

Home Away From Home:

A Toolkit for Planning Home Visiting
Partnerships with Family, Friend, and
Neighbor Caregivers



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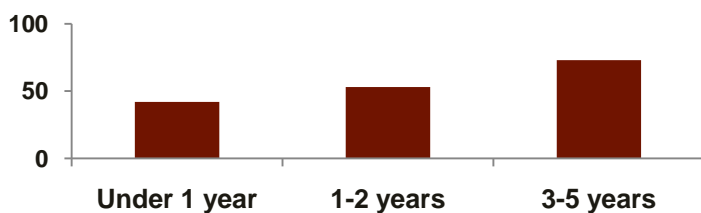
Introduction

In recent years, home visiting has expanded as an outreach and service delivery strategy that builds on families' strengths to increase parents' capacity for effective parenting and advance the healthy development of children. Home visiting is one tool used to prevent child abuse and improve child well-being by providing education and services in families' homes through parent education and connection to community resources.

Many children whose families can benefit from home visiting services, however, spend a significant amount of time being cared for by adults other than their parents. Nearly half of infants in their first year are in a weekly non-parental care arrangement, and that increases to almost three quarters of children ages

3 to 5 years (see Figure 1). Among infants and toddlers, a significant number are cared for by relatives, friends, or neighbors in informal, home based settings or in family child care settings. Among low-income children ages 0 to 5 with employed mothers, just over one in 10 are cared for

Figure 1. Percent of Children with a Weekly Non-parental Care Arrangement, by Age



Source: National Center for Education Statistics, 2005 National Household Education Survey.

Home Visiting Partnerships with Family, Friend, and Neighbor Caregivers and Family Child Care Providers

While the focus of this toolkit is on partnerships between home visiting models and family, friend, and neighbor (FFN) child care, many of the practices, policy considerations, and strategies discussed can also be applied to partnerships between home visiting models and licensed or license-exempt family child care.

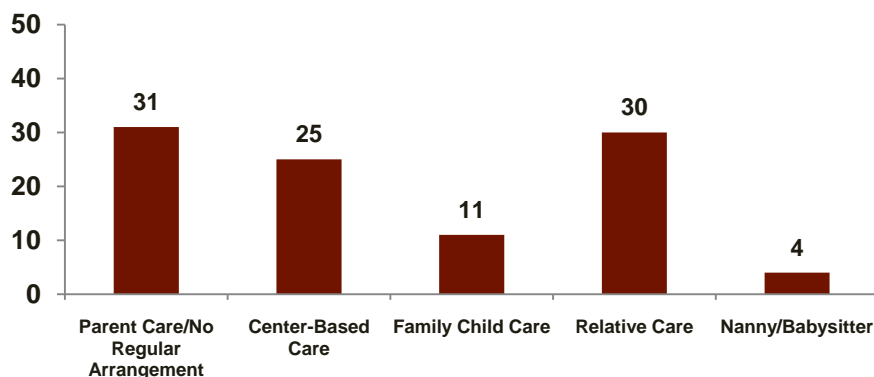
For additional information, ZERO TO THREE has developed resources for states considering similar partnerships between home visiting and family child care, including its [Enhanced Home Visiting Project](#) and other materials on the [ZERO TO THREE Home Visiting Resource Page](#). See www.zerotothree.org.

in family child care settings (11 percent), and 30 percent are cared for by a relative other than their parents (see Figure 2). Home visiting can be an effective service delivery tool to reach out to parents and children in these settings.

While many states have funded home visiting initiatives for decades, the federal government has only recently made funding available for

home visiting through provisions in The [Patient Protection and Affordable Care Act](#) (Public Law 111-148) and related funding streams. Such funding requires states to initiate and build upon existing partnerships at the state and local levels, including requiring key child-serving state agencies to be at the planning table. Federal funding streams both recognize states and jurisdictions that have already made significant progress toward implementing a high-quality home visiting program as part of a comprehensive, high-quality early childhood system and support states and jurisdictions that still have only modest home visiting programs and want to build on and coordinate those existing efforts.

Figure 2. Primary Child Care Arrangements for Low-Income* Children with Employed Mothers, Ages 0-5, By Percent



*Low income includes children living at or below 200% of poverty.
 Source: National Center for Education Statistics, 2005 National Household Education Survey.

About This Toolkit

This toolkit provides state policymakers and advocates with strategies for extending and expanding access to state- or federally-funded home visiting through partnerships with providers of FFN child care. This toolkit includes:

- Part I: What are Family, Friend, and Neighbor and Home Visiting Partnerships, and How Can They Help You Reach Families?:** This section provides an overview of what home visiting partnerships with FFN providers may look like, and the role of such partnerships in serving children and families. This section also includes an overview of available home visiting models, and information about their potential for use in partnership with FFN.
- Part II: A Home Visiting and Family, Friend, and Neighbor Partnership Planning Tool:** This section of the toolkit provides a step-by-step tool to walk through questions that may need to be explored as states develop home visiting and FFN partnerships. It

explores potential policy changes stakeholders at the state level may need to consider, as well as important considerations for each step of the planning process.

- **Part III: Case Studies of Existing Home Visiting-FFN Partnerships:** This section provides case studies of existing partnerships between home visiting models and FFN providers in specific states and communities. It includes detailed information about each example's background, model, professional development and workforce implications, implementation, challenges, and any available evaluation results.

Part I: What Are Family, Friend, and Neighbor and Home Visiting Partnerships, and How Can They Help Reach Vulnerable Families?

This section provides an overview of what home visiting partnerships with FFN providers may look like, and the role of such partnerships in serving children and families. This section also includes an overview of available home visiting models and information about their potential use in partnership with FFN.

The Role of Home Visiting Partnerships

In its work to inform and strengthen home visiting policy, CLASP aims to:

- Maximize the extent to which states effectively reach and serve vulnerable families with culturally and age appropriate home visiting models that address their needs and build on their strengths; and
- Assist states in reaching children and their families in the settings in which children are cared for, whether that is at home with their parents; in family, friend, and neighbor care; or in regulated child care settings.

Home visiting and FFN partnerships can help achieve both of these goals. By adapting or altering a traditional home visiting model to include an FFN caregiver in the caregiver's home, these partnerships reach children and families who may be more difficult to reach through traditional home visiting models. At the same time, home visiting and FFN partnerships can benefit caregivers, improving the quality of their interactions with children, and the level of care they provide. Finally, such partnerships can strengthen the relationship between the child, the parent, and the caregiver. By strengthening these relationships, the strategy may provide greater continuity of care for children, as well as allow the home visiting model's services to have a stronger impact. Strengthening the quality of care provided by caregivers may also benefit additional children in their care.¹

Many states are in the process of exploring ways to reform or strengthen their early childhood policy structures to achieve comprehensive early childhood systems. Part of that exploration is considering ways that state and local agencies can use a combination of funding streams to deliver necessary services to each vulnerable child in the most effective and efficient way possible.² For young children in FFN care, home visiting is one way to provide a variety of necessary services, including access to preventive health care and screening and family support. In addition, home visiting services for families using FFN care have the added benefit of supporting the FFN caregivers in providing high quality care.

Home Visiting Models for Use with FFN Caregivers

Home visiting and FFN partnerships can take a variety of forms, and work with a variety of home visiting models. For example:

- In Grand Rapids, Michigan, the **First Steps Initiative** used the **Parents as Teachers** curriculum designed for use in family child care settings, *Supporting Care Providers through Personal Visits*, to reach 158 children in FFN care in its partnership's first pilot year. Through home visits to the FFN providers and play groups that welcomed both families and FFN caregivers, the pilot program provided children with developmental screenings and connected families to additional supports and resources.
- In Montgomery, Alabama, the public school district provided the **Home Instruction for Parents of Preschool Youngsters (HIPPIY)** home visiting model to 10 children in FFN care with their grandparents. As part of the broader statewide HIPPIY initiative, Montgomery adapted its delivery to meet the evolving needs of families with young children in their community. By providing **HIPPIY** curriculum, materials, books, and support to the FFN caregivers in their homes, the school district supported them in participating with their grandchildren in developmentally appropriate literacy activities. Because the model reached grandparents as well as parents, it succeeded in engaging three generations in preparing the children for success in school.
- In White Plains, New York, Westchester Jewish Community Services adapted the **Parent Child Home Program** curriculum to provide support to family child care and FFN providers to improve the quality of care and help them better support children's literacy skills and overall development. In its three-year pilot, the **Child Care Home Program** reached children in the homes of 21 providers, and the program has continued to operate beyond the pilot phase. By reaching children in their child care homes, the program offers providers, children and their families toys and books, referrals to community services, and assistance with transition to the next educational step for the child.

More detailed case studies of each of the examples above, as well as others, are provided in **Part III** of this toolkit. The case studies include information about how the initiatives were implemented and funded, and any available outcomes identified through evaluation.

Among the nine currently approved evidence-based home visiting models, some are more conducive to working with families in partnership with FFN providers than others, particularly those that have either developed models specifically for use with home-based child care providers or have supported this use among local initiatives. Table 1 indicates which among the widely used national home visiting models formally support partnerships with FFN (and in some cases with family child care) providers. While some models listed may not have formal

adaptations or curricula developed for home-based settings, many are flexible and may be willing to work with states to develop variations of their models for use with those child care providers. The table also includes examples of how the model has been used with FFN and/or FCC providers.

Table 1. Widely Used Home Visiting Models and their Potential for Use in FFN and/or FCC Settings

Model	Is a variation of the model available for use with FFN and/or FCC?	Are there examples of communities where this model has been used in FFN and/or FCC settings?
<u>Early Head Start – Home Visiting</u>	Home visiting is a service delivery option under EHS. There is no formal variation on the model to deliver services in an FFN or FCC setting.	In Maine, CareQuilt provides home visiting based training to FFN providers.
<u>Family Check Up</u>	No known variation of model available.	No known examples of FFN or FCC partnerships identified.
<u>Healthy Families America</u>	No known variation of model available.	No known examples of FFN or FCC partnerships identified.
<u>Healthy Steps</u>	No known variation of model available.	No known examples of FFN or FCC partnerships identified.
<u>Home Instruction for Parents of Preschool Youngsters (HIPPY)</u>	The model could be adapted if the caregiver is the primary caretaker of the child, or if the actual parent receives the curriculum and instruction in the FFN setting.	Used in Alabama with grandparent caregivers. Transitioned from program serving parents to serving grandparents after recognizing that many of the families served had children in the care of grandparents.
<u>Nurse Family Partnership</u> ³	In very unusual circumstances (e.g. incarceration of mother) nurse home visitors may work with a grandparent if he or she is the primary caregiver for a time.	No known examples of FFN or FCC partnerships identified.
<u>Parents As Teachers</u>	PAT has a supporting FFN curriculum, Supporting	<ul style="list-style-type: none"> • North Carolina Smart Start has supported trainings using

	<p><u>Caregivers</u>, which can be layered on top of its foundational curriculum.</p>	<p>PAT materials.</p> <ul style="list-style-type: none"> • In Missouri, Educare sites use PAT for visits to FFN providers caring for children receiving child care assistance.⁴ • In <u>Grand Rapids, Michigan</u>, the school district and its partners adapted the PAT model to serve children in FFN settings. • The <u>Cherokee Nation</u> in Oklahoma has used the PAT curriculum with relatives caring for children in their homes, as part of a broader initiative.
<p><u>Parent Child Home Program (PCHP)</u>⁵</p>	<p>PCHP has a version of its curriculum designed to be used with family child care providers.</p>	<ul style="list-style-type: none"> • In state fiscal year 2011, 30 Massachusetts communities included PCHP in their state Coordinated Family and Community Engagement grants. Six provide PCHP in FCC settings, and at least one provides PCHP in FFN settings. • PCHP has been adapted to serve FFN providers in Mt. Vernon, New York. That local initiative, called the <u>Child Care Home Program</u>, served seven providers and 60 children annually over its three-year pilot, and is seeking long-term sustainable funding to support its continuation.
<p><u>Public Health Nursing for Early Intervention Program</u></p>	<p>No known variation of model available.</p>	<p>No known examples of FFN or FCC partnerships identified.</p>

for Adolescents (EIP)		
<u>Child FIRST</u>	No known variation of model available.	No known examples of FFN or FCC partnerships identified.

In addition to these models, there may be other home visiting models used in states that can be partnered with FFN care. In general, home visiting models are all designed to provide services and supports one-on-one with a parent, or in the case of these partnerships, an FFN caregiver and the child. Although the goals of existing home visiting models vary – family support, literacy development, preventive health, child abuse prevention, school readiness – they all operate on the principle that it is sometimes most effective to reach at-risk families and children in their homes, where children, parents and caregivers can interact in a natural environment.

In adapting home visiting strategies to be used with FFN child care providers, home visiting models have been altered to either engage the provider in activities in lieu of the parent, or to engage both the provider and the parent, which can enhance continuity of care for the child. The approach of each partnership varies depending on the home visiting model’s goals. Because the specific activities of each model vary, some intentionally include both caregiver and parent in the home visiting model, while others focus solely on the caregiver *or* the parent.

In general, identified home visiting partnerships with FFN providers operate at the local level, with one service delivery agency adapting its home visiting model, or using an existing adaptation of the model, to deliver all or a portion of its home visiting services to the child, and sometimes to the provider, on-site at the home of the FFN provider.

Part II: A Home Visiting and Family, Friend, and Neighbor Partnership Planning Tool

This section of the toolkit provides states with a step-by-step tool to walk through questions that may need to be explored as they develop a home visiting and FFN partnership. It explores potential policy changes states may need to consider, as well as important considerations for each step of the planning process.

Step 1: Assess the program and policy changes necessary for creating a partnership between home visiting and FFN care.

When states develop, implement and support partnerships between local home visiting programs and FFN providers, there are several program-related provisions and policies that need to be taken into consideration, both as potential home visiting models are explored and as the details of the partnership are worked out. Questions state policymakers and advocates may need to consider include:

What is your goal for children and families served by a home visiting partnership? Which home visiting models focus on strengthening parenting capacity and adult-child interactions, or on delivering specific developmental, educational, or preventive medical services to children, or both?

What is the target population of children and families to be served by a partnership? Which home visiting models are designed to work with children in the relevant age group, demographic group, or geographic setting? Which risk factors is the model designed to address?

What are the linguistic and cultural backgrounds of children, families and FFN providers who may benefit from a partnership? What is the capacity of the home visiting workforce to meet their cultural and linguistic needs?

What are the core components of the model you wish to partner with FFN? Can it be delivered in a setting other than the child’s home? What, if anything, would be required of the FFN provider if the model was delivered in partnership with them? (e.g. Would it be ideal for the caregiver to accompany parents and children to playgroups, pediatric visits, etc.)

What other program standards of the model may raise barriers or opportunities with regard to delivery in partnership with FFN providers? Are there required activities that can be done with the child by both the provider and the parent? Are there expectations that only the parent can fulfill? Are there activities that must take place in the child’s home?

The table in Appendix A can help you evaluate how different home visiting models may work to achieve your state’s home visiting goals.

Step 2: Identify potential changes in policy and regulation that may be needed across state systems to create home visiting and FFN partnerships, and for them to be effective.

In your state child care and early education system there are a number of areas of policy and regulation that may support, shape, or otherwise interact with home visiting partnerships. These include child care licensing and regulation, the child care subsidy program, the early childhood workforce and professional development system, and your state's data system(s). Depending on your state, these systems may pose opportunities or barriers to your home visiting/FFN partnership efforts, or may have little impact.

Planning Considerations: Health, Safety and Licensing

In developing a home visiting partnership, state administrators and stakeholders may want to consider the following questions about their health, safety and licensing policies:

Does the state currently allow FFN providers to participate in the Child and Adult Care Food Program (CACFP)? If so, that participation may provide an opportunity to identify and reach FFN providers to engage them in home visiting partnerships.

Could a home visiting/FFN partnership support caregivers who may want to become licensed family child care providers? A home visiting partnership with FFN providers could provide training that meets state requirements for home-based licensed providers. If the state's licensing requirements encourage or require providing children with comprehensive services, the partnership could help deliver those services to families within an FFN or FCC setting.

There may be other health, safety, or licensing considerations as states develop partnerships, so a careful review of policies should be completed with the requirements of the home visiting models under consideration in mind.

Planning Considerations: Subsidy Policy

A state establishing a partnership between home visiting and FFN should take the opportunity to simultaneously review its related child care subsidy policies by asking the following questions:

What portion of the children served in your subsidy system is cared for in FFN? By knowing this number, and where those children are located, you can target your home visiting partnership dollars most effectively.

Do you currently register family, friend, and neighbor care in any way? If FFN providers serving children with subsidies are registered in your state, it will be easier to identify them and do outreach to include them in home visiting efforts. You also may have a better sense of which areas of your state have concentrated populations of FFN providers, and can target partnership development to those areas. Finally, if FFN providers are registered, you may have the capacity to engage them in the planning to identify what types of supports and resources they would like and would be most able and likely to use.

Does your state include incentives to partner in your subsidy policies? You may be able to include quality improvement incentives in your subsidy policies that would encourage FFN providers to work closely with home visiting programs. These incentives may take the form of rate differentials, bonuses, or other types of recognition for providers who partner with a home visiting program and receive its curriculum.

Planning Considerations: Data Systems

As states strive to develop and align comprehensive early childhood data systems, home visiting partnerships with FFN caregivers provide opportunities to collect additional data, and strengthen existing data collection.

What partnerships across early childhood sectors could inform the home visiting and FFN collaboration, locate and target resources to children in FFN care, and contribute to a more complete early childhood data system? In exploring FFN and home visiting partnerships, states may consider evaluating data from sources such as state level subsidy data, Head Start needs assessments and community surveys, data from local or regional resource and referral agencies, child-based community assessments such as the Early Development Instrument, or state Early Intervention and Child Find data. Home visiting/FFN partnerships may also help to build on state early childhood data sets by reaching families via their FFN providers and collecting data through the home visiting system, with appropriate privacy agreements and protocol.

Do these partnerships provide new opportunities to coordinate data collection? For example, a home visitor may, while being respectful of the close and trusting relationship that often exists between home visitors, parents, and child care providers, be able to collect child or caregiver data that meets the needs of the agencies overseeing both child care and home visiting funding. If done in a way that respects confidentiality and the need for trust among all the parties involved, coordinating efforts could minimize the data collection impact on caregivers, families and children.

What special considerations need to be made if data is collected in a caregiver’s space instead of in the home? Home visitors may need additional training or alternative strategies for collecting required data. For example, information that is normally provided by parents during a home visit may not be available from a caregiver, and alternative means of collecting that data may need to be developed.

Planning Considerations: Financing

In difficult economic times, it is more critical than ever to build upon and coordinate existing funding streams to effectively direct resources to the most vulnerable children and families. States can assess whether home visiting and FFN partnerships can contribute to sustainable funding by considering the following questions:

What are the key funding streams that can support home visiting in these settings? In addition to recent federal funds like Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grants, other federal and state funding sources may share a mission with the home visiting partnership. For example, in some communities Women, Infant, and Children (WIC) funds are used to support nutrition education in home visiting programs. Other potential sources include Temporary Assistance for Needy Families (TANF), Early Intervention/Part C, Child Care and Development Block Grant (CCDBG) quality and infant-toddler set-aside dollars, Elementary and Secondary Education Act (ESEA) Title I at the local level, and others.

Who decides the use of those funds? When considering funding streams that can support home visiting in FFN settings, it is important to understand who currently receives those funds and what existing partnerships can be built upon to help finance your home visiting partnership.

What systems do you need to align to build partnership around this financing strategy? Funding streams come with regulations and requirements around service delivery, workforce qualifications, and reporting. All of these aspects of a funding stream must be considered when developing a partnership, and aligned to ensure requirements don't conflict and prevent duplication.

What policy changes do you need to make for it to work? In working with a new funding stream to support home visiting in FFN settings, alignment of regulation and requirements may require changes to state policy related to FFN, child care licensing, subsidies, home visiting, or the use of other funding streams that are under consideration. For example, if regulations preclude providers from traveling with children, they may not be able to participate in group activities or medical visits required by some home visiting models. A state may consider making changes to regulation to allow for such specific activity under a defined set of circumstances.

Step 3: Review existing partnerships to inform design and implementation of your home visiting and FFN partnership.

Partnerships between home visiting programs and FFN are an emerging strategy with great potential. But it's critical that states approach the partnerships asking the relevant questions that will make the partnerships effective for home visiting programs, child care providers, caregivers, and especially families. There are a handful of examples of existing partnerships throughout the country, and states and home visiting model developers continue to design and improve new strategies to reach children where they are and deliver high quality home visiting services. By coordinating home visiting and child care, states can accomplish the important goals of supporting families, strengthening relationships between families and child care for their youngest children, and reaching more children and their families with other family support and preventive health care services.

Are there existing home visiting and FFN partnerships in your state? Investigate the existing home visiting programs in your state. There may be examples of formal or informal home visiting and FFN partnerships already operating. If so, you may be able to learn from and build upon these partnerships.

Which existing partnerships and models are designed to achieve similar goals to yours?

Knowing the goal of your own partnership will help you find examples of existing partnerships that can help inform your design and implementation. Model developers may also be able to help you find examples of partnerships between their home visiting model and FFN or family child care providers.

What lessons have existing partnerships learned that can be helpful in planning and implementing your partnership? Existing partnerships can share opportunities and challenges that have arisen with the design and implementation of their partnerships, which may help inform the development and implementation of a similar partnership in your state. Consider similarities and differences in population, policies, geography, and other factors between your state and those in which existing partnerships are operating.

Part III: Case Studies of Existing Home Visiting-FFN Partnerships

This section provides case studies of existing partnerships between home visiting models and FFN providers in specific states and communities. It includes detailed information about each example's background, model, professional development and workforce implications, implementation, challenges, and any available evaluation results.

**Early Learning Communities: A Program for Family, Friend, and Neighbor Care (FFN) Providers, Licensed Providers and Parents
First Steps, Grand Rapids Public Schools and Great Start of Kent Co.
Grand Rapids, Michigan**

Background

Early Learning Communities is an initiative of First Steps, a community partnership in Kent County, in collaboration with the Grand Rapids Public Schools. Other partners include the Great Start Collaborative of Kent County and other local community organizations. Early Learning Communities is designed to enrich young children's learning experiences, strengthen the skills of early childhood caregivers and educators, and provide facilitated Play and Learn groups. This initiative grew out of Kent County's family, friend, and neighbor (FFN) pilot project completed in 2010.

First Steps works to strengthen and coordinate early childhood services in Kent County. Its goal is that every young child in Kent County will enter kindergarten healthy and ready to succeed in school and in life. The Early Learning Communities initiative is targeted to the zip code areas in Grand Rapids with the greatest number of families receiving child care subsidies and using FFN care. First Steps collaborates with the Grand Rapids Public Schools to carry out this initiative. Two schools are used as hubs for the program, both of which are community schools offering mental and physical health services, human services, dental clinics and other resources. Child care providers and parents are able to access these services for the children in their care. Additionally, Play and Learn groups are held at the community schools, area churches and the downtown library.

The Model

Early Learning Communities uses several approaches to strengthen early learning, including professional development and training for educators and caregivers; playgroups where children participate in activities aligned with the state's learning expectations for toddlers and preschoolers, while parents and caregivers learn what they can do at home to help get children ready for school; and one-on-one coaching for FFN caregivers to help them improve their skills.

The main goals established for the FFN pilot project and included in the program are to:

- Improve providers' interactions with children;
- Increase the number of literacy activities;
- Have a positive effect on learning development and social skills; and
- Increase access to community resources for providers and children

The one-year cost for the pilot program in 2010 was under \$195,000 to serve 72 caregivers with 158 children. During the pilot period, 523 home visits were made; 139 playgroups were held; and 465 incentives such as art kits, puzzles, music CD's, books, book shelves, and calendar systems were given to caregivers for use with the children in their care. The pilot had four home visitors, or consultant coaches. The FFN caregivers program is continuing with financial support from corporate and private foundations, the local United Way, resources that come through the state's Great Start system, and Title I funds. The project expanded its annual budget to \$365,000 in 2012. The Western Resource and Referral Center (WRRC) funds training programs for providers through First Steps. The schools are the fiscal agent for parts of the program.

The program's two major components are home visiting and playgroups. Home visits are conducted once a month and Play and Learn groups are held eight times each week, with the requirement that participants attend at least two per month. The home visiting is for FFN caregivers only, but the playgroups are open to anyone who cares for a child enrolled in the program. This could be a parent, another relative, or a licensed child care provider. The playgroups provide an opportunity for the FFN caregivers to network with other caregivers and attempt to counter isolation they may feel in their homes. Participation in the playgroups counts toward state regulatory training requirements for the caregivers. The consultant coaches conduct recruitment, participate in trainings, and provide home visiting and playgroup services.

Assessments of children and providers initially conducted by consultant coaches are conducted by external assessors to allow the coaches more time in the teaching and planning components. First Steps conducts literacy assessments of the children using the Peabody Picture Vocabulary Test (PPVT) and the Phonological Awareness Literacy Screening (PALS). First Steps assesses FFN providers using the Child/Home Environmental Language and Literacy Observation (CHELLO) tool, surveys and focus groups in order to measure the literacy environment of the care setting and help them design and provide a more literacy rich environment for the children in their care.

Because the state requires caregivers caring for unrelated children to be licensed, the program decided that if any caregivers in the program were caring for unrelated children, they would help them with the regulatory process. If they did not move toward becoming licensed, they would no longer be able to participate in the program and receive home visits.

Workforce and Professional Development

In the pilot, the consultant coaches had different training and credentials backgrounds. Twenty-one percent of the children included in the evaluation were provided support by staff with training or credentials not specific to early childhood (e.g., social work and/or family studies); 45 percent by staff with early childhood education teaching credentials; and 34 percent by staff with child development training. The evaluation data provide strong evidence that staff with early childhood specific backgrounds have significantly stronger impacts on the receptive vocabulary scores of participating children. The evidence supports a clear dose-response relationship

proportional to the amount of early childhood preparation held by staff. Home visitors without early childhood education training or credentials had less experience working with groups of children in either a home setting or in the playgroup. They required additional training and support to work with groups of children and also to focus on child development issues and concerns.

Implementation and Challenges

The program looked at evidence based models to use in its home visiting program and selected the Parents as Teachers curriculum, *Supporting Care Providers through Personal Visits*. Research indicates that caregiver visits using this curriculum significantly increase the quality of care by increasing overall quality of the care setting; language and reasoning experiences, and learning activities; and social development. It provides caregivers critical tools and support to improve both the quality of care and the environment by providing information about child development, health and safety; age-appropriate activities to impact learning and development; and support on handling parent-caregiver relationships and child-caregiver relationships.

The program made some changes to the curriculum and included additional language and literacy materials. Enhancements were added to the program through the creation of an incentive program that gave caregivers points for attending playgroups and for meeting targets based on their individual development plan. The local Parents as Teachers programs were very supportive and helped train the consultant coaches in the Parents as Teachers model.

Recruitment and outreach was more difficult than expected and took longer to accomplish. A review of the pilot found that a key element to recruitment is developing a personal relationship with caregivers, which requires significant time. It was also important that the program staff knew the community, the neighborhood stores and shops, and the local churches and ministers. The recruitment had to be neighborhood based.

The major program expense was staffing. This included program management and supervision staff, as well as the home visitors. Additional costs included health and safety equipment, child development materials, supplies for the caregivers, some minor home repair services to the caregivers' homes, and the cost of the new data and evaluation system.

Evaluation and Assessment

The program has a strong child and caregiver assessment component. The program is using the Child/Home Environmental Language and Literacy Observation (CHELLO) to assess the literacy environment (availability of resources and the organization of the caregiver's home environment) and Group/Family Observation (language and literacy instructional and social supports). The CHELLO is specifically targeted to examine the environmental structure, process language and literacy features in family, friend, and neighbor caregiver homes.

The program also uses the Peabody Picture Vocabulary Test (PPVT-IV) to measure the receptive (hearing) vocabulary of children who are 2.5 to 5 years of age. Vocabulary assessment is strongly related to reading comprehension ability and correlates highly with general verbal ability. It is a tool for measuring an individual's response to instruction or vocabulary growth in general. It is particularly useful in assessing preschool children. Vocabulary acquisition is an important indicator of a child's linguistic and cognitive development and readiness for formal schooling.

The evaluation of the pilot project found improvements in all of these areas. It found that interaction between caregivers and the children they cared for improved among all caregivers; 97 percent of caregivers evaluated had a positive increase in their Literacy Environment score and caregivers increased their provision of age appropriate reading materials. Children enrolled in the program for 6 months or more gained more than typical in the language development category and 100 percent of parents surveyed reported noticeable changes in their child's skill level since becoming involved in the FFN program. The program increased access to community resources through referrals made to local service providers, field trips and materials distributed to providers.

The program measures child and caregiver outcomes to determine its effectiveness and to build support for expansion and sustainable funding. The child outcomes measured by the program are connected to the state learning expectations for toddlers and preschoolers, particularly as related to language and early literacy. Demonstrable gains in those areas may encourage other local school districts to embrace the First Steps model.

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Cherokee Connections: An Enhanced Program for Registered Relative Caregivers: Cherokee Nation Tahlequah, Oklahoma

Background

In 2004 to 2005, the Cherokee Nation and four other tribes in Oklahoma joined with the Oklahoma Child Care Resource and Referral Association to create Sparking Connections: The Oklahoma Tribal Connection project, which built on an existing home visiting program for relative caregivers administered by the Cherokee Nation. Because any provider caring for an unrelated child must be licensed in Oklahoma, only relative caregivers are eligible as family, friend, and neighbor providers to receive support through Sparking Connections. The project was part of the Families and Work Institute's [Sparking Connections](#), a national research and demonstration initiative to address the quality of FFN care.

The goals of Sparking Connections were to improve health, safety, and nutrition in the homes of the FFN caregivers; provide opportunities to increase school readiness; develop networks to strengthen the Cherokee culture and language; and increase learning opportunities available for the relative caregivers. The program had several components including monthly home visiting, quarterly meetings, Play and Learn sessions, learning resources, curriculum kits, and financial incentives.

After the conclusion of the Sparking Connections research pilot, which was funded through the federal Child Care Bureau (now the Office of Child Care), the Cherokee Nation continued to support the program for registered relative caregivers by using tribal and CCDBG quality set aside funds. One-third to one-half of the families within the Cherokee Nation jurisdictional boundaries receiving child care subsidies now use relative caregivers, and the tribe's goal is to improve school readiness and success for the children in FFN care. The program is seen as part of the Nation's commitment to education and life-long learning efforts. Currently, 40 relative caregivers receiving child care subsidy funds participate annually in the home visiting program.

The Model

Monthly home visits are a key element of the Sparking Connections program. FFN caregivers looking for support to provide early learning opportunities for the children in their care have been open to the home visiting program. The home visiting program begins by doing an environmental assessment of the caregivers' homes. Safety equipment is provided in homes lacking such equipment to meet the minimum standards required for registered relative caregivers. The assessment also provides caregivers and home visitors an opportunity to discuss how to support age appropriate early learning and development within the home environment.

The home visitors work with the FFN caregivers to set goals and establish desired outcomes for the families. Outcomes are based on the four major goals of the program, which include health and safety, early learning, nutrition, and language and culture. Caregivers select lesson plans and receive one-on-one technical assistance during the home visits. The program uses the Parents as Teachers curriculum, *Supporting Care Providers through Personal Visits* as its guide. Financial incentives for meeting established goals are also an important component of the program.

In addition to the monthly home visits, the program includes a quarterly meeting. The day-long meetings are open to caregivers, parents, and the children. These meetings are well attended, and bring caregivers together to share their experiences and meet others doing similar work. Some FFN caregivers also participate in training that is offered for licensed family child care providers free of charge. Additionally, some caregivers are sponsored to attend workshops and regional and state early childhood education conferences.

Play and Learn groups were initially offered in the six communities, but due to funding cutbacks these groups are now only offered in three communities. Trained early childhood teachers and community mentors had visited the six Cherokee communities and set up and provided early learning centers for the caregivers in the community and their children. In the three communities still providing play groups, community mentors continue to lead the groups.

Workforce and Professional Development

Training and support to the staff has been an important component of the program. Both formal and informal training is provided to the home visitors. Home visitors are trained in the Parents as Teachers model and receive assistance when needed from a supervisor who manages multiple resource and referral programs. Home visitors attend regular, formal training covering a broad range of topics in early childhood, as well as topics such as working with elders since many of the caregivers are grandparents.

Implementation and Challenges

The program has overcome several challenges and barriers to remain operational and be successful. The program had to design policies and procedures that were user-friendly and were targeted to FFN caregivers who did not see themselves as professional caregivers. Policies and regulations were designed to reflect the culture and the nature of the caregivers' responsibilities, while promoting the four major program goals of health and safety, early learning, nutrition, and language and culture.

Funding limits participation in the home visiting program to one year for each caregiver. With a small staff, the number of caregivers that can be served at one time is limited. Home visiting is time intensive, and in a large, rural area travel time and expenses add to the program's burden.

The Cherokee Nation covers 14 counties in northeast Oklahoma, covering over 7,000 square miles.

Most of the funding for this program comes from the CCDBG tribal set aside, so there is flexibility in how the funds are used. One significant challenge is that the tribal set aside is based on a child count for each tribe, so funding fluctuates annually. With additional and more consistent funding, more staff could be hired and more caregivers would be able to be served. While policymakers express support for the program and recognize its benefits to the population, a consistent, permanent, and increased funding stream has yet to be identified.

There has been a concern about how best to provide continued support for relative caregivers after they leave the program. As caregivers rotate off of the program, they are still able to access resources such as materials from the lending library, are welcome to attend the quarterly network meetings, and are encouraged to join Play and Learn groups or attend formal training designed for centers and family child care homes.

Evaluation and Assessment

Over the course of implementation, the program managers have used caregiver surveys, focus groups, interviews, and statistical review to evaluate and determine what has worked well in the program. Staffing has been important. The home visitors come from the community and are well respected. They develop positive relationships with the caregivers. They understand that the caregivers do not consider themselves to be professionals and do not believe they need training so the home visitors share knowledge in a non-intrusive manner. Building relationships between staff, caregivers and children, and among caregivers has been another critical part of the program's success. Self-directed learning with caregivers selecting the learning areas that were of interest to them, and were appropriate for the age of the children in their care, has also worked well. Acknowledging and celebrating accomplishments with dinners, certificates, graduation ceremonies, and financial incentives has been another effective element of the program.

A survey of caregivers found the following benefits of the program:

- 90 percent of caregivers in the home visiting program had received CPR training, compared to 51 percent of caregivers not in the home visiting program;
- 56 percent of caregivers in the home visiting program read to their children on a regular basis, compared to 38 percent of caregivers not in the program;
- 28 percent of caregivers in the home visiting program did not have library books in their home, compared to 65 percent of caregivers not in the program;
- 63 percent of caregivers in the home visiting program had developed a naptime routine for children, compared to 40 percent of caregivers not in the program;
- 79 percent of caregivers in the program indicated that their knowledge of Cherokee culture had increased since participating in the program;

- 79 percent of caregivers in the program indicated that they know more about what to expect of children at different ages and that their skills as a child care provider had improved; and
- 89 percent of caregivers indicated that since participating in the program they talk with the children's parents more about the children.

The survey did not show significant effects of the program on the methods of discipline used by caregivers, so training on behavior and guidance has been added to the network meetings.

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CareQuilt Services: An Early Head Start Enhanced Home Visiting Project. A Component of the Child & Family Services Division: Kennebec Valley Community Action Program Waterville, Maine

Background

Kennebec Valley Community Action Program (KVCAP), a non-profit multi-service organization in Central Maine, launched a 3-year pilot project in May 2004 called the Early Head Start Enhanced Home Visiting Project (EHS-EHVP). EHS-EHVP was federally funded and designed to extend a “kith and kin” service approach to Early Head Start families, modeled after an already established option in Head Start. During the pilot phase, 35 children with their family, friend or neighbor (FFN) caregivers⁶ participated in the service. The project, renamed CareQuilt, has been sustained beyond the 3-year pilot project with additional funding, and it continues to provide a continuum of support that enhances the quality of child care for children in multiple settings.

The program’s expected outcomes include:

- Expanding the number of quality caregivers through training and support;
- Creating positive experiences for children during the early years to lay a foundation for positive child outcomes;
- Identifying the needs of non-parental FFN caregivers;
- Providing health, safety, and educational supplies to FFN caregivers; and
- Improving collaboration among programs to integrate and coordinate local resources.

By establishing a partnership between EHS and FFN caregivers that is centered on the child, CareQuilt acknowledges the importance of *all* adult caregivers in supporting the child’s healthy development. The quality of relationships between children and all of their caregivers affects developmental outcomes across all domains. It also gives staff a better understanding of the importance of extended family relationships.

The Model

Originally designed for children in Head Start, the CareQuilt service is now offered to any Head Start- or Early Head Start-enrolled family using FFN caregivers when the child is not in the program’s care. The program promotes consistency and continuity for children in all of their environments, offering support and resources to FFN caregivers, including linking Head Start Preschool and Early Head Start with the FFN caregivers through home, phone, and in-person meetings, and by providing materials to assist with the child’s health and development. CareQuilt also provides a small amount of funding each year for health & safety supplies that

may be needed in the caregivers' homes (e.g. fire extinguishers, smoke alarms, first aid kits, window guards, gates for stairways and woodstoves, car seats, etc.), as well as some educational supplies (e.g. books, writing materials, etc.).

The CareQuilt model has undergone many changes over time, due primarily to funding constraints. The EHS Home Visiting pilot initially was implemented with additional home visitation time for staff to work with FFN caregivers. As Early Head Start funding declined, the program teachers and family services staff assumed this outreach in a more minimal way, as an enhanced outreach service. Teachers now serve as the families' case managers. They conduct home visits and outreach, and access the family services staff for support as needed.

To support the evolving model, CareQuilt has designed new and expanded tools to assist staff in working with FFN caregivers. These include a welcome letter for new caregivers, an expanded menu of services, a Safe Home Checklist, Caregiver Surveys, and a list of hints and prompts to facilitate discussions with FFN caregivers.

Workforce and Professional Development

Because the CareQuilt model calls on staff to provide both classroom teaching and home visiting services, staff must have a background in child and family development and family services. Staff who are early childhood teachers participate in training, orientation, and cross-training to incorporate family services into their skills. Staff training occurs individually and in groups. To strengthen its child development and family support services, CareQuilt has incorporated the Brazelton Touchpoints training into its staff development. Family Services staff support teachers in implementing home visits, and have created a guide for support staff on implementation in their work. Focus and work groups have been held with staff to discuss strengths, areas for growth, ongoing training needs, and any future needs or considerations. The agency's monitoring reports, job descriptions and performance evaluations all have incorporated Care Quilt service delivery.

Implementation and Challenges

CareQuilt has faced – and overcome – several challenges in building relationships with FFN providers, updating expectations and professional development, providing consistent and continuous levels of services to children and families, and administering and identifying sustainable funding for the program.

For example, CareQuilt home visitors have found that developing relationships with FFN caregivers takes more time and effort than originally anticipated. FFN caregivers may be less likely to see themselves as professionals, and may not feel they need training. At times, parents have wanted to engage their child's caregiver in the program, but the caregiver has not wished to participate. In these cases, CareQuilt approaches FFN providers with a focus on the child, and works to build the understanding that the child will benefit from providers' participation in the

CareQuilt service.

A positive relationship between the teacher managing the child's case and the child's caregiver also takes time to develop. Establishing schedules for home visits can be challenging, and visits sometimes occur in the evening. The goal is always for the children to be present for at least part of the visit.

To address challenges with outreach to FFN caregivers, the model has taken several steps to incorporate family services into teachers' initial orientation and ongoing professional development. This raises an additional challenge of time management for individuals on staff who manage the jobs of teaching as well case management, related professional development, and expanded documentation expectations. Teachers' time constraints sometimes limit the number of caregivers able to receive the CareQuilt service.

With children in the Early Head Start and the Head Start programs changing classrooms and teachers as they age out, the continuity of staff over time has been another challenge. This has improved as the program moved to mixed-age groups for both its Early Head Start and its Head Start programs. This gives the teachers, children, families, and FFN caregivers continuity over several years and the benefits of long-term relationships among them.

CareQuilt has faced administrative challenges as well. The agency had to make a decision about where oversight and management of the CareQuilt service would fit within the Child and Family Services division. In the pilot stage, it was seen as a special project, but it has since become integrated into the agency's service programs, resting under the management of the Early Head Start program.

Finally, CareQuilt has struggled somewhat with financing and sustainability. Despite the expanded role of teachers in the program, additional funding is not available to expand staff hours for preparation, school readiness activities, and documentation. The program uses its Early Head Start and Head Start funding to support the program but has sought additional public and private funding to support the program. Efforts have included attempts to integrate discussion of Head Start and Early Head Start into state level policy conversations around home visiting, and to support the integration of FFN caregivers into federal level policy discussions around Head Start and Early Head Start delivery.

Evaluation and Assessment

CareQuilt evaluates its services using surveys with parents, the safe home checklist and a series of prompts to ask participants for feedback about specific subjects. The agency has seen the benefits and results of this model, including:

- Greater access to resources for children, families, and caregivers

- Increased literacy activities in the caregivers' homes
- Increased access to educational supplies
- Stronger connections to the children's classrooms
- Increased coordination and continuity of efforts toward reaching children's developmental goals, especially for children with special needs
- Improved communication among staff, families, and caregivers
- Increased attendance at program events
- Greater consistency for the child across all environments
- Stronger bonds between children and staff
- Increased awareness about family culture among staff
- Increased staff knowledge and skill in delivery of comprehensive services
- Long-term impacts for children and families if they continue to use the caregiver after leaving Head Start

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Child Care Home Program: Westchester Jewish Community Services White Plains, New York

Background

Westchester Jewish Community Services (WJCS), a non-sectarian, not-for-profit multi-service agency, has for over 38 years operated the home visiting model Parent Child Home Program (PCHP) in six communities in Westchester County, New York. PCHP is a research-based early childhood literacy, parenting, and school readiness program. The home visiting model uses trained paraprofessionals to work with families who have not had access to educational and economic opportunities to prepare children for academic success and strengthen families through intensive home visiting.

In 2006, Westchester County conducted a research project that looked at child care utilization in the county. In its report *Westchester County 2006 Child Care Utilization Study*, parents expressed concern over the quality of care for young children, with a special concern for care provided by family child care providers. The study noted only seven family childcare businesses (less than 2 percent of the total) were accredited by the National Association of Family Care (NAFC). In 2007, a private foundation began funding an early childhood initiative that invested in a variety of community agencies providing child care and early education services, while at the same time the local early childhood community was focused on efforts to strengthen staff development and create a professional development system.

One of the initiative's components was the development of the Child Care Home Program (CCHP) pilot at WJCS, with a focus on improving the quality of family child care services and supporting the providers' efforts in school-readiness for children in their care. The initiative decided to focus on family child care providers because they are frequently isolated and work alone without ongoing support or professional development. Many child care centers, including Head Start programs, offer the benefit of peers, supervision and professional staff development. Family child care providers, working long days from early morning to evening, may have limited time to access training and develop curriculum. CCHP was envisioned as a means to help bridge the gap between providers and center-based staff and across the range of child care service options. In addition, WJCS found that large numbers of low-income working families' preschool-aged children were being cared for by family child care providers, so offering CCHP to these providers could help improve school readiness for those children.

CCHP began in 2007 as a pilot program to provide professional development and support to family child care providers in preparing young children for school success. CCHP is designed to increase the quality of early childhood educational experiences for children in family child care to ensure that they enter school ready to learn. The program was piloted for three years and is now in its second year of full implementation after the pilot ended in 2009. The pilot consisted of seven providers with 60 children each year, with a cost of approximately \$4,000 per provider per

year. Management and supervision costs are now absorbed by the agency's larger PCHP program for a highly cost effective model.

The Model

PCHP is a home based literacy program for families with children ages 16 months to 4 years old, and is designed to strengthen families and prepare children to succeed academically as well as promote the joy of learning. During half-hour, twice-weekly visits, trained home visitors use specially selected toys and books to provide cognitive enrichment through verbal interaction and special game play. The home visitor models verbal interaction, reading, and play activities, demonstrating how to use the books and toys to build language and emergent literacy skills and promote school readiness. Over the course of their two years in the program, families acquire a library of children's books and a large collection of educational and stimulating toys. Each program cycle consists of a minimum of 23 weeks of home visits, with a minimum of 46 visits total.

The CCHP is modeled after PCHP, and uses similar activities and resources to support family child care providers. CCHP's objectives are:

- To provide professional development and support to FCC providers in preparing young children for school success through increasing language development and literacy skills;
- To increase the quality of early childhood educational experiences for children in FCC to ensure they enter school ready to learn; and
- To foster the provider/child bond that gives children the intellectual and emotional support necessary to develop pre-literacy and on-going literacy skills while in providers' care.

Outreach to providers within the child care subsidy system has resulted in some new participants. Some non-registered providers have also participated. Providers participate in CCHP for two years in twice weekly 45-minute sessions. Fifteen minutes were added to the PCHP model's 30-minute session to accommodate the additional children in family child care settings.

The Child Care Home Program has developed a number of programs to help support caregivers and children who have finished the program. They host reunion parties for children who were in the program as infants and toddlers and have graduation parties for providers who complete the two years of the program. Additionally, an alumni program was started recently, which links providers who have finished the program with ongoing technical and peer support.

Workforce and Professional Development

PCHP collaborated with the Childcare Council of Westchester to offer a total of 15 early childhood community education forums to Westchester County FCC providers during the three year pilot. The workshops, offered in the evenings or on Saturday mornings, were attended by 47

different providers. They were aimed at educating providers on the CCHP model and CCHP techniques, methods, and materials through a variety of hands-on activities.

CCHP relies on modeling to demonstrate positive interactions between children and providers. Trained professionals bring books and toys for the children and demonstrate ways of using the materials to spark positive language-rich interactions and support social and emotional development. They also offer encouragement and praise to the childcare providers. Thus, the program not only models positive interactions with children, but also aims to increase providers' competency and confidence.

Implementation and Challenges

Because WJCS/CCHP has employed relationship-based professional development methods to change FCC provider behaviors, developing a strong relationship between home visitors and FCC providers has been critical and has taken time. Providers must be open and welcoming to the relationship.

The WJCS Parent-Child Home Program has a long history of providing effective services and has a strong positive reputation within the county, so parent participation in PCHP has not been a problem. Traditional methods, such as word of mouth and distribution of flyers in communities, have generally been successful. This was not the case with the Child Care Home Program, however. Its first recruitment effort of mailing letters to the licensed family child care providers in the community resulted in only two providers responding. WJCS had to re-think its outreach and recruitment strategies since this was a new program without any history of success or experience. It required one-on-one discussions with the providers to establish relationships and build trust and confidence with them. The home visiting staff needed to understand and become involved in the community so that a sufficient level of trust could be established. Staff joined community networks and early childhood networks, visited churches, attended community events, conducted surveys at local supermarkets, and offered free workshops on early childhood. They became more familiar to the providers, and eventually were recognized as caring and non-judgmental sources of support.

Another challenge for the WJCS/CCHP was adapting the PCHP model to meet the program's goals and objectives. The model had to be altered to incorporate the relationship between home visitors and FCC providers, instead of parents, and to account for the additional children present in an FCC setting. Enrollment forms, environmental assessments, and evaluations all were changed to reflect these differences. The curriculum was also modified to be responsive to having a group of young children in the home, rather than a single child. For example, the CCHP provides multiple books, toys, and supplies to the provider's home. To give more support to the home visitors in the CCHP, an extra staff meeting per month was added for them to focus on the new skill sets required for their work with providers and groups of children. Still, WJCS/CCHP has sometimes found it challenging to hire home visitors who are comfortable working with groups and have the attitudes and skill set needed to be successful.

During the later years of the pilot, CCHP made additional changes to the PCHP model to better meet the needs of children in an FCC setting. For example, a borrowing system for theme-based educational backpacks was implemented. The themed backpacks (e.g. nature, transportation, etc.) included a variety of books, puzzles, suggested activities and songs, and could be borrowed for up to three weeks by the FCC provider. While CCHP visitors note that on visit days the provider and children primarily use the materials brought by CCHP that day, the backpacks support the provider in creating a more language rich environment throughout the week. CCHP created an additional lending library specifically for parents. “Family Playbacks” using materials similar to those used in CCHP were created to extend the language-rich experience into the home environment and engage parents as partners in their children’s education.

Sustainability is an ongoing challenge for CCHP. Direct public funding is needed to make the CCHP sustainable and to expand it. Currently, the CCHP program is privately funded, while PCHP is funded by Westchester County, Federal Safe Schools/Healthy Students funding and private endowments. As CCHP grows and expands, there will be a need for additional resources and potentially public funding.

Evaluation and Assessment

To ensure success and maintain the highest quality of service WJCS/CCHP adheres to a strong monitoring system. This includes weekly staff supervision meetings, monthly progress reports of all programs, mid-year and end-of-year evaluations, adherence to PCHP National Standards, and adherence to the WJCS Program Quality Assurance standards.

Based on the evaluations conducted during the pilot, the program model has proven to be successful. In 2009 and 2010, CCHP succeeded in increasing provider warmth, positive reactions, encouragement of child independence, and clarity in directives. It also promoted increased conversations between providers and children while decreasing negative caregiving behaviors. There were visible changes in providers’ home environments that made them more conducive to early learning. The program succeeded in connecting providers to the community and its local resources, such as the library.

The pilot program used the 20-item Parent and Child Together (PACT) tool to assess interactions between childcare providers and children who participated in the Child Care Home Program. In 2009, providers were evaluated at the start and end of the program year. Observations lasted about 10 minutes and the providers were rated on the PACT items. Over the course of their participation in CCHP, child care providers improved on 19 of the 20 items. The CCHP promoted increased amounts of conversations between adults and children. Adults seemed warmer and more comforting, and verbalized affection more often. Increasing amounts of positive behavior were shown, as adults expressed approval and used positive reinforcement, and less negative behavior was displayed, as they refrained from scolding. The adults improved at responding to and satisfying the children’s needs. Over the course of the year, they increased their attempts to facilitate their children in self-direction, encourage the children’s independence,

and discourage over-dependence. In addition, they displayed greater clarity in verbalizing their expectations, gaining the children's attention, verbalizing reasons for obedience, encouraging an understanding of directives, and persevering in enforcing their directives. Child care providers also appeared to be increasingly prepared to respect the children's negative reactions to directives.

The program, now in full implementation, continues to use the PACT tool to assess child care providers and children in the program, and tracks those results as well as child attendance.

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Home Instruction for Parents of Preschool Youngsters (HIPPY): Montgomery Public Schools Montgomery, Alabama

Background

In October 1993, Montgomery Public Schools established the first Home Instruction for Parents of Preschool Youngsters (HIPPY) program in the state of Alabama. It is now part of a statewide network, with HIPPY programs in 29 counties. Initially, 60 children age 4 years old were served. The results at the end of the year were astounding, with 79 percent of the children passing the state's Kindergarten Readiness Test. Each year has seen an increase in the passage rate of the Kindergarten Readiness test, with the year ending in May 2007 having a 97 percent passage rate. Those not passing were identified as having special needs such as Downs Syndrome and Attention Deficit Disorder.

The Montgomery HIPPY program targets at-risk families, many of whom have few resources and may have limited access to books and other elements that support literacy development in the home. In 2009 and 2010, HIPPY served 199 families and 204 children. That year, 10 grandparents acting as a family, friend, and neighbor (FFN) caregivers were involved in the program, and the district provided the HIPPY program to those grandparents in their FFN role.

The Model

HIPPY is a home visiting model that uses parent involvement strategies to develop school readiness, and helps parents prepare their 3-, 4-, and 5- year old children for success in school and beyond. HIPPY helps parents empower themselves as their children's first teacher by giving them the tools, skills and confidence they need to work with their children in the home. The program is designed to bring families, organizations and communities together and remove any barriers to participation that may include limited financial resources or lack of education.

The two major components of HIPPY are home visits and group meetings. Home visits develop partnerships and relationships between home visitors and parents and/or grandparents (FFN caregivers). During each visit, the home visitor provides the parent or FFN caregiver with the tools and materials that enable them to work directly with their child on developmentally appropriate, skill building activities. The curriculum includes 30 weekly activity packets, nine storybooks and a set of 20 manipulative shapes for each year. The HIPPY curriculum primarily targets cognitive development, focusing on language, problem solving, logical thinking and perceptual skills, and all activities are developmentally appropriate. The packets are written in a clear scripted format that is designed to provide guidance for parents and ensure a successful learning experience for the parent and/or FFN caregiver and child working together in their own home.

The relationships formed during home visits are supported through bi-weekly group meetings. Group meetings allow parents and/or FFN caregivers to come together and share their experiences. The group meetings also serve to alleviate any isolation the parents or FFN caregivers may be experiencing in their homes, and provide opportunities to learn from and teach one another. The group meetings review the previous week's activities and then focus on the upcoming week's activity. Child care provided during the group meeting allows for social interactions for the children as well.

Role playing is used throughout the HIPPY program by all participants. The coordinators and home visitors role play activities every week, taking turns in the roles of parent and child. Home visitors then role play the activities with parents at home or in group meetings, and the parent does the activities with his or her child after the home visit. The role playing method of instruction is designed to be easily managed by home visitors, and to allow parents with limited reading ability an opportunity to become effective first teachers for their children. Ideally, it also promotes a comfortable, non-threatening learning environment.

Workforce and Professional Development

The implementation of the HIPPY model is centered on the recruitment, training and professional development of parents from the immediate community. These parent educators provide the home instruction and are key to the design of HIPPY.

The HIPPY program is delivered by home visitors who come from participating communities and are or have been parents in the program. Coming from the community allows home visitors to more easily develop trusting relationships with the families, and because they have used the HIPPY materials with their own children, home visitors identify with the kinds of challenges parents face. HIPPY coordinators provide weekly and periodic in-service training to increase the knowledge, confidence and effectiveness of the home visitors.

Implementation and Challenges

The Montgomery HIPPY program has two coordinators and 12 parent educators. Nine communities are served by the program located at five public schools. Montgomery HIPPY partners with Alabama Public Health, the Wellness Coalition, Family Guidance, the Montgomery County District Attorney's Office, the Helping Families Initiative, the Montgomery Housing Authority, the Montgomery Area Community Foundation, and Parents As Teachers. Funding comes from the Alabama legislature, federal ESEA Title I funding, Montgomery Area SafeSchools, and River Region Steps to a Healthier Alabama.

The Montgomery program began serving grandparents caring for children in response to changing community needs. The HIPPY program did not actively recruit FFN caregivers into their program but included them as family situations changed. Because the program evolved in

this way, the Montgomery HIPPY program did not face any recruitment or participation challenges, and it chose not to make any modifications in program design as the service moved from parents' homes to grandparents' homes. The group meetings were open to anyone who was involved in the child's life. Many times, both the parent and the grandparent would attend. Montgomery HIPPY has, however, experienced financial challenges. Recent budget cuts have led to a decline in the number of families served.

Evaluation and Assessment

Montgomery HIPPY evaluates its program using a number of different tools including assessing children using the Peabody Picture Vocabulary Test, a pre- and post-Kindergarten evaluation, and a parent evaluation. Earlier evaluations of the Montgomery HIPPY program (2008) showed increases in PPVT and Kindergarten readiness evaluation scores for both 3-year-olds and 4-year-olds participating in HIPPY. Evaluation results from 2010 are not yet available.

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Appendix A: An Overview of Home Visiting Models

Model	Populations Served	Professional Development/ Workforce Requirements	Services to children, families, and/or caregivers	Cultural and Linguistic Competency
<p><u>Early Head Start Home Visiting</u></p>	<ul style="list-style-type: none"> • Low-income pregnant women • Families with children from birth through age 3; Families at or below the federal poverty level • Children eligible in their state for Part C services under the Individuals with Disabilities Education Act 	<p>Home visitors are required to have knowledge and experience in child development; child health, safety, and nutrition; adult learning principles; and family dynamics. There is a goal that at least 50 percent of teachers have a bachelor's or master's degree by 2013, but as of now there is not an education requirement.</p>	<p>EHS home-based services include one weekly 90-minute home visit and two group socialization activities per month for parents and their children.</p>	<p>EHS materials and program activities can be adapted at the program level to meet the linguistic and cultural needs of the families served.</p>

Home Away From Home

Model	Populations Served	Professional Development/ Workforce Requirements	Services to children, families, and/or caregivers	Cultural and Linguistic Competency
<u>Family Check Up</u> (FCU)	Families and children ages 2 to 17 with certain risk factors, including: <ul style="list-style-type: none"> • socioeconomic indicators • child conduct problems • academic failure • depression 	Parent consultants who have been trained in the program model and have an advanced degree in psychology or a related field.	FCU is comprised of three sessions that typically occur within the home. Following these three sessions, the Everyday Parenting curriculum provides a basis for more intensive parenting support. The FCU model involves yearly “check-ups.”	Family Check Up is available in English and Spanish.

Home Away From Home

Appendix A: An Overview of Home Visiting Models 45

Model	Populations Served	Professional Development/ Workforce Requirements	Services to children, families, and/or caregivers	Cultural and Linguistic Competency
<p><u>Healthy Families America</u> (HFA)</p>	<p>Families with children with specific risk factors, including:</p> <ul style="list-style-type: none"> • single parenthood • low-income • history of substance abuse • mental health issues • domestic violence <p>HFA requires that families be enrolled prenatally or within the first three months after a child's birth and stay enrolled until the child enters kindergarten.</p>	<p>Pre-service and in-service training</p>	<p>HFA includes screenings and assessments, and home visiting services. In addition, many HFA programs offer services such as parent support groups and father involvement programs. HFA allows local sites to formulate program services and activities that correspond to the specific needs of their communities.</p>	<p>Providers are required to have basic training in cultural competency. Staff and materials are expected to reflect the diversity of the families served.</p>

Model	Populations Served	Professional Development/ Workforce Requirements	Services to children, families, and/or caregivers	Cultural and Linguistic Competency
<p><u>Healthy Steps for Young Children</u></p>	<p>Parents with children from birth to age 3.</p>	<p>The Healthy Steps professional has training in mental health, social work or child development.</p>	<p>The Healthy Steps national office requires that, at a minimum, participating practices offer the following services: home visits offered as soon after a newborn is discharged from the hospital; well-child visits; child development and family health checkups, including formal developmental screens; a child development telephone information line; referrals for children and parents; age-appropriate books for children; and written materials for parents on topics such as toilet training, discipline, and nutrition. In addition, participating practices might offer parent support groups.</p>	<p>Healthy Steps is available in English and Spanish.</p>

Home Away From Home

Appendix A: An Overview of Home Visiting Models 47

Home Instruction for Parents of Preschool Youngsters (HIPPY)

Parents with children ages 3 to 5 who:

- doubt their ability to instruct their children and prepare them for school
- had negative school experiences themselves
- have limited formal education, limited financial resources, or other risk factors

Home visitors are instructed in role play.

HIPPY includes home visits and group meetings.

Materials are available in English and Spanish. Pre-service training for Spanish speaking home visiting staff is conducted by a bi-lingual trainer. Other language accommodation is made at the local level.⁷

Model	Populations Served	Professional Development/ Workforce Requirements	Services to children, families, and/or caregivers	Cultural and Linguistic Competency
<u>Nurse Family Partnership</u> (NFP)	First-time, low-income mothers and their children, prenatal through age 2. NFP requires a client to be enrolled in the program early in her pregnancy and to receive a first home visit no later than the end of the woman’s 28th week of pregnancy.	Must be registered professional nurses with a minimum of a Baccalaureate degree in nursing. All nurse home visitors must complete core educational session required by NFP.	NFP includes one-on-one home visits between a trained public health nurse and the client.	NFP materials are available in English and Spanish, and nurses speak other languages based on the needs of specific populations. ⁸

Model	Populations Served	Professional Development/ Workforce Requirements	Services to children, families, and/or caregivers	Cultural and Linguistic Competency
<u>Parents as Teachers</u> (PAT)	Families with children prenatal through kindergarten entry.	Parent Educators must have at least a high school diploma or a GED and a minimum of two years previous work experience with young children and/or parents. Parent Educators must attend a three-day foundational workshop.	The PAT Born to Learn model has four components that all local programs are required to provide: (1) one-on-one home visits, (2) group meetings, (3) developmental screenings for children, and (4) a resource network for families	Parents As Teachers materials are available in English and Spanish. It is the policy of PAT to provide services in a culturally competent way.

Model	Populations Served	Professional Development/ Workforce Requirements	Services to children, families, and/or caregivers	Cultural and Linguistic Competency
<u>Parent-Child Home Program</u>	Parents with children ages 2 and 3 years old (two-year program) who face multiple risk factors such as: <ul style="list-style-type: none"> • low levels of education • teen parents • low-income • isolation • cultural and/or language barriers 	Home Visitors	The Parent-Child Home Program includes home visits, distribution of toys and books, referrals to community services, and assistance with transitions to the next educational step for the child.	Parent Child Home Program materials are available in English and Spanish, and in other languages as needed.

Model	Populations Served	Professional Development/ Workforce Requirements	Services to children, families, and/or caregivers	Cultural and Linguistic Competency
<u>Public Health Nursing for Early Intervention Program for Adolescents (EIP)</u>	Young child-bearing (pregnant) families. The intervention, as originally designed, spans through the first year post-birth	Model employs public health nurses who have completed a bachelor’s degree and are certified to practice in the state.	During home visits, public health nurses cover five main content areas with mothers: (1) health, (2) sexuality and family planning, (3) maternal role, (4) life skills, and (5) social support systems. ⁹	Program materials are available in English only. They can be delivered by nurses who speak home language of client.

Model	Populations Served	Professional Development/ Workforce Requirements	Services to children, families, and/or caregivers	Cultural and Linguistic Competency
<u>Child FIRST</u>	Children prenatal to age 6 with behavioral, emotional, or developmental concerns, or who have multiple risk factors, and their families.	n/a	<ul style="list-style-type: none"> • Comprehensive Assessment of Child and Family Needs • Observation and Consultation in Early Care and Education • Parent-Child Mental Health Intervention • Development of Child and Family Plan of Care • Care Coordination/Case Management ¹⁰ 	Program provides individualized support to parents to meet their needs, including language and cultural needs.

¹ Elizabeth Hoffmann and Tiffany Conway Perrin, *Extending Home Visiting to Kinship Caregivers and Family Friend, and Neighbor Caregivers*, CLASP, December 2009. <http://www.clasp.org/admin/site/publications/files/homevisitingkinshipffn.pdf>.

² See CLASP's *Putting it Together: A Guide to Financing Comprehensive Services in Child Care and Early Education*, forthcoming June 2012.

³ The Nurse Family Partnership model is approved by HRSA as an evidence-based model for the purposes of MIECHV funding. Fidelity to the model's design as evaluated is of critical importance to the developer, and the developer is unlikely to support the use of NFP in partnership with FFN or FCC providers. The developer has indicated, however, that if a state sought to use the NFP model in an innovative way, and was able to complete a thorough evaluation of that use, it may accept a well-researched variation of its model design as an official NFP program.

⁴ Karen Schulman and Helen Blank, *Close to Home: State Strategies to Strengthen and Support Family, Friend, and Neighbor Care*, National Women's Law Center, February 2007. <http://www.nwlc.org/resource/close-home-state-strategies-strengthen-and-support-family-friend-and-neighbor-care>.

⁵ PCHP is not one of the HRSA-approved evidence-based home visiting programs. PCHP has both a curriculum and has previously been used in FFN and FCC settings. States currently providing PCHP with other state or federal funds may want to consider adapting it for use in partnership with FCC and FFN.

⁶ Child care providers in Maine are regulated and fall within family child care licensing regulations. Caregivers are exempt from licensing regulations and are considered more informal. Kith and Kin, relative caregivers, and family, friend, and neighbor caregivers are sometimes interchangeable and used at different times to describe this and similar programs.

⁷ Email excerpt from Gayle Hart of HIPPIY: "The HIPPIY curriculum is available in Spanish. On-site initial pre-service training for Spanish speaking home visiting staff is conducted by a bi-lingual HIPPIY USA trainer. For parents who have another first language, any accommodation is made at the local level. This may take the form of the home visitor translating isolated words that may be unfamiliar to a parent whose native language is other than English or Spanish." May 16, 2011.

⁸ Email excerpt from Peggy Hill of NFP: "We have all of our materials available in English and Spanish; and our nurse home visitors speak many different languages depending on the location of the program and the population served. In some locations, agencies have employed interpreters. Though challenging, we have some lessons-learned about what helps make that arrangement as workable as possible. Whenever the population we serve is multi-cultural and multilingual, the nursing teams are intentional about inclusivity in their staff and coach one another to learn to build on the foundation of trust, respect, and non-judgmental curiosity that the NFP's approach to relationship development is based on, coupled with ongoing reflective supervision that fosters cross-cultural learning." May 12, 2011.

⁹ *HomVEE Short Report on the Early Intervention Program*, Mathematica Policy Research, May 2011. http://homvee.acf.hhs.gov/EIP_shortreport_070511.pdf.

¹⁰ *Overview of the Child FIRST Home-Based Intervention*, Child FIRST, accessed February 13, 2012. http://childfirstct.org/assets/downloads/Overview_Child_FIRST_Home_Based_Intervention.pdf.