

**A Successful Model for**  
**Home Visiting in a High-Risk Community**  
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Branch County is a rural community in southwestern Michigan, just north of the Indiana border. Kid's Count (2000) reported the total population as 45,787. It is estimated that 3500 children between the ages of 0 and 6 reside in Branch County. Approximately 525 children are born each year. School districts within the Branch County area include Coldwater, Quincy, Bronson, and portions of Union City, although the ISD for Union City is in Calhoun County.

Branch County has a number of demographic risk factors (Koshelnyk, 1999). Although the rest of the state of Michigan has shown a consistent downward trend in teen pregnancy, pregnancy rates in Branch County increased 14% between 1990 and 1998 (Kids Count, 2000). The number of births to children of teen mothers in Branch County is higher than the national average, at 15% of all live births. In addition to problems with teen pregnancy, prenatal care is inadequate. The percentage of live births where the mother had less than five prenatal visits is almost twice that of the overall rate for the state of Michigan. Inadequate weight gain during pregnancy, an indicator of inadequate nutrition, has been consistently higher than the rest of the state of Michigan between 1990 and 1998. The number of mothers in Branch County with medical risk factors during pregnancy, such as hypertension, diabetes, anemia, and lung disease, was

consistently higher than the rest of the state. The number of low birthweight babies is also consistently higher than in the state of Michigan as a whole, averaging 36 per year.

An estimated 4% of all births in Branch County occur at home, in comparison with national trends of 1% home births. One in four children in Branch County live in poverty. Poverty estimates for 1995 place between 10.3% and 15.4% of Branch County residents below the poverty line. With a recent downturn in the economy, this number is on the rise. It is estimated that between 465 and 630 preschool children in Branch County live in poverty and in a single mother household. Approximately 100 substantiated referrals for child abuse occur in Branch County each year. Overall, Branch County has a greater prevalence of families with young children who are in high-risk situations than other Michigan counties.

Coldwater, the county seat, has the only hospital in the county and provides most of the non-agricultural jobs. Agriculture is the major industry. Latino migrant workers began working as seasonal harvesters about ten years ago. In recent years, many Latinos have permanently settled in the Coldwater area. Amish families make up a good percentage of the rural population. Although their children are required to attend school, this law is not enforced. Most Amish do not participate in community organizations, nor do they accept government services. Branch County also has a thriving Arabic-speaking community. The Arab women usually do not work, which limits the hiring of staff who can overcome the language barriers to serve the children in this community.

Recent economic developments have made it difficult for many families who own farms. In previous years, more than one firm offered competitive prices on various commodities. In the past few years, only one purchaser has bid on certain crops, meaning

that the farmers had to accept the price offered. The number of commodities with only one purchaser willing to transport from the area is increasing. A Walmart warehouse provides many of the non-agricultural jobs in Coldwater. A few factories in the south part of town also provide jobs.

### *History*

Success By Six grew from a committed group of Branch County citizens. In late 1996, The Branch County Family Services Network recruited a work group of agency representatives and parents. Participants reviewed services for Branch County children under the age of six, with the goal of developing a seamless system of services that would meet the needs of young families.

Branch County Family Services Network appointed a second work group to develop an action plan in the summer of 1997. This action plan was submitted in August 1998, and funds were solicited and granted from the Michigan Family Independence Agency (FIA). This project was entitled "Birth to Six." It was designed to fill existing gaps in early childhood services. Michigan State University was hired as the evaluator of this program. Funding was lost from Michigan Zero to Three in 2000, but the program continued to operate using local Strong Families/Safe Children and other funds, including a FACT grant from Michigan State University (Rumenapp, George, Bappert, Deal, & Fitzgerald, 2000). The name of the project was changed to "Success By Six" in November, 1999.

In the spring of 2000, funding for the program was received through AmeriCorps, and the Family Support Program began operation on October 1, 2000. Thus, before the ASAP-PIE funding began in April of 2001, a Success By Six phone line staffed by

AmeriCorps members was in place. An early childhood specialist operated a home visitor program, based on the Healthy Families America model, using the Parents as Teachers curriculum. AmeriCorps members are also trained and serve as home visitors in the current Family Success Program, which is part of the Success By Six system.

### *Program Structure*

Success By Six is a system of interconnected agencies and community services. A monthly meeting of the Success By Six Committee is the major point of interconnection. This committee is a standing committee of Branch County's multi-purpose collaborative body designed to address issues related to young children and their families. Members of the Success By Six Committee include parent representatives, community agencies, and schools. The Success By Six phone line acts as a referral source for all the agencies.

Separate work groups, in addition to the monthly meeting on the first Monday of the month, have met for various periods of time. One work group composed of line workers and supervisors discussed more substantive issues for connecting agencies together. Another subgroup reviewed infant mortality in Branch County and made recommendations for preventive efforts to the larger Success By Six group.

Early childhood services funded through the Success By Six ASAP-PIE are administered through Branch County Intermediate School District (ISD), and its superintendent. The district contains three different school districts, Bronson, Quincy, and Coldwater.

Program administrators and staff share the Willowbrook office with Branch County ISD's early childhood services, such as Early On, Michigan School Readiness, and Head Start. This location houses support staff for the Success By Six phone line and

community collaborative work, Family Success Program supervisors and specialists, and two groups of home visitors. The first group of home visitors was funded by the AmeriCorps grant. The AmeriCorps funding is used to run a portion of the home visitor program, particularly for low-risk families. The remainder of the Family Success Program is supported by ASAP-PIE funding. Community connections and workgroups are encouraged by the ASAP-PIE initiative. ASAP-PIE funds several services, including a substantial media campaign to create awareness of the Success By Six phone line and family programs.

### *Program Model*

The Family Success Program uses a home-based program of service delivery. The Parents as Teachers (PAT) curriculum offers developmentally appropriate activities for young children to enhance their school readiness skills. In addition to home visitor services, playgroups, parent education, and developmental screening are part of the PAT curriculum. Health, vision, and hearing screenings are also part of the Success By Six plan.

*Participants.* The evaluation is based on data from 641 families who had participated in the Family Success Program at some time since its inception. Some families had incomplete information. Demographic information based on a family risk checklist was available for 604 of the 641 families. Of these families, 35% were single mother households. Fifty-three percent were considered to be low-income, and 18.2% lacked a stable residence. Ethnicity information from 247 families listed 87% as Caucasian, 10% as multi-racial, and 3% as Latino. The average amount of school completion for mothers ( $n = 208$ ) and fathers ( $n = 170$ ) was 11.9 years.

*Staffing.* A combined staff of AmeriCorps and ASAP-PIE Family Success Partners provide home visits for Branch County families. ASAP-PIE funded staff have a bachelor's degree in an early childhood field or a bachelor's degree in an unrelated field plus experience working with young children. The ASAP-PIE staff also directs parent-child playgroups and parent education groups. Three professionals, i.e., nurses or social workers, acted as supervisors for line staff. Supervisors routinely attend home visits with the home visitors. In April, 2003, 14 staff members completed home visits.

#### *Recruitment*

##### *Program Eligibility*

The Family Success Program (FSP) provides universal services for Branch County families with children under the age of six. Families with children over the age of three enroll in playgroups and participate in preschool programs rather than participate in the PAT home visiting program. However, at-risk families may benefit from continued FSP home visiting in addition to services for preschoolers provided by other community partners.

##### *Recruiting Strategies*

Success By Six has focused on recruitment through community awareness. In September, 2001, a random telephone survey of 405 Branch County residents indicated that 68% of the families with children under the age of six years had heard of Success By Six. A media consultant produced radio spots and television commercials to advertise the Success By Six phone line and related services. Contact information was displayed in local businesses, restaurants, laundromats, grocery stores, and preschools. In addition, FSP staff members operated booths at the county fair, harvest festivals, and other

community events. A car seat inspection and family fair attracted a large number of families.

The Success By Six phone line was publicized as a number for families with young children to call with questions or requests for referral. During 2001 and 2002, this line received 279 calls from an agency or parent needing access to services. In addition, the line received 212 calls from families requesting R.E.A.D.Y. kits and information about services.

At the local hospital, the Community Health Center of Branch County, a Family Success Program nurse specialist made daily rounds presenting Success By Six to patients. This collaborative effort between the hospital and the Family Success Program provided 31% of all referrals ( $n = 459$ ) during the first year of operation. Local obstetricians, for the most part, also referred patients to Success By Six. Notebooks explaining community services available to families with young children in the Branch County area were prepared and distributed to the hospital and obstetricians offices. Success By Six partners are represented in these notebooks along with other community organizations.

Initially, home visiting services were offered to Branch County families participating in other early childhood programs operated by Branch ISD, such as Head Start and Michigan School Readiness. These families combined with existing families served through AmeriCorps funds formed a ready clientele for ASAP-PIE home visitors. During the first year of operation, community awareness grew and more families with infants requested services. In March of 2002, Branch ISD shifted the focus of home

visiting to children between the ages of zero and three. Older children were encouraged to transition to playgroups and preschools.

While all families were eligible for services, a two-tier system for servicing families was also instituted at this time. Those families who had two or more risk indicators on a checklist of family risks (e.g., single parent, low-income, lack of stable housing) were designated as at-risk families. These families were assigned ASAP-PIE home visitors rather than AmeriCorps workers. While all home visitors received training once employed, ASAP-PIE home visitors had received college degrees with experience in early childhood education. AmeriCorps workers were only required to have a high school diploma.

*Enrollment.* In December, 2000, 26 families were enrolled in the home visiting program, initially entitled the Family Support Program. Home visitors funded through ASAP-PIE were hired and trained in the summer of 2001. By September, 2001, 92 families representing 121 children and 10 expectant mothers received home visits through combined AmeriCorps and ASAP-PIE staff. One year later, 314 families were participating in the home visiting component of the Family Success Program. As of April, 2003, 5,592 home visits had been completed. During the first year of ASAP-PIE operation (June, 2001-July, 2002), over 300 families who did not participate in the home visiting program attended at least one group meeting, such as parent-child playgroups or parent education groups. Playgroups continued to serve Branch County during the second year of operation; parent education groups were coordinated with other community partners, such as MSU Extension, as the program developed.



## *Services Provided*

### *Home Visits*

Each family was scheduled for weekly, biweekly, or monthly visits from the home visitor, depending upon family needs and desires. ASAP-PIE home visitors had a bachelor's degree and some experience in working with families. The PAT curriculum is designed to help parents understand what can be expected for their child at each stage of development. The curriculum also provides developmentally appropriate learning activities for parents to teach their children school readiness skills. Home visitors worked in conjunction with the family to establish an Individual Family Service Plan (IFSP) for each young child in the family. The family may have been referred to specialized services, such as speech therapy or social services, at their request.

### *Playgroups*

One hundred forty-four parent-child playgroups were held between June 2001 and July 2002, including 35 parent education meetings and 144 parent-child playgroups. Coldwater, Bronson, Quincy, and Union City operated playgroups at least once a month. Some playgroups, such as the one in Coldwater, met more frequently. The curriculum varied depending on the needs of the parents. Group leaders reported that parents who participated in playgroups often developed a support system with other parents attending the same group.

### *Parent Education*

In the first year of implementation, ASAP-PIE home visitors held 35 parent education meetings. Parents reported learning stress management techniques, how to budget money, and how to cooperate with their children. Safety classes emphasized the

importance of smoke and carbon monoxide detectors. Parents were taught how to select safe, age appropriate toys for their children. Parents also enjoyed learning how to make games and toys for their children. Two members of the Success by Six Committee, MSU Extension and 4-C Child Care Resources, also provided early childhood education classes.

### *Screenings*

All children who participated in the Family Success Program received developmental screenings along with their home visits. Two measures are used to assess developmental status, the Ages and Stages Questionnaire (ASQ) and the Infant-Toddler Developmental Assessment (IDA). The ASQ was initially planned for use in low-risk cases cases, while the IDA was administered to high-risk families as determined by a risk indicator checklist. In addition, every fifth child in a low-risk family was to be screened with the IDA. Statewide evaluation requirements encouraged a shift to the use of the IDA for all children between the ages of zero and three years. As of October, 2002, the ASQ was used only for assessment of children between the ages of 3 and 6 years.

The ASQ assesses achievement of normal developmental milestones at specific times from four months to sixty months old (almost every two months). The ASQ is also used as an interactive tool between the parent and infant and is administered by the home visitor. Information from developmental assessments is shared with parents.

The Infant-Toddler Developmental Assessment (IDA) is a standardized series of tests to determine a child's competency at motor, interpersonal, and language skills. For each skill, the IDA is scored according to the number of activities a child can perform when tested. For example, children aged 24-30 months will be tested for their ability in

three basic gross motor functions including jumping from a step, walking up steps, and walking on tiptoes. The child's score for this test will be the number of activities that are completed, and the number of activities completed defines the child's competence.

If tests indicated a developmental delay, parents were referred to other programs, where they received more intensive services. Screening for developmental problems was available through home visitor programs. Universal screening, however, had not occurred. An earlier plan involved a nurse visit as a follow-up to the hospital birth. Some infants may develop unidentified problems if they receive in-home childcare, stay at home with family members, and do not take advantage of the home visitor program. Gaps in screening services and solutions for these problems remain to be developed.

The Health Department provided health, hearing, and vision screenings. Home visitors were able to conduct preliminary screenings; children were then referred for more extensive screenings as needed.

### *Community Building*

The Success By Six Committee is a community-based committee that concentrates on 0-5 issues and is not solely focused on ASAP-PIE. It meets on a monthly basis. The committee has thirty-two members, including representation from various agencies, schools, and parents. The role of this committee is to coordinate 0-5 community services and ensure information sharing.

The Local Interagency Coordinating Council (LICC) is a subgroup of Success By Six. The LICC is a Special Education mandated committee for Early On, a 0-3 early intervention program for children with special needs. Early On collaborates with the

Family Success Program and provides data to Michigan State University for evaluation purposes.

Partner agencies committed to displaying Success By Six brochures, parent newsletters, and other information. They also referred families to the home visitor program to receive a home visit, a R.E.A.D.Y. kit, an introduction to the Parents as Teachers curriculum, and other Success By Six services. They developed a common interagency release of information form; however, varying internal requirements for partner agencies have created some barriers to its use.

Collaborative activities by community partners endeavor to create a seamless continuum of services for Branch County families. Branch County's grant proposal stated that "cross referral, cross training, constant communication, common referral and planning forms (like the IFSP) help us approach that ideal of a seamless continuum . . . the commitment of time by local agency staff members to meet and discuss IFSP's will mean more integration, less disjointed service and better tracking through kindergarten entry."

## **COLLABORATIVE PARTNERS PROVIDING FAMILY SERVICES**

**Branch Intermediate School District.** Branch ISD directs funds to the Family Success Program. This program provides home visiting, playgroups, parent education classes, and screening for developmental/health problems. The Success By Six phone line and referral system is funded through Branch ISD. Data collection and evaluation support is also funded through ASAP-PIE.

**Branch County Intermediate School District (Head Start, Michigan School Readiness, Early On, Special Education).** These early childhood programs are housed in the Willowbrook office and share some resources. They provide referrals to the Family Success Program. These agencies also provide developmental screening.

**Branch-Hillsdale-St. Joseph Community Health Agency.** Refers families to program. Provides developmental, health, hearing, and vision screening.

**Community Health Center of Branch County (CHC).** The Coldwater hospital provides screening of newborns. They offer access to a nurse specialist from the Family Success Program who explains the program to new mothers.

**Michigan State University Extension/Building Strong Families.** Provides parent education classes. Refers families to program.

**4C Child Care Resources.** Child care referral agency. Provides early childhood education classes.

**Family Independence Agency (FIA).** Refers families to program.

**MSU Extension.** Refers families to program. Provides parent education groups.

**Shelterhouse.** Domestic assault shelter. Refers families to program.

## **COLLABORATIVE PARTNERS PROVIDING OTHER SERVICES**

**Local Business Community.** Donates food and supplies. Displays contact information for Success By Six.

**Board of Education.** Assists in the evaluation of Success By Six; compares Success By Six to other ASAP-PIE recipients.

**Local Media Sources.** Runs public service announcements and cable bulletins and covers ASAP-PIE progress.

Partner agencies in the Success By Six network identified collaboration as an area of concern. In response, the Success By Six Committee held a series of meetings to discuss barriers to collaboration and set goals for future progress. An independent facilitator from Outreach Partnerships at Michigan State University met with mid-level management from community agencies on four separate occasions. While focusing on assets, the group also identified challenges that may be overcome through inter-agency cooperative work.

A common vision, “Help children be happy, healthy, and ready to learn,” was previously established. Members felt that the basic Mission Statement was adequate, but refinements may be in order. A working model was previously established through an earlier workgroup; however, priorities within the model were discussed and highlighted with the assistance of the facilitator. Two key topics were emphasized: 1) ensuring that there is common understanding of the vision, and 2) working to increase trust and support within the group and among the member agencies.

Partner agencies acknowledged and addressed some barriers to sharing information and resources. Beginning to address concerns despite the conflict created within the group is viewed as a positive step towards a higher level of collaboration (Himmelman, 1994; Reed, Brown, Whyte, & Keith, 2002). Specific suggestions included creating a centralized database to track and coordinate services to specific families and children across all providers and including line staff in FIA's "Resource Lunches" that introduce community agencies to line staff. Currently, most line staff have limited contact with other agency personnel or understanding of other agency procedures. Other challenges that have not yet been addressed as well as accomplishments of the Success By Six Committee are listed below:

Accomplishments	Challenges
<ul style="list-style-type: none"> <li>• Have built cross agency relationships</li> <li>• Have gotten several major grants</li> <li>• Have held joint events, like the Job Fair</li> <li>• Have implemented effective marketing plans, including The One Phone Line</li> <li>• Have developed joint products, like the OB Notebooks</li> <li>• Have made some services available to all kids, like the Playgroups</li> <li>• Are able to identify kids with problems earlier</li> <li>• Are helping more children transition out because they reach age appropriate developmental milestones</li> <li>• Have successfully increased publicity, over 70% of families in the county with children under six say they have heard of the program</li> <li>• The new gubernatorial candidates are more aware of the needs of families with young children</li> <li>• Local politicians are also more aware</li> <li>• There are more staff who are knowledgeable about early childhood</li> </ul>	<ul style="list-style-type: none"> <li>• Organizing the work so that the right people are working on the right task each time in a timely way</li> <li>• Finding ways to increase parental input</li> <li>• Avoiding duplication of services</li> <li>• Clarifying the age of entry into the system</li> <li>• Improved training, especially in private day care</li> <li>• Increasing the number of agencies providing family friendly services</li> <li>• Be clearer on what families need</li> <li>• Improving the ease of their access</li> <li>• Deciding how to use evaluation results to change programs over time</li> <li>• Improving the “group culture” and the capacity to confront one another about difficult things</li> <li>• Determining if the agencies are providing universality of access versus universality of service.</li> <li>• Being clearer about what we mean by “coordination.”</li> <li>• Determining the degree that cross agency collaboration may be blocked by issues such as confidentiality or enhanced by cross agency agreements</li> <li>• Establishing subgroups to work out more detailed suggestions for the full group to consider.</li> <li>• Establishing a group list serve to facilitate faster and broader communication.</li> <li>• Breaking up the effect of categorical funding that limits flexibility of services while coping with reducing resources.</li> </ul>

Coordinators of agency services, or mid-level management personnel, attend monthly meetings of the Success By Six Committee. These meetings allow participants



to discuss a common vision and share resources in a limited way. However, upper management had not been included in community network planning meetings. The lack of communication between CEO's of nonprofit and government agencies both with their management staff and with other agencies limited the ability of mid-level managers to make firm commitments to collaboration. Lack of authority delegated to mid-level managers limited the ability of the Success by Six group to progress.

In order to address these needs, the Success by Six group organized the first CEO summit on October 31, 2002. This summit generated support among community members. Major accomplishments of the program itself were presented to member agencies. Both progress and barriers to increased collaboration were reviewed. Plans were formed to renew organizational commitments and to increase cooperative work activities. During the winter and spring of 2003, Success By Six drafted a revised logic model for cooperative family services in Branch County.

In summary, future plans to continue the development of community connections are in place. The Family Success Program home visitors are highly knowledgeable about available community resources due to extensive training in this area, and this assists in cross-referrals. Sharing of information and resources among agencies benefits families in Branch County, particularly those families with greater needs. Further coordination of services will allow for multiple agency involvement without making families feel uncomfortable.

#### *Local Evaluation*

The first half of the acronym, "ASAP-PIE," reads "All Students Achieve Their Potential." The program is designed to help all students, regardless of their income level,

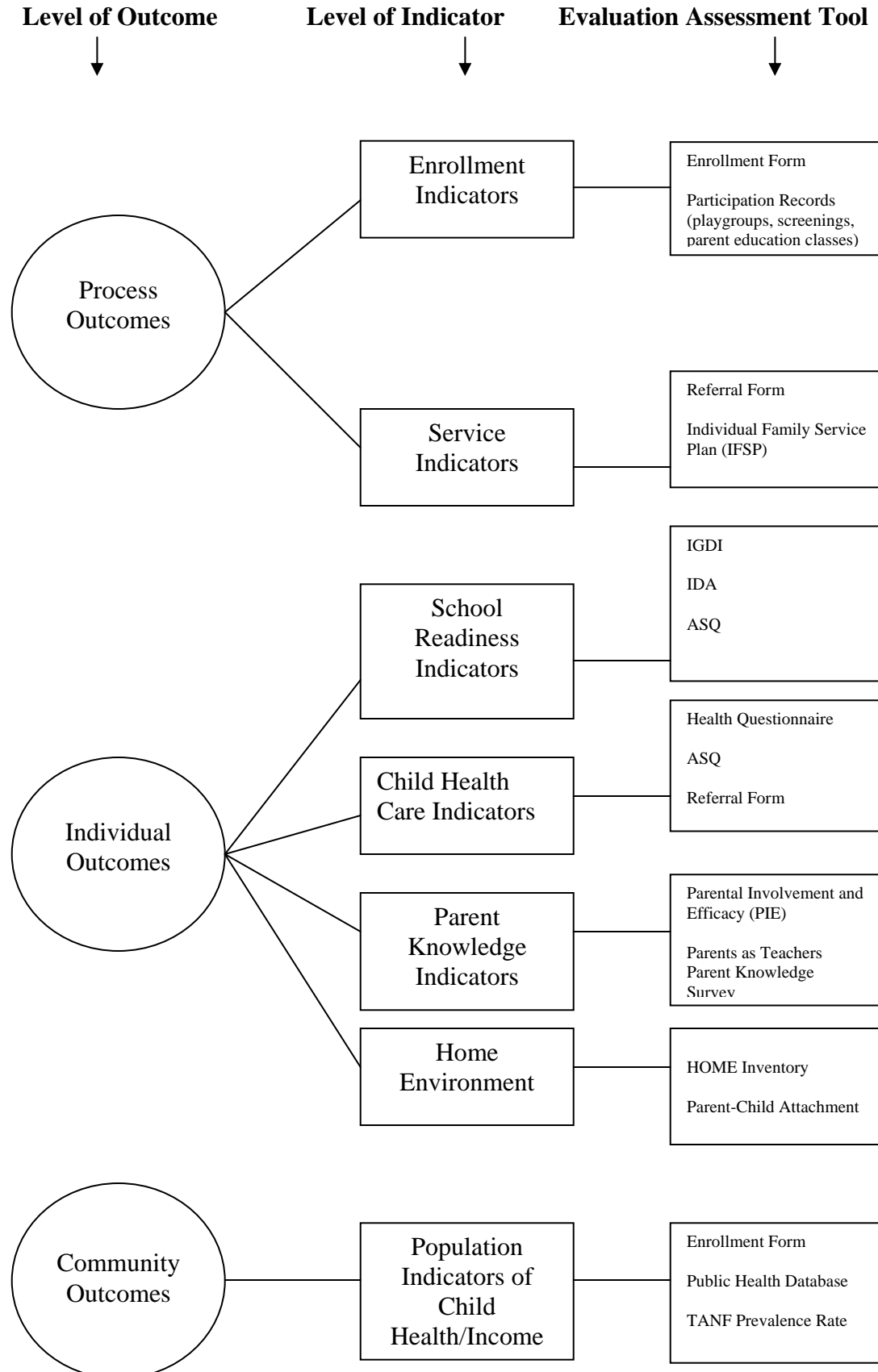
achieve in school. Michigan State University Outreach and Engagement, under the direction of Dr. Hiram Fitzgerald, evaluated the program, examining school and family factors among program participants.

We examined children's competencies, specifically those competencies that affect school readiness. Social skills, emotional strengths, physical development, and academic abilities are essential for children's early school success (NAEYC, 2000). In accordance with current knowledge about school readiness, we assessed motor skills and social skills in addition to language and math skills.

The last half of the acronym "ASAP-PIE" reads "Parent Involvement in Education." Improvements in parental beliefs about child development and school participation will be assessed through survey measures analyzed by MSU. Family Success staff is tracking the number of parenting programs offered, such as playgroups and educational meetings, to provide process measurement. Parent playgroups and other Success By Six programs within the community aim to assist parents in their role as teachers of their children and prepare them for a cooperative learning experience within the school system.

A model of the evaluation is displayed on the following page.

**EVALUATION MODEL**



Initially, Success By Six invited kindergarten teachers to assist in determining a baseline of school readiness within the county. Because of the differences of administration within the intermediate school district, kindergarten teachers are not required to participate in Success By Six programs. This created a barrier to tracking school readiness. Differences of opinions about what constitutes school readiness, whether students should be tested, and the efficacy of Success By Six resulted in a temporary discontinuation of the baseline test project. However, Head Start child outcomes data were collected in the 2001-02 school year.

In the spring of 2003, Success By Six tested children who were eligible to enroll in kindergarten in the fall of 2003. Through the cooperation of all three county school districts, Branch ISD staff and trained volunteers visited kindergarten roundups and Head Start classrooms throughout the county. Parents and children were invited to participate in a brief assessment. Children entering Branch County kindergartens participated in this baseline test ( $n = 467$ ). The Individual Growth and Development Inventory (IGDI) assessed pre-literacy skills. Also included were a measure of parental beliefs, the Parent Involvement and Efficacy measure, and a survey of services received.

In addition to the baseline test of school readiness, Family Success Program home visitors assessed the progress of their clients through multiple measures. The Individualized Family Service Plan (IFSP) provides basic demographics and family information used in the evaluation. The IFSP is an agreement between families and the service agencies. It describes plans to serve the family, including the agencies that will support the child's developmental needs.

The IGDI measured early literacy skills for children over the age of 3 years. The Healthy Families Pinellas Parent-Child Attachment Assessment was initially used as a measure of the parent-child relationship. The Home Observation for the Measurement of the Environment (Caldwell & Bradley, 2002) was incorporated into the evaluation in lieu of the Parent-Child Attachment Assessment in the spring of 2002. This well-established measure provides information about parent-child relationships, parenting practices, and the physical environment of the home.

For children under three, the Parents as Teachers Parent Knowledge survey was used. All families completed the Parent Involvement and Efficacy measure of parental beliefs (Diener, Nievar, & Wright, 2003). The Infant-Toddler Developmental Assessment (IDA) and the Ages and Stages Questionnaire are used to measure motor skills, social skills, and cognitive skills. The original data collection plan called for all low-risk families to be evaluated by the Ages and Stages Questionnaire (ASQ). High-risk families were initially evaluated with the IDA. However, the ASQ measure may be more biased than the IDA. A parent, generally the mother, reports how the child is progressing in various areas of development with the assistance of the home visitor. The IDA is an assessment of child development completed by a trained early childhood specialist. It is considered to be a more accurate measure of children's skills. In the spring of 2002, Branch County discontinued the use of the Ages and Stages Questionnaire (ASQ) for low-risk children between 0 and 3 years of age, replacing it with the IDA.

In the summer of 2003, Michigan State University created a database for Branch County Data using MS Access and Visual Basic. Access was chosen because it is a

relational database, which allows various connections between related tables and permits the storage and easy access of large amounts of related data. After this database was created, data entry was transferred to the Coldwater site.

The following data analyses examine children's development. Low-risk children were assessed with the Ages and Stages Questionnaire, and high-risk children were assessed with the IDA through the fall of 2002.

### *Ages and Stages Questionnaire*

Even for low-risk families, the Family Success Program appeared to be effective. The Ages and Stages Questionnaire (ASQ) measures five areas of development: 1) language, 2) gross motor skills, 3) fine motor skills, 4) problem solving, and 5) social-emotional development. Problem solving was not examined, but areas traditionally considered to be predictors of school readiness--language skills, social skills, and motor development--were a primary focus. To measure the dosage of the program, we used monthly cumulative visit reports from the home visitor program records. Of 121 families, 63% had just begun the program and 16% had received eight or more home visits by the end of the month of the Ages and Stages Questionnaire test.

We compared Ages and Stages Questionnaire (ASQ) scores of these two groups of children. Statistical analysis included analysis of variance (ANOVA), comparing scores on ASQ categories and family risk levels between two groups. A one-tailed ANOVA was significant at the .05 level for the language development category,  $F(2, 117) = 2.63$ , and for the social-emotional development category,  $F(2, 118)$ . This indicated that those children in families who had received eight visits by the end of the month when their

ASQ test was completed scored significantly higher on both language and social skills than children who had just begun the Family Success Program.

It is possible that the families who received more services had fewer problems. The higher scores of in-program families would then be attributable to better family health, rather than program services. In order to test for this possibility, we created a risk index based on the checklist of risk indicators that was administered by referring agencies or at the first home visit. This index included the following family risks: low-income status, unstable housing, substance abuse, parent with mental illness, difficult child temperament, and teenage mother. Each risk listed for a family was counted as one point, resulting in a total possible risk score ranging from zero (no risks present) to seven. Our analysis showed no significant difference in risk levels between the two groups, suggesting that the higher language scores of the group with more program participation were not attributable to pre-existing risk. There was also a trend for children in the group that had received program services to have better fine motor skills ( $p < .10$ ). There was no program effect on gross motor skills.

#### *Infant-Toddler Developmental Assessment*

The Infant-Toddler Developmental Assessment (IDA), a standardized series of tests of motor, social, and language skills, was mostly used to assess children from high-risk families. High-risk families had two or more risk indicators on the risk checklist completed at enrollment. For each skill, the IDA is scored according to the number of activities a child can perform when tested. Activities vary according to developmental level.

For each skill tested by the IDA, there is a basic score that a child needs to be rated as “competent.” These basic scores vary by the age of the child at the time of the test. Although age categories differ slightly between skill areas, most of the areas change required skills at the following age levels: 1-2 months, 2-4 months, 4-7 months, 7-10 months, 10-13 months, 13-18 months, 18-24 months, 24-30 months, and 30-36 months. Age categories specific to each skill are displayed in Figures 1 – 8:

Figure 1. IDA Relationship to Persons Skills for program children and control group.

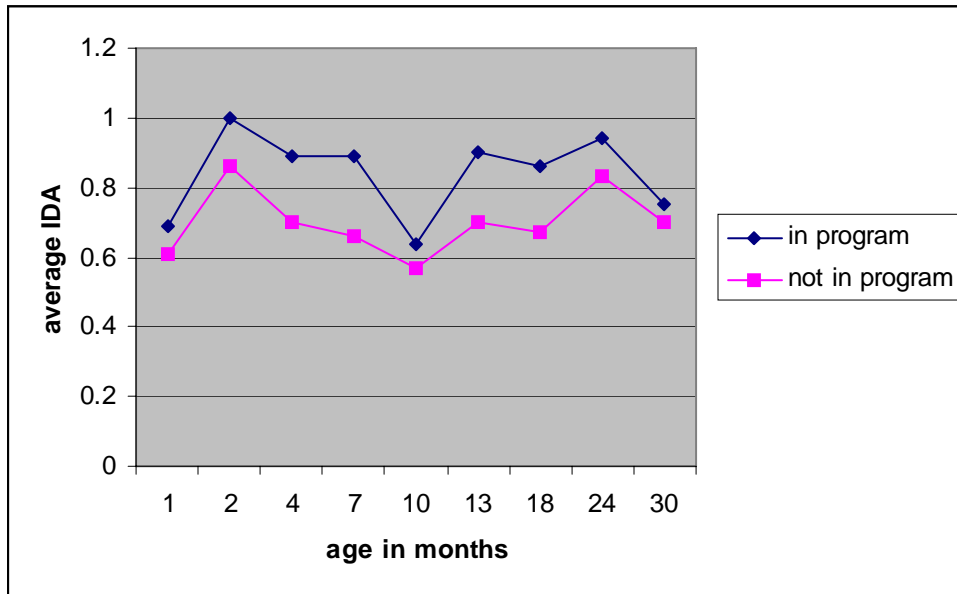




Figure 2. IDA Coping Behavior Skills for program children and control group.

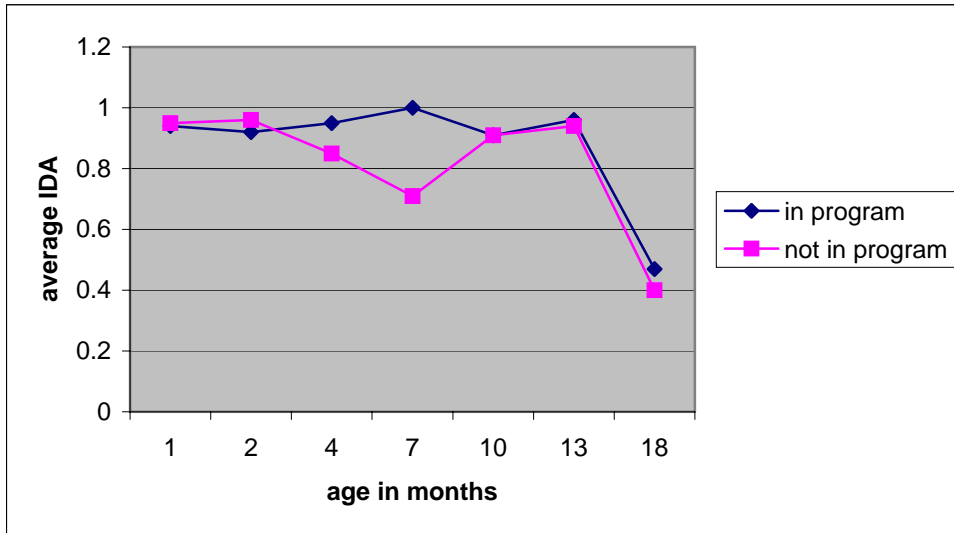


Figure 3. IDA Self-Help Skills for program children and control group.

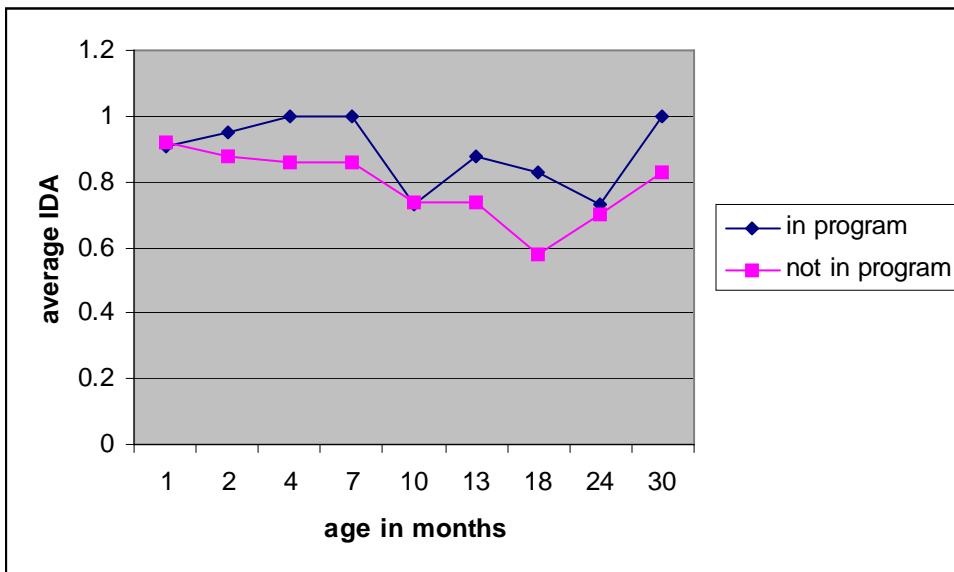


Figure 4. IDA Emotions and Feeling States for program children and control group.

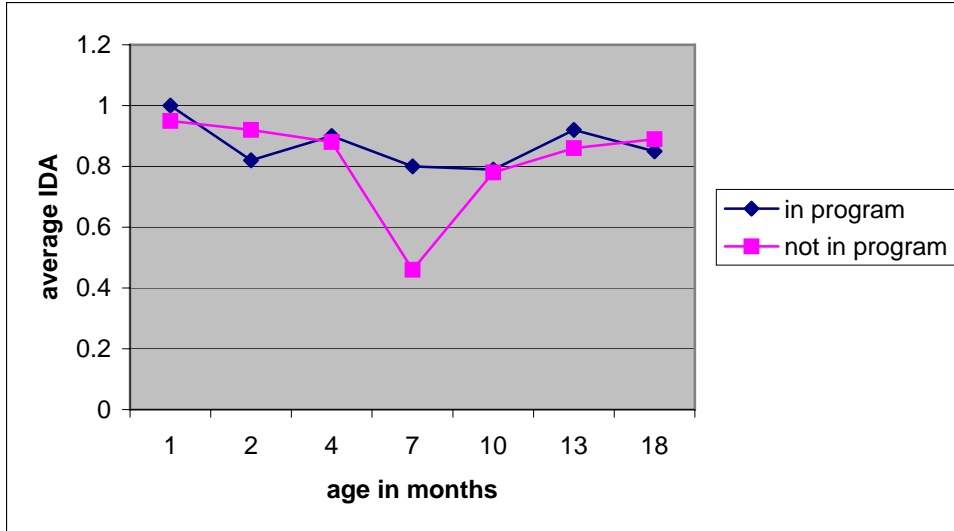


Figure 5. IDA Relationship to Inanimate Objects for program children and control group.

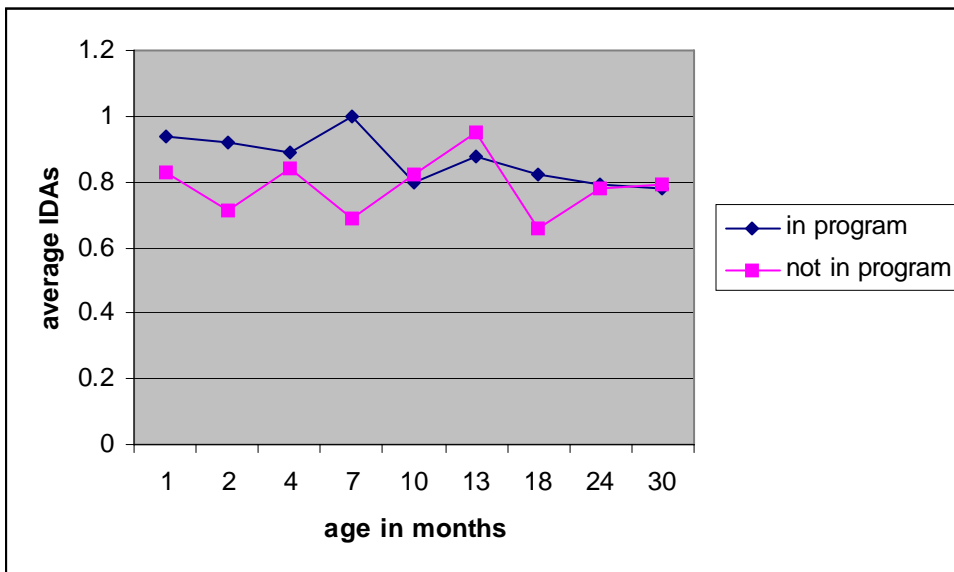


Figure 6. IDA Language and Communication Skills for program children and control group.

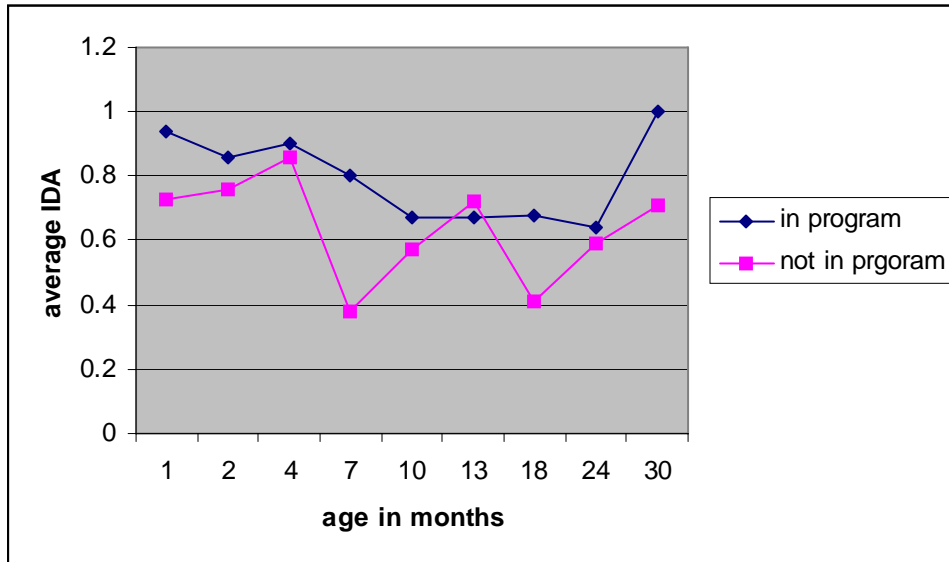


Figure 7. IDA Gross Motor Skills for program children and control group.

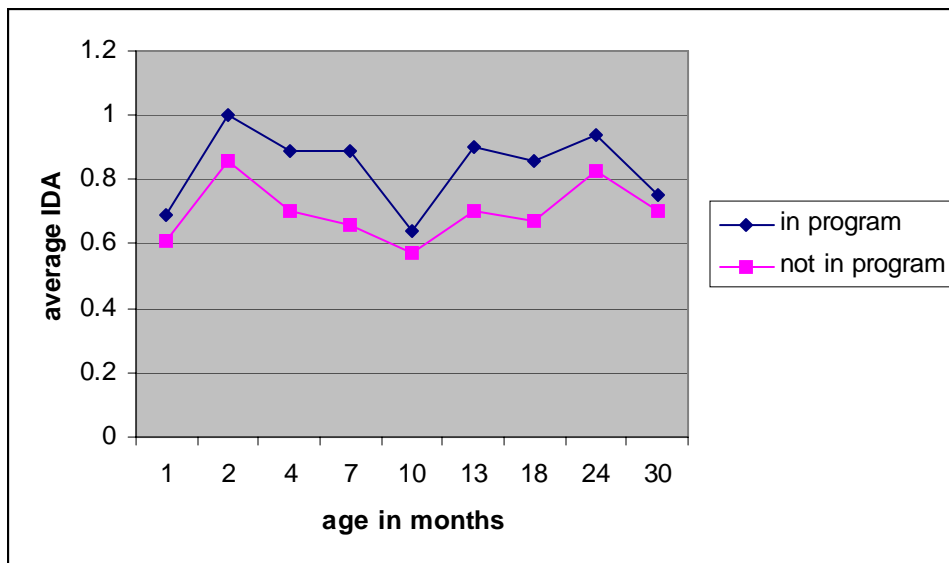
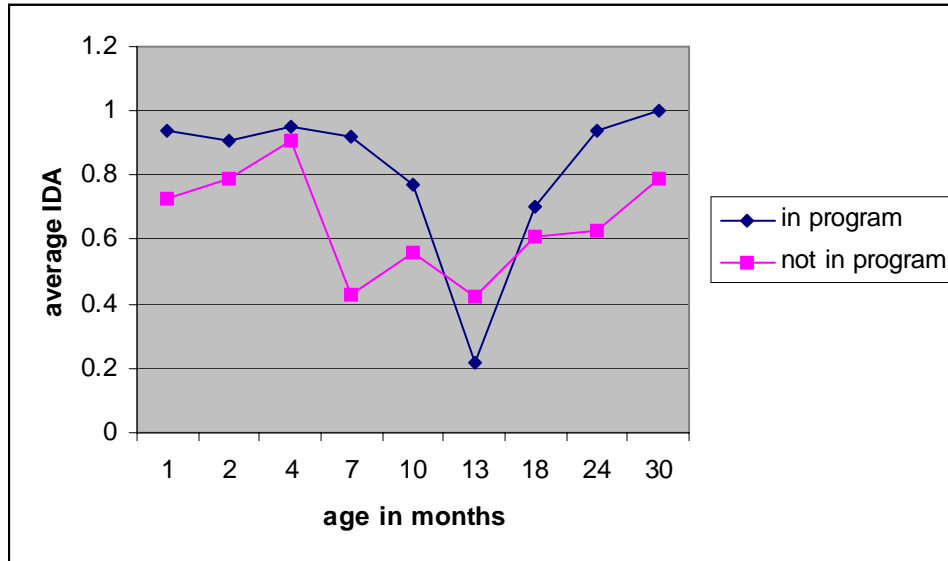


Figure 8. IDA Fine Motor Skills for program children and control group.



The IDA database of high-risk families contains 196 families who received the home visitor program and 404 families who were pre-tested but did not enroll in the program. We randomly selected one child from each family for the purpose of examining program effects.

Each child was tested in eight different areas: social relationship skills, coping behavior, self-help skills, emotional development, relationship to inanimate objects, language and communication, gross motor skills, and fine motor skills. Average scores for each of the two groups are displayed above. It is evident that children who received services performed at a higher level than those who did not receive services. Across all tests and age levels, 76% of the 49 tests showed better performance among children who received services.

We compared risk levels between the two groups for a subset of families who had a risk assessment, IDA test, and Family Success Program dosage information ( $n = 130$ ). An analysis of variance between the two groups indicated that families who received services ( $n = 67$ ) tended to have more risks at the outset than families who did not receive services ( $n = 63$ ). Thus, the higher scores for children who continued in the program is even more substantial evidence of positive program effects. This also suggests that the Family Success Program reached families who needed the services the most.

#### *Parental Involvement and Efficacy*

An 18-item scale, Parent Involvement and Efficacy (PIE) (Diener, Nievar, & Wright, 2003), measures beliefs about the importance of parental involvement in teaching children and parent knowledge about how children learn. Mothers filled out the survey up to three times: 1) pre-test, 2) review, and 3) post-test. At the time of the first administration (called the pre-test), 34 families had just begun the program, 43 families had received some instruction, and 68 families had received eight or more home visits by the end of the month in which they were tested. There was no significant difference between the group just beginning the program and the group receiving eight or more visits.

Plans have been made to administer the PIE again after four months. However, there were only 38 families in our database who completed both a pre-test and a four-month review. In addition, only 9 families completed post-tests of the PIE. Additional post-test information was scheduled to be obtained when families left the program.

### *Kindergarten Roundup*

A baseline test of entering kindergarteners contained information about 464 children. However, 21% of the families interviewed did not have information about services received. Among the families who reported the type of services received, the following percentages of children received services for at least three months: (a) 6% in the Early On program, (b) 5% in the Family Success Program, and (c) 2% in special education. Of the 24 children in the Family Success Program attending kindergarten roundup, 6 also received Early On and 1 received both special education and Early On. The limited number of children who participated in the Family Success Program does not allow for direct comparison with non-participants within the kindergarten roundup survey.

To determine whether the Family Success Program was reaching families with more needs than average, we compared families in the Family Success Program with families in the kindergarten roundup. In addition, we deleted information from the kindergarten round-up database for families who received more than three months of the Family Success Program.

The average parent of the kindergarten round-up children had completed some post-high school training; the average parent in the Family Success Program did not graduate from high school ( $m = 11.9$ ).

We also compared parental beliefs about school readiness (Parent Involvement and Efficacy) between families in the program who had received less than two visits and families in the kindergarten round-up. On average, parents in the kindergarten round-up had more correct beliefs about school readiness.

It appears that children in the Family Success Program came from less advantaged homes than the average preschooler attending kindergarten round-up. Thus, we conclude that the Family Success Program is reaching children who are more disadvantaged, and, certainly, these are the children who could benefit the most from this program.

### *Conclusion*

In summary, Success By Six and The Family Success Program provided valuable child and family services to the Branch County community. Services included home visits, parent/child playgroups, parent education, and screenings for hearing, vision, and development. Children who received home visits appeared to be improving in areas that will help them achieve in school. Home visitors from the Family Success Program reached at-risk families, those families who could benefit the most from the program.

Although the Success By Six collaboration appeared to meet its goals in targeted areas, needs of preschools and child care centers were not adequately addressed. To improve the quality of early child care education, local providers need access to developmentally appropriate training. In addition, inter-agency collaboration issues, such as duplication of services, client confidentiality, and categorical funding constraints, limit the ability of Success By Six to serve its youngest citizens.

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