

***The Evanston Community Foundation's Home Visitation Initiative:
A Decade of Investing in the Future***

Prepared by:

Julie L. Crouch, Director
Center for the Study of Family Violence and Sexual Assault
Northern Illinois University

Marybeth Schroeder
Vice President for Programs
Evanston Community Foundation

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Vision

Every child ready for kindergarten, every youth ready for work.

Goal

Over the 10-year period spanning from 2007 to 2017, the Evanston Community Foundation (ECF) made a series of strategic investments to ensure the availability of high-quality home visitation services designed to help parents of young children (up to age three) manage stress, connect to resources, learn about child development, and understand their role as their baby's first teacher.

Approach: Home Visitation

The concept of "home visiting" dates back to the industrial revolution of the 1800s. The first home visitors were referred to as "friendly visitors," who were often upper-class women and men who volunteered on behalf of charitable and religious organizations (Richmond, 1903). The focus of these early home visitors was to reduce poverty, disease, and behaviors that endangered health (e.g., prostitution, alcoholism). The interventions used by the "friendly visitors" consisted largely of moral persuasion and modeling acceptable behavior. Despite their noble intentions, the "friendly visitors" found that the issues facing the families they served were complex and generally unresponsive to their efforts. Over time, the notion of helping others through home visiting has evolved into what we know today as the professions of social work, public health nursing, and para-professional home visiting (Buhler-Wilkerson, 1985).

Today, home visiting by professionals and para-professionals is a widely accepted approach to prevention and intervention in families of young children (Avellar & Supplee, 2013; Bilukha et al., 2005). In early childhood home visitation programs, parents and children are visited at home during the child's first years of life by trained personnel who provide some combination of information, support, or training about child health, development, and care. Home visitation has been used to meet a wide range of objectives, including reducing parenting stress, increasing parent support, improving school readiness, and preventing child maltreatment.

Literature reviews examining the effectiveness of home visitation programs have concluded that "home visiting is a promising way to serve families who may be difficult to engage in supportive services" (Avellar & Supplee, 2013). Moreover, home visitation programs have the potential to produce positive results (particularly among high-risk families) with respect to health care utilization, child development, and prevention of child maltreatment (Avellar & Supplee, 2013; CDC, 2003). Nonetheless, it should be noted that the outcomes achieved by home visitation services depend on the quality of program implementation (Casillas, Fauchier, Derkash, & Garrido, 2016). That is, home visiting programs are most likely to result in positive outcomes for children and their families when the programs (a) ensure adequate staff training, (b) provide high quality supervision, and (c) engage in ongoing monitoring of program performance (Casillas et al., 2016). Moreover, the beneficial effects of home visiting services are not always readily apparent, and may take several years to manifest themselves

(e.g., Chazan-Cohen et al., 2007). Finally, research suggests that the impact of home visitation varies substantially across children and families – with the highest risk families showing the greatest benefits over time (Cooper & Lanza, 2014). Collectively, research to date suggests that the cost effectiveness of home visitation programs is greatest among high quality programs (i.e., programs that ensure adequate training, supervision, and ongoing evaluation) that serve high risk families (Dalziel & Segal, 2012).

Investment

Over the 10-year period from 2007 to 2017, the Evanston Community Foundation invested over \$1.6 million in home visitation programs (and affiliated agencies) serving young children and their families in the Evanston community (see Appendix A). In keeping with the literature on best practices in home visiting (as reviewed above), these investments were designed to ensure that (a) the home visiting programs serving the Evanston community were adequately staffed by personnel who were well supported, (b) that services reached a wide range of families, including high risk parents, and (c) that program performance was monitored closely over time.

Examples of these investments included:

- Expanding the availability of home visiting services to reach a larger number of families with children less than 3 years of age;
- Providing funding for parent-child activities offered in the community;
- Supporting community outreach to families of young children;
- Ensuring that young children receive developmental and language screenings;
- Supporting child care referral and professional development;
- Offering literacy activities for young children and their parents;
- Supporting monthly family enrichment opportunities;
- Ensuring the availability of mental health consultation in home visiting programs;
- Supporting professional development opportunities for early childhood staff;
- Promoting father engagement;
- Offering support groups and workshops for parents of young children;
- Supporting postpartum support groups for new mothers;
- Offering scholarships to parents who graduate from home visiting programs.

In addition to expanding the availability of home visitation services and enriching a wide variety of supportive services throughout the community, the Evanston Community Foundation also established an evaluation plan and hired an external consultant from Northern Illinois University to oversee the evaluation process. The purpose of the evaluation was to examine changes over time in parental stress, perceived support, early literacy behaviors, and risk for child maltreatment. Annual trainings on the evaluation procedures were provided to the home visiting staff. In addition, a program consultant from the Evanston community helped to coordinate activities across programs/agencies, and served as a liaison between the programs and the evaluation consultant.

Outcomes

Growth in Home Visiting Availability

When ECF first began investing in home visiting in 2007, 70 home visiting slots were being funded by State of Illinois Prevention Initiative dollars, and these resources were divided between District 65 Family Center (which had been engaged in this work for many years) and Infant Welfare Society of Evanston (IWSE; which had just started this work within the previous two years). The 40 initial slots funded by ECF raised the capacity of Evanston home visiting by over 70%.

Home visiting services in Evanston gained additional momentum in 2009, when Childcare Network of Evanston (CNE) was awarded an Early Headstart grant that added 60-70 home visiting slots, around half of which were subcontracted to IWSE. In 2015, CNE was awarded a new Early Headstart grant and chose to attempt to provide all of the home visiting themselves. In 2013, another home visiting program, Family Focus, brought 49 slots funded by the State's Prevention Initiative from Chicago to Evanston.

Measureable Outcomes

The accomplishments of ECF's Home Visiting Initiative were assessed through a variety of methods. As noted above, longitudinal assessment of functioning among parents participating in home visiting services was conducted. In addition, program staff were interviewed to obtain their perspectives on the impact of the initiative. Finally, parents' perspectives were obtained to better understand the impact that home visiting services had on their lives.

As of this report, 398 parents enrolled in one of Evanston's home visiting services had completed an initial assessment shortly after starting the program. These measures assessed behaviors that support early literacy, perceived support from others, parenting stresses, as well as a variety of risk factors for child maltreatment. Parents were asked to complete these surveys every 12 months for as long as they were engaged in home visiting services.

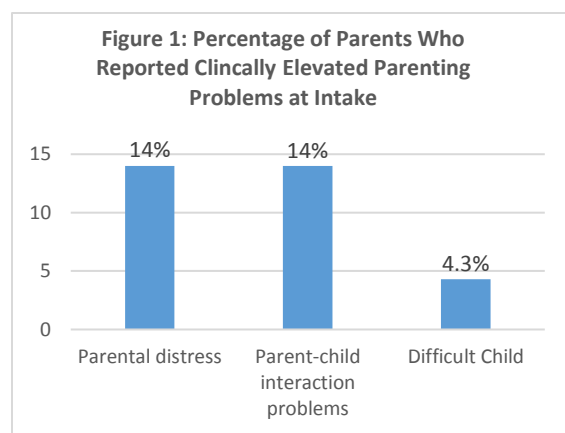
Demographic characteristics of parents. Parents receiving home visiting services in the Evanston community were diverse in nearly every sense of the word. They ranged in age from adolescence to mid-life, with a mean age of 28.5 years ($SD = 7.2$, range = 15 to 49). Roughly one-third (35.8%) of the parents receiving home visiting were first time parents; one-third (34.1%) had two children; and the remaining third had three or more children ($M = 2.1$ children, $SD = 1.1$, range = 1-7 children). Roughly half (50.4%) of the home visited parents were married, with the remaining parents being single, separated, divorced, or widowed. With respect to race/ethnicity, 43.0% described themselves as Latino, 40.4% as Black/African American, 7.4% as White/Caucasian, 3.7% were Asian American, and 4.5% other. Educational attainment among the parents in this sample ranged widely from 3 to 20 years of education, with an average educational attainment of 12.5 years ($SD = 3.0$).

Characteristics at Intake. Inspection of the initial assessments provide insights into the types of challenges faced by parents at the time they initiated home visiting services. Of the 398 parents who completed one or more portions of the initial assessment packet, 50.9% appeared to be presenting themselves in a favorable light (i.e., faking good). Scores for parents that engaged in "faking good" likely underestimate the degree to which they were experiencing difficulties.

When asked about specific problems related to parenting, a number of parents reported feeling (a) clinically significant levels of parenting-related distress (14.0%); (b) elevated concerns about problems interacting with their children (14.0%); and/or (c) had elevated concerns about their children's problems/difficulties (4.3%; see Figure 1).

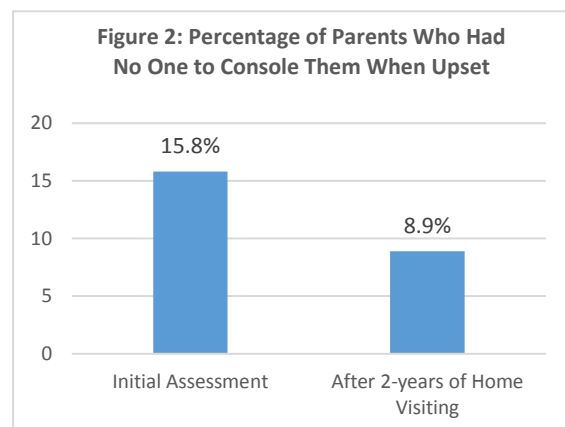
In addition, roughly 15% (15.3%) of parents indicated that they lacked support in one or more of the six types of support assessed. For example, 10.9% of parents indicated that, at the time of their intake, they had no one that they could count on to console them when they were very upset.

Given that numerous parents were experiencing significant parenting related stress and/or lack of support at intake, it is perhaps unsurprising that approximately 1 out of 5 home visited parents (i.e., 20.5%) presented with significant risk for child maltreatment according to their scores on the Child Abuse Potential (CAP) Inventory (i.e., CAP scores above the clinical cut score of 215). As noted above, this rate of clinical elevations is likely an under estimate of child abuse risk in this sample given the high rates of faking good behavior.



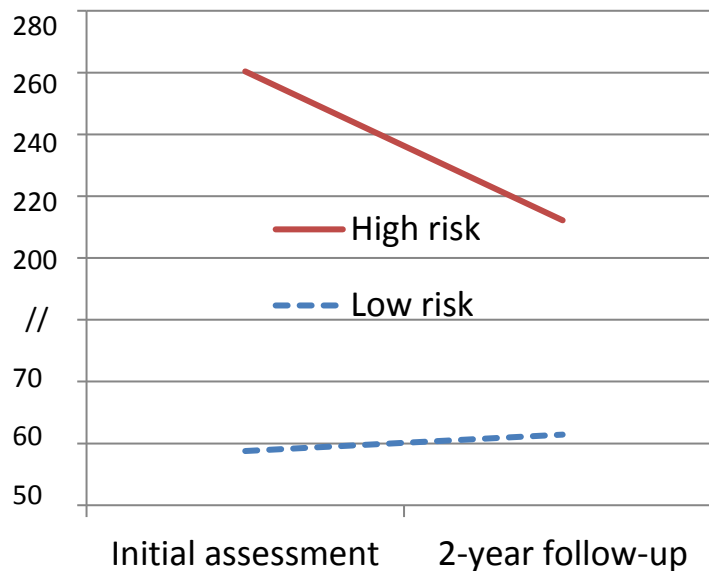
Changes in functioning over time.

Although parenting-related problems did not change significantly over time, parents reported perceiving more support from others after two years of involvement in home visiting services. Figure 2 reveals that after two years of home visiting services, fewer parents felt they had no one they could count on to console them when they were very upset. Having access to supportive others can serve an important *stress buffering* role, allowing parents to make progress despite the seemingly endless challenges that parenting young children can present.



Such improvements in functioning were especially apparent among the parents who were high risk for child abuse at the time of their initial assessment (see Figure 3). While low-risk parents showed little change in risk over time (i.e., they remained low-risk across time), parents who were high-risk for child abuse based on their initial assessments exhibited significant reductions in risk over the course of the first two years of home visiting. Specifically, high-risk parents reported significantly lower levels of distress and fewer rigid thoughts related to parenting over the course of their first two years of home visiting. Collectively, these changes in functioning over time (i.e., higher levels of perceived support, lower levels of distress, and fewer rigid thoughts related to parenting) served to reduce risk of child abuse among high-risk parents receiving home visiting services.

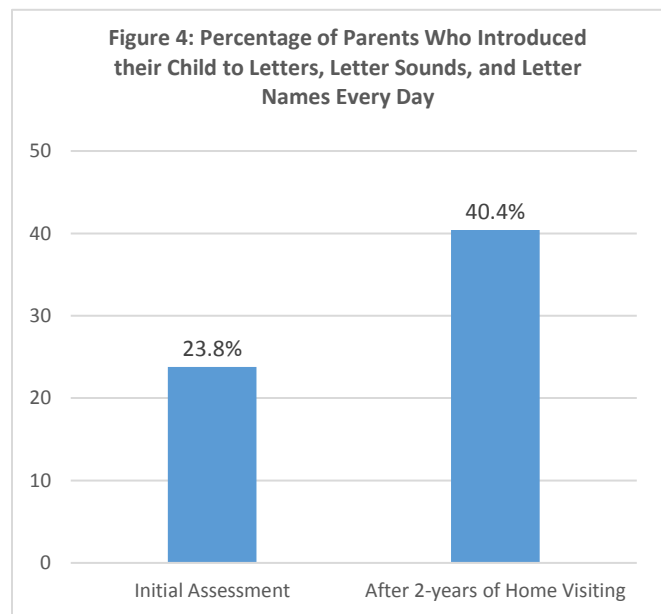
Figure 3: Changes in Abuse Risk Scores over Time.



Impact on Early Literacy Activities

To augment the home visiting programs in Evanston, ECF also made a series of investments designed to promote early literacy activities among home visited parents and their children. *Literacy Works* activities were designed to help parents encourage their young children to develop language skills and prepare them to read. In addition to hosting activities for parents, workshops were provided to help home visiting staff promote early literacy activities among parents and other caregivers who have low levels of literacy.

To capture the impact of the early literacy programming, parents were asked to report the frequency with which they engaged in activities that promoted literacy development in their children (e.g., introducing letters, reading books with their children, visiting the library, etc). Results revealed that early literacy activities increased significantly over time among home visited parents (see Figure 4). Specifically, after two years of home visiting services, significantly more parents reported introducing their children to letters, letter sounds, and letter names on a daily basis. In addition, after two years of home visiting services, parents reported higher rates of sharing books with their children, reading daily, and visits to the library.



Success Stories¹

To further explore the impact of home visiting on the lives of parents living in the Evanston community, we asked the program staff to share memorable examples of “success stories.” It is difficult to capture in words the pride expressed by home visiting staff as they described the accomplishments of the families with whom they worked. The three examples that follow illustrate the kinds of success stories shared by home visiting staff:

Brittany was 17 when she first met her home visitor. Her baby was showing signs of developmental delays and it quickly became clear to her home visitor that Brittany was depressed. Each week, when the home visitor arrived at Brittany’s mother’s residence (where Brittany lived), Brittany would begin crying – and more often than not Brittany would cry continuously throughout the entire visit. The home visitor also observed the Brittany’s mother was extremely controlling – allowing Brittany little privacy and little say over decisions related to her baby. The home visitor connected Brittany with a counselor who helped treat her depression, and she supported Brittany as she became more assertive in her relationship with her mother. As Brittany became more independent, her baby also showed signs of thriving. Soon, Brittany and her young family found their own place to live and Brittany returned to school in hopes of becoming a medical technician. Today Brittany greets her home visitor with a smile – rather than a stream of endless tears.

Kianna, age 24, reluctantly entered her home visiting program after being told that her 4-month-old baby was showing signs of developmental delay. Apprehensive about revealing things about her personal life, Kianna spent most of the time during her early home visits staring at the floor and nodding shyly in response to her home visitor’s attempts to make conversation. Slowly but surely, Kianna began to get to know her home visitor and little by little she allowed her home visitor to get to know her. As a young single mother, Kianna didn’t have anyone else that she could turn to for advice about how to care for her baby. She shared that her own childhood was “not good” – marred by domestic violence and emotional abuse. Kianna was determined that she was not going to raise her child the same way she was raised. Her home visitor invited her to attend a parenting workshop – and Kianna attended every session. As the facilitator explained how to discipline with love, Kianna remained glued to every word that was said. As Kianna charted a new course for her life, she became inspired to help others that faced similar challenges. Today she is a youth outreach worker, helping others in her community to find a new way forward.

Gabriela and her three young children (ranging in age from 3 months to 9 years of age) arrived in the U.S. shortly before meeting their home visitor in Evanston. They were refugees, who did not speak English, and had no knowledge of the services and opportunities available to them in the Evanston community. Over the course of their 2-year relationship, Gabriela’s home visitor helped them gain a working knowledge of the public transportation system, connected them with ESL classes, as well as other basic services (including public education, health care, and banking). As their relationship deepened, Gabriela confided in her home visitor that she was struggling to connect with her oldest child, who was having difficulty adjusting to their new life in the U.S. Gabriela’s home visitor helped her get involved in numerous activities with her son to help strengthen their relationship, and soon the whole family was thriving in their new home. Gabriela, who dreamed of becoming a nurse, eventually enrolled in community college classes and is now working as a nurse practitioner. Her home visitor marvels at the strength and

courage of their family – noting that just a little guidance and information helped them transform their strength and courage into success.

As these examples illustrate, a wide range of parents (e.g., teen parents, parents abused during childhood, immigrant parents) have achieved major life changes while receiving home visiting services.

Testimonials from Parents

How parents' view home visiting services is yet another important source of information about the value of these services. Toward that end, we asked parents who received home visiting services what they liked about their home visitors and whether they would recommend home visiting services to other parents. The following are examples of the types of responses we received:

“My home visitor has been helping me a lot. She helped me when I was looking for a job – she suggested places I could apply to – programs that could help me find my own apartment – she helps me figure out how I can connect with my kids. She’s been there for me when I need her – like when I needed help with daycare and she told me where to go for assistance. I was a cashier – now I’ve been promoted to customer service.”

“Our home visitor really has gone above and beyond what is expected in her work title, and is always sharing free or very reasonably priced local resources (health, leisure, food and clothes pantries, school supplies, etc.) not only for our baby, but for the whole family. She is someone who really cares.”

“I am so grateful that my home visitor was able to help me and my kids get through such a difficult time.”

“I really enjoy the meetings [i.e., parenting classes]...I love learning new activities I can do with my son. The visit to the library was so much fun – my son really enjoyed the activities.”

“She’s very upbeat – I like her personality. She’s always happy. She’s willing to listen to complainants – and she’s always there when you need.”

“I really appreciate this program coming into my life.”

“I am so grateful to have my home visitor to talk to whenever I have any problems or concerns.”

“I really like that no matter what problems I had my home visitor was always there for me...a listening ear... encouraging me to keep going and [reminding me] that things would soon get better for me.”

The following are examples of what parents had to say when asked whether they would recommend home visiting services for new parents:

“Absolutely! The whole team from our home visiting program is great. Not only do I receive quality support to better me as a parent, but we get to participate in activities (music, art, literacy workshop, etc.) which enrich our lives. I wouldn’t be able to afford sending our child to such a great program if it weren’t free, so it is another important reason for which I would – and actively do –

recommend the Family Center home visiting program to every new parent I meet in town. Thank you!”

“Yes, I would recommend this program to new parents. It is a wonderful program that offers a lot of resources and you get to meet new parents and network and help each other out – and sometimes make new friends.”

“Try this program out – they help you when you need help – they offer services that no other program does. I was skeptical at first but now I know that it is worth it.”

“Yes! Yes! Yes! Run! Sign up right away! The program is priceless! It was great when I was a participant and it’s even better now. Lots of workshops, socializing opportunities, wonderful outings & much more. Doesn’t cost a thing but you gain so much!!! We can use a little support and learn something new. I’ve benefited a great deal and have made some wonderful friendships. Absolutely worth it!!!”

Program Improvements

To further understand the impact of the support provided by ECF, home visiting staff were asked to share their perceptions of the impact of the Home Visiting Initiative on their work. In addition to allowing for a larger number of families to be served, the home visiting staff felt that the Home Visiting Initiative enhanced their professional development opportunities in a number of ways. For example, ECF-funded mental health consultants provided consultation to the home visitors on a regular basis. As one home visitor put it, *“the mental health consultant is key to helping us deal with the complex challenges facing our families.”* As noted in the literature reviewed above, high quality consultation and supervision is one of the cornerstones of an effective home visiting program, and the ECF-funded mental health consultants proved to be an important source of support for the home visiting staff.

The home visiting staff also noted that various components of the ECF-funded Home Visiting Initiative provided opportunities for Evanston’s home visiting programs to come together for training and professional development activities. These networking opportunities helped to increase a sense of comradery among home visiting staff across programs. As one home visitor noted, *“home visiting can be a lonely job”* and the opportunities to connect with other people doing the same kind of work helped to ease this sense of isolation. Also, one program supervisor noted that it is easy for an isolated program to *“get stuck”* in one way of doing things; getting together with other programs helped staff to consider new ideas that helped to enhance program performance. Moreover, getting to know the staff from other programs helped to increase coordination and collaboration between home visiting programs over time.

Home visiting staff also expressed appreciation for the evaluation activities funded by ECF. The questionnaires collected as part of the evaluation served multiple purposes. As the data were collected, scores on the questionnaires were used to guide service planning for each family. In addition, on an annual basis, all the completed questionnaires were compiled by the evaluation consultant and a report based on the aggregated data was provided to each program. In addition, the evaluation consultant conducted annual in-services to train new staff and answer questions about how to score and interpret the questionnaires. Home visiting supervisors indicated that they used the annual evaluation reports to plan for quality improvements in their programs. Moreover, the program supervisors reported that these evaluation activities helped to strengthen their grant applications – as these activities illustrated

the programs' commitment to accountability and quality improvement. Home visitors felt that the evaluation findings validated the work they were doing – and they were especially intrigued to see that the data confirmed what they already knew - that it takes time to see the impact of home visiting.

Finally, the home visiting staff expressed appreciation for the support they received directly from ECF staff. As one home visitor put it, *“The ECF staff made you feel like they heard you, they valued you, and they always followed up with you – the validation of the work we were doing was much appreciated.”*

Remaining Challenges

While this report features the accomplishments of the Home Visiting Initiative, it is important to acknowledge that challenges remain for home visiting programs – and Evanston's programs are no exception. For example, staff turnover is an ongoing challenge in home visiting programs – and this issue is not unique to Evanston. Turnover among home visitors causes disruption in services to families, with some families having 3-4 different home visitors over the course of their services. Given that relationship building between parents and their home visitors is central to achieving progress, ruptures in this process caused by staff turnover can cause major setbacks for families.

Likely there are many factors that influence staff turnover in home visiting programs. Home visitors' salaries are often not competitive, which can lead staff to feel devalued and tempted to consider other higher-paying employment opportunities. Moreover, home visiting is a difficult and stressful job. As observed by the first “friendly visitors” back in the 1800s, the problems faced by some families are complex and difficult to change. Balancing all the demands of the job (e.g., making time to meet the needs of numerous families, attending meetings, completing paperwork) can be challenging. For each family, the home visitor wears many hats – and figuring out how to address the various challenges faced by the families on their caseload is a difficult task. Indeed, home visitors may feel overwhelmed at times by the demands of some of the most at-risk families that they serve. As one home visitor aptly noted, *“life is so hard for some of our families – and growth is challenging for everyone – so change can simply feel like more pressure to them.”*

Summary and Future Directions

From 2007 to 2017, ECF invested over \$1.6 million in home visitation programs (and affiliated agencies) to ensure availability of high-quality home visitation services in Evanston. These services were designed to help parents of young children manage stress, connect to resources, learn about child development, and understand their role as their baby's first teacher. To examine the impact of this investment, an independent evaluation, which included data from nearly 400 parents, was conducted.

Results of the evaluation revealed that parents who engaged in home visiting services in Evanston are a very heterogeneous group, including (but not limited to) parents whose children have special needs, first time teen parents, parents who themselves were maltreated as children, and parents who recently immigrated to this county. The one characteristic common to all home visited parents was that they were doing the best they could to provide for their young children. Results of assessments conducted shortly after initiating home visiting services revealed that roughly 1 in 7 home visited parents was experiencing clinically significant levels of parenting-related stress and/or felt they had no

one to turn to for support when they were upset. Roughly 1 out of 5 home visited parents was at significant risk for child maltreatment at the time of their initial assessment.

Over time, home visited parents reported perceiving more support from others. Moreover, high-risk parents reported significantly lower levels of distress and fewer rigid thoughts related to parenting over the course of their first two years of home visiting. In addition, home visited parents reported engaging in more activities to promote their children's literacy development, including introducing their children to letters, sharing books with their children, reading to their children daily, and taking their children to visit the library. Success stories reported by home visiting staff and testimonials provided by parents underscored the importance that home visiting services played in the lives of many families. Parents uniformly and enthusiastically reported that they would recommend Evanston's home visiting services to other new parents.

At the peak of the Home Visiting Initiative in 2013-2017, Evanston had over 250 home visiting slots available and programs began reporting difficulty recruiting enough families to fill them all. Having saturated the need for home visiting services for young children in Evanston, the time has come to re-examine investment strategies, while continuing to preserve the progress that has been made. In 2017, CNE had converted some of its early home visiting slots to childcare. In 2018, the State of Illinois is asking for new applications for Prevention Initiative from two of Evanston's home visiting programs, District 65 and Family Focus. IWSE is proposing to direct its Prevention Initiative capacity at what they see as an underserved market in Skokie. By all indications, ECF's investments in home visiting services have successfully transformed the service landscape in Evanston and promoted positive outcomes for many of Evanston's young children and their families.

Notes

¹ All names and potentially identifying details in the success stories were changed to protect the identity of program participants.

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Appendix A

**Table 1: Communityworks Investment in Home Visiting and Enrichment
2007 – 2017**

Year	Organization	Partners	Focus	Amount
2007 March- 2008 Feb	Childcare Network of Evanston	Evanston Public Library Evanston/Skokie School District 65 Family Center The Family Room	Home visiting 30-40 families, 0 to 3 age children Parent child activities	\$60,000
	Infant Welfare Society of Evanston (IWSE)	Child Care Center of Evanston Family Focus	Home visiting 20-30 families, 0 to 3 age children Community outreach	\$60,000
2008 March- 2009 Feb	Childcare Network of Evanston	Evanston Public Library Evanston/Skokie School District 65 Family Center The Family Room	Home visiting 26-28 families, 0 to 3 age children Parent child activities	\$63,000
	IWSE	Child Care Center of Evanston	Home visiting 18-20 families, 0 to 3 age children Modified home visiting -10 children, daycare homes 135-140 families receive outreach 60-65 children developmental and language screenings	\$63,000
2009 March thru August	Childcare Network of Evanston	Evanston Public Library Evanston/Skokie School District 65 Family Center The Family Room	Home visiting 30-35 families, 0 to 3 40 developmental screenings 130-150 parents engaged in PAT outreach 13 parent events	\$431,500
	IWSE	Child Care Center of Evanston	Home visiting 20-25 families, 0 to 3 Modified home visiting 15-18 children in daycare homes 135-140 families engaged in outreach 50-60 children development screenings	\$31,500
2009 Sept. thru Feb. 2010	Childcare Network of Evanston		Child care referral and professional development	\$2500

	District 65 Family Center		Home visiting 20 families 30 developmental screenings 100 parents PAT outreach	\$20,347
	Evanston Public Library		Literacy activities	\$400
	Family Room		Monthly family enrichment	\$1,500
	IWSE	Child Care Center of Evanston	Home visiting 25-30 families 150-170 families outreach 50-60 development & language screenings	\$39,253
2010 March- 2011 Feb	District 65 Family Center		Home visiting 25-30 families 30 developmental screenings 100 parents outreach	\$40,700
	District 65 Family Center		Mental health consulting	\$3,000
	IWSE	Child Care Center of Evanston	Home visiting 25-30 families Modified home visiting 15-18 daycare 150-170 outreach 40-60 development & language screenings	\$78,510
	IWSE		Mental health consulting	\$3,000
	Evanston Public Library		Literacy enrichment	\$1,800
	Family Room		Enrichment activities	\$3,000
	Childcare Network		Professional development	\$3,500
2011 March- 2012 Feb	District 65 Family Center		Home visiting 30 families 5 fathers engaged Support groups for mothers and fathers, other support groups	\$41,925
	District 65 Family Center		Mental health consulting	3000
	IWSE	Child Care Center of Evanston	Home visiting 20-30 families Modified home visiting 15-18 daycare 150-170 outreach 50-60 development & language screenings	80,875
	IWSE		Mental health consulting	3000
	Cherry Preschool		Scholarships for graduates of IWSE home visiting	5000
	Evanston Public Library		Literacy enrichment	1855
	Family Room		Enrichment activities	3090
	Childcare Network		Professional development	3500

2012 March- 2013 Feb	District 65 Family Center		Home visiting 24 families Support groups Mental health consulting	48,185
	IWSE	Child Care Center of Evanston	Home visiting 20-30 families Modified home visiting 15-18 daycare 150-170 outreach 50-60 development & language screenings	89,801
	Evanston Public Library		Literacy enrichment	1850
	Cherry Preschool		Scholarships for 2-4 graduates of IWSE home visiting	6500
	Childcare Network		Professional development	3500
2013 March- 2014 Feb	District 65 Family Center		Home visiting 24 families Support groups Mental health consulting	48,185
	IWSE	Child Care Center of Evanston	Home visiting 20-30 families 2 monthly parent-child groups Modified home visiting 15-18 daycare 150-170 outreach 50 development & language screenings	89,801
	Evanston Public Library		Literacy enrichment	2000
	Cherry Preschool		Scholarships for 4-5 graduates of IWSE home visiting	6500
	Childcare Network		Professional development	3500
2014 March- 2015 Feb	District 65 Family Center		Home visiting 19 families Support groups Mental health consulting	39,500
	IWSE	Child Care Center of Evanston	Home visiting 20-30 families 2 monthly parent-child groups Home daycare screenings & support 12-15 children 150-170 outreach 50 development & language screenings	93,200
	Beyond the Baby Blues		Post-partum groups at IWSE	5600
	Evanston Public Library		Literacy enrichment	2000

2014 June- 2015 July	Cherry Preschool		Scholarships for 1 new and 10 returning home visiting graduates from IWSE	8500
	Literacy Works		10 parent workshops for D65 Family Center, IWSE, and CNE home visiting families	7500
2015 March- June	District 65 continuation grant			13,562
	IWSE continuation grant			32,000
2015 July- 2016 June	District 65 Family Center		Home visiting 20 families Support groups Mental health consulting	41,475
	IWSE	Child Care Center of Evanston	Home visiting 20-30 families 2 monthly parent-child groups Home daycare screenings & support 12-15 children 50 development & language screenings	97,860
	Childcare Network		Professional development	3500
	Beyond the Baby Blues		Post-partum groups at IWSE	4000
	Cherry Preschool		Scholarships for 5 new and 5 continuing graduates of IWSE home visiting	9000
	Literacy Works		16 parent workshops for D65 Family Center, IWSE, and CNE home visiting families	8000
	Evanston Public Library		Literacy enrichment	2000
2016 July- 2017 June	District 65 Family Center		Home visiting 20 families Support groups Mental health consulting	41,475
	IWSE	Child Care Center of Evanston	Home visiting 20-30 families 2 monthly parent-child groups Home daycare screenings & support 12-15 children 50 development & language screenings	87,805
	Beyond the Baby Blues		Post-partum groups at IWSE (grant returned – no groups held)	0

	Cherry Preschool		Scholarships for IWSE home visiting graduates	9000
	Evanston Public Library		Literacy enrichment	4000
	Literacy Works		16 parent workshops for D65 Family Center, IWSE, and CNE home visiting families	8000
2017 July – 2018 June*	District 65 Family Center		Home visiting 15 families Support groups Mental health consulting	31,106
	IWSE	Child Care Center of Evanston	Home visiting 10-15 families 2 monthly parent child group sessions Mental health consulting	73,395
	Cherry Preschool		Scholarships for IWSE home visiting graduates	10,000
	Evanston Public Library		Literacy enrichment	4000
	Literacy Works		24 parent workshops for D65 Family Center, IWSE, and CNE home visiting families	8000
				1,593,055
2012- 2015	District 65 Family Center		Home visiting expansion for 3 to 5 year olds (funded by Stern foundation)	34,500
	IWSE		Home visiting expansion for 3 to 5 year olds (funded by Stern foundation)	34,500
Total investment from 2007 to 2017				\$1,622,055

*Beginning in July 2017, ECF is reducing funding for home visiting by at least 25% annually, moving toward a new Communityworks strategy.

Notes: Additional costs covered by ECF included paying an evaluation consultant from 2008 to 2017 to coordinate data collection and conduct annual network meetings. The project was also supported by a consultant who was available to the grantees and who served as a liaison with the evaluation consultant and ECF staff.