



MARYLAND

FAMILY POLICY IMPACT SEMINAR

Duration of Home Visiting Program and Home Safety Enhance School Readiness

Rural children are at risk of low school readiness. Early intervention programs can improve readiness but little is known about effectiveness of rural interventions. This brief outlines the effect of a home visiting program, Healthy Families Garrett County, on the school readiness of children in rural Garrett County, Maryland. A discussion of outcomes and recommendations for home visiting programs is offered.

Background

Nearly half (46%) of kindergarten teachers surveyed in the late 1990s indicated that at least 50% of the children in their classrooms were not school ready as indicated by poor skills in following directions, poor academic skills, or because of difficulties working with other children¹. Further, in populations where poverty is prevalent, school readiness scores are lower². Children in rural, low-income families are particularly vulnerable to diminished school readiness. Rural families face stressors including high poverty rates³, low educational attainment, and elevated school dropout rates⁴. In rural populations, the difficulty in catching-up can be seen by observing entry and exit from the educational system. Rural children overall are more likely to be placed in special education in kindergarten, and less likely than non-rural children to have parents with at least a bachelor's degree⁵.

Description of HFGC

The Healthy Families Garrett County Program uses as its motto: "Garrett County children and youth will achieve success within safe and healthy families

and communities." In order to facilitate success, there is a strong programmatic emphasis supporting parental skills that will enhance the social relationships between parent and child. HFGC began providing services in 1998 after Maryland approved a statewide initiative to implement Healthy Families America, and a community needs assessment in 1997 revealed gaps in existing services⁶. The program lists as its main goal: *to enhance family functioning by building trusting relationships, teaching problem-solving skills and improving the family's support system, and promoting positive parent-child relationships*. HFGC helps parents identify and respond to their child's needs. The program provides information on what to expect as the baby grows, how to make the home "baby safe", and how to encourage optimum development in each child. HFGC, like all Healthy Families Maryland programs incorporates Early Head Start and pre-kindergarten programs as part of their resource mix through the use of referrals. HFGC also includes components that promote health and safety. Finally, the comprehensive services HFGC provides includes services such as Parents as Teachers (PAT), with an explicit goal of improving child development and school performance, and Healthy Start with an explicit goal of improving health and safety outcomes.

HFGC Participants

Research was conducted to determine the effectiveness of HFGC on school readiness in the population who received

HFGC services. The population eligible for enrollment in Healthy Families Garrett County (HFGC) consists of all expectant mothers and families with newborns (less than three months of age) who reside in Garrett County, Maryland. Services are offered until the target child reaches age five or transitions into another early childhood program. Between 1999 and 2005, HFGC provided services to approximately 55% of all estimated eligible families for a cumulative total of 1,029 families. For the study, data from 164 children and their families, who entered the HFGC program in 1999 or 2000 shortly after birth and completed the school readiness assessment upon kindergarten entry in 2004 or 2005, were examined. Included were 92 boys and 72 girls with a mean age of 5.37 years. All of the children were Caucasian; none had limited English proficiency status. Income was not reported, but 89 (54%) of the children received free or reduced meals in kindergarten.

Program Effects

Statistical analyses were used to examine the relationships among frequency, intensity, and duration of the home visiting intervention, and home safety, parental knowledge of infant development, and school readiness. The analyses revealed: Duration of home visiting had a positive, direct effect on 1) home safety and 2) parental knowledge of infant development. Home safety had a positive, direct effect on overall school readiness subscales of personal and social, language and literacy, mathematical thinking, physical health and development as noted in Table 1.

Table 1

	Direct Effects from Home Safety to School Readiness
School Readiness Composite	.23*
Personal and Social Subscale	.26*
Language and Literacy Subscale	.19*
Mathematical Thinking Subscale	.17*
Physical and Health and Development Subscale	.26*

*p < 0.05

Home safety had an effect on all school readiness scales tested. Additionally, duration in the program had indirect effects on school readiness through home safety, suggesting that as families stayed in HFGC longer, their home safety scores rose, and subsequently their child’s school readiness scores increased.

Conclusions & Recommendations

All children, regardless of level of service, benefited from long-term program participation. The long-term intervention may not only have prepared these rural children for school, but provided a lasting buffer against the risks of isolation and historically low-levels of education. The improvement and buffering effects are consistent with current research suggesting that to make a difference for the long-term well-being of a child, long-term program participation is required, as short term programs may not “inoculate” a child from the ongoing stresses faced in low-income environments⁷.

Therefore, on the basis of this research, it is recommended that home visiting services be provided to

rural, low-income families until school entry.

One factor, in addition to length of the program, that could explain its success, is that of collaboration. The cornerstone of HFGC is home visitation. Home visiting was only one piece of a larger intervention. Other services utilized to increase school readiness were access to health care and early childhood education. Home safety checklists, administered by the home visitors, and assistance in , and enrolling for various community services may also have contributed to the children's well-being. Home visiting programs should be part of a network to provide parents with developmental knowledge and social support when they are in the vulnerable stage of transition to a new family member.

Home visiting programs that are proactive, as in the case of HFGC, could increase the odds that needs of the family are met in addition to those of the child. The proactive approach, which literally puts tools in the hands of families, was found to be the key predictor for families enrolled in the HFGC program.

Therefore, it is recommended that home visiting program be proactive in connecting families to community services.

¹ Rimm-Kaufman, S.E., Pianta, R., & Cox, M. (2000). Teachers' judgements of success in the transition to kindergarten. *Early Childhood Research Quarterly*, 15(2), 147-166
² Gershoff, E. (2003). *Living at the Edge: Low-income and the development of America's kindergartners*. (Research Brief No. 4). National Center for Children in Poverty. Accessed online March 8, 2005 at <http://www.nccp.org/media/lat03d-text.pdf>

³ Economic Research Service, (2004). *Rural America at a Glance, 2004*. Accessed online March 8, 2005 at:

http://www.ers.usda.gov/publications/AIB793/AIB793_hires.pdf

⁴ Paasch, K.M. & Swaim, P.L. (1995). Most rural students are graduating from high school, but a serious dropout problem remains. *Rural Development Perspective*, 10(3) 24-34.

⁵ National Center for Rural Early Childhood Learning Initiatives. (2005). *Far Off and Far Behind: New Analysis of ECLS-K Shows Wide Disparities for Rural Young Children*. Accessed online May 20, 2005 at:

http://www.ruralec.mcstate.edu/news/4-18-05_ECLS-K.htm

⁶ Garrett County Partnership for Children and Families. (2005). *Program Description: Healthy Families Garrett County*. Accessed online August 15, 2005 at:

<http://www.garretthealth.org/healthy/html>

⁷ Zigler, E.F. & Styfco, S.J. (2001). Extended childhood intervention prepares children for school and beyond. *Journal of the American Medical Association*, 285(1), 2378-2380

Additional copies of this and other briefs available at:

<http://www.hhp.umd.edu/FMST/fis/MDresources.htm>

This policy brief created by:

Christine Pegoraro Schull, Doctoral Candidate, Department of Family Studies based on a dissertation entitled, " An Assessment of a Home Visiting Intervention on Rural Low-Income Children's School Readiness", May, 2006. **Reviewed by:** Susan Walker, Ph.D. Extension Family Life Specialist; Bonnie Braun, PhD & Elaine Anderson, PhD, Directors of the Maryland Policy Impact Seminars

Citation for brief:

Schull, C.P. (2006). *Duration in home visiting and home safety enhance school readiness*. Research brief. University of Maryland. Retrieved [insert date and http address].

6-06