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THEORY OF CHANGE FOR COORDINATION AND INDIVIDUALIZATION OF FAMILY SUPPORT SERVICES IN HEAD START PROGRAMS

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.¹ Intentional alignment and coordination across these services is expected to lead to positive outcomes for families and their children.² 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.³ 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.⁴ 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.



TERMS USED IN THIS BRIEF

FAMILY SUPPORT SERVICES: refer to services targeted toward parents and families that may include education and employment services, financial capability services, housing and food assistance, emergency or crisis intervention services, substance use treatment, physical health services, and mental health services, among others.

PARENT: refers to a child's mother or father, other family member who is a primary caregiver, foster parent or authorized caregiver, guardian, or the person with whom the child has been placed for purposes of adoption pending a final adoption decree.

FAMILY SUPPORT SERVICES

STAFF MEMBERS: refer to Head Start staff members who have primary responsibility within a Head Start program or center for coordinating family support services. Titles used for this role vary and can include family support worker, family advocate, or family empowerment specialist, among others.

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

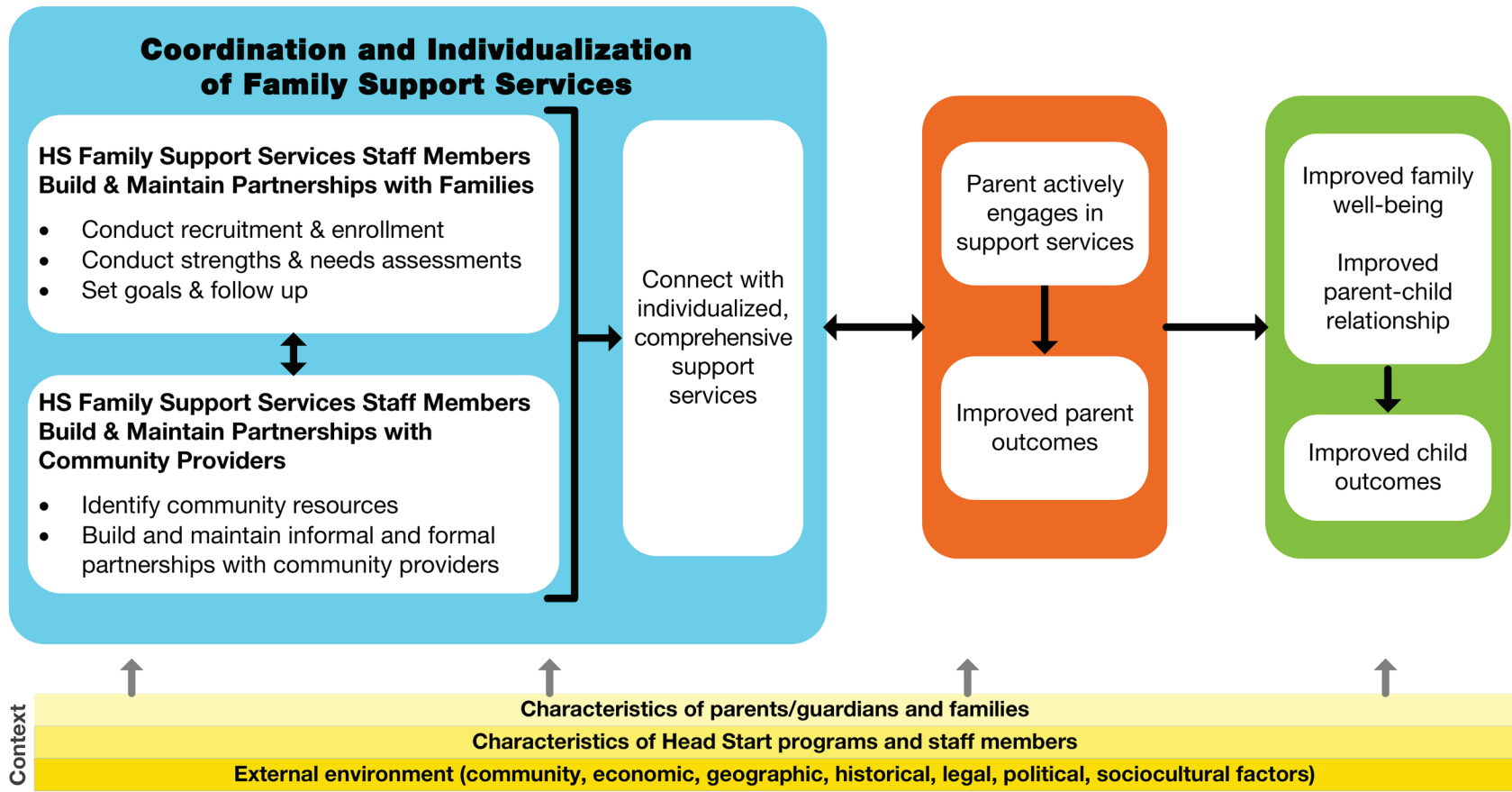
Family support services staff members in Head Start programs strive to build a supportive, trusting, and stable partnership with each family, which is an essential element of this work.¹⁰ Developing and maintaining these partnerships involves a set of initial and ongoing relationship-building touchpoints. 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



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 credentialing 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 mobility¹⁵
- **improved parent-child relationships**—where parents are sensitive and responsive, and provide predictable care to their children¹⁶

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.¹⁷ 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.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.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.
- 2 Scott Baumgartner, Christine Ross, Emily Sama-Miller, Nickie Fung, Kara Conroy, Delara Aharpour, Alex Bauer, and Amanda Carrillo-Perez, *Strengthening Two-Generation Initiatives That Support Child Development and Improve Family Economic Security: Insights from the Next Steps for Rigorous Research on Two-Generation Approaches Project*. OPRE Report 2023-207. (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2023).
- 3 Head Start Early Childhood Learning & Knowledge Center, “Programs: Head Start Approach,” (website: <https://eclkc.ohs.acf.hhs.gov/programs/article/head-start-approach>, 2023).
- 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.
- 5 Head Start Early Childhood Learning & Knowledge Center, “Head Start Policy and Regulations: 1302.52 Family Partnership Services,” (website: <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-52-family-partnership-services>, 2022).
- 6 National Center on Parent, Family, and Community Engagement, *Head Start Parent, Family, and Community Engagement Framework* (Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services, 2018).
- 7 Anne Gienapp and Cameron Hostetter, *Developing a Theory of Change: Practice Guidance*. (Baltimore, MD: The Annie E. Casey Foundation, 2022); Carol Hirschon Weiss, “Nothing as Practical as Good Theory: Exploring Theory-based Evaluation for Comprehensive Community Initiatives for Children and Families,” in James P. Connell, Anne C. Kubisch, Lisbeth B. Schorr, and Carol H. Weiss (eds.), *New Approaches to Evaluating Community Initiatives: Concepts, Methods, and Contexts* (Washington, DC: Aspen Institute, 1995); Sebastian Lemire, Allan Porowski, and Kaity Mumma, *How We Model Matters: Visualizing Program Theories* (Rockville, MD: Abt Associates, 2023).
- 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

Jauregui, *Two Generations Together: Case Studies from Head Start*, Alexandria, VA: National Head Start Association, 2015; JoAnn Hsueh and Mary E. Farrell, *Enhanced Early Head Start with Employment Services: 42-Month Impacts from the Kansas and Missouri Sites of the Enhanced Services for the Hard-to-Employ Demonstration and Evaluation Project*, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2012; Kim Dobson Sydnor, Mackessa Holt, Gayle Headen, Sonya Moore, Dana Yates, and Tara Gee, “Exploring the Impact of Head Start on Parents: A Pilot Study,” *Program Community Health Partnership* 1, 2 (2007): 123–124; Janet Swartz, Lawrence Bernstein, and Marjorie Levin, “Evaluation of the Head Start Family Service Center Demonstration Projects,” *Head Start Research* 1 (2000): 13–264). A few studies show that coordination of family support services helps to reduce parents’ reports of depressive symptoms (e.g., Helena Duch and Carmen Rodriguez, “Strengthening Families in Head Start: The Impact of a Parent Education Programme on the Emotional Well-being of Latino Families,” *Early Child Development and Care* (2010): 1–16; Robert H. Poresky and Ann Michelle Daniels, “Two-year Comparison of Income, Education, and Depression Among Parents Participating in Regular Head Start or Supplementary Family Service Center Services,” *Psychological Reports* 88 (2001): 787–796; Michael Silverstein, Yaminette Diaz-Linhart, Nancy Grote, Lynn Cadena, Howard Cabral, and Emily Feinberg, “Patient Navigation for Depressed Mothers in Head Start: A Pilot Study of Intervention Mechanism,” *Journal of Community Psychology* 45 (2017): 564–570) and some aspects of psychological well-being, such as reports of self-esteem, self-efficacy, confidence, and social support (Chase-Lansdale et al., 2019; Silverstein et al., 2017). Two studies provide support for improvements in parenting skills (Dropkin and Jauregui, 2015; Hsueh and Farrell, 2012).

- 9 Marissa Strassberger, Carol Hafford, and Kate Stepleton, *Coordinating Services to Support Families: Findings from the Head Start Connects Case Studies*. OPRE Report 2022-252. (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2023). The literature review was created for internal Administration for Children and Families use. It scanned 101 publications, primarily from 2006–2019, on family support services coordination in both Head Start and other programs that served adults and families with low incomes. Forty-five of the publications addressed Head Start specifically.
- 10 Nikki Aikens, Emily Knas, Elizabeth Cavadel, Owen Schochet, Jacob Hartog, Lizabeth Malone, Felicia Hurwitz, and Louisa Tarullo, *Building Family Partnerships: Family Engagement Findings from the Head Start FACES Study* (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2017); Courtney L. Harrison, Grace Atukpawu-Tipton, and James Bell, “An Evaluation of Family Economic Success – Early Childhood Education: Findings from a Two-Generation Approach,” (Arlington, VA: James Bell Associates, 2018); Rebecca Kleinman, Patricia Del Grosso, Jessica F. Harding, Ruth Hsu, Mary Kalb, Joseph O’Brien, Emily Rosen, and Mathematica, *Understanding Family Engagement in Home Visiting: Literature Synthesis*. OPRE Report 2023-004. (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2023); Teresa E. Sommer, Lindsay Chase-Lansdale, Jeanne Brooks-Gunn, Margo Gardner, Diana M. Rauner, and Karen Freel, “Early Childhood Education Centers and Mothers’ Postsecondary Attainment: A New Conceptual Framework for a Dual-Generation Education Intervention,” *Teachers College Record* 114 (2012): 2–35; Janet Swartz, Lawrence Bernstein, and Marjorie Levin, “Evaluation of the Head Start Family Service Center Demonstration Projects,” *Head Start Research* 1 (2000): 13–264.

- 11 See Cassandra Baxter, Nikki Aikens, Louisa Tarullo, Mathematica, Cathy Ayoub, Joanne Roberts, Christina Mondri-Rago, McMillan Ilderton Gaither, Brazelton Touchpoints, and Center for American Progress, *Recruitment, Selection, Enrollment, and Retention Strategies with Head Start-Eligible Families Experiencing Adversity: A Review of the Literature* (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2022) for a review of strategies for recruitment and enrollment activities in the Head Start context.
- 12 National Center on Parent, Family and Community Engagement, “The Family Partnership Process: Engaging and Goal-Setting with Families,” (Washington, DC: Office of Head Start and Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services, n.d.).
- 13 Strassberger, Hafford, and Stepleton (2023).
- 14 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.
- 15 National Center on Parent, Family, and Community Engagement, “Family Well-being. Understanding Family Engagement Outcomes: Research to Practice Series” (Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services, 2013).
- 16 National Center on Parent, Family and Community Engagement, “Positive Parent-Child Relationships. Understanding Family Engagement Outcomes: Research to Practice Series” (Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services, 2013).
- 17 National Center on Parent, Family, and Community Engagement (2018).
- 18 For example, Kleinman et al. (2023); Judith Archambault, Dominique Côté, and Marie-France Raynault, “Early Childhood Education and Care Access for Children from Disadvantaged Backgrounds: Using a Framework to Guide Intervention,” *Early Childhood Education Journal* 48, 3 (2020): 345–352; Hsuying C. Ward, “Engaging First Generation Immigrant Parents of Young Children with Exceptionalities,” *Advances in Early Education and Day Care* 18 (2014): 27–44.
- 19 For example, Kleinman et al. (2023).

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