



Creciendo Juntos

A Preparing for Life Program



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A unique partnership between The Center for the Economics of Human Development at the University of Chicago (CEHD), Preparing for Life - Dublin (PFL), and Casa Central - a social service organization in Chicago, brings an innovative home visiting program to Chicago. This project centers around several key ideas and ideals. These are:

- **Family support of the highest quality** - driven by curriculum developed by Preparing for Life and implemented by Casa Central
- **Community centered program design** - community stakeholders and families have the opportunity to give input on the creation and adaptation of the program making it ultra relevant to clients served
- **Rigorous, longitudinal, respectful and person-focused research** - an RCT designed and led by the world-class researchers with input from partner researchers, PFL, Casa and our community stakeholders

DESCRIPTION OF THE WORK

The Preparing For Life home visiting model is one where a trained home visitor meets with families once per month, on average, starting in pregnancy and through to school entry when the child is 5 years. In addition to the monthly visits, families are also offered opportunities to join in group sessions focusing on parenting as well as receiving developmental toys, books and other materials.

RESEARCH QUESTIONS

1. How do warm, supportive interactions contribute to child development and long-term outcomes?
2. What are some of the best practices to encourage these interactions?
3. What does rigorous research reveal are the mechanisms that motivate outcomes for children and caregivers?
4. How can field research about early childhood and parenting programs be implemented in innovative ways?

PRELIMINARY DESIGN

This implementation will be split into two phases:

First, home visiting staff will be hired and trained at Casa Central. Then, a pilot cohort will be recruited and retained to test and adapt the approach and activities prior to full implementation. The families in the pilot group will continue through five years, and will be a resource for the project team to refine data collection methods, monitor and continuously improve implementation processes. The pilot families will not be included in the study sample.

The second phase of implementation will be designed as a Randomized Controlled Trial (RCT) to capture the causal effect of a high quality, evidenced-based early childhood home-based intervention for both parents and children's outcome. For this phase, 200 families from two underserved neighborhoods of the Chicago area will be randomly assigned to a High and Low treatment groups (following the approach from the original PFL study).

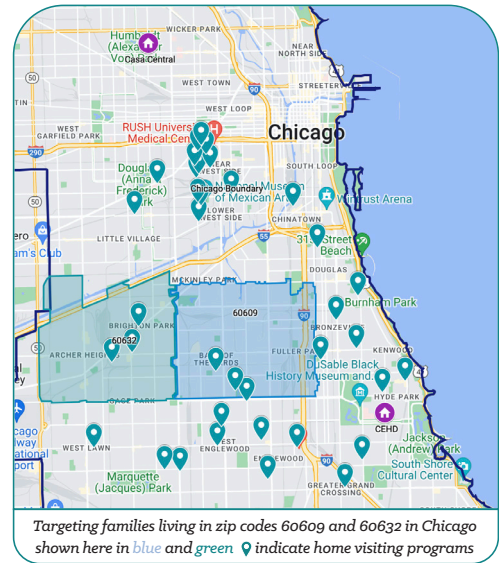
DATA AND MEASUREMENTS

Inspired by the research protocol of the original PFL trial, we plan to use multiple data collection methods and instruments. These instruments will measure a comprehensive set of indicators in several dimensions that will allow the researchers to track the progress on outcome and impact variables throughout multiple data collection rounds.

Data collection to include:

- Child development assessment
- Family strengths and wellbeing assessments (including physical health)
- Family surveys
- Home Visitor and Supervisor surveys
- Video Recorded visits (including some equivalent in the low treatment group)
- Medical Records
- Observations of environment (home, childcare, neighborhood)

TARGET POPULATION



THE ORIGINAL PFL TRIAL

The original PFL trial showed positive impact for participants in the treatment group in a range of domains.

Key Results	Impacts during the programme	Impacts at School Entry
Cognitive Development	Cognitive improvements from 18 months onwards	10 point IQ gap between children in the high and low treatment groups
Language Development	High treatment children were better at combining words at 24 months	25% of high treatment children had above average verbal ability compared to 8% of low treatment children
Approaches to Learning	High treatment children showed better approaches to learning from 36 months	High treatment children were better able to control their attention than low treatment children
Social & Emotional Development	2% of high treatment children were at risk of behavioural problems compared to 17% of low treatment children at 48 months	25% of high treatment children 'not on track' in their social competence compared to 43% of low treatment children
Physical Wellbeing & Motor Development	24% of high treatment children were classified as overweight compared to 41% of low treatment children at 48 months	High treatment children had better gross and fine motor skills

IMPLICATIONS

Creciendo Juntos has the potential to have important influence on the fields of early childhood policy, home visiting and parent coaching practices, and research. An advanced understanding of PFL's unique approach to home visiting may prove useful to home visiting practice and for others conducting evaluations of similar programs in the future. This project will also make an important contribution to policy development in the area of early childhood intervention programs generally, and home visiting programs specifically.