

Neighborhood Centers of Johnson County
Johnson County Early Learning Initiative
(JCELI)

Evaluation of Services and Outcomes

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**JOHNSON COUNTY (IA)
EARLY LEARNING INITIATIVE (JCELI)
EVALUATION OF SERVICES AND
OUTCOMES**

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INTRODUCTION

Evaluation of the Johnson County Neighborhood Centers Early Learning Initiative (JCELI) was designed to measure change in parenting attitudes and behaviors, the behavior of children and collaboration among community agencies providing services to the target population. The project was implemented through the Department of Health and Human Services (DHHS), Administration for Children and Families (ACF) Early Learning Opportunities Act (ELOA). The JCELI targeted educational and health outcomes for young children from birth to age five living in three high-need neighborhoods and prepared them for a successful school experience through a community education campaign, provider training and support, and early childhood services and interventions. Services included:

- Enhanced early childhood literacy;
- Help for parents, caregivers, child care providers, and educators increasing their capacity to facilitate development and promote learning readiness;
- Promotion of effective parenting;
- Development of linkages among early learning programs within a community and between early learning programs and health care services for young children;
- Increased access to early learning opportunities for young children with special needs including developmental delays by facilitating coordination with other programs serving such children;
- Increased access to existing early learning programs by expanding the number of young children served; and
- Improvement of the quality of early learning programs through professional development and training activities.

Community-based and family-focused strategies were integrated in the program design to improve the community awareness and support for education of young children, creating a community and home environment of high-quality language, literacy and learning opportunities. Events and activities were designed to promote health, reading and learning, and emphasized the importance of parents as the “first teachers” of their children. Activities also helped parents build relationships with other parents and early childhood providers, and provided opportunities for professionals to build capacity as providers and partners with parents.

In addition to raising awareness, JCELI identified vulnerable children and families in need of more intensive support services to ensure their success in kindergarten. These referrals came from parents and through a network of educators, child care providers and human service agencies. The program included training and support for home and center-based child care providers. A JCELI family support worker who coordinated prevention and intervention services and activities was available to families with children who needed additional support. The continuum of supports design was intended to match services with the needs of vulnerable children and families to prepare them for school success.

Three primary components comprised the Johnson County Early Learning Initiative:

- 1) *Yearn to Learn* Community Education Campaign,
- 2) Provider training and support, and
- 3) Early childhood services and interventions.

Yearn to Learn Community Education Campaign was a community-building program utilizing neighborhood events and activities to strengthen families' natural networks of support and provided information and hands-on activities focused on literacy, early childhood education and parenting. *Yearn to Learn* supported families living in target neighborhoods and the community in general to assist in identifying children in need of support and intervention services prior to school entry.

Provider Training and Support for home, church, and center-based child care providers was provided based on the "it takes a village to raise a child" model: all children and families benefit when all area providers receive training and support. Providers were offered a series of child screening and assessment workshops in developing appropriate intervention strategies and supports along with modest incentives for participation.

Early Childhood Services and Interventions were designed to identify vulnerable children living in the target neighborhoods and offered an array of supports to meet educational and developmental needs. Families completed a referral form which was reviewed by the JCELI coordinator. Following a home visit a family case plan was developed. Intervention services included:

- Speech, language, or emergent literacy delay assistance through a partnership with the University of Iowa Wendell Johnson Speech and Hearing Clinic;
- Social and emotional delay assistance through the NCJC early interventionist specializing in play therapy;
- Behavior needs and delay assistance through the Iowa City Community School District (ICCS) behavior interventionists;
- Assistance through a partnership with the local Community Mental Health center with staff who specialize in child psychiatry and psychology, working one-on-one with children;
- Preschoolers Reaching their Education Potential (PREP) for children identified with multiple delays which provides self-contained classroom environments and a 12-month intensive school-readiness classroom experience. PREP was designed to promote positive behaviors, early literacy skills and prepared children for school success.
- Special Education Services for children who exhibited significant needs where placement in a self-contained special education classroom offered by the local school district in partnership with the Area Education Agency was needed.

METHODOLOGY

This evaluation was designed to measure change in parenting attitudes and behavior, child development and behavior, and collaboration among community agencies providing services to the target population.

Three child development assessment tools were used in the evaluation:

1. The *Ages and Stages Questionnaire (ASQ)* is a screening tool used to identify children who may require further assessment. Each questionnaire contains 30 items divided into five areas of development: communication, gross motor, fine motor, problem solving, and personal-social. The ASQ was administered to all children identified and referred for the JCELL continuum of services. A follow-up ASQ was administered to children prior to their “graduation” from JCELL.
2. The *Ages and Stages Social-Emotional Questionnaire (ASQ-SE)* is a screening tool used to identify children in need of further social and emotional behavioral assessments. Each questionnaire contains 22-36 items addressing seven behavioral areas: self-regulation, compliance, communication, adaptive functioning autonomy, affect, and interaction with people. The threshold score of 48 was to indicate need for further behavioral assessment. The ASQ-SE was administered as a pretest and posttest to students in the PREP program.
3. The *Devereux Early Childhood Assessment (DECA)* is a behavior rating scale based on the characteristics of resilient children. The DECA focuses on behaviors and skills related to three protective factors: attachment, self-control and initiative. DECA results were summarized in individual and classroom profiles that were used to plan strategies to encourage children’s social and emotional strengths. Students in the PREP program received DECA testing at the beginning of the program and following completion of the PREP program.

Other assessment instruments included:

The *Adolescent-Adult Parenting Inventory (AAPI-2)* is a 40-item inventory designed to assess the parenting and child rearing attitudes of adult and adolescent parent and pre-parent populations. Based on the known parenting and child rearing behaviors of abusive parents, responses to the inventory provide an index of risk for practicing behaviors known to be correlated with child abuse and neglect. The AAPI-2 is the revised version of the original AAPI first developed in 1979. Responses to the AAPI-2 provide an index of risk in five specific parenting and child rearing behaviors:

- Construct A: Expectations of Children
- Construct B: Empathy Towards Children’s Needs
- Construct C: Use of Corporal Punishment as a Means of Discipline

- Construct D: Parent-Child Role Responsibilities
- Construct E: Children's Power and Independence.

The AAPI-2 (From B) was used to measure change in parenting attitudes and behaviors of JCELL parents who participated in the *Nurturing Program*. This educational program included topics such as child development, behavior management, child safety, understanding children's feelings, praising children, and anger management.

Analysis of pretest-posttest results were performed using the paired t-test for comparison of the ASQ and the Wilcoxon matched pairs signed ranks test for the ASQ-SE, DECA, and AAPI-2.

Change in community collaboration and support for early learning and related issues was measured using original community assessment instruments (cf. Richardson and Graf, 2004) designed for standard analysis of survey research data and for social network analysis using UCINET VI. A baseline survey was mailed to representatives of all 17 agencies identified as part of the JCELL service network with a follow-up survey conducted in December 2005. The collaboration survey consisted of three parts: demographics and open-ended items; standard survey items on perceptions about community collaboration; and relational items for network analysis.

The first section consisted of questions about the respondent: agency they are representing, length of time at this agency, numbers of years in the profession, and number of years working in this community, gender, and race/ethnicity. The following open-ended items were included at baseline:

- What do you think is needed most in Johnson County to improve educational health outcomes for children 0-5 years?
- What strategies do you think will be most effective in gaining family participation in neighborhood health and learning activities?
- Please list individuals, community groups, government agencies or service organizations that are most important to include in efforts to help reach children early and prepare them for a successful school experience.

At follow-up, the following open-ended items were included:

- What are some accomplishments of your agency during the past year that have helped to improve educational and/or health outcomes for children aged 0 to 5 in Johnson Co.?
- What agencies have you worked with during the past year to help improve educational an/or health outcomes for children 0-5 of age in Johnson County?
- What are the future challenges in Johnson County to preparing all children 0 to 5 for a successful school experience?

The second section was a standard survey of 23 items addressing elements of collaboration. Agreement or disagreement was expressed on a 1 to 5 scale where 1=strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, and 5=strongly agree. The statements are listed below.

1. People in this community demonstrate trust for one another.
2. There is a clear, shared vision for what the community is trying to do to prepare children 0 to 5 for a successful school experience.
3. We do a good job at documenting our progress (outcomes) on early learning initiatives.
4. We have identified specific, measurable results that we want to achieve in preparing children 0 to age 5 for a successful school experience.
5. Tasks are appropriately distributed among members of the community with respect to preparing children 0 to 5 yrs. for a successful school experience.
6. Agency members are representative of the populations they work with.
7. We have effective rules for handling conflict in the community on issues related to early learning opportunities.
8. The community has an effective process for making decisions on issues related to early learning opportunities.
9. The community has a clear action plan for preparing children 0 to 5 for a successful school experience.
10. Some members of agencies seem to have more power in making decisions than others.
11. Our early learning service provider community adequately meets the cultural and language needs of minorities.
12. Our community seeks to bring in new members to participate in planning for early learning initiatives on an ongoing basis.
13. The amount of time spent in meetings related to early learning initiatives is appropriate.
14. The service community keeps the larger community well-informed about our work on early learning opportunities and issues.
15. Our community has a plan for evaluating results and using results to improve services related to early learning opportunities.
16. I feel that the community is making progress in preparing children 0 to 5 yrs for a successful school experience.
17. Consumers are involved in planning and decision-making on projects related to early learning.
18. We have a plan for sustaining early learning initiatives after initial grant funds run out.
19. I have an equal voice within this community.
20. Members of the community openly discuss self-interests.
21. Early learning service providers effectively communicate with each other.
22. People in our community agree on issues of importance for our community.
23. Early learning service providers in this community commonly share information and resources to assist difficult-to-reach populations.

Section 3 of the collaboration survey instrument was designed to gather relational data from each representative. Respondents were asked four “yes” or “no” questions about relationships to other agencies in the provider network:

1. Do you work with this agency to provide health or literacy activities in the community?
2. Do you work with this agency to provide training on screening children who are 0-5?
3. Do you work with this agency to coordinate case plans for children 0-5 and their families?
4. Have you worked with this agency for more than one year?

RESULTS

OUTCOMES FOR CHILDREN

DEMOGRAPHICS

The results demonstrate the diversity and balance within each of the groups of children who received services through JCELI—the preschool group (in PREP) and the family support group. For children in the preschool group, ages at pretest ranged from one year to 5.3 years with an average of 4.4 years. For children in the family support group, ages at pretest ranged from three months to 5.4 years with an average of 2.3 years.

As shown in Table 1, a total of 58 children were served by JCELI, 29 (50%) in the preschool group and 29 (50%) in the family support group. Overall, thirty (52%) males participated in activities including 16 (55%) in the preschool group and 14 (48%) in the family support group. The majority of children overall were described as white (34, 58%), while 23 (40%) of the total group were African American and one (2%) was Asian. The racial breakdown with each group was similar, with the majority of children being White (55% in the preschool group and 62% in the family support group). Black children comprised 45% of the preschool group and 35% of the family support group. Results in the ethnic category show that overall 13 (22%) of the children were described as Hispanic/Latino with nine (31%) in the preschool group and 4 (13%) in the family support group.

Table 1. Demographics of the JCELI Children at Pretest

CATEGORY	Preschool Group (n=29)		Family Support Group (n=29)		TOTALS (n=58)	
	No.	%	No.	%	#	%
Gender						
Male	16	55%	14	48%	30	52%
Female	13	45%	15	52%	28	48%
Race						
African Amer	13	45%	10	35%	23	40%
Asian	0	0%	1	3%	1	2%
White	16	55%	18	62%	34	58%
Ethnicity						
Hispanic/Latino (yes)	9	31%	4	13%	13	22%

It is important to note that racial categories in Table 1 above reflect the U.S. census recommended categories. Further qualitative ethnic information from the program reveals a rich kaleidoscope of ethnicities in addition to Hispanic/Latino. Within the JCELI program, internal classifications are used including African-Middle Eastern and African-Sub Saharan. The Middle Eastern group includes families from Morocco, Sudan, Somalia, Egypt, Syria, and Lebanon.

Their languages are all Arabic but with many different dialects. They classify themselves by religion, language and region. The Sub Saharan group is more easily divided by language: Bambara, Hausa, Yoruba, Swahili, Ethiopian, Shona and Tusi. Most of the Hispanic families are from Mexico, but there are also families from El Salvador and Guatemala.

Self designation of racial category and ethnicity becomes a clouded issue for many new immigrant groups. For example, a family from Mali will “code” as Black or African American or Other, depending on the instrument. However, while they may be viewed as a statistical “minority” in the U.S., a Bambara-speaker from Mali is not a minority in his world, does not see himself as a minority in his self-image and does not raise his children to see themselves as disenfranchised or marginalized. On the other hand, a seventh generation African American family from Chicago that views themselves as minority and marginalized is much more at-risk than the family from Mali. The differences between these families challenge comparison based on U.S. categories of race and ethnicity even when both are low income and living in the same housing.

DEVELOPMENTAL AND BEHAVIORAL RESULTS

Children who participated in PREP and received services through the JCELI family support worker demonstrated statistically significant positive change in areas of development and behavior as tested by the ASQ, ASQ-SE, and DECA. Table 2 shows the mean scores at baseline compared to the mean scores at follow-up for the various developmental domains and behaviors. Comparison scores were available for 51 children for the ASQ, while 26 students were compared on the ASQ-SE and 27 on the DECA.

**Table 2. Change in Mean Scores on ASQ, ASQ-SE and DECA
for Children Served by JCELI**

Instrument	Development Domain	Mean Score at Baseline	Mean Score at Follow Up
ASQ (n=51)	Communication	36.98	45.98*
	Gross Motor	48.73	55.29*
	Fine Motor	40.39	47.35*
	Problem Solving	37.94	45.59*
	Person-Social	44.50	52.00*
ASQ-SE (n=26)	Social-Emotional	56.15	35.00*
DECA (n=27)	Initiative Percentile	40.93	76.56*
	Self-Control Percentile	42.89	72.07*
	Attachment Percentile	45.78	78.93*
	Protective Factors Percentile	38.81	75.30*
	Behavioral Concerns Percentile	63.93	38.41*

* p<.01

For the ASQ, the communication domain showed the greatest significant increase (24.3%) in mean score from baseline to follow-up while the gross motor domain showed the least amount of increase (13.5%). There were no decreases in any of the ASQ domain mean scores over time. For the ASQ-SE, mean scores for social-emotional factors decreased significantly by 37.7% from baseline to follow-up. On average, percentile scores for the protective factors domain on the DECA showed the largest increase (94.0%) for those domains while the average behavioral concerns percentile decreased by 40% at follow-up.

The ASQ and ASQ-SE utilize cut scores to indicate the need for further assessment. For the ASQ, if a child scores less than the cut score for a particular domain, staff should consider further evaluation. For the ASQ-SE, if a child scores about the cut off, he/she should be referred for further mental health evaluation. Table 3 lists the cut scores for each ASQ domain and for ASQ-SE and how many students were beyond the cut off at baseline and follow-up.

Table 3. Change in Number and Percent of JCELI Children Beyond Cutoff Scores on ASQ and ASQ-SE

Instrument	Development Domain (cut score)	Those beyond cut-off at baseline No. (%)	Those beyond cut off at follow-up No. (%)
ASQ (n=51)	Communication (15.8)	11 (19%)	2 (4%)
	Gross Motor (18.0)	2 (3.4%)	1 (2%)
	Fine Motor (28.4)	11 (19%)	7 (13.7%)
	Problem Solving (25.2)	19 (32.8%)	9 (17.6%)
	Person-Social (20.1)	5 (8.8%)	2 (4%)
ASQ-SE (n=26)	Social-Emotional (48)	14 (45%)	5 (19%)

For each ASQ development domain and for the ASQ-SE, there were fewer children in need of further assessment at follow-up with fewer scoring beyond the cut off scores at follow-up as compared to those at baseline. On the ASQ, communication and problem solving showed the largest decrease (15%) from baseline to follow-up in the number of children needing further assessment. On the ASQ-SE, 26% fewer children indicated the need for further mental health assessment at follow-up compared to baseline.

OUTCOMES FOR PARENTS

DEMOGRAPHICS

Parents of children who received services through JCELI were provided parenting education during home visits through the *Nurturing Program* curriculum. The family support worker administered the AAPI-2 prior to and following presentation of the curriculum. Thirty-two women ranging in age from 21 years to 40 years with an average age of 29.7 completed the AAPI-2 pretest and posttest. Of these respondents, 17 (53.1%) described themselves as White, 14 (43.8%) as African American, and one (3.1%) as Asian.

AAPI-2

The AAPI is not a predictor of future abusive parenting beliefs but rather an assessment of current parenting beliefs and practices. It is useful for assessing individual strengths and weaknesses involved in child rearing. Each construct is made up of several items on the instrument that combine for a raw score based on a 5-point Likert scale where 1 is strongly agree and 5 is strongly disagree. Raw score totals are converted into standard scores (sten) which, when plotted on the AAPI-2 Parenting Profile, provide an index of risk for abusive and/or neglecting behaviors. Table 4 shows the results of the analysis of AAPI-2 raw scores and sten scores.

Table 4. Comparison of AAPI-2 Construct Mean Raw Scores and Mean Sten Scores

AAPI-2 Constructs	Mean Raw Score at Baseline	Mean Raw Score at Follow-up	Mean Sten at baseline	Mean Sten at follow-up
A – Expectations of Children	19.56	21.72*	4.03	5.00*
B – Empathy towards Children’s Needs	32.83	37.20*	1.73	3.13*
C – Use of Corporal Punishment as a Means of Discipline	29.42	37.71*	2.10	3.47*
D – Parent-Child Role Responsibilities	18.25	21.09*	2.25	3.38*
E – Children’s Power and Independence	16.28	18.19*	2.63	4.16*

p<.01

Respondents showed significant positive change from baseline to follow-up on all AAPI-2 constructs. Construct B, empathy towards children’s needs, showed the largest change in mean sten scores over time with a 90.8% increase indicating movement toward less risk for lack of empathy. Construct D which deals with parent-child role responsibilities showed a lower amount of change in mean sten scores from baseline to follow-up with a 50.2% increase indicating less risk for role reversals.

Sten scores of 1-3 are considered low indicating a higher risk for abusive or neglectful parenting practices. Mid-range sten scores of 4-7 represent attitudes of the general population. High sten scores (7-10) reflect a nurturing, non-abusive parenting philosophy. At follow-up, mean sten scores of all five constructs were above 3, approaching or within the 4-7 mid-range of attitudes of the general population.

OUTCOMES FOR COMMUNITY COLLABORATION

DEMOGRAPHICS

Table 5 presents baseline individual and agency information from network survey respondents.

Table 5. Agency Information Provided by Respondents at Baseline

<i>Agency Name (n=17)</i>	<i>Years at Agency</i>	<i>Years in the profession</i>	<i>Years working in this community</i>
4 C's	7	8	20
Community Mental Health Ctr for Mid-eastern Iowa	18	25	18
Grant Wood AEA	16	35	14
Grant Wood Elementary School	19	39	19
HACAP	10	10	10
Iowa City Community School Dist.	5.5	29	7.5
Iowa City Public Library	17	24	17
Iowa Dept of Human Services	30	30	13
Johnson Co. Empowerment Board	4	*	15
Johnson Co. Public Health Dept.	3	19	3
Mann Elementary School	3	20	3
MECCA	24	24	24
Neighborhood Ctrs of Johnson Co	10	10	10
Roosevelt Elementary	5	22	5
Twain Elementary	3	11	3
Wendell Johnson Speech and Hearing Clinic	3	33	3
WIC	18	24	18
Average	11.6 yrs	22.8 yrs	11.9 yrs

* no response given

Results indicate that tenure as director of the agencies in the JCELI collaborative network is bi-modal. One-half (52.9%) of the respondents reported 10 years or more at their agency and one-half reported 7 years or less [X (group 1) = 18; X (group 2) = 4.19; μ = 11.6]. Respondents reported working in the profession for an average of 22.7 years ranging from 8 to 39 years in the profession. Years working in this community ranged from 3 to 24 years with an average of 11.9

years in the community. More than half of respondents were female (58.8%), and all respondents reported their race as “White.”

OPEN ENDED ITEMS

Verbatim responses to the baseline open-ended items on the survey are listed below:

What do you think is needed most in Johnson County to improve educational and health outcomes for children 0-5 years?

- A central place for families to go to get headed in the right direction – is that the AEA? 4C’s?
- Mobile health providers for neighborhoods; paid slots in “for profit” daycares for children who would not normally be able to participate in that daycare; social workers to help bridge the gap between families and agencies.
- Educational outcomes- Quality pre-school opportunities, center or home based for the 200-300 four to five year old children now in the County who are likely not attending a preschool. Health outcomes – complete health insurance coverage for all children.
- To improve education: Address barriers to education like family support systems, mental health issues and access to health care. Health – Provide preventive and restorative health education and guidelines or when to seek medical care. Provide access for lower income families or families without health insurance. Coordinate care for families to improve access and determine barriers. Refer to resources that are available accessible, affordable and family friendly.
- Access to health care for all.
- Daycare and pre-school options for all kids aged 4 and probably some 3 yr olds.
- Preschools for disadvantaged children. Home visits to disadvantaged families or children with developmental delays. Early childhood learning standards.
- More consistent communication among agencies providing such services. Higher standards of testing and/or skill assessment, with requirements for parents & families to qualify for social services & assistance. More incentives for preschool teachers, childcare & daycare staff to read and use quality children’s literature as part of core instruction.
- There is no current early Head Start funding. It is difficult to find quality affordable childcare for all children, but especially children younger than preschool.
- Policy and priorities need to match.
- Better access to healthcare. Improved focus within pre-school settings for academics.
- Greater access to formal and informal supports including things like neighborhood-based play group (not just in low-income neighborhoods) infant, toddlers & preschool programs, home visits for parent with infants.
- Support for youth parents. Daycare for kids that are “problems” that have trained staff to help them.
- Quality preschool experiences. Access to health care (on a bus line or more services on the east side so a parent with a sick child does not have to take 2 busses to get to health care.

- More fiscal resources. Need bilingual staff.
- Parent education, prenatal care.
- We need more trained personnel to work with this age group in the areas of (pre) language and (pre) literacy. I think the Neighborhood Centers specifically need to develop a curriculum that will help to “make up for” what the children who are at risk have not received at home or elsewhere. Clearly they are already doing this, but I think they can improve with more personnel, particularly in the 0-3 age range. (Obviously this will take more funding.) The AEA/school district needs to participate to a much greater extent.

What strategies do you think will be most effective in gaining family participation in neighborhood health and learning activities?

- Provide incentives, food, etc.; Use schools to publicize events; Make connections with school counselors/principals
- Build trust – Build relationships. Break down barriers – (language, poverty, isolation, substance abuse, etc.)
- Offering small group events, in the evening, with a dinner and activities for all children in the family.
- Provide incentives, have food and childcare, engage participants by assigning duties – bring a neighbor- provide family friendly instruction – have peer leaders – engage community stakeholders & business for financial support.
- A combination of community center services and home visiting.
- Communication. Getting some funding to coordinate.
- Connection to preschool programs. Home visits. Incentives.
- Do family night meals/potlucks that provide folks with a reason to come (beyond self education). Incorporate ways for parents to take pride in their children’s & family’s participation – both in group programs & curriculum plus individually.
- Transportation, schedules, childcare, etc. all need to be considered. Make sure the event is promoted in many ways (schools, offices, etc) so that people are aware.
- Invite families input to be a part of the process (design, implementation, etc.).
- Direct one-on-one contact. Building trusting relationships between parents and providers with programs and support that do not imply deficits in the child or family.
- Outreach, personal contacts with families that do not read English, do not have access to newspapers in their homes.
- Neighborhood based programs, culturally competent programs.
- Food before meetings, worthwhile strategies.
- Courses that focus on activities that the parents can actually do.. that is, simple tasks that can be incorporated into their daily lives. Also, I think that parents need to observe the programs that their children are in.

Please list individuals, community groups, government agencies or service organizations that are most important to include in efforts to help reach children early and prepare them for a successful school experience.

- School District; Preschools (private & Head starts); AEA; Pediatricians; Neighborhood Centers; Empowerment Bd.; DHS.
- Neighborhood Centers; Head Start; Day Care providers; Empowerment; Reps from schools; AEA
- Parents; schools – all school districts; child care; faith organizations; health care providers; community groups; NCJC; HACAAP; 4 C's; UAY....
- School District, AEA/Grant Wood, Early Access, DHS, Mental Health Center, Juveniles Justice/Court system, United Action for Youth, WIC/Public Health, Four C's day Resource, Child Abuse Prevention, Pediatricians & FP/providers, Visiting Nurses Association, Empowerment, DECAT, Infant Care/Day Care providers, Sate Department of Public Health education.
- School districts, Empowerment Board, other agencies targeting this age group with health and social services.
- Empowerment, school district, AEA, private providers, Head Start, Neighborhood Centers.
- School districts, AEA, Family Resource Centers, Empowerment, United Way, Chamber of Commerce.
- 4 C's, the licensed preschools & daycares in this community, Iowa City Public Library (and also Coralville & North Liberty's public libraries), HACAP Neighborhood Centers of Johnson County, Iowa City Community School district and the individual elementary schools.
- They all are important. Agencies should work together as much as possible.
- Dept of Health, Education and Human Services, school districts, child care resource & referral, libraries, unions, Hy-Vee, Chamber of Commerce, Children Hospitals, churches/houses of worship, City of Iowa City, Coralville & North Liberty, etc.
- Empowerment, Decat, Youth Development, United Way, Johnson County Board of Supervisors, Iowa City.
- State and Federal government, schools, local providers of early childhood programming, hospitals and docs.
- WIC, 4C, Hospitals, Schools, DHS
- Churches, Neighborhood Centers, Head Start programs, 4C's, Pediatricians and family practice physicians.
- Iowa City Community Schools, Grant Wood AEA, Empowerment, United Way, Non-profit agencies, 4C's, Child Care programs.
- Schools, churches.
- The Neighborhood Centers. Also, the AEA/school district needs to do much more than they are presently doing.

Responses to open ended items on the follow-up survey are included here:

What are some accomplishments of your agency during the past year that have helped to improve educational and/or health outcomes for children aged 0 to 5 in Johnson County?

- Continued to build closer relationships with Neighborhood Center. A preschool will open at Wood in February.
- We have an ECSE classroom at Good Shepherd that serves 3-, 4-, and 5-year-olds. This program provides developmental instruction for these children so that they are better prepared for kindergarten.
- Four slots in our preschool have been funded by Johnson County Empowerment grants for poor, working Latino families.
- Increased the number of children aged 0-5 attending quality preschools. Increased quality standards of home child care providers. Increased the number of children covered by Hawk-I insurance program.
- WIC services, immunization services, care coordination services, physical exams – child health services, and maternal health services
- Immunization for low income children, care coordination, nutritional support, well-child clinic, support for Hawk-I enrollment
- Many LRE (least restrictive environment) placements for children with special needs.
- Addition of Family Resource Centers at Grant Wood, Kirkwood and Coralville Central; family support worker program and preschools at Grant Wood and Van Allen.
- Providing a stable, nurturing, quality preschool environment.

What agencies have you worked with during the past year to help improve educational and/or health outcomes for children 0-5 years of age in Johnson County?

- Neighborhood Centers of Johnson County
- Pheasant Ridge Neighborhood Center and Johnson County Empowerment to do Family Literacy Nights—three for Kindergarten and 3 for first grade. This has been great!
- Johnson County Empowerment Board, ICCSD, Grant Wood AEA, DHS, and Neighborhood Centers
- A large number of agencies
- Schools, Free Medical Clinic, VNA, and DHS
- Empowerment Board, United Way, ICCSD, 4C's, and Head Start
- ICCSD, Empowerment, Neighborhood Centers
- Empowerment, Neighborhood Centers, City of Coralville, and United Way.
- WIC, DHS, School district, and Grant Wood AEA.
- Not a lot. Our focus is more on school-aged children.
- Schools, Public Health Department, Wendell Johnson Speech and Hearing Center, Grant Wood AEA.

What are the future challenges in Johnson County to preparing all children 0 to 5 for a successful school experience?

- Have the need recognized by all community members.
- Having affordable, quality preschool programs

- Paying trained preschool personnel adequate/good wages.
- “Catching them” before they enter kindergarten to get services in place.
- Find the most needy children and assist them and their families in whatever ways possible to give their 0-5 year old children the same opportunities that affluent families/children have.
- Increasing availability of quality preschools.
- Finding a medical home for uninsured children
- Identification and recruitment of children; funding.
- Preschool/daycare opportunities for every child.
- Mental health needs of 0-5 aged students; access to preschools.
- I see many families struggling with behavior issues. Children are being sent home from school and parents have to take off work, etc. I feel we need more direct interventions, the earlier the better, and Grant Wood AEA cannot do it all alone.
- Neighborhood Centers.
- Giving children access to quality early childhood education is critical, particularly for low-income and other vulnerable children. Research and intuition support it as an important factor in success in the transition to kindergarten. Funding is in short supply, however.

COLLABORATION SURVEY

At Baseline

Table 6 and Figure 1 present and illustrate the mean responses in descending order for the 23 standard items of the baseline collaboration survey related to providing services for children birth to five years and their families. Averages (mean scores) were computed from responses using a scale ranging from 1 to 5 (where; 5 = strongly agree, 1 = strongly disagree). A higher score indicates stronger agreement.

The statements obtaining the greatest mean score responses (greater agreement) at baseline were the following:

- People in this community demonstrate trust for one another. ($\mu=3.59$)
- Some members of agencies seem to have more power in making decisions than others. ($\mu=3.59$)
- I have an equal voice within this community. ($\mu=3.53$)
- I feel that the community is making progress in preparing children 0 to 5 years for a successful school experience. ($\mu=3.41$)
- Our community seeks to bring in new members to participate in planning for early learning initiatives on an ongoing basis ($\mu=3.40$)

The statements obtaining the lowest mean score responses (greater disagreement) at baseline were the following:

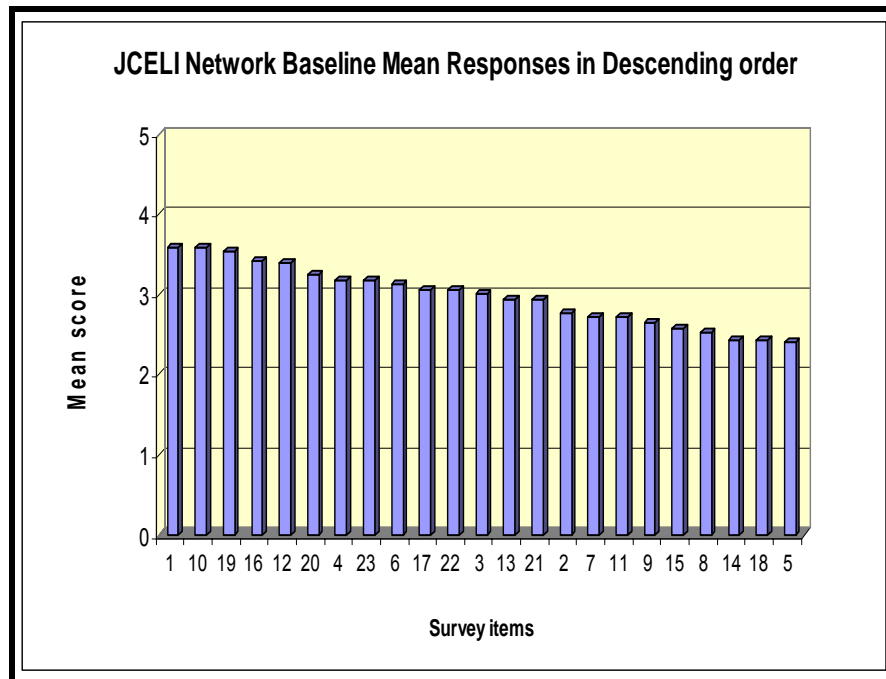
- Tasks are appropriately distributed among members of the community with respect to preparing children 0 to 5 years for a successful school experience. ($\mu=2.41$)
- We have a plan for sustaining early learning initiatives after initial grant funds run out. ($\mu=2.44$)

- The service community keeps the larger community well-informed about our work on early learning opportunities and issues. ($\mu=2.44$)

Table 6. JCELI Baseline Collaboration Survey: Mean Responses in Descending Order

<i>JCELI COLLABORATION SURVEY ITEM</i>	<i>MEAN RESPONSE AT BASELINE</i>	<i>Std Dev</i>
1. People in this community demonstrate trust for one another.	3.59	.870
10. Some members of agencies seem to have more power in making decisions than others.	3.59	.795
19. I have an equal voice within this community.	3.53	.717
16. I feel that the community is making progress in preparing children 0 to 5 yrs for a successful school experience.	3.41	1.064
12. Our community seeks to bring in new members to participate in planning for early learning initiatives on an ongoing basis.	3.40	.828
20. Members of the community openly discuss self-interests.	3.24	.752
4. We have identified specific, measurable results that we want to achieve in preparing children 0 to 5 for a successful school experience.	3.18	.951
23. Early learning service providers in this community commonly share information and resources to assist difficult-to-reach populations.	3.18	1.074
6. Agency members are representative of populations they work with.	3.12	1.111
17. Consumers are involved in planning and decision-making on projects related to early learning.	3.06	.854
22. People in our community agree on issues of importance for our community.	3.06	.899
3. We do a good job at documenting our progress (outcomes) on early learning initiatives.	3.00	1.000
13. The amount of time spent in meetings related to early learning initiatives is appropriate.	2.94	.680
21. Early learning service providers effectively communicate with each other.	2.94	.854
2. There is a clear, shared vision for what the community is trying to do to prepare children 0 to 5 for a successful school experience.	2.76	.970
7. We have effective rules for handling conflict in the community on issues related to early learning opportunities.	2.71	.588
11. Our early learning service provider community adequately meets the cultural and language needs of minorities.	2.71	.849
9. The community has a clear action plan for preparing children 0 to 5 for a successful school experience.	2.65	.786
15. Our community has a plan for evaluating results and using results to improve services related to early learning opportunities.	2.56	1.094
8. The community has an effective process for making decisions on issues related to early learning opportunities.	2.53	.624
14. The service community keeps the larger community well-informed about our work on early learning opportunities and issues.	2.44	.727
18. We have a plan for sustaining early learning initiatives after initial grant funds run out.	2.44	.629
5. Tasks are appropriately distributed among members of the community with respect to preparing children 0 to 5 yrs. for a successful school experience.	2.41	.870

Figure 1: Illustration of Baseline Collaboration Survey Response Items



*Comparison of Baseline and Follow-up Collaboration Survey
for Ten Agencies Responding at Follow-up*

Table 7 and Figure 2 present and illustrate the comparison of responses from the ten agencies that answered the collaboration survey both at baseline and follow-up. Eight items had a mean score of 3.50 or greater at follow-up indicating more agreement as compared to four items at baseline. Although at follow up there was increased agreement that some members of agencies seemed to have more power in making decisions, agency representatives also agreed more strongly that:

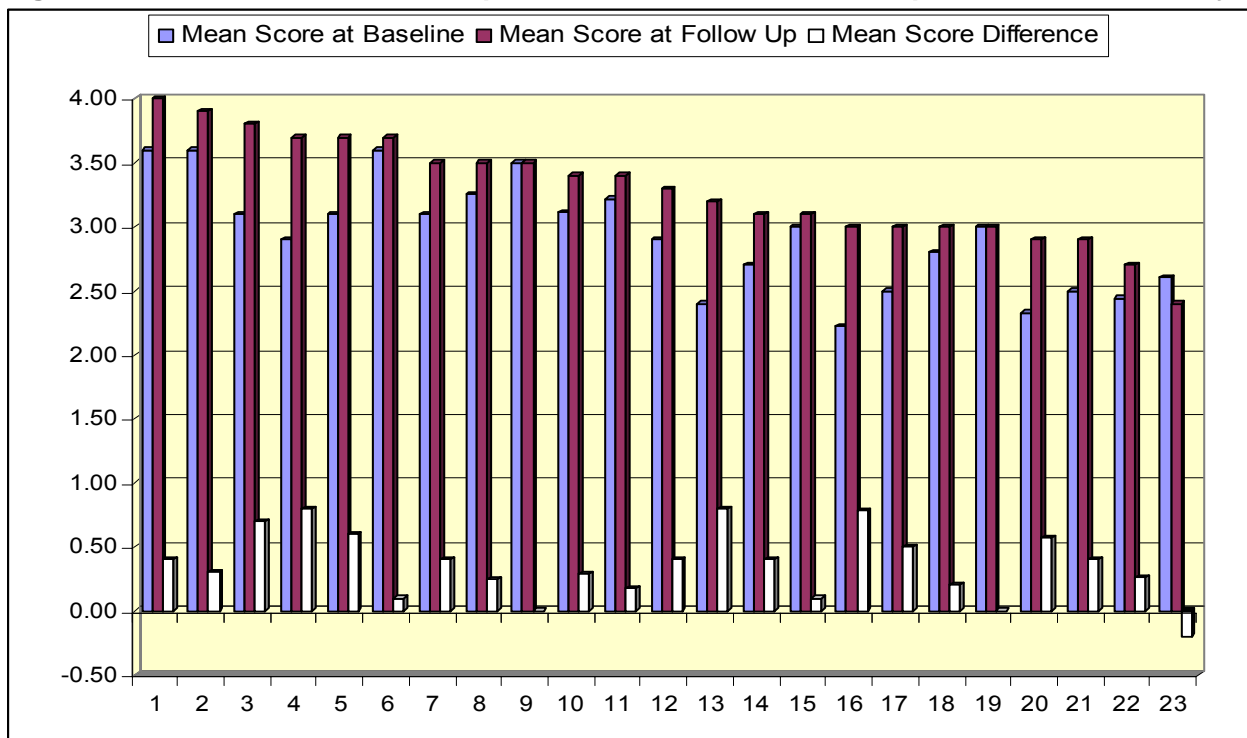
- People in this community demonstrated trust for one another ($\mu=4.00$)
- They have an equal voice ($\mu=3.90$)
- They feel the community is making progress in preparing children 0 to 5 yrs for a successful school experience. ($\mu=3.80$)
- Agency members were representative of populations they work with. ($\mu=3.70$)
- They had identified specific, measurable results that they wanted to achieve in preparing children 0 to 5 for a successful school experience. ($\mu=3.70$)
- Early learning service providers in this community commonly shared information and resources to assist difficult-to-reach populations. ($\mu=3.50$)
- Their community sought to bring in new members to participate in planning for early learning initiatives on an ongoing basis. ($\mu=3.50$)

Two items showed no change over time and one item demonstrated a decrease.

Table 7. Comparison of Collaboration Survey: Baseline and Follow-up Mean Scores and Mean Score Difference in Descending Order by Follow-up Mean Score (n=10)

Item #	Survey Items	Mean Score at Baseline	Mean Score at Follow Up	Mean Score Difference
1	Demonstrate trust	3.60	4.00	0.40
19	I have an equal voice	3.60	3.90	0.30
16	Community is making progress	3.10	3.80	0.70
6	Agency members reflect makeup of population	2.90	3.70	0.80
4	Identified specific measurable results	3.10	3.70	0.60
10	Some members have more power	3.60	3.70	0.10
23	Providers share information/resources for outreach	3.10	3.50	0.40
12	Bring in new members to participate	3.25	3.50	0.25
20	Openly discuss self-interests	3.50	3.50	0.00
17	Consumers involved in planning/decision-making	3.11	3.40	0.29
21	Providers communicate effectively with each other	3.22	3.40	0.18
3	Document progress well	2.90	3.30	0.40
5	Tasks appropriately distributed	2.40	3.20	0.80
2	Clear shared vision	2.70	3.10	0.40
13	Time spent in meetings is appropriate	3.00	3.10	0.10
15	Plan for evaluating and using results	2.22	3.00	0.78
8	Effective decision making process	2.50	3.00	0.50
7	Effective rules for handling conflict	2.80	3.00	0.20
22	People agree on issues of importance	3.00	3.00	0.00
18	Have plan for sustaining initiatives	2.33	2.90	0.57
9	Clear action plan	2.50	2.90	0.40
14	Keep larger community informed	2.44	2.70	0.26
11	Cultural/language needs of minorities are met	2.60	2.40	-0.20

Fig. 2. Illustration of Table 7: Comparison of Baseline & Follow-up Collaboration Survey.



COLLABORATION NETWORK ANALYSIS

Introduction to Network Measures

Network measures include: 1) walks and reachability; 2) geodesics and distance; 3) nodal degrees; and 4) network density. Network analysis nearly always includes some basic network properties. Nodes are the actors in a network and paths are the connections among those actors. A walk is a sequence of nodes (agencies) and paths (lines indicating a tie or connection between two agencies). The walk begins and ends with a node and each node in the path is connected by the lines following and preceding it in the sequence. For example, Agency A collaborates with Agency B would be represented by a line between these two nodal points. Assume also that Agency B collaborates with Agency C and that Agency A and Agency C do not collaborate. The span between Agency A and Agency C would be considered a walk. The length of a walk is the number of lines (in our example, two). Reachability is the measure of how many paths there are leading to a particular node. For example, since Agency A collaborates with Agency B, then both agencies are said to be reachable. Since Agency B also collaborates with Agency C and Agency A does not, Agency B is said to be more reachable than Agency A or Agency C. A geodesic (distance) is the shortest path between a given pair of nodes (the geodesic for Agency A and Agency C is two). A nodal degree is the number of lines connected with the node in a graph. Using the example above, it is the number of agencies indicating they work with a particular agency (for Agency B the nodal degree would be 2, and for Agency A and Agency C the nodal degree would be 1). Density is a measure of connectedness of the agencies in the network (percentage of all possible nodal degrees that the network exhibits).

When examining interagency collaboration, one use of social network analysis is to identify the “most important” members in the network because those members have relatively more influence. Measures of importance in a network include: 1) centralization; 2) closeness; 3) betweenness; and 4) prestige. The degree of centralization quantifies the range or variability of the individual member indices. The index or measure ranges from 0 (no variability) to 1 (extreme variability for one member). For example, if each agency in a network is connected with the others equally then there are no variability for members because they are equally and exhaustively connected, then the degree of network centrality is 0. If one agency works with all other agencies and all other agencies work only with this agency, then the degree of network centrality is 1 (also known as a star network). Closeness measures the extent to which a member of the network is connected to all the other members of the network. This concept addresses the ease with which a member can directly access other members of the network. The closeness index also ranges from 0 to 1, where 0 represents the lengths of geodesics as equal among network members, and 1 represents extreme variability with respect to one member. Betweenness is a measure of interactions between nonadjacent members of a network where one must access another member in the network in order to reach another. The betweenness index ranges from 0 (all members are equal in betweenness) to 1 (extreme variability with respect to one member). Prestige is similar to what is commonly referred to as popularity, or how many members choose a network member. The members of the network who are most prestigious are those most frequently chosen by others. The index for prestige

reaches its maximum value of 1 when a member is chosen by all other members of the network. (For further description and interpretation of network measures see Richardson and Graf, 2004, *Measuring the Strengths of Community Collaboration*; Wasserman and Faust, 1994; Wasserman and Galaskiewicz, 1994; Scott, 2000; and Knoke & Kuklinski, 1982).

The provider network analysis is an assessment of the level of provider collaboration that exists at baseline and follow up. Using data from representatives of the agencies identified as key service providers to the target population, we analyzed four dimensions of collaboration:

1. Working with other network agencies to provide health or literacy activities in the community
2. Working with other network agencies to provide training on screening children aged birth to 5
3. Working with other network agencies to coordinate case plans for children 0-5 and their families
4. Working with other network agencies for more than one year

The analysis of these relations is important to assess change in the working relationships among the JCELI network of service providers, and among service providers during and following implementation. These data also provided measures that can be used for further development of collaboration, identifying strong relations among providers as well as areas where relations can be strengthened.

In this analysis, we focused on the following network measures: outdegree, indegree, average degree, maximum nodal degree, average geodesic distance, average density, and network centralization. These measures were produced through analyses performed using UCINET 6 with illustrations obtained through the use of NetDraw.

- **Outdegree** is the number of connections each agency or node has *to* other agencies or nodes. Outdegree is also considered a measure of influence: those with more connections *to* other nodes have relatively more influence on the activities of the network.
- **Indegree** is the number of connections each agency or node has *from* other agencies or nodes. Indegree is a measure of the extent to which one is chosen by others in the network; those with greater indegree have more prestige in the network.
- **Average degree** is the mean number of degrees (average of all outdegrees or indegrees) of all the members of a network. What is interesting about average degree is that those with the greatest number are found “where the action is” in the network (Wasserman and Faust, 1994, p. 179).
- The **maximum nodal degree** is the number of possible connections with other nodes. This is simply the number of nodes or agencies in the network minus one.
- The **average geodesic distance** is the average of the shortest paths between each two members in a network. A geodesic is the shortest path between two nodes. A direct connection is a geodesic of 1. In some cases, network members must connect through other nodes or “travel” more than one path to connect with another member in the network.

- **Average density** is a measure of how “connected” a network is, and is simply calculated as the average degree divided by the total possible (maximum nodal degrees).
- **Network Centralization** is a measure of the variability in the connectedness of the members of the network. The index ranges from 0 to 1 and is expressed in percent. Lower percentages indicate less variability in connections to others meaning that more agencies are central to the activities and the network is more egalitarian with greater collaboration among all of the network members. Higher percentages indicate more variability in connections which is associated with networks where one or few members have disproportionate connections and are therefore more influential or prestigious; this is an indication that collaboration may be limited among members of the network.

All 17 representatives returned their completed baseline surveys for a response rate of 100%. Results of the baseline survey were presented to the respondents in August 2005 to encourage discussion of current collaborative efforts and plans for improving collaboration. A follow-up network survey was distributed in December 2005 to these same 17 agency representatives, yielding responses from 10 representatives after three follow-up contacts (response rate, 59%).

Relation 1: Working with other network agencies to provide health or literacy activities in the community.

Table 8 and Figures 3a through 3d present and illustrate some positive change in collaboration in the JCELL network of service agencies to provide health and literacy activities. Five agencies showed an increase in outdegree while three agencies showed no change and two decreased. Six agencies indicated an increase in indegrees, one showed no change and three decreased in indegree activity. The average degrees for this relationship increased by 11% from 5.7 to 6.3 indicating an increase in the average number of connections. With a 5% decrease in average geodesic distance from 1.367 to 1.300, agencies were able to work a little more directly with each other at follow-up in providing these services. Average density increased from 63.3% to 70% indicating an increase in connections in this network. Network centralization decreased by 50% from 33.3% to 16.7% which indicates more equal distances between network members and that no one agency was more influential than others. Figures 3a and 3b illustrate the information from Table 8 regarding outdegrees, indegrees, and density. Figures 3c and 3d utilize multidimensional scaling to focus on similarities and distances among network members and illustrate the change in network centralization measures.

JCELI Network Change in Collaboration to Provide Health/Literacy Activities

TABLE 8. Agency #	At Baseline				At Follow up			
	Outdegree		Indegree		Outdegree		Indegree	
	#	%	#	%	#	%	#	%
1	3	33.3	5	55.6	3	33.3	6	66.7
2	3	33.3	5	55.6	4	44.4	6	66.7
4	9	100.0	6	66.7	9	100.0	5	55.6
5	5	55.6	6	66.7	8	88.9	8	88.9
6	8	88.9	4	44.4	9	100.0	3	33.3
7	3	33.3	4	44.4	5	55.6	5	55.6
8	6	66.7	7	77.8	7	77.8	7	77.8
9	8	88.9	9	100.0	7	77.8	8	88.9
16	3	33.3	3	33.3	3	33.3	6	66.7
17	9	100.0	8	88.9	8	88.9	9	100.0
Average Degree (std dev)	5.7 (2.5)		5.7 (1.8)		6.3 (2.2)		6.3 (1.7)	
Max Nodal Degrees	9		9		9		9	
Avg Geodesic Distance	1.367				1.300			
Average Density (std dev)	63.3% (0.482)				70.0% (0.458)			
Network Centralization	33.3%				16.7%			

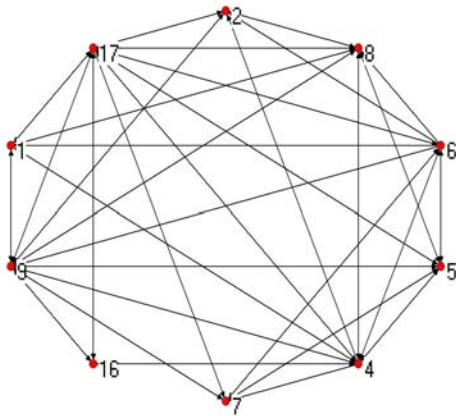


Fig 3a: Circle Drawing of Collaboration at Baseline

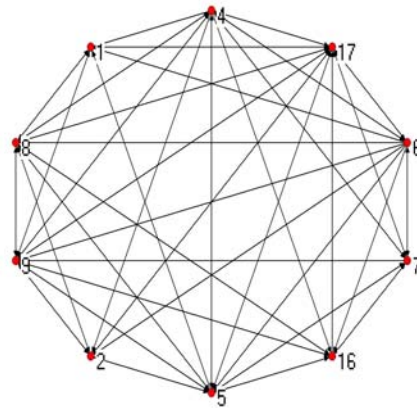


Fig 3b: Circle Drawing of Collaboration at Follow-up

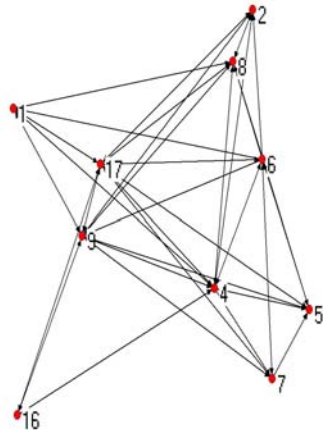


Fig 3c: Multidimensional Scaling Drawing of Distances and Similarities at Baseline

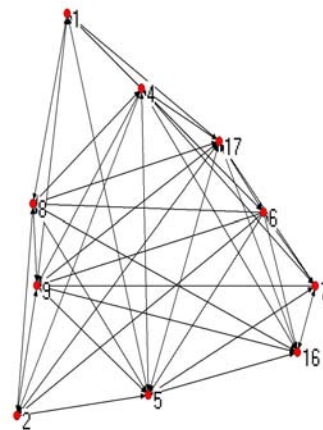


Fig 3d: Multidimensional Scaling Drawing of Distances and Similarities at Follow-up

Relation 4: Working with other network agencies for more than one year.

Table 9 and Figures 4a through 4d present and illustrate some positive change in collaboration in the JCELI network of service agencies in working together over the past year. Six agencies showed an increase in outdegree while two agencies showed no change and two decreased. Seven agencies indicated an increase in indegrees, one had no change and two decreased. The average degrees for this relationship increased by 17% from 6.1 to 6.7 indicating an increase in the average number of connections. With a 5% decrease in average geodesic distance from 1.322 to 1.256, agencies were able to work at follow-up a little more directly with each other in providing these services. Average density increased from 68% to 74% indicating an increase in connections in this network and opportunities for collaboration. Network centralization which was quite low initially, decreased further by 28% from 19.4% to 13.9% which indicates more equal distances between network members and that no one agency was more influential than others. Figures 4a and 4b illustrate the information from Table 9 regarding outdegrees, indegrees, and density. Figures 4c and 4d utilize multidimensional scaling to focus on similarities and distances among network members and illustrate the change in network centralization measures shown in Table 9.

JCELI Network Change in Collaboration During the Past Year

TABLE 9. Agency #	At Baseline				At Follow-Up			
	Outdegree		Indegree		Outdegree		Indegree	
	#	%	#	%	#	%	#	%
1	3	33.3	6	66.7	4	44.4	7	77.8
2	5	55.6	5	55.6	6	66.7	6	66.7
4	9	100.0	5	55.6	9	100.0	7	77.8
5	5	55.6	6	66.7	8	88.9	7	77.8
6	9	100.0	4	44.4	9	100.0	3	33.3
7	3	33.3	5	55.6	5	55.6	6	66.7
8	5	55.6	8	88.9	6	66.7	7	77.8
9	8	88.9	9	100.0	7	77.8	9	100.0
16	6	66.7	5	55.6	4	44.4	6	66.7
17	8	88.9	8	88.9	9	100.0	9	100.0
Average Degree (std dev)	6.1 (2.2)		6.1 (1.6)		6.7 (1.9)		6.7 (1.6)	
Max Nodal Degrees	9		9		9		9	
Avg Geodesic Distance	1.322				1.256			
Average Density (std dev)	67.8% (0.467)				74.4% (0.436)			
Network Centralization	19.4%				13.9%			

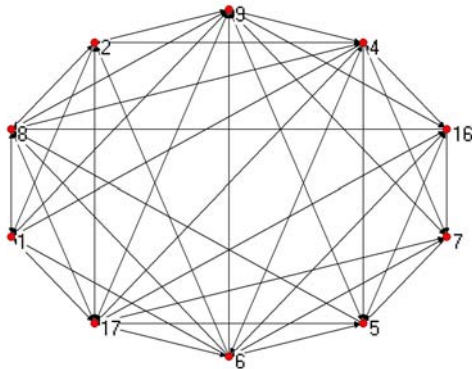


Fig. 4a: Circle Drawing of Collaboration at Baseline

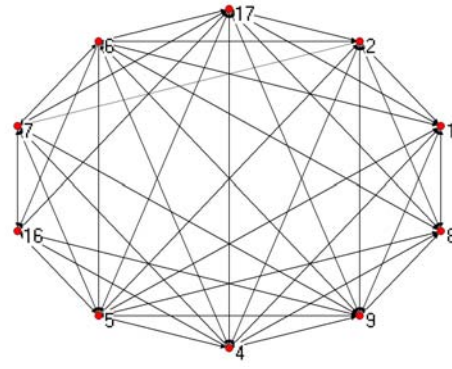


Fig 4b: Circle Drawing of Collaboration at Follow-up

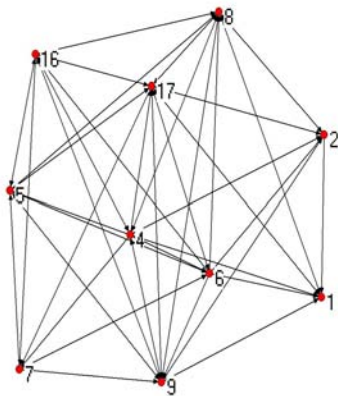


Fig 4c: Multidimensional Scaling Drawing of Distances & Similarities at Baseline

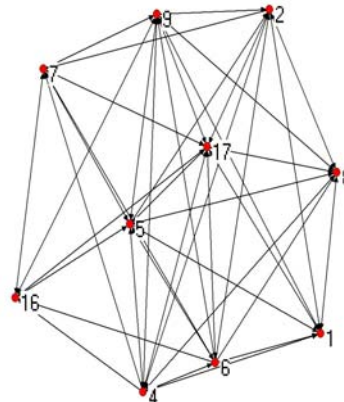


Fig 4d: Multidimensional Scaling Drawing of Distances & Similarities at Follow-up

CASE MANAGEMENT OUTCOMES

To assess change in provision of case management services over time, a member of the evaluation team observed case management meetings at two locations in March 2005 and again in December 2005/January 2006. Generally 7 to 12 individuals attended these meetings which were held at the two neighborhood centers where many of the JCELI services were provided, one at the Broadway Neighborhood Center and the other at the Pheasant Ridge Neighborhood Center. Attendees included classroom teachers from infant, toddler and preschool rooms, administrators from after-school programs, a behavior interventionist, the on-site JCELI coordinator, and family support workers. Staff attendees were requested to submit names of families to be discussed. The purpose of the meetings was to exchange information about families and assign tasks. Preschool teachers and family support workers were able to connect and coordinate child interventions.

An understanding of social work case management and family centered practice was important to assess this change. The National Association of Social Workers (NASW) Standards for Social Work Case Management (1992) states that

“social work case management addresses both the individual client’s bio- psychosocial status as well as the state of the social system in which case management operates. Social work case management is both micro and macro in nature: intervention occurs at both the client and system levels. It requires the social worker to develop and maintain a therapeutic relationship with the client, which may include linking the client with systems that provide him or her with needed services, resources and opportunities.”

Also,

“The primary goal of case management is to optimize client functioning by providing quality services in the most efficient and effective manner to individuals with multiple complex needs.....case management rests on a foundation of professional training, values, knowledge, theory, and skills used in the service of attaining goals that are established in conjunction with the client and the client’s family when appropriate. Such goals include:

- Enhancing developmental, problem-solving, and coping capacities of clients
- Creating and promoting the effective and humane operation of systems that provide resources and services to people,
- Linking people with systems that provide them with resources, services, and opportunities.”

Although families face many challenges, they have resources, knowledge, skills and competence that provide them strength in hard times. Valuing families, recognizing and building on their strengths can help them improve. “The strengths approach to social work practice is an approach that values families.” (Early and GlenMaye, 2000) A key method of the strengths approach is collaboration between the social worker and the client/family. Social worker and family form a partnership in defining problems, goals, strategies, and success. The social worker does not have the full responsibility for improving the situation. The family ideally should be empowered so they can contribute to the effort toward change. (Dunst et al, 1994) A social worker can help a family use their current strengths to give a sense of hope and purpose, setting goals and achieving them in line with their personal capabilities and vision.

JCELI family support workers, along-side other NCJC family support workers, received training in strengths-based, family centered practice principles and social work case management during their first two weeks of employment as well as continued direction in biweekly family support meetings. The average length of experience in this field for JCELI family support workers was 3.5 years. At a case management meeting at the Broadway Neighborhood Center in December 2005, when asked how many years the nine attendees had been in the teaching and/or social service field, responses ranged from one year to 28 years, with an average of 8.7 years.

Agenda items for case management meetings included Center updates and announcements (e.g., van use, supply shopping, upcoming events, etc.), follow up from previous case management meeting to discuss status of action steps for appropriate families, and a list of additional families to discuss. Family information included identification of family strengths, a listing of other agency involvement, identification of concerns, referrals made, and action steps planned.

Pheasant Ridge Case Management meetings

Initial observations of the case management meetings at the Pheasant Ridge Neighborhood Center indicated some orientation activities taking place for JCELI teachers and family support workers. The JCELI coordinator stated that “we want to make sure we have specific, concrete goals for each family.” One teacher wanted to feel that she was “not just putting out fires.” Instructions and discussion continued on having paperwork in order, coordinating ongoing interventions, how referrals were received and made, and confidentiality. Discussion of one large family with several concerns continued for 30 minutes. The classroom teacher sought suggestions on goals for the Mom and one of the children in particular and provided details on the family’s current situation and interactions. However, at times, these descriptions were not strength based. Suggestions from the group included access to resources, changing the mother’s work hours, possible DHS involvement, dealing with the father’s presence and how that affected the children’s behavior. The JCELI coordinator kept discussion focused and summarized all suggestions for this family.

Other topics for the JCELI group included details of the upcoming first time PREP open house, suggestions for setting up teacher/parent conferences, and data collection instruments process, and procedures.

Two additional families were discussed. The teacher and family support worker for one of the families presented the family strengths and concerns well and collaborated on the details. The JCELI coordinator encouraged them to “step back” and formulate a concrete action plan with an understanding of the overall picture and with long term goals in mind, making use of a wide range of community resources. Periodically, the JCELI coordinator would bring discussion back into focus on client/family centered issues that were strength-based and solution focused. Some of the positive comments shared included: “We have figured out what works,” “This is work in progress,” “We’re making progress,” “Good things are happening for this family,” “Mom is independent, a strong woman,” “Tremendous support,” and “Lots of good qualities.” All meeting attendees shared information on families, constructive suggestions were made by all, and strength-based discussion was more evident as the meeting progressed.

Follow-up observation of a case management meeting at Pheasant Ridge took place 10 months later. Announcements included funding transitions for JCELI families, an upcoming literacy event at a local elementary school, and status of data collection. Four

families were on the agenda, and discussion was issue-specific with a good sharing of information, the family situation, and ideas for action. When appropriate, the JCELI coordinator offered to help the family support worker in working with the family, serving as a catalyst for getting the action plan in place. Often, all attendees were very aware of the family under discussion; each had been involved with the family in some way. Each offered a fresh perspective and new idea for dealing with family concerns, a real sharing of experience and expertise. There seemed to be an energy in the group along with a genuine concern for “their families.” They were also an organized group that made use of calendars and took notes on issues and suggestions as discussed.

Broadway Neighborhood Case Management Meetings

In March 2005, a member of the evaluation team observed a case management at the Broadway Neighborhood Center. The same agenda framework was followed beginning with center announcements and logistical updates and moving on to discussion of a few families and programs reports. During the discussion of families, one attendee specifically asked about the family strengths. Suggestions for follow up provided a variety of possible actions and insights from the many attendee perspectives. All continued to ask question to try and get at the heart of the matter and offer practical, doable suggestions.

Program reports covered an upcoming child development event and openings in the youth program which serves students in K-5 after school and grades 6-9 in the evenings. The GED program has 12 active students, and a new group entitled Parenting While Depressed is starting with expected participation by 10 to 12 parents. Several family support workers have increasing case loads. Two workers serve 14 families and one Spanish-speaking worker served nine families.

Compared to the initial case management meeting at Pheasant Ridge, this meeting seemed better organized, and discussion was free-flowing and focused. This group seemed more experienced and familiar with strength-based, solution-focused discussion.

At the follow-up Broadway case management meeting in December 2005, good community and fellowship exchange was observed prior to the meeting. Self-introductions including attendee name, role/title helped to familiarize new members with established members of the group and vice versa. Discussion of status of previous case management families continued in detail. Each attendee spoke of their working with and providing assistance to the families discussed, asking questions about possible options for action, sharing suggestions. With another “stuck” case, all contributed to the strength-based, solution-focused discussion. Despite the many concerns for each family, workers kept looking for strengths to build on. All seemed to know all the families, all listened well, always asking questions, sharing a variety of perspectives. Discussion also included systems issues as well including gang indicators in a particular

neighborhood, the increased Latino population in the area, and collaboration with other agencies. Of note, there are now two Spanish speaking family support workers at the Broadway Neighborhood Center.

Case management at the Broadway Neighborhood Center was strong at the beginning of JCELI and continued to be strength-based and solution-focused with respect for families and seeking input from a variety of individuals and resources. At follow-up, it was evident that new workers had been brought on board within this positive case management atmosphere and older workers shared their experience and expertise willingly and in a caring way. Another Broadway tradition is concluding each case management meeting with a “Hat’s Off” section, a time for attendees to recognize any or all on a good job done. Once it was a thank you to a staff member who was collecting used prom dresses for some of the teens involved in the center activities. Another time it was “hats off” to everyone for providing services to all the families involved.

SUMMARY AND CONCLUSIONS

The JCELI has raised overall community awareness about collaboration and the importance of the early learning years for children’s education and health. Members of the community received training on screening, identifying, and better serving vulnerable children. A central “point-of-entry” was created to improve access to early childhood services and a more coordinated system for identifying children and families in need of assistance for school success was established. Children demonstrated significant improvement in all areas of development and behavior, and behavioral concerns decreased significantly. Parents showed significant improvement in parenting and child rearing attitudes and behaviors. The provider community reported improvements in collaboration and coordination including increased trust, a more equal voice, progress toward improving services, and a more inclusive interagency environment which encouraged participation by new members. Through discussion of network analysis data, agencies identified strategies for improving individual connectedness in the services network and areas of strength in the community’s capacity to improve services for young children and families.

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APPENDIX

JCELI Network Survey Instrument

As a representative for your agency or organization, please indicate your response (1=yes, 0=no) to each of the questions in the columns about the relationship between your agency and the other agencies listed.

For your organization→ <i>With these agencies: ↓</i>	Do you work with this agency to <u>provide health or literacy activities</u> in the community? 1 = yes 0 = no	Do you work with this agency to <u>provide training</u> on screening children who are 0-5? 1 = yes 0 = no	Do you work with this agency to <u>coordinate case plans</u> for children 0-5 and their families? 1 = yes 0 = no	Have you worked with this agency for more than one year? 1 = yes 0 = no
Grant Wood Elem. School				
Roosevelt Elem. School				
Mark Twain Elem. School				
Horace Mann Elem. School				
Johnson Co. Empowerment Bd.				
WIC				
Johnson Co. Public Health Dept.				
Grant Wood AEA				
IC Community School District				
Iowa DHS				
Iowa City Public Library				
MECCA				
HACAP				
4 C's				
Wendell Johnson Speech & Hearing Clinic				
Community Mental Health Center for Mid-Eastern Iowa				
Neighborhood Centers of Johnson Co.				

Please indicate the extent to which you agree or disagree with the following statements

[SA = strongly agree, A = agree, N =neither agree nor disagree, D = disagree, SD = strongly disagree]

<p>1. People in this community demonstrate trust for one another. SA A N D SD</p> <p>2. There is a clear, shared vision for what the community is trying to do to prepare children 0 to 5 for a successful school experience. SA A N D SD</p> <p>3. We do a good job at documenting our progress (outcomes) on early learning initiatives. SA A N D SD</p> <p>4. We have identified specific, measurable results that we want to achieve in preparing children 0 to 5 for a successful school experience. SA A N D SD</p> <p>5. Tasks are appropriately distributed among members of the community with respect to preparing children 0 to 5 yrs. for a successful school experience. SA A N D SD</p> <p>6. Agency members are representative of the populations they work with. SA A N D SD</p> <p>7. We have effective rules for handling conflict in the community on issues related to early learning opportunities. SA A N D SD</p> <p>8. The community has an effective process for making decisions on issues related to early learning opportunities. SA A N D SD</p> <p>9. The community has a clear action plan for preparing children 0 to 5 for a successful school experience. SA A N D SD</p> <p>10. Some members of agencies seem to have more power in making decisions than others. SA A N D SD</p> <p>11. Our early learning service provider community adequately meets the cultural and language needs of minorities. SA A N D SD</p>	<p>12. Our community seeks to bring in new members to participate in planning for early learning initiatives on an ongoing basis. SA A N D SD</p> <p>13. The amount of time spent in meetings related to early learning initiatives is appropriate. SA A N D SD</p> <p>14. The service community keeps the larger community well-informed about our work on early learning opportunities and issues. SA A N D SD</p> <p>15. Our community has a plan for evaluating results and using results to improve services related to early learning opportunities. SA A N D SD</p> <p>16. I feel that the community is making progress in preparing children 0 to 5 yrs for a successful school experience. SA A N D SD</p> <p>17. Consumers are involved in planning and decision-making on projects related to early learning. SA A N D SD</p> <p>18. We have a plan for sustaining early learning initiatives after initial grant funds run out. SA A N D SD</p> <p>19. I have an equal voice within this community. SA A N D SD</p> <p>20. Members of the community openly discuss self-interests. SA A N D SD</p> <p>21. Early learning service providers effectively communicate with each other. SA A N D SD</p> <p>22. People in our community agree on issues of importance for our community. SA A N D SD</p> <p>23. Early learning service providers in this community commonly share information and resources to assist difficult-to-reach populations. SA A N D SD</p>
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