

A Case for Increasing Empirical Attention to Head Start's Home-Based Program: An Exploration of Routine Collaborative Goal Setting

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Abstract

Collaborative goal setting among home visitors and family members is a mandate for Head Start's home-based program. Yet, a dearth of research is available for advancing evidence-based practices for setting and monitoring home visiting goals or for understanding how family characteristics or program features are associated with them. With the intent of stimulating empirical attention to this pivotal objective in Head Start's home-based program, this study explored a home-based Head Start program's routine practices for identifying and monitoring goals. In addition, the interrelationship of demographic characteristics and home visiting frequency with goal activity was examined. Findings from this explorative study indicated that goal identification occurred for slightly more than half of the families. Additionally, goals were largely adult focused. Goal attainment occurred at a low frequency. For the most part, family demographics were unrelated to goal activity. However, higher home visiting frequency was associated with increased goal setting. Emanating from this study are implications for practice as well as for future research.

Key Words: Head Start, early childhood home visiting, home-based program, visits, visitors, goals, collaborative goal setting, family, families, parents, caregivers, child-centered, child, adult, outcomes, services, poverty, preschoolers

Introduction

Since its inception in 1965, Head Start stands as a model, two-generational program for providing early childhood education to young children who live in poverty (Love, Chazan-Cohen, & Raikes, 2007). Founded on an ecological developmental perspective, Head Start strives to improve developmental and educational outcomes for low-income children by enhancing proximal contexts: home and preschool. Head Start provides direct services to children while at the same time it supports family members in parenting children. To this end, Head Start provides comprehensive services to promote children's development, education, and health through two program components: home-based and center-based. Home visiting, the primary venue of service delivery for Head Start's home-based program component, is commonly directed toward supporting caregivers' capacity for parenting as well as for addressing young children's developmental and educational needs.

Head Start's Performance Standards for the home-based program mandate that home visitors engage caregivers in establishing and monitoring collaborative goals (1306.33(b); U.S. Department of Health and Human Services, n.d.), underscoring the pivotal role of goals in effective service delivery. Bailey (1987) defined collaborative goal setting in early education services as professionals and families joining together to identify goals and the means for achieving them. Further, collaborative goal setting should include processes for empowering family members to prioritize concerns, garner supports, and engage in early childhood services.

Although mandated, empirical attention to the practices and outcomes associated with collaborative goal setting in home-based programs is lacking. Sufficient data-based information concerning the connection of family, home visitor, and program characteristics to goal setting is unavailable. Additionally, the process and benefits associated with goal setting and monitoring in home visiting are unknown. Despite the lack of research specifically directed to collaborative goal setting in Head Start's home-based program, some recent findings from the broader field of home visiting suggest that goals can be crucial for achieving child outcomes and sustaining families' participation.

Emerging research indicates that the focus of home visiting session content is important for achieving child outcomes. As Head Start programs are based upon a two-generational approach, services in the home-based program can appropriately focus on the direct needs of the child in addition to supporting caregivers' capacity for parenting and enriching the home environment. Although this dual focus in Head Start is ultimately aimed toward enhancing children's development and learning, research has demonstrated that child

development focused, compared to adult focused, home visiting was more strongly associated with child outcomes. In a national evaluation of Early Head Start, an extension of Head Start's home-based services to children below the age of 3 years, Raikes and colleagues (Raikes et al., 2006) examined the proportion of time that was dedicated to child development concerns during home visiting sessions and its association with children's outcomes. Across the 17 programs that participated in the Early Head Start evaluation, the average amount of time home visitors reported as dedicated to child development concerns was about 57%, whereas the remaining time was spent on adult-oriented concerns (about 28%) and relationship building. At the conclusion of Early Head Start services, the three-year-old children whose home visiting had more attention to child development content showed the greatest developmental gains.

Complementary to Raikes et al.'s (2006) findings, a meta-analysis conducted by Sweet and Appelbaum (2004) also indicated that home visiting programs designed to primarily support the adult caregivers produced minimal benefits to children. These authors hypothesized that the enhanced concentration on personal concerns may have unintentionally diverted caregivers' attention away from child related matters.

In addition to maximizing child outcomes, child development focused home visiting appears to correspond with caregivers' sustained participation in home visiting programs. In a detailed examination of families who discontinued Early Head Start services, Roggman and colleagues (Roggman, Cook, Peterson, & Raikes, 2008) found an association of program dropout to home visit content. Among families who sustained their participation in Early Head Start, home visits were focused on children, including the active engagement of the child in activities or the provision of child development information to caregivers. On the other hand, families who discontinued services participated in home visits which were largely focused on adult or family needs. Further supporting the connection between child development focus and families' sustained participation, McCurdy and colleagues (McCurdy et al., 2006) demonstrated that caregivers of young children who presented with health risk factors or with an identified disability were more likely to participate in home visiting services than caregivers of children with no health concerns or developmental risk.

Evidence for the benefits of a child development emphasis in home visiting services directed toward infants and toddlers allows for a reasonable expectation that such an emphasis would also enhance the effectiveness of promoting development and school readiness in home-based programs for preschool age children, such as Head Start. Yet, there is no research available to date to support this expectation. With the intention of directing future empirical efforts,

this exploratory study was undertaken as a means of illuminating the natural goal setting processes of a home-based Head Start program. Several aspects of the program's approach to goal activity were noted, including the frequency and content of the goals set and accomplished as well as the interrelationship of demographics and home visiting frequency to goal setting. One important objective of this study addressed differences between the Head Start families who established goals and those who did not. These two groups were examined to discern demographic differences as well as differences in home visiting frequency. A second objective was to explore connections between demographic characteristics and the number of goals set. Lastly, the predictive relationships of home visiting frequency to goals set and accomplished were examined.

Methods

Child and Family Participants

Seventy-three children and their caregivers who were enrolled in a Head Start program participated in this study. Table 1 presents the demographic information for these participants as assigned to one of two categories: families with goals identified and those without identified goals. Consistent with the Head Start program from which these children were recruited, the sample of children in this study were largely ethnic minority, with the greatest representation of Latino children. However, the majority of children were English speaking; this is true for those children whose caregivers identified goals (91%) and for those whose families did not identify goals (87%). For the most part, children in this sample had been enrolled in the Head Start program for longer than six months (100% of caregivers with identified goals; 89% of caregivers without identified goals). Like the Head Start program at large, mothers were most frequently participating in the home visits (98% of caregivers with identified goals; 87% of caregivers without identified goals). About half of the parents had a high school diploma, and nearly 70% were unemployed. About 60% of the participants were single parents.

This sample was obtained from a Head Start program serving children in a region that includes small cities (populations around 100,000) as well as rural communities. Home visits were provided by 31 Family Partners. With one exception, all Family Partners were female. Family Partners ranged from 24 to 57 years in age ($M = 39$; $SD = 8.14$). All had a minimum of a high school education, although slightly more than half (52%) had some degree of post-secondary education. On average, these Family Partners had been employed by the Head Start Program for about four years ($M = 3.72$ years; $SD = 4.31$); however the range of years with the program spanned from two months to

15 years. Home visits were provided in the language preferred by each family (English or Spanish).

As the measures included in this study were collected program wide, all children and their families were eligible to participate. Information concerning the child and family characteristics, home visiting goals, and number of visits completed was extracted from the children's files. The enrollment packet, Family Partnership Agreement, and home visiting logs were culled for this information. Complete information was available for 73 families. Post-hoc determination indicated adequate statistical power (0.76) for this sample size ($\alpha = 0.05$).

Measures

Home visiting goals were extracted from the Family Partnership Agreement, a form that is used in Head Start programs nationally (U.S. Department of Health and Human Services, 2003). The Family Partnership Agreement provides a format for the home visitor and caregiver to set adult or child oriented goals and to record progress throughout home visiting. The Family Partnership Agreements were reviewed by the principal investigator to determine the content and number of goals set as well as the recorded progress throughout a full year of home visiting. Goals were defined as child development focused if they were directed toward early learning or obtaining health or educational services for the child. Common child development goals were to enroll the child in kindergarten or to increase the frequency of reading to the child. Adult centered goals were those that were directed toward improving the caregiver's personal circumstances, often including education, employment, marital, or financial matters. The total number of child development and adult focused goals set as well as those goals that were accomplished were recorded for each child as indicators of home visiting content and progress.

Data Analysis

General descriptive analysis of the frequency, means, and standard deviations for goals set, goals accomplished, and home visiting frequency were conducted for the entire sample. Subsequently, the total sample was bifurcated into two subsamples: those who identified goals on the Family Partnership Agreement and those who did not identify any goals. To determine demographic differences between these two subsamples, chi square analysis was applied for most variables as they were categorical. Given the interval nature of the variable "children's age," discriminant analysis was applied. ANOVA was undertaken to discern mean differences in home visiting frequency for these two groups of families.

Table 1. Demographic and Program Variables

	Families With Goals Listed	Families Without Goals Listed
<i>Child</i>		
Age in months (M (SD))	49.4 (3.30)	49.2 (3.70)
Gender (%)*		
Female	52	29
Ethnicity (%)		
Latino	63	50
African American	20	41
Caucasian	17	9
Primary language (%)		
English	91	87
Spanish	9	13
Time enrolled in Head Start (%)*		
3 to 6 months	0	11
Greater than 6 months	100	89
<i>Family</i>		
Caregiver relationship to child (%)		
Mother	98	87
Father	2	7
Other		3
Education (%)		
Less than high school	23	38
High school	58	38
Post-secondary training or education	19	24
Employment (%)		
Full-time	19	16
Part-time	12	16
Unemployed	69	68
Family constellation (%)		
Two-parent	39	33
Single-parent	62	57
Blended		10
Number of siblings (M (SD))	1.81 (1.32)	1.86 (1.45)

* Significant difference between subsamples

Results

Descriptive Analysis for Goal Activity and Home Visiting

Slightly greater than half ($n = 42$; 57%) of this sample of Head Start families documented goals on the Family Partnership Agreement. Among the families who established goals, all but two families identified adult centered goals, which largely centered on broad educational or financial achievements (e.g., obtain GED, buy a home) or on improving their relationships with partners. A small portion of families ($n = 16$) identified child development goals. For the most part, the families who established child development goals were a subset of those who had also established adult centered goals ($n = 14$). Two families had only child development goals. Like the adult centered goals, child development goals were general in nature, focusing on enrolling children in kindergarten or increasing reading at home.

Among the 16 caregivers who established child development goals, half ($n = 8$) documented accomplishing a goal on the Family Partnership Agreement (See Figure 1). Half of the 12 caregivers who established a single goal accomplished it ($n = 6$). A similar pattern was noted for the four caregivers who established two goals; half accomplished both goals ($n = 2$) whereas the other half did not accomplish any child development goals. Among the 40 caregivers who established adult centered goals, the number of goals set ranged from one to five; however, most of these families set one goal ($n = 22$, 55%; see Table 2). Of these 40 families, 14 reported accomplishing goals, with the majority of these families reporting that one goal was accomplished regardless of the number set ($n = 10$; 71%; see Table 2).

Table 2. Adult Goals Set and Accomplished

Number of Goals	Goals Set (Total Number of Families Setting Goals = 40)	Goals Accomplished (Total Number of Families Accomplishing Goals = 14)
1	22	10
2	7	2
3	8	2
4	2	0
5	1	0

For the entire sample, the mean number of home visiting sessions that were completed during the school year was 6.7 ($SD = 3.1$), with a range of 2 to 22 visits (see Table 3). The mean frequency suggests that most families received a home visit every six weeks during the 40-week program year.

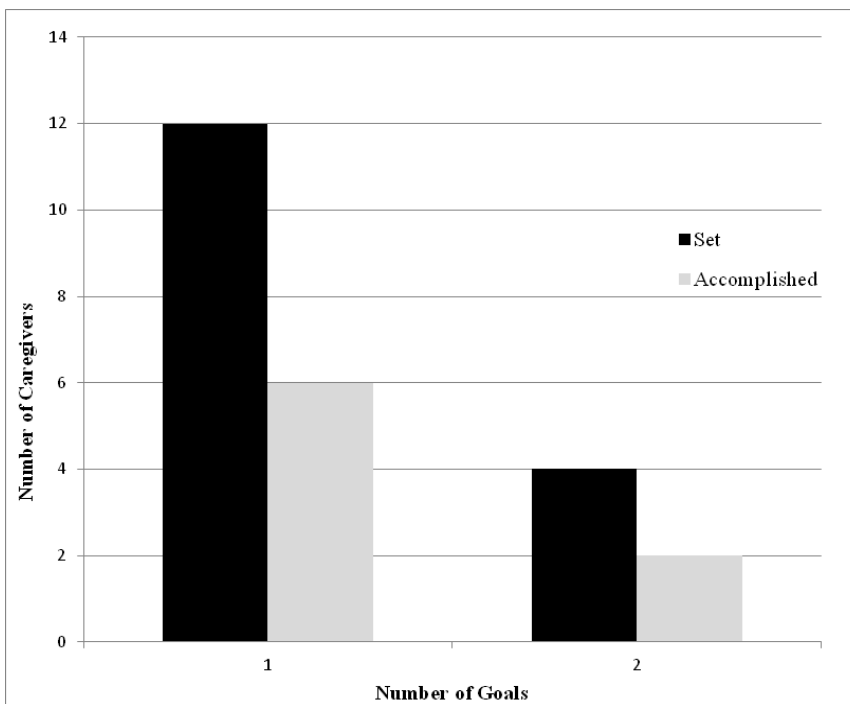


Figure 1. Child Development Goals Set and Accomplished

Examination of Demographic and Home Visiting Frequency in Bi-Furcated Sample

The total sample of participating families was divided according to whether or not they documented goals (child development and adult centered) on the Family Partnership Agreement. Demographic characteristics for each group, those with documented goals ($n = 42$) and those without documented goals ($n = 31$), were explored. No significant differences were found in the relationship of caregiver who received the home visits ($\chi^2(2) = 4.28, p = 0.11$), children's home language ($\chi^2(1) = 0.20, p = 0.64$), ethnicity ($\chi^2(2) = 2.34, p = 0.31$), maternal education ($\chi^2(2) = 1.90, p = 0.38$), maternal employment ($\chi^2(2) = 0.22, p = 0.89$), family type ($\chi^2(2) = 2.59, p = 0.27$), and number of siblings ($\chi^2(5) = 5.17, p = 0.39$). Also, the ages of the children in both groups was not significantly different ($\lambda(1) = 0.99, p = 0.80$). Gender differences emerged between the two groups; a higher proportion of girls were in the subsample of families who had identified goals ($\chi^2(1) = 9.95, p = 0.002$).

Home visiting frequency for the two subgroups, families with documented goals and those without, was also explored. The mean home visiting frequencies for those families who established adult and child development goals versus those who did not establish any goals on the Family Partnership Agreement are

presented in Table 3. Results from the ANOVA demonstrated a statistically significant difference between the home visiting frequency for these two groups of families ($F(1, 71) = 16.82, p = 0.000$). Families who had documented goals on the Family Partnership Agreement received more home visits than those who did not.

Table 3. Descriptive Statistics for Home Visiting Frequency

Group	Mean	Standard Deviation	Minimum	Maximum
Total sample	6.71	3.12	2	11
Families with documented goals ($n = 42$)	7.88	3.26	2	22
Families without documented goals ($n = 31$)	5.13	2.10	2	22

Similarly, these subsamples differed in the amount of time they were enrolled in Head Start ($\chi^2(1) = 4.27, p = 0.03$). As seen in Table 1, all of the families who documented goals on the Family Partnership Agreement were enrolled for six months or longer. Although the majority of families who did not document goals also were enrolled for six months or longer, this subsample also had a portion of families who were enrolled less than six months.

Discussion

In light of the Head Start Performance Standards' mandate for home visitors to collaboratively establish goals with families, this study examined the routine goal activity in a Head Start program, with further inquiry into the relationships of demographic characteristics and home visiting frequency to goal setting and achievement. Since the methodology of this study was exploratory and based on an examination of a single program, the results should be interpreted with caution. Rather than drawing conclusions, the intent for this study was to increase empirical attention to the key activity of collaborative goal setting by using these preliminary findings as the basis for identifying future practice implications and research directions.

Child Development Focus

Although research on goal setting in home visiting is sparse, an emerging finding is that the focus of home visiting sessions is linked to the type of

outcomes achieved. Child development content appears to be a particularly important ingredient for home visiting programs that aim to benefit children's growth and early learning (McCurdy et al., 2006; Raikes et al., 2006; Roggman et al., 2008). Given this research, an important objective for Head Start's home-based program may be to ensure that ample time in home visits is dedicated to child development goals.

Although this study represents a snapshot of a select Head Start program, the findings suggest that when programs present only broad requirements for collaborative goal setting, child development goals may not be systematically identified and monitored. The proportion of child development goals among the participants in this study was very low. Nearly half of the caregivers did not have any type of goal documented on the Family Partnership Agreement. Moreover, among those who did have goals, only a small number included child development goals. The predominant focus for goals was on adult oriented needs, largely regarding finances, housing, or relationships. Only a small number of families identified child development goals, which were largely focused on broad objectives (e.g., enrollment in kindergarten) and not connected to immediate early learning activities.

Collaborative Goal Monitoring

As indicated on the Family Partnership Agreement, the rate of accomplishing the collaboratively derived goals was fairly low. Half of the caregivers who established child development goals reported accomplishing at least one or two goals. The rate of goal accomplishment was much less for the caregivers who identified adult oriented goals; about a quarter of these families accomplished a single goal. The fact that child development goals had a higher rate of accomplishment than adult oriented goals may correspond with research that underscores the importance of a child development focus for engaging and sustaining families in home visiting services (Raikes et al., 2006; Roggman et al., 2008). On the other hand, it may also reflect the extent to which the goals were attainable in a 40-week program year. The foci of the adult oriented goals in this program primarily concerned major adult accomplishments, like buying a home or completing an education certificate. Although child goals were broadly connected to early learning skills, they were more attainable during the program year (e.g., enrollment of child in kindergarten). One implication for practice is to provide training and a structure for home visitors so that they may consistently and routinely engage all caregivers in collaborative goal setting and specify goals that are attainable within the time and scope of the program's services.

Association With Home Visiting Frequency

In addition to associations with child outcomes, collaborative goal setting enhances families' participation in home visiting services. Several studies have demonstrated that caregivers' engagement in home visiting is sustained when the focus of services is on goals that are meaningful to them (McCurdy et al., 2006; Raikes et al., 2006; Roggman et al., 2008). Consistent with this research, this study found that both the mean frequency of home visiting and duration of enrollment were significantly higher among families who established goals on the Family Partnership Agreement relative to those who did not. However, this study was not designed to discern the direction of the relationship between these two indicators of sustained participation and goal setting. Thus, it is unknown if home visitor frequency or program sustainment led to goal formation or if there were qualities in the families or home visitors which related to collaborative goal setting as well as to these indicators of program engagement.

Association With Family Characteristics

This study is unique in examining associations among multiple family characteristics and collaborative goal setting. A prior study by Raikes and colleagues (2006), which reported that single-parent caregivers tended to spend less time on child oriented issues during home visits, may suggest that formulating child oriented goals would be associated with family type. However, no associations between goal activity and family type were found in this study. In fact, only one variable, child gender, related to goal setting or attainment. Additional investigations are necessary to derive trends in demographic associations and their implications for practice.

Implications for Home Visiting Practices

Taken collectively, findings from this study illustrate the complexity of goal setting and accomplishment in the home visiting component of Head Start. These preliminary findings inspire suggestions for current practice as well as raise questions for future research for Head Start as well as other home visiting programs. With regard to practice, findings from this study highlight the importance of ensuring that goals are formulated and monitored through a collaborative process between home visitors and caregivers. Home visitors should guide caregivers to include goals which are focused on their children in addition to those aimed at improving parenting. Further, goals should be attainable within the scope of the program.

Integrating a structure for goal setting, monitoring, and accomplishment into home visiting may improve the effectiveness of the home-based component

of Head Start. Recent advancement of collaborative consultation models for the purpose of promoting development during the early childhood years provides a promising approach for goal setting and accomplishment in home visiting. Developed by Sheridan and colleagues (Sheridan, Knoche, Edwards, Bovaird, & Kupzyk, 2010; Sheridan, Marvin, Knoche, & Edwards, 2008), the Getting Ready Intervention is a structured, home-based intervention for formulating partnerships between family members and Head Start teachers. Such partnerships enable them to collaboratively work towards formulating and achieving mutual goals for enhancing preschool children's school readiness. During a year-long series of home visits, educators and family members initially work towards formulating their relationship and attaining shared observations of the child. With these fundamental ingredients underway, caregivers and educators establish mutual goals for promoting the child's development. The focus of the collaboration is to provide the necessary support and resources for attaining the goal, monitoring the child's progress, and evaluating the child's progress in achieving the goal. A large-scale experimental evaluation of the Getting Ready Intervention involving over 200 children demonstrated its benefits to children's social development (Sheridan et al., 2010).

Although focused on caregiver-educator relationships, the Getting Ready Intervention offers a systematic process for attaining Head Start's mandate to formulate mutual goals in the home-based component. Extending this model to the home-based component of Head Start, home visitors can join teachers and family members in the collaborative process of formulating goals and monitoring progress towards them. In this three-way collaboration, the unique, dual position of home visitors provides a consistent individual to support goal-related activities as they occur in both the home and school/center contexts.

Implications for Future Research

Several broad research directions are indicated for enhancing the collaborative goal setting activity in Head Start's home-based program. On a fundamental level, this study should be replicated to acquire a rich understanding of the routine practices across a representative sampling of Head Start home-based programs. In addition, expanded study of the associations of goal activity to family, home visitor, and program characteristics would assist in formulating research and program development needs. Beyond studying routine practices as well as multivariate relationships with demographic and program qualities, research can serve to promote the integration of systematic processes for collaborative goal setting in the home-based program component. To this end, program development and evaluation should address issues related to home visitor's needs for professional development. Families' responsiveness

to systematic procedures for establishing and monitoring goals is crucial for ensuring their engagement. Lastly, the integration of a systematic process of collaborative consultation for goal identification and accomplishment should be empirically tested for the home-based component, delivered solely or in conjunction with the classroom-based program component.

Limitations

Although this exploratory study illuminates goal setting and attainment activity in a home-based Head Start program, there are several qualifications that restrict the generalizability of these findings to the larger Head Start community. The sample for this study was drawn from a single program and therefore may not be representative of the broader Head Start population. Likewise, the sample was not identified through experimental procedures, which prompts an additional caution about the generalizability of these results. This study relied upon the routine reporting in the Family Partnership Agreement as the means for identifying the goals that were set and achieved. In the absence of an integrity assessment of home visitors' report of goal setting and accomplishment, it is not certain that the Family Partnership Agreement was an accurate indicator of goal activities.

Concluding Comments

Acknowledging the qualifications, this exploratory study was intentionally undertaken to initiate research on an important yet relatively neglected component of Head Start programming. Apparent in the published literature is a strong research focus on the center-based program component of Head Start, while research on its home visiting services is lacking. Therefore, the unique contributions of the Head Start home visiting services are largely unknown at this point in time. As directions for enhancing Head Start continue to unfold in early childhood research and program evaluations, strategic study and development of the home services in combined Head Start programs can expand avenues for engaging and connecting families to their preschool children's education in preparation for entry into elementary school.

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