

# **Sixpence Annual Evaluation Report 2011-12**

Submitted by  
University of Nebraska Medical Center's Munroe-Meyer Institute  
A University Center of Excellence for Developmental Disabilities

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[www.SingaSongofSixpence.org](http://www.SingaSongofSixpence.org)

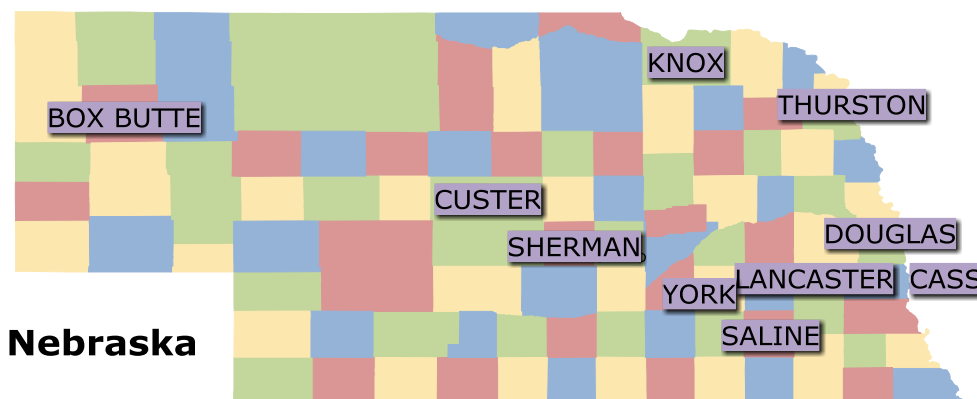
## PROGRAM DESCRIPTION

### WHAT IS THE PURPOSE OF THE SIXPENCE PROGRAM?

The Sixpence Early Learning Fund is a public-private partnership that is used primarily for grants to school districts to provide programs and services for infants and toddlers who are most at risk of school failure. The purpose of the Sixpence Programs is to help promote children's opportunities to experience positive environments that provide for their healthy growth and development during their earliest years. The Sixpence Programs promote community level partnerships that focus on meeting the developmental needs of very young children and support parents as their child's first and most important teacher, helping to ensure their child's success in school and later in life.

### WHO ARE THE SIXPENCE PROGRAMS?

In the 2011-2012 program year, the Sixpence Early Learning Fund funded 13 programs across 11 school districts in Nebraska to provide evidence-based services to young children (birth through age three) and their families. The funded programs represented one of three models: family engagement services, center-based infant/toddler care, or a combination of family engagement and centered-based services. Programs were funded through a combination of sources including Sixpence funds and federal and local sources. This was the fourth year of funding programs.



- ▶ 11 programs (2 in Thurston) were funded across 11 school districts.

#### Programs adopted one or more of the following components:

- ▶ Center-based care (6).
- ▶ Family engagement services (5).
- ▶ Combination of components (center/family engagement) (1).

## WHAT SERVICES WERE PROVIDED BY SIXPENCE?

The majority of the family engagement services included individualized sessions that were delivered on a weekly basis in the family's home. For some families, the individualized services were provided in a community location. Many of the family engagement services also included group socializations, which were opportunities for children and families to gather together in learning activities. The majority of the center-based programs provided full-day services. All of the center-based programs included strategies to engage parents in their child's education program and conducted home-visits with the family.

## CHILD AND FAMILY DEMOGRAPHICS

### WHO WERE THE CHILDREN AND FAMILIES SERVED?

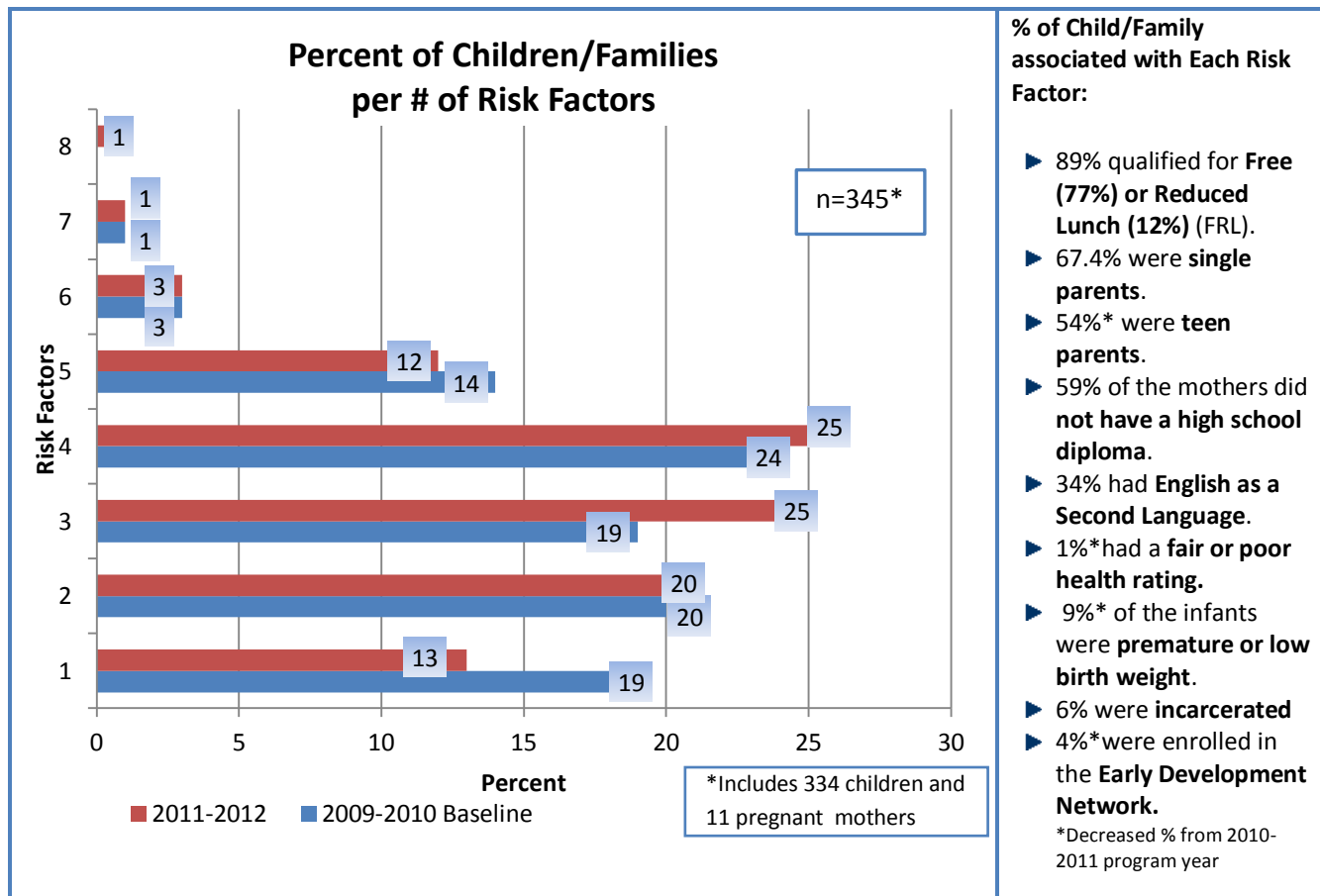
The targeted population for the Sixpence Programs is infants and toddlers (birth to age three) who are most at risk of failure in school. Sixpence Programs are required to serve infants and toddlers who have at least one of the five identified risk factors. Parents who fall into one of the risk categories can also be served during the mother's prenatal period.

In addition to the five program-defined eligibility risk factors, four additional risk factors were tracked: single parents, children enrolled in the Early Developmental Network, incarcerated parents, and children with low health rating.

In 2011-2012, Sixpence served 334 children, 11 mothers who were currently pregnant and 317 families.

#### Program Defined Risk Factors:

- ▶ Children (birth to age three) whose family income qualifies them for **participation in the federal free or reduced lunch program**;
- ▶ Children (birth to age three) who were born **prematurely or at low birth weight** as verified by a physician;
- ▶ Children (birth to age three) who reside in a home where a **language other than spoken English** is used as the primary means of communication;
- ▶ Children (birth to age three) whose **parents are younger than eighteen** or
- ▶ Children (birth to age three) whose **parents have not completed high school**.



- ▶ 67% of the children and their families were associated with three or more risk factors. This is an increase from the first year of tracking risk factors when 56% of families had three or more risk factors.
- ▶ The top three risk factors are poverty (based on FRL), single-parent families, and parents without a high school diploma.
- ▶ A total of 334 children and 317 families were served by the program in 2011-2012. There were 11 active pregnant mothers.

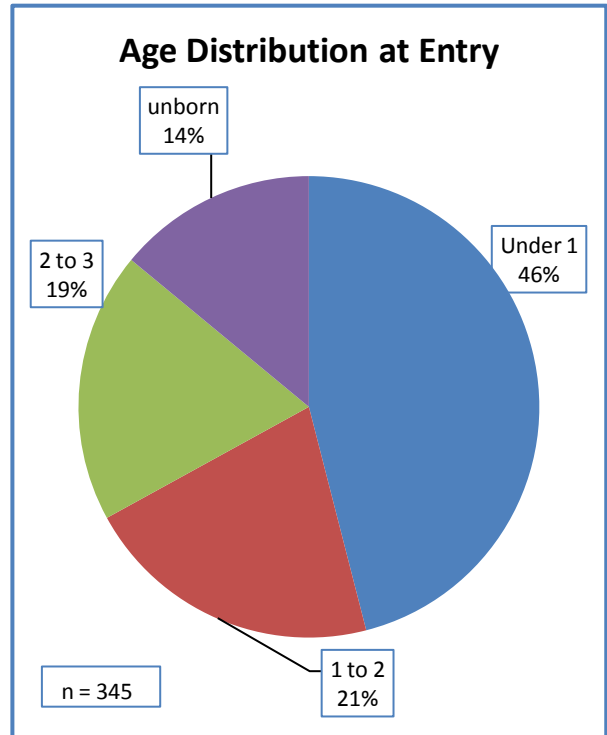
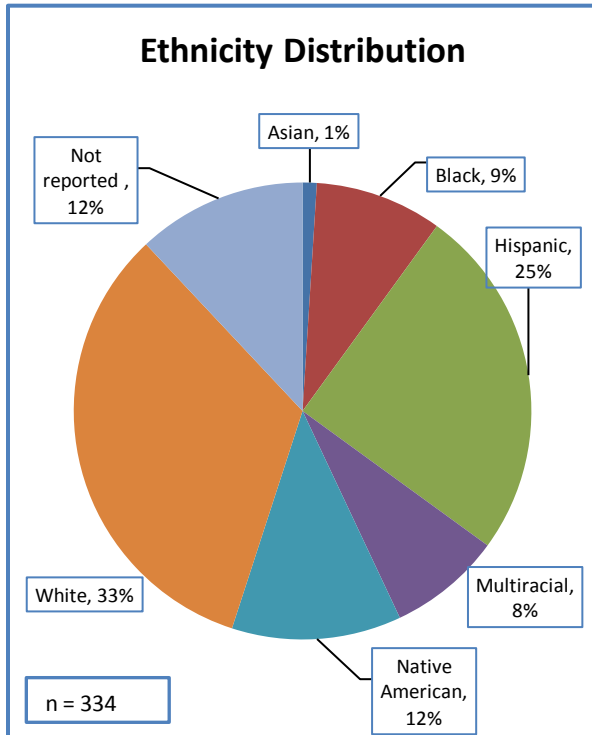
*Each year, Sixpence has served an increased percentage of high risk children.*

**Child Demographics:**

The majority, of the children (60%) were under the age of one at the time of intake (percent includes those who were unborn). There were slightly more females (53%) than males (47%) served by the program. Of the children served, 54% of the children served represented minority backgrounds.

**Parent Demographics:**

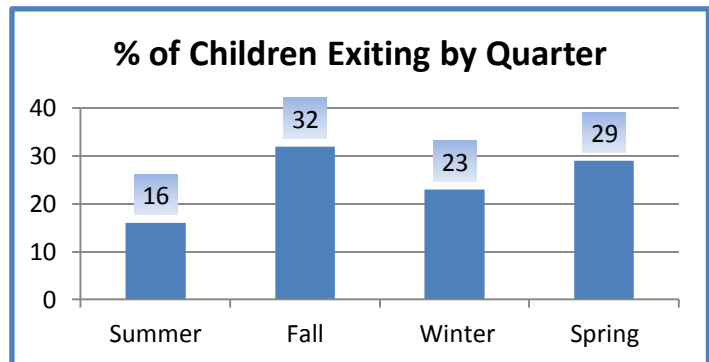
A majority of the mothers (59%) did not have a high school degree or GED at intake. Of these 167 mothers, 51% completed their GED or high school diploma as of June 2012. Another 23% are still working on their degree. Only 26% are no longer interested in pursuing their degree. These results suggest that mothers in the program are working on their goal to obtain an education.



## WHAT WAS THE RETENTION RATE OF FAMILIES IN THE PROGRAM?

Of the 334 children served this year, 20% have been in Sixpence for more than one year and 10% have been enrolled for over two years. The percentage of children served for more than a year is a decrease from the previous year, where the rate was 50%.

Of the mothers participating in Sixpence this year, 19% (67) were pregnant at the time of enrollment. Length of time in program varies for these mothers. Some have participated across three program years and others were newly enrolled in 2011-2012 and are still expecting.



A total of 108 children have exited the program. The majority of these exited because the family withdrew from the program. The pattern for the percentage exiting the program was similar across the fall through spring quarters.

Reason for Exit (n=108)	% of Exited
Transitioned to preschool program (Head Start, community program)	8%
Family moved	27%
Withdrew from Program : Family issues (12), Poor attendance (19), work interfered (4), family dropped (13)	45%
Other:	20%

## EVALUATION FINDINGS

A comprehensive evaluation process was conducted to monitor the implementation of the Sixpence Programs and progress towards identified program outcomes. A standardized evaluation process was developed to collect and report information uniformly across programs. A continuous improvement process was incorporated as part of the evaluation process. The following is an evaluation results summary of the implementation of the fourth year of Sixpence Programs

### WHAT WAS THE QUALITY OF THE CENTER-BASED SERVICES?

**Key Finding: Overall, the center-based classroom environments are of high quality with the majority of classrooms meeting the standards for quality.**

Quality early childhood programs have been linked to immediate and positive developmental outcomes, as well as long-term positive academic performance (Campbell & Fungello, 2012). Sixpence classrooms demonstrate high quality in multiple areas. Strongest results across all programs are in the area of teacher-child interaction. Sixpence classrooms are noted for very positive teacher-child relationships where teachers provide consistent emotional support, respond quickly to meet children’s needs, and frequently engage children in supportive conversation. High quality environments in the area of play materials and activities are consistently found in Sixpence programs. The center-based programs are also effective in engaging parents and supporting the professional development of their teachers.

There is more variation in the quality of the personal care routines in the classrooms. While the majority do demonstrate high standards of safety and hygiene, two fell below the Nebraska program quality standard. A second area for future growth is in the instructional support strategies that teachers use to engage children in learning.

## Supporting Evidence

The classroom quality evaluation process included in-person observations of at least one classroom for each of the seven center-based programs. A total of 15 classrooms were evaluated using either the Toddler Classroom Assessment Scoring System (CLASS) or the Infant/Toddler Environmental Rating Scale (ITERS) and Teacher Interaction and Language Rating Scale (Hanan). This year it was determined that programs that have had consistently high scores on the ITERS, have had consistent staff over two years, and where the majority of the children are over 12 months of age, would be evaluated with the Toddler CLASS. This new tool focuses more on teacher-child interactions and the social-emotional climate and less on play materials, room layout and routines.

After each observation, the teacher and program administrator were debriefed on the findings, in order to support the continuous improvement process.

### *What is the quality of center-based programs?*

#### **Infant/Toddler Environment Rating Scale – Revised (ITERS-R)**

2011-2012	n	Space & Furnishings	Personal Care Routines	Listening & Talking	Learning Activities	Interaction	Program Structure	Parents & Staff	Overall Rating
Mean Scores	6	6.00	5.10*	6.67	6.07	6.83*	6.83*	6.10	6.22
Score Ranges		4.60-6.80	3.50-6.00	6.33-7.00	4.67-6.63	6.75-7.00	6.00-7.00	5.71-6.71	5.84-6.59
<i>1= inadequate 3 = minimal 5 = good 7 = excellent</i> <i>*Areas that were Improved over 2010-2011 scores</i>									

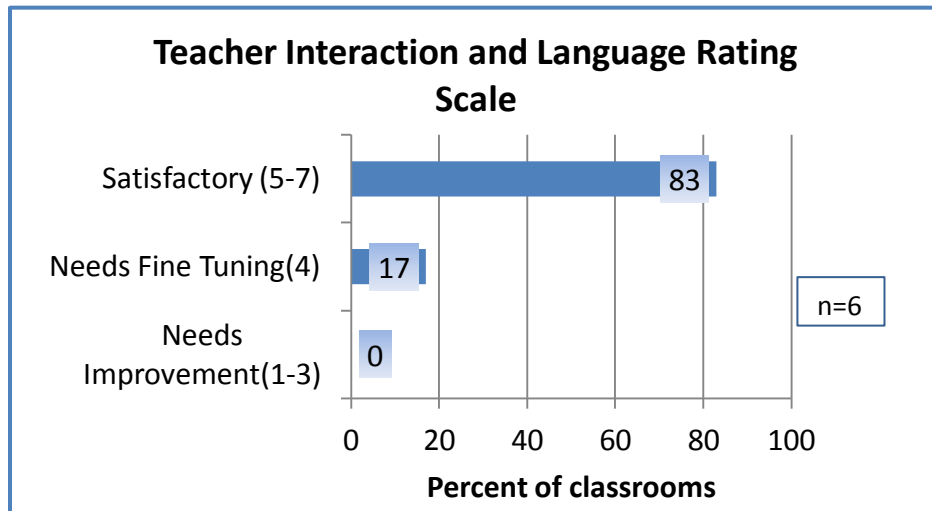
All six of the classrooms (100%) met the overall rating for quality (a rating of 5 or higher) on the ITERS. A majority of classrooms (67%) met the quality criteria across all seven subscales, which is an improvement from 2008-2009 (45% increase). The two classrooms that did not meet the standard were from the same program. Scores improved in Personal Care Routines and Program Structure compared to the previous year. The highest scores across classrooms were in the areas of Program Structure and Interaction.

The Toddler CLASS was used to evaluate nine classrooms. Overall the classrooms scored within

#### **Toddler Classroom Assessment Scoring System (CLASS)**

2012	# of classrooms	Emotional Support	Behavior Guidance	Instructional Support
Mean Scores	9	6.58	5.81	4.43
Score Ranges		6.19-6.88	5.00-6.50	3.42-5.17
<i>1-2 low range 3-5 middle range 6-7 high range</i>				

the high range with respect to Emotional Support. Behavior Guidance scores were in the upper middle to high range and Instructional Support scores fell in the middle range. The authors have not recommended quality indicators, so this first year will serve as baseline data for the project.



The Teacher Interaction and Language Rating Scale is an observational assessment with 11 items designed to rate how teachers interact with the children in the classroom. It was completed with the ITERS in six classrooms.

The teachers' support of children's language skills was of high quality. There were improved scores over the past two years with 83% of the classrooms demonstrating best practices. In the 2008-2009 program year, only 67% of the classrooms scored in the satisfactory range.

## WHAT WAS THE QUALITY OF THE FAMILY ENGAGEMENT SERVICES?

**Key Finding: Family engagement services are of high quality and result in engaged parents and children.**

Providers engaged in effective instructional practices to support the parents' interactions with their children. Parents and children were highly engaged in their interactions together and with the provider.

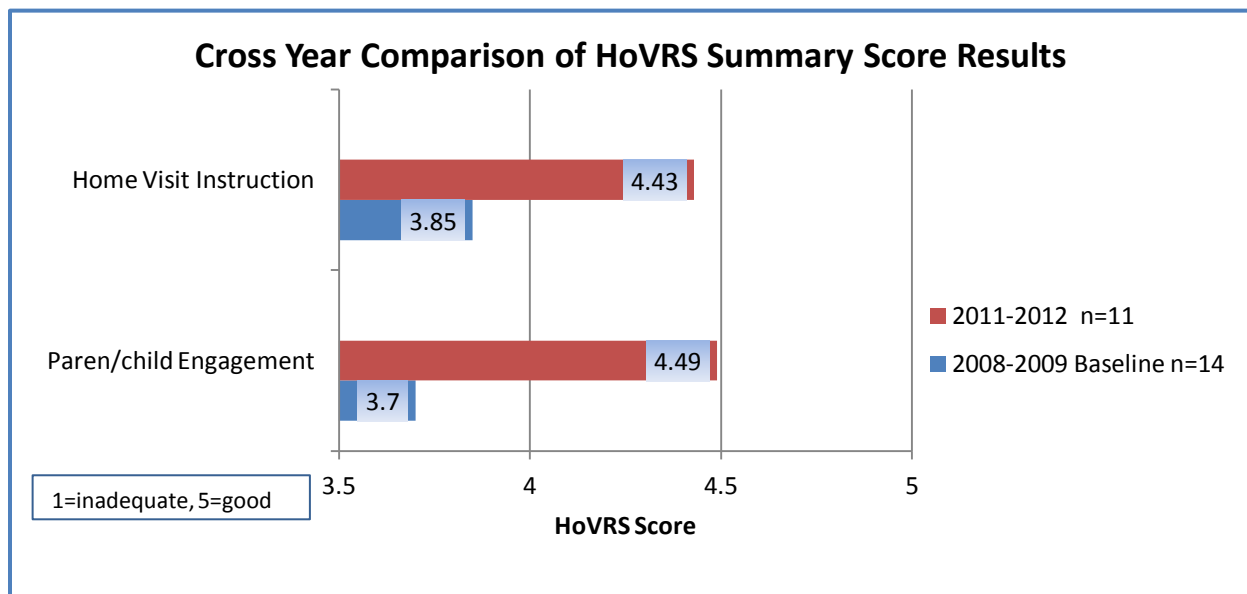
### Supporting Evidence

The *Home Visit Rating Scales-A* (HoVRS-A) is designed to assess the quality of family engagement sessions from a video of a direct observation. The measure includes seven rating scales that are collapsed into two scales for the purposes of analysis. The *Home Visit Instruction* score is based on the home visitor's interactions with the family. It examines the extent that the home visitor facilitates parent-child interaction, builds relationships with the family, is responsive to their needs and interests and uses non-intrusive approaches. The *Parent and Child Engagement* score is based on the outcomes



of the home visit, measuring the extent the child and parent are engaged in the session and the overall quality of the parent-child interaction. A total of 11 home visitors were rated.

***What is the quality of the family engagement programs?***



The results indicated that the family educator demonstrated high quality instruction during their sessions. These practices were effective as evidenced by the parent’s and child’s engagement in the session and their interaction with each other. The strengths of the family educators’ instruction were their skills in establishing positive relationships. Slightly lower scores were in building the parents’ confidence in their parenting skills and supporting learning. The home visitors used a variety of strategies to facilitate parent-child interaction including discussing what the child was learning, providing information on strategies to support their child’s learning, and using “teachable moments” to support parent’s interaction with their children. Sessions also supported the parent in learning about community resources, sharing family information, joint problem solving about issues presented by the parent, and addressing health issues.

The quality of the home visit instruction improved since the onset of the program.

**WHAT WERE THE CHILDREN’S LANGUAGE OUTCOMES?**

**Key Finding: The majority of the infants and toddlers met age expectations related to their language production and comprehension skills, although there was no significant improvement across the year.**

The majority of the infants’ and toddlers’ language comprehension (74%) and production skills (60%) were in the mid-range of average or higher by the end of the school year. Although the children gained skills across the year, they did not make greater than expected gains across the year. There were no differences in language outcomes for the children based on the length of their participation in the program. Children’s strengths were in the area of comprehension.

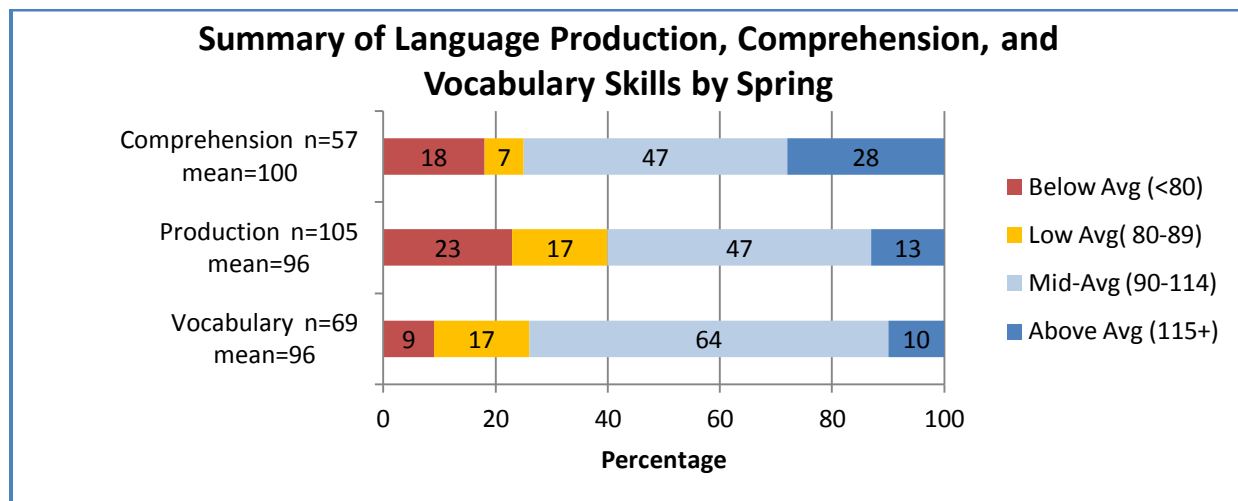
**Key Finding: Toddlers demonstrated significant gains in vocabulary skills with the majority meeting age-level expectations.**

The majority of the toddlers demonstrated vocabulary skills in the mid-range of average or higher by the end of the school year. Toddlers made greater than expected gains from fall to spring comparisons. Toddlers who were in the program longer than a year, started the fall with higher scores and showed more improvement than children who were newly enrolled. These results suggest that the program has impacted the vocabulary skills of these young children.

**Supporting Evidence**

Two standardized assessments were administered to monitor the language outcomes of the children in the program, the McArthur-Bates CDI (a parent report assessment measuring language production and comprehension) and the Peabody Picture Vocabulary Test –IV (a direct child assessment measuring vocabulary). These assessments evaluate a broad range of language concepts including comprehension, production, and vocabulary.

***In the spring, how do children in Sixpence compare to national language norms?***

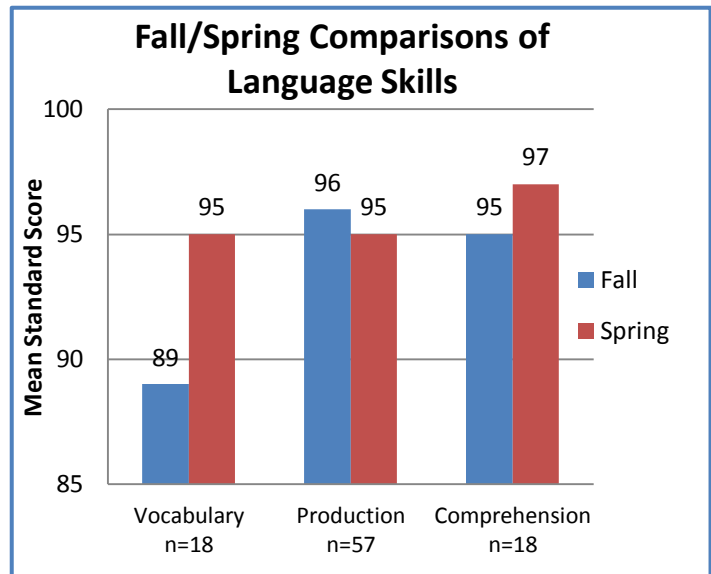


A total of 174 children’s language skills were evaluated in the spring of 2012. A majority of the children scored within the mid-average range or higher across all areas of language. The children’s strengths

were in the area of receptive language skills, i.e., comprehension (75%) and vocabulary (74%). Fewer children (60%) were competent in productions skills. On average, infants' comprehension skills by spring were at the mean of the national norms (a score of 100). Infant and toddler production skills and vocabulary skills were slightly below this mean.

***Did participation in Sixpence result in improved language comprehension and production skills?***

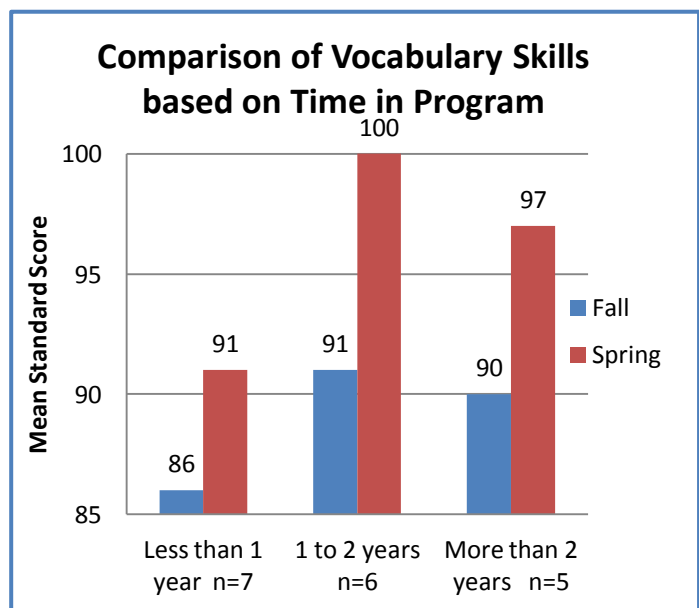
Mixed results were found on the program's impact on children's language skills. Paired samples analyses were completed to measure change in standard scores from fall to spring across measures. There were no significant changes in either the 57 infants' and toddlers' production skills or the 18 infants' comprehension skills based on the MacArthur CDI ( $p > .05$ ). There were only small changes in



infants' comprehension scores from fall (M=95) to spring (M=97) and production scores from fall (M=96) to spring (M=95). Toddlers' vocabulary skills improved significantly on the Peabody Picture Vocabulary Test-IV from fall (M=89; SD=11.73) to spring (M=95; SD=13.44),  $p < .001$ ,  $d = 1.42$ . These results represent meaningful differences. Effect sizes were in the large range when using Cohen's  $d$ . Interpretations vary for Cohen's  $d$ , but generally fall into .10=small, .25=medium, and .40=large (Cohen, 1988, p 285-287). The patterns of change were similar to results in the 2009-2010 program year for production and comprehension. In contrast to this year, in 2009-2010 there were no significant differences in vocabulary skills.

***Were language outcomes influenced by length of time in program?***

Length of time in the program had a positive impact on toddlers' vocabulary skills. Children with more than one year of time in the program had higher scores in the fall, made more change over time, and subsequently had higher scores in the spring. No statistical analyses could be completed due to the small numbers in each group. Time in the program did not influence production or comprehension skills of infants and toddlers in the program ( $p > .05$ ).



### ***Did child outcomes vary based on demographic variables?***

Of interest was whether groups of children performed differently on child outcomes relative to key demographic variables, such as free and reduced lunch status (FRL) or family language status. Based on an ANOVA, there was no statistically significant difference based on families' primary language and child outcomes (language production, comprehension, or vocabulary or social-emotional protective factors) ( $p > .05$ ). Similar results were found when FRL status was compared. The results of the ANOVA found no statistical differences between the groups of children ( $p > .05$ ). These results may have been influenced due to the small number of children in the program that were not eligible for FRL.

## **WHAT WERE THE SOCIAL-EMOTIONAL OUTCOMES OF THE CHILDREN?**

### **Key Finding: The majority of children met age expectations across social-emotional dimensions**

Sixpence children demonstrated typical skills in social-emotional protective factors and in behavior concerns. The majority show competency in all areas including: self-regulation, initiative, and attachment. Most of the children do not have challenging behavior. In the area of social-emotional competencies, Sixpence children are on target.

### **Key Finding: Participation in Sixpence resulted in significant improvements in self-regulation and decreases in behavior concerns.**

From fall to spring, Sixpence children made meaningful improvements in their ability to regulate their emotions. Behavior concerns decreased significantly during the program year indicating that Sixpence is making a real impact on the social-emotional outcomes of the children in these two areas.

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### **Supporting Evidence**

In the fall and the spring, parents or classroom teachers completed the Devereaux Early Childhood Assessment (DECA), (Infant/Toddler or Preschool), a standardized social-emotional assessment that measures children's protective factors in the areas of Attachment, Initiative, Self-regulation, and Behavior Concerns. A total of 208 children were assessed using the DECA. Of these, 167 children had both a fall and a spring assessment completed.

**What were the social-emotional outcomes of the children?**

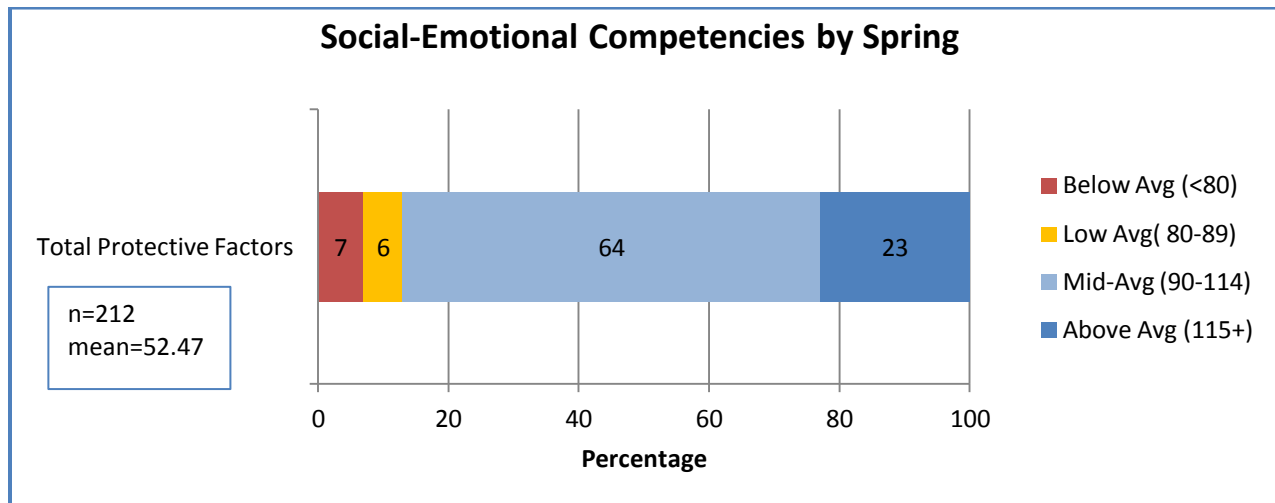
**Social-Emotional Mean Scores Fall-Spring comparison**

Outcome Area	Number of Children	Fall Mean Score	Spring Mean Score
Attachment	167	51.32	51.97
Initiative	167	53.49	53.40
Self-Regulation	96	50.00	52.09*
Total Protective Score	167	52.49	52.47
Behavior Concerns	35	55.17	50.49**

\*Significantly different from zero at the .05 level, two-tailed test

\*\*Significantly different from zero at the .001 level, two-tailed test.

The majority (75%) of children were proficient in Total Protective Factors in the spring with no significant change in fall/spring scores. Significant improvement was noted in the area of toddler Self-regulation ( $p=.019$ ,  $d=.24$ ). Significant decrease was noted in the area of toddler Behavior Concerns ( $p<.001$ ,  $d=.67$ ). Note that lower scores in Behavior Concerns indicate greater competencies. On average, children demonstrated slightly higher average scores (+.72) in Total Protective Factors than in 2009-2010.



A total of 212 children were evaluated for social-emotional competencies in the spring of 2012. A majority of the children (87%) scored within the mid-average range or higher for Total Protective Factors. The overall average was above the national mean. A total of 134 children age two and over were also assessed for Behavior Concerns. Spring scores indicate that the majority of the children (81%) demonstrated no Behavior Concerns. Overall, Sixpence children demonstrate age appropriate social-emotional competencies by the spring.

## WHAT WERE THE HEALTH OUTCOMES OF THE CHILDREN?

### Key Finding: Sixpence families met or exceeded the state health indicators.

In five measures of child well-being and safety, more than 90% of Sixpence families followed recommended practices, exceeding state averages. Sixpence children demonstrated good health status and their families utilized preventative measures that promote health.

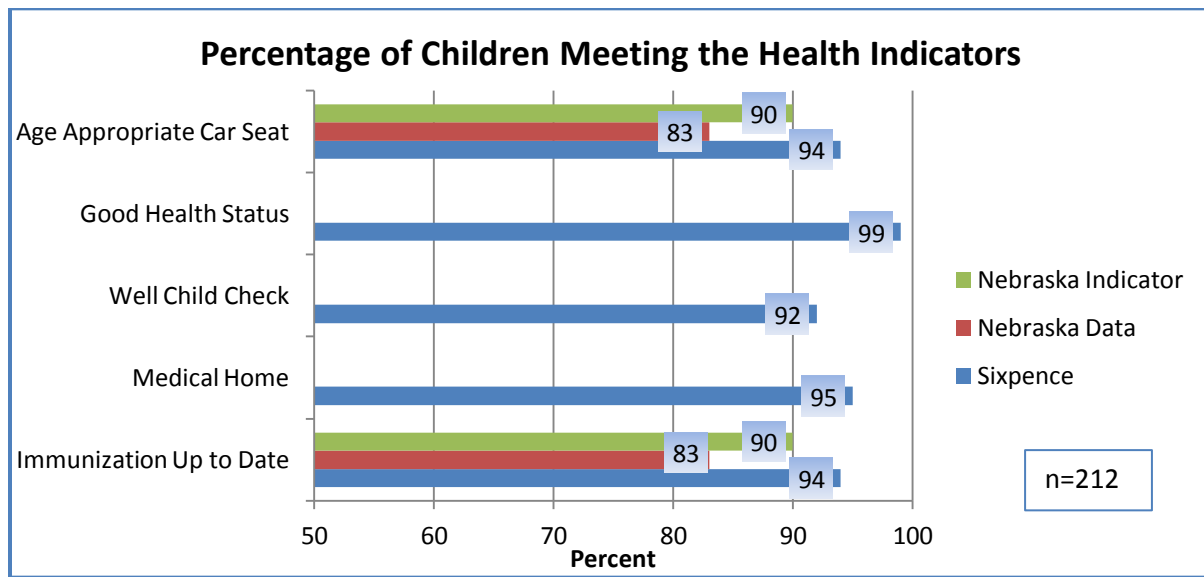
### Key Finding: Pregnant mothers enrolled in Sixpence met or exceeded the state health indicators for prenatal care with the exception of a slightly higher birthrate of premature babies.

All expectant mothers in Sixpence received consistent prenatal care and a high percentage abstained from harmful behaviors, such as smoking. Sixpence mothers initiated breastfeeding more frequently than other new mothers in Nebraska. The vast majority of Sixpence mothers delivered their babies to term, but the full-term delivery rate was slightly lower than the state-wide rate. Overall, Sixpence programs demonstrated effective support for optimizing outcomes for expectant mothers.

## Supporting Evidence

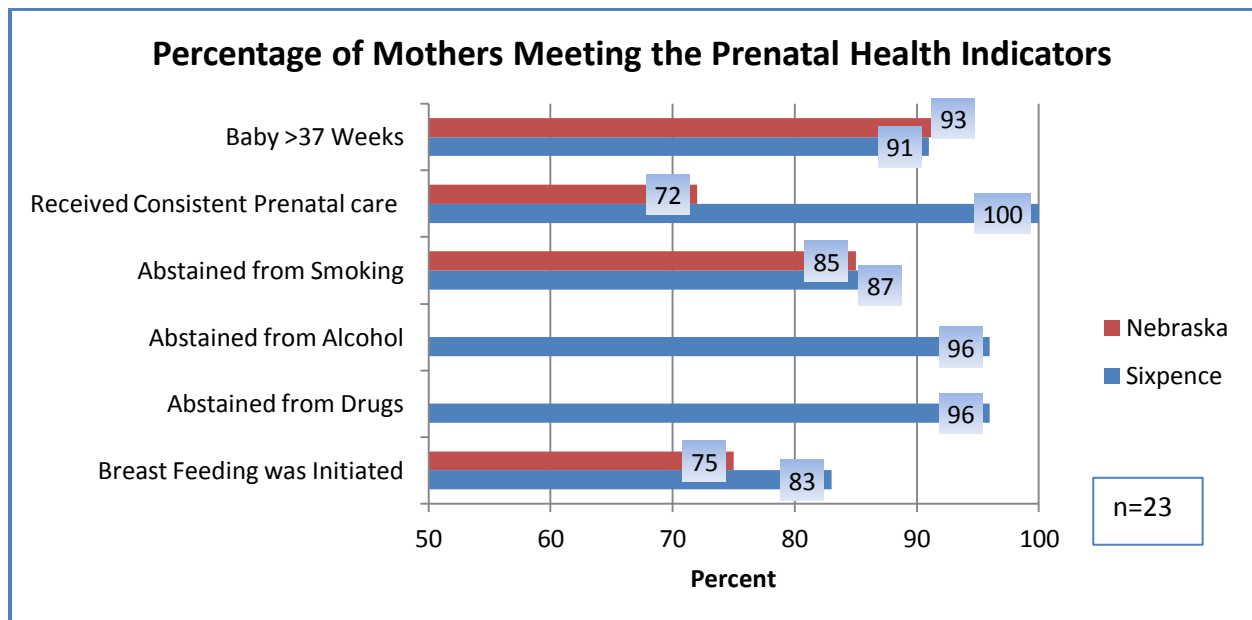
In the spring, providers completed a health survey for 212 families they served to assess the children's health status. These results were compared to state health indicators (based on Nebraska 2010 Goals and Objectives and Nebraska findings, Kids Count 2007). In addition, health data was also collected for 23 mothers who were pregnant during the 2011-2012 program year.

### *What were the health outcomes of the children?*



Children served in Sixpence Programs had a higher rate of immunization than Nebraska children as a whole and were above the criteria set in the Nebraska 2010 Goals and Objectives. High percentages (over 90%) of children had a medical home and were up to date on well check exams. Overall, the majority of the children’s health was rated as good or higher. Children served in Sixpence Programs had a higher rate of appropriate car seat use than Nebraska children as a whole and were above the criteria set in the Nebraska 2010 Goals and Objectives. There were improvements across all health indicators compared to 2009-2010. Car seat use (78%) and medical home (72%) for Sixpence families showed significant improvement from 2009-2010.

***What were the prenatal outcomes for the mothers and infants?***



All mothers participating in Sixpence received consistent prenatal care. They had a higher rate of initiating breastfeeding than other mothers reported in Nebraska. High percentages of Sixpence mothers abstained from alcohol and drug use and had slightly lower rates of smoking than reported in Nebraska. Mothers in Sixpence had a slightly higher rate of premature babies than other Nebraska mothers. However, the rate of premature births for Sixpence mothers (9%) is a significant improvement from 2009-2010, when the rate was 40%. Overall, higher percentages of mothers (range of increase from 13-31%) met the prenatal health indicators across all areas as compared to mothers in 2009-2010.

## HOW DOES PARTICIPATION IN SIXPENCE IMPACT THE HOME ENVIRONMENT?

**Key Finding: Sixpence helped families close the gap in their ability to support their children’s cognitive and emotional development.**

Families who scored low on the HOME Inventory in the fall demonstrated significant improvements by the spring. Overall, in the spring, the majority of the families scored at or above the mean of the national norms, suggesting parents provide positive cognitive stimulation and emotional support for their children.

**Key Finding: Although parents demonstrated improved parent-child interactions over time, these changes were not significant.**

By the spring, the majority of the parents were demonstrating positive interaction skills with their children. There was a 50% increase over the fall scores. Although there was improvement, these changes were not significant.

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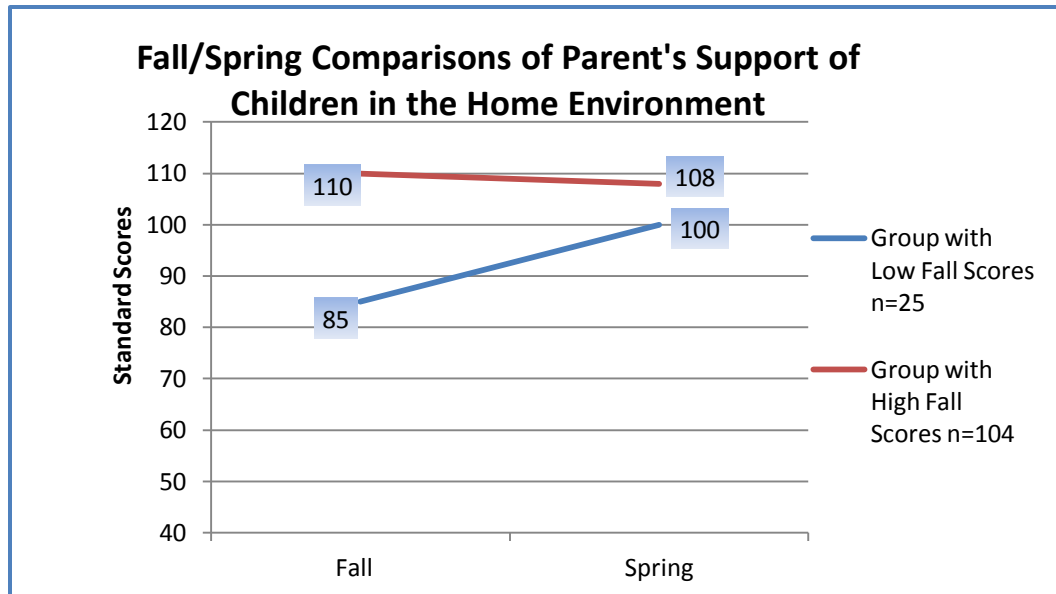
### Supporting Evidence

Two measures were used to evaluate the impact of Sixpence on the home environment. The Home Observation for Measurement of the Environment – Short Form (HOME-SF) measures both cognitive stimulation and emotional support. It consists of 8 items based on maternal report and 10 items based on provider observation. A total of 129 fall/spring surveys were completed.

To evaluate the program impact on parent-child interactions, families participating in home visitation services as well as teen parents in the Lincoln center-based program were videotaped as they played with their child. Interactions were scored based on the Keys to Interactive Parenting Scale (KIPS) which measured 12 key parenting behaviors across three primary areas: building relationships, promoting language, and supporting confidence. A total of 58 families had fall and spring assessments completed.



**Does Sixpence result in positive changes in the home environment?**

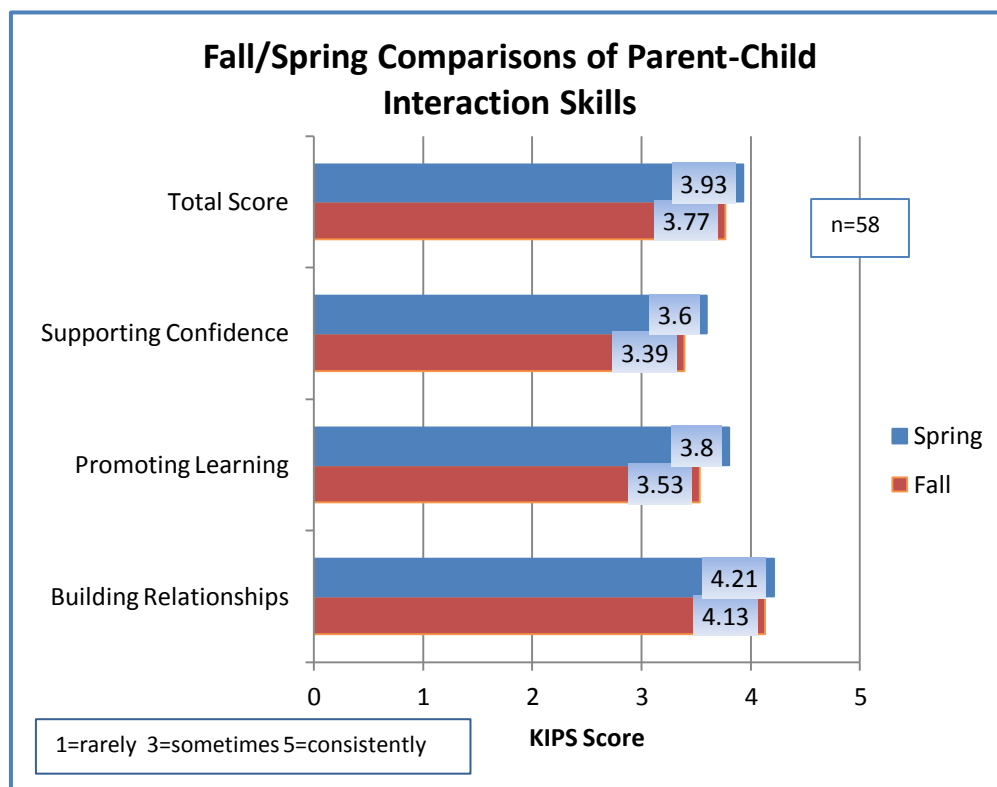


A paired samples test was completed to determine if parents demonstrated change in their parenting skills over time. When the analyses were completed for all families, there was a trend towards significance ( $p>.077$ ,  $d=.157$ ) when fall ( $M=104.8$ ;  $SD=12.6$ ) and Spring ( $M=106.8$ ;  $SD=9.82$ ) were compared. A subgroup analyses (paired samples test) of families who scored in the low average area or below in the fall ( $M=84.3$ ;  $SD=10.7$ ) found that these families achieved significant positive gains by spring ( $M=99.9$ ;  $SD=11.6$   $p<.001$ ,  $d=1.13$ ). These findings represent a strong effect. These results suggest that those families that demonstrate lower skills in this area benefit greatly from the program. Those families that are scoring in the mid to high average range in the fall maintained their skills through participation in the program. The mean score for this group was above the national mean of 100. These scores are above the average mean ( $M=95$ ) of parents in the program in 2009-2010.

A total of 188 families were assessed in the spring, which included families that were not in the program in the fall. The majority (83%) of these families scored at the mean of 100, suggesting that they were meeting the national norm. These results suggest that families in Sixpence overall are adequately supporting their children’s cognitive stimulation and emotional development as compared to the national norm.

**What was the program's impact on parent-child interaction skills?**

On average, Sixpence families have positive and effective interactions with their children. Mean scores fell in the mid-range between sometimes and consistently, demonstrating effective parent-interaction skills. In the fall, 43% of the parents had a rating of 4 or higher on the overall score. The percentage of families grew by spring, with 57% reaching these criteria. Paired samples test



found across 58 fall (M=3.77; SD=.720) and spring (M=3.93; SD=.626) comparisons found that parents demonstrated higher scores across all areas, but these findings were not significant ( $p>.05$ ). The most gain was in promoting learning. In this area there was a trend towards significance ( $p=.06$ ,  $d=.25$ ). Strengths were in the area of the parents' ability to build relationships in interactions with their children. The number of parents participating in the KIPS assessment more than doubled over the previous year when only 21 parents participated in fall and spring.

**Are parent outcomes associated with child outcomes?**

Analyses were completed to determine whether parent outcomes predicted child outcomes. A regression analyses was completed to determine what variables were the best predictors (quality of the home environment or the parent-child interaction) of child outcomes. The results found the home environment predicted children's language comprehension skills (slope=15.038,  $r^2=.130$ ,  $p=.007$ ,  $n=54$ ) and vocabulary skills (slope=9.09,  $r^2=.094$ ,  $p=.024$ ,  $n=53$ ). The home environment did not predict language production or social protective factors. Parent-child interaction did not predict any child outcomes.

## CONCLUSIONS AND IMPLICATIONS

**Program Description.** During the fourth year of implementation, 13 Sixpence Programs across Nebraska served 345 infants and toddlers and pregnant mothers who were at high risk of school failure. This year, the program served more families with higher numbers of risk factors than in previous years. Programs had a major impact in mitigating one risk factor, a parent's lack of a high school diploma. By June 2012, 51% of these parents completed their GED or graduated with their class.

***What can Sixpence programs do to increase family retention in the program?*** High percentages of children are being enrolled at an early age, yet few (30%) remain in the program over a year. A large percentage of families (45%) withdraw from the program due to family issues. Strategies to engage families in the program long term need to be explored.

**Quality of Services.** All of the center-based infant care programs were of overall high quality, meeting the state identified standard for quality. Home-based services also met high standards of quality.

***What could center-based Sixpence programs do to further support children's learning?*** For center-based services, continuous improvement activities could be targeted in the area of instructional support which focuses on strategies related to facilitating concept development, providing quality feedback, and language models.

**Health Outcomes.** Sixpence children surpassed Nebraska children in every health indicator. Children in the Sixpence Programs met the state indicator for being up to date on immunizations. The majority had a medical home and were up to date on their routine well check appointments. Overall, providers rated the children's health positively (good or higher). Car seat use showed dramatic improvement from the previous year. Pregnant mothers receive appropriate prenatal care. Sixpence participants had lower rates of premature births in comparison to the previous year.

**Child Outcomes.** Overall, the majority of Sixpence children meet age expectations for language comprehension, language production and vocabulary acquisition. Toddlers showed significant gains in vocabulary and those who were enrolled in Sixpence longer showed greater gains.

***What could Sixpence programs do to increase support for children's spoken language?*** By spring, 40% of Sixpence children continue to score in the low average and below average range for the production of language. Programs may want to consider strategies to address this area. Additional training for center-staff and home visitors could be valuable.

Participation in Sixpence positively impacted social-emotional skills. The majority of the children demonstrated social-emotional skills within the average range and demonstrated significant increase of skills in self-regulation and a decrease in behavior concerns over the year.

**Family Outcomes.** Participation in Sixpence positively impacted families. By spring, the gap in parenting skills related to promoting cognitive stimulation and emotional support in the home was narrowed. Parents who had low scores in the fall demonstrated significant improvements which

resulted in an average score that was equivalent to the national norm. Parents were demonstrating positive interaction skills with their children with strengths in the area of building relationships.

***How could family engagement providers support children's learning skills and build their confidence in their interactional skills?*** Families scored somewhat lower in their confidence in interacting with their children and supporting their children's learning. Family engagement providers could examine their coaching interactions with the families and use the data from the KIPS to inform their work with their families. Additional training on how to infuse coaching strategies on parent interactional skills may be helpful.

## TABLE OF ASSESSMENTS

Assessment	Authors	Scoring	Subject	Content
<b>Classroom Measures</b>				
<b>Hanen</b> Teacher Interaction & Language Rating Scale	Girolametto, Weitzman & Greenberg, 2000	<u>Scale 1 – 7</u> 1-3 = needs Improvement 4 = needs fine tuning 5-7 = satisfactory	Infant/Toddler and preschool classroom	Teacher child interactions with a focus on language
<b>ITERS-R</b> Infant/Toddler Environmental Rating Scale - Revised	Harms, Cryer, & Clifford, 2003	<u>Scale 1 -7</u> 1= inadequate 3 =minimal 5 = good 7 =excellent 39 Items, 7 subscales	Infant/Toddler classroom	Classroom organization, health & safety, play activities, teacher-child interactions, & program administration
<b>Toddler CLASS</b> Toddler Classroom Assessment Scoring System	Pianta, LaParo & Hamre, 2012	Scale 1 – 7 1-2 = low range 3-5 = mid-range 6-7 = high range 8 items / 3 domains	Toddler classroom, majority of children age 12 months	Emotional support, behavior guidance, & instructional support
<b>Family Engagement Measure</b>				
<b>HoVRS</b> Home Visit Rating Scales	Roggman, Cook, et. al., 2008	Standard Score 85-115 Average range	Home visitor	Home visitor relationship with parents & coaching support
<b>Language Measures</b>				
<b>MacArthur-Bates CDI</b> Communications Development Inventories	Fenson, Marchman, et. al., 2007	Percentile Rank	8 to 30 months of age	Comprehension and production of language
<b>PPVT-IV</b> Peabody Picture Vocabulary Test	Dunn & Dunn, 2007	Standard Score 85-115 Average range	30 months of age and older	Receptive vocabulary
<b>Social-emotional Measure</b>				
<b>DECA-IT, DECA P</b> Devereaux Early Childhood Assessment Infant/Toddlers, Preschool	LeBuffe & Nagliere, 1999	Standard Score 41-59 Average range	4 months of age and older	Measures social-emotional protective factors & behavior concerns
<b>Home Environment Measures</b>				
<b>Home Inventory</b> Home Observation for Measurement of the Environment	Caldwell & Bradley, 2003	Standard Score 85-115 Average range	Interview and observation of parent & child	Parent child interactions & quality of home environment
<b>KIPS</b> Keys to Interactive Parenting Scale	Comfort & Gordon, 2008	Five point Likert Scale, 12 items/3 domains	Parent and child age 4 months & up	Parent child play interactions with a focus on social, emotional & cognitive support

## ONE MOTHER'S STORY

“Sixpence has made so many differences in our lives. Over the years I have learned new ways to interact and play with Matthew. I have learned to follow his lead, and talk to him more about the things he is doing. I sit next to him and ask him questions about what he is making. I have a better understanding of what a difference being an involved parent can make on my child.



Often my home visitor would come out and talk about how Matthew was doing developmentally. She was able to show me what kind of things a typical child should be able to do and through that we were able to come up with goals on what we needed to work on with Matthew. She helped me be able to teach him new things. She taught me different activities I could do with Matthew when she wasn't there....

Confidence isn't something a teen mom has a lot of. Even today when I am at the park a mom will say, "you look young." When I say that I was sixteen when I had him, I get the "stereotypical look" -- you know -- I must be a bad parent, dropped out of high school, etc. York's Program taught me that I was better than the stereotype. I was an incredible mother who could do anything. They were always there to tell me what a great job I was doing. One day my visitor came over with a laminated piece of paper. It was a score sheet on a parent interaction video that they had recorded with Matthew and I called KIPS. I had a perfect score!! That laminated piece of paper made my day. Being a part of the Sixpence program gave me the self-esteem I needed. I now know that I am a wonderful mom who just happens to be a teen."

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