Pre-K Counts

Easing The Risk Of School Failure With Early Learning Partnerships

Five years after it was started, a Pennsylvania early education initiative is showing how dramatically the prospects of young, at-risk children can improve when community partnerships create high-quality learning opportunities that give them the skills and experiences they need to succeed in kindergarten, first grade, and beyond.

Pennsylvania allocated $86.4 million to continue state funding for the initiative, Pre-K Counts, following last year’s protracted budget debate in Harrisburg. A recent evaluation of Pre-K Counts suggests that decision was a prudent reinvestment in the future of more than 10,000 young children at risk of academic failure across Pennsylvania.

Most children who have participated, for example, showed gains in development and early learning skills ranging from language to classroom behavior that raised their competencies to expected age-appropriate levels or above by the time they entered kindergarten, according to a recent evaluation conducted by the Scaling Progress in Early Childhood Settings (SPECS) team at the University of Pittsburgh and UPMC Children’s Hospital of Pittsburgh.

Advocates for stronger efforts to prevent mental, emotional, and behavioral disorders in children are beginning the new decade with momentum.

The National Research Council and the Institute of Medicine are among the latest voices to call for a shift in policy and practice toward addressing the roots of mental, emotional, and behavioral problems rather than waiting until a disorder is well established and has caused harm. A March 2009 report published by the influential National Academies concluded that preventing such problems and promoting the mental health of children should be a national priority.

Deeper Insight Into Disorders Leads To Calls For Prevention

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Such a shift presents a number of challenges for behavioral science, educators and those who make and implement public policy. Chief among them is embracing the early childhood years—when the quality of a child’s environment, relationships, and other experiences have a profound impact on development and later outcomes—as a window of opportunity to prevent mental, emotional, and behavioral problems later in life.

“It is a new way of thinking for everyone involved,” said Ray Firth, director of the Division of Policy Initiatives.

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Another key outcome is the reduction in the number of young children who are classified as developmentally delayed and eligible for early intervention services. The study reports that 21 percent of the children had such a classification when they entered their local Pre-K Counts program. But at exit, the percentage of children with delays had fallen to 8 percent.

“That is a dramatic increase in children’s real-life functional skills,” said Stephen J. Bagnato, EdD, professor of pediatrics and psychology at the University of Pittsburgh and director of SPECS for Pre-K Counts.

The evaluation, he said, leaves little doubt that such outcomes were driven by Pre-K Counts, a public-private partnership among state government and philanthropies started in 2004 to create a high-quality early care and education network for at-risk preschool-aged children. “What the statistics clearly show is the gains that children make are beyond what you would expect based on maturation alone.”

Evidence-Based Initiative

Pre-K Counts is guided by decades of research on effective early childhood intervention in the United States and is directed at preventing the progressive declines that studies suggest children of poverty experience when denied the benefits of quality early learning experiences.

The SPECS evaluation, funded by The Heinz Endowments, examines Pre-K Counts from 2005 to 2008, when more than 10,000 children participated in programs run by school-community partnerships in 21 school districts across the state. Those programs included 489 classrooms and more than 1,100 teachers.

Key elements include ongoing mentoring of teachers, collaborative school-community leadership, ongoing evaluation, collaboration with human service agencies, creative options for parent participation, use of Keystone STARS program quality standards and the Pennsylvania Early Learning Standards (PAELS), and a requirement that programs integrate early care and education, Head Start, and Early Intervention.

Kindergarten-Ready Children

The SPECS team did not randomly assign children to treatment or control groups in the primary evaluation of Pre-K Counts, although experimental design was used in smaller sub-studies of specific issues. Instead, children were assessed when they entered the program and their trajectories of progress at entry and exit from Pre-K Counts were measured and analyzed. In addition, evaluators compared their competencies with age-appropriate norms based on the Basic School Skills Inventory and other national indices.

One-third of Pre-K Counts children were classified as at-risk or as developmentally delayed and qualifying for early intervention services from the county when they entered the program. The rest, about 67 percent, were performing in typical age-appropriate ranges. After participating in Pre-K Counts, 19 percent more students were performing in the typical range of performance.

Pre-K Counts children made significant progress toward achieving age-expected performance. For example, the study reports that the nearly 7,000 Pre-K Counts children who were age-eligible to make the transition to kindergarten showed at least average age-expected learning competencies in spoken language, reading, writing, mathematics, daily living skills, and classroom behavior. Moreover, they exceeded national norms in spoken language, writing, mathematics, and classroom behavior.

And at transition to kindergarten, the average child in Pre-K Counts met 80 percent of the early childhood success competencies in the Pennsylvania Early Learning Standards. More specifically: 87 percent attained competency in communicating ideas, experiences, and feelings; 85 percent in demonstrating initiative and curiosity; 81 percent percent in self-regulation; 81 percent in listening and understanding skills; 78 percent in comprehending information from written or oral stories and texts; 76 percent in increasing their understanding of letter knowledge; and 73 percent in learning about numbers, numerical representation, and simple numerical operations.

Many more Pre-K Counts children entered kindergarten equipped with the skills they need to succeed than would be expected in their school districts. “These kids were dramatically at-risk for failure in kindergarten,” Dr. Bagnato said. “By the time 7,000 kids got to kindergarten, their independent assessments showed that only 2.4 percent of them would qualify for being retained in grade or placed in special education classrooms. And the historic special education placement rate in all of these districts was in the range of 5 percent to 30 percent, with the average being 18 percent.”

Evaluators found that the amount of time children spend in the program matters. During the period of study, children’s participation ranged from 4 to 24 months. The study reports that, on average, initial functional progress was achieved only after a child spent at least 6.4 months in the program. However, children who participated the longest showed the strongest gains. “We did a dosage analysis,” said Dr. Bagnato, “and what we found was that children had to be in the program between 11 and 20 months before you got truly meaningful and functional changes in their problem-solving, language, motor, social, and self-regulatory skills.”

Other Keys To Success

Although most of the resources for evaluating Pre-K Counts were spent on determining how well children did in
at the University of Pittsburgh Office of Child Development (OCD). “In psychology, there had been the nature-versus-nurture debate. Now, it’s the interaction of the two.”

Allegheny County appears to be ahead of the curve when it comes to adopting approaches focused on preventing a problem from occurring in the first place. Prevention has gained traction in the county over the past decade as a prudent way of addressing issues related to children and families such as school readiness, social-emotional problems, and maternal depression.

A Widespread Problem

Mental, emotional, and behavioral disorders among children, adolescents, and young adults can range from depression to conduct disorders and substance abuse. These problems impose serious hardships on children and on their families and society as well.

Such disorders are not uncommon among that population. Studies cited in the National Academies report suggest that between 14 percent and 20 percent of children, adolescents, and young adults experience a mental, emotional, or behavioral disorder at a given point in time. For example, one study found that in 2006 an estimated 21 percent of adolescents ages 12-17 years received treatment or counseling for mental, emotional, and behavioral problems.

Signs of these problems can be seen at an early age, even before age 5. Evidence suggests, for instance, that the rate of expulsion from preschool programs for behavioral problems is higher than expulsion rates for behavioral problems in grades kindergarten through 12.

Failure to address these disorders can be devastating to the child and costly to the nation, the National Academies report suggests. Early onset of mental, emotional, and behavioral problems predicts lower school achievement, a higher burden on the child welfare system, and greater demands on the juvenile justice system. Early aggressive behavior increases the risk of conduct disorder and later drug use. And one estimate cited in the report suggests the costs associated with mental, emotional, and behavioral problems in the United States totaled $247 billion in 2007 alone.

Research provides strong support for addressing these problems during childhood. Studies suggest, for example, that half of all mental, emotional, and behavioral disorders among adults were first diagnosed before they were 14 years old.

Risks Can Be Reduced

Researchers have identified many factors within the family, schools, and community that can increase or decrease the risk of children developing mental, emotional, and behavioral problems. In addition, several interventions have shown promise in reducing the risk of such problems becoming well-established disorders.

Poverty, a parent’s mental illness, child abuse and neglect, divorce and separation, and poor parenting are among the family circumstances that put children at greater risk of developing disorders. Academic failure, bullying, and violence are among the risk factors children may encounter in their schools and communities.

New perspectives on the development of the brain that researchers began reporting more than a decade ago also have implications for preventing the onset of mental, emotional, and behavioral problems. They found that not only does a great deal of brain development occur very early in childhood, it also is greatly influenced by experience and environment.

The National Academies report recognizes this, stating that the body of evidence shows that mental, emotional, and behavioral disorders are developmental; that the earliest years of life are the most opportune times to affect change; and that children develop in the context of their families, schools, and communities—environments that cannot be ignored if their risks of developing disorders are to be reduced.

The report also argues that supporting the development of children requires coordination and collaboration across systems—such as public health, health care, and education—in order to more effectively support and finance preventive interventions on multiple levels.

Paradigm Shift Needed

Effective prevention of mental, emotional, and behavioral problems first and foremost requires a way of thinking that goes beyond the traditional disease model of waiting until a disorder occurs and then providing treatment.

It also challenges everyone from researchers and educators to practitioners and policymakers to develop and adapt to approaches designed to prevent these disorders from becoming stubborn, debilitating problems for children and young adults.

*Developments* is edited and written by Jeffery Fraser and produced by Graeme Ross-Munro at the University of Pittsburgh, Office of Child Development, 400 North Lexington Avenue, Pittsburgh, PA 15208. Phone: 412-244-5421; Fax: 412-244-5440; E-mail: mlkam@pitt.edu; Internet: www.education.pitt.edu/ocd.
Broadly shifting to a prevention model that focuses on early childhood as an advantageous period for addressing mental, emotional, and behavioral problems will likely not be easy or quick. Such a change affects everything from government reimbursement structures to the training of those who work with children but are not familiar with the development of mental, emotional, and behavioral disorders. In fact, many professionals in fields ranging from health care to childcare fall into that category.

For example, said Firth, “when you talk to speech therapists, they know that a lot of the children they serve for a speech problem also have emotional problems. But they haven’t been trained to address it as part of speech therapy. Their training is limited, even though they know that it is an important dimension of the children they are serving—that the child’s speech is not independent of the child’s socio-emotional development. Many people in early childhood don’t even have that level of training.”

The good news is that prevention-based approaches have steadily gained support in recent years as effective ways to improve a range of child outcomes, particularly in Allegheny County.

The county, for example, is home to one of the nation’s most successful networks of family support centers, which take a collaborative, prevention-based approach to improving the well-being of children by strengthening families and communities. The Pittsburgh Public Schools is one of several districts that uses Promoting Alternative Thinking Strategies, a curriculum for helping educators promote development of self-control, emotional awareness, and problem-solving skills among children. The Allegheny County Maternal and Child Depression Initiative organized a partnership to build a more cohesive, seamless system for diagnosing and treating women for depression that includes health insurance companies, Pennsylvania Department of Public Welfare, Medicaid managed care organizations, OCD and local general health and mental health providers, service agencies, community organizations, and consumers. Left untreated, a mother’s depression increases the risk of her child developing behavioral problems, experiencing academic difficulties, and other poor outcomes.

Across Pennsylvania, early childhood education has gained considerable support in recent years across Pennsylvania as a way to prevent school failure. Initiatives such as Pre-K Counts and Keystone STARS, for example, have improved the quality of early learning environments, making it more likely that children will be prepared to succeed in school.

From a national perspective, much work remains to be done to more broadly and effectively address mental, emotional, and behavioral disorders through prevention, according to the National Academies report.

The report calls on the White House to create a federal entity to lead the implementation of evidence-based prevention approaches and fund state and local efforts to put those approaches into practice. It also urges continuing research across disciplines to better understand what prevention approaches work and how to best implement them, and suggests that the National Institutes of Health develop a 10-year plan to study ways to promote mental health and prevent mental, emotional, and behavioral disorders in children.

“There is a substantial gap between what is known about preventing mental, emotional, and behavioral disorders and what is actually being done,” said Kenneth E. Warner, dean of the University of Michigan School of Public Health, who chaired the committee that oversaw the National Academies report. “It is no longer accurate to argue that these disorders can never be prevented. Many can. The nation is well-positioned to equip young people with the skills and habits needed to live healthy, happy, and productive lives in caring relationships. But we need to develop the systems to deliver effective prevention programs to a far wider group of children and adolescents.”

References
A brief for researchers of the above report is available online at: http://www.bocyf.org/prevention_policymakers_brief.pdf
The use of home visitors to deliver services designed to improve the well-being of children and their families has drawn the increasing interest of policymakers, including President Barack Obama, who last year proposed a federal investment of more than $8 billion over the next 10 years in programs that use home visitation as a method of service delivery.

Meanwhile, debate continues over the effects that home-visiting programs have on parenting behaviors, parent-child relationships, child health, cognitive development, child abuse and neglect, and other important domains. In almost every domain, studies document positive outcomes in some programs but not in others. In many cases, reported effects are restricted to certain subgroups of families, meaning that those do not occur for the entire population of families who were served.

While the reported results are clearly mixed, the picture is not that simple. Comparing the results of home-visiting programs is complicated by differences in program goals, populations served, models used, the skill and training of staff, the degree to which individual programs adhere to the theoretical model on which they are based, and other factors.

Researchers have made considerable progress in understanding home-visiting programs in the past two decades. Although questions remain, the body of evidence suggests home-visiting programs can provide parents and children with important benefits, such as improvements in parenting practices, home environment, and, to some extent, children’s cognitive development.

Whether they actually do produce these benefits depends on several characteristics, including whether home visitation is more effective when joined with additional support programs as part of an integrated, system-level approach toward improving the well-being of at-risk children and families.

Home Visitation
Home visitation is a method of service delivery used to reach at-risk children and families with a wide range of supports. In the United States, it is estimated that home-visiting programs serve between 400,000 and 500,000 children, about 5 percent of the estimated 10.2 million American children under the age of 6 years who are living in low-income families.

Several programs, national in scope, that use home visitation as a means of delivering services have been developed over the past three decades, including the Nurse-Family Partnership, Healthy Start, Healthy Families America, the Comprehensive Child Development Program, Early Head Start, and the Infant Health and Development Program.

The general goals of programs that use home visitation include providing parents with information, emotional support, access to other services, and direct instruction on parenting practices. Although many programs share these goals and the same general method of service delivery, there are many variations among them.

Variations Among Programs
Home-visiting programs come in many shapes and sizes. They vary in their program models, the age of the children they serve, the risk status of families, the range of services offered, the content of curriculum used, and the intensity of the intervention as measured by how often and how long home-visiting services are provided to a family. Programs also vary in terms of how effectively the program is implemented and the range of outcomes they achieve.

Another area of variation is found in who provides the home-visiting services. Typically, programs employ paraprofessionals or nurses to deliver services. Their specific roles, however, may vary. In some cases, the home visitor may be primarily used as a source of social support, while in other programs their role may be that of a liaison to provide fami-
lies with referrals to mental health, domestic violence, and other community resources. They often serve as in-home literary teachers, parenting coaches, role models, and experts on topics related to parent and child health and well-being. Nurses, in particular, provide information and services designed to encourage healthy pregnancy, infant care, and family planning.

More specifically, the Nurse-Family Partnership, for example, employs registered nurses who are specially trained to provide home visits to low-income, first-time mothers beginning during pregnancy and continuing through the child’s second birthday. The program, which operates in Pennsylvania and 25 other states, uses a curriculum that includes among its goals encouraging healthful behaviors during pregnancy and teaching developmentally appropriate parenting skills.

Healthy Families America, another large and well-established program, employs trained paraprofessionals who provide in-home services to disadvantaged mothers that are designed to promote parenting skills and optimal child development and improve a mother’s self-sufficiency.

Home visiting is a major component of Early Head Start, a federally funded program that includes parent education and quality early care and education. However, Early Head Start sites may also use center-based childcare or a mix of home-based and center-based services.

**Effectiveness Of Home-Visiting Programs**

Given the substantial variation in program goals and procedures, it is not surprising that the benefits of such programs are similarly mixed. However, certain well-established home-visiting programs in the United States have been widely studied to determine their effectiveness, and many of the programs developed over the past three decades use sophisticated evaluation methods.

Most of the programs with the strongest reputations have been evaluated using randomized clinical trials, which are widely viewed as offering the highest level of confidence in measuring program outcomes. However, results from even the most carefully executed evaluations can hinge on program design and implementation. Differences in how programs are implemented, in particular, can result in conflicting findings, even among sites using the same model.

Mixed outcomes have produced lingering questions about the program’s short- and long-term benefits. But many theorists and policymakers believe home visitation can be both a beneficial and cost-effective strategy for providing services to at-risk children and families. The research offers evidence of benefits across several domains while also exposing the limitations of home visitation.

**Child Abuse And Neglect**

Few home-visiting programs measure child abuse and neglect as outcomes and even fewer have been able to documen

ment that home visitation has a significant impact on child maltreatment. Researchers suggest such shortcomings are largely due to several issues that make measuring effects on child abuse and neglect problematic, including low reporting rates, the difficulty of identifying substantiating cases, and the fact that the definition of abuse and neglect may vary from state to state.

The Nurse-Family Partnership was found to reduce child maltreatment based on an evaluation of an Elmira, N.Y., site. That study reported a 48 percent decline in rates of child abuse and neglect at the time of the 15-year follow up among low-income families who had participated in the program.

Conversely, studies that examined reports of abuse and neglect gathered by child protective services agencies have found low prevalence rates among families in home-visiting programs. However, little difference in abuse and neglect rates was reported between families in the programs and those in the control groups who did not receive the intervention. For example, Healthy Families America in New York found that 6 percent of control families and 8 percent of those in the program had substantiated reports of abuse or neglect at one year. At two years, the rates were around 5 percent for both groups.

No meaningful differences child abuse and neglect rates were reported between families in Early Head Start and families in a control group. In a study that examined both child protection services reports and substantiated cases of abuse and neglect, 21 percent of control families had contact with child protection agencies compared to 20 percent of program families.

**Harsh Parenting Behaviors**

Another outcome examined in some studies is harsh parenting behavior, a less-severe form of abusive behavior that includes spanking, slapping, or pinching a child. The impacts home-visiting programs have on such behaviors tend to be more encouraging than those related to child abuse.

An evaluation of Healthy Families of New York, for example, found evidence that families in the program showed fewer harsh parenting behaviors than families in the control group. First-time mothers in the program and mothers who joined the program during their pregnancies were much less likely to report harsh behaviors than mothers who were not enrolled in the program.

The Nurse-Family Partnership documented reducing harsh parenting behaviors among adolescent mothers. Early Head Start and the Infant Health and Development Program are among programs that report results that include mothers spanking their children less often. And among 13 home-visiting program evaluations that examined mother-child interactions, 11 reported having positive effects on encouraging nurturing behaviors.
Parent Responsibility And Sensitivity

Home-visiting programs have been found in several studies to improve the responsiveness and sensitivity parents show their children. One Early Head Start study, for example, found that families in the program developed higher positive parenting attitudes, were more likely to adopt non-punitive attitudes, and had more favorable overall parenting scores than families who were not involved in the program.

Another example is reported in an evaluation of a program in the Netherlands, whose primary goal was to improve maternal sensitivity. The study found that mothers who received home visits were more sensitive in their interactions with their infants and were more skilled in structuring activities for the child than mothers who had not participated in the intervention.

Quality Of Home Environment

Several, but not all, of the home-visiting programs studied have been found to improve the quality of children’s home environment, which is measured by factors ranging from how responsive and involved parents are with their children to learning materials and stimulation found in home. The quality of a child’s home environment has been widely used as an outcome in evaluations of home-visiting programs.

Programs with home-visiting components that improved the quality of the child’s home environment include Healthy Families America and Early Head Start. However, the national Comprehensive Child Development Program did not have a significant impact on the home environment or any measured aspects of parenting.

Studies of three Nurse-Family Partnership sites also report contradictory evidence of the impact of home visitation on the home environment. At a site in Denver, mothers who received home visits had more sensitive interactions with their infants and higher Home Observation for Measurement of the Environment (HOME) Inventory scores than mothers who did not receive home visits. At sites in New York and Tennessee, however, home visits had no significant impact on home environment. Researchers suggest the ages of the mothers may have contributed to the differences. Most of the New York and Tennessee mothers were adolescents, while the Denver mothers were more diverse in age.

Child Health And Safety

Several evaluations of home-visiting programs have examined factors that provide insight into children’s health and safety, including the number of injuries and hospital admissions, immunizations, and doctor and dental visits.

The Nurse-Family Partnership, for example, looked at injuries and hospital admissions as part of the evaluations of two sites. In one, children of low-income, unmarried mothers in the program had fewer emergency room visits than children of mothers who did not participate in the program. In the other site, children of mothers in the program had fewer emergency room visits. Program families also had a lower child mortality rate: one child in the program families died compared to 10 in the control group.

Several studies have looked at the impact home-visiting programs have on children’s immunizations. Only Early Head Start was found to improve the immunization of children, but because center-based services were also offered, the impact was not exclusive to families who received home visits.

Cognitive Development

Mixed findings have also been reported in evaluations that examined the cognitive development of children in programs that provide home visits.

One study, for example, reported children in a Healthy Families America program in Alaska had higher scores at age 2 than children in the control group on the Bayley Scales of Infant and Toddler Development, which measures motor, language, and cognitive development in young children. According to the study, 58 percent of program children scored in the normal range compared to 48 percent of children who were not in the program.

However, some home-visiting programs, including the Comprehensive Child Development Program, reported no cognitive benefits for children and others were found to have limited impact on cognitive development. For example, studies of Nurse-Family Partnership programs reported some cognitive gains among children, but most were concentrated within specific subgroups, such as children of mothers with low psychological resources. The Infant Health and Development Program identified significant gains in cognitive development among children at 24 and 36 months, but not at 12 months, leading researchers to conclude the effects could not be attributed solely to services delivered by home visitors.

Cost-Benefit Analysis

Cost-benefit analysis is another measure of effectiveness; unfortunately, few have been applied to home-visiting programs. However, studies that examined economic benefits have reported the programs resulted in a positive return on investment.

Two studies of the Elmira, N.Y., Nurse-Family Partnership program, for example, reported that each dollar invested in higher-risk families returned $5.70, and each dollar invested in services to lower-risk families returned $1.26. The savings were largely the result of higher tax revenues from more mothers gaining employment, lower use of welfare assistance, reduced spending for health and other services, and decreased involvement in the criminal justice system.

Policy And Practice

In 1993, the Future of Children published a comprehensive review of home-visiting programs for young children that reported the mixed findings among the major programs operating in the United States, many of which were relatively
new at the time. In addition, recommendations were offered, including the need for stakeholders to recognize the limitations of the programs and for the programs themselves to focus on improving implementation and service quality.

Much has been learned from the research undertaken since that report was published. More recently, the focus on evaluation and quality assurance, cross-collaborations, and dissemination has signaled a new era of home visitation, particularly as a service that appears to be most effective as part of a systematic approach to early childhood intervention.

Key Program Features

Studies of effective prevention programs have identified several features apparently critical to their success: 1) a theoretical basis, 2) comprehensive programming, 3) a variety of teaching methods, 4) fostering of positive relationships, 5) treatment timed for prevention, 6) dosage of treatment tailored to the nature of the problem, 7) staff who are well trained and culturally sensitive, and 8) rigorous methods of evaluation are used and meaningful outcomes are examined.

Research suggests that many home-visiting programs lack at least one of those features.

Specifically, among home-visiting programs, the credentials of home visitors have been found to influence their effectiveness. The expertise of nurses is seen as critical to the success of some programs. One goal of the Nurse-Family Partnership is to improve pregnancy outcomes and promote child health, which public health nurses are particularly well suited to help bring about.

Programs that use social workers and trained paraprofessionals as home visitors have also experienced successful outcomes. Only about one-third of the paraprofessionals used as home visitors in the Healthy Families America program in New York had college degrees, and the program reduced child abuse and neglect and harsh parenting behaviors among the families it served.

Staff training and whether home visitors are familiar with the goals of a program also influence outcomes. The Healthy Start program in Hawaii had little impact on child abuse and neglect, which it was designed to prevent. But home visitors rarely referred families to additional community services, even for suspected child abuse and domestic violence, and they neglected to do so despite the fact that linking families to such services was a key program goal.

Studies also suggest that the targets of intervention may account for some of the differences in outcomes. For example, the Nurse-Family Partnership was more effective in preventing child abuse and neglect at two sites where most of the women in the program were first-time adolescent mothers than at a third site where the age-range of the mothers was more diverse.

Service delivery factors also play an important role in program outcomes. Families who receive the highest dosage of an intervention tend to benefit the most. Researchers suggest one of the reasons some home-visiting programs have limited impact is that a fairly high percentage of their families receive little treatment.

The quality of the relationship between home visitors and participants is a strong predictor of parent involvement in home visitation services and the benefits they realized from the services. Several factors play a role in shaping that relationship, including family stress factors, available social supports, and a parent’s personality, health, and other characteristics. Program characteristics, such as the conscientiousness of home visitors, efforts to build program loyalty, and how well home visitors and parents match up in terms of personality and personal history also influence the quality of relationships.

Studies also suggest that using a theoretically based curriculum is critical to optimal results. Several home-visiting programs focus on addressing the needs of individual families and, as a result, the content of home visits may vary from family to family. Such variation likely contributes to the inconsistent findings of evaluations of these programs. Initially, the Nurse-Family Partnership used a curriculum with less formal structure. More recently, program content has become more specific and replicable, likely contributing to its success.

Integrated System Of Care

Research suggests that the potential of home-visiting programs may best be exploited as part of an integrated system that coordinates early childhood interventions across programs and agencies to provide seamless access to a variety of necessary services.

Developing a comprehensive, integrated system of care for families will have to overcome the barriers imposed by the categorical funding of home-visiting programs. Defining eligible target populations, requirements for staffing and program design and other criteria require home-visiting programs to seek funds from a range of sources. The most common federal sources include Medicaid, the State Children’s Health Insurance Program, Temporary Assistance for Needy Families, and the Maternal and Child Health Block Grant.

Evidence of the success of embedding home-visiting
programs in an integrated system of care appears promising. For example, Early Head Start recipients enrolled in programs with a combination of home visitation and center-based services show the greatest positive gains in parenting behavior. Studies also suggest home-visiting programs should consider including community coalitions as part of their program goals as a way of streamlining the services and supports available in communities.

For several decades, researchers have examined the effectiveness of home visitation. Overall, the results have been mixed. However, several well-established programs have demonstrated important benefits for children and families, both in human and economic terms. Perhaps more importantly, studies identify characteristics that improve the chances of home-visiting programs realizing their full potential, including the use of well-trained professional staff whose credentials are consistent with program goals, intervening prenatally with at-risk families, and implementing programs in a manner that is true to their theoretical models.

References


This Special Report is based on the above-referenced publications. It is not intended to be an original work but a summary for the convenience of our readers. References noted in the text follow:


6 Fergusson, Grant, Horwood, & Ridder, op. cit.


the program, the SPECS team devoted additional time looking at the various program features to determine how they influenced child outcomes. Preliminary findings suggest that in addition to the amount of time children spend in Pre-K Counts, several other program features appear to have contributed to their success.

Improved overall program quality was found to be among the more influential features. The study found that children in local programs that elevated their overall quality to Keystone STARS levels 3-4 experienced better early learning outcomes than children enrolled in programs that had lower levels of quality and had only made negligible improvements.

Evaluators also said Pre-K Counts benefitted from policies which aligned assessment, curriculum content, teaching, program quality, and expected outcomes with state and professional standards, such as PAELS, Keystone STARS, the Early Childhood Environment Rating Scale, and National Association for the Education of Young Children (NAEYC) standards.

Another key program feature reported to be highly influential is the ongoing mentoring offered to teachers and childcare providers through Keystone STARS, which evaluators found enhanced teaching practices, program quality and children’s progress.

A glimpse of how such features can influence child outcomes was provided by a random-assignment sub-study of 36 Pre-K Counts classrooms in which observers using the Classroom Assessment Scoring System analyzed teacher instructional, management and other behaviors. The children who experienced the most significant gains in early learning skills had teachers who, compared to their colleagues, were more structured, responsive, had better interactions with children, used praise more effectively and used more positive strategies for dealing with issues such as inattentiveness and poor social behaviors. “What that tells us,” Dr. Bagnato said, “is that if you follow the standards and teachers are mentored on those standards, you get these kinds of positive changes and improvement in the overall effectiveness of teaching.”

References


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The past year saw the University of Pittsburgh Office of Child Development take steps to build its capacity to address a broader range of issues that have an impact on the wellbeing of children and families, particularly in areas of public policy and applied research and evaluation.

Underscoring this effort was the hiring of several new staff members whose abilities and experience deepen OCD’s expertise in issues such as maternal depression, pre-term births, low-income housing, early childhood education policy, and applying evidence-based approaches to problems that beset children and families in need.

Policy Initiatives

Resources within OCD’s Division of Policy Initiatives were significantly expanded with the hiring of Sajith Pillai, MD; Michelle Figlar; LouAnn Ross; and Joan Eichner. The hirings more than doubled the size of the staff, and added experience on a wider range of issues and contacts within the network of organizations working to improve the conditions of children and families in the community.

“It is, in part, a reflection of our strategic plan,” said division Director Ray Firth. “From focus groups and interviews with external stakeholders, there was a strong message that we needed to do more in policy—that if we are going to fulfill our mission and have an impact on children and families, we need to strengthen our policy efforts and our communication effort.”

Dr. Pillai is a physician trained in India who also earned a masters degree in health administration from the University of Pittsburgh. He has recent experience in range of women’s health issues, including pre-term births and maternal depression, which is a predictor of pre-term birth. Dr. Pillai came to the attention of OCD through his work as a research coordinator with a local physician’s group that included looking at predictors of pre-term birth, effective interventions, and improving the quality of women’s health care.

Figlar has been the executive director of the Pittsburgh Association for the Education of Young Children (PAEYC) since 2006. PAEYC supports quality early care and education for young children in several ways, including professional development, collaboration with community resources, and advocating for public policies to strengthen young children, families, and those who work in early care and education. OCD has long been involved in finding ways to improve early care and education. Figlar earned a master’s degree in early childhood education with a concentration in early education of the handicapped from Kent State University.

Ross brings a varied background to OCD, including work in education, housing, and as an advocate for people with retardation. She recently earned a master’s degree in public policy and management at the University of Pittsburgh. Her experience includes serving as president and state director of Communities in Schools of Schools of Pennsylvania, executive director of Neighborhood Housing Services, Inc., director of community programs and governmental affairs for the American Heart Association, and as manager of adult advocacy and governmental affair for ARC Allegheny.

Eichner recently earned master’s degrees from the University of Pittsburgh Graduate School of Public and International Affairs and the Graduate School of Public Health. She was a graduate student researcher at OCD, where she managed a demonstration project promoting healthy teen body image. As an intern with Magee Womencare International she designed a professional exchange program for Russian professionals studying domestic violence programs. She also spent two years with the Peace Corps in Guyana, where her work included creating a HIV/AIDS prevention program for youth.

Applied Research And Evaluation

Three new staff members were also hired to fill vacancies within the Division of Applied Research and Evaluation during 2009. The division works to improve the capacity of OCD’s nonprofit and government partners to serve children and families through training, evaluating programs and applying research to practice.

Andrea Rudek joined the division with more than 12 years experience delivering services directly to children and families as a caseworker and supervisor with the Allegheny County Department of Human Services Office of Children, Youth and Families. That work required her to collaborate with school districts, mental health providers, community agencies, and the courts. As an intake supervisor, her duties included training new hires and teaching skills necessary to assess the needs of children and families. She earned a master’s degree in social work from the University of Pittsburgh.

Stephanie Groark is the first staff member in the division to hold a master’s degree in business administration, which

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she earned at the University of Pittsburgh Joseph M. Katz Graduate School of Business. Her experience as a nonprofit management consultant brings to the division expertise in areas such as financial analysis, developing proposals, business plans, and new ideas, as well as the ability to think more holistically about nonprofit organizations, including from marketing and human resources perspectives.

Milena Nigam joined the division with a master’s degree in developmental psychology from Carnegie Mellon University and a strong research background. She has spent most of her career conducting research on children’s learning, education and health care, and coordinating and managing other researchers’ projects in related areas. Recently, she worked to help bring together education-related research projects and implement them in classroom settings. Such experience fits with the division’s goal of placing greater emphasis on applied research in schools.

Previously, much of the division’s work was devoted to responding to requests from within the community to conduct program evaluation. The division has recently moved to broaden its focus, said division Director Junlei Li, PhD. The skills and experience of Rudek, Groark, and Nigam build the division’s capacity to strike a better balance between responding to evaluation requests, strengthening nonprofits and other partners that serve children, and applying research-based solutions to needs and problems identified in the community, he said. “It’s a movement from a division that primarily responded to the requests in the community to one that combines that mode with one in which we try to actively identify needs in the community and create new projects or services to meet them.”

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