Evaluating the Efforts of an Early Head Start Program to Foster Social and Emotional Child and Family Development

Molly Harmon
molly.harmon@uconn.edu
Evaluating the Efforts of an Early Head Start Program to Foster Social and Emotional Child and Family Development

Molly Harmon

B.S., University of Illinois, 2016

A Thesis

Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Arts

At the University of Connecticut

2018
Copyright by
Molly Harmon

2018
Masters of Arts Thesis

Evaluating the Efforts of an Early Head Start Program to Foster Social and Emotional Child and Family Development

Presented by

Molly Harmon, B.A.

Major Advisor

Dr. JoAnn Robinson

Associate Advisor

Dr. Preston Britner

Anne Bladen

Diane Gozemba

University of Connecticut 2018
Abstract

Social emotional development has been found to be a key component in a child’s developmental trajectory, as it supports many developmental domains. Low-income children often enter school having experienced low social emotional support due to the many external barriers that often challenge their families’ ability to foster positive social emotional development. The present literature has made it clear that there is an association between a child’s social emotional trajectory, family functioning, and parent-child interactions. Further, home-based intervention and prevention in early childhood is effective in promoting social emotional development. This investigation aims to assess the efforts of a particular Early Head Start program’s long-term goal to document and highlight the fostering of social emotional development within their home visiting program. An innovative method of highlighting home visitor planning and execution of social emotional activities and experiences for children and their families was implemented in their routine home visitor documentation form. Overall, it was found that the innovative documentation significantly increased the utilization of social emotional curriculum, activities, and materials.
Evaluating the Efforts of an Early Head Start Program to Foster Social and Emotional Child and Family Development

Social and emotional development is a key component of a child’s developmental trajectory as it contributes to numerous long-term outcomes later in life. Research investigations of low-income children suggest that they have fewer social emotional competencies due to many external and internal barriers that they face (Ansari & Gershoff, 2016). The federally funded programs known as Head Start and Early Head Start serve nearly 1 million low-income children and their families throughout the United States (Ansari & Gershoff, 2016). The programs strive to offer a two-generation approach — that is, delivering a developmentally appropriate curriculum for the child, but also providing parents and families with support for a variety of family functioning skills (Chase-Lansdale & Brooks-Gunn, 2014). Research has shown that improving the home environment can help an at-risk child developmentally thrive, despite their socio-economic disadvantages in the United States (Ansari & Gershoff, 2016; Longo, McPharren Lombardi, & Dearing, 2017). Early Head Start (EHS) recognizes this importance and has emphasized a focused implementation of social-emotional supports within their programs, specifically using the tool of home visiting. One eastern Connecticut Early Head Start program has followed this trend; however, it remains unclear to program managers how frequently social and emotional supports and services are being implemented and tracked because of insufficient documentation of social emotional issues. The following study aims to aid in program evaluation and implementation of this EHS program, offering an in-depth analysis of its efforts to address social and emotional curriculum, goals, and activities across two program years, as well as bringing forth ideas for improvement.
Literature Review

In the United States, one in four children live in poverty, often entering Kindergarten with fewer basic academic and social emotional (SE) skills than their peers (Bierman, Heinriches, Welsh, Nix & Gest, 2017; Sharkins, Leger & Ernst, 2016). This trend continues as the child moves through the lifespan (Bierman et al., 2017; Longo, McPharren-Lombardi & Dearing, 2017). Social Emotional development is defined as an individual’s ability to understand and manage their own emotions (self-regulation); as well as their ability to create positive relationships with others (Cohen, 2006). A child’s ability to self-regulate and produce healthy relationships with their families and peers has been shown to be associated with more positive social relationships, early literacy, mathematical skills, and vocabulary skills (Sharkins et al., 2016). Research has also consistently shown that intentional methods of fostering SE development can contribute to other areas of development, such as a child’s cognitive and language development (Lamb-Parker, LeBuffe, Powell & Halpern, 2008; Sharkins et al., 2016). Furthermore, SE competence has been linked to peer acceptance, as well as, mental and physical health (Marti, Bonillo, Jane & Duch, 2015; Whittaker, Harden, See, Meisch & Westbrook, 2011). Overall, the literature clearly draws an association between a child’s SE abilities and their developmental trajectory, specifically toward improved school readiness (Lamb-Parker et al., 2008).

To help tackle the developmental gap, Head Start was introduced in 1965 to focus on literacy, cognitive skills, and physical health, and later social competence in low-income preschool age children (Lee, Calkins & Shin, 2016). Though school readiness remains the main goal of Head Start, the focus of social competence allowed for a more holistic “whole child” approach toward promoting child development and their environment (Brandeis University). To
further target the “whole child”, in 1994, Early Head Start (EHS) was introduced to address needs of at-risk and low-income infants and toddlers through center- and home-based programs, tackling the developmental gap and promoting positive family environments and engagement. Home-based programs included a home visitor that entered the home to help foster appropriate child development as well as address family barriers (Cohen, Stark & Fitzgerald, 2007). Shortly after its inception, a deeper emphasis on improving SE development across EHS programs developed, implementing infant mental health knowledge and family functioning skills into their programming (Cohen et al., 2007).

Family functioning is defined as a family’s ability to maintain safety, structure, surveillance, stimulation, and SE support consistently throughout the household (Longo et al., 2017). According to Family Stress Theory, low-income families have difficulty balancing their stress and family investments that contribute to family functioning, potentially compromising their child’s development (Longo et al., 2017; Whittaker et al., 2011). In other words, parents are challenged to offer positive parenting, developmentally appropriate materials, time, and energy needed for learning stimulation (Longo et al., 2017). Early Head Start families experience a variety of barriers that limit their ability to accomplish these goals, such as: poverty, single-parent households, family violence, cultural diversity, lower education levels, psychological distress, inadequate living conditions, negative life events, and reduced social supports (Bierman et al., 2017; Lamb-Parker et al., 2008; Marti et al., 2015; Whittaker et al., 2011). Many families have a combination of these barriers, creating chaotic home environments that ultimately contribute to developmental problems, specifically SE problems, in young children (Bierman et al., 2017).
Early Head Start’s goal is to help moderate the effects of low family functioning and improve a child’s developmental trajectory. The EHS home visiting approach is a nod to Bronfenbrenner’s Ecological Theory, that describes the family as the “principal context in which human development takes place;” as well as Resilience Theory that suggests that “protective factors can help counterbalance the negative effects of risk and helps individuals overcome adversity” (Lamb-Parker et al., 2008; Whittaker et al., 2011). Research suggests that bringing knowledge and supports of SE skills directly into the home for both the child and the family, rather than through outside sources, shows more positive results in SE development among low-income families (Lee et al., 2016). Supportive home visiting that targets SE components has shown mental health, social competence, and interpersonal relationship benefits, along with positive academic outcomes (Bierman et al., 2017; Longo et al., 2017).

Modern Attachment Theory, introduced originally by John Bowlby, suggests that “infant’s everyday interactions with their primary caregiver results in strong emotional relational bonds,” influencing children’s personalities and SE competence (Elicker et al., 2013; Marti et al., 2015; Whittaker et al., 2011). Positive parenting in the home has been shown to help buffer the effects of poor family functioning, especially on children’s SE development (Whittaker et al., 2011). In turn, children from low-income families are more likely to display higher levels of SE competence when exposed to positive parenting methods (Longo et al., 2017). The Early Head Start (EHS) program relies on parent involvement in their approach to enhancing children’s development, capitalizing on frequency, regularity, and dual-focus on parents and children during home visits to help improve positive parenting behaviors and promote more positive relationships (Ansari & Gershoff, 2016; McKelvey et al., 2015).

**Study Aims**
The present literature shows that a child’s SE trajectory is associated with a combination of family functioning and parent-child interactions (Logo et al., 2017; McKelvey et al., 2015). However, few studies have examined “multiple aspects of socio-emotional supports” for low-income populations (Longo et al., 2017). In the current study, the targeted Early Head Start program has established long-term program goals to help reflect and encourage the effectiveness of their program efforts. The goals are used to help highlight where they are, what measures they have taken to improve, and where they would like to be; as well as construct an example for future programs that have similar programmatic goals. For this investigation, the goal of “being a model of excellence and innovation in promoting social emotional competency among staff, families, and children” is addressed, specifically focusing on the children’s and parent’s SE development. In consultation with program evaluators, innovative methods were developed for program documentation for the 2017-2018 program year, expanding the scope and depth of SE relevant activities and outcomes recorded by staff in comparison to the baseline year of 2016-2017. This study aims to assess whether these changes resulted in a greater proportion of home visits where families were exposed to a more intentional social emotional focus, embracing curriculum, goal setting, and activities with families and their children. An analysis of data documented over this two-year period is used to show how often home visitors and families addressed SE issues and especially how often SE issues were identified by parents as a focus of their own goals. A key issue is whether there are indications that SE issues are being addressed in greater depth and with greater frequency with the support of documentation introduced in the innovation year than in the baseline year. Listed below are the targeted questions addressed through this study that highlight the program’s efforts in SE development. The first three questions are related to experiences reflected in home visits, and the remaining questions are
family experiences gathered through feedback to the program at mid-year and end-of-year check-ins.

Home Visit Experiences

1. Across program years, what areas of social emotional development are addressed through curricula, resources, and activities during home visits?

2. Across program years, how often do home visits target parent-child social emotional goals?

3. Across program years, how often did home visit planning with parents address social emotional themes?

4. Across program years, how often did home visit family feedback address social emotional themes?

Family Experiences

5. Across program years, what aspects of social emotional development are parents reporting growth or change?

6. Across program years, what aspects of social and emotional development are home visitors reporting family growth or change?

7. Across program years, in what ways do families feel they are supported in fostering social and emotional development (i.e., parenting or the parent-child bond) in their children in 2017-18?

8. What social emotional related improvement are parents most proud of during the 2017-18 program year?

9. Across program years, in what areas of social emotional development of their children do parents show interest in improving throughout the year/in future?
10. What is not always shown in documentation in regards to how home visitors address socioemotional needs of families? What barriers are there when documenting?

**Method**

**Participants**

Participants in this study were served by a local Connecticut EHS home-based program. Participants agree to a variety of data collection at enrollment in the EHS program to support program evaluation, thus this particular examination of data provided by home visitors and by families was not addressed with them. Families enrolled in the program differed across program years.

**Families.** In the 2016-2017 program year, a total of 155 children and 146 primary adults (140 females, 4 males, 2 other) with an average income of $11,330 were enrolled in the home-based program. Average child age was 2.54 years and adult average age was 32.25. Of the primary parents enrolled in the program, 58% identified as Hispanic [n=85], 2% identified as Multi-Racial [n=3], 2% identified as Asian [n=3], and 1% identified as African American [n=2]; 36% (n=53) identified as Caucasian only. In the 2017-2018 program year, a total of 155 children and 156 adults [149 females, 6 males, 1 other] with an average income of $10,369 were enrolled in the home-based program. Children had an average age of 1.63 years and adults had an average age of 29.93. Of the primary parents enrolled in the program, 54% identified as Hispanic [n=85], 3% identified as African American [n=5], 2% identified as Asian [n=4], and 1% identified as Multi-Racial [n=2]; 62% identified as Caucasian only [n=60].

One family and their home visitor allowed the author to attend a home visit and for their story to be shared as a case study to illustrate what occurs during a home visit and in what ways home visitors address SE goals and development. Though not used for a statistical conclusion,
this case study is highlighted as part of the program evaluation. This case study included a female home visitor working with a white, low-income family with a mom, dad, one male child in the home-based program and two older female children not in the home-based program. The male child entered the program at 18 months with speech and SE delays; he was two and a half at the time of observation.

**Home Visitors.** In both program years, there were a total of 12 female home visitors. Many of the home visitors remained the same between the program years, however, two home visitors changed from 2016-2017 to 2017-2018.

**Procedures**

Throughout the EHS home-based program year (measured from September through May) home visitors meet with families once a week to address developmental goals and family goals through curriculum-based materials, assessments, and tools. In December, home visitors conduct with parents a mid-year check-in to assess their progress and any areas that they would like to target for improvement in the remainder of the program year. At the end of each program year, visitors conduct a survey similar to the mid-year check-in to assess their progress, as well as, additional questions about parents’ reflections about the program and areas they would like to see improvements in the following year. One of the tools to help assess families and facilitate growth utilized by home visitors is the Family Functioning Scale (Appendix A) adapted from Scale of Parenting and Life Functioning (Dean & Robinson, 1984). It measures family functioning across seven domains: Understanding Child Development, Parent-Child Bond, Caring for Child, Basic Needs, Working with Others, Stress and Family Fights, and Emotional Health. For this study, the domains of Understanding Child Development, Parent-Child Bond, Caring for Child, and Emotional Health were used to reflect SE growth. [Note: formal ratings on
the FFS are conducted twice annually by home visitors but these data are not part of the current investigation. Based off the family’s functioning assessment, the child’s development, and family interests, family functioning goals (Appendix B) were created with families and followed up on during home visits. Active, not yet completed goals are noted on home visiting forms. Future-oriented goals are elicited at the mid-year and end-of-year check-in interviews.

**Measures**

**Home Visiting Forms.** During a home visit, the home visitor documents what activities and conversations occurred and plans with the family on a home visit form, organized by information blocks. One home visit form was submitted for inclusion in the database each month per child. If there were multiple children enrolled in the program in a single home, one home visit form was submitted for each child per month. Information blocks (aka form blocks) were mainly consistent across years, but any that only appear in only one program year are noted. Three coders were trained to identify/code SE themes derived from the Family Functioning Scale and goal cards: emotional health, understanding child development, parent-child bond, parent-child activities, play and soothing skills, or parenting skills. Coding occurred across multiple blocks of the home visit forms using the SE Coding Scheme (Appendix C). Reliability among the coders was achieved through discussion, review, and comparison until their coding agreed 90% of 10 home visit forms. Variables extracted to target research aims are described below:

- **Home Visit Curriculum CTELDS (HVC-CTELDS.)** This information block asks visitors to indicate the domain of the curriculum (CTELDS) they are targeting for the current home visit. Instances of a SE domain was coded ‘present’ (1), using the CTELDS Curriculum (Appendix D). To construct an indicator of the number of home
visits that address HVC-CTELDS, the SE domain total was summed across visit forms by year.

- **Home Visit Assessment COR (HVA-COR).** This information block asks visitors to indicate the domain of the assessment (COR) they are targeting for the current visit. COR was introduced as an assessment measure for home visits during the 2017-2018 program year only. Instances of home visitors using a SE domain were coded ‘present’ (1), using the COR Assessment (Appendix E). The SE domain total for HVA-COR was summed across 2017-2018 forms.

- **Home Visit Social Emotional (HVSE).** This information block, specifically used to document SE related areas asks visitors to report the SE components that occurred during the home visit. This indication was only requested during the 2017-2018 program year. Instances of home visitors reporting a SE component in their home visit was coded ‘present’ (1) using the SE Coding Scheme (Appendix C). HVSE total was summed across 2017-2018 forms.

- **Home Visit Notes (HVN).** This information block asks visitors to report events that occurred during the visit. Notes that aligned with SE domains were coded as ‘present’ (1) using the SE Coding Scheme. All SE themes (one or more) were coded ‘present’ (1). HVN themes were summed across forms by year.

- **Home Visit Goals (HVG).** This information block asks visitors to indicate what Family Functioning goal they are targeting for the current home visit (Appendix B). All SE goals that were targeted during a single home visit were coded ‘present’ (1). HVG goals were summed separately across forms by year.
• **Home-Visit Plans (HVP).** This information block asks home visitors and parents to collaborate and record parents' ideas of activities or areas that they would like to explore in the next home visit. Instances of parents describing interests that align with SE domains were coded as ‘present’ (1) using the SE Coding Scheme. The one SE category that best fit the parent’s interest was used. HVP themes were summed separately across forms by year.

• **Home Visit Family Feedback (HVFF).** This information block asks parents to give feedback about their home visit or any areas they would like to draw attention to in regards to their child’s progress. Parent feedback that aligned with SE domains, such as observations of child improvements or SE changes in their household, were coded ‘present’ (1) using the SE Coding Scheme. One SE category that best reflected the family’s feedback was used. HVFF themes were summed separately across forms by year.

**Mid-Year Forms.** One form is completed with each family, regardless of how many children they have in the program. Variables to target research aims are described below:

• **Mid-Year Improvement (MYI).** This portion of the form asks parents to describe one area in which their family has made improvements at the mid-year check-in. This question was newly developed in the 2017-2018 program year. Instances of parents indicating one or more SE area of improvement were coded present, using Appendix C. MYI themes were tabulated separately.

• **Mid-Year Future Improvement (MYFI).** This portion of the form asks parents to describe areas for the future that they would like to improve. Instances of parents mentioning desired improvements that aligned with SE domains were coded present
using Appendix B. All SE domains (one or more) that were mentioned by parents were included. MYFI themes were tabulated separately by year.

- **Mid-Year Parent Scale (MYPS).** This portion of the form asks parents to indicate areas in which they feel that they have improved (yes/no) on family functioning domains at the mid-year check-in. Instances of parents indicating improvement were coded present/absent for, specifically, the four SE domains: emotional health, parent-child bond, understanding child development, and caring for child. The four MYPS domains were tabulated separately by year.

- **Mid-Year Home Visitor Scale (MYHVS).** This portion of the form asks home visitors to indicate areas in which they feel parents have improved (yes/no) on family functioning domains at the mid-year check-in. Instances of parents indicating improvement were coded present/absent for, specifically, the four SE domains: emotional health, parent-child bond, understanding child development, and caring for child. The four MYPS domains were tabulated separately by year.

**End-of-Year Survey.** One end-of-the-year survey is conducted with each family, regardless of how many children they have in the program. For variables (PFE, PPS, PE, and PCN), family responses were sifted through and responses that indicated relevant SE language, based on key SE components from the SE coding scheme (Appendix C) were recorded. Of the relevant SE responses included, thematic categorization of repetitive words and phrases were established relevant for each individual variable. All End-of-Year variables are described below:

- **End of Year Improvement (EYI).** This portion of the form asks parents to describe one area in which their family has made improvements at the end-of-year check-in.
This question was newly developed in the 2017-2018 program year. Instances of parents indicating one or more SE area of improvement were coded present, using Appendix C. MYI themes were tabulated separately.

- **End-of-Year Future Improvement (EYFI)** This portion of the form asks parents to describe areas for the future that they would like to improve. Instances of parents mentioning desired improvements that aligned with SE domains were coded present using Appendix B. All SE domains (one or more) that were mentioned by parents were included. EYFI themes were tabulated separately by year.

- **End-of-Year Parent Scale (EYPS).** This portion of the form asks parents to indicate areas in which they feel that they have improved (yes/no) on family functioning domains; data are treated similarly to the mid-year check-in (MYPS).

- **End-of-Year Home Visitor Scale (EYHVS).** This portion of the form asks home visitors to indicate areas in which they feel parents have improved (yes/no) on family functioning domains; data are treated similarly to the mid-year check in (MYHVS).

- **Parent Feelings and Emotions (PFE)** This question of the survey asks parents to describe how they feel they were supported in learning about their parenting, as well as their child’s feelings and emotions during the program year. Themes that were established from relevant parent responses that indicated ways they felt supported in learning SE information were coded present, and multiple responses were included. Each PFE theme was tabulated separately.

- **Parent Program Support (PPS)** This question of the survey asks parents to share an experience of how they were supported by their home visitor during the program year. Themes that were established from relevant parent responses that indicated
ways they felt supported in SE areas were coded present; and multiple responses were included. Each PPS theme was tabulated separately by year.

- **Parent Experience (PE)** This question asks parents to share topics or activities during their home visits that have helped them most. Themes that were established from relevant parent responses that indicated ways SE related topics and/or activities (social skills, emotional skills, parent-child activities) were coded present, and multiple responses were included. Each PE theme was tabulated separately by year.

- **Parent-Child Needs (PCN)** This question of the survey asks parents to describe how home visitors helped them understand their child’s needs. Themes that were established from relevant parent responses that indicated helpfulness in understanding their child’s needs were coded present, and multiple responses were included. Each PCN theme was tabulated separately by year.

**Case Study.** The researcher was invited to observe a home visit to fully understand what goes on during a home visit and how SE development is targeted. The researcher observed one home visitor as she completed a visit with a family. The observation was approximately two hours long. The researcher took field notes during the observation of SE features that may not have been highlighted on the home visiting form. During the observation, the researcher interacted with the participant for clarity but was mostly silent and in the background.

Two interviews were conducted between the researcher and the home visitor, one using notes and one using audio recording and notes to capture content. For the first interview, there were not specific questions used as it was decided by the researcher that there was a need for natural dialogue with the home visitor; it felt this would build a sense of trust with the researcher before a more structured interview. Nonetheless, the interview focused on the targeted family,
the family dynamics, ways in which the home visitor decided which activities and areas to address at each home visit, where there has been improvement with the family and child, where there is still work to be done with the family, and lastly planned efforts to address existing concerns. The goal here was not to focus specifically on SE areas, but to allow for a more holistic lens on the family.

In the second interview, the researcher asked questions on topics that specifically addressed SE development. These questions pertained to general information about all families, not just the targeted family. Areas that were addressed were 1) How does the home visitor assess SE development through the Family Functioning Scale in the home? 2) What areas of SE development are most important, or rather are focused on most in their caseload? 3) What methods does the home visitor use to improve different areas in SE development: parent-child relationships, feelings and emotions, play, parenting, and mental health? 4) What are the barriers the home visitor experiences when trying to foster SE development, as well as, barriers in SE documentation?

Data Analysis

A description of an observed home visit with the targeted family will be used to aid in the understanding of what occurs during a home visit. The targeted questions of this study were evaluated by comparing count totals from the several data sources (home visiting forms, mid-year forms, and end of the year interview forms) from the 2016-2017 and 2017-2018 program years. Count totals of the six SE Coding Scheme themes (Appendix C), as well as the totals for individual themes derived from the SE Coding Scheme for variables used to answer Questions 7 were used to compare percentages. Chi-Square tests will be used to determine whether there is a
statistically significant difference between present/absent ratings/responses across the two program years at a p-value of .05.

**Home Visits**

1. **Across program years, what areas of social emotional development are addressed through curricula, resources, and activities during home visits?** Home visits are the unit of analysis for the home visit experiences (Questions 1-4). Four variables were used to address this question: 1) Percent of visits documenting a SE CTELDS curriculum (HVC-CTELDS) was compared across program years with Chi-Square tests. 2) Percent of visits documenting a SE COR assessment (HVA-COR) was reported for the innovation year. 3) Percentages of visits documenting SE related home visit notes (HVN) were compared across program years with Chi-Square tests. 4) Percent of home visits documenting SE information (HVSE) was reported for the innovation year.

2. **Across program years, how often do home visits target parent-child social emotional goals?** The percent of visits documenting each of the six Home Visit Goals (HVG) was compared across program years with Chi-Square tests.

3. **Across program years, how often did home visit planning with parents address social and emotional themes?** The percent of Home Visit Plans (HVP) that indicated a SE plan was compared across program years using Chi-Square, as well as, percent of visits for the six SE coding themes indicating future SE home visit plans.

4. **Across program years, how often did home visit family feedback address social emotional themes?** The percent of Home Visit Family Feedback (HVFF) that indicated a SE improvement was compared across program years using Chi-Square, as well as, percent of visits for the six SE coding themes indicating future SE home visit plans.
Family Experiences

5. **Across program years, what aspects of social emotional development are parents reporting growth or change?** Two data sources were used to address this question: The percent of families reporting improvement at mid-year (PMYS) and end-of-year (PEYS) in the four SE domains (emotional health, parent-child bond, understanding child development, and caring for child) were compared across program years using Chi-Square.

6. **Across program years, what aspects of social emotional development are home visitors reporting family growth or change?** The percent of families reported to have improved at mid-year (HVMYS) and end-of-year (HVEYS) in the four SE domains were compared across program years using Chi-Square.

7. **Across program years, in what ways do families feel they are supported in fostering social and emotional development (i.e., parenting or the parent-child bond) in their children?** Four End-of-Year variables were used to address this question: 1) Ways families have identified they have learned about their child’s feelings and emotions (PFE). 2) Families identifying experiences of support through the EHS program (PPS). 3) Topics and activities that families have identified as helpful (PE). 4) Ways families have identified they have learned their child’s needs (PCN). The percentages of families reporting themes of SE support were arrayed and compared descriptively across program years. No statistical test will be applied.

8. **What social emotional improvements are parents most proud of during the 2017-2018 program year?** The percent of families reporting diverse SE areas of improvement at the Mid-Year Improvement (MYI) and End of Year Improvement (EYI) for the innovation year
will be arrayed, as well as, percent of families that indicated improvement in any of the six SE coding themes.

9. **Across program years, in what areas of social emotional development of their children do parents show interest in improving through the year/future?** Two data sources are used to address this question: Each SE related area that families indicated interest for future improvement at mid-year (*MYFI*) and at end-of-year (*EYFI*) were compared across program years using Chi-Square.

10. **What is not always shown in documentation in regards to how home visitors address socioemotional needs of families? What barriers are there when documenting?** An integration of field notes and information extracted from the interviews with the home visitor is used to create a holistic analysis to highlight ways home visitors assess families, the methods used to foster SE domains, and lastly barriers to addressing and documenting SE development.
Results

Home Visits

A home visit is approximately 90 minutes of jam-packed activities and discussion about a variety of things with both the parent and the child. The home visitor often has an agenda but is quick to allow for changes depending on what is going on with the family upon arrival at the home. Typically a home visit will begin with a planned educational activity for the child, and then towards the end, the home visitor will discuss with the parent about events that happened during the week, what they need, resources available, or any issues that may be occurring in the family’s life. The home visitor will bring with them an array of materials that might spark the child’s interest, many of the materials touching on several developmental domains. Most often, the home visitor will follow the lead of the child, paying close attention to the child’s behavior and abilities for documentation later. They also may bring with them any resources, educational materials, or referrals targeting an area the parent and/or child is working on.

Upon arrival at the home visit with the targeted family, the researcher noted the positive relationship with the family, with the home visitor making a point to enter the home in a positive and comfortable manner. The visitor followed the lead of the parent, as the child was finishing up breakfast and working on getting dressed for the day. The home visitor told the researcher later, “I do not ever wish to overstep the wishes of the parents. If this is the activity that needs to be done at this time, while I am here, this is the activity that is done.” Once the child completed dressing, the home visit began.

The home visitor brought forth several toys of interest to the child from her bag and allowed the child to do with them as he wished. The child gravitated towards playing with the home visitor more often than his parents, however, the home visitor would offer play suggestions.
for the child and his parents, to help foster parent-child interactions. In one instance, the child used imaginative play to pretend to be baking cookies with a small skillet. He put them in the oven and then offered the “cookies” to the home visitor. After a few rounds of this, the home visitor suggested to the child to offer cookies to his mother. The child obeyed and then continued offering cookies to his father and the researcher, without being prompted. The home visitor praised the child’s positive interactions with everyone. She also narrated the child’s behavior back to his parents, highlighting the social skills he was demonstrating. She did this again after the parent had read a book to the child, highlighting how the child interacted and the strengths of the parent. As the home visitor explained later, “Every activity that I do with the child, is all tied into social emotional development—working together to put a puzzle piece in the right spot, using the emotion doll to talk about feelings, or when using praise with the child, and even sometimes the parent, while they are performing a task—it is all social emotional.”

Towards the end of the visit, the home visitor focused her attention on family matters occurring in the home. She asked to be updated on a variety of areas, including doctors visit, school enrollment, other community resources that they are involved in, and offered reminders for the parents to accomplish. One of the goals for this particular family was for mom to gain independence through obtaining her driver’s license; and the home visitor asked about the progress of that particular goal, along with others. She asked if there is anything that they need from her, or what she should bring for the next home visit. It is during this time that the home visitor began documenting the events of the home visit, recording new information given by the family in relation to upcoming appointments or progress on goals and any feedback that they had. This concluded her time with this specific family for the week.
Overall, 700 home visits were documented in the 2016-2017 program year, and 736 home visits documented in the 2017-2018 program year.

1. **Across program years, what areas of social emotional development are addressed through curricula, resources, and activities during home visits?**

   a. When reporting on CTELDS curricula, the baseline year indicated a SE theme in 82 (12% of total forms) home visits. The innovation year indicated a SE theme in 169 (23% of total forms) home visits. A Chi-Square test revealed that overall, SE curricula were utilized significantly more often in home visits during the innovation year ($\chi^2(1)=31.46, p=.0001$). However, in the 2017-2018 program year, home visitors only utilized SE domains of the COR assessment on 11% (n=93) of home visits.

   b. During the innovation year, the addition of the explicit SE documentation box (HVSE) on the home visiting form was utilized in 80% of home visits (n=592). In comparison to the baseline year where an open-field notes area allowed for documentation of diverse issues, the innovation year showed a dramatic and significant increase in documentation of addressing **SE Child Development** ($\chi^2(1)=161.03, p=.00001$), **Parent-Child Bond** ($\chi^2(1)=4.0091, p=.0452$), **Play and Soothing Skills** ($\chi^2(1)=64.004, p=.00001$), and **Parenting Skills** ($\chi^2(1)=46.05, p=.00001$). Table 1 reports the percentages for the SE themes addressed in home visit notes (HV
2. Across program years, how often do home visits target parent-child social emotional goals?

a. Table 2 reports the percentages for the SE goals targeted during home visits. The results indicated Knowledge of Child Development was the goal most often targeted in both program years. The test results also indicated that there was a significant increase in Parent-Child Activities ($\chi^2(1)=71.24, p=.00001$), Play and Soothing Skills ($\chi^2(1)=5.59, p=.0179$), and Parenting Skills ($\chi^2(1)=30.58, p=.00001$), goals addressed in home visits during the innovation year.
Table 2: Social Emotional Goals Targeted During Home Visits

<table>
<thead>
<tr>
<th>Table 2: Social Emotional Goals Targeted During Home Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Visit Goals (HVG)</strong></td>
</tr>
<tr>
<td>2016-2017 % (n)</td>
</tr>
<tr>
<td>Child Development</td>
</tr>
<tr>
<td>Parent Child Bond</td>
</tr>
<tr>
<td>Parent Child Activities</td>
</tr>
<tr>
<td>Play and Soothing Skills</td>
</tr>
<tr>
<td>Parenting Skills</td>
</tr>
<tr>
<td>Emotional Health</td>
</tr>
</tbody>
</table>

3. Across program years, how often did home visit planning with parents address social and emotional themes?

   a. Seven percent of visits (n=49) during the baseline year and 22% of visits (n=164) during the innovation year reported social emotional interest. A Chi-square test revealed that the difference in reports was statistically significant ($\chi^2(1)=66.33, p=.00001$). Of these reports, a Chi-square test revealed that three issues reflected a significant increase: Emotional Health ($\chi^2(1)=4.98, p=.0255$), Parent-Child Activities ($\chi^2(1)=56.96, p=.00001$), Play and Soothing Skills ($\chi^2(1)=8.37, p=.0038$), and Parenting Skills ($\chi^2(1)=4.34, p=.037$). Table 3 reports the percentages for the SE plans reported during home visits across years.
### Table 3: Home Visits Addressing Interest in Social Emotional Improvement

<table>
<thead>
<tr>
<th></th>
<th>Home Visit Plans (HVP)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016-2017 % (n)</td>
<td>2017-2018 % (n)</td>
<td></td>
</tr>
<tr>
<td>Child Development</td>
<td>2 (16)</td>
<td>2 (18)</td>
<td></td>
</tr>
<tr>
<td>Parent Child Bond</td>
<td>0 (2)</td>
<td>1 (4)</td>
<td></td>
</tr>
<tr>
<td>Parent Child Activities</td>
<td>2 (13)</td>
<td>12 (89)</td>
<td></td>
</tr>
<tr>
<td>Play and Soothing Skills</td>
<td>0 (3)</td>
<td>2 (16)</td>
<td></td>
</tr>
<tr>
<td>Parenting Skills</td>
<td>2 (13)</td>
<td>4 (27)</td>
<td></td>
</tr>
<tr>
<td>Emotional Health</td>
<td>0 (2)</td>
<td>1 (10)</td>
<td></td>
</tr>
</tbody>
</table>

4. **Across program years, how often did home visit family feedback address social emotional themes?**

   a. Thirty-eight percent (n=265) of home visits during the baseline year and 32% (n=237) of home visits during the innovation year reported social emotional family feedback (HVFF). A Chi-square test revealed that the decrease in SE family feedback addressed during the innovation year was statistically significant, $\chi^2(1)=5.047, p=.0246$. Overall, home visits indicated substantial feedback about [child development](#) both program years. Differences in SE themes indicated in family feedback were non-significant, except for a significant decrease in feedback during the innovation year related to [parent-child bonds](#), $\chi^2(1)=9.447, p=.002$. Table 4 reports the percentages of the SE family feedback during home visits.
### Table 4: Social Emotional Family Feedback Address in Home Visits

<table>
<thead>
<tr>
<th></th>
<th>Home Visit Family Feedback (HVFF)</th>
<th>2016-2017</th>
<th>2017-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>% (n)</td>
<td>% (n)</td>
</tr>
<tr>
<td>Child Development</td>
<td></td>
<td>7 (46)</td>
<td>6 (45)</td>
</tr>
<tr>
<td>Parent Child Bond</td>
<td></td>
<td>10 (68)</td>
<td>5 (40)</td>
</tr>
<tr>
<td>Parent Child Activities</td>
<td></td>
<td>9 (64)</td>
<td>8 (59)</td>
</tr>
<tr>
<td>Play and Soothing Skills</td>
<td></td>
<td>3 (18)</td>
<td>2 (17)</td>
</tr>
<tr>
<td>Parenting Skills</td>
<td></td>
<td>6 (45)</td>
<td>8 (62)</td>
</tr>
<tr>
<td>Emotional Health</td>
<td></td>
<td>3 (20)</td>
<td>2 (14)</td>
</tr>
</tbody>
</table>

### Family Experiences

There were 79 families (54% of total families) that completed a midyear form with their home visitor from the baseline year and 93 families (59% of total families) from the innovation year. There were 72 families (49% of total families) completed an end-of-year form from the baseline year and 87 families (55% of total families) from the innovation year. During the baseline year, ten families had multiple children enrolled in the EHS home-based program, and there were eight families that had multiple children enrolled during the innovation year.

5. **Across program years, in what social emotional development domains are parents reporting growth or change?**

   a. A Chi-square test revealed that there was a significant increase in families reporting of family functioning growth in **Understanding Child Development** ($\chi^2(1)=6.72, p=.0095$) and **Parent-Child Bond** ($\chi^2(1)=4.287, p=.0384$) at the Mid-Year Check-in during the innovation year compared to baseline. Table 5 reports the percent of families reporting growth for SE family functioning domains at the Mid-Year check-in across years.
b. At the End-of-Year check-in, a Chi-square test revealed that parents were significantly likely to report growth of **Emotional Health** ($\chi^2(1)=4.51, p=.0348$) during the innovation year compared to baseline. Table 6 reports the percent of families reporting growth for SE family functioning domains at the End-of-Year check-in.

<table>
<thead>
<tr>
<th>Table 5: Parent’s Reporting Growth at Mid-Year at End-of-Year Check-in</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mid-Year Parent Scales (MYPS)</strong></td>
</tr>
<tr>
<td><strong>2016-2017 % (n)</strong></td>
</tr>
<tr>
<td>Emotional Health</td>
</tr>
<tr>
<td>Understanding Child Development</td>
</tr>
<tr>
<td>Parent-Child Bond</td>
</tr>
<tr>
<td>Caring for Child</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 6: Parent’s Reporting Growth at End-of-Year Check-in</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>End-of-Year Parent Scales (EYPS)</strong></td>
</tr>
<tr>
<td><strong>2016-2017 % (n)</strong></td>
</tr>
<tr>
<td>Emotional Health</td>
</tr>
<tr>
<td>Understanding Child Development</td>
</tr>
<tr>
<td>Parent-Child Bond</td>
</tr>
<tr>
<td>Caring for Child</td>
</tr>
</tbody>
</table>

6. **Across program years, in what social emotional development domains are home visitors reporting family growth or change?**

   a. There were no significant differences in reporting family growth across program years by home visitors. Table 7 reports the percent of families showing growth rated by staff for SE family functioning domains at the Mid-Year check-in.
b. The End-of-Year check-in data indicated a significant increase in the number of families showing growth in **Emotional Health** as reported by home visitors during the innovation year, ($\chi^2(1)=4.81, p=.028$). Table 8 displays the percent of families showing growth rated by staff for SE family functioning domains at the End of Year check-in.

<table>
<thead>
<tr>
<th>Table 7: Home Visitor Report of Family Growth at Mid-Year Check-in</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mid-Year Home Visitor Scales (MYHVS)</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Emotional Health</td>
</tr>
<tr>
<td>Understanding Child Development</td>
</tr>
<tr>
<td>Parent-Child Bond</td>
</tr>
<tr>
<td>Caring for Child</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 8: Home Visitor Report of Family Growth at End-of-Year Check-in</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>End-of-Year Home Visitor Scales (EYHVS)</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Emotional Health</td>
</tr>
<tr>
<td>Understanding Child Development</td>
</tr>
<tr>
<td>Parent-Child Bond</td>
</tr>
<tr>
<td>Caring for Child</td>
</tr>
</tbody>
</table>
7. Across program years, in what ways do parents feel they are supported in fostering social and emotional development (i.e., parenting or the parent-child bond) in their children?

a. During the baseline year, when asked how parents feel supported by the program to learn about their child’s feelings and emotions (PFE), most common theme indicated that they feel support through information given (n=21), while during the innovation year, most common theme indicated that pointing out real examples of child development in their child (n=26) was most helpful in learning about their child’s feelings and emotions (Table 9).

<table>
<thead>
<tr>
<th>Table 9: Support of Learning Child’s Feelings and Emotions</th>
<th>Parent Feelings and Emotions (PFE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016-2017 % (n)</td>
</tr>
<tr>
<td>Given of Information/Resources</td>
<td>29 (21)</td>
</tr>
<tr>
<td>Parenting Strategies/Techniques</td>
<td>19 (14)</td>
</tr>
<tr>
<td>Communication with Home Visitor</td>
<td>8 (6)</td>
</tr>
<tr>
<td>Recognizing Examples of Child Development in Child</td>
<td>10 (7)</td>
</tr>
</tbody>
</table>

b. Parents that specifically indicated feeling supported (PPS) in SE related areas most often indicated information and resources, as well as, the availability to communicate with their home visitor and their parenting suggestions as most helpful across program years (Table 10).
Table 10: Program Support

<table>
<thead>
<tr>
<th>Program Support (PPS)</th>
<th>2016-2017 % (n)</th>
<th>2017-2018 % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of Home Visitor</td>
<td>25 (18)</td>
<td>40 (35)</td>
</tr>
<tr>
<td>Modeling/Parenting Techniques</td>
<td>13 (9)</td>
<td>28 (24)</td>
</tr>
<tr>
<td>Resources/Information</td>
<td>35 (25)</td>
<td>29 (25)</td>
</tr>
<tr>
<td>Setting Goals</td>
<td>7 (5)</td>
<td>6 (5)</td>
</tr>
</tbody>
</table>

c. When asked what was most helpful about their home visit experience specifically (PE), parents reported that *discussing child development and having a variety of developmentally appropriate activities* was most helpful across program years (Table 11).

Table 11: Parent’s Experience of Support

<table>
<thead>
<tr>
<th>Parent’s Experience (PE)</th>
<th>2016-2017 % (n)</th>
<th>2017-2018 % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussing Child Development</td>
<td>33 (24)</td>
<td>55 (48)</td>
</tr>
<tr>
<td>Availability of Home Visitor</td>
<td>3 (2)</td>
<td>5 (4)</td>
</tr>
<tr>
<td>Discussing Resources/Information</td>
<td>4 (3)</td>
<td>11 (10)</td>
</tr>
<tr>
<td>Variety of Activities</td>
<td>43 (31)</td>
<td>41 (36)</td>
</tr>
<tr>
<td>Goal Setting</td>
<td>1 (1)</td>
<td>2 (2)</td>
</tr>
</tbody>
</table>
d. Parents reported most often that they felt supported in learning their child’s needs (PCN) by *information about child development that was given and learning how to build a stronger bond with their child* (Table 12).

<table>
<thead>
<tr>
<th>Table 12: Support of Learning Child’s Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Child Needs (PCN)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>2016-2017 % (n)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>2017-2018 % (n)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Encouraging Parent-Child Activities</strong></td>
</tr>
<tr>
<td>17 (12)</td>
</tr>
<tr>
<td>8 (7)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Learning Child Development</strong></td>
</tr>
<tr>
<td>38 (27)</td>
</tr>
<tr>
<td>22 (19)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Building Parent-Child Bond</strong></td>
</tr>
<tr>
<td>8 (6)</td>
</tr>
<tr>
<td>38 (33)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Communication with Child</strong></td>
</tr>
<tr>
<td>1 (1)</td>
</tr>
<tr>
<td>10 (9)</td>
</tr>
</tbody>
</table>

8. **What social emotional improvements are parents most proud of during the 2017-2018 program year?**

   a. During the innovation year, 78% (n=73) of families indicated an area of improvement that they are most proud of at the Mid-Year check-in. Forty-one percent (n=38) of these responses indicated a SE area of improvement based on the SE themes. Of the SE responses, families indicated improvements in *parenting skills* (29%, n=11), *SE child development* (26%, n=10), *parent-child activities* (21%, n=8), *emotional health* (16%, n=6), and *parent-child bond* (8, n=3). **Play and soothing skills** were never indicated.

   b. At the End-of-Year check-in of the innovation year about half of respondents (52%, n=46) indicated an area of improvement that they are most proud of. Roughly half of these responses, (26%, n=23) indicated a SE area of improvement
based on the SE themes. Of the SE responses, families indicated improvements in **parenting skills** (35%, n=8), **parent-child activities** (26%, n=6), **SE child development** (22%, n=5), **parent-child bond** (17%, n=4), and **emotional health** (4%, n=1). Similar to the mid-year check-in, **play and soothing skills** was never indicated.

9. **Across program years, in what areas of social emotional development of their children do parents show interest in improving through the year/future?**

   a. At the Mid-Year check-in, Chi-square tests revealed that there was a significant increase from baseline to the innovation year in families showing interest in improving **parent-child bond** ($\chi^2(1)=11.01$, $p=.0008$), **parent-child activities** ($\chi^2(1)=20.01$, $p=.00001$), **play and soothing skills** ($\chi^2(1)=25.34$, $p=.00001$), and **parenting skills** ($\chi^2(1)=30.26$, $p=.0001$). Table 13 reports the percentages of the SE themes reported by families that indicated interest to improve SE domains at the Mid-Year check-in.

<table>
<thead>
<tr>
<th></th>
<th>Mid-Year Future Improvement (MYFI)</th>
<th>2016-2017 % (n)</th>
<th>2017-2018 % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SE Child Development</td>
<td></td>
<td>5 (4)</td>
<td>14 (13)</td>
</tr>
<tr>
<td>Parent-Child Bond</td>
<td></td>
<td>1 (1)</td>
<td>16 (15)</td>
</tr>
<tr>
<td>Parent-Child Activities</td>
<td></td>
<td>4 (3)</td>
<td>30 (28)</td>
</tr>
<tr>
<td>Play and Soothing Skills</td>
<td></td>
<td>1 (1)</td>
<td>30 (28)</td>
</tr>
<tr>
<td>Parenting Skills</td>
<td></td>
<td>1 (1)</td>
<td>34 (32)</td>
</tr>
<tr>
<td>Emotional Health</td>
<td></td>
<td>3 (2)</td>
<td>8 (7)</td>
</tr>
</tbody>
</table>

b. At the End-of-Year check-in, Chi-square tests also revealed a significant increase in families showing interest in improving **parent-child activities** from the
innovation year, \( \chi^2(1)=6.9, \ p=.0084 \). However, Chi-square tests also revealed that there was a significant decrease in families reporting interest in improving parent-child bond \( \chi^2(1)=9.86, \ p=.001 \), play and soothing skills \( \chi^2(1)=27.54, \ p=.00001 \), and parenting skills \( \chi^2(1)=22.18, \ p=.00001 \) from the innovation year. Table 14 reports the percentages of the SE themes reported by families that indicated interest in improving SE domains at the End-of-Year Check-in.

<table>
<thead>
<tr>
<th>Table 14: Families Reporting Interest in SE Improvement at End-of-Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>End-of-Year Future Improvement (EYFI)</strong></td>
</tr>
<tr>
<td><strong>2016-2017</strong></td>
</tr>
<tr>
<td><strong>% (n)</strong></td>
</tr>
<tr>
<td>SE Child Development</td>
</tr>
<tr>
<td>Parent-Child Bond</td>
</tr>
<tr>
<td>Parent-Child Activities</td>
</tr>
<tr>
<td>Play and Soothing Skills</td>
</tr>
<tr>
<td>Parenting Skills</td>
</tr>
<tr>
<td>Emotional Health</td>
</tr>
</tbody>
</table>

9. **What is not always shown in documentation in regards to how home visitors address socioemotional needs of families? What barriers are there when documenting?**

**Assessment and Goal-Setting.** The home visitor was asked to discuss ways that visitors assess a family on SE development, and how they foster improvements in these areas. The home visitor stressed that meeting the family where they are and maintaining a positive relationship is the first task of obtaining an accurate assessment of the family. It is only then that the home visitor can find the best approach to foster improvements. Assessment occurs within a few weeks of working with a family, and the home visitor takes extra care to find patterns of behaviors in
the child, as well as, the other family members. There are a variety of factors that come in to play when assessing SE development in a family, and it was suggested that the Family Functioning Scale, specifically the SE categories, tended to be a useful tool in aiding in the assessment. For SE domains, the home visitor looks at the relationships between all members of the family, levels of conflict, their baseline of knowledge on child development, and their interactions with the child.

Once the home visitor has a clearer understanding of the family, she assists parents in creating goals to accomplish throughout the program year. She also creates goals for improvement that she sees necessary, goals that family members may not be aware of. An example of this could be when a parent is exhibiting poor emotional health or poor parenting skills with their child—in a desire to be sensitive and maintain trust with the parent—the home visitor may approach the situation with recommendations of services, role modeling, play-group, or suggestion of parenting classes to help alleviate the issue without officially announcing that there is a concern. In general, the home visitor is always cautious when it comes to highlighting social and emotional areas in need of improvement as each family may respond differently, and she stressed that it is important to try multiple approaches until the desired response is achieved.

“That is why our work is not just about education. I find so much of my work is really about getting information and resources into the hands of people. Socially, emotionally, there are kids that, that to me, is the most difficult part of our work, because it is not cut and dry, you have to be very careful about how you address it with each family. Parenting is a very slippery slope, they [the parents] already feel judged, depending on their situation; you have to read the family and find the approach that works best for them.” When asked what she most often does to help foster social emotional development, offering resources and role modeling were useful tools to
leverage progress, but ultimately praise and narrating results for both the child and the parent is where long-lasting progress has been seen. This particular strategy can be seen in the observation of the home visit and the targeted family described at the beginning of the results section.

**Documentation.** In discussing the difficulty of addressing topics that often are rooted in social and emotional development, the home visitor discussed barriers that occur when attempting to document them. It was explained that it is not always clear about what documentation is intended, how much detail is needed, what parts of social emotional development are needed on the form. “There is a lot of expectation for what is on this form, for the scope of an hour and a half. Priorities within Early Head Start’s focus are always changing. We are targeting social emotional development, we always have been, it just is not always captured because often it just cannot always be put into words. Everything we are doing has social emotional components.” When asked about the newly implemented SE section on the home visit form that specifically asks home visitors to record a SE observation (HVSE), the home visitor said that the box has been helpful in remembering to record SE pieces. “Having a social emotional category has made me more aware of writing down observations of social emotional behaviors that I see, so I know where progress is being made and I can go from there.” It is not always easy to get feedback from families in a formal way, so having reminders to record observations of progress has been a useful tool for home visitors to track improvements.

**Discussion**

**Home Visit Documentation**

It is clear that home visitors are implementing SE related content more often in the innovation year than in the baseline year. This increase in SE related issues, in part, may be due to the addition of the “Social Emotional” documentation box on the home visiting form as nearly
all forms documented something that touched on a SE component. Notably, the targeted home visitor, during the interview, indicated that the box reminds her to record SE issues that occurred during the home visit, and suggests to her that SE documentation is of interest to the EHS program—which may have been different in previous years. Implementation of SE related curriculum (CTELDS) by home visitors, especially, has improved. In regards to the poor documentation of the SE domains on the COR assessment, it is also an innovation in 2017-18, introduced by the Office of Early Childhood. It has yet to be determined how useful it is in supporting home visit planning.

Furthermore, activities and resources intended to promote growth in SE areas have also been more frequently utilized in the innovation year. This is consistent with the present literature indicating that EHS programs use home visiting to encourage approaches to positive parenting skills and knowledge, as well as the strengthening of parent-child relationships (Ansari & Gershoff, 2016; McKelvey et al., 2015). In addition, results show that documentation of information on SE development, parent-child bond observations, targeting of play and soothing skills, and targeting of parenting skills have increased in the innovation year. These findings suggest that the innovative measures are encouraging the utilization and documentation of social emotional related areas and activities.

While acknowledging that documentation of social emotional areas has increased, it should be noted, however, that home visit planning with families to address social and emotional issues is still too low to be considered a success. Interestingly enough, parents from the innovation year did not report a desire to improve these areas as frequently as they did in the baseline year. This could indicate that more families from the innovation year feel that home visitors are already assisting them in their SE concerns. Documentation targeting Emotional
Health remains similar across program years, suggesting that home visitors may be following the lead of families that are infrequently showing interest in improving this area. However, there was an increase in home visitors reporting that families showed improvements in their Emotional Health during the innovation year. This finding could suggest that home visitors are touching on Emotional Health without documenting it as frequently as other SE areas. Across the two years, other home visit documentation is mixed: there has been a slight decrease in documentation of parent-child related activities; however, there was an increase in home visitors targeting goals related to parent-child activities. These findings suggest an on-going need to highlight when SE issues are included during home visits.

**Families**

**Improvement.** Families have shown similar levels of interest in improving SE development across program years. More specifically, families more often are indicating that they would like to plan more parent-child related activities during home visits. Despite results from the 2017-2018 end of year data that indicated somewhat fewer families perceived they had improved in parent-child domains compared to mid-year, families have indicated consistently in other documentation that they would like to improve their parenting skills in a variety of areas, such as, behavior management, assisting in smooth transitions, and establishing routines. These are positive findings, as the literature has indicated that many low-income families are challenged to offer time and energy to practice positive parenting or participate in developmentally appropriate activities with their children (Longo et al., 2017). This may suggest that the efforts of this Early Head Start home visiting program continue to help ameliorate this challenge of families.
**Growth.** Many families indicated that they believed that they had improved in the parent-child related family functioning domains. More specifically, most families indicated that they had seen growth in their child development knowledge. It is not clear why more families indicated significant growth in their ability to understand child development and their ability to build a relationship with their child at the mid-year check-in than at the end-of-year check-in during the innovation year. In addition, despite relatively high percentages, home visitors rated fewer families at year end showing growth in understanding child development and developing parent child bonds compared to mid-year during the innovation year. Although comparison of these two years shows a decline in the number of improving families, growth was reported by both parents and visitors for the majority of families in the parenting domains. This aligns with the present literature that states that bringing social emotional efforts directly into the home of low-income families, rather than through outside sources, produces more positive results (Lee et al., 2016). Lastly, an increase in the number of families showing growth in emotional health was indicated by parents and home visitors, despite the lack of emphasis seen in other documentation, as mentioned previously.

**Felt Support.** Families reported that they feel most supported in SE related areas when home visitors give them child development information, when they are able to talk about any concerns, and when they can ask for parenting tips or suggestions. Across all of the end-of-year interview responses, families consistently reported that having pamphlets and resources to turn to when they are in need has been a help to them in providing support for their child, as well as enhancing their parenting skills. In addition, families indicated that just knowing that there is someone to call when they are unsure about something has been a support, especially when it comes to seeking knowledge of a specific area in child development. Families, in both years,
consistently indicated that knowing that they are supported throughout the program has been a big part of their EHS experience and success. This suggests that felt support among families by the EHS program is a key ingredient when fostering, not only children’s social emotional development, but also positive changes in children and family’s education, environment, and relationships (Chazan-Cohen, Raikes, & Vogel, 2013).

**Limitations**

One limitation of the present study is that not all families that were enrolled in the home-based program completed the mid-year and end-of-year check-in. This could be due to a family’s unavailability to complete the check-in with their home visitor; but most likely, is due to families making program changes or leaving the program. A full response of all families could have offered more information regarding growth, support, and areas of interest to improve. Another limitation concerns the demographic information. It is unclear when the demographic information provided by the EHS program was extracted, as it might not account for enrollment changes throughout the year. In addition, more information about the participants is desired as it would be beneficial to know whether there had been prior experience with a home visitor. This information could affect the results, as a home visitors relationship and their ability to address SE areas with a new family will differ from a family that has been in the program for a number of years.

Another limitation is that only one home visit form selected each month per child for data analysis, instead of using all of the weekly home visit forms. This decision reflected a value in randomly sampling documentation: it is thought that one home visit form per child, each month, would create an accurate representation of what occurs during a typical home visit. However, it
is important to recognize that the three other home visit forms could highlight different information regarding social emotional development.

**Strengths**

This present study aimed to investigate the innovative measures of an Early Head Start program. It has offered specific information on what social emotional areas are being targeted in the home-based program. These social emotional areas are emotional health, social emotional child development, parent-child relationships, parent-child activities, play and soothing skills, and parenting skills. In addition to offering support in these social emotional areas, this study has shown which areas families are more often showing interest in or improvement in throughout the course of the program year. This information benefits the program managers in navigating which areas of SE development were targeted, which areas need more attention, as well as, help tailor their efforts to suit the needs of their parents and children.

Lastly, this investigation highlights ways families have felt supported through the home visiting program. Though no two families are alike and there are multiple ways home visitors can support families, this information can aid home visitors in knowing which methods of support families most often appreciated.

**Recommendations**

Research shows that parents that are actively engaged and interested in planning parent-child activities have the most positive impact on their child’s trajectory (Elicker et al., 2013; Marti et al., 2015; Whitaker et al., 2011). It is recommended, in light of low documentation of social emotional planning, that the EHS program continue to offer and suggest opportunities that target parent-child relationships and parent-child activities; as well as, creating more ways for parents to be actively involved in their child’s development. Intentional design of experiences for
families is a key home visitor responsibility (Brandeis University). However, it is recognized that comprehensive documentation of social emotional issues is not an easy task, and more consideration on how to effectively promote visitors to document social emotional areas is needed. That being said, the addition of the “Social Emotional” documentation box has made a significant impact in the first year of usage.

It is recommended that the SE box continue to be utilized, as well as addition of a “parent-child interaction observation box” for home visitors to document the ways in which parents are interacting with their children and the activities that work best. This may also create a way of tracking an evolved parent-child bond. If seeking to save time, it is also recommended to take an alternative route and offer a check-list option for home visitors to quickly indicate areas of SE development (emotional health, SE child development, parent-child activities, parent-child bond, play and soothing skills, and parenting skills) that they have touched on during their visit. This check-list will allow the program to continue assessing documentation, but also give home visitors the ability to quickly indicate if the areas are touched during home visits. This will hopefully ameliorate the barrier of not always knowing what should be documented in social emotional areas, as well as, help save the home visitors time.

Over the course of Head Start history, the main goal has been to improve school readiness among at-risk children. A secondary goal has been to support the “whole child” through promoting the development of social emotional competency among children and their families (Brandeis University). The present investigation demonstrated ways in which one EHS program has innovated through their documentation to highlight efforts toward fostering social emotional competency in children and their families. Through their innovative method of prompting specific SE documentation, this EHS program has made improvements toward their
long term goal of highlighting social emotional efforts, and producing a model for excellence and innovation in promoting social emotional competency among staff, families, and children.
References


doi:10.1016/j.ecresq.2010.04.007

Appendix A

Family Functioning Scale Check Off

End of Year Family Check In

<table>
<thead>
<tr>
<th>Family CPID#</th>
<th>Child1/EM: Child:</th>
<th>Staff:</th>
<th>Child2: Child:</th>
<th>Staff:</th>
<th>Child3: Child:</th>
<th>Staff:</th>
</tr>
</thead>
</table>

Check each area where your family has grown since September.

Parent/Guardian

- 1. Working with others and getting involved in my community
- 2. Dealing with stress and family fights
- 3. Getting help with my emotional health and mental well-being
- 4. Getting my basic needs met (like food, money, housing)
- 5. Understanding my child’s development
- 6. Feeling close and connected to my child
- 7. Being able to care for my child and be a good parent

Staff

Describe one area your family has made improvements in that you feel most proud of:

An area I would like to plan for in the future:

- 1. Social Skills
- 2. Community Supports
- 3. Legal/DCF Issues
- 4. Child Care
- 5. Family Stress and Fighting
- 6. Relaxation Skills
- 7. Relationship Skills
- 8. Emotional Support
- 9. Adult Education
- 10. Addictions and Substance Use
- 11. Finances
- 12. Basic Needs
- 13. Home Environment
- 14. Health
- 15. Education on Child Development
- 16. Socialization (child)
- 17. Transitions (child)
- 18. Specialized Services (child)
- 19. Nutrition (child)
- 20. Parent-Child Bond
- 21. Parent-Child Activities
- 22. Play and Soothing Skills
- 23. Parenting Skills
- 24. Parent Involvement in Child’s Life

For Staff Use: Does this family have any special circumstances that we should know about?

- 1. Mental Health Concern (parent)
- 2. Mental Health Concern (child)
- 3. Mental Health Concern (sibling)
- 4. Parent with Disability
- 5. Child with IEP/IFSP Disability
- 6. Sibling with Disability
- 7. Child has Health Concerns
- 8. Substance Abuse Current/Recovery
- 9. Domestic Violence Concern
- 10. Homeless
- 11. No Transportation
- 12. Legal Issues
- 13. DCF Involvement
- 14. Relative Raising Child
- 15. Foster Child
- 16. High Risk Pregnancy
- 17. Teen Parent at time of birth
- 18. Recent Divorce
- 19. Parent/Guardian Deceased
- 20. Single Parent
- 21. Incarcerated Parent
- 22. Non-English-Speaking Household
- 23. Parent Guardian without GED
- 24. Other
Appendix B

FFS Goal Cards (Parent-Child Highlighted)

I. Working with Others

1. Social Skills – 1A

   I want to...
   a. Learn how to ask for help
   b. Learn how to interview well
   c. Make friends or spend time with friends
   d. Improve the impression I give people

2. Community Supports – 1B

   I want to...
   a. Find someone I can count on
   b. Learn about services that may be helpful to me or my family
   c. Join a group or organization in my area
   d. Find groups and services for other family members

3. Legal or DCF Issues – 1C

   I want to...
   a. Reach goals set by DCF on treatment plan
   b. Get kids home from foster care
   c. Take care of relationship matters (custody, protective order, child support, etc.)

4. Child Care – 1D

   I want to...
   a. Find childcare
   b. Find reliable baby-sitters
   c. Get help to pay for child care

II. Stress and Family Fights

5. Family Stress and Fighting – 2A

   I want to...
   a. Learn how to solve problems better
   b. Get protection from a violent or abusive person
   c. Reduce stress, arguing, or fighting in my home
   d. Learn coping skills
   e. Learn anger management skills
6. Relaxation Skills – 2B

I want to…

a. Get enough sleep
b. Get enough exercise
c. Learn ways to relax
d. Find recreational facilities
e. Participate in new activities

7. Relationship Skills – 2C

I want to…

a. Get along better with neighbors
b. Cooperate with each other in the family
c. Improve communication skills
d. Strengthen my relationships
e. Spend more quality time with my partner
f. Build new relationships
g. Begin or continue family traditions

III. Emotional Health

8. Emotional Support – 3A

I want to…

a. Find someone to talk to about things that worry me
b. Explore counseling programs (for self, family or child)
c. Join a support group
d. Share my emotions more
e. Reduce negative emotions (anger, frustration, loneliness, depression, worry, guilt)
f. Feel more positive emotions (peace, happiness, affection)
g. Learn to make better decisions
h. Become more independent

9. Adult Education – 3B

I want to…

a. Begin to earn my high school diploma or G.E.D.
b. Finish my high school diploma or G.E.D.
c. Get job training or learn skills to get a better job
d. Improve reading skills
e. Get more education

IV. Basic Needs

10. Finances – 4A

I want to…

a. Find a job
b. Learn job search skills
c. Apply for state financial assistance
d. Stick to a budget
e. Pay bills
f. Pay off debts
g. Save money

11. Basic Needs – 4B

I want to...
a. Get help buying and preparing nutritious meals
b. Get enough clothing
c. Find laundry facilities
d. Buy or repair car
e. Drive safer (car seats, seat belts, etc.)
f. Learn to drive/get driver’s license
g. Figure out other transportation options (bus, medical cab, etc.)

12. Home Environment – 4C

I want to...
a. Find better housing
b. Make home safer for children
c. Have a cleaner house
d. Find or repair furniture or appliances (stove, crib, washer, plumbing, etc.)
e. Become more organized
f. Get kids to school regularly
g. Make and keep appointments

13. Health – 4D

I want to...
a. Address health problems
b. Stop/reduce smoking
c. Schedule dental checkups
d. Get insurance coverage
e. Get a regular doctor
f. Make an appointment
g. Get help with medical costs

V. Understanding Child Development

14. Child Development – 5A

I want to...
a. Learn about what children of different ages can do
b. Learn about child development
c. Understand my child’s behavior more than I do now

15. **Socialization – 5B**
   
   I want to help my child…
   a. Get along with peers
   b. Get along with adults
   c. Learn to share better
   d. Learn to cooperate more

16. **Transition Plans – 5C**
   
   I want to help my child prepare for…
   a. Head Start
   b. Preschool
   c. Kindergarten
   d. A transition between Head Start programs
   e. Some other transition

17. **Specialized Services – 5D**
   
   I want to…
   a. Get information about Birth to Three services
   b. Get information about Special Education services
   c. Refer my child for support with ____________ (speech, movement, etc.)
   d. Advocate for my child (who has an IEP or ISFP)
   e. Work with the school where my child goes for specialized services
   f. Learn to do activities at home to support my child’s goals

18. **Nutrition – 5E**
   
   I want to…
   a. Learn about proper nutrition
   b. Help my child make healthy food choices
   c. Make better food choices for my family
   d. Learn to cook healthy food on a budget
   e. Have enjoyable family dinners

VI. **Parent-Child Bond**

19. **Parent-Child Bond – 6A**

   I want to…
   a. Read with my child everyday
   b. Play more with my kids
   c. Increase the quality of family time
   d. Spend more time with each child
   e. Talk with my child more often and learn to listen to him/her better
   f. Say more positive things about my child
20. **Parent-Child Activities – 6B**
   
   I want to...
   a. Schedule enjoyable family time
   b. Find activities that I can enjoy with my child
   c. Learn about community activities for my child and me
   d. Eat more meals together as a family

21. **Play and Soothing Skills – 6C**
   
   I want to learn how to...
   a. Help my child be more calm and relaxed
   b. Connect with my child better
   c. Make play and games last longer
   d. Make play educational for my child

**VII. Caring for Child**

22. **Parenting Skills – 7A**
   
   I want to...
   a. Improve parenting skills
   b. Learn to do more as a parent
   c. Attend parenting classes
   d. Cope with disabilities
   e. Cope with hyperactivity
   f. Learn to discipline wisely

   I want to help my child to...
   g. Read
   h. Be toilet trained
   i. Behave better
   j. Be more respectful and not talk back
   k. Stay safe

23. **Parent Involvement – 7B**
   
   I want to...
   a. Get more involved with my child’s Head Start program or playgroup
   b. Visit the classroom
   c. Volunteer in the classroom
   d. Help teachers by doing tasks at home
   e. Attend Family Meetings
Appendix C

Home Visit Social Emotional Coding Themes

1. Emotional Health
   a. Find someone to talk to about things that worry me
   b. Explore counseling programs (for self, family or child)
   c. Share my emotions more with others
   d. Reduce negative emotions (anger, frustration, loneliness, depression, worry, guilt)
   e. Feel more positive emotions (peace, happiness, affection)
   f. Learn to make better decisions
   g. Become more independent

2. Child Development
   h. Learn about what children of different ages can do (social emotional)
   i. Learn about child development (such as feelings, emotions, etc)
   j. Understand my child’s behavior more than I do now (sharing with others, interactions)

3. Parent-Child Bond
   k. Talk with my child more often and learn to listen to him/her better
   l. Say more positive things about my child

4. Parent-Child Activities
   m. Schedule enjoyable family time (play with my kids more)
   n. Find activities that I can enjoy with my child (reading, for example is a cognitive developmental activity however it is an interaction between parent and child.)
   o. Learn about community activities for my child and me
   p. Eat more meals together as a family

5. Play and Soothing Skills
   q. Help my child be more calm and relaxed
   r. Connect with my child better
   s. Make play and games last longer
   t. Make play educational for my child

6. Parenting Skills – 7A
   u. Improve parenting skills
   v. Learn to do more as a parent
   w. Attend parenting classes
   x. Cope with disabilities
   y. Learn to discipline wisely
   z. Transition my child effectively (toilet training)
Appendix D

CTELDS Curriculum
Appendix E

COR Assessment

COR Advantage 1.5

APPROACHES TO LEARNING
A. Initiative and planning
B. Problem solving with materials
C. Reflection

SOCIAL AND EMOTIONAL DEVELOPMENT
D. Emotions
E. Building relationships with adults
F. Building relationships with other children
G. Community
H. Conflict resolution

PHYSICAL DEVELOPMENT AND HEALTH
I. Gross-motor skills
J. Fine-motor skills
K. Personal care and healthy behavior

LANGUAGE, LITERACY, AND COMMUNICATION
L. Speaking
M. Listening and comprehension
N. Phonological awareness
G. Alphabetic knowledge
P. Reading
Q. Book enjoyment and knowledge
R. Writing

MATHEMATICS
S. Number and counting
T. Geometry: Shapes and spatial awareness
U. Measurement
V. Patterns
W. Data analysis

CREATIVE ARTS
X. Art
Y. Music
Z. Movement
AA. Pretend play

SCIENCE AND TECHNOLOGY
BB. Observing and classifying
CC. Experimenting, predicting, and drawing conclusions
DD. Natural and physical world
EE. Tools and technology

SOCIAL STUDIES
FF. Knowledge of self and others
GG. Geography
HH. History

ENGLISH LANGUAGE LEARNING (ELL)
II. Listening to and understanding English
JJ. Speaking English

COR Advantage Contact Information
For Technical Support: 888.386.3822, option 2
For General Assistance: 800.587.5639, e-mail: corteam@highscope.org
Please indicate your request is about COR Advantage.
Appendix F
Home Visiting Form

Home Based Home Visit Report

| Visit # ___ | CP ID # ___ |

Date: ___/___/___  Start time: ___:___ am/pm  End time: ___:___ am/pm  HV Initials: __________
Focus Child Initials ___  Family Present:  Father/Mother  Others: __________

<table>
<thead>
<tr>
<th>Goal Card # for Parent/Child Activity:</th>
<th>CTELDS:</th>
<th>IFSP goals:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Goal Card #... Family Partnership Goals:</th>
<th>Reviewed</th>
<th>Not Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Adult Education:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>reviewed</td>
</tr>
</tbody>
</table>

Home visit notes - Use the following codes to document topics planned and discussed during visit:

- FS: Family Services  - MH: Mental Health

SE

ED

Code:

Code:

Code:

Child observations for assessments: COD

Family feedback (something new you learned today? What did you try last week?)

HV and Parent Co-Planning for next visit:

“Family Together Time” (PIPE topic) What activities do you have planned until our next visit?

Parent/Guardian initials: ____________________________  Date of next visit: ________________  Time: __________

Appendix G
Family Interview

End of Year Family Check In

<table>
<thead>
<tr>
<th>Family CPID#</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CPID# Initials: Child1/EM: Child: Staff:</td>
<td>Child2: Child: Staff:</td>
<td>Child3: Child: Staff:</td>
<td></td>
</tr>
</tbody>
</table>

1. What did you like most about this year’s Head Start/Early Head Start program?

2. What did you find most useful about setting goals this year? What did you do or we do, specifically, that helped you accomplish those goals?

3. What are some of the topics/discussions/activities you felt helped you the most on your home visits?

4. In what ways do you feel more connected to your child and are able to support their emotional needs? (List Circle of Security topics if applicable)

5. How do you feel the program supported you in learning about your parenting and understanding your child’s feelings and emotions? (List Circle of Security topics if applicable)

6. Please share an experience when you felt supported by a staff member this year and how it helped?