

ISSUE BRIEF

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TRENDS IN FAMILY PROGRAMS AND POLICY

Reaching Out to Kith and Kin Caregivers in Early Head Start

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Research shows that home visitation programs targeted at the developmental needs of children can foster their well-being. The Enhanced Home Visiting Pilot Project, funded by the Head Start Bureau in 2004, supports the quality of care that kith and kin caregivers provide to infants and toddlers enrolled in home-based Early Head Start programs. Pilot sites arrange home visits to caregivers, organize support group and training events, and give or lend materials, such as age-appropriate books and toys and home safety items. Mathematica, along with its partner the Urban Institute, is conducting a two-year evaluation of the pilot program to identify program models, document implementation strategies and challenges, learn about promising practices, and assess the quality of kith and kin child care settings. This brief describes the early implementation experiences of the pilot projects. It is based on visits to sites after one year of operation, as well as information on the characteristics of enrolled children, families, and caregivers.

Use of Kith and Kin Care

Although young children's care before they enter school influences school readiness in important ways, the quality of care provided in different settings can vary widely. Low-income families tend to rely heavily on care provided by family, friends, and neighbors—"kith and kin" caregivers—especially

for their infants and toddlers. For example, the national evaluation of Early Head Start found that about one-third of families used kith and kin care for their infants and toddlers, including more than 40 percent of families enrolled in home-based programs. Although state and local agencies are exploring strategies to serve kith and kin caregivers, little is currently known about how to engage them and support their efforts to provide quality care.

Early Head Start, with more than 700 programs and 70,000 low-income families enrolled nationwide,

BUILDING A BRIDGE FROM FAMILIES TO CAREGIVERS

Since its inception, Early Head Start has offered weekly home visits by highly trained staff and group socialization activities to families participating in the home-based option, one of four service delivery options available. These home visits, which are required by the Head Start Program Performance Standards, have played a key role in helping the program deliver child development services and connect with children and parents. Recognizing that this connection could serve as a foundation for building relationships with kith and kin caregivers, who spend a significant amount of time with the children, the Head Start Bureau initiated the Enhanced Home Visiting Pilot Project. Pilot sites provide families with all the usual services under the home-based option. On top of this, they also offer kith and kin caregivers a combination of home visits, group events, and materials. They deploy a range of strategies to coordinate the work they do with parents, children, and caregivers.

serves as a national laboratory for developing and testing these types of initiatives. The Enhanced Home Visiting Pilot Project was launched to help learn more about the needs of kith and kin caregivers and how to serve them. Lessons learned from the pilot can benefit Early Head Start programs as well as the broader early childhood education community.

A Look at Pilot Sites, Families, and Caregivers

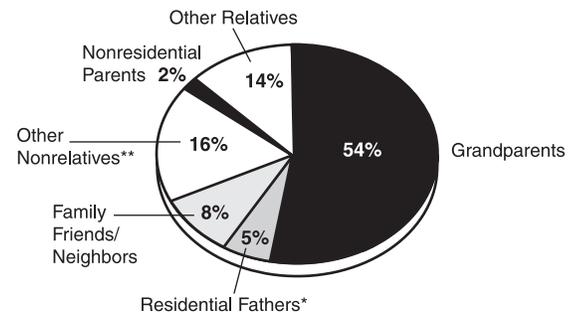
The Enhanced Home Visiting Pilot is being implemented in 23 programs across the country, many located in the Midwest and Northeast and in rural communities. Projects range in size, offering services to between 10 and 50 kith and kin caregivers. All of the sites partner with other community service providers, such as local child care resource and referral agencies or family support programs.

Participating families must be enrolled in a home-based Early Head Start program and be using kith and kin care. These families have many needs, and their incomes fall below the federal poverty level. At enrollment, less than half of the parents were married or living with a significant other. On average, parents were 26 years old when they enrolled in the pilot; one-fifth were teens. Two-thirds needed child care while they worked or attended school. The majority lived in rural areas with few child care options. Children were 17 months old at enrollment, on average.

All Early Head Start programs must reserve at least 10 percent of their enrollment slots for children with disabilities. Sixteen percent of the children in the pilot had a disability or identified delay, perhaps reflecting difficulties these families had in finding more formal child care arrangements for their children, or parents' desire to place these children in the care of a trusted relative or friend. Of those children with a disability or delay, almost half had a speech delay.

More than half of the caregivers enrolled in the pilot were grandparents (Figure 1). One-fifth were other relatives, including fathers (one site focuses on fathers as caregivers). Another quarter were unrelated family friends, neighbors, family child care providers, and foster parents (one site targets foster parents). Caregivers' average age was 43, but more than 10

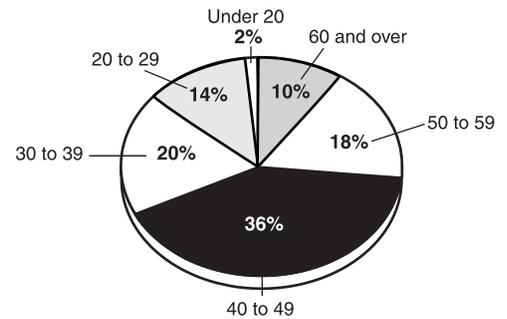
Figure 1: Caregivers' Characteristics



*One pilot site targeted fathers as caregivers.

**Includes family child care providers (and foster parents in one program that targeted them).

Figure 2: Caregivers' Ages



percent were over age 60 (Figure 2). Nearly all were women. About 12 percent spoke a primary language other than English, and one-third had not completed high school. Many caregivers had social service and health care needs of their own. In terms of their caregiver role, most cared for the Early Head Start child at least 20 hours a week. About one-third received some type of compensation for providing care; only 13 percent received a child care subsidy.

Delivering Services

The pilot sites have four main goals: (1) to improve the quality of care provided by kith and kin caregivers, (2) to increase consistency in caregiving between parents and caregivers, (3) to improve communication between parents and caregivers, and (4) to address caregivers' needs. Sites deploy highly experienced home visitors to work with caregivers on achieving these goals. Most home visitors have at least three

years of experience in the early childhood education field; more than half have three or more years of experience as home visitors.

Key findings on recruitment and service delivery strategies include the following:

- **Connections to Early Head Start facilitate recruitment.** Programs were successful in recruiting caregivers largely because they had already established a positive, trusting relationship with the child’s family. Parents told caregivers about their experiences with Early Head Start and encouraged them to enroll in the pilot. Some caregivers, especially relatives, were already familiar with Early Head Start.
- **Sites build on the Early Head Start service delivery approach to work with caregivers.** Most programs base their pilot services on what they are already doing and know how to do well. They use their approach to home visits with Early Head Start families to work with caregivers in several ways. During home visits, they try to maintain a primary focus on the child and strategies for supporting his or her development, and they individualize services for the caregiver and child. They also work on building a strong relationship with the caregiver and promoting bonds between caregivers, children, and parents. Continuity for the child is key, and visitors emphasize working toward consistency in caregiving practices at home and in child care.
- **Sites visit caregivers at least monthly.** Overall, home visitors report completing visits as scheduled. A typical visit lasts 60 to 90 minutes and usually includes a child-caregiver activity and discussion of a child development topic. Almost all home visitors complete a home safety check during an early visit; some create home visit summaries to share with parents.
- **All sites give or loan materials and equipment to caregivers.** Some sites provide materials directly; others have community partners that supply materials and equipment. Health and safety devices—such as first aid kits, baby gates, cabinet latches, smoke alarms, and outlet covers—are by far the most frequently supplied items. Other popular items include children’s books, toys, and equipment, such as high chairs and car seats.

- **Targeting activities and offering incentives improve attendance at group events.** Pilot sites offer group events such as training, support sessions, and play activities. They have mixed results in getting caregivers to attend, but those with the best attendance provided incentives—such as small cash stipends, door prizes, and meals. They also eliminate barriers—such as lack of transportation and child care—by providing these services. Caregivers are more likely to attend events tailored just for them, rather than general caregiver training offered by child care resource and referral agencies or parent training offered by Early Head Start.
- **Improving parent-caregiver relationships is an important focus.** Home visitors work on improving parent-caregiver communication to promote continuity in caregiving practices and resolve disagreements about how to care for children. Strategies include conducting periodic joint home visits with parents and caregivers, sharing written information about home visits and child goals with parents and caregivers, providing training and coaching on communication strategies, and encouraging both parties to communicate directly to resolve disagreements.

Early Successes and Challenges

This early look at the Enhanced Home Visiting Pilot Project reveals that pilot sites experienced a number of early successes and challenges during their first year. Successes reported by the pilot sites include:

- Raising awareness of the caregiver’s important role in a child’s growth and development
- Delivering child development information, activity ideas, training, and other resources to caregivers
- Reducing caregivers’ social isolation
- Increasing consistency between parents and caregivers in caregiving practices
- Promoting positive changes in caregiver practices

At the same time, sites noted a number of ongoing challenges, including:

- Reluctance of some caregivers to participate in the pilot

- The need to deal with caregiver turnover resulting from changing family circumstances
- Low caregiver attendance at group events
- Difficulty in changing some caregiver practices, such as television viewing

What's Next?

Home visitation programs can be an effective strategy for improving children's health and well-being. This study is helping to document promising practices for reaching out to kith and kin caregivers of infants and toddlers enrolled in Early Head Start. Although the findings reported here are based on an interim report, a final report looking at the first two years of implementation will be completed by fall 2006. This report will be based on a second round of site visits to half the pilot sites. During these visits, researchers will conduct in-depth interviews with pilot staff and community partners, focus group discussions with parents, and in-home observations of the child care settings to further enrich what is known about kith and kin child care settings.

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HOME VISITATION IN THE U.S.

Home visitation programs began in the U.S. in the late 1800s as an early intervention strategy to provide free, in-home education and health care for women and children in poor urban environments. Today, home visitation is a widely used strategy for delivering parent education and child development services to families with young children. Large national programs that employ home visitation include Head Start and Early Head Start, Parents as Teachers, Healthy Families America, Parent-Child Home Program, Nurse-Family Partnership, and Home Instruction for Parents of Preschool Youngsters. In addition, many states have established early intervention service systems that include home visitation. Home visitors employed by these programs vary in their experience and educational backgrounds; they include paraprofessionals from the target communities, social workers, nurses, and early childhood education experts.

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