

What is Home Visiting?

Home visiting is a **voluntary** service that matches parents with **trained professionals** to provide **evidence-based family support, parent coaching, and screenings** during pregnancy and throughout their child's early years of life. Through partnering with home visitors, families learn how to improve their family's health and provide better opportunities for their children.

In Illinois, the most common program models used are:

Parents as Teachers

Early Head Start

Baby Talk

Healthy Families

Home Visiting in Illinois

- Illinois invests approximately \$50M and supports a network of over 300 programs across the state serving approximately 17,000 families per year.
- Illinois home visiting is supported by the following funding sources:
 - Maternal Infant and Early Childhood Program (MIECHV) administered by Governor's Office of Early Childhood Development
 - Illinois Department of Human Services (Healthy Families)
 - Illinois State Board of Education (Prevention Initiative)
 - City of Chicago (DFSS)
 - Early Head Start

MIECHV

- MIECHV is a Federal grant administered by the Illinois Governor's Office of Early Childhood Development.
- MIECHV Currently funds 24 home visiting programs in 13 communities and Coordinated Intake in 10 communities of those communities.
- MIECHV serves between 600-900 children per year and uses Parents as Teacher, Healthy Families, and Early Head Start.

Home Visiting Coordinated Intake

- Southside Cluster; (Englewood/ West Englewood/ Greater Grand Crossing in Chicago)
- Cicero
- Elgin
- Rockford
- Macon County
- Vermilion County
- Peoria
- Stephenson/Jo Davies Counties
- Kankakee County; East St. Louis
- Mid-Central Cluster (McLean, Piatt and Dewitt Counties)

How to find a home visiting program with no CI

- If you are not located in the Coordinated Intake areas listed previously:
 - Check out our website and do a search <http://igrowillinois.org/>
 - Call or email Ebony Hoskin at OECD at and we will help make a connection ebony.hoskin@Illinois.gov



Illinois State Board of Education

Early Childhood Block Grant Prevention Initiative (PI)

Prevention Initiative provides voluntary, continuous, intensive, evidence-based comprehensive child development and family support services for expecting parents and families with children from birth to age 3 years.

Prevention Initiative Eligibility

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Weighted Eligibility

Sample:

<https://www.isbe.net/Documents/Prevention-Initiative-Eligibility-Form.pdf>

- Programs will develop weighted criteria based upon the risk factors required in the Prevention Initiative RFP, the risk factors present in the community, and those factors identified by research as causing children and families to be at risk.
 - Enrolling families identified as having most points as determined by the weighted criteria form
 - Ensuring families with the most points as determined by the weighted criteria form are prioritized on a waiting list

Highest Illinois Priorities

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- Child/Family experiencing homeless (McKinney-Vento Homeless Education Assistance Act, <http://www.isbe.state.il.us/homeless>)
- Youth in Care – Child Welfare Involvement (foster child, intact family, TPSN)
- Child/Family experiencing deep poverty (50% FPL)
- Child enrolled in Early Intervention (EI) or if the child has been identified by Early Intervention as having a measurable developmental delay, but was determined ineligible for receiving EI services



Other Illinois Priorities

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- Child and the family is experiencing poverty (100% FPL or below)
- Primary caregiver did not complete high school/No GED
- Teen parent at birth of first child
- Child was born outside of the United States or has a parent or caregiver born outside of the United States (immigrant, refugee, undocumented)
- Parent or caregiver primarily speaks a language other than English at home
- Family is experiencing Active Military
- Child enrolled in Early Intervention (EI) or the child has been identified by Early Intervention as having a measurable developmental delay, but was determined ineligible for receiving EI services



Transitions

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- Utilize and implement written transition plans
- Define a referral and follow-up system
- Individual Family Goal Plans (IFGP)
- Reduce duplication of services (serve different priority populations)

Thank You!

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Further details will be shared as you listen to those providing information about evidenced-based program models.



Early Head Start

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Illinois Head Start Association



Early Head Start - Evidence-Based Model for Prenatal to Age Three

EHS programs provide intensive, comprehensive child development and family support services. Early Head Start's mission is:

- ▶ To promote healthy prenatal outcomes for pregnant women
- ▶ To enhance the development of very young children, and
- ▶ To promote healthy family functioning



EHS Funding & Eligibility

- ▶ EHS programs are funded federal to local.
- ▶ Currently there are 8,082 EHS slots in Illinois, both HB and CB, with 43 EHS grantees.
- ▶ Eligibility is based on age and income-Pregnant women, infants & toddlers who are at 100% or below the Federal Poverty Level. (For a family of 4, FPL is \$25,100 a year or less.)
- ▶ Homeless families or children in foster care, or children on TANF are automatically eligible.
- ▶ Programs must have a weighted selection criteria that includes the above and other community risk factors in order to prioritize enrollment.

Comprehensive Education, Health and Family Supports

EHS takes a comprehensive approach to meeting the needs of the whole child and family. This two generation approach supports stability and long-term success for families who are most at risk. Education, health, nutrition, family engagement, disability services, and mental health are just some of the supports for children and families that are provided. Services for pregnant women are also provided including pre- and post-natal services, referrals, newborn visits, and transitions for newborns and their families into program enrollment

EHS Required Transitioning Services

- ▶ The Head Start Program Performance Standards (HSPPS) Part 1302 Subpart G—Transition Services §1302.70-72 include transition regulations that all Head Start grantees must follow.
- ▶ To ensure program’s practices for transitions from Early Head Start to Head Start, Head Start to kindergarten, and between programs are in compliance. The standards call for family and community collaboration and implementing strategies and practices that support successful transition.



1302.70 Transitions from EHS

- ▶ (a) **Implementing transition strategies and practices.** An Early Head Start program must implement strategies and practices to support successful transitions for children and their families transitioning out of Early Head Start.
- ▶ (b) **Timing for transitions.** To ensure the most appropriate placement and service following participation in Early Head Start, such programs must, **at least six months prior to each child's third birthday**, implement transition planning for each child and family that:
 - ▶ (1) Takes into account the **child's developmental level and health and disability status**, progress made by the child and family while in Early Head Start, **current and changing family circumstances** and, the availability of Head Start, other **public pre-kindergarten**, and other early education and **child development services in the community** that will meet the needs of the child and family; and,

Transitions from EHS (cont.)

- ▶ (2) Transitions the child into Head Start or another program as soon as possible after the child's third birthday but permits the child to remain in Early Head Start for a limited number of additional months following the child's third birthday if necessary for an appropriate transition.
- ▶ (c) **Family collaborations.** A program must collaborate with parents of Early Head Start children to implement strategies and activities that support successful transitions from Early Head Start and, at a minimum, provide information about the child's progress during the program year and provide strategies for parents to continue their involvement in and advocacy for the education and development of their child.

Transitions from EHS (cont.)

- ▶ (d) **Early Head Start and Head Start collaboration.** Early Head Start and Head Start programs must work together to maximize **enrollment** transitions from **Early Head Start to Head Start**, consistent with the eligibility provisions in subpart A, and promote **successful transitions through collaboration and communication.**
- ▶ (e) **Transition services for children with an IFSP.** A program must provide **additional transition services for children with an IFSP.**

Supporting Families and Children in Transition

- ▶ Transitions to a new care and learning setting impact the entire family. For both children and families, transitions between settings can lead to **great excitement and joy**. Families can look forward to new possibilities, new friends, and a potential change in a child's caregiver or teacher.
- ▶ Transitions can also bring on **uncertainty and concerns**. Children may experience loss of familiar people and predictable routines. Families may have mixed reactions to their child getting older and wonder if they are ready for the next stage.

For all transitions at any age, consider:

- Parents and children often have a very different response to the same transition.
- Families' expectations of care and learning settings may vary.
- Families' past experiences with transitions may affect the current transition.
- Transitions impact children, parents, and professionals.
- Families' transition experiences may be influenced by their cultures, languages, and backgrounds.
- Age and level of development influence how a child experiences transitions.
- Settings may differ and create new demands on the child and family.

Communication and Collaboration

- ▶ **Communication and collaboration with families and between professionals is important for successful transitions. This is true when children are transitioning within a program as well as moving to a new setting.**
- ▶ **Connect on a personal level to understand each family's unique emotions and situations. Ask families what they anticipate, look forward to, and worry about.**
- ▶ **Create occasions for families to discuss their children's transitions with each other.**
- ▶ **Organize time for families and children to meet new teachers and visit classrooms.**
- ▶ **Develop fun and meaningful traditions for transitioning within a program, such as creating a memory book, going on an adventure to the new classroom, choosing a buddy, or asking older children to share their stories.**

Continuity

- ▶ Consistent learning experiences and expectations among care and learning settings are important parts of transitions for children. **Continuity is achieved when professionals at both settings work together to create alignment and a shared understanding.**
- ▶ Provide guidance and reassurance to children and families as the environment, activities, learning expectations, and routines change.
- ▶ **Plan for transitions in advance**, when possible, so that they are timely and predictable and occur according to each child's needs and pace.
- ▶ **Plan with families** how to meet their child's needs as they move to the new setting.
- ▶ Invite parents to stay in the new setting until they feel comfortable leaving.

Family Leadership and Advocacy

- ▶ Transitions are most successful when families are **engaged in planning and decision-making**. Families can take the lead on identifying what is most important for their children as they move to a new setting.
- ▶ Encourage families to share information about their child's strengths and challenges as they move to a new setting.
- ▶ **Create opportunities for open discussions** about the differences in settings.
- ▶ **Be responsive** to families by listening to concerns, providing information, and offering help when requested.
- ▶ Reflect with families about how they might apply leadership and advocacy skills in a new setting.

Professional Development and Continuous Improvement

- ▶ Ongoing learning about the best way to support children and families is an important part of an early childhood setting's transition process.
- ▶ **Assess your setting's current transition practices** to understand what has been effective and what needs to be changed.
- ▶ Offer professional development about partnering with families through transitions.
- ▶ **Ask families and older children to share their experiences** about transitions.
- ▶ Provide opportunities for staff to reflect on their feelings and experiences related to transitions.

Transition Resource Guides

- ▶ Find on the National Head Start website called the Early Childhood Learning and Knowledge Center or ECLKC

<https://eclkc.ohs.acf.hhs.gov/transitions>

- ▶ 4 “Supporting Transitions” Resource Guides:

- ▶ Using Child Development as a Guide
- ▶ Early Educators Partnering with Families
- ▶ Program Policies and Practices
- ▶ Working with Education Partners



- ▶ Link to the Guides:

<https://eclkc.ohs.acf.hhs.gov/transitions/article/supporting-transitions-resources-building-collaboration>

**For more information
about Early Head Start, contact**

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Baby TALK (Teaching Activities for Learning and Knowledge)

A model for building a trustworthy system in which families are identified and appropriate services are delivered through both personal and group experiences and collaborative referrals



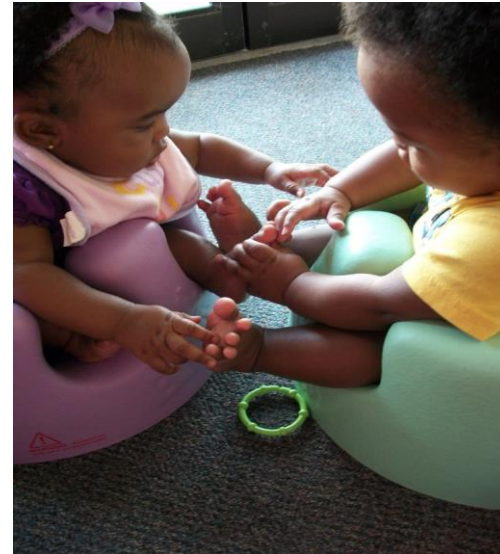
Baby TALK's Mission is...

to positively impact child
development and nurture
healthy parent-child
relationships during the critical
early years.



What makes Baby TALK unique?

- A commitment to building seamless systems, not taller silos!
- A collaboration with others who share in common mission
- A collaboration is a part of others' system
- A focus on identifying our community
- A passion for reaching families with whatever they need to be successful with their children





The Baby TALK Model

- **Build a system**
- Screen every family
- Identify the need
- Deliver appropriate services
 - Protocols
 - Curriculum



Critical Concepts

“Tell me about your baby?”

Building Relationships

Going where families are

Coming alongside

***Collaboration**

***Systems building**

Parallel process

Facing difficult issues

Becoming ever better





Building a Baby TALK System

- Determine who is in your system/community connections
- Who in your community shares your common goal for children
- ***Share your mission and make it known***
- ***Listen for others' mission***
- Work together in collaboration to achieve a common goal

Common Goal = Children



Transitioning

- Transitions look different for every program
 - depends on program
 - community
- Transitions look different for every child/family
 - child's needs
 - services offered



Understanding Perspectives

Child's Perspective:

- nervous
- excited

Parent's Perspective:

- hopeful
- anxious
- stressful

Professional's Perspective:

- supportive/guidance
- helpful





Intentional Transition Planning at 30 months

- Wonder with parents regarding future services
- Discuss/reflect with parents to help the child adjust to a new setting
- With family's consent, transmit information about the child to an Early Childhood classroom
- Collaborate through a conference held 90 days before child's 3rd birthday or date of eligibility for the pre-k program



Bridging potential gaps between 0-3 and pre-K

- Within school districts, children are identified and screened by pre-k programming; built in seamless system
- Community-based programs maintain connections with districts for screening, some with MOUs and communication around slots needed/available slots after fall enrollment



Model Contact Information

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Parents as Teachers

Model Overview





Parents as Teachers

The Parents as Teachers model is an evidence-based early childhood home visiting model that builds strong communities, thriving families, and children who are healthy, safe and ready to learn.





Parents as Teachers

Mission

To provide the information, support and encouragement parents need to help their children develop optimally during the crucial early years of life.

Vision

All children will learn, grow and develop to realize their full potential.



Parents as Teachers[®]



The Global Reach of Parents as Teachers

There are PAT programs in all 50 states and several countries.





Parents as Teachers

Parents as Teachers Goals

- Increase parent knowledge of early childhood development and improve parenting practices.
- Provide early detection of developmental delays and health issues
- Prevent child abuse and neglect
- Increase children's school readiness and success



Parents as Teachers®



Evidence Based Practice

- Increases parent's level of engagement
- Promotes parenting that fosters children's development
- Motivates a commitment to parental growth and behavior change
- Improves parents' abilities to discover their connection to their child's behavior and their family's well-being





Foundational Curriculum





Parents as Teachers

Four Model Components

- Personal Visits
- Group Connections
- Screenings
- Resource Network





Personal Visits - Building Relationships

Three Roles of a Parent Educator

- Partnering
- Facilitating
- Reflecting





Populations Served

Flexible Qualification Criteria

- **Age of Children:** Depending on their program design, affiliates can serve families with children from pregnancy through kindergarten.
- **Target Population:** Some affiliates target services to a specific community or geographic location
- **Eligibility Criteria:** Affiliates in Illinois normally have specific eligibility criteria for the families who receive services.





Universal Access Home Visiting

- The Parents as Teachers model is **designed to be used in any community and with any family during the crucial early years of their children's lives.**
- While the Parents as Teachers model is designed for universal access to services because all young children and their families deserve the same opportunities, **many of our affiliates target specific populations or families with multiple high needs characteristics.** Our model provides research informed supports for effective engagement with families across the spectrum of high needs characteristics.





Parents as Teachers

An evidence-based home visiting model

More than a dozen outcome studies have been conducted on the effects of the Parents as Teachers model. Evaluations have been supported by various states, school districts, private foundations, universities and research organizations. With each new evaluation, we continue to learn about the children and families served by Parents as Teachers and the long-term impacts on communities.

Evaluation results show:

- Children's developmental delays and health problems are detected early
- Children enter kindergarten ready to learn and the achievement gap is narrowed
- Children achieve school success into the elementary grades
- Parents improve their parenting knowledge and skills
- Parents are more involved in their children's schooling
- Families are more likely to promote children's language and literacy



Short Term Outcomes

- Increase in healthy pregnancies and improved birth outcomes (when services are delivered prenatally)
- Increase in parents' knowledge of their child's emerging development and age-appropriate child development
- Improved parenting capacity, parenting practices, and parent-child relationships
- Early detection of developmental delays and health issues
- Improved family health and functioning





Transitions

- A family's exit from the program should be a **planned process** that recognizes the family's accomplishments, helps ensure they are able to maintain their connections to community resources, and identifies any additional resources and support that may be beneficial for the family once they are no longer enrolled.
- A transition plan should be **developed with the family** prior to service completion. Parent educators should develop the Transition Plan with the family as their exit date approaches and complete it prior to the family's exit date.





Helpful Links

- **Parents as Teachers:** www.parentsasteachers.org
- **PAT IL State Office:** www.patillinois.org
- **Ounce of Prevention:** www.theounce.org





Healthy Families America

Model Overview





Healthy Families America

- Developed in 1992, based on research and practice
- Emerged in Illinois in 1994
- Currently 580+ affiliated programs in US, Canada, and US territories





Program Goals

Mission: To promote child well-being and prevent the abuse and neglect of our nation's children through home visiting services.

- Build and sustain community partnerships to systematically engage overburdened families in home visiting services prenatally or at birth.
- Cultivate and strengthen nurturing parent-child relationships.
- Promote healthy childhood growth and development.
- Enhance family functioning by reducing risk and building protective factors.



Healthy Families America: Today

Increased focus on Infant Mental Health



- Secure first relationships are the key to development.
- Focus on the Parent Child Relationship
- Trauma-informed, dyadic work.



Population Served

Healthy Families America programs individually define their target population, following model standards.



- Programs have a target population that may include several factors, including age, geographic boundaries, and first-time parental status.
- Target populations often include a description of community programs where the population is found.



Program Eligibility

Coordinated Intake may help determine eligibility

Programs determine eligibility based on family risk factors:

- Teen parents
- Mental health
- Substance abuse
- Late prenatal care
- Unemployed parents
- Unstable housing
- Social isolation
- No high school diploma/ GED





Demonstrated Program Outcomes

- Reduced child maltreatment
- Increased utilization of prenatal care, decreased pre-term, low weight babies
- Improved parent-child interaction and school readiness
- Decreased dependency on TANF
- Increased access to primary medical services
- Increased immunization rates.

Healthy Families America evaluation results demonstrate positive outcomes in all domains required by the federal *Maternal Infant Early Childhood Home Visiting (MIECHV)* program.



Model Framework: Critical Elements

- Services are voluntary and begin prenatally or at birth
- Home visits are intensive, with a levelling system to decrease frequency of visits as families progress.
- Services are offered for a minimum of three years, up to five years.
- Home visitors must have a high school diploma or GED, plus experience working with infants and families- emphasis on hiring staff with reflective capacity.





Transitions

4-4. The site ensures families planning to discontinue or close from services have a well thought out transition plan.

- Healthy Families America Best Practice Standards require that programs prepare families planning to end services.
- The home visitor, family and supervisor collaborate to develop a plan to ensure a successful transition.
- Programs are encouraged to begin this process 3-6 months prior to the transition.
- While preschool is not a required element of a transition plan, programs will identify resources or services needed or desired by the family and support families in accessing services





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Questions?

