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Supporting Low-Income Parents of Young Children
The Palm Beach County Family Study Fifth Annual Report
Executive Summary

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2011

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Recommended Citation

Spielberger, J., Rich, L., Winje, C., Scannel, M., & Gouvêa, M. (2011). *Supporting Low-Income Parents of Young Children. The Palm Beach County Family Study Fifth Annual Report Report Executive Summary.* Chicago: Chapin Hall at the University of Chicago

ISSN: 1097-3125

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Acknowledgments

This fifth and final report of the Palm Beach County Longitudinal Study would not have been possible without the participation of a large number of people in Palm Beach County. We acknowledge Tana Ebole, Nate Nichols, Grace Watson, Jeff Goodman, Laura Fleischman, Kim Lu, Anna Reardon, Tanya Palmer, Sarah Gosney, and Scott Davey of the Children's Services Council; Denise Pagan of the Florida Department of Health; Donghai Xie at the School District of Palm Beach County; and Fran Smith and Mark Holsapfel of the Florida Department of Children and Families (DCF). All of these individuals helped in various ways to clarify the goals and activities of the service system in Palm Beach County, to review our methodology and data collection instruments, and to obtain administrative data.

In addition to assisting us with our sample development and shepherding the interview process through some difficult periods, the staff of Westat—Crystal MacAllum, Gail Thomas, and their field staff—was an invaluable source of information and guidance every step of the way as we developed our interview and consent protocols for the study. They also contributed information that assisted us in our analysis and interpretation of findings.

We also wish to acknowledge the contributions of Chapin Hall staff who were part of the research team, especially Kristin Berg, LaShaun Brooks, Rosemary Gill, Allen Harden, Lisa Michels, and Alana Gunn, and additional field staff who conducted qualitative interviews. In addition, we appreciate the support and guidance we received from the following Chapin Hall staff and former staff during the early years of the study: Deborah Daro, Robert Goerge, Harold Richman, John Schuerman, Ada Skyles, and Matthew Stagner.

It goes without saying that we are greatly indebted to the families who are participating in this study. Although, for reasons of confidentiality, we cannot thank them by name, they have opened their doors to us, given us a glimpse into their lives and parenting practices, and shared their goals and hopes for their children and themselves. We have learned and are continuing to learn an enormous amount from them.

Last, we are indebted to the Children's Services Council of Palm Beach County for its commitment to learning from research about the families and communities they serve and how to improve their services, as well as its generous support of this study.

Introduction

During the last 3 decades, considerable progress has been made in understanding the ecological and cultural context for children's development and, in particular, the harmful effects of poverty and its correlates on family functioning and child development (e.g., Bronfenbrenner 1979, 1986; Brooks-Gunn 2003; Gomby 2005; National Research Council and Institute of Medicine 2000; Olds, Kitzman, Hanks, et al. 2007; Weisner 2002). At the same time, a variety of early intervention strategies have been designed to diminish the effects of poverty on children's development and readiness for school. Increasingly, comprehensive, integrated systems of health, educational, and social services are viewed as a promising strategy for supporting healthy family functioning and child development in low-income, at-risk families (Brooks-Gunn 2003; Gomby 2005; Olds, et al. 2007; Reynolds, Ou, & Topitzes 2004).

This growing body of evidence prompted the Children's Services Council (CSC) of Palm Beach County (FL) to undertake a long-term initiative to build an integrated system of care to promote and support the healthy development of children, with a focus on the first 5 years of life. The primary goals for the Palm Beach County system of care are to 1) increase the number of healthy births 2) reduce the incidence of child abuse and neglect, and 3) increase school readiness, as indicated by the number of children who enter kindergarten ready to learn. CSC and other stakeholders began with a set of prevention and early intervention programs and systems serving families and their young children in four targeted low-income communities called the Targeted Geographic Areas (TGAs).[1] This emerging system of care involves the Maternal Child health Partnership (MCHP), a network of health and social services for high-risk pregnant women and mothers that provides universal risk screening before and after birth, targeted assessment, and home visitation. The system also includes coordinated services for families experiencing medical,

[1] There are four designated TGAs or targeted geographic communities in Palm Beach County. According to the 2003 *State of the Child in Palm Beach County*, 75 to 93 percent of children in the TGAs receive free or reduced-cost lunch; the rate of child abuse and neglect is between 4.1 and 6.6 times the county average; and crime rates in the TGAs range from 14 to 93 percent above the county rate.

psychological, social, and environmental risks that negatively impact pregnancy and birth outcomes. ; and a variety of initiatives to improve the quality of community services that support children's readiness for school, such as the Quality Counts improvement system for early care and education programs.

Research Questions and Method

CSC funded Chapin Hall at the University of Chicago to conduct a 6-year longitudinal study to examine the use and potential effects of this emerging system of care and guide ongoing system developments. Primary research questions for the study were the following:

- What are the characteristics and needs of families using the Palm Beach County system of care?
- How do these families use the supports and services that comprise this system and other formal services?
- To what extent do these supports and services improve child and family outcomes?
- How effective are these supports and services in promoting school readiness and success among children?

To address these questions, Chapin Hall employed a mixed methods approach which includes: an analysis of administrative data on service use and key outcomes over a period of 6 years for PBC county families; annual interviews for five years with a baseline sample of 531 mothers who gave birth to a child (the "focal child") in the TGAs and a 3-year qualitative study involving in-depth interviews and observations of 40 families. A total of 310 mothers were interviewed all 5 years of the study. This executive summary presents findings and recommendations from the final year of the study on these families' service use and the relationship between service use and selected outcomes, including maternal functioning and parenting, child development, and school readiness.

Findings at Year 5

Maternal Health and Health Care

An overwhelming body of evidence suggests that maternal health and functioning is essential to the early development and well being of young children. As such, CSC recognizes the importance of identifying and treating health risks and complications among mothers to prevent the sequelae of poor infant and maternal outcomes that can result without intervention. For the purposes of this study, indicators of maternal health and functioning include measures of depression, mothers' self-reported health, parental stress, and administrative data on reports of child abuse and neglect. Although a majority of mothers described their general health as "good to excellent" over the duration of the study, about one fifth reported symptoms of depression during years 2 through 5, and between 12 and 17 percent indicated high levels of parenting stress. About 7 percent had indicated reports of child abuse or neglect in the first 2

years after their child's birth, although these rates declined over time to 5 percent in year 3 and 2 percent in year 5.

More than half (55%) of the mothers n the final year of the study did not have health insurance coverage to pay for necessary physical and psychological care. In fact, only 19 percent of foreign-born mothers reported health insurance (versus 75% of U.S.-born mothers). As a result, a quarter of our study participants reported going without routine medical care throughout the years of the study; a factor that may lead to late identification of illness and more complex and expensive regimens of care.

Child Health, Development and Health Care

Based on the assumption that early child health and development are the foundation for future functioning and school readiness, the emerging PBC system of care has made improved outcomes in child health and development an essential indicator of success. As of the fifth year of the study, the majority of the focal children were reportedly meeting expectations for healthy development. According to mothers, most children were in "good" to "excellent" physical health, although a sizeable minority (19%) were said to have "special needs"—most often asthma and other respiratory problems. Most children were meeting developmental milestones in the areas of early literacy, social emotional skills, and communication.

Some groups of children, however, appeared to be more vulnerable to developmental delays than others. Foreign-born mothers, versus U.S.-born mothers, were more likely to report that their children failed to demonstrate age-appropriate social-emotional and preliteracy skills. Such differences might be attributed, in part, to cultural differences in expectations of preschool children and/or differences in opportunities to develop and use these skills.

With regard to health care, unlike some of the mothers, the majority (76%) of the focal children were covered by health insurance and receiving regular well-child check-ups. However, for the quarter of children who reportedly lack health insurance, affordable and accessible routine medical care may be difficult to obtain, thus resulting in latent identification and treatment of developmental delays and other disorders.

Parenting Practices

Parents in Palm Beach County use a variety of strategies to rear their children, many of which are influenced by their family history, culture, and belief systems. These child rearing strategies, research suggests, play a pivotal role in children's developmental progress and overall well-being. As a result, parenting practices, identified as either positive (praising children, reading stories, playtime, engaging in outside activities, etc.) or negative (spanking, hitting, losing one's temper, etc.) were an important component of our study. A majority (75%) of mothers in the study sample reported using a variety of

positive parenting strategies, and at least 50 percent of fathers reportedly did as well. Fewer mothers reported using negative parenting strategies, such as losing their temper more often than they liked (60%) or using hitting or spanking as a disciplinary strategy (25%). Interestingly, mothers reported lower incidences of negative parenting practices for their husbands/partners than for themselves.

Over time, parenting strategies evolved to meet the new demands and expectations of rearing preschool and school-age children. "Talking with teachers" was an important strategy for most parents with children in out-of-home care, preschool, and elementary school. Many mothers (75%) also reinforced their school involvement by helping with their children's homework and attending parent-teacher conferences. Overall, the majority of mothers reported high rates of school involvement; these numbers are particularly striking given the challenging work schedules and transportation barriers that many low income families must contend with in Palm Beach County.

Childcare Arrangements

As children age into toddlerhood and beyond, parents are presented with an increasing array of childcare options, including center care and publicly funded pre-kindergarten programs. Although maternal employment was the strongest predictor of the use of nonparental childcare, we also observed that parents were progressively more likely to consider non-parental care arrangements as their children turned 3 years of age and becoming more communicative and independent. In the fifth year of the study—the year prior to kindergarten for the focal children—the most frequently reported type of childcare arrangement for children was center care, followed by care by relatives, friends, or neighbors.

Childcare arrangements were associated with a number of maternal characteristics, including race/ethnicity, nativity, education, employment, and income. Black mothers (65%) were significantly more likely to use center care compared to Hispanic mothers (46%). Foreign-born mothers did not differ from U.S.-born mothers in use of center care but were more likely to use friends or neighbors, versus relatives, to care for their children. Qualitative data suggest that families' choices of childcare arrangements were also based on mothers' individual preferences, age of child, and the availability and cost of different childcare options. Study mothers who received childcare subsidies (82%) were twice as likely to have their child in center-based care, Head Start, or prekindergarten programs compared to mothers without subsidies (42%). Among mothers without financial assistance, at least one third turned to informal sources of childcare—friends and relatives—to make ends meet.

Formal Service Use

A fundamental goal of the emerging service system in Palm Beach County is to enhance the availability and coordination of services and supports to at-risk families and children. As such, mothers' access to and use of services was the focus of our study of PBC's emerging system of care. Below we provide a

snapshot of use of the Maternal Child Health Partnership (MCHP) system and other formal services among mothers in the sample:

How many mothers received MCHP services for the focal child, and what was the average duration of services?

- Four-fifths of study participants received services from the MCHP system around the birth of the focal child. The majority of these mothers receive services 3 months preceding and 6 months following the baby's birth. Approximately one-quarter of mothers who qualified for intensive care coordination received services for an average duration of 9 months post-partum.
- Mothers who received a greater intensity of services (more days of service) were more likely to have particular needs/characteristics, i.e. having multiple children, having a child with special needs, and documented physical/mental health needs.

Who received MCHP services? Who did not receive MCHP services and why?

- Mothers with more risk factors or needs, for example, teen parents, those living in poverty, and parents of special needs children, or parents with less than a high school education, were more likely to receive MCHP services and more days of service than other mothers.
- Mothers with physical and/or mental health conditions were just as likely to receive services as not, and mothers who smoked during pregnancy were less likely to receive services. We also observed unexplained disparities in service use associated with racial/ethnic and nativity status.
- According to MCHP staff, many of the parents who go without services either fail to complete the initial assessment process or become unavailable or difficult to locate following assessment.

What other formal services did mothers receive in year 5?

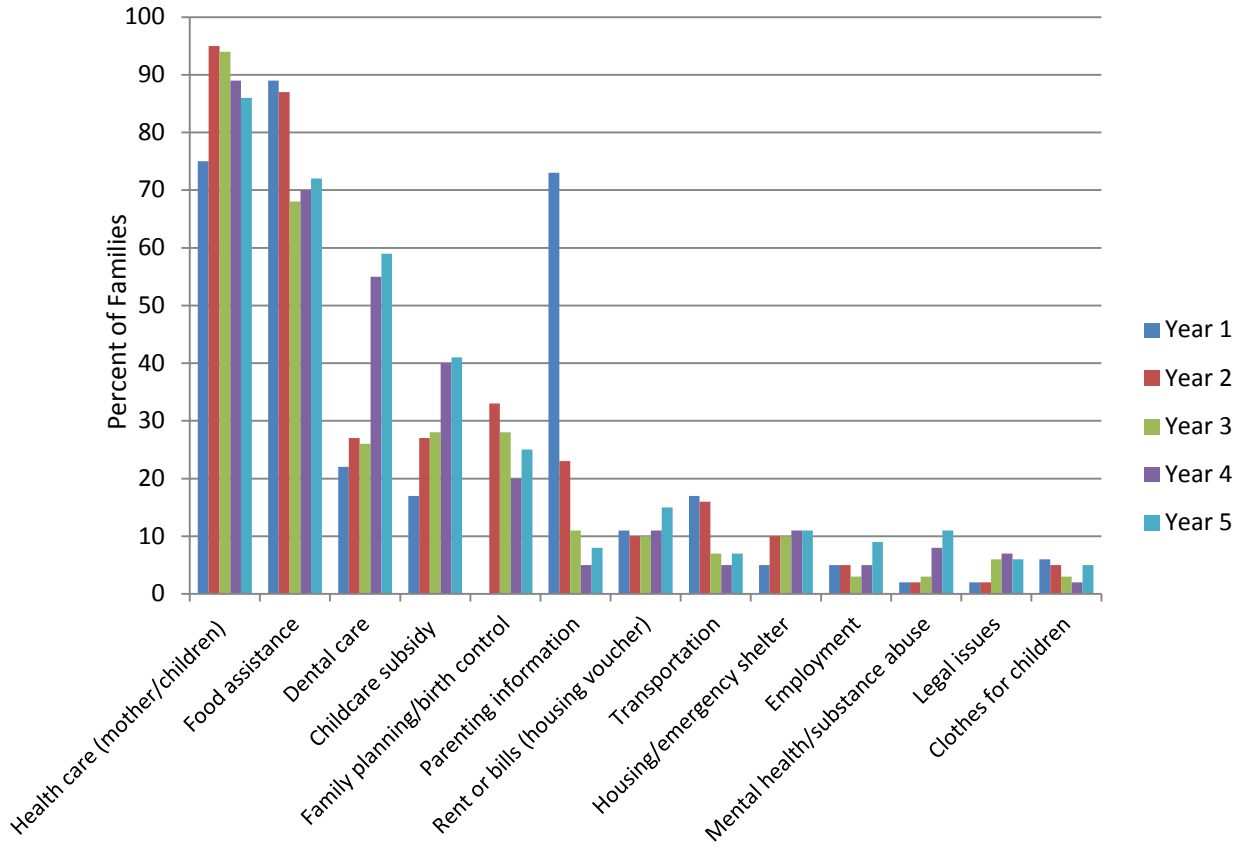
- Nearly all (94%) of the study mothers reported receiving assistance with basic family needs in year 5, with health care, dental care, and childcare assistance being the most frequently received services. Less than a third received help in other areas such as family planning, rent and utilities, and housing.
- Black US-born mothers had higher service use in year 5 than other groups of mothers, while mothers living with a husband/partner used fewer services.
- Mothers reported seeking help at somewhat higher rates in year 5 compared to prior years. Mothers were most likely to seek assistance for concerns about health care, childcare, and food. They were less likely to seek help for mental health or substance abuse concerns, transportation problems, and parenting information than other concerns.
- Mothers who received MCHP treatment services also received more assistance from other formal services in years 2, 3, and 5.

How did service use change over time?

- Figure 1 below shows how service use changed over time. Although we saw a decline in the two most frequently used areas over time—health care and food assistance—service use in these areas remained at relatively high levels throughout the study.

- One striking change was a decline in receipt of formal services that provide parenting information after the first year. One explanation is that parenting information is one component of MCHP services. Most mothers were no longer connected to this system after their child's first year and more likely to rely on family and community members for parenting information than on formal services.
- Receipt of dental care assistance and childcare subsidies increased in years 4 and 5, which is consistent with the changing needs of children and families as they grow. Although the percentages were smaller overall, help with paying rent or other bills, housing, employment, mental health, and legal problems also increased in the latter years of the study.
- Overall, mothers reported seeking help at higher rates in year 5 compared to prior years.

Figure. 1 Types of Formal Services Used by Study Families over Time[a]



[a] Data were weighted to adjust for oversampling of mothers from the Glades and mothers screened "at-risk." Family planning/birth control area was not included in the year 1 survey.

Service Use, Maternal Functioning, and Child Outcomes

In year 5, as in the year before, we found little evidence of a relationship between overall service use and maternal and child outcomes, or between specific types of services (e.g., parent education) and child development. Instead, the evidence suggests that mothers with greater needs tended to use more services

over time. Thus, those who may have had greater needs for services were using them, but once *observable* differences in circumstances between mothers with high and low needs are accounted for, greater use of services overall—at least as measured by this study—was not associated with improved outcomes.

However, consistent with the child development literature, there was evidence of the important role of parenting practices in children's development and readiness for school. That is, mothers' parenting scores in year 1 were significantly and positively related to several of the developmental outcomes we examined. These results suggest that effective interventions targeted at improving parenting skills around the time of a child's birth might positively influence his or her development.

We also observed a potential positive impact of center-based care and other formal child care arrangements—as opposed to parental and other informal care—in the year prior to kindergarten entry on mothers' reports of child development. When we looked at possible differences between children enrolled in programs that were part of Quality Counts (QC) and other formal arrangements, we found evidence of better outcomes, as reported by mothers, in some areas of preliteracy development among children in the non-QC centers. However, we do not know enough about the characteristics of these childcare arrangements or about the attendance and participation of the study children in these child care settings to interpret these results. These findings should be explored further.[2]

In addition, we found that the children of foreign-born Hispanic mothers were lagging in their cognitive and social-emotional development, when compared to the children of black mothers, both foreign- and U.S.-born. It is not clear whether these data from mothers' self-reports point to real differences in development, differences in interpretations of survey questions, or both. Teachers' assessments of children's development on the standardized Florida Kindergarten Readiness Screen soon after they entered kindergarten were mixed in this regard. There were no significant race/ethnicity or nativity differences in teachers' ratings on the ECHOS, a comprehensive child development screen. However, children of foreign-born Hispanic mothers were not assessed as highly on the FAIR, a screen of literacy skills. In addition, children in the study sample did not perform as well as other children entering kindergarten in the school district. This was not surprising given their overall higher risk characteristics.

Conclusion and Recommendations

By concentrating services in the four areas of Palm Beach County with the highest rates of poverty, teen pregnancy, crime, and child abuse and neglect, CSC is developing a system of care to assist families whose children are most vulnerable to starting school behind their peers. Underlying this effort is the

[2] A recently completed study of the school readiness rates of children attending programs in the Quality Counts system suggests positive effects of the QC (Shen, Tackett, Ma 2009).

assumption that a strong system of community supports and prevention will result in healthier families, children who are better prepared for school, and fewer families needing more intensive mental health, child welfare, and juvenile justice services. To inform the development of the system, the longitudinal study sought to understand use of services by a sample of families who because of their risk characteristics were likely to use services from the CSC system of care. With a mix of quantitative and qualitative methods, the study examined what services families in the targeted communities were using, the barriers and facilitators of service use, how services helped them care for their children, and the impact of these services on children's development.

More than four-fifths of our sample received services from the MCHP around the birth of the focal child, and most stopped receiving these services within the first 6 to 9 months after giving birth. Most families also received help with health care and food assistance throughout the study, although use of these and other services tended to decline over the first 3 years of the study before increasing slightly in the last 2 years. In some cases, changes in family circumstances changed eligibility for public supports. In others, families perceived less need for services or struggled to complete reapplication processes to maintain their services. This was reflected in our finding that more intensive and longer participation in the MCHP system was associated with greater use of other services in the second year of the study, but not in the following year. One reason, according to mothers' reports, was that MCHP providers served an essential bridging or "brokering" role between parents and basic services, including Medicaid, food assistance, and childcare subsidies. This support was particularly important for mothers with poorer language and literacy skills, fewer personal resources, and low social support. Service use was also impacted by the accuracy of information about service eligibility and cost and provider responsiveness.

One of the clearest findings was the disadvantaged status of children born to foreign-born mothers relative to those born to U.S.-born mothers. At the end of the study, as the focal children were getting ready for kindergarten, children of foreign-born mothers were more likely to be living at or below the poverty level, even though their caregivers were more likely to be married or living together. In addition, some groups of foreign-born mothers reported significantly higher levels of depression and parenting stress, and others exhibited significantly lower levels of parenting skills. Most importantly, based on mothers' and teachers' assessments, the children of foreign-born Hispanic mothers appeared to be lagging in at least some areas of their development when compared to the children of other mothers.

Given their relative disadvantaged status, it is encouraging to note that foreign-born mothers, and foreign-born Hispanic mothers in particular, were more likely to receive treatment services from the MCHP system. On the other hand, we did not find evidence that receipt of services or services described as parent education in the first year after a child's birth—to the extent they could be measured here—had a

significant impact on later maternal or child outcomes,. It would be useful to follow up this finding with a more in-depth analysis of outcomes relative to levels of participation in particular types of MCHP services.

In addition, it would be beneficial to examine how services offered by the system could be made more effective for all mothers, and especially for foreign-born mothers, and their children. For example, our finding of lower parenting scores among foreign-born Hispanic mothers suggests CSC might review the appropriateness of the parenting education services offered to this group of mothers and explore other ways to engage them in parenting education for longer periods of time. In addition, results showing greater depressive symptoms and parenting stress among foreign-born black mothers suggest a need to improve screening for depression and ensure mothers are connected with appropriate counseling and other services. Finally, it is also important to note that MCHP services could be impacting outcomes that were not measured by this study, and it would be useful to consider what those outcomes might be.

Consistent with other research, this study also highlighted the general challenges of engaging families in voluntary programs. Given that the demographic characteristics of families living in the TGAs are the ones associated with children's poor developmental and educational outcomes, CSC's strategy of identifying families who need services and targeting services to families in high-poverty areas remains a sound one for reaching children most at-risk of not succeeding in school. However, to benefit from services, families must use them. There was wide variability in service use among the low-income families in this study, and many families who were eligible for and might have benefited from CSC-funded and other services were either not receiving them or not using them enough to obtain intended benefits.

Although foreign-born mothers were more likely to receive MCHP services, overall they used fewer services outside of the MCHP system compared to U.S.-born mothers. Given that the MCHP system was successful in engaging foreign-born mothers, there may be ways that CSC can positively impact how other publicly-funded services are provided to eligible foreign-born families who are harder to reach with services. Raising public awareness of families' literacy, educational, and social needs—as well as their service needs—could be helpful. CSC might also consider ways to share its knowledge of and experiences training service providers in culturally appropriate approaches more widely.

With regard to the steep decline in the use of formal assistance with parenting information after the first year, one reason might have been that mothers no longer perceived a need for these services—perhaps because they feel more confident in their parenting skills; because they have other sources, including family members, pediatricians, and early care and education providers; or because other concerns are more pressing. But given that each new child developmental stage brings with it its own challenges for

parents, it also could reflect a lack of knowledge about and connections to home-based or center-based services for parents of older children once they leave the MCHP system.

Our ability to interpret changes in service use over time through quantitative data is limited because although mothers might have received referrals to additional services within or outside the system, we could not ascertain with current data if they actually followed up and got connected to these services. Nor could we determine, if a connection was made, for what duration or intensity they received the services. Meanwhile, our findings indicate that other strategies might be needed to reach these families, for example, through other services providers, such as WIC, and community-based organizations.

In conclusion, this study has provided a wealth of information about the needs of a sample of low-income families in Palm Beach County, their sources of information about services, their service experiences, the potential effects of services, and the other factors that affect family functioning and children's development. Additionally, we learned about some of the reasons for service disparities among families in the study. The findings suggest not only the need but also the challenges of designing effective and flexible services and service delivery to fit the diverse needs and circumstances of these families. The variations in service use over time also imply the importance of collecting and analyzing data on service use on an ongoing basis to monitor and improve the service system.

Study findings make clear that the emerging system of care in Palm Beach County is successfully engaging many at-risk families in needed services through the MCHP around the birth of a child. It appears, moreover, unlike other formal services used by the study families, the MCHP has more flexibility to adapt to the diverse circumstances and daily routines of the families they serve. At the same time, there were challenges in keeping some of the mothers engaged, identifying and addressing new service needs, and monitoring service use over time during their children's early years. These findings suggest there are opportunities to improve service access and use in the TGAs in general and strengthen the CSC system of prevention and early intervention services in particular. Thus, we end with the following recommendations:

- **Improve the quality and effectiveness of parenting supports and education.** A consistent finding from the first year was the role of parenting practices in children's development. This suggests a need to better understand early parenting practices and increase the availability and quality of interventions designed to improve them. Mothers with lower educational backgrounds or literacy skills, especially those for whom English is a second language, might need additional support to strengthen their ability to prepare their children for school during the preschool years.
- **Improve access to and quality of early care and education.** Another important factor in children's school readiness outcomes was the type of child care arrangement in the year before kindergarten, a finding that is supported by other research. Children who were at home with their parents were less

likely than children who attended a Quality Counts center-based program to be screened as "ready" for kindergarten on the state standardized readiness screen. At the same time, there was a strong relationship between having a child care subsidy and enrollment in a center-based program. Many mothers in the qualitative study, regardless of race/ethnicity or nativity, expressed interest in some kind of out-of-home educational experience for their children, but could not afford to enroll their child without assistance.

In addition to increasing access, it also will be important to ensure that early care and education programs—both family child care as well as center programs—address the particular needs of children from low-income but especially language-minority backgrounds.

- **Increase efforts to help families stay involved in or become re-connected to needed services over time.** In this study, families' service use varied over time for multiple reasons, including parents' perceptions of need, access to other resources, difficulties with re-application processes, or actual improvements in their circumstances. On one hand, it was not surprising that use of formal services for parenting information declined after the first year, and likely reflects the lack of connections to other kinds of available services and supports once mothers leave the MCHP. (Because of data limitations, it was not possible to easily track individual families' engagement in different types of services over time in this study, but it would be useful to examine this hypothesis further.) It also might reflect, as several mothers in the qualitative study told us, an increasing confidence as their children approached their first birthday in their parenting and a desire to be independent of family or community supports. On the other hand, as children grow, new developmental stages are likely to bring new challenges for parents. As children approached 2 years of age, and began developing language and more autonomy, parents expressed new questions and concerns about whether their children's behavior and development were on track. At the age of 3, as children's language and self-care skills improved, parents became more open to considering preschool or home-based educational programs but were not aware of what might be available to them or how to access them. These observations suggest that there might be "touch points" when parents are more receptive to services but there are not enough formal structures to help them get engaged or re-engaged in services.
- **Enhance training of service providers.** Another strategy for keeping families engaged in services is to improve the knowledge and responsiveness of service providers by enhancing training in culturally appropriate and family-strengths-based approaches, as well as special needs of families. CSC might not be able to directly impact service delivery in public and other agencies not funded by CSC, but might help to raise the public's awareness of the literacy and educational needs of families, in addition to their service needs, in the targeted communities. Staff who are trained to help families in a respectful way could reduce future duplication of paperwork and client and staff frustration, as well as make families feel more positive about seeking and accepting help earlier.
- **Making location and timing of services convenient for families.** Of the many factors that constrain service use, the locations of program offices, their hours, and excessive waiting times pose significant barriers for families, especially if they have transportation or childcare problems. Strategies that CSC-funded programs use, such as home visits and traveling service vans, are good alternatives to office visits, especially if they are available during evening and weekend hours. Basing services at schools, Beacon Centers, or childcare centers is another option for reaching families who have children enrolled in school or formal childcare. As it may be difficult to persuade employers to allow families

time off for appointments with teachers, doctors, or service agencies without jeopardizing their wages, it may be more feasible to persuade health care providers, schools, and service agencies to expand locations and hours of services to make them more convenient for families.

- **Improve channels of information and communication about services.** During the time of this study, CSC has expanded use of other vehicles (such as radio, television, faith-based organizations, and public libraries) to disseminate information that will reach families with limited education or literacy skills, families who do not receive information through family or friends, and families who are not already using other services like child care. Health care providers might be engaged more effectively in providing information to families. The local offices of federal benefit programs are also channels for disseminating information about CSC-funded programs; for example, one of the study mothers was referred by a nurse in the WIC office to a provider in the MCHP system.
- **Strengthen relationships between the CSC system of care and other community supports and services.** Improving the quality of childcare and providing referrals through childcare programs is a way to reach families who use these services. However, this approach will not reach many mothers who are not working, who are either not eligible or on a waiting list for a childcare subsidy, or who prefer other childcare settings. Other strategies are needed to reach these families, for example, through WIC, public health clinics, and community outreach. Our finding of an increase in reported levels of community support, especially by medical and child care providers in the third year, also suggests the importance of improving the knowledge of these professionals about parenting and parenting information and supports in the community as well as their ability to assess service needs.
- **Improve data systems and other sources of information on service availability, use (duration, intensity), and need.** Although our findings are strengthened by the use of multiple data sources and mixed methods, there also were limitations in our ability to interpret changes in service use over time through the quantitative data. The database for the MCHP was an important source of information on the types of services families received in the system and the kinds of referrals made to providers outside the system for this study. However, if mothers received referrals to other services, we could not ascertain with current data if they actually followed up and got connected to these services. Nor could we determine, if a connection was made, for what duration or intensity they received the services. This indicates a need for additional longitudinal data and data system capabilities to understand how families enter and leave the system over time as their families grow. Additional sources of information on the location of services, community needs for services, and the outcomes of referrals would assist funders and providers of services in planning and monitoring the systems' ability to ensure families follow up and get connected to the services they need.

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