



Connecting 0-3 year Olds: The Ins and Outs of Home Visiting

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In collaboration with Illinois Home Visiting Partners



B-3 Continuity Project

IL Birth Through Third Grade (B-3) Continuity



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Illinois State Board of Education

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Governor's Office of Early Childhood Development

Webinar Objectives

1. Provide overview of State Home Visiting Funding Structures.
2. Introduce different Home Visiting models and evidence of positive outcomes for young children.
3. Identification of required and/or suggested activities for programs transitioning children age three into preschool services.
4. Provide examples of best practices for transitioning 0-3 year-olds to preschool services.

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

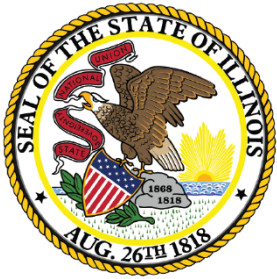
- Southside Cluster; (Englewood/ West Englewood/ Greater Grand Crossing in Chicago)
- Cicero
- Elgin
- Rockford
- Macon County
- Vermilion County
- Peoria
- Stephenson/Jo Davies Counties
- Kankakee County; East St. Louis
- Mid-Central Cluster (McLean, Piatt and Dewitt Counties)

What Happens After a Referral to Home Visiting

- The family is screened for eligibility according to the funder and evidence based model requirements
- If eligible, the family is matched with the best available home visiting model in the community
- The assigned home visitor begins initiating contact with the family within 72 hours, using engagement skills to encourage the family to enroll in services. Social history, assessments, and family service planning begins

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

Whole Child • Whole School • Whole Community



Illinois
State Board of
Education

Illinois Department of Human Services

April 11,2018

Healthy Families Illinois (HFI)

- ❖ Assist expectant and new parents identified as having a significant risk for child abuse/neglect to reduce that risk through intensive home visiting services.
- ❖ The Healthy Families Illinois (HFI) program is a voluntary home visitation program that works with expectant and new parents who may be at risk for problems in parenting, including child abuse/neglect. Through intensive home visiting, HFI works to strengthen the parent/child relationship, promote positive parenting and healthy child growth and development. Home visits are offered weekly for the first six months and may continue for up to five years, with the length and frequency determined by the needs of the family. Home visitors model positive parenting skills and provide information on child growth, development and safety.



Illinois Department of Human Services

- ❖ Healthy Families Illinois (HFI) which follows the research-based Healthy Families America program model, is a voluntary home visiting program that helps new and expectant parents strengthen their families' functioning and reduce their risk for child abuse and/or neglect. The program is a prevention program that works to improve the safety of children while providing support to the family.



IDHS

Early Head Start

Donna Emmons
Associate Head Start State Collaboration Director
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

- ▶ EHS programs are funded federal to local.
- ▶ For FY 18 Illinois will receive \$98,416,370 for Program Operations and
- ▶ \$2,006,725 for Training and Technical Assistance.
- ▶ Currently for FY 18, there are 8,082 EHS slots in Illinois, both Home-based and Center-based, with 43 EHS grantees.



EHS Eligibility

- ▶ Eligibility is based on age and income--Pregnant women, infants and toddlers who are at 100% or below the Federal Poverty Level. (For a family of 4, FPL is \$25,100 a year or less.)
- ▶ Families experiencing homelessness or children in foster care are automatically eligible.
- ▶ Also a family is eligible if they qualify for TANF child-only payments.
- ▶ In addition, programs must have a weighted selection criteria that includes the above and other community risk factors in order to prioritize enrollment.



Head Start Program Performance Standards or HSPPS

- ▶ Early Head Start programs are governed primarily by the federal Head Start Program Performance Standards and the Head Start Act.
- ▶ Link to the HSPPS:
<https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii>



Comprehensive Education, Health and Family Supports

Early Head Start 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.



What does home visiting look like in Early Head Start?

- ▶ The home-based option delivers the full range of services, consistent with the Head Start Performance Standards
- ▶ Through visits with the child's parents, primarily in the child's home, and
- ▶ through group socialization opportunities in a classroom setting, community facility, or on field trips



EHS Home Visiting Details

- ▶ **Caseload:** 10 to 12 families per home visitor with a **maximum of 12 families** for any individual home visitor. Home visits must be **made with the parent(s)** not a babysitter or temporary caregiver
- ▶ **Service duration** in Early Head Start: An Early Head Start home-based program must:
 - ▶ (i) Provide **one home visit per week** per family that lasts at least an **hour and a half** and provide a **minimum of 46 visits** per year; and,
 - ▶ (ii) Provide, at a **minimum, 22 group socialization** activities distributed over the course of the program year
 - ▶ **Make-up visits and socializations:** Must make-up planned home visits and socializations that were canceled by the program and attempt to make-up ones canceled by parents.

Home Visiting Curriculum

- ▶ (1) Ensure home-visiting and group socializations implement a **developmentally appropriate research-based early childhood home-based curriculum** that:
 - ▶ (i) Promotes the **parent's role as the child's teacher** through experiences focused on the parent-child relationship and, as appropriate, the family's traditions, culture, values, and beliefs;
 - ▶ (ii) **Aligns with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five*** and, as appropriate, **state early learning standards**, and, is sufficiently content-rich within the Framework to **promote measurable progress** toward goals outlined in the Framework; and,
 - ▶ (iii) Has an **organized developmental scope and sequence** that includes plans and materials for learning experiences based on developmental progressions and how children learn.
- ▶ (2) **Programs must support staff** in the effective implementation of the curriculum and at a minimum **monitor curriculum implementation and fidelity**, and provide support, feedback, and supervision for continuous improvement of its implementation through the system of training and professional development.

Head Start Early Learning Framework

- ▶ The Head Start Early Learning Outcomes Framework: Ages Birth to Five (ELOF) presents **five broad areas of early learning**, referred to as central domains. The framework is designed to show the continuum of learning for infants, toddlers, and preschoolers. It is grounded in comprehensive research around what young children should know and be able to do during their early years.
- ▶ The ELOF Domains are
 - ▶ Approaches to Learning,
 - ▶ Social and Emotional Development,
 - ▶ Language and Literacy,
 - ▶ Cognition, and
 - ▶ Perceptual, Motor and Physical Development.



Services to Pregnant Women

- ▶ Assist with an **on-going source of health care and health insurance coverage**, if needed.
- ▶ Access comprehensive services through **referrals** that, at a minimum, include nutritional counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic violence.
- ▶ Provide a **newborn visit** with each mother and baby within two weeks after the infant's birth.
- ▶ Provide **prenatal and postpartum information**, education and services that address, as appropriate, fetal development, the importance of nutrition, the risks of alcohol, drugs, and smoking, labor and delivery, postpartum recovery, parental depression, infant care and safe sleep practices, and the benefits of breastfeeding.

Services to Pregnant Women

- ▶ Address a family's needs for appropriate supports for emotional well-being, nurturing and responsive caregiving, and father engagement during pregnancy and early childhood.
- ▶ Engage the enrolled pregnant women and other relevant family members, such as fathers, in the **family partnership services** and include a specific focus on factors that influence prenatal and postpartum maternal and infant health.
- ▶ Also engage enrolled pregnant women and other relevant family members, such as fathers, in **discussions about program options, plan for the infant's transition to program enrollment, and support the family during the transition process, where appropriate.**



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 Early Head Start

- ▶ (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,
 - ▶ (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.

Transitions from EHS (cont.)

- ▶ (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.**
- ▶ (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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or

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APRIL 11, 2018

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 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



A large graphic titled 'Foundational Curriculum' featuring various educational and family-related icons. It includes a 'Parents as Teachers' logo, a pregnant woman, a stack of crayons, a smiling toddler, colorful interlocking toys, and photos of children playing with blocks and a parent. The graphic has a light blue banner with the title and a decorative border at the bottom.

Parents as Teachers.



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

More than half of the families served by Parents as Teachers affiliates have multiple high needs characteristics such as:

- Court-appointed legal guardians and/or foster care
- Homeless or unstable housing
- Incarcerated parent(s)
- Very low birth weight
- Death in the immediate family
- Domestic/Intimate Partner violence
- Child Abuse or Neglect
- Military family
- Teen Parent
- Child with disabilities or chronic health condition
- Parent with disabilities or chronic health condition
- Parent with mental illness
- Low educational attainment
- Low Income
- Recent immigrant or refugee family
- Substance abuse





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.





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





Parents as Teachers

Parent Educator and Supervisor



Training and Professional Development

- Foundational Training
- Model Implementation Training
- Ongoing Professional Development Requirements



Model Fidelity

Model Fidelity and Quality Assurance

- Essential Requirements
- Affiliate Implementation Manual
- Quality Standards
- Model Implementation Library
- Reflective Supervision
- Parent Educator Core Competencies
- Quality Endorsement and Improvement Process





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





Contact Information

Ounce of Prevention Fund – Ounce Institute Parents as Teachers Illinois State Office Staff

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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.



Where is Baby TALK?

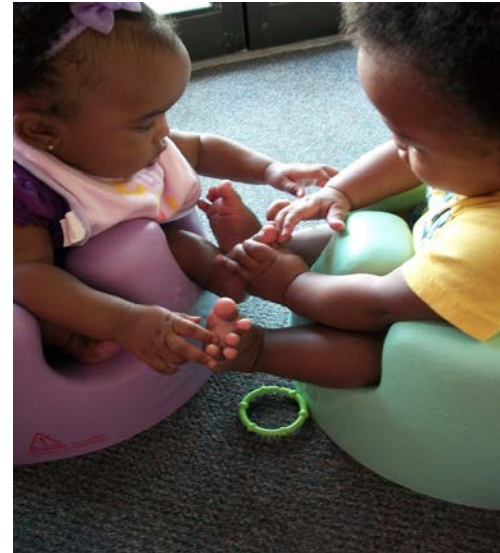
- Trained professionals from 31 states and Canada
- Headquarters in Decatur, Illinois





What makes Baby TALK unique?

- A commitment to building seamless systems, not taller silos!
- 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?” Collaboration

Building Relationships

Systems building

Going where families are

Parallel process

Coming alongside

Facing difficult issues

Becoming ever better





Key Methods and Approaches

- Nurturing families in support of optimal early childhood development
- Applying a developmental approach to family engagement
- Facilitating parent-child interaction
- Affirming parental competence
- Using active listening, reflection and strength-based strategies
- Building community connections



Distinctive features

- Proven history of identifying families with the greatest risk factors
- Effective approach for professionals to identify at-risk families early and to implement supportive services
- Extensive protocols to guide effective encounters with families
- Flexibility to tailor protocols and curriculum based on the needs of families



Research: Family and Child Outcomes

Characteristics of Families

- Ethnically diverse
- Low income
- Trauma exposed
- English language learners
- Low education levels

Positive Impact Areas

- Social Emotional Development*
- Language Development*
- Parenting Practices*
- Parental Stress
- Family well-being



Transition Planning at 30 months

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



Transition Planning at 30 months

- Discussions with parents regarding future services
- Discussion/reflection with parents to help the child adjust to a new setting
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- Collaboration 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; Community programming maintain connections with districts for screening, some with MOUs and communication around slots needed/available slots after fall enrollment
- Additional funding used to provide group socializations for 3 year olds transitioned with or without a spot in 3-5 programming



Bridging potential gaps between 0-3 and pre-K and the challenges

Challenges

- Within school districts, children are identified and screened by pre-k programming; Community programming maintain connections with districts for screening, some with MOUs and communication around slots needed/available slots after fall enrollment
- Family feels child is not ready for pre-k
- Priority for children birthdays before cutoff, no slots for children turning 3 after September
- Birthdays in March, April, May too late to integrate into current programming year



Model Contact Information

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APRIL 11, 2018

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.
- Caseload sizes are limited.





Model Framework: Critical Elements

- Services are culturally competent; materials used reflect the diversity of the population served.
- Home visitors must have a high school diploma or GED, plus experience working with infants and families- emphasis on hiring staff with reflective capacity.
- Home visitors receive extensive training around their role and in areas such as substance abuse, cultural competence, and services in their community.





Accreditation

A philosophy of continuous quality improvement

- HFA's Best Practice Standards are the sites' guide to model implementation and are also the tool used to determine model fidelity.
- The process includes the completion of a Self-Study, a Site Visit and a response period.
- Accreditation takes place every four years.





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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CENTER FOR THE STUDY
OF EDUCATION POLICY
Illinois State University



Connecting 0-3 year Olds: The Ins and Outs of Home Visiting

Questions and Answers





Connecting 0-3 year Olds: The Ins and Outs of Home Visiting

THANK YOU for joining us!

For more information please contact:

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