



WISCONSIN LEGISLATIVE COUNCIL STAFF MEMORANDUM

Memo No. 4

TO: MEMBERS OF THE SPECIAL COMMITTEE ON STRENGTHENING WISCONSIN FAMILIES

FROM: Laura Rose, Deputy Director

RE: Home Visitation Programs Information

DATE: November 14, 2006

Listing of Home Visitation Programs in Wisconsin

The enclosure to this Memo provides a listing of home visitation programs in Wisconsin. These are the programs that are listed on the University of Wisconsin – Extension website entitled: *Wisconsin Home Visitation Programs*. An Internet link to this listing may be found at <http://www.uwex.edu/ces/flp/homevisit/>.

This is not a comprehensive listing of Wisconsin home visitation programs. Healthy Families – La Crosse, Healthy Families – Waukesha, Building Families – Eau Claire; Healthy Families – Walworth County; and Healthy Families of Kenosha County are among the programs not listed.

National Home Visitation Program Models

The following are the major home visitation program models that have been implemented on a national level:

- *Healthy Families America* was developed by Prevent Child Abuse America, a national nonprofit organization dedicated to the prevention of child maltreatment. The program, which is based on the Hawaii Healthy Start model (see Memo No. 1), was begun in 1992. The program is structured around 12 critical elements which are described in the next part of the Memo. According to the Healthy Families America website, the program serves over 85,000 families with assessment services and 50,000 families with home visitation services in over 430 communities across the nation. First-time parents, a majority of whom are single and low-income, constitute the target program population.

- *The Nurse-Family Partnership* began in the 1970s as an academic research demonstration project in Elmira, New York. In 1996, the program was launched on a national basis, and now serves more than 20,000 families at 150 sites. According to the program's website, the goals of the program are to increase healthy pregnancy outcomes, improve child health and development outcomes, and improve family self-sufficiency. Home visitation services are delivered by registered nurses to low-income first time parents and their children. Services begin in the prenatal period and continue until the child turns 2.

- The *Parents as Teachers* program was developed in the early 1970s in Missouri. Expansion of the program across the country began in 1985. According to the program's website, the goals of the program are to 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; and increase children's school readiness and school success. Home visits are delivered by trained parent educators using a curriculum known as "Born to Learn." Services begin at birth and continue until the child enters Kindergarten. In 2005, 320,000 children were served.

- The *Home Instruction Program for Preschool Youngsters* was developed in Israel. As with Parents as Teachers, the main program goal is to improve school readiness for children ages 3 to 5. The program uses a developmentally appropriate curriculum delivered by trained community home visitors who are supervised by a professional coordinator. The home visitor uses role playing as a method of delivering the curriculum. In 2003-04, 157 programs in the U.S. served over 16,000 children.

Healthy Families America Critical Elements

Healthy Families America provides one model for home visitation programs and was developed by Prevent Child Abuse America, a home visitation program may apply to Healthy Families America to use the Healthy Families name in identifying their program provided the program commits to meeting the 12 critical program elements. These 12 elements are based on research that demonstrates characteristics of home visitation programs that are effective in prevention of child abuse and fostering the healthy development of children.

The twelve critical elements of the Healthy Families America program model are as follows:

Critical Element #1

Initiate services prenatally or at birth.

Critical Element #2

Use a standardized (i.e., consistent for all families) assessment tool to systematically identify families who are most in need of services. This tool should assess the presence of various factors associated with increased risk for child maltreatment or other poor childhood outcomes (e.g., social isolation, substance abuse and parental history of abuse in childhood).

Critical Element #3

Offer services voluntarily and use positive, persistent outreach efforts to build family trust.

Critical Element #4

Offer services intensively (i.e., at least once a week) with well-defined criteria for increasing or decreasing intensity of service and over the long term (i.e., three to five years).

Critical Element #5

Services should be culturally competent such that the staff understands, acknowledges, and respects cultural differences among participants; and materials used should reflect the cultural, linguistic, geographic, racial, and ethnic diversity of the population served.

Critical Element #6

Services should focus on supporting the parent or parents as well as supporting parent-child interaction and child development.

Critical Element #7

At a minimum, all families should be linked to a medical provider to assure optimal health and development (e.g., timely immunizations and well-child care). Depending on the family's needs, they may also be linked to additional services such as financial, food, and housing assistance programs; school readiness programs; child care; job training programs; family support centers; substance abuse treatment programs; and domestic violence shelters.

Critical Element #8

Services should be provided by staff with limited caseloads to assure that home visitors have an adequate amount of time to spend with each family to meet their unique and varying needs and to plan for future activities (i.e., for most communities this means no more than 15 families per home visitor on the most intense service level. For some communities the number may need to be significantly lower, e.g., less than 10 families per home visitor).

Critical Element #9

Service providers should be selected because of their personal characteristics (e.g., nonjudgmental, compassionate, and able to establish a trusting relationship); their willingness to work in, or their experience working with, culturally diverse communities; and their skills to do the job.

Critical Element #10

Service providers should have a framework, based on education or experience, for handling the variety of experiences they may encounter when working with at-risk families. All service providers should receive basic training in areas such as cultural competency; substance abuse; reporting child abuse; domestic violence; drug-exposed infants; and services in their community.

Critical Element #11

Service providers should receive intensive training specific to their role to understand the essential components of family assessment and home visitation (e.g., identifying at-risk families; completing a standardized risk assessment; offering services and making referrals; promoting use of preventive health care; securing medical homes; emphasizing the importance of immunization; utilizing creative outreach efforts; establishing and maintaining trust with families; building on family strengths; developing an individual family support plan; observing parent-child interactions; determining safety of the home; teaching parent child interaction; and managing crisis situations).

Critical Element #12

Service providers should receive ongoing, effective supervision so that they are able to develop realistic and effective plans to empower families to meet their objectives; to understand why a family may not be making progress and how to work with the family more effectively; and to express their concerns and frustrations.

Home Visitation Outcomes Project

The Early Years Home Visitation Outcomes Project of Wisconsin is a collaborative effort of home visiting service providers, public and private funding sources and evaluators, whose primary interest is in preventing intentional and unintentional injury, improving family function, and promoting child health and development. The purpose of this project is to implement a common outcome measurement and data collection system in home visiting programs throughout Wisconsin and to transform Wisconsin's public health system by building on a promising data collection and analysis infrastructure for nonprofit and public health home visiting programs.

The Outcomes Project was initiated five years ago. It is funded by the Children's Health and Hospital System Child Abuse Prevention Fund. The Outcomes Project has selected nine home visitation programs in the state for evaluation:

- Brown County-Healthy Families.
- Dane County-First Steps Initiative.
- Dane County-Welcome Baby.
- Door County-Healthy Families.
- Manitowoc County-Lakeshore Family Resources.
- Marathon County-Start Right.
- Portage County-Healthy Beginnings.
- Sheboygan County-Family Resource Center.
- Waukesha County-Healthy Families.

Six discreet program outcomes have been selected for study based on the potential impact of home visitation on these program outcomes. These outcomes are:

- Parents interact with their children in ways that enhance their child's development and early learning.

- Children are healthy.
- Children live in a safe environment.
- Families access formal and informal support networks to meet their needs.
- Children achieve their optimal milestones in development and early learning.
- Children with developmental delays receive appropriate intervention services.

Data collection mechanisms include the Ages and Stages Social and Emotional Questionnaire, which screens if on developmental delays; and the Home Observation for the Measurement of the Environment Inventory, which measures parent/child interaction and home environments.

No evaluation reports have been released yet. The Outcomes Project hopes to release outcomes reports within the 18 months.

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Enclosure