



Theories of change and outcomes in home-based Early Head Start programs



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ABSTRACT

Programs to promote children's early development are based on a set of assumptions, explicit or implicit, about intended outcomes and how the program will effect change. The "theories of change" were examined in ten home-based programs in the Early Head Start Research and Evaluation Project (EHSREP), using data collected through multiple interviews with program staff. All home-based programs indicated that parenting outcomes were among their highest three priorities, while only 4 of 10 programs said that child outcomes were in their top priorities. The pattern of outcome differences between randomly-assigned program and control group participants reflected the programs' theories of change in several ways. Early Head Start home-based programs showed positive impacts on 9 of 9 parenting outcomes, including parental supportiveness, home language and learning supports, emotional responsiveness, and family conflict when children were 24 months of age. Significant program impacts on child cognitive skills (Bayley MDI scores) and social behavior (observed child engagement of parent during play) were found when children were 36 months of age. Mediation analyses showed that the 54% of the program impact on 36-month child cognitive scores was mediated by 24-month program impacts on parental supportiveness, language and learning support, emotional responsiveness, and family conflict, and 47% of the program impact on 36-month child engagement of parent was mediated by 24-month impacts on parental supportiveness, language and cognitive stimulation, and emotional responsiveness. Results from mediation analyses were consistent with these home-based programs' theories of change, supporting the efficacy of focusing on parent change as a mechanism for child outcomes in home visiting programs.

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Guided by evidence that particular aspects of parenting are associated with positive child outcomes (Shonkoff & Phillips, 2000), many practitioners and policy makers believe that helping parents to enhance their parenting can be an effective way to support children's early development. Home-visiting programs are often

based on this premise (Brooks-Gunn & Markman, 2005; Sweet & Appelbaum, 2004), and home-visiting program staff members often accept this premise as a working assumption that guides the way their program is implemented. However, despite the fact that many home-visiting program evaluations assess both parenting and child outcomes, sometimes at multiple time points, the question of whether home-visiting program impacts on parenting actually influence later child outcomes has been examined only rarely (Brooks-Gunn, Klebanov, Liaw, & Spiker 1993; Ramey & Campbell, 1984, 1991).

Some home-visiting programs have helped parents increase their knowledge, skills, and attitudes related to parenting, as well as enhance their own well-being in a number of ways (e.g., by reducing maternal depression, reducing and/or delaying subsequent

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births, or increasing education) (Brooks-Gunn, Berlin, & Fuligni, 2000; Fuligni & Brooks-Gunn, 2000; Olds et al., 1997). Also, some home-visiting programs have shown positive child outcomes in various domains: physical (Olds et al., 1999), cognitive and language (Olds et al., 1999, 2004), social-emotional (Heinicke et al., 2001; Olds et al., 2002), and behavioral (Butz et al., 2001; Olds et al., 2004). In general, however, positive impacts on children attributed to home-visiting programs tend to be modest (Black et al., 1994; Gomby, Culross, & Behrman, 1999) or limited to specific subgroups (Olds, Henderson, & Kitzman, 1994; Olds et al., 2002). Home-visiting programs have a long history, but recent evaluations showing limited or modest effects on children's development have prompted closer examination (McCabe & Brooks-Gunn, 2003) and have raised questions about their efficacy (Chaffin, 2004; Gomby et al., 1999; MacDonald, Bennett, Higgins, & Dennis, 2010). Nevertheless, it is possible that home-visiting programs have impacts congruent with the assumptions of the people implementing them, such as the idea that initial positive impacts on parents will lead to later positive effects on children. Analyses focused on both parenting and child outcomes over time could examine this possibility of indirect or mediated impacts and would contribute to a more nuanced picture of how home-visiting programs can affect the early development of vulnerable children. For example, the Nurse Family Partnership Program showed impacts, four years after the program ended, on children's intellectual functioning at age six. These impacts, which had been apparent only in subgroups at younger ages, lead the researchers to conclude that early impacts on parents may have accounted for the enduring program effects (Olds et al., 2002, 2004). The current paper examines the extent to which home visiting impacts on parenting at one point in time mediate later impacts on children's development.

Although some scholars and policy makers are not convinced that helping parents via home-visiting programs will benefit children (Chaffin, 2004; Gomby, 1999), parenting outcomes are often the intended target of infant-toddler program activities, because of the assumptions held by those who design and implement the programs. These ideas program staff members hold, about the changes a program can make and the processes by which those changes should occur, form a program's "theory of change."

Theory of change

A theory of change is a set of statements regarding how and why an initiative is expected to work and what it is intended to accomplish (Weiss, 1995). Examination of these expectations and intentions offers opportunities for more precision in studying the implementation and impacts of home-visiting programs in relation to early child development. As stated above, home-visiting programs often are based on implicit assumptions, whether or not supported by research, about how to make positive changes in children's lives by working with and through parents. Developing an explicit theory of change has been advocated as an important tool for program design and evaluation in community initiatives in general (Kubisch et al., 2002), and in the areas of early childhood and home visiting in particular (Berlin, O'Neal, & Brooks-Gunn, 1998; Roggman, Boyce, & Innocenti, 2008). A written theory of change can provide a concrete description of the pathways through which specified program activities are expected to facilitate processes that lead to intended goals.

A theory of change may have particular utility for assisting home-visiting programs to make their outcome goals, input strategies, and process mechanisms explicit. In contrast to child care or preschool programs (Harms, Clifford, & Cryer, 1998), the specific desired components of a home-visiting program, including the strategies and processes expected to lead to positive

outcomes, have not been widely agreed upon, which likely contributes to reported between- and within-program variability in service delivery and outcomes (Hebbeler & Gerlach-Downie, 2002; Sweet & Appelbaum, 2004). Nevertheless, home-visiting programs typically share a common general intent: to work with parents in their homes to support the development of infants and toddlers (Roggman, Boyce, Cook, & Jump, 2001; Sweet & Appelbaum, 2004). However, home-visiting programs use a variety of approaches. Some send public health nurses into homes while others send teachers with stimulating toys; some provide information or demonstrate techniques for parents to learn while others engage parents and children in developmental activities; some emphasize language and cognitive development while others emphasize parent responsiveness or positive discipline (Roggman et al., 2001).

A clear theory of change for a home-visiting program describes specific outcome goals for parents and children, the processes through which those outcomes are expected to occur, and home visitors' strategies and activities to facilitate these processes. A program's intentions to deliver services via home visits and to target parenting outcomes represent only a very general theory of change. The specific parts of a theory of change include which parenting outcomes to target, what strategies to use with parents, and what processes will link strategies with parenting outcomes and parenting with child outcomes. A theory of change may be assumed even if not stated explicitly; regardless of whether a theory of change is explicit or implicit, a mismatch between program goals and actual program activities can limit program effectiveness (Hebbeler & Gerlach-Downie, 2002; Sweet & Appelbaum, 2004).

Home-visiting programs have been criticized for lacking theoretical and epidemiological grounding and treatment validity (Olds, Hill, Robinson, Song, & Little, 2000), limitations that have been identified as major contributors to weak program effects (Gomby et al., 1999). Another contributing limitation is possible mismatches between program goals and activities; indeed, articulating a theory of change can guide program implementation and evaluation by making the targeted outcomes and planned strategies consistently clear to both program staff and evaluators (Connell & Kubisch, 2001; Weiss, 1995).

As we have noted, in the literature, "home visiting" tends to refer to programs that deliver services to parents and children in children's homes. In the current study, we investigate theories of change in Early Head Start programs that are home-based, the Head Start term for Head Start programs using a home visiting model (United States Department of Health and Human Services, 1996). The Early Head Start Research and Evaluation Project (EHSREP), a multi-site evaluation of newly funded EHS programs, asked staff members in each participating EHS program to articulate their program's theory of change.

The purpose of the current paper is to explore theories of change in EHS home-based programs, examine the extent to which impacts are consistent with the programs' theories of change, and thereby evaluate the efficacy of a theory of change that focuses on parent change as a process mechanism for child outcomes. We examined the theories of change of home-based programs in the EHSREP and then tested whether these programs in fact achieved outcomes consistent with their theories of change. Three research questions guided our work. (1) What are the theories of change developed by home-based EHS programs? We hypothesized that home-based programs would more frequently target parent than child outcomes and that they would view parent outcomes as a pathway to child outcomes. (2) Do impacts of home-based EHS programs reflect outcomes prioritized by their theories of change? Consistent with our first hypothesis, we hypothesized that there would be more parenting impacts early but that more child impacts would emerge later. (3) Do impacts on parent outcomes mediate later impacts on child outcomes? We hypothesized that

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