



RESPONDING TO THE COVID-19 PANDEMIC

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Head Start's Family Support Services

Throughout 2020 and much of 2021, the COVID-19 pandemic forced Head Start programs across the country to make major changes to center operations and services to keep children, families, and staff members safe. Yet even in the face of the pandemic, Head Start continued to support families at a time when many families needed the help. This brief, based on a small sample of six case studies conducted in fall 2020 as part of an MDRC study called Head Start Connects, outlines how Head Start programs responded to the ever-evolving public health emergency—shifting many activities to virtual formats, adapting in-person activities to local restrictions, and maintaining connections with families and community providers.

BACKGROUND

Head Start's Whole-Family Approach

Head Start is a long-standing program focused on children and families with low incomes.¹ One of the program's hallmarks is its whole-family approach to the services it provides: improving *children's* well-being by supporting *families'* well-being. Children's well-being includes their health, development, and school readiness, while families' well-being includes their physical and mental health, housing, and financial stability.²

As shown in Box 1, Head Start aims to do this over the long term by providing a comprehensive, integrated set of family support services that are tailored to meet the individual needs of parents and families as well as the needs and resources of local communities.³

Box 1. Head Start's Family Support Services

Listed below are examples of family support services that may be provided by Head Start programs, their umbrella agencies, and/or community providers.* Often, they are provided through partnerships with and referrals to community providers.

- Education and employment services
- Financial capability services
- Housing and food assistance
- Emergency or crisis intervention services
- Substance use treatment
- Physical health services (such as tobacco cessation, nutrition, or other services to maintain and promote physical health and well-being) and mental health services

NOTE: *An umbrella agency is the overarching agency of a Head Start program, that is, a grantee or delegate agency.

Head Start family support workers coordinate services for parents.⁴ Their responsibilities include recruiting and enrolling families into the program and conducting formal, one-on-one meetings with parents. During those meetings, family support workers assess strengths and needs, help parents set goals, and connect them to services based on their goals. Family support workers also check in with parents informally from time to time, organize group events for parents, and build partnerships with local community organizations that provide many of the support services that Head Start facilitates. Prior to the COVID-19 pandemic, most of these activities took place in-person—at a Head Start center, in families' homes, and in other community settings. But most of these activities moved to a virtual format in the face of COVID-19-related restrictions.

Despite extensive knowledge about the various services that Head Start programs offer, little is known about exactly how each program coordinates the provision of those services. Drawing on findings from the *Head Start Connects* case studies, this brief describes how six sites adapted their delivery of services in response to the COVID-19 pandemic.⁵ A final report on the case studies is expected to be published in 2022.⁶

Overview of the Head Start Connects Study

The *Head Start Connects* study, conducted by MDRC with support from the Administration for Children and Families' Office of Planning, Research, and Evaluation, aims to fill the knowledge gap about the many strategies that Head Start programs use to coordinate family support services, and the processes or practices used to ensure that service coordination aligns with individual family needs and fosters family well-being. The research team conducted case studies virtually at six sites from September to December 2020. Researchers interviewed Head Start staff, parents, and community providers, and learned retrospectively about service coordination and changes that programs had to make in response to the COVID-19 crisis

from the start of the pandemic in March 2020 to their interview date in fall 2020. Box 2 describes the sample and methodology for the case studies.

Box 2. Sample and Methodology

To inform sample selection, the research team conducted interviews with key representatives who were knowledgeable about coordination of family support services within Head Start. The sample was drawn from the list of programs identified in these interviews. As shown in Table 1, the team selected case study sites to reflect variation on two key factors thought to shape how Head Start programs coordinate family support services: Head Start agency type (community action agencies, nonprofit agencies, and school systems) and family support worker caseload. The six participating sites also reflected variation along secondary dimensions of interest: Head Start region, urbanicity, program size, program type, and population served.

Table 1
Sample Site Characteristics

Characteristic	Number of Sites
Agency type	
Community Action Agency	1
Nonprofit	3
School	2
Family support worker caseload (number of cases)	
Low (>36)	1
Medium (36-52)	4
High (>51)	1
Head Start Region	
Migrant/Seasonal (Region 12)	1
Pacific Northwest (Region 10)	1
Midwest (Regions 5 and 7)	2
Appalachia (Region 4)	1
East Coast (Region 2)	1
Urbanicity	
Rural	2
Urban	4
Head Start enrollment at sites (number of students)	83 to 801
Sample size	6

SOURCE: Data from the Office of Head Start 2017-2018 Program Information Report.

The case studies used a multiple case, qualitative design to describe similarities and differences in coordination processes across the six participating sites. The research team conducted one-on-one, semi-structured interviews by video conference or phone with 12 family support workers, 18 other Head Start staff members (for example, program directors and teachers), 18 parents, and 7 staff members at community organizations that provide family support services.

HOW DID THE COVID-19 PANDEMIC AFFECT FAMILIES?

The COVID-19 pandemic affected many families' economic circumstances and sense of well-being. As of the end of August 2020, 51 percent of adults in homes with children reported that someone in the household had lost employment income since the start of the pandemic.⁷ Fifteen percent of households with children under age six reported experiencing food insecurity in 2020.⁸

Families in Head Start Connects Case Study Sites

Many families in the *Head Start Connects* case studies reported experiencing pandemic-related job losses or reduced work hours. This shifted parents' needs and priorities and, in turn, the services Head Start needed to provide to support them. For example, families and Head Start staff at five of the six case study sites reported that parents needed job support services due to employment changes, and emergency assistance—for food, housing, clothing and diapers, and to help pay utilities and other the bills. Respondents from two sites said that families needed more resources now that they were “financially tapped out.” Despite the increased need, Head Start staff also reported that families were hesitant to leave their homes to get resources such as food due to a fear of COVID-19.

The pandemic also affected parents' circumstances in other ways. Three sites reported an increased need for wraparound child care as schools closed and children spent more time at home, technology assistance and internet access so parents could support their children's shift to remote learning, and mental health services due to the stress and anxiety caused by the pandemic.

HOW DID THE PANDEMIC AFFECT HEAD START PROGRAMS?

The majority of Head Start programs temporarily shut down in-person operations due to the pandemic. Even so, 89 percent of Head Start programs that responded to an April-May 2020 National Head Start Association survey (n = 302) reported they were still able to connect families to services from community providers, and 93 percent said staff members continued to interact with many families by calling, texting, or regularly checking in. However, contacting families was a challenge. More than 20 percent of families said they did not have access to a phone, about 25 percent of families lacked cell service, and 40 percent did not have Wi-Fi or internet access.⁹

Services in the Head Start Connects Case Study Sites

Because Head Start programs had to pause in-person operations temporarily, all six case study sites reported periods of offering remote learning and virtual family support services.¹⁰ When centers could reopen, they all provided early care and education for children on-site, but not services for parents like parent events or meetings. All family support workers had to change how they coordinated family support services—adhering to local restrictions on in-person activities as well as Centers for Disease Control and Prevention (CDC) guidelines for operating child care centers amid a pandemic. Changes included reducing the number of people allowed inside a center, social distancing, and wearing masks.¹¹ The CDC guidelines changed multiple times over the time period covered by the case studies, reducing or eliminating face-to-face interactions between parents and family support workers as well as face-to-face interactions with staff at community organizations that provided family support services.

The shift to virtual activities created challenges for how Head Start staff and families at all sites worked together. It changed the nature of family support worker–parent engagement, moving from regular to sporadic contact and from spontaneous and sometimes extensive communication to planned, brief interactions. It was a high-stress time for families, yet it was hard for family support workers to connect with them. Most parents wanted in-person services.

HOW DID CASE STUDY SITES ADAPT COORDINATION OF FAMILY SUPPORT SERVICES IN RESPONSE TO THE COVID-19 PANDEMIC?

Despite the many challenges, study sites continued to coordinate family support services by moving activities to virtual formats (via phone, text, email, and/or social media). Many activities were affected, including program recruitment, enrollment, one-on-one parent meetings, informal check-ins, group parent events, and partnering with community providers.

Recruitment

Head Start family support workers interviewed for the case studies explained that prior to the pandemic, their first interactions with families often occurred when they were in a community setting recruiting families to the program. Recruitment activities included visiting partner agencies that serve eligible families (for example, schools and state human services agencies), engaging in community events, visiting areas frequented by families such as libraries and doctors' offices, and going door-to-door. This was how family support workers connected with parents and began getting to know them.

When the pandemic restricted such in-person activities, the study sites modified their recruitment activities. Four sites shifted most recruitment to take place over the phone, on social media, and via printed materials

- **Phone.** At two sites, family support workers reached out to potential families by phone. At one site, a school umbrella agency provided family support workers with a list of families with younger children who might be eligible for Head Start.¹² The second site, which served migrant and seasonal workers, contacted families by phone using lists they typically used to reenroll families each year.
- **Printed materials and social media.** At two other sites, family support workers used printed handouts and social media to get the word out. They gave out flyers and other materials to parents about Head Start and asked them to share the information with their friends and families. One site used Facebook and Instagram to promote its program, and the other launched a new digital ad campaign and added an online application plus other links to their program.

Though all sites were able to continue some form of recruitment amid pandemic restrictions, two sites reduced their recruitment activities because they had previously relied heavily on live events and recruiting in person in the community, such as at doctors' offices.

Enrollment

Prior to the pandemic, families enrolled in Head Start by meeting in-person with Head Start or umbrella agency staff members. Two case study sites noted that enrolling families in this way gave family support

workers opportunities to begin or to continue to build relationships with parents. But during the pandemic, study sites had to adapt their procedures.

Staff members at all sites reported challenges with the process. Many parents lacked the technology needed to complete forms electronically, such as a computer, a Wi-Fi connection, and apps for e-signatures. The enrollment process itself was time-consuming, sometimes taking two to three hours per family, which made it difficult for them to complete the forms online. Case study sites responded by enabling parents to enroll over the phone, via email, or in-person—and sometimes a combination of the three. Each site described a slightly different enrollment process:

- **Completely in-person.** Families at one site came into the center individually to participate in a one-on-one orientation and to complete enrollment paperwork.
- **Completely over the phone.** The Migrant/Seasonal site completed all enrollment over the phone. A family support worker noted that it was difficult to get parents to complete everything on one long call, so the process was broken up into two to three shorter calls.
- **Paperwork completed independently.** One site gave parents paperwork at the center to take home, complete, and return. At another site, family support workers dropped forms off at parents' houses and picked up the completed forms later. One family support worker noted that families did not like being on a long call to complete forms, which could take more than an hour. Yet it was hard for parents to complete the forms on their own, resulting in mistakes on the applications.
- **In-person, over the phone, or independently, tailored to each family's preferences and access to technology.** At one site, family support workers filled out whatever paperwork they could in advance and gathered further information from parents over the phone; then parents sent photos of their eligibility documents and came to the center to sign forms. A family support worker noted that this made the applications easier to complete because the family support worker could fill out a lot without the parents, thereby taking up less of their time. At another site, parents emailed in their enrollment documents (such as proof of income statements) or brought in the documents in-person if they didn't have access to email. Family support workers followed up with a phone call or an in-person conversation with the parents to complete the rest of the forms.

Three sites reported lower enrollment as a result of the pandemic. As one family support worker noted, parents did not want to “introduce their children to new germs and people.” At the Migrant/Seasonal program, family support workers reported that fewer families were migrating to their state due to fears of COVID-19 or of not having a job there due to the pandemic.

Formal One-on-One Parent Meetings

Prior to the pandemic, formal meetings with individual families were a core feature of Head Start's family support services, during which family support workers helped parents determine their strengths and needs and set goals. Family support workers referred parents to services (offered by the center, an umbrella agency, or community providers), checked to see if the services were meeting their needs, discussed their progress

toward meeting their goals, and made adjustments as their needs changed. Meetings typically took place at the center or in the family's home. The pandemic changed the setting and the content discussed.

Meeting Settings

The pandemic shifted most of these meetings from in-person to phone or video calls, which posed both advantages and disadvantages at all of the sites. Parents and family support workers reported that virtual communications opened up new ways to interact and made it easier for some families to participate. Family support workers said connecting virtually allowed them to tailor the communication platform to suit a family's preference (for example, choosing to call or text). They also saved time by connecting virtually instead of travelling to a parent's home for meetings.

Still, there were drawbacks to remote meetings. Staff from all sites said relying on virtual connections and technology made it harder to engage with some parents and communicate about their needs and available supports. Some parents had limited phone plan minutes or weak cell or internet service. Others were tired of getting on another call, or found video conferencing intimidating. Moving to a virtual format also meant that family support workers lost an opportunity to visit a family in person—visits that allowed them to gain insight into the family's home situation. One family support worker said:

Only a few families...tell me exactly what they need.... It's really easier when you're doing home visits because you can see...what things might be needed in the home...especially if the children are there and...you see some interactions [that suggest], "Maybe we should think a little more about doing the parenting classes."... That was harder during COVID...because you can't always tell what someone needs through [the] telephone.

Another challenge: Virtual formats weren't conducive to long conversations. Because formal meetings usually involve discussions of families' strengths, needs, and goals, the conversation tends to be long. At one site, shifting to phone meetings meant splitting the family assessment and goal-setting activities into multiple calls, to limit time on the phone. One parent noted these discussions were less in-depth when conducted over the phone. This point was echoed by a family support worker, who observed that families were less forthcoming about their needs when meeting virtually. One family support worker missed the connection she had with parents when they met in-person. When meeting virtually, it was more difficult to put parents at ease and consequently, parents were less willing to open up. A manager expanded on that, sharing that it was harder to gauge parents' nonverbal cues or to sustain eye contact with them during video calls, limiting the ability to communicate more deeply.

Parents and Head Start staff from all of the six study sites said they missed the in-person meetings. One parent remarked that she missed seeing a face and getting physical support, like a pat on the back or a hug. A Head Start manager worried about missing things by not seeing families in-person. Family support workers from four sites said that to maintain in-person contact, they completed some home visits on a parent's porch or in the driveway. This was especially true in four instances: for meetings with high-risk families, for the first meeting with a family, when the parent specifically requested an in-person meeting, and when family support workers dropped off educational materials for children to participate in remote classes or personal protective equipment such as masks or sanitizer.

When parents and family support workers were able to meet in-person, however, staff members from all sites reported that the interactions were not the same as they had been pre-pandemic. Wearing masks and staying six feet apart—required by pandemic restrictions—made it difficult to talk. Masks obscured family

support workers' faces during conversations. Parents couldn't see their mouths, for example, to see if they were smiling, and the masks made it difficult to hear what they were saying. When classroom instruction for children moved to virtual formats, it also meant family support workers could no longer spend time in children's classrooms. This limited their ability to get to know the children and, by extension, their families. Formal meetings thus were one of the few avenues for the family support workers to build and maintain relationships with each family.

Though all sites shared advantages and disadvantages in the shift to virtual formats, disadvantages were stated the most: Parents and Head Start staff alike longed for that lost in-person connection.

Meeting Content

Meetings with parents changed as family support workers addressed parents' pandemic-related income loss (noted above). Parents' priorities shifted from longer-term goals such as going back to school, to shorter-term goals and needs, such as providing food for their families. One Head Start manager described it this way:

Our parents had some pretty lofty goals, which are amazing, and we support them.... [But] when [COVID-19] hit, saving \$1,000 probably was not a priority.... We went from "How are we gonna save this money or buy this new, bigger apartment?" to "How are we gonna make the rent this month...and...put food on the table?"

Staff from three sites reported increasing emergency assistance, especially food and essential supplies such as diapers. They also addressed the increased need for technology for virtual learning--setting up families with laptops, tablets, and Wi-Fi hotspots. One site created a drive-through "care station," where families could pick up gift cards they could use to help pay for rent and utilities, food, clothing, and laundry supplies. At another site, a family support worker described an upside to changing the way the program provided food assistance:

Access to food [is easier since the pandemic]. Prior to the pandemic, your child had to sign up...[for the local] food bank...backpack program.... Now we don't even have to fill that out. Every child gets a bag of food to go home every weekend.... Before the pandemic...some people would get embarrassed.... [Since the pandemic,] access to food has just gone up.

Informal Check-Ins

Prior to the pandemic, parents and family support workers communicated through informal check-ins, in between scheduled meetings. Check-ins took place when parents visited a center to drop off and pick up their children, as well as via phone calls, texts, and emails, and allowed for frequent interactions that helped family support workers build and maintain relationships with parents.

When sites reopened for in-person early care and education services during the pandemic, all sites stopped allowing parents inside the centers. As a result, one family support worker said informal check-ins with parents became a higher priority. Family support workers at all sites adjusted how they interacted with parents during drop-offs and pick-ups.

Checking In During Drop-Offs and Pick-Ups

Prior to the pandemic, family support workers connected regularly with parents during drop-offs and pick-ups. These interactions ranged from a quick greeting to longer conversations about how a family was doing or whether they needed any assistance. One family support worker reported some of the best interactions with parents prior to the pandemic happened during these times, when she would wait to greet parents and make herself “fully available” to them. Another family support worker also noted:

When we see families in-person in our center every day and we know physically they’re okay and we can ask them in-person, “...Do you need anything?” and they tell us “no,” you know, it’s a lot easier.

One parent described how her family support worker would reach out to her, prior to COVID-19:

Every two months, she asks me where I’m at on those goals... She would catch me in the hallway...say[ing], “Hey, let’s go chat for a few minutes!” And she made it a point to hunt me out.... It was kind of overwhelming at first, because I haven’t had people like that in my life. But I just kinda started to enjoy it, and I look forward to catching her in the hallway, getting to tell her something I did before she had a chance to ask me if I’ve done it.

All of the sites reported that during the pandemic, parents stayed in their cars and spent less time at the center, or didn’t come to the center at all. So family support workers made a particular point of greeting parents at their cars or on the playground during drop-offs and pick-ups. One family support worker described waiting outside for a specific parent and running to the car to talk when that parent arrived. At five sites, staff members reported challenges with talking to parents because of pandemic restrictions. Social distancing protocols and wearing masks made it difficult to connect, inhibiting family support workers’ ability to build and maintain their relationships with parents. Discussing anything sensitive or confidential was hard, given the need to speak loudly to hear each other.

These adjustments during the pandemic were among those most frequently noted by family support workers as the interactions they missed the most, as drop-offs and pick-ups were key opportunities to touch base with parents and maintain relationships with them.

Checking in via Phone Calls, Texts, and Emails

Prior to the pandemic, family support workers also checked in with parents via phone calls, texts, and emails—quick reminders about an upcoming meeting or what forms to bring, for example.

But during the pandemic, virtual communications replaced many of the more spontaneous in-person interactions family support workers had previously relied on. Staff members at four sites reported spending more time reaching out to parents virtually, especially when their centers were closed to all in-person activities; one staff member reported spending five hours a day communicating with parents. Another family support worker noted increased pressure to work quickly and to communicate with parents who were not coming in to the center. A Head Start director explained:

There’s more responsibility to reach out to families and be more responsive to their needs.... The effort...to get the responses has definitely changed because typically we see them at drop-off or pick-up. We have more opportunities to naturally interact with our families, but

because of the pandemic, we're in virtual learning.... There has to be more effort to reach out to get to them and figure out what the needs are.

Most family support workers found calling or texting worked best, rather than flooding parents with emails, and some information sent in emails got lost, they said. One family support worker found texting worked best for informal check-ins, because some parents were tired of calls or didn't hear the phone when it rang. Another family support worker preferred calls because of what she learned from them:

I was getting responses to text messaging, but it's nothing like actually hearing their voice.... If I hear that little crack in [a parent's] voice or if I hear a little concern or the "I'm okay," I know that's not okay. But I can't read that through a text.

As with formal meetings, issues with phone service and parents' limited texting and phone plan minutes made reaching some parents difficult. One family support worker expressed concern that the increased contact and so many people reaching out at once was overwhelming parents, regardless of the communication mode. A family support worker at another site echoed a similar concern, noting that more people were in touch with parents compared to before the pandemic, when the family support worker was the main source of communication:

We also have the teaching staff that is reaching out to them [parents] through phone, through email.... Sometimes it can overlap and be overwhelming for the families.... Pre-COVID, everyone [site staff] was coming for them [parents] but through me.... I was that one mouthpiece [for]...nutrition, mental health, the building, the teacher, the assistant teacher. And then [I'd] go to mom and say, "... Listen, this is what's going on...." I was the mouthpiece for all of them. Now, my mouthpiece is now been pulled back because the teachers also have to show that they've been communicating with these families.

As with the formal meetings, family support workers could tailor their communication to individual families' preferences, an approach taken by all sites. Explained a manager:

We ask the parents: "What is your more comfortable method of communication?" We want to make sure that if the parent says "text message," there'll be text messaging with the parents.... But at the same time, we want to make sure that we call them because we want them to understand there's somebody here if they need anything. They can always reach out.

One family support worker noted that having more opportunities to contact families virtually, along with the priority placed on checking in on families, made it easier to connect with parents on a consistent basis. Family support workers also did some troubleshooting to get families connected with technology or Wi-Fi hotspots—even, in one case, teaching an elderly grandparent how to use a device.

Group Parent Events

Communication touchpoints with families in Head Start sometimes occurred in group settings, including during regular group parent meetings (such as the policy council, an elected group of parents that makes decisions about their Head Start program) and events such as a Mother's Day breakfast. During the pandemic, some events were cancelled or moved to a virtual format. But the quality of interactions in virtual events diminished, staff members at three sites said. At one site, parents lacked access to the technology needed to participate in video calls, so they called in by phone. But this made it harder to participate, because parents spoke over each other and couldn't tell who was speaking. Because of these challenges, many parents

wound up skipping events altogether. Staff members at the second site noted that parents hesitated to participate in video events because they didn't want other parents to see their homes. At the third site, fewer parents attended the virtual meetings because they weren't able to connect with other parents in-person and it was harder to have back-and-forth conversations.

In some cases, however, virtual meetings made it easier for parents to participate because it didn't require commuting. A Head Start manager described the trade-offs:

[Due to] COVID...[we] have more participation because it's virtual, because you're eliminating all that travel time and getting here. But...to be a little square on a screen, that doesn't necessarily allow for as much...conversation between people. So that's the downside.

Moving to virtual group gatherings also meant missed opportunities for parents to socialize and receive community support and other assistance from their center. One family support worker noted that parents enjoyed socializing with each other during events. Staff at three sites noted that pre-pandemic, they had been able to provide food or child care to increase participation in group events.

Partnering with Community Service Providers

Community partnerships are essential to the coordination of Head Start's family support services. Head Start programs provide families with referrals to community providers such as a healthcare clinic or a food bank; for two sites pre-pandemic, this also included internal referrals from an umbrella agency. One site reported that before the pandemic, there was a greater emphasis on direct outreach to community providers to convey the needs of Head Start families, to learn about providers' capabilities, and to explore the potential for partnerships. Established partnerships with agencies and relationships with staff helped family support workers connect families to needed services.

Outreach and interaction between Head Start staff and community providers changed during the pandemic. Closures and social distancing restrictions made it difficult for family support workers to attend events and connect with providers in the usual ways and to get updates on locally available services and resources. One site reported that new family support workers found this limited access challenging: They could not make face-to-face connections with service providers, learn about resource options, and establish a referral process. Lack of access also affected broader communication efforts among Head Start leaders, staff, and community leaders, at interagency partner meetings, and at meetings with local groups such as the Rotary Club. Still, one site noted that virtual communication allowed more Head Start staff and multiple providers to be involved in goal development and service planning.

These challenges occurred at a time when many families were in urgent need of the resources and support coordinated through Head Start. Family support workers and parents reported that families increased their use of emergency services to meet basic needs such as food and assistance paying for utilities during the pandemic. But other services were not available. At three sites, this included access to child care, a domestic violence program that provides legal assistance, and a program serving refugee women; one family support worker described a grandmother not being able to resolve a custody issue because the family courthouse was closed. One parent noted how hard it was to reach providers and get services, but reflected on how the community responded:

Quite a few [service providers] were closed down for months and we would call the hotlines, and nobody would call us back for weeks at a time.... The diaper depot was actually closed down for three months.... Our community stepped up. A lot of churches partnered together and started providing the services.

One service provider operating a family resource center that supplied food, clothing, and household goods reported hosting drive-ins for families to pick up materials in order to “maintain some sense of normalcy.” And a food bank that worked with Head Start relied on the organization’s relationships with families and knowledge of neighborhood connections to distribute surplus food throughout the community.

CONCLUSION

The COVID-19 pandemic affected the well-being of millions of families served by Head Start programs and the operation of Head Start programs nationwide. The six *Head Start Connects* case study sites reviewed in this brief responded to restrictions on in-person activities and revised how they coordinated family support services. They quickly pivoted from in-person interactions with families and community providers to virtual connections via phone, text, video conference, and email, tailoring the mode to individual situations and preferences. And they adjusted the few activities that continued to take place in-person to address new masking and social distancing guidelines--meeting parents at their cars or on their porches to check in and provide resources and support.

In short, the sites adapted. Throughout the pandemic, the Head Start programs and family support workers remained flexible and adjusted their service coordination, demonstrating their commitment to delivering responsive support services and meeting families’ needs.

NOTES AND REFERENCES

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²Head Start Early Childhood Learning & Knowledge Center, “School Readiness: Family Well-being” (Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services, 2021). Website: <https://eclkc.ohs.acf.hhs.gov/school-readiness/article/family-well-being>.

³This brief uses the term “parent” to refer to the adult/parent/guardian in a child’s home.

⁴Programs use various terms for this position, including family service advocate, family support staff, family advocate, family support coordinators, family support specialists, and family empowerment specialist.

⁵“Site” refers to the six Head Start programs that participated in the case studies.

⁶For more information on the Head Start Connects project, visit: <https://www.acf.hhs.gov/opre/project/head-start-connects-individualizing-and-connecting-families-comprehensive-family>.

⁷Aubrey Edwards-Luce, Averi Pakulis, Cara Baldari, Carrie Fitzgerald, Christopher Towner, Conor Sasner, Kathy Sacco, Michelle Dallafior, Miriam Abaya, and Olivia Gomez, “Key Stats on the Effect of COVID-19 on Kids” (Washington, DC: First Focus, 2020). Website: <https://firstfocus.org/resources/key-stats-on-the-effect-of-covid-19-on-kids>.

⁸Alisha Coleman-Jensen, Matthew P. Rabbitt, Laura Hales, and Christian A. Gregory, “Food Security Status of U.S. Households in 2020” (Washington, DC: Economic Research Service, U.S. Department of Agriculture, 2021). Website: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx#children>.

⁹All data in this paragraph are from National Head Start Association, “Head Start in the COVID-19 Era” (Alexandria, VA: National Head Start Association, 2020). Website: https://www.nhsa.org/wp-content/uploads/2020/11/brief-head-start-and-covid19_1.pdf.

¹⁰Sites reported on the start of the pandemic to the time of data collection. The shift from in-person to remote activities and back to in-person was fluid: At the time of data collection, some sites were transitioning from remote to in-person or back from in-person to remote.

¹¹Centers for Disease Control and Prevention, “Guidance for Operating Child Care Programs during COVID-19” (Atlanta: Centers for Disease Control and Prevention, 2021). Website: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>.

¹²“Umbrella agency” refers to the overarching agency of a Head Start program, that is, a grantee or delegate agency.

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