

Ounce of Prevention Fund
2009 Grant Interim Report to the Oscar G. and Elsa S. Mayer Family Foundation

1. Refer back to the table completed in your Request for Proposal (Section IV, Outcomes and Evaluation) and provide a brief summary on the overall progress for the project and each major outcome listed in the table.

On November 18, 2009, the Oscar G. and Elsa S. Mayer Family Foundation awarded the Ounce of Prevention Fund a generous, \$50,000 grant to support the Educare Intervention Model Pilot Project at our Educare Center on Chicago's South Side. Over the last seven months, we have advanced our plans for the Pilot Project, which is allowing us to provide more intensive and individualized services for the most impoverished, young children and their families attending Educare. Highlights of our progress across each objective are described below.

Objective 1: Increase the utilization of data-driven interventions for children at Educare. Over the past few months, we have begun to systemically prioritize intensive services (i.e. therapeutic play groups, individualized classroom strategies, and special education screenings/referrals) for the children whose assessments indicate that they are most at risk for poor school readiness outcomes. Updates on our progress across these three strategies are provided below; in addition, case studies emphasizing the positive impact of our efforts to provide more coordinated services for our most vulnerable children and families are provided in Appendix A.

- Therapeutic Play Group: Eight children were systematically selected to participate in Educare's therapeutic play group based on a thorough interdisciplinary review (i.e., by the Master Teacher, classroom teacher, family support specialist, program administrator and mental health consultant) of the available child and family data. For example, findings from the Devereux Early Childhood Assessment (DECA) indicated that all eight of these children displayed insufficient progress with developing protective social-emotional skills, including attachment, initiative and self-regulation. Three of the preschool-aged children also showed behavioral concerns. We are pleased that we have observed and measured improvements in their development as a result of their participation in the play group this year. Specifically, spring 2010 findings from the DECA indicate the following: three of the eight children had improved their social-emotional skills and were displaying age-appropriate levels of attachment, initiative and self-regulation; and three of the preschool-aged children who displayed behavioral concerns at the start of the year were displaying age-appropriate behavior by the spring. In addition, one of the preschool children whose social-emotional development was negatively impacting her learning (i.e., vocabulary score in fall 2009 was well below average) had improved her vocabulary score by 13 points, placing her skills close to the average range.
- Individualized Classroom Strategies: To help teachers effectively use data to individualize their teaching practices, this year fall 2009 child assessment data was collected and reviewed within the first 45 – 75 days of the program year. As part of these efforts, Master Teachers – who provide ongoing mentoring to classroom teachers – held weekly coaching sessions with teachers to review children's data and discuss the implications of the data for the specific supports and interventions they would provide to the child. A review of this data by our research staff has confirmed that Master Teachers have helped classroom teachers understand the child assessment data and derive individualized strategies aligned to the data.
- Special Education Screenings/Referrals: During the 2009-10 school year, 22 infants, toddlers and preschoolers received services through Individual Family Support Plans and Individual Education Plans, which included Chicago Public Schools Instructional Classroom and Blended Classroom services, occupational therapy, physical therapy, speech and language services, developmental therapy, social work, and counseling services. During the year, five additional children were referred for eligibility for special services. Of these referrals, three children were determined ineligible, one child's referral is still in discussion, and it was discovered that the fifth child had been previously diagnosed. We have worked with the teachers and the parents of the children identified as having a delay to provide additional supports to children in school and at home.

Objective 2: Provide parents with additional support to ensure their children's healthy development and school readiness. A key part of our Pilot Project has been to ensure that we are using data to not only provide children with more intensive services, but also to provide families with additional, targeted supports that can further support children's healthy development. As part of these efforts, this year we focused on providing additional support for the families of the eight children participating in the therapeutic play group sessions (discussed above). A review of family data for these children – such as parent interviews and discussions as well as ongoing observations of parents' interactions with their children – raised concerns about the parent-child relationship. Using this information, our Family Support Staff worked closely with parents to help them understand the importance of their children's participation in the play group and provided them with updates on the progress their children made over the course of the year. In addition, Family Support Staff encouraged parents of these children to participate in our family support group services (i.e. Parent Support Group, Mother's Support Group, Male Involvement Group, and Grandparent Group). We are pleased to report that we are providing group supports to six of the families of children prioritized for intensified supports: three parents are participating in the Parent Support Group; one parent is a member of the Mother's Support Group; one father participates in the Male Involvement Group; and one grandmother is a member of the Grandparent Group. The improvements in the assessments for the children in the play group, discussed above, underscore the effectiveness of our efforts to begin to coordinate targeted services for children and families.

In addition, this year we have further expanded the supports we provide to Educare families. Specifically, we created a new support group, Parent TALK. While the Parent Support Group meets weekly to allow parents to generally discuss, share and brainstorm around their struggles and experiences as a parent, Parent TALK is a 6-week program that provides information on specific developmental issues. These issues were selected based on concerns expressed by parents around how to handle situations at home dealing with sibling rivalry, general discipline, tantrums, and preparation for kindergarten, etc. These sessions used video footage of parent-child interactions as a basis for discussing the most effective parenting techniques for supporting children's healthy development and learning. Parents were asked to participate in this group based on anecdotal and assessment data that indicated these families could most benefit from additional parenting support. Family Support Staff conducted two six-week sessions of Parent TALK. Parents have reported that they enjoyed the program and that it provided them with new strategies that are enabling them to modify their approach to parenting and strengthen their interactions with their children.

Objective 3: Increase Educare staff's ability to promote children's healthy development and school readiness. As discussed above in Objective 1, our Master Teachers have focused this year on helping teachers better understand child assessments and begin to use this data to not only individualize their teaching strategies, but also connect children and families with other supports that can most effectively improve the development and learning for children in their classroom.

2. Share any unanticipated developments, changes or challenges your project and organization have experienced.

While there have been no significant challenges to the Educare Intervention Model Pilot Project, we have recently implemented a new staffing structure at Educare, with a primary goal of ensuring that we are regularly and effectively using data to help close the achievement gap for the children we serve. To achieve this goal, Brenda Eiland-Williford has shifted her role from Director of Program Operations to Director of Program and Curriculum. In this role, Brenda will provide vision and leadership to Educare's efforts to implement and improve curriculum and instruction. Further, Debra Pacchiano, Ph.D., our former Director of Research, has recently assumed the position of Director of Research to Practice. Debra is now responsible for the seamless connection between research, practice and implementation, and the organization's continuous use of data to design and improve quality and performance. We anticipate that Debra and Brenda will partner very closely in the coming months around the implementation and refinement of the Pilot Project. The Ounce is grateful for our partnership with the Oscar G. and Elsa S. Mayer Family Foundation and we look forward to continuing our collaboration in the coming months on behalf of young children and families.

APPENDIX A
Educare Intervention Model Pilot Project Case Studies – Spring 2010

The case studies below illustrate how our individualized services for children and parents – including therapeutic play group sessions, individualized classroom practices, special education screenings/referrals, parent support groups, etc. – are providing fostering strong social-emotional growth in children. *(All names have been changed.)*

Brianna (toddler): Classroom teachers and Brianna’s mother had expressed concerns regarding her lack of movement and verbal expressiveness, as well as her demonstration of early signs of aggression. In addition, at times she would be overwhelmed by stress, withdrawing and having difficulty with routine changes in her day. She was referred for Early Intervention services, and her evaluation qualified her for speech and Developmental Therapy services. Brianna was also selected to participate in the 0-3 therapeutic play group this year and showed great improvement in her interpersonal interactions as well as her play and language skills. Brianna’s teachers are also partnering with Brianna’s mother to intensify and coordinate supports between the classroom and the home. Her mother has begun communicating regularly to teachers about changes in the home situation or routine that may be stressful for Brianna. Teachers then used this information proactively to plan specific classroom activities and adult one-on-one support to promote her engagement and the learning of coping skills. From fall 2009 to spring 2010, Brianna’s teacher rated her social-emotional protective factors as having improved.

Andrew (toddler): Andrew’s child assessment data and teacher observations indicated concerns in the areas of communication and language. Although Andrew is interactive, he is non-verbal in his interactions. The classroom team was concerned that his lack of interest in verbal interactions was beginning to limit his friendships and would inhibit his participation in the preschool classroom community into which he was transitioning in late summer. In addition, Andrew’s mother informed our staff that she was sensing that Andrew was experiencing stress as the family was in the process of moving to a different apartment. Classroom teachers, the master teacher and family support specialist worked together to intensify and coordinate supports for Andrew and his family. Working with his mother in individual meetings and through her participation in the Parent Support Group, the team was able to coordinate how Andrew’s mother and teachers would talk with him about the upcoming moves (the apartment and the classroom transition) and about the books they would each read and discuss with Andrew to assist his understanding and coping with the changes. Importantly, these strategies (i.e., conversation and shared book reading) are the strategies used at this age to promote communication, vocabulary and language development. By individualizing and intensifying these strategies, the team was responding in real-time to Andrew’s needs.

Omari (preschool): At the beginning of the school year, Omari often appeared angry, knocking materials off the classroom wall and throwing frequent tantrums. Through inquiry with the mother, it was determined that Omari’s father demonstrates similar behaviors in the home. The goal of his participation in the therapeutic playgroup was to identify the emotional triggers for Omari and to use that information to assist teachers with preventing and intervening more effectively with him. In the play group, he is being supported with expressing his needs and feelings through words, rather than actions. Work is also being done with the mother to better align the strategies she uses at home with those being used in the classroom. Teachers report that Omari has responded to the play group and is no longer hitting other children, and that the frequency of his tantrums has decreased. In addition, teacher ratings of his social-emotional protective factors have improved from fall to spring.

Sean (preschool): Teachers observe Sean to have difficulty building attachments and relationships with others, rarely making eye contact and removing himself from the other children. When Sean was confronted with a new task, he was quick to give up by claiming that he could not do it. With the support of Family Support Staff, teachers learned the Sean’s father had been placing unrealistic expectations on Sean in an attempt to motivate him to achieve in school. Since the beginning of this school year, Sean’s father has been attending the Male Support Group and has an enhanced understanding of age-appropriate expectations for Sean. Sean has been a regular participant in the therapeutic play group and there has been a noticeable change in his interactions with adults and the other children.