Evidence-based practices

Early childhood

March 2011

This packet lists "evidence-based practices" for consideration by Solution Action Groups as we develop recommendations for the Saint Paul Promise Neighborhood. It also includes some local programs which have not yet been nationally identified as "evidence-based practices ," but which do have research to support their effectiveness and which appeared in Saint Paul's Promise Neighborhood proposal.

What are evidence-based practices?

Evidence-based practices are programs which research has shown to be effective with children and young people. No program can ever be perfect, but evidence-based practices have research to show that they have the greatest chance of success with the largest number of children. (Other programs might be effective, but they don't have research evidence.)

Why are evidence-based practices important for the Saint Paul Promise Neighborhood?

Evidence-based practices are important for two reasons.

First, we want to make the Saint Paul Promise Neighborhood as effective as possible for as many children as possible. The more that we can include evidence-based practices in our plans, the greater the chances that we can support all of the neighborhood's children.

Second, the federal government and other funders favor the use of evidence-based practices. The more evidence-based practices that we include in our design of the Saint Paul Promise Neighborhood, the better our chances of receiving the investments we need to succeed.

How should we include evidence-based practices in our planning?

Each Solution Action Group will identify solutions for a specific age range of children in the Saint Paul Promise Neighborhood. These solutions will support children to succeed in school and in life. We want to pick solutions which will help children at their present age – and which will have positive effects on them for the rest of their lives.

In each of our groups, we should select solutions which we consider most likely to have positive impacts on children. Over the next 10 years or more, the Saint Paul Promise Neighborhood will measure those impacts with "indicators". That is, we will measure indicators such as the *percentage of five year olds who are ready to attend kindergarten*, or the *proportion of students who attend school regularly*, or the *proportion of children who graduate from high school*.

In our groups, we want to select solutions which will move the indicators in a positive direction. For example, this means:

■ If the indicator we want to move in a positive direction is the *percentage of third graders who read at their grade level*, we need to ask: What solutions will increase reading achievement for 3rd graders from the Saint Paul Promise Neighborhood?

■ If the indicator we want to move in a positive direction is the *percentage of students with a caring adult in their home, school or community*, we need to ask: What solutions will increase the number of students from the Saint Paul Promise Neighborhood who have a caring adult?

Will all of our solutions be evidence-based practices?

Not all, but hopefully, as many as possible. Solutions can include:

■ Services or programs (new or improved) that will be available to children and their families (e.g., after school tutoring for students; parent education for pregnant women and their partners; health screening for preschool children; etc.)

■ Reorganization of current efforts in the neighborhood – getting people to work in different ways (e.g., parents, teachers, police, librarians, etc.)

■ Activities by neighborhood residents to support young people or to make the neighborhood better for all (volunteer mentoring of young people; block clubs; etc.).

■ New locations for services (e.g., making services available in several schools, community centers, or other places)

■ Resources (e.g., a new playground, a traffic light at a dangerous intersection, etc.)

Researchers have not developed evidence-based practices for everything we need to do. We should use evidence-based practices when they fit, but we must also do our best to develop other solutions suited to the unique situation of children in the Saint Paul Promise Neighborhood – that is, solutions suited to the geography of the neighborhood, the diverse cultures who live here, and other factors. The plan for the Saint Paul Promise Neighborhood will include a mixture of evidence-based practices and other solutions, crafted to fit the neighborhood.

Format: Evidence-based practices, and the other local, research-based practices from our Promise Neighborhood proposal, appear in the following format:

Result: The outcome we are trying to achieve, e.g., "children enter kindergarten ready to learn ," or "children have access to 21st century learning tools."

Indicator: The measure which tells us if we have achieved a result, e.g., "students who are physically active ," or "high school graduates get a post-secondary degree". (Note: These are just some of the indicators which we have identified in the Solution Action Groups. The longer lists which we developed appear in a separate document.)

Program/practice: The name of the program, a brief description, and a local provider (if there is one).

Target group: The group for whom the program/practice is appropriate.

Impact: The results which research shows the program/practice can achieve.

At the end of the packet, we have identified research sources.

Early childhood

Result: CHILDREN ENTER KINDERGARTEN READY TO LEARN

Indicator: 3-year-olds and 5-year-olds display age appropriate functioning

Program/practice	Target group	Impact
Incredible Years* – parent and child training intervention designed to enhance children's social and academic skills. *Local provider: Wilder Foundation*	4-7 year olds with conduct problems and their parents	Combination of child and parent training produced significant improvements in child behavior
Infant Health Development Program (IHDP)* - home-visit program aimed at alleviating the developmental problems associated with low birth weight and premature birth	Low birth weight and premature children from birth-3 years and their parents	At 36 months, participants demonstrated increased language, cognitive development and visual motor skills development
Playing & Learning Strategies (PALS I & II)* - parenting intervention designed to encourage positive and responsive parenting practices.	Mothers over 18 of infants 6-13 months	Increase in quality of mother's language used with her child and in toddler's vocabulary development, cooperation and social engagement.
Primary Project* - school-based early intervention program for at-risk young children. *Local provider: Wilder Foundation*	Children in preschool through grade 3 who show evidence of early school social/behavioral difficulties	Children improved task orientation, adaptive assertiveness, peer sociability; most results showed improved behavior control
SPPS Project Early K* - preschool program targeting English Language Learners, low-income children, and Special Education. *Local provider: Saint Paul Public Schools (SPPS)*	4-year-olds	Positive impact on children's cognitive skills at kindergarten entry
Chicago Child Parent Centers* - school-based early childhood education fostering social and academic development for economically disadvantaged children	3-9 years	Pre-K through 3rd grade participation was associated with significantly higher academic performance and longer-term advantages in both reading and math.
Early Head Start* - supportive child, family and community programming for young children and parents delivered through home and/or center-based care	low-income pregnant women and children under 3	Children scored higher on cognitive and social development tests and were less likely to act negatively toward their parents in observed interactions.

* Evidence-based practice

Indicator: Children participate in center based or formal home-based early learning settings

Program/practice	Target group	Impact
St. Paul Early Childhood Scholarship Program*-Market-oriented early childhood scholarship model involving parent mentoring, scholarships, and an early-childhood education program quality rating system called *Parent Aware* *Local initiative*	Low-income families, early childhood programs	The majority of eligible children used their scholarship funds to attend Head Start, center-based early childhood education (ECE) programs, and, to a lesser extent, family child care programs and school-based programs. High-quality ECE program supply increased.

Indicator: Children have a regular health care provider or place to go, other than an emergency room, when they are sick or in need of advice about their health

Program/practice	Target group	Impact
Home visits* – Prevention strategy involving regular visits from a trained professional aimed at increasing parental knowledge, health access, and school readiness. *Local provider: partnership between City of St. Paul and Ramsey County Public Health*	Families with 0-5 year-old children or expecting children	Children more likely to have a primary care provider, but no difference in immunization or well-child visits compared to control group

Result: CHILDREN ARE HEALTHY

Indicator: Children are physically active and regularly eat fruits and vegetables

Program/practice	Target group	Impact
Nurse-Family Partnership* -home-based intervention aimed at improving pre-natal health and birth outcomes and improving child health and development through home visits by nurses	Pre-natal to 2 years	Children had fewer ER visits during the second year of life. At 15-year follow-up: fewer arrests, fewer sex partners, and abused substances at lower rates.

* Evidence-based practice

Result: CHILDREN LIVE IN STABLE COMMUNITIES

Indicator: Children live in the same place/experience a low mobility rate

Program/practice	Target group	Impact
Housing support programs* - housing and services focused on the unique needs of people exiting homelessness *Local initiatives: Wilder's ROOF and QUEST; YWCA programs*	Homeless families	Significant increase in housing stability
Mortgage Foreclosure Prevention Program*- provided a variety of services to homeowners faced with foreclosure, including negotiations with lenders, budget and mortgage counseling, and referrals to social services *Local initiative: Program sites included Minneapolis and St. Paul.*	Homeowners faced with foreclosure	The program successfully prevented foreclosures for up to 42%-62% of homeowners in program (depends on individual program).

* Evidence-based practice

Sources

Incredible years

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