



Coordinated Services for Children and their Families:

Research Approaches, Benefits, and Challenges

Presentation at the Child Care and Early Education Policy Research Conference 2018 Washington, DC

February 8, 2018

Christine Ross

Introduction to this Plenary

- Overview of approaches to meeting the needs of parents and children together and research strategies
- Research partnerships and results:
 - The Effects of a Coordinated Human Capital Intervention on Low-Income Parents and their Young Children in Head Start by Teresa Eckrich Sommer
 - Supporting Entry into a System of Care through Universal Home Visiting by W. Benjamin Goodman
- Themes and Reflections by Tamara Halle
- Questions and Discussion moderated by Tamara Halle

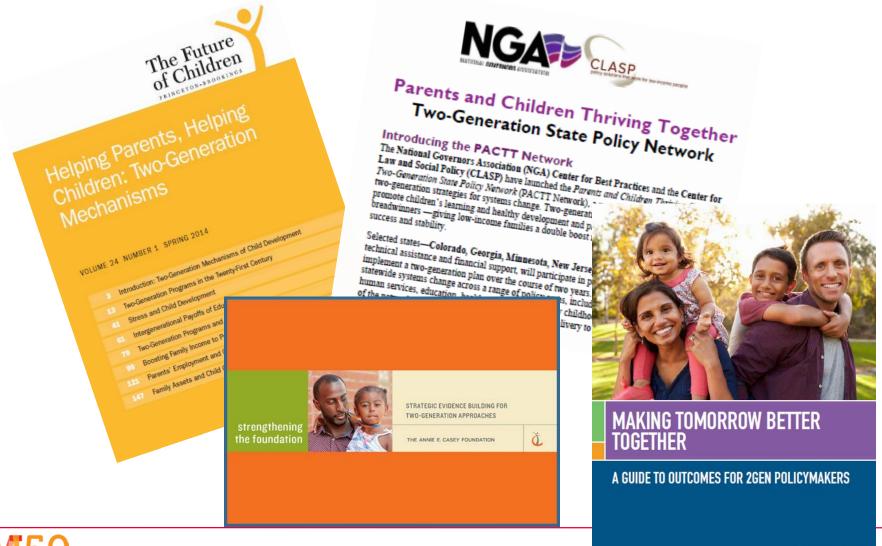


Approaches to meeting the needs of parents and children together

- Poverty and low income affect opportunities for education, employment, and good health
- Meeting the needs of the whole family may be a promising approach, backed up by theory and research
- Approaches to supporting parents and their children
 - Place-based coordinated services
 - Integrated supports in a hub location
 - Programs offering coordinated support



Interest in intentional approaches to serving parents and their children







Intentional approaches to serving parents and their children

- Programs that intentionally combine services for lowincome parents and their children
 - Wide range of parent, child, and family services
- An OPRE project examined these programs:

 Exploration of Integrated Approaches to Supporting
 Child Development and Improving Family
 Security

 REPORT
 - Varied origins and service combinations
 - Varied target populations of adults and children
 - Services co-located and scheduled simultaneously
 - Complex implementation



Exploration of Integrated Approaches to Supporting Child Development and Improving Family Economic Security

OPRE Report Number 2017-84 November 2017



Conceptual Frameworks

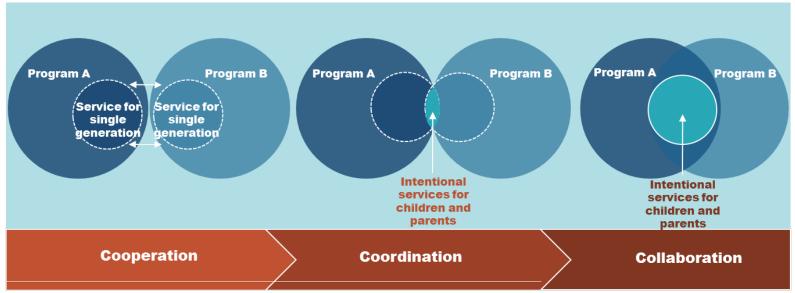


Framework for Services and Outcomes

Service model Shorter-term outcomes Longer-term outcomes Parent outcomes Populations served Parent services Parent outcomes Stable career Employment Stronger labor force Continued certification and Education attachment degree attainment **Family** Skills development Increased education and Improved economic security ■ Family-centered services to career certification and savings support and promote Higher earnings Better academic and career family well-being Enhanced well-being, role modeling Parent or Home visiting services and reduced stress Improved parent-child primary parenting classes Improved parenting relationship caregiver Home environment Coordinated service design Home environment Increased family resources Intentionally aligned and Greater investment in Improved family routines coordinated children/activities Higher parent/child High quality and intensive Better functioning family school attendance Builds on parent-child system and parent-child Greater engagement in mutual motivation relationships children's learning Children Improved community/social up through connectedness 12 years old Child services **Child outcomes Child outcomes** Improved school readiness Center-based early Higher academic Better academic education expectations for self Wraparound child care achievement Increased school/out-of- Out-of-school programs Enhanced well-being and school engagement development High school graduation and career/college orientation Passage of time 5+ years 0 years Other factors that influence services and outcomes



Service Partnership Framework



As approaches move along the continuum, programs shift in some key areas

Engagement: Move from cooperative cross-referrals and task-oriented engagement to significantly increased dialogue and investments of time by each program

Mission: Shift from separate missions to a shared mission that addresses the needs of the entire family and establishes program goals resulting from more frequent and deeper joint planning

Resources: No longer simply sharing individual services or money and instead rethinking how to strategically and equitably use human and financial resources to achieve maximum benefits for all

Co-creation of value: Move from operating separately and maximizing distinct assets and strengths to intentionally co-designing and co-delivering services to both parents and children

Innovation and systems change: Shift from limited joint planning to collaboratively addressing challenges, using knowledge from co-designing services to change how an entire system or approach is delivered



Note: Dimensions and phases on this continuum draw from the work of Austin and Seitanidi (2012) and Keast et al. (2007).

Directions for Research and Evaluation



Research and evaluation are in early stages but would benefit from research partnerships

- Research on two-generation programs from the 1990s found few or no impacts
- Little research is available on currently-operating programs
- Few programs have either in-house data analysis capacity or external research and evaluation partners
- Research partnerships can catalyze program development



Match Research Designs to Stage of Program Development

Programs developing services models

Descriptive Evaluation

Research goals:
Develop logic model
Assess service
intensity and quality
Measure outcomes
of services

Programs fully implemented

Effectiveness Evaluation

Research goal:
Measure program
impacts



Descriptive research can support a program to align goals, services, and outcomes

- Build a foundation for data-informed program development
 - Develop a logic model
 - Create and/or enhance data systems program administrative data and external data
- Use data to:
 - Understand the types of services received
 - Measure the quality and intensity of services
 - Assess outcomes for parents and children
- Adjust services or the logic model as needed



Descriptive research can describe services and outcomes across programs

- What are the quality and intensity of child development services?
- What are the range and intensity of education and employment-related services the program offers for parents?
- How do child and parent services complement one another in terms of content, delivery, schedules, and location?
- What are the short- and longer-term outcomes for participating children and parents?
- Which parents and children participate in which services and for how long?



Readiness for Effectiveness Evaluation

Assess Implementation status

- Fidelity of implementation
- Enrollment and participation levels

Assess the strength of program logic model

- Sufficient quality and intensity of services
- Research to support expected pathways

Consider maximum possible rigor of evaluation design

- Enrollment levels support random assignment
- Leadership buy-in and capacity



Effectiveness evaluations can assess program impacts on parents and children

- What are the impacts of providing intentionally coordinated services to parents and their children
 - Compared to other services in the community?
 - Compared to single-generation services?
- What threshold levels of service quality and intensity for parents and children are necessary for positive impacts?



Project Report and Briefs

 Exploration of Integrated Approaches to Supporting Child Development and Improving Family Economic Security

Project Webpage:

https://www.acf.hhs.gov/opre/integratedapproaches-supporting-child-developmentimproving-family-self-sufficiency

Publications include:

- Final Report: "Exploration of Integrated Approaches to Supporting Child Development and Improving Family Economic Security"
- Three Briefs (titles in brief!):
 - "Features of Programs...
 - "Conceptual Frameworks...
 - "Using Research and Evaluation to Support...



Exploration of Integrated Approaches to Supporting Child Development and Improving Family Economic Security

OPRE Report Number 2017-84 November 2017



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The Effects of a Coordinated Human Capital Intervention on Low-Income Parents and Their Young Children in Head Start

Teresa Eckrich Sommer

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TODAY'S PRESENTATION

Why a coordinated human capital approach?

 CareerAdvance® model: program design and one-year effects

Benefits and challenges

PROGRAM & POLICY PARTNERSHIPS











ACKNOWLEDGEMENTS

CHILDREN & FAMILIES

FOUNDATION FOR CHILD DEVELOPMENT

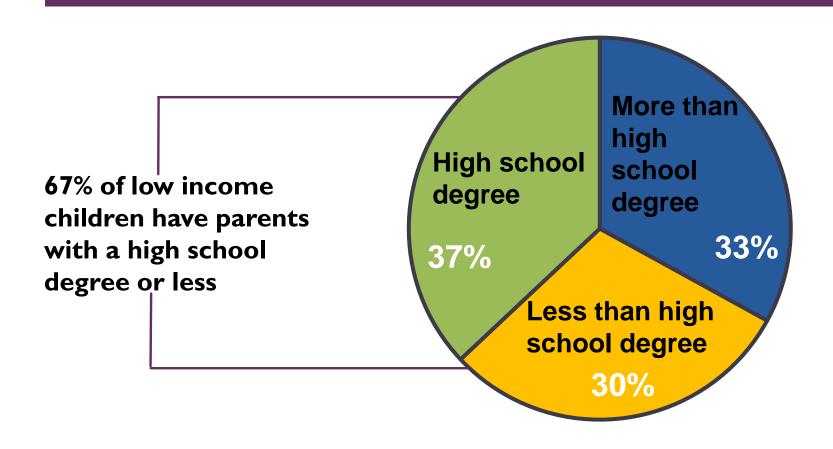
Connecting research, policy and practice to create systems that work.







PARENTS' EDUCATION AMONG LOW-INCOME CHILDREN UNDER AGE 6



Basic Facts About Low-income Children, 2010: Children Under Age 6. National Center for Children in Poverty, Columbia University

PREVIOUS EDUCATION AND WORKFORCE TRAINING PROGRAMS

 Dated and largely unsuccessful job training programs for lowincome parents

 Moderate success in job training programs for all low-income adults but not geared for parents

BARRIERS FOR LOW-INCOME PARENTS AND POSSIBLE SOLUTIONS

- Workforce training programs for adults typically view parenthood as a barrier
- Do not address challenges low-income families face:
 - Limited access to reliable and high quality child care, lack of social support, few financial resources, siloed services

COORDINATED HUMAN CAPITAL PROGRAMS

1.0 Programs

Child

- Early childhood education centers
- Child care of variable quality

Parent

- GED
- Some AA degrees
- Job training

-2.0 Programs

Child & Parent

- High quality early childhood education
- Pre-K to 3rd grade programs
- AA and BA degrees
- Career PathwayCertification
- Employers

WHAT EVIDENCE DO WE HAVE ON THE EFFECTS OF COORDINATED SERVICE PROGRAMS?

 Not a new idea but renewed interest, especially program quality and intensity for each generation

Empirical evidence lags behind practice and policy

The jury is still out; few 2.0 evaluations

RESEARCH QUESTIONS

Today's focus

Does a coordinated human capital approach have a greater effect on parents than Head Start alone?

Long term plans

Does a coordinated approach have a greater effect on parents and children than Head Start alone?

CAREERADVANCE® COMMUNITY ACTION PROJECT OF TULSA COUNTY

CAREERADVANCE® KEY INNOVATIVE ELEMENTS

Stackable training

Tuition-free courses at community colleges



Employment supports

Sector-based

Coaching and peer cohorts

Incentives and in-kind assistance

CAREERADVANCE® PARTNERSHIPS

Local
Colleges



Employers

Elementary Schools Head Start & Pre-K + Career Advance®

Adult Basic Ed, ELL, GED

CAREERADVANCE® DRAWS ON PARENTS' STRENGTHS

- Parents as an asset
 - Harness parents' motivation on behalf of their children
 - Place the programs where the children are located, safe, and learning
 - Parents and program staff work together to solve problems

CAP FAMILY LIFE STUDY

CAP FAMILY LIFE STUDY

Quasi-experimental; mixed methods

- Selected matched comparison group using propensity score matching
 - ➤ E. g., similar motivation, demographic characteristics

N= 287, followed for 3 years

DEMOGRAPHIC CHARACTERISTICS

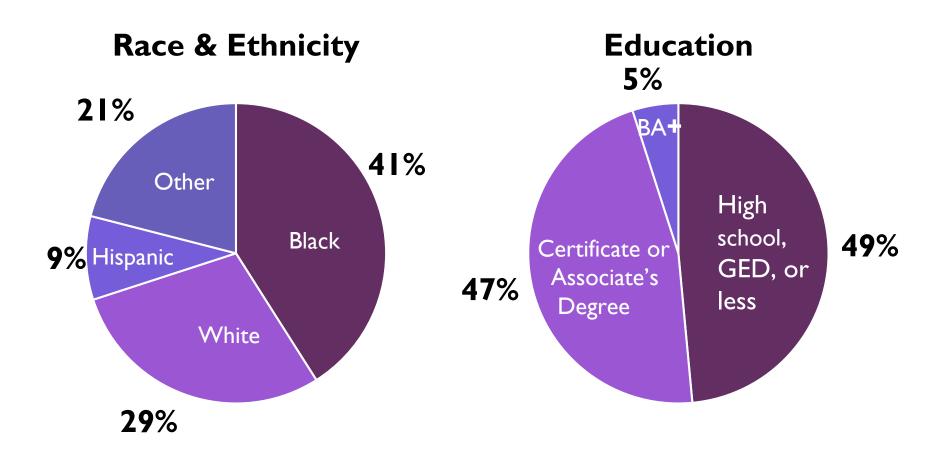
98% female

32% single parent

Average age: 29 years

Average annual household income: \$15,273

FULL SAMPLE DEMOGRAPHIC CHARACTERISTICS



EFFECT OF CAREERADVANCE® ONEYEAR AFTER PROGRAM ENTRY

THREE KEY AREAS OF STUDY

Parent Education and Employment

Parent Psychological Well-Being

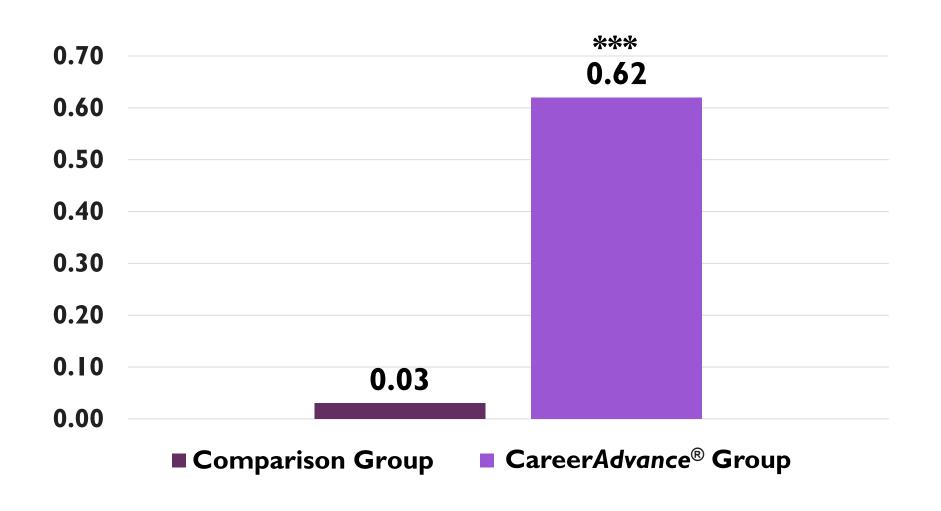
Children's Head Start attendance

CERTIFICATION IN HEALTH SECTOR

 CareerAdvance® promotes educational attainment

CareerAdvance® participants have certification rates 59 percentage points higher than the matched comparison group one year after program entry

EFFECT OF CAREERADVANCE® ON CERTIFICATION

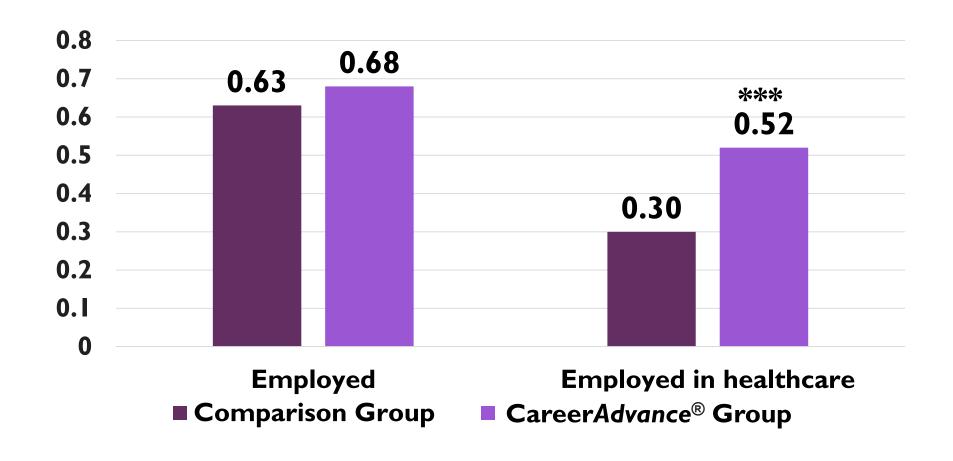


EFFECT OF CAREERADVANCE® ON EMPLOYMENT

 CareerAdvance® achieves its goal of promoting healthcare employment in one year

➤ CareerAdvance® participants have healthcare employment rates 22 percentage points higher than the matched comparison group

EFFECT OF CAREERADVANCE® ON EMPLOYMENT



EFFECT OF CAREERADVANCE® ON ECONOMIC WELL-BEING

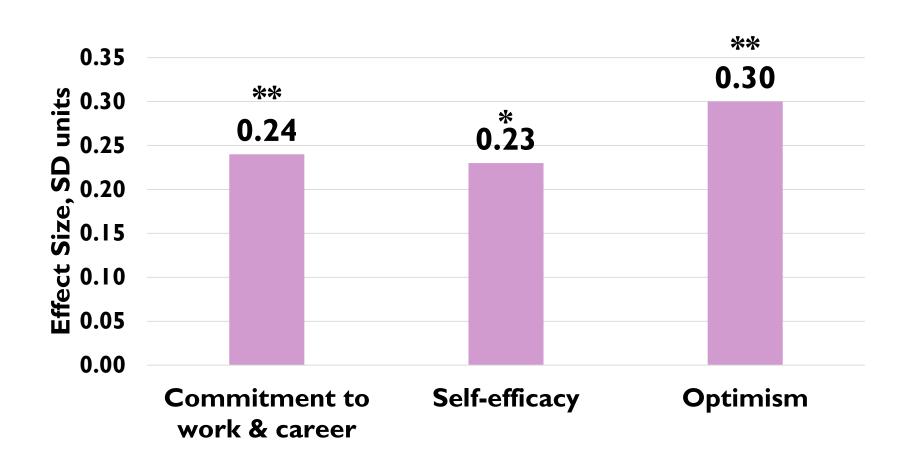
 CareerAdvance® participation leads to decreased earnings (\$1,937) while attending school, but no increase in perceptions of material hardship

Average incentives & in-kind assistance in first year: \$1,811

EFFECT OF CAREERADVANCE® ON PSYCHOLOGICAL WELL-BEING

 CareerAdvance® participants have higher commitment to work & career, selfefficacy, and optimism

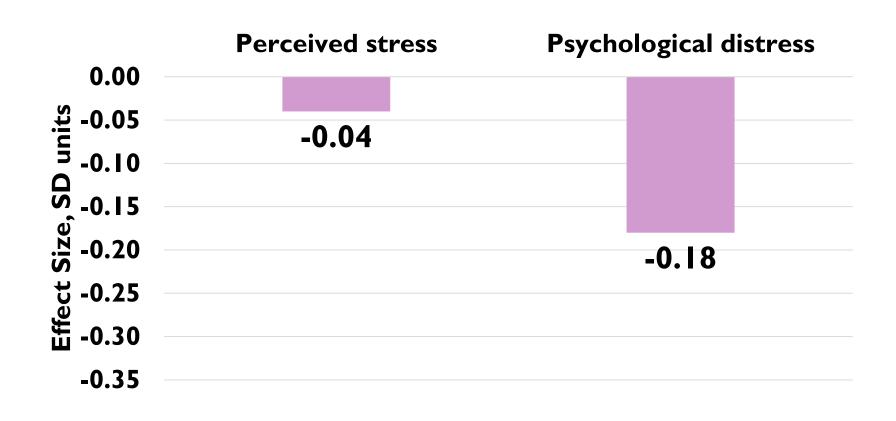
EFFECT OF CAREERADVANCE® ON PSYCHOLOGICAL WELL-BEING



EFFECT OF CAREERADVANCE® ON STRESS AND PSYCHOLOGICAL DISTRESS

 CareerAdvance® participants do not have higher stress or psychological distress

EFFECT OF CAREERADVANCE® ON STRESS AND PSYCHOLOGICAL DISTRESS

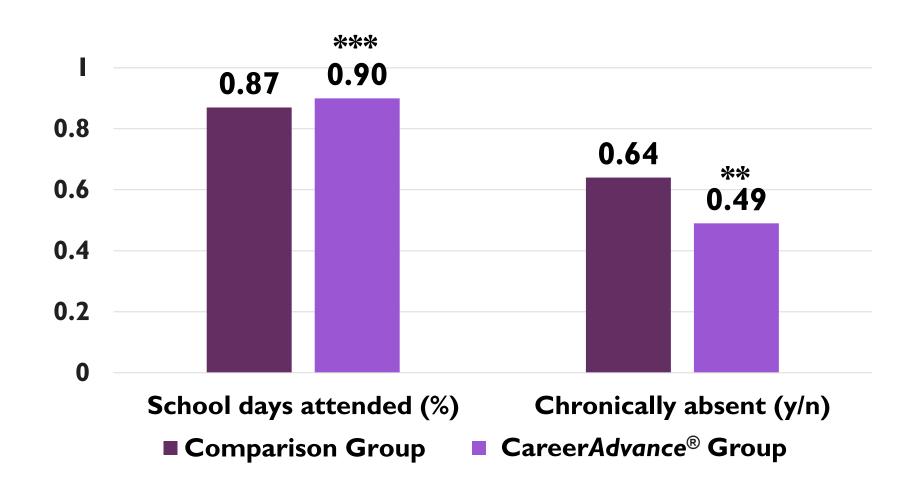


EFFECT OF CAREERADVANCE® ON CHILDREN'S HEAD START ATTENDANCE

Higher rates of Head Start attendance (3.1 percentage points)

 Lower rates of chronic absenteeism (-17.2 percentage points)

CHILDREN'S HEAD START ATTENDANCE OVER IST YEAR



STUDY SUMMARY

- Increases in parent education, employment, and psychological wellbeing
- No effect (increase or decrease) on parent stress or psychological distress
- Improved children's Head Start attendance and reduced chronic absenteeism

RESEARCH-PRACTICE PARTNERSHIP

 CAP Tulsa is invested in the application of evidence-based practices and fostering research (e.g., innovation lab)

- CAP Tulsa values continuous quality improvement
 - > Monthly research-program calls
 - Quarterly all-partner meetings
 - > Annual reports with recommendations

PROGRAM CHALLENGES

 Need to respond to multiple constituencies, e.g., funders, researchers, agency partners

 Yet still focus on core competencies (e.g., high quality early childhood education)

 Need to strategize for long-term funding while waiting for longitudinal research

CONCLUSIONS AND FUTURE DIRECTIONS

 Holds promise, but unclear if coordinated approach translates to benefits for children's outcomes

Longitudinal follow-up needed and planned

Significant momentum in practice and policy



Supporting Entry into a System of Care through Universal Home Visiting

W. Benjamin Goodman
Center for Child and Family Policy, Duke University

Child Care and Early Education Policy Research Consortium February 8, 2018

CHILD & FAMILY HEALTH

The Challenge of Population Impact through Home Visiting

- Home visiting is a popular strategy for promoting child well-being.
 - \$2.3 billion in Federal funding since 2009 (MIECHV)
 - 100,000+ parents and children served each year
- Many are effective, but population impact remains elusive:
 - Models often serve a very small percentage of eligible families.
 - Emphasis on improving outcomes for individual families -- never attempt to saturate a community
 - Quality, reach, and benefits often degrade when models are scaled to serve larger and more diverse populations.
 - "Scale-up penalty" may be as high as 40%.



The Goal of Population Impact: A Paradigm Shift

- Population impact requires a paradigm shift
 - From: Individual models benefiting individual families
 - To: Community-wide approaches targeting population outcomes
- Key Features:
 - Top-Down Policy for Community Resources
 - Alignment of community services and resources
 - Commitment to reaching all families
 - Bottom-Up Practice with Each Individual Families
 - Assessment to identify risks and needs
 - Intervention and connections to community services, based on identified needs



Family Connects Conceptual Model

- Family Connects was designed to achieve population impact by serving as the first step into a broader early childhood system of care
 - 1. Engage families of all newborns;
 - 2. Assess unique family strengths and needs;
 - Connect families to matched community resources, as needed and desired, for long-term support.
- Family Connects does not replace more intensive, targeted services; rather, it represents a first step for determining what families actually need.
 - Families get what they need and want, no more, no less



Family Connects Conceptual Model

- Family Connects was also designed to address common challenges to scaling evidence-based programs
 - Program is universal from the start
 - No scaling required
 - No stigma associated with participation
 - Program is brief (3-7 contacts), increasing participation and retention
 - Program is affordable to communities (\$700 / birth)



Family Connects Core Components

Community Alignment



Home Visiting

Data & Monitoring



Family Connects: Community Alignment

- Identify and align existing services, ranging from housing, to mental services, to early intervention, and others
- Establish an electronic directory (Agency Finder) for Family Connects' community referrals
- Identify service delivery gaps for feedback to community
- Establish a Community Advisory Board
 - Assessment of community readiness
 - Support ongoing community engagement and feedback
 - Foster community ownership of program



Family Connects: Nurse Home Visits

- 3-7 intervention contacts with rapid triaging based on risk.
 - Birthing hospital visit
 - A comprehensive home visit (~2 Hours) with registered nurse at 2-3 weeks post discharge
 - Health assessment for mother and baby
 - Supportive guidance / education (e.g., safe sleep)
 - Systematic assessment of risk / need in 12 domains
 - Connections to services/resources based on identified needs
 - Follow-up visits (0-2 total) and calls as needed for further assessment and facilitating linkage to community services
 - Post-visit call (PVC) 1 month after case closure



Family Connects: Nurse Assessment of Family Risk

Support for Health Care

- 1. Maternal Health
- 2. Infant Health
- 3. Health Care Plans

Support for Caring for Infant

- 4. Child Care Plans
- 5. Parent-Child Relationship
- 6. Management of Infant Crying

Support for a Safe Home

- 7. Household Safety / Material Supports
- 8. Family and Community Safety
- 9. History with Parenting Difficulties

Support for Parent(s)

- 10. Parent Well-Being
- 11. Substance Abuse
- 12. Parent Emotional Support

Each factor is rated as:

- 1 = No family needs
- 2 = Needs addressed during visit
- 3 = Community resources needed
- 4 = Emergency intervention needed



Family Connects RCT Evaluation Design for Community Intervention

- RCT in Durham, NC (July 2009 Dec. 2010)
 - All resident county births included in trial (n=4,777)
 - A priori randomization by even-odd infant birth date
 - Even birth dates *Family Connects* eligible (n=2,327)
 - Odd birth dates received all other services as usual (n=2,450)
 - Separate impact evaluation with random, representative subsample (n=549)
 - One family for each day of 18-month RCT
 - Families blind to study goals
 - Mother interviews and administrative record review
 - Intent-to-treat evaluation design



Family Connects RCT: Implementation Results Dodge et al., 2014

- High Population Reach
 - 80.0% of families agreed to home visit.
 - Of these, 85.9% completed the program (68.7% penetration).
- Broad Need
 - 94% of all families had at least 1+ needs for education and/or community resources.
- High Quality (independent rater for 11% of visits)
 - 85% nurse compliance to manualized protocol (62 items)
 - Nurse Kappa for rating family risk = 0.69 (inter-rater reliability)
- Strong Connections to Community
 - 61% of all nurse-directed referrals to community resources/supports resulted in a successful connection.



Family Connects RCT: Impact Evaluation Results Dodge et al., 2014

Impacts at Infant Age 6 Months (all findings p < 0.05)

- Compared to control, intervention group families had:
 - 1. More connections to community resources (ES = 0.28)
 - 2. Higher mother-reported positive parenting behaviors (ES = 0.25)
 - 3. Higher observer-rated mother parenting quality (ES = 0.23)
 - 4. Higher observer-rated home environment safety (ES = 0.22)
 - 5. Higher quality child care (when in center care; ES = 0.85)
 - 6. Lower probability of mother clinical anxiety (OR = 0.64)



Family Connects RCT: Impact Evaluation Results

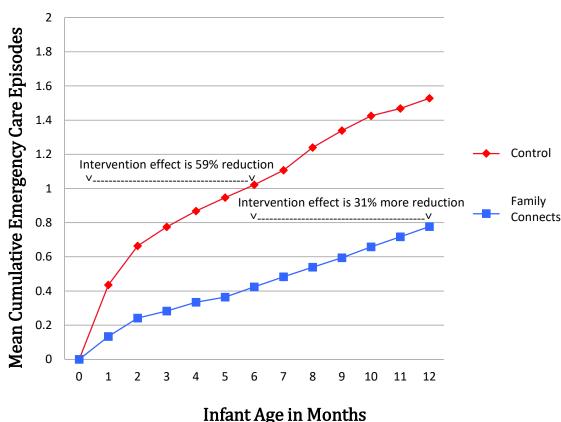
Impact at Child Ages 12 and 24 Months

Results at infant age 12 months from aggregate hospital patient records

■ 50% less total infant emergency medical care (ER visits + hospital overnights)

Results at child age 24 months from aggregate hospital billing records

■\$3.17 in savings for each \$1.00 in program costs (due to reduced medical care costs)

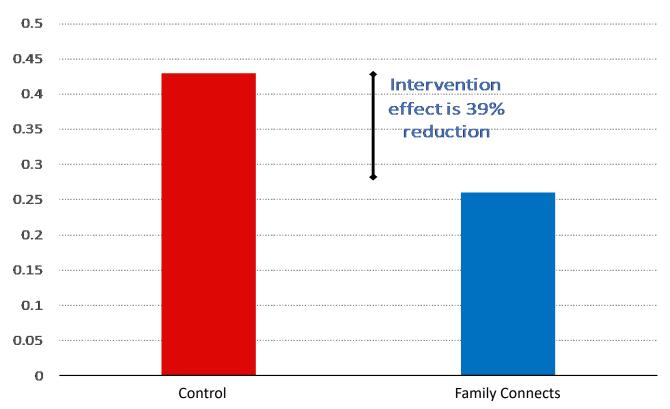




Family Connects RCT: Impact Evaluation Results

Impacts at Child Age 60 Months

Average Number of CPS Investigations Per Child through Child Age 60 Months



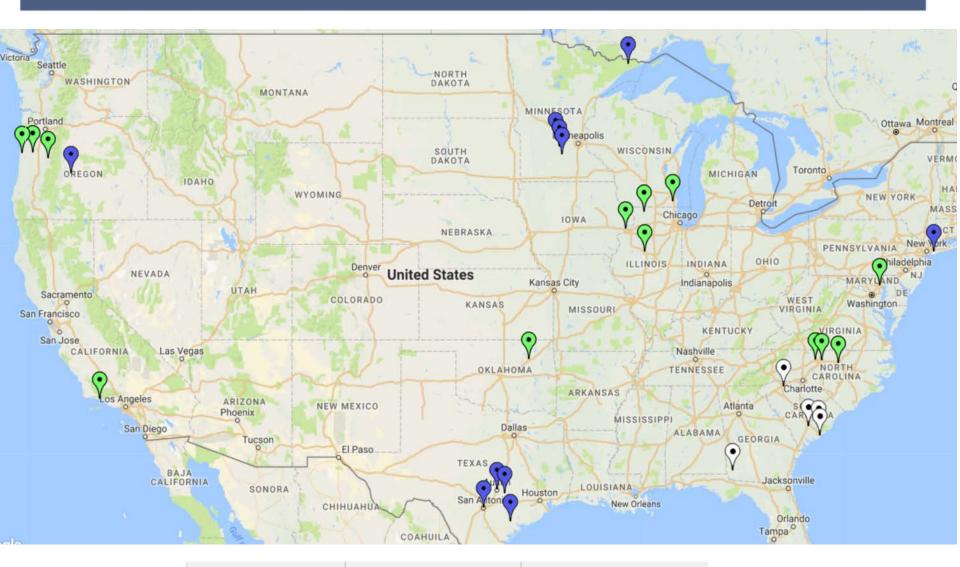


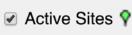
Conclusions and Lessons Learned

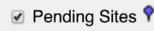
- The Family Connects community-wide approach:
 - Supports a family's "first step" into a broader system of community supports
 - Improves early care quality, and mother and child well-being
- Based on published RCT results, Family Connects has been certified as a federal evidence-based home visiting program
- National dissemination is growing
- Continuing to evaluate program implementation:
 - 2nd RCT in Durham, NC
 - Quasi-experimental field study in eastern NC
 - Independent evaluation at multiple dissemination sites

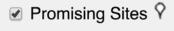


Family Connects National Dissemination









Challenges and Future Directions

- Identifying long-term, sustainable funding sources for ongoing implementation
 - Currently, Family Connects can be supported by diverse means
 - County and state governments
 - Federal grants (e.g., Race to the Top)
 - Foundation grants
 - For-profit health systems

- MIECHV
- Medicaid reimbursement
- Donors

- Exploring possibilities for expanding the assessment / referral process for families from birth – school entry
 - Additional *Family Connects* visits (e.g., Toddlerhood)
 - Collaboration with pediatric practices
 - Embedding within broader community initiatives



Acknowledgements





CENTER for CHILD



CHILD & FAMILY HEALTH





Colleagues in this work are Ken Dodge, Robert Murphy & Karen O'Donnell





Cross-Cutting Themes and Next Steps

DISCUSSION OF CCEEPRC PLENARY COORDINATED SERVICES FOR CHILDREN AND THEIR FAMILIES: RESEARCH APPROACHES, BENEFITS, AND CHALLENGES

TRENDS

TAMARA HALLE, CHILD TRENDS

FEBRUARY 8, 2018

Reflections & Cross-Cutting Themes

- 1. Coordinated services approaches are promising, but there are few studies of their effectiveness
 - Measures development
 - Data linking and data use
 - Methodological issues
 - Need to focus on effective implementation before conducting outcomes evaluation
- 2. Challenges with scale-up
 - Funding sources
 - Sustainability
 - Approaches to information sharing, collaboration, and coordination
- 3. Need for clarifying terminology and understanding similarities and differences in approach
 - Two-generation approaches
 - Comprehensive services
 - Integrated approaches/services
 - Coordinated human capital
 - Community-wide approaches

Discussion of Coordinated and Integrated Services Approaches

- How can we support more research and evaluation of these approaches?
- How can we support ongoing improvement, scale-up, and sustainability?
- How can we support the use of clear terminology and agreed upon standards related to these approaches?

Thank you!

SLIDES ARE AVAILABLE ON THE CCEEPRC 2018 WEBSITE







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The views expressed in this presentation do not necessarily represent the views or policies of the Office of Planning, Research and Evaluation, the Administration for Children and Families or the U.S. Department of Health and Human Services.