Baby TALK
Research Findings:
Research-driven, evidence-based practice

By the numbers...

3   Randomized Controlled Trials
7   Descriptive Studies
8   Presentations at Zero to Three
7   Research Grants
1.3 Million Dollars Invested
9   Research Sites
14 Principle Investigators & Consultants

715 participants (parents & children) across 3 RCTs

Research involving: Low income & trauma-exposed families

Research involving ethnically diverse families
from Afghanistan, Burma, Columbia, DR Congo, Cuba, Ecuador, Ethiopia, Eritrea, Iraq, Iran, Mexico, & Syria

Research involving: English Language Learners with low education levels

Impact on Social Emotional Development

Baby TALK's Home Visiting Protocol had an effect size of -0.17 and visited families had statistically significant gains (p=0.00) in this area.

(RefugeeOne RCT Research Report, January 2018)

Relational Approaches that Engage Families

Families receiving Baby TALK Home Visiting services were less defensive in their responses to standardized instruments which may be attributed to the relational approach of the model.

(AIR RCT Research Report, May 2016)

Parenting Practices

Baby TALK's Home Visiting Protocol has a statistically significant (p=0.00) impact on improving positive parenting skills

(RefugeeOne RCT Research Report, January 2018)

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Impact on Language Development

Children of parents receiving Baby TALK Home Visiting services exhibited better language development than children who did not receive the same services especially among younger parents and those with a high school or higher education *(AIR RCT Research Report, May 2016)*

 Baby TALK's Home Visiting Protocol has a statistically significant (p=0.02) impact on language development *(RefugeeOne RCT Research Report, January 2018)*

Engaging High-Risk Families Through Outreach

The Baby TALK model identifies mothers with high-risk characteristics including low education levels, unemployed status, single parents, and low-income status. *(Baby TALK Research Report No.1, 2012)*

The Baby TALK model's community-based approach strategically places early childhood professionals throughout the community, a proactive approach that allows for the early identification of vulnerable families especially those who would remain below the radar for referrals. *(Baby TALK Research Report No.1, 2012)*

The Baby TALK model is able to identify young mothers (age 20 and under) who have high-risk characteristics. *(Baby TALK Fact Sheet No.1, 2011)*

The Baby TALK model identifies parents early in the child's life in local hospitals and the local WIC office. *(Baby TALK Fact Sheet No.1, 2011)*

Family Well-being

Lower income families and younger parents reported lower levels of parental stress after receiving Baby TALK Home Visiting services. *(AIR RCT Research Report, May 2016)*

Baby TALK's Home Visiting Protocol has a positive influence on reducing parental stress, reducing trauma symptoms, improving economic self-sufficiency and increasing access/coordination to community referrals among refugee and immigrant families. *(RefugeeOne RCT Research Report, January 2018)*

Study Instruments

CHILD OUTCOMES: Ages and Stages Questionnaire, 3rd Edition (ASQ3) and Preschool Language Scales, 5th Edition (PLS-5)
PARENT OUTCOMES: Parental Stress Index, 4th Edition, Short Form (PSI-4-SF) and Refugee Health Screener 15, Mental Health/Trauma instrument (RHS-15)
FAMILY OUTCOMES: Demographic Form to measure a) Economic Self-Sufficiency and b) Coordination/Access to Community Referrals and Home Visiting Documentation Form to measure a) Positive Parenting Skills