An Evaluation of the Effectiveness of Home Visits for Re-Engaging Students Who Were Chronically Absent in the Era of Covid-19

DECEMBER 31, 2022

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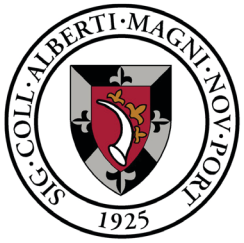

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About CCERC

The Center for Connecticut Education Research Collaboration (CCERC) is a research partnership between the Connecticut State Department of Education (CSDE) and institutions of higher education across Connecticut. CSDE sets the agenda, identifies projects, and allocates funding for CCERC. The University of Connecticut manages funding and provides an administrative team. A Steering Committee composed of researchers from various Connecticut institutions guides the administrative team in developing and approving research projects and reports. Researchers from Connecticut universities and colleges constitute the research teams. The mission of CCERC is to address pressing issues in the state's public schools through high quality evaluation and research that leverages the expertise of researchers from different institutions possessing varied methodological expertise and content knowledge.

CCERC was formed initially using federal relief funds to investigate the impact of the COVID-19 pandemic on learning and well-being and recovery efforts in the state's schools. The partnership was subsequently institutionalized to respond to ongoing evaluation and research needs of the CSDE, provide research opportunities for Connecticut researchers, and foster collaboration across the state's institutions of higher education.

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Table of Contents

The Learner Engagement and Attendance Program (LEAP) was launched in April of 2021 to address student absenteeism and disengagement from school due to the COVID-19 pandemic. (iStock Photo)

Executive Summary

During the 2015-2016 school year, more than 50,000 students (or 9.6% of children) in Connecticut's public schools met the criteria for being chronically absent (i.e., absent for 10% or more of school days). These numbers represent baseline levels in the state from a time before the COVID-19 global pandemic fundamentally disrupted the practice of schooling, pushing schools and students into emergency remote learning.

The Learner Engagement and Attendance Program (LEAP) was launched in April of 2021 to address student absenteeism and disengagement from school due to the COVID-19 pandemic. Beginning in the summer of 2021, home visits were conducted with students identified as chronically absent from a targeted sample of 15 districts throughout Connecticut.

In spring 2022, the Center for Connecticut Education Research Collaboration (CCERC) selected a team of researchers from Wesleyan University, Central Connecticut State University, and the University of Connecticut to conduct a mixed-methods study on the LEAP home visit intervention. Post-intervention school attendance rates, after controlling for relevant background variables (e.g., gender, ethnicity), served as the primary quantitative outcome measure. To provide greater context for interpreting the quantita-

April 2021
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Summer 2021
Home visits conducted with students identified as chronically absent from a targeted sample of 15 districts

Spring 2022
Researchers conduct a mixed-methods study on the LEAP home visit intervention.

During the 2015-2016 school year, more than 50,000 students (or 9.6% of children) in Connecticut's public schools met the criteria for being chronically absent (i.e., absent for 10% or more of school days).

tive results, focus groups and interviews were also conducted with over 100 participants that included: (a) district leaders from all 15 LEAP districts (n = 20), (b) home visit providers (n = 44) from within three focal districts in the qualitative study, and (c) families who received home visitations (n = 44) within those same three focal districts. Approximately one-third of the interviews with families were conducted in Spanish. The goal of this mixed-method evaluation was to provide a holistic evaluation of the strengths and weaknesses of the LEAP home visit intervention. The report is structured and oriented toward six guiding research questions and findings related to each of those questions are summarized below:

1. Who received the LEAP home visits?
2. Who conducted the home visits?
3. Did attendance rates improve for students receiving the LEAP intervention?
4. Did attendance rates vary by grade, student demographics, or type of individual conducting the home visit?
5. What characteristics of the home visits were related to increased student attendance?
6. How did LEAP participants perceive the effectiveness of the program?

Who Received the LEAP Home Visits?

The results of the quantitative analysis indicated that across the 15 participating districts, a total of 8,690 of students received the intervention. Participating districts were given discretion in terms of how to approach the LEAP home intervention. Across the 15 participating districts, there were four main strategies used in determining who received home visits:

1. Taking a district-wide approach, targeting all chronically absent students in the district
2. Targeting a specific subset of schools that had high levels of chronic absenteeism
3. Targeting students in particular grade levels, often at critical transition points, during the summer before they transitioned to elementary school, middle school, or high school
4. Targeting a specific demographic of students, such as new immigrants, who have demonstrated a need for extra support related to attendance

Who Conducted the Home Visits?

The 15 participating districts tended to favor one of two approaches to home visitation. Both models held value for those who embraced them.

The first approach involved the **exclusive use of school personnel**. While teachers were an important focal point, there was no instance in which teachers alone conducted the home visitations. Rather, school personnel only approaches tended to use multi-disciplinary teams consisting of teachers, counselors, administrators, and other staff. The quantitative results revealed that school personnel accounted for 79% of the initial home visitors (25% of whom were teachers and 54% of whom were other district employees).

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The second approach taken was to **partner with a community organization** for the home visitations. In some cases, these partnerships were made for pragmatic reasons, such as the increased availability of staff from community organizations and reductions in the number of restrictions on how the LEAP money could be used to incentivize students and parents. The quantitative data reveal that across the 15 participating districts, a total of 20% of the initial home visits were made by non-district employees/community partners.

According to the data from the 100+ participants we interviewed, four main factors were most closely **associated with staff buy-in to the LEAP intervention**:

1. Ensuring Home Visitor's Safety (e.g., visiting homes during a pandemic; going into dangerous neighborhoods)
2. Supporting Districts with Trust and Flexibility (e.g., being allowed to use different models of implementation)
3. Supporting Home Visitor's Desire for a Deeper Understanding of Student Experiences (e.g., home challenges)
4. Providing Adequate Compensation (e.g., paying people to do something outside of their required workload)

Conversely, participants identified the following three main factors as being most closely associated with burnout or challenge spots with the implementation of LEAP:

1. Overworked Teachers and Delayed and/or Inadequate Compensation for Home Visits (e.g., could not find enough teachers and staff to participate in LEAP even though they were offered a stipend).
2. Conflicting Priorities (e.g., balancing of family life and commitment to work)
3. District Leader Role Confusion Regarding Roles and Responsibilities (e.g., LEAP was coordinated through the Regional Educational Service Centers (RESCs); some districts had a positive experience working with them, some did not).

Did Attendance Rates Improve for Students Receiving the LEAP Intervention?

The results of the quantitative analyses indicate that students who received the LEAP intervention showed a statistically significant increase in their rates of attendance overall relative to pre-intervention rates. Specifically, for the full sample of students treated by LEAP, other than those from New Haven Public Schools, attendance rates increased by approximately four percentage points in the month immediately following the first LEAP visit. Attendance rates then

continued to rise in subsequent months, reaching an average increase of approximately seven percentage points for students treated in the summer of 2021 and nearly 15 percentage points for students treated during the 2021-22 school year in the 6 months or more after treatment. The upward trend was particularly dramatic for Hartford Public Schools where attendance rates increased by nearly 30 percentage points in the 6 months or more after treatment.

In contrast, LEAP appears to have had no impact on attendance rates in New Haven Public Schools. New Haven did not implement the LEAP program as designed. Instead of doing one-on-one individual LEAP visits with students, New Haven contracted out to a non-profit organization who then primarily canvassed neighborhoods that were identified as having high concentrations of chronically absent students. However, based on feedback from the LEAP evaluation team and the Connecticut State Department of Education, New Haven has now made modifications to their LEAP model so it conforms more closely to the models used in other districts. The new model will be implemented during the 2022-23 school year.

Did Attendance Rates Vary by Grade, Student Demographics, or Type of Individual Conducting the Home Visit?

Nine months after the first LEAP visit, students in grades PK – 5 experienced approximately an eight-percentage point increase in attendance. In contrast, students in grades 6-12 experienced approximately a sixteen-percentage point increase in attendance rates relative to untreated students over the same time period, suggesting that the impact of the LEAP was significantly larger in later grades. Further, the impact of the LEAP treatment was remarkably similar across students with different demographic or socioeconomic characteristics. The one exception was English Language Learners (ELL students) who had treatment effects that were only approximately half as large as the other groups (e.g., non-ELL students).

What Characteristics of the Home Visits were Related to Increased Student Attendance?

From the perspective of the quantitative analysis, there appeared to be only minimal heterogeneity in LEAP's impact based on the type of personnel conducting a LEAP home visit. For students treated during the 2021-22 school year, nine months after the initial LEAP visit attendance rates increased by approximately 15 percentage points regardless of who conducted the visit. However, the data did reveal some significant evidence of variation in the impact of LEAP visits across location. LEAP visits that occurred at a student's home had significantly larger impacts on attendance than LEAP visits that occurred via Zoom or phone. LEAP visits at a student's school also had larger impacts on attendance relative to Zoom or phone visits.

From the qualitative perspective, an analysis of the interview data gathered from home visit providers and families generated six themes they believed to be important in increasing student attendance outcomes:

1. Personalized, Dynamic Support: Dependent on Family's Needs
2. Continued Training and Support for the Visitors
3. A Process of Collaboration (e.g., Determining Caseload Assignments)
4. Home Visitor Fluency in the Language Used in the Home
5. Commitment to Establishing Connections with Families
6. Collaborative Advocacy for Students (e.g., Parents, Home Visitors)

How Did LEAP Participants Perceive the Effectiveness of the Program?

As noted previously, three main constituencies were interviewed in the context of the qualitative investigations. These included district leaders from the 15 participating districts (n = 20), home visit providers (n = 44) from three focal districts, and families who received home visits (n = 44) from the same focal districts. These constituencies had different perceptions of what worked well and what the challenges were with regard to LEAP. From the **perspective of the district leaders**, there were two main points of effectiveness and four challenges. The two **main points of effectiveness** were:

1. Opportunities to Collaborate and Learn from Other Districts via the RESCs and CSDE
2. Flexibility from the State in Terms of How to Implement LEAP and use Funds

In addition, the district leaders noted the following **challenges**:

1. Funding (late arrival of funding for the project delayed work)
2. Staffing (finding people to do the work)
3. Sustainability (2-3 year commitment more helpful than short/large infusions of resources)
4. Unwillingness to Learn from What Worked During Covid

From the **perspective of view of the home visitors and the families**, they noted eight main benefits and three main challenges associated with LEAP. The **benefits** of LEAP included:

1. Improved Family-School Relationships
2. Increased Student Attendance
3. Increased Student Engagement
4. Increased Student Achievement
5. Increased Feelings of Belonging
6. Increased Access to Resources for Families
7. Increased Expectations of Accountability
8. Greater Gratitude and Appreciation

The challenges associated with LEAP were:

1. Resistant Teachers
2. Resistant Families
3. Fearful Families (e.g., Afraid of Deportation)

Conclusions and Recommendations

The results of the evaluation showed a significant increase in attendance rates for students receiving the LEAP intervention relative to a strong control group (the students themselves over time). Further, the effects are long-lasting - up to six months post-treatment - and longer-term follow-up studies are warranted to replicate these findings and further extend these analyses. The quantitative results showed particularly strong effects of the LEAP intervention at the middle and high school levels. Future research in which the strategies used by districts are systematically and quantitatively indicated and controlled for and perhaps compared across a larger number of districts may be useful. In addition, given that districts were not randomly selected to participate in LEAP, but rather shared common features, those features may interact with the nature of the results in ways that are difficult to disentangle in the present study. Further, **implementation evaluations** of the fidelity of the LEAP intervention may provide useful information about variation across sites that could lead to a deeper understanding of the results.

One recommendation would be for the CSDE to hire a single person to coordinate data collection for LEAP at the state level and to work with districts to develop a **standardized data collection plan** that helps to support, ensure, and monitor the consistency in data collection of important indicators across districts. This approach would be similar to those taken in large scale international assessments such as TIMSS, PIRLS, and PISA. Districts whose data do not meet certain quality control standards could be indicated by an asterisk, thereby enhancing the validity of the quantitative results.

> *The results of the evaluation showed a significant increase in attendance rates for students receiving the LEAP intervention relative to a strong control group (the students themselves over time).*

Perhaps the most important point raised by district leaders, home visitors and families is that efforts to re-engage students who are chronically absent requires a sustained commitment over time. While large infusions of funding can greatly help to support, and in some cases, jumpstart the process, because the primary cost of the intervention is largely in terms of human capital, sustained funding is likely a more effective approach to intervention. There are additional costs to short-term funding in terms of: (a) reduced participant buy-in, (b) increased difficulties with staff recruiting, and (c) eroded trust from the community that comes from seeing a successful intervention disappear shortly after it is launched.

Ultimately, the vast majority of the 100+ **participants interviewed saw LEAP as tremendously valuable**. In addition, they were highly appreciative of the efforts made by the state and federal government to support schools and students throughout Connecticut. Participants appreciated the cooperative spirit shown by the CSDE in terms of its willingness to work together with districts rather than to force mandates from the top-down. Such an approach facilitated buy-in at every level. Furthermore, the **climate of sharing and cooperation among the participating districts**, cultivated and supported by the Regional Educational Service Center (RESC) Alliance and CSDE was one of the most important benefits perceived by participants. Therefore, one recommendation we have is for the State to **continue providing high-quality and continuous professional development in this area**. The feeling of shared purpose centered around re-engaging students in schooling was palpable at every level of participant with whom we spoke.

In sum, this mixed-methods evaluation analyzed quantitative data from 8,690 students across 15 districts spanning K-12 education and incorporated qualitative interview data from 108 participating district leaders, home visitors, and families, making it one of the largest and most robust studies of a home visit program ever conducted. Although it should be noted that the qualitative results were mainly drawn from a non-representative sample from three of the participating LEAP districts and may therefore not be representative of the entire program, the findings are profound. Furthermore, the objective quantitative results from all 15 participating LEAP districts shows that Connecticut's home visit program is clearly effective, leading to an average increase in attendance rates of nearly 15 percentage points for students treated during the 2021-22 school year in the 6 months after treatment. Furthermore, the effect of LEAP was particularly dramatic for Hartford Public Schools where attendance rates increased by nearly 30 percentage points in the 6 months or more after treatment. LEAP appears to have been a successful effort, developed rapidly and supported with ingenuity and flexibility. While there were certainly several challenge points noted that point to areas for where the program can be refined in the future, the effort appears to have been effective overall in its first year. Future research is warranted to further explore the differential impact of the various dimensions identified in this report and to examine the lasting effects of the LEAP.

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