Abt Associates Inc.

# National Impact Evaluation Of The Comprehensive Child Development Program

## Interim Report Executive Summary

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# *Executive Summary*

This executive summary presents preliminary findings from the national impact evaluation of the Comprehensive Child Development Program (CCDP), a comprehensive service delivery program for low-income families. The results are based on data collected when the focus children were 24 months of age and from their mothers following about two years of CCDP service delivery. Since CCDP was originally envisioned as a five-year project, this analysis is limited to an assessment of the program's early effects.

## *The Comprehensive Child Development Program*

The CCDP was conceived against the backdrop of an increasingly long list of difficult problems faced by low-income families, including the breakup of families, high mobility rates, large numbers of teenage pregnancies, language barriers, and children growing up isolated with few positive role models. Services for low-income families are often not coordinated and are generally provided categorically in a fragmented fashion to address a single problem. In addition, services are seen as not reaching enough low-income families early enough or for a sufficient period of time.

According to the Comprehensive Child Development Act, the program is intended to *...provide financial assistance to projects, on a multi-year basis, that:*

- *are designed to encourage intensive, comprehensive, integrated, and continuous supportive services for infants and young children from low-income families;*

- *will enhance their physical, social, emotional, and intellectual development and provide support to their parents and other family members; and*

- *target services on infants and young children from families who have incomes below the poverty line and who, because of environmental, health, or other factors, need intensive and comprehensive supportive services to enhance their development* (P.L. 100-297, Part E, Sec. 2502).

Each CCDP project is required to meet certain service delivery criteria, although projects may include a variety of program models. In general, the projects must intervene as early as possible in children's lives; involve the entire family; provide comprehensive social services to address the intellectual, social-emotional, and physical needs of infants and young children in the household; provide services to enhance parents' ability to contribute to the overall development

of their children and achieve economic and social self-sufficiency; and provide continuous services until children enter elementary school at the kindergarten or first grade level.

CCDP works through a case management approach in which each project provides some services directly, while acting as a broker for other existing services. For young children, the core services that must be provided through CCDP include early childhood development programs; health screening, treatment, and referral; immunizations; early intervention services for children with or at-risk for developmental delay; nutritional services; and child care services that meet State licensing requirements. For parents and other household members, CCDP services must include prenatal care; education in infant and child development, health care, nutrition, and parenting; referral to education, employment counseling, and vocational training, as appropriate; and assistance in securing adequate income support, health care, nutritional assistance and housing.

The program is administered by the Administration on Children, Youth and Families (ACYF) within the Administration for Children and Families (ACF), in the U.S. Department of Health and Human Services (DHHS). CCDP grantees include universities, hospitals, public and private non-profit organizations, and school districts.

The original Comprehensive Child Development Act of 1988 authorized the establishment of a set of comprehensive service delivery programs to operate for five years (fiscal years 1989-93) at an authorization level of $25 million per year. Twenty-two CCDP projects were funded in fiscal year 1989 and two additional projects were funded in fiscal year 1990. The Human Services Reauthorization Act of 1990 (the Augustus Hawkins Act) authorized the CCDP for an additional year, through fiscal year 1994, and raised the level of annual funding to $50 million to provide for quality improvements in the existing projects and to allow for the funding of a new set of projects. A second set of 10 CCDP projects were funded by ACYF in fiscal year 1992 (eight projects) and fiscal year 1993 (two projects). The first group of 24 projects currently are in their fourth year of operation and are scheduled to operate until September 30, 1995 and April 30, 1996, respectively. The second group of 10 CCDP projects are in their first year of operation and are scheduled to operate until September 30, 1997.

## *The Impact Evaluation*

To meet the legislative mandate for an evaluation of the first group of CCDP projects, ACYF awarded two contracts: one to establish and maintain a management information system and conduct a process evaluation, and a second to conduct an impact evaluation. The process evaluation is being conducted by CSR, Incorporated, which also provides assistance to ACYF in administering the program as well as technical assistance to CCDP grantees. The impact evaluation is being conducted by Abt Associates Inc. This multi-year study of CCDP projects across nation has been designed to address four major questions:

- What are the effects of CCDP on children's cognitive development, social-emotional development, and physical health?

- What are the effects of CCDP on mothers' economic self-sufficiency, life management skills, and psychological and physical status?

- Do the effects of CCDP vary with mediating variables, such as family or site characteristics, program model, differences in the quantity or quality of program services provided, or length of participation in the program?

- What are the per family costs of CCDP and how the program's effects compare with the costs?

This interim report from the impact evaluation focuses on the first two questions listed above. The final report will address all four research areas.

The impact evaluation is designed to allow experimental comparisons, over time, of CCDP families with a randomly assigned control group, with respect to maternal and child outcomes. The experimental nature of the research design means that the evaluation will be able to provide strong evidence with respect to questions about overall program impacts. In each project, families were randomly assigned at the time of enrollment (last six months of 1990) to either take part in CCDP or to be a member of a control group. All families originally assigned to the program or control groups (about 2,200 in each group), a total of 4,400 families) are included in the evaluation sample, regardless of their actual level of participation in the CCDP projects.

Because CCDP is providing services to the same families for several years, until the focus child enters school, the evaluation is measuring the impact of the program, over time, on children and their mothers. The developmental progress of each focus child is repeatedly measured, at 24, 36 and 48 months of age. Measures of service utilization as well as outcomes for mothers are made annually, at the same time as the child measurements.

The impact evaluation is being conducted in 21 of the original 24 CCDP projects. Two projects were dropped from the impact evaluation because of problems experienced by local staff in conducting the process of random assignment. A third project, one of the two projects funded in fiscal year 1990, was not included in the evaluation due to the limited availability of resources for evaluation purposes.

## *Preliminary Findings*

This report presents preliminary findings from the national impact evaluation of CCDP. The results are based on data collected from families after the first two years of CCDP services delivery--children were assessed at 24 months of age and mothers were interviewed at the same time. CCDP is envisioned as a five-year project, hence, this analysis necessarily is a limited assessment of the early effects of CCDP and firm conclusions about program effectiveness ought not to be drawn at this time. Still, some important findings about the short-term effects of CCDP have emerged from the research.

**Service Utilization**. After two years of program operations, it is clear that families

participating in a comprehensive family support program such as CCDP receive more social, educational, and health services than families who do not participate. This difference in utilization of services is an important first step for CCDP in its attempt to produce long-term positive changes in the lives of participating parents and children.

**Maternal and Child Effects**. After two years of program operations, this study found many small, statistically significant effects of CCDP on mothers and children. These short-term effects are in line with expectations about the program; however, it should be emphasized that the effects are small in absolute terms, and that it will be important to search for larger, long-term effects as families continue to participate in CCDP. Major findings from the impact study are summarized below:

- **Maternal Physical Health.** Mothers who participated in CCDP and who had a subsequent pregnancy reported that they delayed the pregnancy longer (an average of 26 days), used alcohol less, had heavier babies (7.2 pounds vs. 7.0 pounds), and had babies who spent fewer nights in the hospital (3.6 vs. 5.0 nights) and who were less likely to require special care (11 percent vs. 15 percent) than their counterparts in the control group.

- **Child Physical Health.** Compared with children in the control group, CCDP children had fewer hospitalizations for injuries (1 percent vs. 2 percent), spent less time in the hospital when they were injured, and used seat belts more regularly (76 percent vs. 74 percent). Also, children participating in CCDP were more likely to have seen a doctor for preventive health care (87 percent vs. 84 percent).

- **Parenting Attitudes**. CCDP mothers were less likely than control group mothers to report attitudes toward parenting and expectations of children that, in past research, have been linked to abusive and neglectful behaviors.

- **Maternal Expectations.** CCDP mothers reported higher expectations of children's school success than control group mothers.

- **Parent Involvement.** CCDP mothers reported that they spent significantly more time with their child than did control group mothers. Also, mothers reported that resident fathers in CCDP families spent more time looking after their child and more time in daily activities with the child than fathers in control group families.

- **Mother-Child Interactions**. In observations of mothers' interactions with their children, CCDP mothers were more sensitive than control group mothers to cues given by the child, responded more appropriately to signals of distress on the part of the child, and were more likely to behave in ways that foster social-emotional growth in the child.

- **Economic Self-Sufficiency Services.** CCDP mothers were more likely than control group mothers to have been enrolled in academic classes (38 percent

vs. 26 percent) and vocational/job training classes (18 percent vs. 13 percent), and were more likely to be working towards a trade certificate (seven percent vs. four percent), a GED (12 percent vs. eight percent), or a Bachelor's degree (six percent vs. three percent), all of which are services designed to facilitate economic self-sufficiency.

- **Economic Self-Sufficiency Outcomes**. There were no differences between CCDP and control group mothers in terms of employment or income levels.

- **Job Satisfaction**. CCDP mothers who were working reported greater satisfaction than control group mothers with the amount of work they were doing (85 percent vs. 77 percent), their pay (63 percent vs. 54 percent), and with their chances of "moving up" (72 percent vs. 63 percent).

- **Child Development.** Children in CCDP scored higher than control group children on the Bayley Scales of Infant Development and exhibited more prosocial behaviors (e.g., were cooperative, followed rules) than control group children. Though statistically significant, the effect on the Bayley is small in absolute terms (a two-point difference), and is smaller than the effects of other interventions which work intensively and directly with children. It will be important to test CCDP children at ages three, four, and five in order to determine whether effects on cognitive development grow.

**The Road to Improved Economic Stability**. What conclusions can be drawn from these findings? First, CCDP has put mothers on the road to improved economic stability. The evidence for this is that CCDP mothers participate more than control group mothers in a wide range of educational services (e.g., academic classes, job/vocational training classes, GED classes) which, in the long run, should increase their economic chances. Further, CCDP mothers who are working report greater satisfaction with their jobs than do control group mothers. There is not yet any evidence that mother's incomes or employment status have been improved by CCDP, but participating mothers are engaging in activities that ought to lead to those outcomes.

**Reduced Risks for Children**. A second conclusion drawn from this study is that CCDP has reduced several elements of risk for participating children by improving their home environments. This has been accomplished in many ways--by improving the health of infants born to CCDP mothers, by reducing mothers' attitudes associated with child abuse and neglect, by increasing mothers' expectations for children's school success, by increasing the amount of time that mothers and fathers spend with their children, and by teaching mothers to interact more positively with their children. These "risk-reducing" factors all are important steps toward CCDP's goal of improving long-term chances for participating children.

**No Importantly Large Effects on Children's Early Cognitive Development**. Third, in spite of the reduced risk described above, CCDP has not had importantly large effects on childrens' early cognitive development (as of age two). As a family support program, CCDP relies heavily on intervention with parents to influence their children's early development, rather than on direct programmatic intervention with children between birth and age two. And, as seen above, CCDP is moving in the right direction by reducing risks for children in many areas.

However, there is not yet any strong evidence that CCDP has important developmental effects on children--increased scores on the Bayley Scale of Infant Development are real, but are too small to be regarded as substantively meaningful. It will be important to determine whether CCDP's effects on child development grow in future years, as children near school age. One possibility is that in order to produce large effects on children's cognitive development, it may be necessary to work more directly and intensively with children, instead of working first with parents.

Finally, it is necessary to remember that the effectiveness of CCDP for children will eventually be compared with the effects of other broad-based family support programs which aim to improve the lives of disadvantaged children and their parents, as well as programs which focus more directly on children, to ascertain which approach offers the best combination of outcomes at the most reasonable costs. At this point in time, this evaluation offers little evidence about these difficult issues.