TIME LEFT:

- Do different types of caregivers (such as grandmothers or neighbors) present different kinds of challenges? If so, how do they differ?

35. What strategies have you used to **work through these challenges**? How well do you think these strategies worked?

36. What are the most important **lessons you have learned** so far about providing services for kith and kin caregivers?

37. What **changes**, if any, do you think should be made to the Enhanced Home Visiting Pilot Project?

OPTIONAL PROBES IF TIME LEFT:

- Training or resources available to you?
- Changes in program services?
- Changes in program staffing?
- Changes or additions to current community partners?

38. **[OPTIONAL, IF TIME LEFT]** Would you recommend that other Early Head Start programs develop similar initiatives to support kith and kin caregivers?

CONCLUSION

We are now finished with our questions. Is there anything else you would like to add before we end the discussion?

Thank you for taking the time to share your thoughts and ideas.

ENHANCED HOME VISITING PILOT PROJECT EVALUATION
INTERVIEW GUIDE FOR COMMUNITY PARTNERS

INTRODUCTION (2 MINUTES)

Thank you for agreeing to participate in this interview. My name is _____ and I work for [MATHEMATICA POLICY RESEARCH/URBAN INSTITUTE], an independent research firm/organization. We are conducting a study for the Head Start Bureau to learn about Early Head Start programs' experiences implementing the Enhanced Home Visiting Pilot Project. What we learn may be used to help other Early Head Start programs develop similar pilot projects.

Everything you tell me/us is confidential. I/we would like you to feel comfortable giving your opinions and impressions. The information we gather will be used to write a report for the Head Start Bureau about programs' experiences implementing the Enhanced Home Visiting Pilot Project, including successes, challenges, and lessons from the first year of pilot operations. Our report will describe the experiences and viewpoints expressed by staff across the pilot sites, but specific comments will not be attributed to specific individuals or programs. No individual staff member will be quoted by name.

Do you have any questions before we get started?

ABOUT YOU (5 MINUTES)

To begin, I'd like to ask some **background questions** about you and your agency.

1. What is your official **job title**, and what are your **primary responsibilities**?

2. How long have you worked for [AGENCY NAME]?

3. How long have you held your **current position**? What **other positions** have you held within the agency?

YOUR AGENCY (5 MINUTES)

4. What is your organization's **primary mission**? [REQUEST A BROCHURE WITH BACKGROUND INFO ON THE ORGANIZATION IF ONE IS AVAILABLE]

5. What are the **main programs** your agency operates and services you provide?
6. What are the **main characteristics of your agency's client population**?

PARTNERSHIP WITH THE EARLY HEAD START PROGRAM (20 MINUTES)

Let's talk about your agency's **partnership** with Early Head Start.

Nature of the Partnership

7. Did your agency have a **relationship with the Early Head Start program** before the start of the Enhanced Home Visiting Pilot Project? *Was your agency already in a partnership with Early Head Start?*
8. Do you have a **formal partnership agreement** in place with the Early Head Start program? If yes, what is the nature of that agreement? [REQUEST A COPY OF THE PARTNERSHIP AGREEMENT IF NOT ALREADY OBTAINED FROM THE EHS PROGRAM.]
9. **Why did you decide to partner** with the Early Head Start program on the Enhanced Home Visiting Pilot Project? What interested your agency in the pilot?
10. At what point in the pilot's development did you form the partnership? To what extent was your agency **involved in designing the pilot** and setting its goals and objectives?
11. What is your **agency's role in the pilot**? What services do you provide to children, families, and/or kith and kin caregivers enrolled in the pilot?

Staffing and Coordination

12. **How many staff** from your agency work on the pilot? What **proportion of their time** do they spend on the pilot? What are their job titles and main duties on the pilot? What are their qualifications?
13. How do you **coordinate** the work your staff do on the pilot with the Early Head Start program?

OPTIONAL PROMPTS:

- *Do Early Head Start staff provide oversight and supervision to your agency's staff who are working on the pilot?*
- *How do you facilitate communication across the two agencies, and with families and kith and kin caregivers?*

Partnership Lessons

14. In your opinion, **how is the partnership going** so far? What aspects of the partnership work well, and what aspects are challenging?
15. If you could, is there **anything you would change** about the partnership or partnership agreement? If so, what would you change?
16. *What lessons have you learned about working through partnerships that would be beneficial for other programs or communities?*

**IMPLEMENTING THE ENHANCED HOME VISITING PILOT PROJECT
(20 MINUTES)**

At this point, I'd like to ask some questions about **availability of child care in the community**, the **needs of the kith and kin caregivers**, and your **agency's role in implementing** the Enhanced Home Visiting Pilot Project.

17. Is **enough infant/toddler child care available** in the community to meet the needs of low-income families? If not, what are the **main barriers** families face in arranging infant/toddler care?
18. What are the **most pressing needs of the kith and kin caregivers** served by the pilot? What are their strengths as caregivers?
19. In your opinion, what kinds of **training and support do kith and kin caregivers need most?**

20. Have your agency and the Early Head Start program been able to **implement the pilot program as planned**? Provide the types of services at the frequency anticipated? If not, how has actual **implementation differed from your initial plans**? Why was a change required?
21. In your opinion, how much **progress** do you think the pilot program has made toward meeting its goals and objectives?
22. What have been the **most important successes** of the pilot so far?

OPTIONAL PROMPTS:

- *Does the pilot seem to help certain types of caregivers more than others such as grandmothers or neighbors)? If so, why?*
- *Do you think the pilot has improved the quality of care provided by the kith and kin caregivers you work with? If yes, what aspects of quality have improved?*

23. *What are the benefits of the pilot for children, parents, and caregivers?*

24. What are the most **significant implementation challenges** the pilot has faced so far?

OPTIONAL PROMPTS:

- *Has implementing specific services, such as home visits or group training events, been challenging?*
- *Has the partnership with Early Head Start been challenging?*
- *Has recruiting caregivers been challenging?*

25. What **strategies** have you used to work through these challenges? How well do you think these strategies worked?

26. What are the most important **lessons** your agency has learned so far about providing services to kith and kin caregivers?
27. What **changes**, if any, do you think should be made to the Enhanced Home Visiting Pilot Project?

PROBES:

- *Changes in program services?*
 - *Changes in program staffing?*
 - *Changes in or additions to current community partners?*
28. At this point, what do you think is the **future of the pilot project**? *Do you hope to continue providing pilot services after pilot funding ends? Do you think this will be feasible?*
29. IF NOT ALREADY MENTIONED: What is the **potential for sustaining your partnership** with Early Head Start after pilot funding ends?
30. Is there anything else you would like to add before we end the discussion?

Thanks again for participating in the interview.

ENHANCED HOME VISITING PILOT PROJECT EVALUATION

PARENT FOCUS GROUP GUIDE

INTRODUCTION (10 MINUTES)

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for [MATHEMATICA POLICY RESEARCH/URBAN INSTITUTE], an independent research firm/organization.

We are conducting a study for the Head Start Bureau to learn about the Early Head Start Enhanced Home Visiting Pilot Project. As part of the study, we want to learn about relatives, friends, and neighbors who take care of children while parents are at work or school. We are interested in talking with you about the person who takes care of your child, and the services they get from [PILOT NAME].

- I am going to moderate the discussion. It is really important for everyone to speak up so we can have a lively and informative discussion.
- We ask that you respect each other's point of view. There are no right or wrong answers. You are the experts – we want to learn from you.
- It will be helpful if you speak one at a time, so everyone has a chance to talk.
- We have many topics to cover during the discussion. At times, I may need to move the conversation along to be sure we cover everything.
- We also ask that you not repeat any of the discussion you've heard after you leave today.
- We also want you to know that being part of this discussion is up to you, and you can choose to not answer a question if you wish. Being part of this discussion will also not affect the services you receive through [PILOT NAME].
- I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. Everything you say here is private. When we write our report, we will include a summary of people's opinions, but no one will be quoted by name.
- If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Does anybody have any objections to being part of this focus group or to my taping our discussion?
- The discussion will last about 1½ hours, and we will not take any formal breaks. But please feel free to get up at any time to stretch, use the restroom, or help yourselves to something to eat or drink.

Once again, thank you for coming today. Are there any questions before we get started?

CURRENT CHILD CARE ARRANGEMENTS AND CHOICE OF CAREGIVER (15 MINUTES)

1. Let's start by going around the room and introducing ourselves.

Please tell us:

- your first name (or the name you would like to be called)
- and the name and age of your child who's in [PILOT NAME]

For the rest of our discussion, I'd like to focus on the person who takes care of your child in [PILOT NAME] while you are working or at school.

2. **Can I just see a show of hands** – [BE SURE TO SPEAK COUNTS ONTO TAPE]

- for how many of you is this caregiver a family member? a friend of the family? your neighbor?
- how many of you live in the same house as your child's caregiver?
- [IF RELEVANT] for the rest of you, where do they care for your child most of the time -- in your home? in their home?
- when do they care for your child -- mostly during the day? mostly in the evenings or on weekends? both days and evenings?
- for how many of you does it vary from week to week?

3. Think back to when your child's caregiver first started taking care of your child. Would some of you like to **share how that happened**?

PROBES IF NOT ALREADY MENTIONED:

- [FOR PARENTS WHO REQUESTED CARE]: What were some of the reasons you **asked them to care for your child**?
- [FOR PARENTS WHOSE CAREGIVERS OFFERED CARE]: What were some of the reasons **they offered to take care of your child**?
- [FOR ALL]: Did any of you think about **asking someone else to take care** of your child or want another form of child care?
[IF YES]: Who else did you ask, or what other child care did you consider or prefer? Why did you end up not having them take care of your child?

SATISFACTION WITH KITH AND KIN CARE AND RELATIONSHIP WITH CAREGIVER (15 MINUTES)

Let's talk a little more about your child's caregiver.

4. What do you **like best** about having this person take care of your child? Can you give me an example? Why is this important?
5. Thinking about your child's caregiver and what they do for your child, is there **anything you would change** if you could? What would you change?

PERCEPTIONS OF THE ENHANCED HOME VISITING PILOT PROJECT

Now let's talk about the services your child's caregiver gets through [PILOT NAME] and what you think about the program.

Program Enrollment (10 MINUTES)

6. Can you tell me **how you found out** about the [PILOT NAME]? Who told you about it? What attracted you to the program?
7. How did your child's **caregiver get involved** with the [PILOT NAME]?

Perceptions of Program Activities (15 MINUTES)

8. What do you **know about the services** your child's caregiver gets from [PILOT NAME]?
9. Have you been **invited to any of the activities** offered to your caregiver by [PILOT NAME], such as trainings, play groups, or [SITE NAME FOR SOCIALIZATIONS IF KNOWN]?

[IF YES]: Did you go to any of the activities?

[IF YES]: Tell me about them. What did you like about not them? Not like about them?

[IF NO]: What are some reasons you didn't go to these activities?

[USE PROMPTS BELOW **ONLY IF** PARENTS CAN'T SPECIFY REASONS FOR NOT PARTICIPATING IN PROGRAM ACTIVITIES]:

- Because the activities were held at a bad time?

- Because you didn't have transportation?
- Because you didn't think the activities would be helpful?

PARENT OPINIONS OF THE PROGRAM (25 MINUTES)

I'd like to finish up by hearing what **you think** the [NAME OF PILOT] has done to help your child's caregiver, and what they're able to do for your child.

10. How has the program **helped your child's caregiver** and what they do for your child? Can you give me an example?
11. Has the program changed **your relationship with your child's caregiver** in any way, for example how you get along together or the kinds of things you talk about? Can you give me an example?
12. If **you** were designing this program and money was **no object**, what would you **change** or **add to** the program to make it better for families like yourselves?
13. Would you **recommend this program** or a similar program for other families who have relatives, friends, and neighbors caring for their children? Why or why not?

CONCLUSION

We are now finished with our questions. Is there anything else about [PILOT NAME] or family, friends, and neighbors caring for children that you think we should know about? Or other thoughts you had during our conversation that you would like to mention before we end?

Thank you for taking the time to share your thoughts and ideas. Our discussion has been very useful in learning more about [PILOT NAME].

ENHANCED HOME VISITING PILOT PROJECT EVALUATION
CAREGIVER FOCUS GROUP GUIDE

INTRODUCTION (10 MINUTES)

Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. I'm _____ and I work for [MATHEMATICA POLICY RESEARCH/URBAN INSTITUTE], an independent research firm/organization.

We are conducting a study for the Head Start Bureau to learn about the Early Head Start Enhanced Home Visiting Pilot Project. As part of the study, we want to learn about your experiences taking care of other people's children, and the services you get from [PILOT NAME].

- I am going to moderate the discussion. It is really important for everyone to speak up so we can have a lively and informative discussion.
- We ask that you respect each other's point of view. There are no right or wrong answers. You are the experts – we want to learn from you.
- It will be helpful if you speak one at a time, so everyone has a chance to talk.
- We have many topics to cover during the discussion. At times, I may need to move the conversation along to be sure we cover everything.
- We ask that you not repeat any of the discussion you've heard after you leave today.
- We also want you to know that being part of this discussion is up to you, and you can choose to not answer a question if you wish. Being part of this discussion will also not affect the services you receive through [PILOT NAME].
- I would like to tape-record our discussion.
- I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. Everything you say here is private. When we write our report, we will include a summary of people's opinions, but no one will be quoted by name.
- If you want to say anything that you don't want taped, please let me know and I will be glad to pause the tape recorder. Does anybody have any objections to being part of this focus group or to my taping our discussion?
- The discussion will last about 1½ hours, and we will not take any formal breaks. But please feel free to get up at any time to stretch, use the restroom, or help yourselves to something to eat or drink.

Once again, thank you for coming today. Are there any questions before we get started?

CAREGIVING HISTORY AND MOTIVATION FOR CARE (10 MINUTES)

1. Let's start by going around the room, introduce yourself and say a little bit about the children you care for.

Please tell us:

- Your first name (or the name you would like to be called)
- How many children you care for (other than your own), and how old they are
- Your relationship to the child enrolled in [PILOT NAME]

For the rest of our discussion, I'd like to focus on the child you take care of who is in [PILOT NAME].

2. Can I **just see a show of hands** –

- how many of you live with the child?
- For the rest of you, how many take care of him or her in your own home? in the child's home?
- how many of you provide care mostly during the day? mostly in the evenings or on weekends? Both?
- how many of you provide care at different times and days from week to week?
- how many of you have another job besides caring for other people's children?

3. Now, I'd like to hear a little about **how you first started** taking care of this child. When did you first start and why? Did the parent ask you to watch the child, or did you offer?

PROBES IF NOT ALREADY MENTIONED:

- [IF PARENTS REQUESTED CARE]: What were some of the reasons the parent asked you to care for their child?
- [IF CAREGIVER OFFERED TO PROVIDE CARE]: What were some of the reasons you offered to take care of the child?

CAREGIVER CHALLENGES, ABILITIES, AND NEEDS (15 MINUTES)

Let's talk a little about what it's like for you when you take care of this child. I'm sure we could spend all [day/evening] talking about this, but we have limited time here [today/tonight] and lots of questions. But maybe a couple of you could share your experiences with us just to get the conversation going.

[PICK TWO CAREGIVERS FROM THE GROUP TO **DESCRIBE A TYPICAL DAY**. IF POSSIBLE, CHOOSE DIFFERENT TYPES OF CAREGIVERS – A RELATIVE AND A NEIGHBOR, OR CAREGIVER PROVIDING DAYTIME CARE AND ONE PROVIDING EVENING CARE]:

4. [NAME OF 1ST CAREGIVER], can you tell us about a **typical [day/evening]** with your [GRANDCHILD, NEIGHBOR'S CHILD, ETC]? What do you usually do?

And [NAME OF 2ND CAREGIVER], how about you? Can you tell us what you usually do during a **typical [day/evening]** with your [GRANDCHILD, NEIGHBOR'S CHILD, ETC]?

5. [DIRECTED TO ENTIRE GROUP]: For all of you, what is the **most important thing you do** for the child while he or she is in your care? Can you give me a recent example? Why is this important?
6. What do you find **most challenging** about taking care of the child? Can you give me a recent example? [IF THE QUESTION DOESN'T ELICIT MUCH RESPONSE, REPHRASE AS]: What was the hardest part of your day the last time you cared for him or her?

EXPERIENCES WITH THE ENHANCED HOME VISITING PILOT PROJECT

Now let's talk about what it has been like for you to be part of [PILOT NAME].

Program Enrollment (5 MINUTES)

7. Can you tell me **how you found out** about [PILOT NAME]? Who asked you to sign up? What made you decide to sign up for the program?

Experiences with Home Visits (20 MINUTES)

8. Now I'd like to switch gears a bit and talk about your experiences with the home visits. Could a couple of you **tell me about what usually happens** when the home visitor comes to spend time with you?

[AFTER 1-2 CAREGIVERS HAVE SHARED THEIR EXPERIENCE]: Has anybody else had a different experience during their home visits?

9. How **easy or difficult is it to talk** to your home visitor? What things are easier to talk about? What things are harder to talk about?

10. What do you **like best** about having your home visitor come and talk or work with you? How has he or she been helpful to you and what you are able to do for the child? Could you give me an example of something they said or did that was especially helpful?

11. What, if anything, do you **not like as much** about the home visits?

EXPERIENCES WITH OTHER PROGRAM ACTIVITIES (10 MINUTES)

12. Have you **been part of any other activities or services** offered by [PILOT NAME], or has your home visitor put you in touch with any other community services?

[**IF YES**]: Tell me about these activities and services.

PROBE IF NOT ALREADY MENTIONED:

- Were these activities or services helpful? What did you like about them?

[**IF NO**]: What are some reasons you didn't take part in other activities or services?

[USE PROMPTS BELOW **ONLY IF** CAREGIVERS CAN'T SPECIFY REASONS FOR NOT PARTICIPATING IN PROGRAM ACTIVITIES]:

- Because the program didn't offer other activities or services?
- Because the activities or services were held at a bad time?
- Because you didn't have transportation?
- Because you didn't think the activities or services would be helpful?

EFFECTS OF THE PROGRAM ON CAREGIVERS (10 MINUTES)

Now I'd like to hear a little bit about what **you think** the [NAME OF PILOT] has done to help you, and what you're able to do for the child.

13. Has being in the program **changed how you take care of the child** in any way? Can you give me an example? [IF THE QUESTION DOESN'T ELICIT MUCH RESPONSE, REPHRASE AS]: Is there anything you **do differently now** than you did before? Can you give me an example?
14. Has being in the program **changed your relationship with the child's parent** in any way, for example how you get along together or the kinds of things you talk about? Can you give me an example?

CAREGIVER OPINIONS OF THE PROGRAM (10 MINUTES)

I'd like to finish up by getting your opinions of the program overall.

15. What do you think are the **benefits** of the [PILOT NAME] for caregivers like you?
16. Would you **recommend this program** or a similar type of program for other caregivers like you? Why or why not?
17. **If you** were designing this program and money was no object, what would you **change** or **add to** the program to help caregivers like you?

[USE PROMPTS BELOW **ONLY IF** CAREGIVERS CAN'T SPECIFY WHAT THEY WOULD CHANGE ABOUT THE PROGRAM]:

- Changes in how home visits are done?
- Changes in when, where, or what activities and services are offered?
- Additional activities, trainings, services, or equipment?

CONCLUSION

We are now finished with our questions. Is there anything else about [PILOT NAME] or caring for other people's children you think we should know about? Or other thoughts you had during our conversation that you would like to mention before we end?

Thank you for taking the time to share your thoughts and ideas. Our discussion has been very useful in learning more about your experiences caring for children, as well as helping us understand more about the [PILOT NAME].

ENHANCED HOME VISITING PILOT PROJECT EVALUATION

CASE REVIEW GUIDE

INTRODUCTION (2 MINUTES)

Thank you for agreeing to participate in this case review. My name is _____ and I work for [MATHEMATICA POLICY RESEARCH/URBAN INSTITUTE], an independent research firm/organization. We are conducting a study for the Head Start Bureau to learn about Early Head Start programs' experiences implementing the Enhanced Home Visiting Pilot Project. We are conducting these case reviews to learn more about how pilot services are provided to specific families and kith and kin caregivers with a range of needs and in a variety of circumstances. What we learn may be used to help other Early Head Start programs develop similar pilot projects.

Everything you tell me/us is confidential. I/we would like you to feel comfortable giving your opinions and impressions. The information we gather will be used to write a report for the Head Start Bureau about programs' experiences implementing the Enhanced Home Visiting Pilot Project, including successes, challenges, and lessons from the first year of pilot operations. Our report will describe the experiences and viewpoints expressed by staff across the pilot sites, but specific comments will not be attributed to specific individuals or programs. No individual staff member will be quoted by name.

Do you have any questions before we get started?

PILOT STAFF PARTICIPATING IN THE CASE REVIEW

1. To begin, tell me your **name(s), job title(s), and how long you have been working with this family and/or the kith and kin caregiver(s)** that takes care of this Early Head Start child.

CHARACTERISTICS OF FAMILY AND CAREGIVER(S) (5 MINUTES)

2. Tell me about this family.
 - Child's name, gender, and age
 - Child's parent/primary caregiver, gender, age, and employment status
 - *Child father or a father figure*
 - *Lives with the primary caregiver and child?*
 - *If not, involved with the child?*
 - *Age and employment status?*

- Other members of household, including relationship to the child, gender, and age
3. **Enrollment date** in Early Head Start and the Enhanced Home Visiting Pilot Project
 4. Family's most **pressing needs**
 - Goals have program been working on with this family
 - Successes achieved so far
 5. How family was **recruited** to enroll in the pilot
 - Level of interest
 - Recruitment process: smoothly or challenging to interest family
 - Most and least attractive services offered to the family
 6. **Child care arrangements** at enrollment
 - *If more than one arrangement, note location, times of care, and provider for each one*

THE KITH AND KIN CAREGIVER(S) (5 MINUTES)

7. **Kith and kin caregiver at pilot enrollment** and relationship to child
8. **Whether caregiver is still caring for the child**
 - IF NO: When caregiver stopped caring for the child and why
 - IF NO: Whether there is a another kith and kin caregiver and start date for that arrangement[REPEAT IF MORE THAN TWO CAREGIVERS. BE SURE TO ASK ABOUT ALL KITH AND KIN CAREGIVERS FOR THIS CHILD WHO HAVE RECEIVED PILOT SERVICES.]

[IF MORE THAN ONE PROVIDER, ASK THE FOLLOWING SERIES OF QUESTIONS IN REFERENCE TO THE CURRENT OR MOST RECENT CAREGIVER RECEIVING PILOT SERVICES. IF TIME PERMITS, ASK ABOUT ADDITIONAL CAREGIVERS.]

9. **Where care is provided** and whether caregiver lives with child

10. **Receptivity of caregiver** to pilot

- Recruitment: smooth or challenging to interest the caregiver
- Most and least attractive services offered to the caregiver

11. Caregiver's **receptivity to home visits**

12. **Most pressing needs** of the caregiver; **strengths** as a caregiver

- training and support needs

PILOT SERVICES (10 MINUTES)

13. **Main goals** program has worked on with this caregiver

14. **Summary of the services** caregiver received through the pilot

- Whether provided by Early Head Start staff or community partners

PROMPTS IF NOT ALREADY MENTIONED:

- *Frequency and content of home visits*
- *Equipment, toys, materials, or incentive payments*
- *Number and type of group training events, support groups, or play groups organized through the pilot; topics covered during training events*

15. Services that have been **most and least helpful**

16. Staff member's **relationship with caregiver**

- Whether easy or difficult to work with caregiver and why

17. Caregiver's **interest in becoming a licensed or registered** child care provider
 - IF INTERESTED: information or services provided to help caregiver move in this direction

18. **How well caregiver and child's primary caregiver(s) get along**
 - Whether they communicate regularly about how the child is doing

19. Whether information or services provided to **facilitate communication** between primary caregiver/parent and caregiver

STAFF VIEWS (5 MINUTES)

20. Staff member's opinion on **quality of care** provided
 - *Concerns about TV viewing, health and safety issues, stimulation such as reading, supervision, caregiver-child interaction*
 - *IF YES: information or services provided to address concerns*
 - Whether quality of care has improved since pilot enrollment

21. **Benefits** of the pilot for the child, family, and caregiver(s)
 - Services that have been most helpful

22. **Challenges** *are the child and family are facing now*
 - *Services planned to help the family overcome them and role of the pilot*

23. Anything staff want to add

Thank you for participating in the case review.