

## RESEARCH ARTICLE

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# Head Start and HIPPY Better Together: Examining Current Collaborations

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The purpose of this project was to examine the blending of two research-supported early childhood programs, one delivered in the classroom - Head Start and one delivered by parents in the home – HIPPY. Head Start and HIPPY share the common goals of preparing children for kindergarten by closing the achievement gap and empowering parents as first and best teachers for their children. Data on current Head Start/HIPPY collaborations was collected through focus group interviews with home visitors, teachers, parents, and administrators. Themes discovered through qualitative analysis included: (a) the recognition of home visiting as a way to provide services to more families; (b) the ability to provide additional services to children and families; (c) increased communication between all parties involved in the collaboration; better perceived outcomes for both the children and the parents; (d) the difficulty of including all the requirements of both programs in their work with families; (e) difficulties around assessment; and (f) the lack of time among home visitors to serve families, plan, and train. Major recommendations for future programs were to plan for the collaboration of services during the grant writing stage, partner with school districts in order to track the long-term outcomes for children, and the most frequent recommendation was to adjust case-loads to reflect the additional work required of program staff in order to meet each programs' requirements in the collaboration.

*Keywords:* Head Start; HIPPY; Home Visiting; Family Involvement

The purpose of this project was to investigate potential models of formal collaborations between two proven early childhood programs, one delivered in the classroom (Head Start) and one delivered by parents in the home (Home Instruction for Parents of Preschool Youngsters – HIPPY). Head Start and HIPPY share the common goals of preparing children for kindergarten by closing the achievement gap and empowering parents as first and best teachers for their children. With the current economic conditions, non-profits and community organizations are struggling to maintain funding. To ensure that the limited funding available for early childhood is used efficiently, it would seem to be in the best interest of programs serving the same population to pool resources. With common goals, philosophies, and populations - Head Start and HIPPY are ideally positioned to collaborate with each other. With their combined unique strengths, these programs may be able to maximize their ability to serve families, providing more comprehensive support. While several informal collaborations exist throughout the country, there is not a set of formal guidelines for

Head Start and HIPPY programs who wish to establish a formal collaboration. This paper includes the results of an investigation into three Head Start programs that operate in collaboration with HIPPY. The purpose was to gather information about three current Head Start and HIPPY collaborations. This study was guided by the following research questions:

- (1) What models for collaboration are currently used in Head Start/HIPPY collaborations?
- (2) What were the motivations behind the current Head Start/HIPPY Collaborations?
- (3) What are the perceived benefits of Head Start/HIPPY Collaborations as expressed by administrators, staff, and parents?
- (4) What are the perceived challenges of Head Start/HIPPY Collaborations as expressed by administrators, staff, and parents?
- (5) What are the recommendations for future Head Start/HIPPY Collaborations as expressed by administrators, staff, and parents?

### Why Collaborate?

Children living in poverty are often more likely to be at risk for developmental problems due to factors within the home environment such as parenting skills, quality of parent-child interactions, lack of educational resources, or learning opportunities. Many low-income parents may not have access to information about the necessary skills or resources to adequately stimulate cognitive development and prepare their children for school (Wagner, Spiker, & Linn, 2002; Wilson-Simmons, Jiang, & Aratani, 2017). As a result, children from families of lower socioeconomic status (SES) may begin school without the necessary skills for academic achievement and are particularly at risk for reading difficulties. For example, while 45% of children from middle to upper SES families may demonstrate three or more signs of emergent literacy, only 19% of low SES children show similar signs (Heath, et al., 2014). Findings have been well documented in existing literature that these children may enter school with significant delays in a broad range of development (Dickinson & McCabe, 2001; Foorman & Torgesen, 2001; Moon & Lee, 2009). More critically, the lack or poor development of these skills relate to later difficulties in school performance (Claessens, Duncan, & Engel, 2009; O'Conner, Harty, Fulmer, 2005; Shaywitz, Morris, & Shaywitz, 2008).

A growing body of research indicates that when parents and families are involved with their child's education, the child has better grades and performs better on standardized tests (Cheung & Pomerantz, 2011; Fan & Chen, 2001; Foiland, Peterson, & Davidson, 2013). Additionally, increased family involvement is linked to improved student motivation, higher academic self-confidence, and improved self-regulatory skills (Cheung & Pomerantz; Gonzalez-DeHass, Willems, & Holbein, 2005).

Traditionally referred to as parental involvement, family engagement describes the process of building genuine relationships with families. It is now recognized as essential to a child's health and well-being as well as their school readiness and long-term academic success. However, the concept of family engagement goes beyond the traditional idea that it is the parent's or family's responsibility to be involved in their child's education, but that it is also the responsibility of the entire education system to engage families as partners in children's education.

Even with this focus on the importance of family engagement, the center-based Head Start program only requires two home visits per academic year- one of which must occur before the

program year begins (Head Start Early Childhood Learning and Knowledge Center, n.d). However, the Head Start Regulations do not specify the purpose or content of these home visits. In or to implement family engagement more systematically, some Head Start programs have recently collaborated with the Home Instruction for Parents with Preschool Youngsters (HIPPY) program. HIPPY is a free, three-year program to help parents of pre-school aged children with limited formal education and lower family incomes.

## BACKGROUND OF THE STUDY

### Overview of Head Start Program

The Head Start program is a comprehensive early childhood program designed to help break the cycle of poverty by providing children of low-income families with services to meet their emotional, social, health, nutritional, and psychological needs. (Office of Head Start, n.d.; Garces, Thomas, & Currie, 2002; Smolensky & Gootman, 2003). At the time of its inception, Head Start was unique in its approach to supporting the whole child rather than just focusing on classroom learning (Garces, Thomas, Currie). While the focus of the Head Start program has evolved over the years, the primary goal continues to be to better prepare children from low-income families to be both developmentally and cognitively ready for school.

*Overview of Head Start Learning Outcomes Framework.* The Head Start program employs the Head Start Early Learning Outcomes Framework (HSELOF) to represent the five broad areas of early learning for young children. (U.S. Department of Health and Human Services, 2015). For 3 to 5-year-olds, these five areas are further broken into seven learning domains that reflect research-based expectations for the learning and development of young children. The HSELOF emphasizes the key skills, behaviors, and knowledge that programs must foster in children ages birth to 5 to help them be successful in school and life. The central domains are Approaches to Learning; Social and Emotional Development; Language and Literacy; Literacy; Mathematics Development; Scientific Reasoning; and Perceptual, Motor, and Physical Development. Each domain is related to and influences the others. For example, as preschoolers' working memory develops (a component of Approaches to Learning), their ability to follow multiple-step instructions improves, and their ability to learn complex math concepts increases (U.S. Department of Health and Human Services, 2015).

Each local Head Start program uses the HSELOF to guide their choices about curriculum, learning materials, daily activities, and teaching practices. By aligning instructional choices such as opportunities for play, exploration, discovery, and problem-solving with the HSELOF, Head Start programs can promote successful learning for children (U.S. Department of Health and Human Services, 2015).

*Head Start Parent, Family, and Community Engagement Framework.* Family engagement also plays a critical role in children's development and school readiness (Dearing, Kreider, Simpkins, & Weiss, 2006; Fantuzzo, McWayne, & Perru, 2004; Weiss, Caspe, & Lopez, 2006; Raikes, et.al., 2006). The Head Start Parent, Family, and Community Engagement (PFCE) Framework Family Engagement Outcomes is a research-based approach that illustrates how Head Start programs can work together as whole to promote family engagement (U.S. Department of

Health and Human Services, 2011). It was designed to help Head Start programs achieve outcomes that lead to positive and enduring difference for children and families. The PFCE Framework was developed in partnership with programs, families, experts, and the National Center on Parent, Family, and Community Engagement. It is a research-based approach to program change that shows how an agency can work together as a whole—across systems and service areas—to promote parent and family engagement and children’s learning and development (U.S. Department of Health and Human Services). The PFCE Framework is designed to support child development and school readiness within the context of their family. Programs are encouraged to individualize their family engagement efforts based on the culture, language and different parent strengths challenges, and perspectives (U.S. Department of Health and Human Services).

The PFCE Framework focuses on seven key areas: 1) family well-being, 2) positive parent-child relationships, 3) families as lifelong educators, 4) families as learners, 5) family engagement in transitions, 6) family connections to peers and community, and 7) families as advocates and leaders (U.S. Department of Health and Human Services, 2011). For each of these key areas, examples of strategies that can promote a successful outcome are given for both the program administration/staff level and the family level.

*Outcomes of Head Start Participation.* There has been extensive research over the past several decades documenting the effectiveness of Head Start for children who lack the same educational opportunities as children from middle and upper-class families. Children who participated in Head Start as preschoolers show significantly better language and cognitive development than demographically similar children who did not attend Head Start (Aikens et al., 2013; Love et al., 2002; U.S. Departments of Health and Human Service, 2010). In addition to cognitive benefits, at the end of program participation, Head Start children score better on social-emotional development, have better social skills and impulse control, and exhibit fewer problem behaviors such as aggression and hyperactivity (Aikens, Klein, Tarullo, & West, 2013; Love et al., 2002; U.S. Departments of Health and Human Service). While there are some studies that question the benefits of Head Start beyond the early childhood years, other studies have found that former Head Start children had higher attendance rates in elementary school (Connolly & Olsen, 2012); continued to have higher scores on tests of academic and executive functioning through fifth grade (Greenberg & Domitrovich, 2011); and are less likely to be held back a year by eighth grade (Phillips, Gormley, & Anderson, 2016).

The benefits of Head Start participation are even evident through adulthood. Garces, Thomas, and Currie (2002) used data from the Panel Survey of Income Dynamics to review outcomes for close to 4,000 adults followed from childhood. Among European-Americans, adults who had attended Head Start were significantly more likely to complete high school, attend college, and possibly have higher earnings in their early twenties than their nonparticipant siblings. African American adults who had attended Head Start were significantly less likely to be booked or charged with a crime than were their nonparticipant siblings. Other studies document that as adults, Head Start graduates are more likely than non-Head Start graduates to graduate high school, attend at least one year of college, are less likely to be unemployed, report higher wages, and are less likely to be in poor health (Bauer & Schanzenbach, 2016; Deming, 2009; Johnson, 2010).

## Overview of the HIPPY Program

HIPPY is a free, early intervention program for parents of 3-, 4- and 5-year-old children Developed in Israel and brought to the United States in 1984, HIPPY now operates 128 communities in 20 states and the District of Columbia as well as ten other countries internationally. HIPPY is intended to provide educational enrichment to at-risk children from low SES and immigrant families by training parents to prepare their children to be ready for school. The major purpose of HIPPY is to increase children's school readiness by empowering parents to be active in their children's education and by providing home instruction. The HIPPY program includes three key components: the HIPPY curriculum, individual home visits for parents with a peer mentor, and monthly group meetings for parents (HIPPY USA, n.d.-a).

*HIPPY Curriculum.* HIPPY uses developmentally appropriate curriculum originally created in 1969 by the Research Institute of Innovation of the National Council of Jewish Women (NCJW) at Hebrew University, Jerusalem, Israel (HIPPY USA, n.d.-b). The curriculum is well structured and provides systematic parental supports so that parents may facilitate their children's learning at home. The goal of the curriculum is for parents to become the facilitator of the learning process with their child and gain confidence in their ability to be their child's first teacher. The HIPPY curriculum consists of 30 weekly packets (15 packets for 5-year-old), written in a clear scripted format. Families also receive nine storybooks, a set of 20 manipulative shapes, and a kit of basic supplies such as scissors and crayons. Each daily activity is designed with simple directions for parents to ensure a successful learning experience for the parent and child and includes tips for parents to extend the learning to all parts of their daily life. Each lesson in the curriculum is primarily cognitive-based, focusing on language development, problem-solving, logical thinking, and perceptual skills. Learning and play mingle throughout HIPPY's curriculum (HIPPY USA, n.d.-b).

*Home Visits.* The HIPPY program is delivered in the family's home by home visitors who are members of the participating communities and are often former parents of the program. They visit participating parents in their homes weekly or biweekly to instruct them in using the HIPPY educational materials. Home visitors are crucial to the HIPPY model. Their knowledge of their unique communities allows them to develop trusting relationships with the families and, by using the HIPPY materials with their own children, home visitors identify with the kinds of challenges parents face.

The primary mode of instruction during each home visit is Role Play. Role Play provides opportunities for parents and home visitors to discuss the purpose of the activities and allows for reflection on the specific needs of learners (both the parent and the child). Most of all, Role Play allows for the development of new teaching skills. The goal of the Role Play method of instruction is to promote a comfortable, non-threatening learning environment in which there is always room for mistakes (HIPPY USA, n.d.-e). Additionally, role-playing supports parental empathy for the developmental capabilities of young children. Finally, the Role Play method of instruction is easily managed by the peer mentors conducting each home visit and allows for parents with limited reading ability an opportunity to become effective first teachers of their children. The home visitor utilizes the role play method to instruct parents on how to complete the week's activities with their children - then parents, in turn, repeat the activities with their children during the week (HIPPY USA, n.d.-e). In a typical session, the home visitor spends 45 minutes to an hour role-playing the

HIPPY curriculum with the parent, giving the parent the opportunity to ask questions and to feel confident in their ability to work with their child. Parents are encouraged to spend 15 to 20 minutes with their child working together on specific, curriculum-oriented lessons every day. Before presenting a new lesson, every week the peer mentor follows up with each parent by reviewing the child's workbook and discussing the child's progress.

*Monthly Group Parent Meetings.* Parents also receive information and support in their role as their child's first teacher during group meetings and field trips (HIPPY USA, n.d.-d). Parents are strongly encouraged to attend monthly group meetings where they share their experiences with other parents and engage in enrichment activities involving issues related to parenting, employment, school/community/social services, and personal growth. Parents chose the group meeting topics that help them learn how to be more effective parents and members of the community. Childcare is provided during the group meetings where the children have the opportunity to interact socially with peers while their parents can interact with other parents.

*Outcomes of HIPPY Participation.* There is a great deal of evidence documenting the positive effects of HIPPY on students' school readiness at kindergarten entry. The very first major experimental study conducted in the U.S. and funded primarily by the U.S. Department of Education found that HIPPY students outperformed those in the comparison group at kindergarten entry on objective measures of school performance and teacher ratings of their motivation and adaptation to the classroom. HIPPY students also had higher attendance rates, scored higher on standardized achievement tests, and were perceived by their teachers as well-performing students (Baker, Piotrkowski, Brooks-Gunn, 1999). More recently, studies have shown that HIPPY children perform better on measures of school performance such as reading ability, language learning, social development, classroom adaptability, and mathematics skills than non-participants (Barnett, Roost, & McEachran, 2012; Brown & Johnson, 2014; Johnson, Martinez-Cantu, Jacobson, & Weir, 2012; Lopez & Bernstein, 2016). Other studies have shown that HIPPY students had better attendance, more social skills, fewer behavior referrals, fewer suspensions, and higher standardized test scores when compared to students from similar socio-economic backgrounds (Bradley & Gilkey, 2003; Brown & Lee, 2014; Klein, Weiss, & Gomby, 2001).

Research also indicates that HIPPY participation supports children by enhancing their home literacy environment, the quality of parent-child verbal interaction, and parents' ability to help their children learn (Brown & Johnson, 2014; Jacobson, 2003; Roundtree, 2003). In addition, parents participating in HIPPY had significantly increased confidence in their role as their child's first teacher between the start and end of HIPPY program participation (Barnett, Roost, & McEachran, 2012). HIPPY participation also increases parent and family involvement in their child's education. BarHava-Monteith, Harre, and Field (2003) found that HIPPY parents in New Zealand were significantly more involved than comparison caregivers in educational activities. These activities included things like helping with field trips, serving on school committees, and serving as teachers' aids. HIPPY parents were also significantly more likely to be involved in an adult education class.

## Theoretical Foundation of Head Start and HIPPIY Collaboration

In addition to serving as an early education program, HIPPIY incorporates features of family support programs. HIPPIY is based on an ecological approach that recognizes children's development as powerfully influenced by the families, communities, and societies in which they live (Westheimer, 2003). HIPPIY, therefore, aims to create greater continuity between home and school by enhancing children's home learning environments. Research has found that programs that are mostly home-based were three times more likely to target parenting than child outcomes as desired outcomes, whereas center-based programs like Head Start were equally likely to focus on child and parenting outcomes (Raikes, et al., 2006). Readiness for school is a consequence of cognitive, physical, emotion, and social developmental change in children. Parents contribute to school readiness through their interactions with their children as well as early interventions such as those provided by HIPPIY and Head Start.

Home instructors instruct parents through role-playing developmentally appropriate, cognitive-based, hands-on lessons (Piaget, 1952) which parents then carry out with their preschool children to teach early literacy and cognitive skills important for school readiness. This process fosters cognitive development and preparation for the culture of school through scaffolding learning as well as direct teaching (Berk, 2013). Head Start also follows a cognitive theory of early childhood development through hands-on and interactive discovery processes in classrooms. The curriculum of both programs fosters social/emotional and physical (fine and gross motor skills) development. The interactive learning environment in both HIPPIY and Head Start supports children's growth in (a) language and literacy, (b) cognition and general knowledge, (c) physical development and health, (d) social and emotional development, (d) approaches to learning (Piaget, 1936/1952). Children are helped directly to adjust to the mental and social culture of school through their classroom experience as well as indirectly through HIPPIY and Head Start involvement of parents. Home visitors support families in their role as their child's first teacher and emphasize that appropriate interactions between parents and children can strengthen the parent-child relationship and support emotional and social development necessary for academic success in the early years. HIPPIY also supports a sense of parental self-efficacy (Ardelt & Eccles, 2001; Barnett, Roost, McEachran, 2012; Nievar, Jacobson, Chen, Johnson, & Dier, 2011) as well as helps parents develop their social capital by teaching them to communicate and be advocates for their children in the school setting (Caldera, Burrell, Rodriguez, Crowne, Rohde, & Duggan, 2007). Head Start also emphasizes the role of parents as their child's first and most important teacher and builds relationships with families that support family well-being and positive parent-child relationships (U.S. Department of Health and Human Services Administration for Children and Families Office of Head Start, 2011). Families are supported as advocates for their children in both programs. Head Start programs provide comprehensive services to enrolled children and their families, which include health, nutrition, social services and other services determined to be necessary by family needs assessments, in addition to education and cognitive development services. HIPPIY parents are assisted in connecting to the community for needed services as well.

### How do Head Start and HIPPIY Fit Together?

Head Start programs promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to

enrolled children and families. They engage parents in their children's learning and help them in making progress toward parents' educational, literacy and employment goals. Significant emphasis is placed on the involvement of parents in the administration of local Head Start programs. Similarly, the purpose of the HIPPY program is to support parents as their child's first teacher in order to increase school readiness. This is done with a structured curriculum that is delivered to the children by their parent.

The purpose of the home visit in both the Head Start and HIPPY programs is to help parents improve their parenting skills and to assist them in the use of the home as the child's primary learning environment. The home visitor works with parents to help them provide learning opportunities that enhance their child's growth and development.

*Blending the Head Start and HIPPY Learning Domains.* Like the HSELOF, the HIPPY Curriculum is also arranged in domains of learning. Each week of the HIPPY Curriculum includes activities that cover the domains of Literacy, Math, Science, Motor, and Language. Integrated throughout these five learning domains are activities that promote social and emotional development, creativity, and fine motor development (HIPPY USA, n.d.-b). One area of specific importance to future academic success is literacy and language development. Table 1 outlines the overlap of the HSELOF and the HIPPY Literacy and Language domains.

TABLE 1  
Head Start and HIPPY Literacy Domain Overlap

<b>Head Start Learning Outcomes Language and Communication &amp; Literacy</b>	<b>HIPPY Literacy and Language Domains</b>
Attending and understanding	Listening Skills
	Story Comprehension
	Receptive Language
Communicating and Speaking	Expressive Language
	Verbal Expression
Vocabulary	Vocabulary Development
Phonological Awareness	Phonemic/Phonological Awareness
	Auditory Discrimination
	Print Concepts
	Letter Knowledge
Print and Alphabet Knowledge	Picture Reading
	Letter Recognition
	Visual Discrimination
	Story Retell
Comprehension and Text Structure	Story Recall
	Book Knowledge
	Story Sequencing
	Fine Motor Control
Writing	Pincer Grip
	Eye-hand Coordination
	Early Writing Experiences



The purpose of HIPPY is to empower parents and enable them to be the primary educators of their children. The program fosters parental involvement on the levels of family, school, and community to maximize chances of successful early school experiences. HIPPY’s focus on parents aligns with the PFCE Framework and can play an integral part in supporting a Head Start program (see Table 2 below).

**TABLE 2**  
**Head Start Parent, Family, and Community Engagement (PFCE) Framework Family Engagement Outcomes aligned with HIPPY Parent Involvement Components**

<b>PFCE Framework Components</b>	<b>HIPPY Program Parent Components</b>
<p><b>Family Well-Being</b> - Parents and families are safe, healthy, and have increased financial security.</p>	<ul style="list-style-type: none"> <li>• Home visitors frequently share information about community resources. As trust grows and families begin to reach out, referrals are often made to other agencies and programs.</li> <li>• Parents are encouraged to attend partner school engagement activities (Family Nights, etc.).</li> </ul>
<p><b>Positive Parent-Child Relationships</b> - Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child’s learning and development.</p>	<ul style="list-style-type: none"> <li>• The HIPPY Curriculum provides an opportunity for developing trust through curriculum games and activities where child and parent share opinions and express their own ideas.</li> <li>• Parent-Child relationship is strengthened through habitually doing the HIPPY activities and reading books on a regular schedule.</li> </ul>
<p><b>Families as Lifelong Educators</b> - Parents and families observe, guide, promote, and participate in the everyday learning of their children at home, school, and in their communities.</p>	<ul style="list-style-type: none"> <li>• The HIPPY curriculum encourages families to learn together through experimentation, inquiry, observation, and play.</li> <li>• During the monthly group meetings, parents engage in enrichment activities related to parenting, employment, school/community/social services, and personal growth.</li> </ul>
<p><b>Families as Learners</b> - Parents and families advance their own learning interests through education, training, and other experiences that support their parenting, careers, and life goals.</p>	<ul style="list-style-type: none"> <li>• The role-play instructional method involves the parent in age-appropriate activities with their child; thereby assisting them in understanding child development.</li> <li>• Parents have the opportunity to practice the activities with their child while getting constructive feedback from their home visitor.</li> </ul>

TABLE 2 (Cont'd)

<p><b>Family Engagement in Transitions</b> - Parents and families support and advocate for their child's learning and development as they transition to new learning environments, including EHS to HS, EHS/HS to other early learning environments, and HS to kindergarten through elementary school.</p>	<ul style="list-style-type: none"> <li>• Planning for routines and transitions through engaging in activities that build on parents' and children's self-confidence and positive self-image.</li> <li>• Families are encouraged to attend Back-to-School activities at partner schools.</li> </ul>
<p><b>Family Connections to Peers and Community</b> - Parents and families form connections with peers and mentors in formal or informal social networks that are supportive and/or educational and that enhance social well-being and community life.</p>	<ul style="list-style-type: none"> <li>• HIPPY home visitors are members of the target population and/or reasonably reflect the ethnic and cultural characteristics of the program families.</li> <li>• Group meetings allow parents to come together and share their experiences as parents.</li> </ul>
<p><b>Families as Advocates and Leaders</b> - Parents and families participate in leadership development, decision-making, program policy development, or in community and state organizing activities to improve children's development and learning experiences.</p>	<ul style="list-style-type: none"> <li>• Group meetings provide parents with enrichment activities (topics are selected by the parents), training and knowledge that will allow parents to be more effective as parents and as members of the community, more self-assured and more self-reliant.</li> </ul>

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## Examples of Collaboration Models

*Head Start Home-Based with HIPPY.* One model of blending the HIPPY and Head Start program is through the Head Start-Home Visiting program or the home-based option of Head Start. In this Head Start model, home visitors go to the family's home once a week and work with both the parents and their children. In addition to the home visits, children, parents, and their home visitor get together on a monthly basis for group Socializations. In this type of collaboration, HIPPY then becomes the curriculum for the home visit. The HIPPY curriculum offers 30 weeks of activities, but the Head Start Home-Based Option requires 32 home visits. Typically an additional home visit is added to the beginning and the end of the program year to meet this requirement. Each home visit lasts a minimum of 90 minutes (rather than just 60 minutes with HIPPY alone). Each home visit in the Head Start Home-Based with HIPPY collaboration model consists of the following: a) The home-visitor works directly with the parent on the weekly HIPPY curriculum activities using the traditional role-playing method; b) the home visitor also works directly with the child on using activities designed to supplement the weekly HIPPY curriculum and meet the child's individual learning goals; and c) the home visitor observes the parent interacting with the child.

In addition to the weekly home visits, both HIPPY and the Head Start Home-Based Option include group meetings (or Socializations as they are referred to in the Head Start regulations) with

a focus on providing support and enrichment both for parents and children. While HIPPI only requires 15 group meetings per program year, the Head Start Home-Based Option requires a monthly parent meeting plus two Socializations events per month. These group Socializations are focused both on the parents and the children. The purpose of the Socializations experience is to support child development by strengthening the parent-child relationship, as well as to provide peer interactions for the child and parents alike. The content includes helping parents to understand child development better and encourages parents to share with one another. Socializations provide opportunities for children to engage with other children while being supported by their parents and the home visitor. Families have the time to be together to learn from each other and engage socially with other parents.

As with a center-based Head Start program, children and families who participate in the Head Start Home-Based with HIPPI collaboration receive comprehensive services designed to provide early, continuous, intensive, and comprehensive child development and family support services that will enhance the physical, social, emotional, and intellectual development of children. These services may include health screenings and immunizations for children as well as referrals to mental health services, social services, and continuing education for parents.

*HIPPY and Head Start Center-Based Option.* Another option for Head Start programs to collaborate with the HIPPI program is for HIPPI to serve as the home visiting and parent-teacher conference component of a center-based Head Start program. Home visits are valuable in building respectful relationships with parents and in developing a broad understanding of every child in the program. A minimum of two home visits and two parent-teacher conferences will be conducted in the family's home language or using the services of an interpreter. In addition to the required home visits and parent-teacher conferences, the Head Start Performance Standards require centers to provide parents with opportunities to volunteer. The parent involvement component of the HIPPI program fulfills both of these requirements by providing a curriculum and structure for the home visits and parent conferences as well as opportunities for parents to volunteer with the guidance and support of their HIPPI Home-Visitor. In addition, family participation in the HIPPI program fulfills the parent involvement component of the PFCE Framework - as required by the Head Start regulations.

*Dual Enrollment Option.* Often children are enrolled in both the Head Start and HIPPI programs simultaneously with each program running side-by-side with varying degrees of overlap in services. The collaboration between the two programs can include access services not typically included in the HIPPI program such as well-child check-ups, dental care, and vision care for children as well as GED courses and social service referrals for parents/guardians. The collaboration between programs can also include communication between the HIPPI Home-Visitors and the Head Start teachers and administrators. This level of communication facilitates the support and nurture of the whole child - both at the Head Start Center and at home. As with the other collaboration models, family participation in the HIPPI program fulfills the parent involvement component of the PFCE Framework.

## METHODS

### Research Design

This study used a qualitative descriptive research design. A multiple case study will be used to offer multiple perspectives on this topic. The goal of qualitative descriptive studies is to provide a comprehensive summary of specific events experienced by individuals or groups (Sandelowski, 2000). In this study, the event in question was the Head Start/HIPPY Collaborations at each of the three participating sites. Qualitative descriptive studies strive to discover the “who, what, and where of events or experiences” (Sandelowski, pp. 338). The qualitative descriptive study is the method of choice when straight descriptions of phenomena are desired (Sandelowski).

### Head Start/HIPPY Collaboration Sites

Three sites were chosen for this study. Each of the sites currently engages in some type of collaboration between the Head Start program and the HIPPY program. The sites were recommended for participation in this investigation by the director of HIPPY USA. The researcher contacted the director of each site to solicit their participation in the study.

*Site 1.* This Head Start/HIPPY Collaboration site is an exurban community located in the Washington-Arlington-Alexandria Metropolitan area. As of the 2010 United States Census, there were 88,737 people, 30,873 households, and 23,732 families residing in the county. The racial makeup of the county was 81.4% white, 13.4% Black or African American, 2.7% Hispanic or Latino, 1.4% Asian, 0.4% American Indian, 0.7% from other races, and 2.7% from two or more races. The county consisted of 30,873 households of which 40.4% had children under the age of 18. About 2.8% of families and 4.4% of the population were below the poverty line, including 5.3% of those under age 18 (U.S. Census Bureau, n. d.).

The Head Start/HIPPY Collaboration is administered by the county public school system. At the time of this study, the collaboration provided services to 36 three-year-old children and 136 four-year-old children. Services to three-year-olds were provided using the Head Start Home-Based option with HIPPY serving as the curriculum and service model. A center-based model was used to service four-year-old children. The current Head Start/HIPPY Collaboration began as an effort to save the Head Start program for three-year-old children in the county. The previous Head Start program was administered by another agency. When the grant came up for renewal, the previous grantee did not wish to continue, and the public school system was encouraged to apply. However, in the grant writing process it became clear that the public school did not want the additional responsibility of bussing three-year-olds, so the decision was made to use the Head Start Home-Based option with HIPPY as the curriculum for three-year-olds. Children who participate in the HIPPY three-year-old program are then guaranteed a place in the center-based Head Start program at age four. At the time of the grant proposal, the HIPPY program was also administered by the public school, and the HIPPY Coordinator was asked to also oversee the Head Start program. Rather than discontinue the HIPPY program in favor of Head Start, the decision was made to save both HIPPY and three-year-old Head Start by using HIPPY as the curriculum for the Head Start Home-Based Option. The director of the program stated, “We saw the value of home

visiting and one-on-one parent/child interaction. So we wanted to make sure that we [found] a place for HIPPY so it wouldn't disappear from our community.”

*Site 2.* This Head Start/HIPPY Collaboration is located in a rural, mostly agricultural, county in the Midwest along the Mississippi River Delta. As of the 2010 census, there were 46,480 people residing in the county. The county includes 61.6% White, 34% Black, 3.6% Hispanic or Latino, .03% Native American, 0.5% Asian, 0.1% from some other race, and 1.2% from two or more races (U. S. Census Bureau, n. d.). The county is a high area of poverty with 8.8% of the population in under 5-years old with 44% of the children under age of five reported as living in poverty 44% (U. S. Census Bureau).

The Head Start Program and HIPPY programs are both administered by a county agency that has been responsible for coordinating anti-poverty efforts in this county since 1964. The agency presently coordinates and manages 43 programs in the areas of community programs, education, housing, and childcare. The agency began administering the Head Start Program in the county in 1965. In 2010, the agency was awarded a grant to operate the HIPPY program for the county.

Since both the HIPPY and Head Start Programs serve the same population of families in the county, at the time of this study there were currently 35 families in the county that participated in both programs – exemplifying the Dual Enrollment Model of collaboration. Only about 20% of the families enrolled in HIPPY have children who are not enrolled in Head Start. Information about the percentage of Head Start families who are enrolled not enrolled in HIPPY was not provided by the program administrators. While the programs technically run independent of one another, the fact that they are administered by the same agency and operate out of the same building provides a level of coordination and communication not always present in separate programs.

*Site 3.* The third Head Start/HIPPY Collaboration investigated for this study is located in a large, urban city in the Mountain West region of the United States. The city has a population of almost 3 million people and is the largest city in a 500-mile radius. According to the 2010 census, the racial makeup of the city is 68.9% White, 10.2% Black or African American, 1.4% American Indian, 3.4% Asian, 0.1% Pacific Islander, 9.2% other race, and 4.1% two or more races. 31.8% of the population is Hispanic or Latino of any race, giving the city one of the highest populations of Hispanics or Latinos in the U.S. (U. S. Census Bureau). There are 250,906 households, of which 23.2% have children under the age of 18 living with them. 19.1% of the population and 14.6% of families are below the poverty line. Out of the total population, 25.3% of those under the age of 18 live below the poverty line (U. S. Census Bureau).

The Head Start/HIPPY Collaboration in the city is operated by a non-profit organization with a century-long history of advancing early education in the area for families with limited opportunities. The organization began blending the HIPPY and Head Start programs over 30 years ago. Originally the organization was delegated by the city to run the HIPPY program. When the organization wrote the grant to provide the Head Start program to the community – it was decided that HIPPY would be a perfect fit as the curriculum for the Head Start Home-Based Option. Currently, the organization offers three Head Start program options for families of three and four-year-olds: Full-day Center-Based; Half-Day Center-Based, and the Home-Based Option with HIPPY as the curriculum. At the time of this study, there were 72 families enrolled in the Home-Based Option with HIPPY.

## Data Collection

Data for this study were collected through focus groups and interviews at three existing Head Start/HIPPY collaborative sites to garner the programmatic, implementation and logistical details of how local communities have already blended HIPPY into the Head Start model. Data collection in a qualitative descriptive design typically includes minimally to moderately structured, open-ended individual and/or focus group interviews. Focus groups can usefully be viewed as the qualitative counterpart to the quantitative survey, in that they are typically used in qualitative research to obtain a broad range of information about events (Sandelowski, 2000). The staff at the HIPPY USA national office provided information about existing Head Start/HIPPY collaborations. Also, initial contact and introduction of the researcher to the program site directors was made by staff at HIPPY USA.

The first step of data collection involved focus groups at each of the Head Start/HIPPY Collaboration sites. The goal of the focus groups was to identify the variety of ways in which the Head Start and HIPPY programs can be integrated at the practical level. The focus groups consisted of program administrators, home visitors and former and current parents (who are not current or former staff) from each existing Head Start/HIPPY collaborative sites. The focus groups provided insight into the decision-making process that led the Head Start agency to adopt the HIPPY model; the strategies used to blend the two programs; the perceived benefits of the collaboration; and, the challenges faced by blending the programs (see Appendix A for the Focus Group Protocol). The second step of data collection was an interview with the program administrator to gather information about the demographic makeup of the area, the agency/organization administering the program(s), and the history of the collaboration (see Appendix B for the Director Interview Questions).

A total of five focus groups and three Director Interviews were conducted. Two focus groups were held at Site 1. One consisted of five HIPPY Home-Visitors and one program administrator. The second consisted of six current and former HIPPY parents (including two grandparents) plus the program administrator. At Site 2 only one focus group was held. It consisted of five HIPPY home visitors, two current parents who participate in both the HIPPY and Head Start programs, the HIPPY program administrator and two Head Start program administrators. Two focus groups were held at Site 3. The first focus group consisted of four Head Start/HIPPY home visitors and one Head Start Teacher. The second focus group consisted of seven current and former Head Start Home-Based with HIPPY parents (including one grandparent).

The program administrators at each site chose the participants of each focus group. Ideally, all three sites would have a separate focus group for parents and program administrators and staff; however, the program administrator at Site 1 choose to stay for the Parent focus group. The program administrator at Site 2 chose to only have one focus group with parents, program administrators, and program staff together. The inclusion of the program administrator and program staff in the focus groups at these two sites may have limited the parent voice. Parents may not have felt comfortable expressing themselves freely with program administrators and staff present. However, when the parent responses in Site 1 and Site 2 are compared with Site 3 (where there were no program administrators or staff in the focus group), parents at Site 1 contributed 52 comments (the program administrator only observed and didn't comment) during the focus group; parents at Site 2 contributed 21 comments (compared to 43 made by the program administration and staff) during their focus group; while parents at Site 3 contributed 39 comments during their focus group.

It is worthwhile to note that all of the parents who participated in the focus groups were mothers or grandmothers. While fathers are encouraged to participate in both the HIPPY and Head Start programs, it is still primarily mothers who are involved. Each focus group was audio recorded and later transcribed, omitting names, for analysis. Each participant in the focus groups and interviews were informed about the purpose of this study and signed informed consents.

## Data Analysis

After the transcription of the focus group and interview recordings, the data were analyzed using NVivo 11. Directed content analysis was employed to first classify the information from all of these sources into several initial categories defined by the research questions. These initial categories included: motivation for collaboration, services for families, benefits to children, communication, benefits to parents, challenges, and recommendations. To further analyze the data in each of these initial categories, pattern coding was employed. Pattern codings are explanatory or inferential codes that categorize emergent themes into more meaningful, larger themes (Saldana, 2016). These larger “meta” themes were then synthesized across the three sites to identify recurring patterns.

## FINDINGS

### Motivations for Collaboration

Site 1 and Site 3 blended the Head Start and HIPPY programs by using the HIPPY curriculum and delivery model of home visits and role-playing as the method for delivering the Home-Based Option of the Head Start to participating families. Site 1 used the Head Start Home-Based with HIPPY collaboration model to serve the 3-year old children in their community, while Site 3 offered the Head Start Home-Based with HIPPY model only to 4-year olds. Both sites deliberately choose HIPPY as the method for delivery of Home-Based Option of Head Start. The collaboration was intentional and planned. While the collaboration at Site 2 was less intentional at the beginning, the teachers, administrators, and parents who participated in the focus group fully supported the collaboration.

There were a few themes that occurred in regards to the motivation behind the Head Start and HIPPY collaborations across sites. At Site 1, the director of the Head Start and HIPPY programs was originally the HIPPY Coordinator for that area. She had seen first-hand the value of serving families by going to their homes. She stated in her interview that after, "looking at the community needs assessment and the fact that a lot of our families were living in isolation, [we] felt that [HIPPY] would be something that could bring families closer together." The value of home visiting was also a motivation for the original blending of the Head Start and HIPPY programs for Site 3. According to the director during her interview, "we were already providing HIPPY services and [the grant writers] saw the value of home visiting and felt [HIPPY] would meet the requirements of the [Head Start] Home-Based Option, so they wrote it into the grant." Another theme that arose concerning the reason for intentionally blending the Head Start program with HIPPY was to provide more services with less money. The director of Site 1 specifically wrote HIPPY into the Head Start grant to keep the program in the community. "Our funds had

been cut and cut and cut, the community as a whole found ways to find pieces of grants and put it together to keep hippy rolling. Well we wanted to make sure that we had secure peace, and so we initially wrote the grant to include hippy, and we wanted to do it as a home visiting for 3-year-olds.”

## Perceived Benefits of Collaboration

While each of the sites blended the Head Start and the HIPPY programs differently, the overwhelming feedback given by home visitors, teachers, and parents the focus group meetings was about the benefits of the collaboration. Several of the focus group participants described the synergetic effect of the collaboration regarding the added benefits for both the children and the parents involved in the collaboration. Participants at each site including 50% of the parents and 75% of the home visitors/staff at Site 1; 50% of the parents and 60% of the home visitors/staff at Site 2; and 71% of the parents and 100% of the home visitors/staff at Site 3 commented on the ways in which Head Start and HIPPY worked together to do more for children and families than each program could on its own. For example, one home visitor at Site 1 who had previously been a HIPPY parent before the two programs began the collaboration described the additional benefits as “not achievable by just Head Start alone or just HIPPY alone.” This home visitor went on to state that “...HIPPY brings the academics right into the home by showing the family how to do the teaching...Head Start then brings all the social services and community resources to support the family and create an awesome sense of community. So the whole family is supported, and the children are learning.”

*Additional Services for Families.* One of the benefits of the Head Start/HIPPY collaboration described by the focus group participants at all three Sites was the ability to provide services to families that might not be available outside of the collaboration. While 20% of the home visitors/staff and 50% of the parents at Site 1 and 40% of the home visitors/staff and 42% of the parents at Site 3 mentioned additional services for families, this was especially evident at Site 2 where the Head Start and HIPPY programs using the Dual Enrollment model. Head Start provides an array of healthcare, mental health, continuing education, and other social services to families. The families at Site 2 who only participate in the HIPPY program (about 20% of the HIPPY families) are also able to receive the additional social services provided by Head Start through communication between the HIPPY home visitors and the Head Start program administrators. All of the home visitors and parents in the focus group at Site 1 commented on the additional social services for families. One of the home visitors at Site 2 described a HIPPY mother whose child was not in Head Start, “the mother didn’t have a GED, and I was able to refer her to the Head Start family advocate. She was able to help the mom get enrolled and back to school.” This level of cross-program service to families would not be possible without the collaboration agreement between the Head Start and HIPPY program administrators.

*Increased Communication.* Another important benefit of the Head Start/HIPPY collaboration that emerged from the focus groups was the added communication between all of the parties involved in both programs. This included communication between the home visitor and the child’s classroom teacher, the home visitor and the Head Start administrator, the parent and the home visitor, the parent and the child’s classroom teacher, the parent and the child, and even



among other parents in the programs. At Site 1, 80% of the home visitors/staff and 100% of the parents indicated that communication was a benefit. One example of communication between the home visitor and the classroom teacher came from a home visitor who commented, “if I have a kid that is falling behind on the Brigance assessment, I’ll go in and ask their teacher how they are doing in the classroom... we can work together and discuss whether or not they need additional help or if they were just having a bad day. Or if the teacher says they know their colors, I’ll skip that part [during our home visit] and focus on something else.”

At Site 2, all of the home visitors/staff and 50% of the parents indicated that increased communication was a benefit. Specifically, a home visitor at Site 2 described a situation with one of the families they served. “The child was enrolled in Head Start, and we had an opening, so the family signed up for HIPPY. After a few visits, the mom began to open up to me about her depression. I was able to go to [the Head Start Director], and they were able to set her up with mental health services. She is going to school now and thanks me all the time for helping her be a better parent and know how to work with her kids.” This is an example of communication at several levels. First, the home visitor was able to communicate with the Head Start Director to facilitate the child’s enrollment in Head Start; then the parent was able to communicate to the home visitor about her depression; finally, the home visitor was able to communicate this parent’s need for mental health services to the Head Start Director so the parent could receive help.

At Site 3, 60% of the home visitors/staff and 100% of the parents indicated that communication was an important benefit of the Head Start/HIPPY collaboration. An example given by one parent illustrated the added communication between the home visitor, the child's classroom teacher, and the parent. “My daughter was having a little bit of trouble in the Head Start classroom. It was hard for me to understand where she was having difficulty. I told [home visitor] and she talked with her teacher. They observed that she was having a little trouble putting things into groups and separating them. [Home visitor] brought this to my attention and gave me activities to do, you know, like taking the things out of the dishwasher and sorting the spoons and forks where they should go. She loves to help out in the kitchen so she loved doing this activity and it helped her develop that skill a little better so that in the Head Start classroom she could keep up.”

## Perceived Benefits for Children

The overwhelming majority of comments made by all the focus group participants were related to the benefits of the Head Start/HIPPY collaboration for children. Over half of the comments made by the home visitors and teachers and over 70% of the comments by the parents were about the improved outcomes for the children in the collaboration. The home visitors/staff and parents specifically mentioned higher scores on formal assessments, smoother transitions to the classroom, improved school readiness, development of routines related to school, improved social skills, and bonding time between parent and child.

*Formal Assessments.* While this study does not include quantitative results of formal assessments, 100% of the home visitors at each of the three sites reported that the results of the formal assessments indicate that the children who participated in the collaborative program did well on standardized assessments. One home visitor indicated that “according to the data that we have...you can see this program works, what we are doing works.” Another home visitor from Site 3 where there was a large Spanish-speaking population of children indicated that the biggest

academic gain is with children for whom Spanish is their first language. These children had significant increases in receptive language skills.

*Transition to the Classroom.* In addition, 100% of the home visitors/staff from Site 1 indicated that children who participated in the collaboration had a smooth transition to a classroom-based prekindergarten program or kindergarten. This is interesting since none of the home visitors/staff at Site 2 and 41% of home visitors at Site 3 mentioned this specific outcome for children. At Site 1, the home visitor spends the first few weeks of the school year in the classroom of the children from their home visiting caseload of the previous year. The children already have a bond with their home visitor and feel comfortable in their new classroom due to the presence of their home visitor. One home visitor said that the "kids feel so good to see us...they really feel better when we are in the classroom even if it's just for a little while to help with the transition – it really works."

*School Readiness.* The most commented upon outcome of the collaboration for children was in the area of school readiness. Every home visitor/staff and parent at each site had multiple comments about school readiness. The home visitors/staff at Site 1 made 13 specific comments about school readiness while the parents made eight comments. At Site 2, the home visitors/staff made ten comments about school readiness, and the parents made 9. Finally, at Site 3 the home visitors/staff at Site 3 made 14 comments about school readiness, and the parents made seven comments. One parent at Site 1 made the observation that the "curriculum of the home visits was really good and helped me prepare him for school. It was definitely in-line with what he needed to know for kindergarten. So it definitely helped him and gave him an advantage, especially in reading. He is a really good reader."

*Routines Related to School.* Home Visitors also noted that the children who participate in the collaborative program are ready for school. This readiness goes beyond academic skills such as recognizing letters and counting. The families in the collaborative program have established routines that promote school readiness. At Site 1, 100% of the home visitors/staff and parents; at Site 2, 60% of the home visitors/staff and 100% of the parents; and at Site 3 60% of the home visitors/staff and 71% of the parents made comments about routines. These routines included reading to the child every day, establishing a place in the home to complete learning activities, and establishing the habit of completing learning activities at home. One home visitor described these routines as follows, "The child is now getting into the habit of working with their parents and as each year goes by they are taking the time to sit down and work on homework together. They have set a precedent, and that becomes a habit."

*Bonding with Parent.* Parents specifically but a few home visitors/staff in the focus groups also noted that participation in the collaboration led to a stronger bond between the parent and their child. Specifically, at Site 1, 20% of the home visitors/staff and 50% of the parents; at Site 2, 40% of the home visitors/staff and 100% of the parents; and at Site 3 20% of the home visitors/staff and 42% of the parents commented on the increased bonding time between parent and child. One parent stated that she loves being able to have her child at home and watch him learn, but "at the same time not just being home doing nothing, but you're actually teaching him what he needs to know for school." Specifically, parents participating in the Head Start Home-Based with HIPPIY collaboration stated that it was, "the best of both worlds." Another parent

stated, "...yes, the best of both worlds. He's getting to learn while staying at home and I keep him close for a little longer."

*Development of Social Skills.* The final outcome for the children noted by the home visitors/staff and parents is related to the development of children's social skills. At Site 1, 20% of the home visitors/staff and 100% of the parents; at Site 2, 60% of the home visitors/staff and 100% of the parents; and at Site 3 20% of the home visitors/staff and 86% of the parents commented on the increased bonding time between parent and child. A parent from Site 1 noted that before beginning the collaborative program her son was very sheltered and was uncomfortable with adults outside of herself and her mother. Through the home visits and Socializations her son has become very open and is now comfortable with other adults and enjoys playing with other children. She stated that "my son was so shy, he never talked to others – now he talks all the time."

## Perceived Benefits for Parents

In addition to the improved outcomes for children who participate in Head Start/HIPPY collaboration, there were added benefits to parents. Parents in the collaborative program specifically noted the support received from the relationship with their home visitor and the social capital developed through relationships with other parents in the program. Parents and program staff noted that through participation in the collaboration parents gained confidence in their own parenting skills as well as in their ability to be their child's first teacher and in their role as an advocate for their child. Parents also gained a better understanding of the expectations of their child once they begin school and their role as parents in supporting their child once they are in school.

*Parent Relationship with Home Visitor.* All of the parents at each of the collaboration sites commented on the benefit of communication and relationship that develops between the home visitor and the parent. One parent stated, "I never used to read with my child. My home visitor told me at every single home visit, 'you need to read with [child].' I still didn't feel I had time to read with [child], but after being told to read, seeing [home visitor] read, and having her there to read with my child and me, by the end of the year she didn't have to tell me to read with [child], I am doing it on my own." This quote exemplifies the benefit of having a role model in the home every week to reinforce the importance of activities such as reading. A former parent of the collaborative program noted the trust that is built between the parent and the home visitor. She noted, "I can still call [home visitor] for anything. It's like, I can call her with a question and she will come by and give me the information or just put it in my mailbox if I'm not home."

*Parent Confidence in Their Own Parenting Skills.* Another benefit to parents who participate in the collaborative program mentioned by the home visitors and the parents was the confidence that parents gain. 20% of the home visitors/staff and 50% of the parents at Site 1; 40% of the home visitors/staff and 100% of the parents at Site 2; and 60% of the home visitors/staff and 100% of the parents at Site 3 commented on parent confidence. One home visitor stated that "They're [the parents] are actually teaching their child something, they are proud of it as well as the child is proud of it. So it's good for both of them." This confidence also came from having the support of the home visitor and the role play of the activities before the parent is expected to do

the activity on their own with their child. One home visitor noted that "...it [role play] makes the activities less intimidating. Reading the books first with me so if the parent doesn't know a word or two, they are able to learn it and be fluent when reading it with the child."

*Parent Support as Their Child's First Teacher.* Another benefit of the collaboration is the support they receive in their role as their child's first teacher. This was the parent benefit most commented on at all three sites. Specifically, at Site 1, 100% of the home visitors/staff and parents made multiple comments on this benefit; at Site 2, 80% of the home visitors/staff and 100% of the parents commented; and at Site 3 100% of the home visitors/staff parents commented on the support parents received to be their child's first teacher. Parents in the collaborative programs learn to be organized, keep track of school-related supplies, and communicate with their child's teacher about their child's academic progress as well as any other concerns. One parent from Site 1 commented that participation in the collaboration, "helped me develop the skills to be able to sit down and learn how to actually work with my kid in doing their activities with them. I show them how to do it, but without actually doing it for them and without just saying, 'figure it out.' All the materials and the home visits helped me learn to teach her better."

*Parent Understanding of Child Expectations.* Through participation in the collaborative, parents also learn what to expect from their child and how to support their learning and development. At Site 1, 60% of the home visitors/staff and 20% of the parents; at Site 2, 40% of the home visitors/staff and 50% of the parents; and at Site 3 60% of the home visitors/staff and 42% of the parents commented on the increased bonding time between parent and child. One home visitor noted that participation in the collaboration helps parents, "...understand what the expectations are for children at certain ages. A lot of time you talk to parents, and they want their kids to be reading and writing, but they don't understand that making lines and scribbling is the beginning of writing." Another home visitor explained that often parents question the curriculum. For example, one home visitor said that "I can explain to parents that jumping and hopping are developing their gross motor skills and that this is important to their learning." This grasp of the way children learn is important for parents if they are going to be their child's first teacher.

*Parent's Ability to Advocate for Their Child.* Another important support parents receive from participation in the collaborative programs is the understanding and confidence to be an advocate for their child. At Site 1, 60% of the home visitors/staff; at Site 2, 40% of the home visitors/staff; and at Site 3 14% of the home visitors/staff commented on the increased ability of parents to advocate for their children. Ironically, none of the parents mentioned this as a benefit of participating in the collaborative program. Perhaps this is something that parents don't often recognize in themselves, but the home visitors and program staff were able to identify it in parents. For example, a home visitor from Site 1 noted that the parents who were in the collaborative program actually become the more involved parents once their child was in school. They become the ones that are participating in the parent policy, etc. Another home visitor from Site 1 commented that "the parents [from the collaborative program] are more prepared to deal with the teacher because they've had someone coming into their home, they've let someone come into their home for 32 weeks and talk to them. So they're ready to talk to their child's teacher, more confident and more relaxed. They also know what their child's strengths and weaknesses are. If a teacher tells them their child doesn't know their letters, they can pull out their home visiting portfolio and show the teacher that the child can do it."

*Parent's Social Support from Other Parents.* One support parents and program staff specifically mentioned was the development of social networks among the parents in the collaborative program. At Site 1, 40% of the home visitors/staff and 50% of the parents; at Site 2, 40% of the home visitors/staff and 100% of the parents; and at Site 3 60% of the home visitors/staff and 100% of the parents commented on the support they received from other parents in their program. These parent social networks develop from the time spent together at the Socializations/Group Meetings that are a part of both the Head Start Home-Based Model and the HIPPIY program. These meetings gave parents the opportunity to meet and form relationships with other parents in their community. One parent commented that one of her favorite part of participating in the collaboration is “the emotional support... we have parent meetings where we have time to just talk to other parents.” One of the home visitors also stated that one of the biggest benefits of the collaboration to parents is “...the group meetings. To not even be around children because some parents don't get out and socialize other than the parent group meetings. There they get to spend time with parents going through similar situations.”

## Challenges to Collaboration

As with any collaborative effort, the focus group discussions brought several challenges to a truly effective Head Start/HIPPY collaboration to the service. These challenges included the practical issues with blending the requirements and regulations from two different programs into one collaborative program, the difficulties with assessment, and the lack of time to complete the requirements and still serve families in a collaborative program.

*Differing Program Requirements.* Only one of the home visitors/staff from Site 1 mentioned the challenge of blending program requirements, but 60% of the home visitors/staff from Site 3 felt it was an issue. None of the home visitors or program staff from Site 2 commented on this challenge. The difficulty of tracking all of the regulations and standards required by Head Start and HIPPIY can be a challenge. One home visitor from Site 3 mentioned the difficulty of including all the requirements of both programs in her work with families. She stated, “...it's a lot of work for us. I'm not going to lie. I think that is the only downfall when you combine two programs together.” The director at Site 1 mentioned the desire to truly blend the programs and not have to think of the requirements for each program separately. She described this as, “thinking in two different lands.” She went on to elaborate by saying, “...now I have to think this is a HIPPIY requirement or this is a Head Start requirement. It would be nice to just think this is a program requirement because often time they [the requirements] are the same.”

*Assessment.* Another obstacle to effectively blending the Head Start and HIPPIY programs mentioned by the focus group participants is the fact that each program requires different assessments and require the results to be entered into different database or software program. 40% of the home visitors/staff from Site 1, 20% from Site 2, and 100% from Site 3 commented on the issue of assessment. Often the assessments required to meet the standards for Head Start and the assessments required by HIPPIY do have several overlapping constructs, but there isn't one assessment that covers all the constructs required. In addition, the site may have additional grants to fund the collaborative program – each of whom may have their own assessment requirements. This was especially the case at Site 3 where a home visitor described the issue with assessment as'

“...having to ask the same thing over and over. Rather than having five or six assessments, it would be nice to combine everything into one or two.”

Another issue related to assessment is that there isn't a commercially available assessment that is designed to capture everything that happens during a home visit. The director of Site 3 described how her home visitors have to "get creative" to document learning during home visits. She states that "You really have to be creative and plan out how you are going to get observations and documentation [of home visits]...many home visitors have been making videos and taking pictures on their cell phones.”

The final and most mentioned issue related to assessment across all three sites was that once the assessment has occurred, the data then has to be entered into two separate computer-based evaluation systems for each child. The home visitors for both Site 1 and Site 3 described the “double work” they have to complete to enter the required data for each program into the separate evaluation databases.

*Lack of time.* Finally, the obstacle to blending the Head Start and HIPPY programs that arose most often during the focus group discussions was the lack of time. This problem was mentioned by 40% of the home visitors/staff at Site 1 and 100% of the home visitors/staff at Site 3. The home visitors at Site 2 did mention the lack of time, but not specifically in connection with the collaboration. This is perhaps because their HIPPY home visitors only delivered the HIPPY curriculum and did not also have to include the additional 30 minutes of instruction with the child required by the Head Start Home-Based Option. In addition, they are not also serving as the Head Start Parent Advocate- which was the case for the home visitors from Site 3.

The typical Head Start Home-Based educator caseload is 12 families (U.S. Department of Health and Human Services Administration for Children and Families Office of Head Start, 2011). When you add the additional preparation, training, and activities required by HIPPY, there is often not enough time to adequately serve all 12 families. This lack of time is exacerbated when a home visitor is serving a family who is exceptionally high-need. This might be due to the family having a child with a disability, a family facing a financial crisis or homelessness, a family in an abusive situation, or any other circumstance that requires additional time and resources to ensure the family weathers the crisis. One home visitor from Site 3 described this issue: "A lot of families require you to be there for more than an hour and a half because you can't just get up and leave when the time is up when a parent says to you, 'I was abused this weekend by my husband.' At that point you are making an action plan, you are making referrals, and you are just listening. This means that you have to text your next family letting them know you will be late. This means you are late for the rest of the day because you can't cut someone else's time short."

Another obstacle related to the lack of time brought up during the focus group discussions was related to the lack of time for training and professional development. This lack of training was mentioned specifically in regards to training specific to home visitors. One home visitor described the unique needs of a home visitor in a collaborative program, “We are teaching the family, but we are also social workers, counselors, and friends.”

### *Recommendations for Future Collaborations*

The participants of the focus groups had several recommendations for future Head Start and HIPPY programs that desire to collaborate. First, it was suggested that during the grant writing

process, plan for the continuation of services for children and families beyond the Head Start/HIPPY collaboration. For example, the director of Site 1 commented that when a family wished to continue their HIPPY participation after their child turned four, they had to transfer to the HIPPY-only program offered by another organization in the area. There is no provision for continuing with HIPPY once the child is in the 4-year-old center-based Head Start program or once they enter public school prekindergarten or kindergarten.

Another recommendation was for programs to partner with local school districts so children who participate in the HIPPY/Head Start collaboration can be assigned a school identification number. This will allow the program to continue to track a child's academic progress through graduation. This tracking also allows the school to track the types of early childhood experiences a child has and link those experiences to their academic progress.

One of the most reoccurring themes in regards to recommendations was for future collaborations to plan for lower caseloads for home visitors than typical in a traditional Head Start Home-Based program. Most of the home visitors in the focus groups recommended a caseload of 9 or 10 families. The home visitors also suggested flexible caseloads for home visitors with high-needs families as discussed in the previous section.

In addition to lowering the caseload, it was suggested that specific time is set aside for home visitors to plan for lessons, enter data, and receive training. Remember that HIPPY requires additional time in preparation and training. While the sites who followed the Head Start Home-based with HIPPY model of collaboration both included a day for this in the typical schedule, this time was often used to reschedule home visits or to complete other tasks.

Finally, perhaps the most mentioned recommendation was to plan for assessment. The home visitors requested that whenever possible, choose assessments that meet the requirements of both programs. They also suggested having a method of documenting assessments that met the requirements of both programs to eliminate the need to enter the same data into two different software programs.

## DISCUSSION AND CONCLUSIONS

Focus group participants had a great deal to say about the benefits of the Head Start and HIPPY collaborations they were involved with. The benefits to children academically, socially, and emotionally were all discussed at each meeting. Home visitors and parents alike felt that the children who participated in the collaborations with their families had a solid academic foundation that would follow them into the classroom when they began formal schooling. Also, the focus group participants felt the collaborations between Head Start and HIPPY were beneficial to the parents involved. The parents not only gained more confidence as their child's first teacher, but they had access to social services that allowed them to focus on parenting their child and making a better life for their entire family.

There were some challenges to effective collaboration mentioned by the focus group participants. The main obstacle was related to time. Home visitors did not feel they had enough time to serve the caseload expected by Head Start with the additional responsibilities required by the HIPPY program. The home visitors also felt they need more time for professional development, training, and planning. These are challenges that could be alleviated with additional funding to support lower caseloads and additional funds for training. Another challenge discussed in the focus groups was the overlapping assessment requirements coupled with the two different evaluation

databases required by the two different programs. All of the collaborations investigated for this study occurred at the local level. Therefore, each site is still required to meet all of the requirements of each program – even when these requirements overlap or are redundant.

It is important to note the limitations of this study. First, typical to the descriptive qualitative research design, the data is based solely on the perceptions of the participants. Since the perspective of the participants was limited to the Head Start/HIPPY collaboration model at their site. They are not able to comment on the differences between their Head Start/HIPPY collaboration and programs that are run independently. In addition, this study did not collect any data regarding child or parent outcomes as a result of participation in the collaborative program. Therefore, the results of this study cannot be used to make assumptions about the merits of collaborative programs versus independent programs.

Overall, the participants of the focus groups and interviews were very supportive of the Head Start and HIPPY collaborations at their site. By working together to more effectively serve low-income children and families, Head Start/HIPPY collaborations help to alleviate the likelihood of children from low-income families to enter school with significant language and developmental delays (Dickinson & McCabe, 2001; Foorman & Torgesen, 2001; Moon & Lee, 2009; National Center for Education Statistics, 1999). The benefits of both the Head Start and HIPPY programs operating individually have been well documented in the literature (Brown & Lee, 2017; Aikens et.al, 2013; Barnett, Roost, & McEachran, 2012; Garces, Thomas, & Currie, 2002; Johnson, Martinez-Cantu, Jacobson, & Weir, 2012; Lopez & Bernstein, 2016; Love et. al., 2002; U.S. Departments of Health and Human Service, 2010; Smolensky & Gootman, 2003;). Head Start also has a documented record of supporting parents in the development of their child.

While this study was not focused on the results of standardized assessments, future studies should compare the achievement and development of children who participate in the program with those who participate in Head Start only and HIPPY only. It is also recommended that future studies quantifiably document the change in parenting skills and parent involvement of parents participating in a Head Start/HIPPY collaboration.

As stated earlier, Head Start and HIPPY share the common goals of preparing children for kindergarten by closing the achievement gap and empowering parents as first and best teachers for their children. Researchers agree that it is crucial for young children to have meaningful time and attention from their parents, extended family, or other significant adults in their life (BarHava-Monteith et al., 1999; Brown & Johnson, 2014; Jacobson, 2003). The results of this study suggest that collaboration between the Head Start and the HIPPY programs can more thoroughly and effectively serve low-income families and their children in our communities.

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## APPENDIX A

**FOCUS GROUP: DEMOGRAPHIC DETAILS QUESTIONNAIRE**

Please answer the following questions in the spaces provided, circle or tick the most appropriate options.

1. What is your role in this HIPPIY/Head Start program?
  - Administrator
  - Teacher
  - Parent
2. How many years have you participated in this HIPPIY/Head Start collaborative program.....

*Thank you for taking the time to complete this questionnaire*

**FOCUS GROUP: DISCUSSION GUIDE****Facilitator's welcome, introduction and instructions to participants**

**Welcome** and thank you for volunteering to take part in this focus group. You have been asked to participate as your point of view is important. I realize you are busy and I appreciate your time.

**Introduction:** This focus group discussion is designed to assess your current thoughts and feelings about the collaboration between the HIPPIY and Head Start programs. The focus group discussion will take no more than two hours. May I tape the discussion to facilitate its recollection? (if yes, switch on the recorder)

**Anonymity:** Despite being taped, I would like to assure you that the discussion will be anonymous. The tapes will be kept safely in a locked facility until they are transcribed word for word, then they will be destroyed. The transcribed notes of the focus group will contain no information that would allow individual subjects to be linked to specific statements. You should try to answer and comment as accurately and truthfully as possible. I and the other focus group participants would appreciate it if you would refrain from discussing the comments of other group members outside the focus group. If there are any questions or discussions that you do not wish to answer or participate in, you do not have to do so; however please try to answer and be as involved as possible.

**Ground rules**

- The most important rule is that only one person speaks at a time. There may be a temptation to jump in when someone is talking but please wait until they have finished.
- There are no right or wrong answers
- You do not have to speak in any particular order
- When you do have something to say, please do so. There are many of you in the group and it is important that I obtain the views of each of you
- You do not have to agree with the views of other people in the group
- Does anyone have any questions? (answers).
- OK, let's begin

**Warm up**

- First, I'd like everyone to introduce themselves. Can you tell us your name?

**Introductory question**

I am just going to give you a couple of minutes to think about your experience with the collaboration of the HIPPY and Head Start at this center. Is anyone happy to share his or her experience?

### **Guiding questions**

- How does your center blend the HIPPY and Head Start programs? (For example, is HIPPY used as the home-based curriculum? Is HIPPY used as the parent involvement/volunteering element? Is HIPPY used only as a referral for families who need more one-on-one intervention?)
- What components of HIPPY are most successful at your center: Home visits? Curriculum role-play? Parent group meetings?
- What are the attitudes of you and other parents, administrators or teachers towards the HIPPY/Head Start collaboration? (What did people think/say/do?)
- What drove the positive/negative reaction? If negative, how could it be rectified?
- What do you think are the benefits of the HIPPY/Head Start Collaboration?
- What do you think are the negative aspects of the HIPPY/Head Start Collaboration?
- Do you think the collaboration of the HIPPY and Head Start programs improve the school readiness of participating children? If not, why not?
- Do you think the collaboration of the HIPPY and Head Start programs improve the parent involvement of participating families? If not, why not?
- What are your thoughts on the blending of the mission of the HIPPY and Head Start programs?
- What are your thoughts on the blending of the operating procedures of the HIPPY and Head Start programs?
- What are the main issues around the practical collaboration between the HIPPY and Head Start programs?
- What are the barriers to the HIPPY/Head Start collaboration? What are the enablers?
- How would you make the HIPPY/Head Start collaboration easier?

### **Concluding question**

- Of all the things we've discussed today, what would you say are the most important issues you would like to express about this HIPPY/Head Start collaboration?

### **Conclusion**

- Thank you for participating. This has been a very successful discussion.
- Your opinions will be a valuable asset to the study.
- We hope you have found the discussion interesting.
- If there is anything you are unhappy with or wish to complain about, please feel free to email me at BrownA@uhcl.edu or speak to me later.
- I would like to remind you that any comments featuring in this report will be anonymous.
- Before you leave, please hand in your completed personal details questionnaire.

## APPENDIX B

### Director Interview Guide

- When did your center begin blending HIPPY and Head Start?
- How did this collaboration develop?
- How does your center blend the HIPPY and Head Start programs? (For example, is HIPPY used as the home-based curriculum? Is HIPPY used as the parent involvement/volunteering element? Is HIPPY used only as a referral for families who need more one-on-one intervention?)
- What components of HIPPY are most successful at your center: Home visits? Curriculum role-play? Parent group meetings?
- What are your thoughts on the blending of the operating procedures of the HIPPY and Head Start programs?
- What are the main issues around the practical collaboration between the HIPPY and Head Start programs?
- What are the barriers to the HIPPY/Head Start collaboration? What are the enablers?
- How would you make the HIPPY/Head Start collaboration easier?