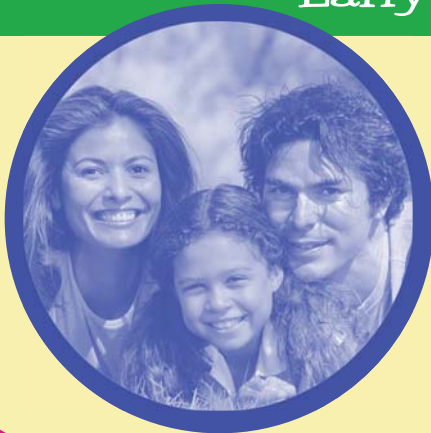


Effective Family Support Programs

Early Childhood Iowa, Issue Brief #5



Early Childhood Iowa, Issue Brief #5



Families are responsible for the most important job in Iowa: raising the next generation of learners, workers, and

citizens. All will be affected by how well families today prepare their children for the future. Throughout time, families have relied on each other, friends, and neighbors, for support, and even material assistance during difficult times.

Today, a number of factors result in parents having less time and resources to devote to their children and families. There are changes in family structures, increasing numbers of parents in the workforce and growing poverty among families. Families need more support than ever before.

Research studies confirm that supportive networks contribute greatly to families' ability to raise their children. Family support is important because children benefit when:

- Programs and services reach families early.

- Families are more connected to other families in their communities.
- People feel responsible for what happens in their neighborhoods and communities.

Research has proven family support delivered through home visits is most effective when the program adheres to a recognized model that is evidence-based and intended outcomes match the families' needs.

Overview of Family Support Programs

An environmental scan was conducted to determine the number of children served through family support programs whose primary method of service delivery is home visitation. There are 227,062¹ children zero through five years old. The number of these children living in low income households is 88,621. In 2006, there were 39,255 births in Iowa².

Iowa Children Served by Family Support Programs

Of the 227,062 children zero through five years, 29,756 are served by family support programs delivered through home

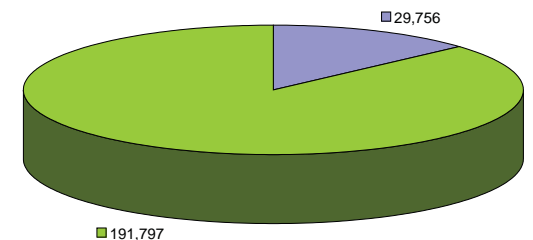
visits during the fiscal year 2006. This represents 13 percent of the total children in Iowa.

Research identifies that children from low-income families are at increased risk for poor health outcomes, lack of school readiness and developmental delays.

Even if all children served by family support programs would be considered "at-risk," the number would represent less than one third of Iowa's children thought to be at risk for poor outcomes due to low socio-economic status.

Research indicates specific models are designed to produce positive results with the at-risk population. Of the 29,756

Figure 1
Number of Children Served by Family Support Programs



■ Number of Children Served ■ Number of Children Not Served

Early Childhood Iowa, Issue Brief #5

children served, 17, 254³ of them are being served by models that are not designed to serve at-risk children. Fidelity to the model is critical to actually achieving positive outcomes with families.

Type of Family Support Programs

Figure 2 shows the number of children served by family support programs in Iowa. The pie chart shows evidence that Iowa has a variety of programs to serve families with diverse needs. Each model type varies in average number of home

visits per month, average length of home visit and average duration of family involvement.

An Exploratory Study of Iowa's Family Support Programs

Background

During the 2006 Iowa General Assembly, legislators expressed an interest in funding family support programs. However, Iowa lacked data that clearly described the current state of family support programs.

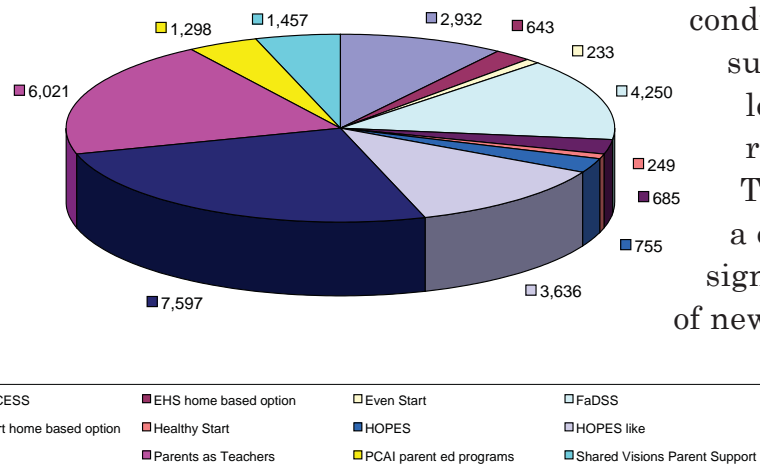
children and families. In December 2006, Early Childhood Iowa⁴ conducted a cross-sectional statewide study of family support programs whose primary method of service delivery is home visitation.

Methods

The study was administered by an online tool and was used to solicit information from family support programs about characteristics of their program and staff. The survey was distributed via email using a recognized list of family support programs. In addition, potential respondents were asked to recruit other potential respondents to participate in the survey. In affect, using the snowball technique to increase the number of programs participating (125 respondents).

Figure 2

Number of Children Served Age 0 - 5



Family Support Literature Review

Early Childhood Iowa stakeholders conducted a comprehensive family support literature review to learn about the research related to family support. There is no research that shows a one time home visit produces significant outcomes for families of newborns. The research shows comprehensive family support programs produce desired outcomes for

Survey Design

The 41 question online survey was developed by Early Childhood Iowa, which include public and private partners of the Early Care, Health, and Education system. Components within the survey included staff profiles, program model, service delivery, data collection, screening and referral, and agency characteristics.

Early Childhood Iowa, Issue Brief #5

Limitations of the Family Support Survey

There was a high response rate from health partners which should be taken into consideration when viewing the results.

Because the study was intended to be broad and exploratory rather than focused and definitive, the findings generally fall short of providing clear answers to specific questions. However, they often provide considerable insight into the type of details that future surveys should address with respect to various issues. Given this, the more important results are conclusions about how the findings of this study, and the insights they generate, can be used to develop more focused and definitive studies of this type in the future.

Because of the exploratory nature of the survey it can not be certain that it is representative of all Iowa's family support programs whose primary method of service delivery is home visitation.

Results of the Study

Quality of Programs

About half (65 programs) of the respondents reported their program is recognized by a national or state level organization.



Linkages and Referrals

In the study, 36 out of the 125 respondents reported providing a universal, one time assessment to all families and continued family support services based on the assessment.

Of the survey respondents, 99 percent of the programs received referrals from other community organizations. The top three referrals sources include: Department of Human Services, hospitals and maternal and child health agencies.

Of the 125 survey respondents:

- 80 percent of the family support agencies are using tools for monitoring children's development
- 97 percent refer children to Early ACCESS if needed
- 47 percent of the respondents make referrals for specialized care for issues such as mental health, domestic violence and substance abuse

Competencies of the Home Visitor

The study showed there are 581 professionals and 128 paraprofessionals employed by family support programs. Forty-eight of the respondents are using professional staff only, five are using paraprofessional staff only, and 35 are using a combination of professional and paraprofessional staff. There were 37 respondents that did not complete the questions. The professional staff was defined as early childhood teacher/educator, health education, human service degree, registered nurse, occupational therapist, physical therapist, and social worker.

Early Childhood Iowa, Issue Brief #5

Professional Development

Of the 125 respondents:

- 79 family support programs require continuing education for direct service providers
- 8 reported they do not require continuing education
- 38 programs did not answer the question

Gaps and Barriers

The three barriers identified from the study include: 1) professional development opportunities for staff; 2) knowledge of evidence-based programs; and 3) development of a statewide family support network.

Outcome Data

Of the 125 respondents, 102 identified their program collects outcomes, six respondents do not collect outcomes and 17 respondents did not answer the questions. The top two parent outcomes collected are parent knowledge and referrals. The top two child health outcomes are health related issues (immunizations, insurance, etc.) and referrals.

Discussion



The results from the survey suggest a wide variety of family support programs operate in Iowa with a mix of models and desired outcomes. It also appears that program models do not necessarily align with the needs of the families they are serving. When we do not match the family to the model that can best meet their needs, we are not maximizing the resources.

There is no research that shows a one time home visit produces significant outcomes for families of newborns. The research shows comprehensive family support programs produce desired outcomes for children and families.

The survey revealed that national or state recognized program models show evidence of program drift. This would suggest that programs have drifted from program fidelity which impacts their effectiveness.

Analysis confirmed other studies⁵ in recognizing there is not a one-size-fits-all approach to family support programs. Rather there is room for different programs emphasizing different goals for families. At the same time, it is critical to find the right fit between families' needs and goals of different programs.

The research shows that no single educational discipline of the home visitor is more effective than another. Research does demonstrate the effectiveness of a mix of professional and paraprofessional home visitors. However, there is evidence that at-risk families need home visitors with higher level competencies. Programs need to support the continued professional development of their home visitors by offering professional development opportunities to be able to respond to the complex needs of today's families.

The study also shows the need for a comprehensive, integrated professional development system to support home visitors to enhance specific program model training for those programs affiliated or credentialed with a recognized model, which is supported by research.

Early Childhood Iowa, Issue Brief #5

The results from the study confirmed that local supports were needed to improve programming and staff development. Identified supports include professional development for staff and supervisors, knowledge of evidence-based programs and the development of a statewide network for family support programs.

These local supports are beginning to be addressed through the work of Early Childhood Iowa – Quality Services and Programs (QSP). A statewide family support leadership group was formed in 2005. Over 30 programs were represented and included the state and local level managers and direct service providers from each program.

Through QSP and the Family Support Coordinator, 18 technical assistance sessions have been provided across Iowa for early care, health and education providers on evidence-based family support components.

Analysis also confirmed other studies⁵ that the best chance for success of the programs and for an integrated statewide service delivery system depends on an environment that values and supports ongoing monitoring, assessment and

adjustment within and across programs. The study showed a disconnect between the primary purpose of the program, the outcomes collected and the program model used.

Recommendations

Iowa has a variety of many types of family support programs and funding streams from the federal, state and local levels. However, there is a lack of coordination at the state and local level. There is a need for the programs to meet quality standards. Quality programs takes rigorous supervision and a strong technical assistance system. Adherence to a quality model takes a comprehensive, integrated system to assure many steps are in place to assure success of the program. ***A challenge for Iowa is to implement evidence-based components into their family support practices.***

In order to fully develop a comprehensive family support system to meet the needs of families the following activities are recommended:

1. Develop a set of basic standards for family support programs. The standards would be the first step

towards improving the effectiveness of family support programs in Iowa. The standards would address four critical components:

- A. solid program adherence and organizational capacity to provide the program,
 - B. family engagement by forming an established relationship for a sufficient period of time to accomplish meaningful change in parent knowledge and skills,
 - C. competencies of a home visitor, cultural competency between the family and program, and
 - D. high quality supervision⁶.
2. Develop and implement comprehensive training strategies
 - A. A comprehensive professional development system for all family support providers is needed to provide the continuing education on early care, health and education issues.
 - B. A training program would also be developed for family support supervisors. Research emphasizes the importance of having a highly

Early Childhood Iowa, Issue Brief #5

qualified, trained supervisor promoting the fidelity of the program. Current supervisors have limited access to training.

3. Continue to provide funding support for the Family Support Coordinator to provide technical assistance and training to family support programs across the state and to provide assistance to programs moving toward evidence-based models.

Three needs at the local level:

- Professional development
- Knowledge of evidence-based programs
- Development of a statewide family support network

Policymakers should act on the potential for improving the effectiveness of family support programs by requiring a set of basic standards for all family support programs.

Resources

- 1 Woods and Poole Data, 2005.
- 2 Iowa Department of Public Health, Vital Statistics, 2005.
- 3 Data are from the number of children served from HOPES-like, PAT and other programs.
- 4 Early Childhood Iowa is an alliance of stakeholders working to implement a comprehensive early care, health, and education system.
- 5 Rapoport, Dana and O'Brien-Strain, Margaret. (September 2004). In Home Visitation Programs and A Review of the Literature. *Sphere Institute Report* (pp. 51 –52) Sept 24, 2001.
- 6 Gombey, Deanna (2005). Home Visitation in 2005: Outcome for Children and Parents.
- 7 Hebbler, Kathleen, Gerlach-Downies, Suzanne (2002) Inside the black box of home visiting: a qualitative analysis of why intended outcomes were achieved. *Early Childhood Quarterly*.
- 8 Bilukha, O., Hahn, R., Crosby, A., Fullilove, M., Liberman, A., Moscicki, E., Snyder, S., Tuma, F., Corso, F., Schofield, A., Briss, P., (2005). The effectiveness of early childhood visitation in preventing violence. *American Journal of Preventive Medicine*, 28, 11-39.

Quality Services & Programs Workgroup Members

AEA 9

Joyce Leavell

AEA 13

Connie Gronstal

CCR&R

Cathy Wheatcraft

Child Health Specialty Clinics

Erin Kongshaug

Brenda Moore

Child & Family Policy Center

Carrie Fitzgerald

Community Empowerment

Deb Schrader (Warren & Adair)

Department of Education

Dee Gethmann

Judy Knox

Department of Public Health

Sally Clausen

Gretchen Hageman

Jenny Hodges

Heather Miller

Jan Steffen

Jane Stockton

Sonni Vierling

Des Moines Public Schools

Sylvia Becerra

Drake University Head Start

Georgia Sheriff

Iowa Chapter of Academy of Pediatrics

Becky White

Iowa State University

Extension

Kim Greder

Sharon Mays

Peggy Miller

Iowa State University

Sue Hegland

Lutheran Services of Iowa

Mary Odell

MATURA Action Corporation

PJ West

Mid-Iowa Community Action

Ruth Krueger

Parent

Kathy Grossman

Prevent Child Abuse Iowa

Christy Thies

Prevention Concepts

Jovanka Westbrook

Office of Empowerment

Janet Gartin

South Iowa Economic Development Agency

Pat McReynolds

State Library

Mary Cameron

Young Parents Network

Danielle Leeser