Head Start uses a whole-family approach to support the well-being of children and families with low incomes. As a two-generation model, Head Start provides comprehensive services for families and children from birth through age 5, and family support services for parents. Intentional alignment and coordination across these services is expected to lead to positive outcomes for families and their children. This brief introduces a theory of change focused on one distinct and understudied aspect of the coordinated services provided by Head Start’s model: family support services. Through family support services, Head Start programs aim to help families identify and reach “their goals and dreams” by directly providing them with or referring them to services that support those goals and build on individual strengths. These support services address needs regarding education and employment, financial capability, housing and food assistance, emergency and crisis intervention, substance use treatment, physical health, and mental health, among others. Determining families’ strengths and needs, identifying relevant support services, communicating with service providers, and helping families access services—that is, the coordination of family support services—in combination with the child-focused services, is expected to promote families’ safety, health, and economic security.
Local Head Start programs have the flexibility to decide how they coordinate family support services within the parameters of the Head Start Program Performance Standards (HSPPS). The standards offer general guidance about providing or referring families to support services that are individualized to their needs. The standards depict a family partnership process that begins as early as possible (usually at recruitment and enrollment into the Head Start program) and includes an assessment of the family’s strengths and needs; the setting of goals and identification of relevant support services; and communication, follow-up, and review of progress.\(^5\)

The underlying assumption is that the coordination of family support services that are responsive to each family’s needs leads to or is associated with many positive family outcomes, such as family well-being and positive parent-child relationships. Head Start’s Parent, Family, and Community Engagement (PFCE) Framework shows these and other family outcomes, as well as the child outcomes, that Head Start aims to support.\(^6\) Empirical evidence about associations between the coordination of support services and family or child outcomes is limited, however.

This brief introduces a theory of change about how the coordinated family support services described above are thought to result in improved outcomes for the whole family. A theory of change is an illustration of how and why a desired change is thought to happen.\(^7\) Articulating these processes in a theory of change can help inform where to focus research and technical assistance in a number of ways. First, it can help ensure that Head Start family support services staff members and leaders, as well as funders and researchers, share an understanding of the activities, processes, and desired changes that are expected to promote family well-being. For instance, it provides details about the interrelationships between family and community partnerships that may help family support services staff members integrate aspects of the PFCE Framework into their work. Second, it can be used to map available evidence and to identify evidence gaps where additional research could be most beneficial. This is especially useful in the context of these programs because of the limited empirical evidence showing that coordinated services as a whole (or individual components of coordinated services) improve family and child outcomes.\(^8\)

Developing this theory of change is part of the Head Start Connects: Individualizing and Connecting Families to Comprehensive Family Support Services project. The project is being conducted by MDRC in partnership with NORC at the University of Chicago and MEF.
Associates, with funding from the Administration for Children and Families, Office of Planning, Research, and Evaluation, in partnership with the Office of Head Start. Research activities that informed this theory of change include a literature review; a set of case studies with six Head Start programs to explore the coordination process from the perspectives of Head Start staff members, families, and local community service providers; and discussions with experts from the field.9

**COORDINATED FAMILY SUPPORT SERVICES**

The theory of change depicted in Figure 1 identifies—in the white rectangles on the left-hand side—two overarching components of coordinated family support services in Head Start programs: building and maintaining partnerships with families and with community providers.

### Partnerships with Families

Family support services staff members in Head Start programs strive to build a supportive, trusting, and stable partnership with each family, which is an essential element of this work.10 Developing and maintaining these partnerships involves a set of initial and ongoing relationship-building touchpoints. Each touchpoint, or activity, is an opportunity to build the relationship in a way that aligns with the needs, goals, and preferences of an individual family. The first activity is typically recruiting and enrolling families in Head Start.11 Then, family support services staff members conduct an assessment to identify each family’s strengths and needs, and use that information to work with parents to develop a set of parent- and family-specific economic, educational, and/or health-related goals. The goals inform the specific support services for the family. Together, the goals and identified services comprise an individualized family partnership plan or agreement.12 Next, the family support services staff member connects the family to services and follows up on progress. By following up regularly with parents, the family support services staff member can see if parents are receiving the suggested services, help remove barriers to accessing services, reassess needs, and help parents update goals, as needed. These activities can be accomplished in scheduled one-on-one meetings and during unscheduled check-ins.13

### Partnerships with Community Providers

The second overarching component of coordinated services is the development of partnerships between Head Start family support services staff members and community providers such as public agencies, nonprofit social services providers, community action agencies, faith-based organizations, and other community organizations. This side of the work includes two sets of activities: identifying resources available within a local community, and developing and maintaining partnerships with
FIGURE 1. THEORY OF CHANGE FOR HEAD START’S COORDINATION OF FAMILY SUPPORT SERVICES

**Coordination and Individualization of Family Support Services**

**HS Family Support Services Staff Members Build & Maintain Partnerships with Families**
- Conduct recruitment & enrollment
- Conduct strengths & needs assessments
- Set goals & follow up

**HS Family Support Services Staff Members Build & Maintain Partnerships with Community Providers**
- Identify community resources
- Build and maintain informal and formal partnerships with community providers

**Connect with individualized, comprehensive support services**

**Parent actively engages in support services**

**Improved parent outcomes**

**Improved family well-being**

**Improved parent-child relationship**

**Improved child outcomes**

**Characteristics of parents/guardians and families**

**Characteristics of Head Start programs and staff members**

**External environment (community, economic, geographic, historical, legal, political, sociocultural factors)**
the organizations that provide those resources so that families can be referred to them. These partnerships may be formal, involving a signed memorandum of understanding between the Head Start program and the community provider detailing how services and referrals will take place. They may also be informal, drawing on individual or group connections that are not governed by a formal agreement.

The theory of change shows a bidirectional arrow between partnerships with families and partnerships with community providers because they inform one another. In one direction, families’ specific goals and needs affect the kinds of services and relationships with community service providers that family support services staff members seek out and foster. In the other direction, the specific services that are available and accessible in the community or through Head Start programs determine the kinds of supports that Head Start family support services staff members can offer to families. Finally, some degree of coordination among Head Start family support services staff members and community provider staff members is needed after referrals are made to help ensure that families are accessing the services and that the services are meeting the families’ needs.

### Connecting Families with Individualized, Comprehensive Support Services

The development of partnerships with families and community providers allows Head Start family support services staff members to connect parents with a range of support services that are responsive to their needs and goals—meaning that the services are both comprehensive in nature and individualized to a particular family. (See the white rectangle in the middle of Figure 1.) Depending on the type of service needed, parents may be referred to a community provider, or the Head Start program (or its umbrella agency, which is the overarching agency that oversees the Head Start program) may provide the service directly. The range of services that Head Start families can participate in depends on both the capacity of and the services provided by the Head Start program as well as those offered by local community providers.
PARENT OUTCOMES

This theory of change assumes that the interaction among these two types of partnerships and the connection to support services (in the large blue rectangle on the left side of Figure 1) leads to a set of outcomes for parents (in the orange rectangle in Figure 1). It assumes that parents actively engage in the support services they are connected to—such as attending a doctor’s visit, completing a parent training workshop, or finishing a college course—but active engagement is not automatic, and there are many steps between a service referral and engagement in the service.14

The orange rectangle for parent outcomes in Figure 1 shows the logic that a specific support service (such as adult education) leads to improved parent outcomes (such as employment and increased earnings) if the parent actively participates in that service. A similar logic applies to other services or programs, such as completing a credentialling program, getting glasses, participating in physical therapy or mental health therapy, attending a substance misuse prevention program, and so on.

A bidirectional arrow between the orange box of parent outcomes and the blue box of family support services in Figure 1 shows the evolving nature of this work. Whether or not the parent engages in a referred service and whether the service addresses the parent’s need or helps to accomplish the parent’s goal can inform how Head Start family support services staff members coordinate services in line with the family’s needs and strengths. For instance, if a parent completes a service or achieves a goal, then the Head Start family support services staff member would work with the parent to set a new goal. If the family support services staff member finds that the parent is not actively participating in a certain service, the staff member may communicate with the parent to understand the reasons why and work with the parent to address them or to set a different goal. For example, if a long waitlist is preventing the parent from participating, the family support services staff member might help the parent
identify other services or providers that could support the parent’s goal or help the parent to adjust the goal.

**WHOLE-FAMILY OUTCOMES**

A parent’s improved outcomes are expected to lead to a set of family outcomes (as indicated in the green rectangle on the right-hand side of Figure 1):

- **improved family well-being**—where the family is safe, healthy, and financially secure—including having safe and stable living conditions and food sources, physically and mentally healthy parents, and opportunities for educational advancement and economic mobility

- **improved parent-child relationships**—where parents are sensitive and responsive, and provide predictable care to their children

Both improved parent outcomes and whole-family outcomes are thought to lead to improved child outcomes—meaning that children are safe, healthy, learning and developing, engaged in positive relationships, ready for school, and ultimately successful in school and in life. Although not shown in Figure 1, Head Start’s child services also support these outcomes.

**CONTEXT FACTORS THAT MAY AFFECT FAMILY SUPPORT SERVICES**

Along the bottom of Figure 1 are three sets of factors that may influence how Head Start programs approach coordinated services and the outcomes that might be seen in parents, families, and children:

- **characteristics of parents/guardians and families**, such as their racial, ethnic, cultural, and linguistic backgrounds; and economic, physical, and psychological well-being

- **characteristics of Head Start programs and staff members**, such as the programs’ (and if applicable, their umbrella agencies’) structure, staffing, and resources related to family support services and child services, as well as staff members’ professional experience and training; their racial, ethnic, cultural, and linguistic backgrounds; and economic, physical, and psychological well-being

- **the external environment**, such as community, economic, geographic, historical, legal, political, and sociocultural factors that shape the community and the families that reside in it, including the Head Start program, its staff members, participating families, and the community providers and support services that are available
These factors individually, and in combination, may promote or hinder coordinated services and their potential impact on family outcomes. For example, the cultural, linguistic, and personality match between a parent and Head Start family support services staff member or community provider staff member may increase the parent’s engagement and participation in services.\textsuperscript{18} Parents might be more likely to actively participate in services if they view the services as meeting their needs or addressing their goals and as being linguistically and culturally appropriate.\textsuperscript{19} As another example, Head Start family support services staff members who work with many families may feel that they need to focus their work on meeting families’ basic needs rather than on setting other types of goals, in order to support as many families as possible. In addition, programs in communities with fewer resources and fewer community providers may offer connections to fewer services, compared with programs in communities that have more available resources or programs that are run by community action agencies.

**CONCLUSION**

Head Start is a two-generation model built on the intersection of both child and family services. The theory of change presented here focuses on the hypothesized pathway by which coordinated family support services in Head Start programs lead to family well-being. These family support services are one piece of the many services provided by Head Start for children and families.

This theory of change can be a helpful tool in both practice and research within Head Start—and within other, similar programs with coordinated services. In everyday practice, this theory of change can raise questions among staff members and technical assistance providers for reflection and dialogue about how appropriate and feasible the coordinated service activities and processes are for achieving the desired family well-being outcomes. In research, it can be used to identify areas where evidence is needed. By using a theory of change as an informative tool in these ways, programs, policymakers, and researchers can build evidence and knowledge about how best to support families in Head Start.

This project is part of a portfolio of research focused on the coordination of services to support children and families. Projects within this research portfolio address the intentional coordination of two or more services. These projects span OPRE’s research portfolios, including child care, Head Start, home visiting, child welfare, and welfare and family self-sufficiency. More information on OPRE’s Coordinated Services projects can be found at: https://www.acf.hhs.gov/opre/coordinated-services-research-and-evaluation-portfolio.
NOTES AND REFERENCES

1 The U.S. Department of Health and Human Services, Administration for Children and Families awards grants to public agencies, private nonprofit and for-profit organizations, tribal governments, and school systems to run Head Start, Early Head Start, Migrant/Seasonal, and American Indian and Alaska Native Head Start programs.


4 The family engagement approach in Head Start includes many aspects, including engaging parents in their children’s learning and development, building relationships with parents, engaging families in the family partnership process, and providing parents with opportunities to volunteer in their child’s classroom or work in the Head Start program. This theory of change is focused specifically on the family partnership aspect of family engagement but recognizes that family support services occur alongside Head Start’s child services.


8 Most studies of Head Start look at the effects of the program overall and do not focus on whether coordinated services alone affect whole-family outcomes. Studies that do examine this narrower question show mixed findings, meaning some studies find no differences in outcomes between parents receiving or not receiving coordinated support services, while other studies find positive associations between coordinated services and outcomes. For example, there are mixed findings regarding the effects of Head Start program participation on employment, income, and education outcomes (Lindsay P. Chase-Lansdale, Terri J. Sabol, Teresa Eckrich Sommer, Allison W. Cooperman, Hirokazu Yoshikawa, Elise Chor, Jeanne Brooks-Gunn, Christopher King, and Amanda Morris, “Effects of a Two-Generation Human Capital Program on Low-Income Parents’ Education, Employment, and Psychological Wellbeing,” *Journal of Family Psychology* 33, 4 (2019): 433–443; Emmalie Dropkin and Sylvia


These steps include the following: Parents need to be aware of and want to engage in that service. Then they need convenient access to that service and the willingness and time to continue engaging in that service. Family support staff members need to intentionally follow up with parents to ensure continued access and to understand progress.


For example, Kleinman et al. (2023).
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