EDUCATION BEGINS AT HOME ACT (S. 667/H.R. 2343)

What is the "Education Begins at Home Act"?

The Education Begins at Home Act (S. 667) is legislation reintroduced in the 110th Congress on February 16, 2007 by Senator Bond (MO) and Senator Clinton (NY). It is intended to give many more children a quality early childhood experience through the provision of home visitation services. The new funds will help states to establish or expand quality home visitation programs already underway in communities, and will target some specific groups of children and families for assistance. The legislation has been referred to the Committee on Health, Education, Labor and Pensions in the Senate.

What does the "Education Begins at Home Act" do?

The legislation will establish the first dedicated federal funding stream to support parents with young children through quality home visitation at the state and local level.

Specifically, the bill will:

- Provide $400 million over 3 years to states to expand access to parent education and family support services through quality early childhood home visitation programs;
- Provide $50 million over 3 years to partnerships at the local level to expand early childhood home visitation services to families with English language learners;
- Provide $50 million over 3 years to provide early childhood home visitation services to families with a family member in the Armed Forces; and
- Strengthen the early childhood home visitation component of Early Head Start.

Why is early childhood home visitation important?

The home is the first and most important learning environment for children, and parents are their child's most influential teachers. Home visitation delivers parent education and family support services directly to parents with young children, providing guidance on how parents can enhance their children's development from birth through kindergarten entry.

Home visitation is an effective, research-based and cost-efficient way to bring families and resources together to ensure that children grow up healthy and ready to learn. This legislation builds on existing models of quality early childhood home visitation programs, which together can help to meet the special needs of different children and families. This legislation will help states to create

a system of early childhood home visitation that will ensure that families are receiving the most appropriate services to meet their needs.

What kinds of outcomes could one expect from early childhood home visitation programs?

A number of quality early childhood home visitation programs have yielded a range of positive outcomes for children and families. Because they have different areas of focus, different models may have a stronger impact on some outcomes than others, including:

- ***Improved children's readiness for school and success in school*** – Children whose parents participated in a quality home visitation program showed improved school readiness scores and higher scores on achievement and standardized tests and increased high school graduation rates.[1]
- ***Improved child health and development*** – Families who received quality home visitation were more likely to seek prenatal and well-child care and to have their children immunized.[2]
- ***Improved parenting practices*** – Parents participating in quality home visitation demonstrate more knowledge about child-rearing, have better communication skills and have less parenting stress.[3]
- ***Reductions in child maltreatment*** – Parents participating in quality home visitation had more age-appropriate expectations of their children and used more positive discipline. These indicators are which is important because a lack of appropriate expectations and use of negative discipline are shown to be precursors to abuse. In fact, the research shows fewer documented cases of abuse and neglect among children who received home visiting services .[4]

Under this legislation, what families will be eligible for home visitation services?

An eligible family is defined as a woman who is pregnant and the expectant father, and a parent or primary caregiver, including foster parents, kinship caregivers and certain non-custodial parents of a child until the child enters kindergarten. If they wish, states will be able to further define which families they serve with these new funds.

How will the funding be administered?

At the federal level, the Department of Health and Human Services (DHHS), in collaboration with the Department of Education, will make grants to states to establish or expand quality programs of early childhood home visitation. The funds can be used to supplement, not replace, existing state and local services

for families. In each state, the Governor will identify a state agency to take the lead in delivering early childhood home visitation services under this program. Grants to serve families with English language learners will be made directly from DHHS to local entities. Grants to serve military families will be made by the Department of Defense to local entities.

How will funding be allocated to states?

Funds will be allocated to states based on the number of children from birth through age 5 who reside in that state, compared to the number of children of those ages who reside in all States that receive funds for the fiscal year. However, no state can receive more than $20 million in one fiscal year.

What will states be required to do to receive the funding?

To receive a state grant, a state will be required to submit an application that includes:

- A ***needs assessment*** describing the existing quality and capacity of early childhood home visitation programs and the families being served, and identifying gaps in services.
- A plan for ***how the state will implement one or more early childhood home visitation programs*** that help fill in its identified service gaps.
- A description of ***how the state will build on and promote collaboration among existing early childhood home visitation programs*** to ensure families are getting the most appropriate services to meet their needs.
- A description of ***how the state will promote channels of communication between staff of early childhood home visitation programs and staff of other early childhood education and early intervention programs*** such as Head Start, preschool programs, child care programs, and programs operating under the Individuals with Disabilities Education Act.
- A plan for providing ***training and technical assistance*** to staff of early childhood programs.
- An ***evaluation plan*** that demonstrates how outcomes will be tracked and measured in the areas of: parent knowledge; children's health, cognitive, language, social-emotional and physical development indicators; child maltreatment indicators, school readiness indicators; and links to community services.

For what will states be able to use the funding?

States will be able to use the funding to:

- Provide eligible families with ***voluntary early childhood home visitation*** on at least a monthly basis, with a greater frequency for those families identified with additional needs;
- Offer ***annual health, vision, hearing and developmental screening*** for eligible children;
- Provide ***referrals*** for eligible families, as needed, ***to additional resources;***
- Offer ***group meetings*** to further enhance the information and skill-building addressed during home visits;
- Provide ***training and technical assistance*** to early childhood home visitation and early childhood care and education staff (required set-aside of 10%); and
- ***Coordinate various models of early childhood home visitation, early childhood education and care and early intervention*** to ensure families are receiving the most appropriate and effective services to meet their needs.

Are states required to use these funds for a particular home visitation model?

The legislation refers to establishing or expanding quality programs of early childhood home visitation. It is not limited to one particular model of service; instead the legislation details some of the characteristics of quality home visitation programs and limits the use of funds to programs with these components. A state will determine which model or models to utilize that meet those characteristics and best meet the needs of their families.

How will the implementation of quality home visitation programs be assured?

The legislation ensures implementation of quality home visitation programs through the application process, requirements regarding uses of the funds, and required evaluations and reporting. In particular:

- ***Applications will be reviewed by a peer review panel*** that includes representatives with backgrounds in the fields of home visitation and early childhood development
- States will be required to ***reserve 10 percent of the grant funds to provide training and technical assistance*** on topics such as effective methods of parenting education, home visiting and promoting early childhood development

- Grantees (state or local entity) will be ***required to provide a minimum of monthly visits***, with a greater frequency of services provided to families identified with additional needs
- Grantees (state or local entity) will be ***required to implement home visitation models that provide certain services*** as part of any home visit, such as providing parents with knowledge about age-appropriate child development and the skills to interact with their child to enhance age-appropriate development.
- Grantees (state or local entity) will be ***required to conduct an annual evaluation that includes tracking outcomes*** in the areas of: parental knowledge of early learning and development; child health, cognitive, language, social-emotional and physical development indicators; child maltreatment indicators; school readiness indicators; and links to community services.
- ***DHHS will be required to conduct an independent evaluation*** that, among other things, will track how grant funds have expanded access to early childhood home visitation programs, numbers of families served, impact of services on desired outcomes, the effectiveness of home visiting on different populations, the effectiveness of training and technical assistance and will make recommendations for strengthening or modifying the Act.

What will be the reporting requirements for grantees?

State and local grantees will be required to submit an annual report to the Secretary. The reports will include a description of:

- the actual services delivered under the grant;
- outcomes for children and families served;
- the research based instruction, materials, and activities used; and
- the effectiveness of the training and technical assistance.

State reports must also include the following:

- after the second year of the grant, the results of the evaluations; and
- the annual program implementation costs, including the cost of providing services per family.

In addition, the Secretary will conduct an independent evaluation of the effectiveness of the Act.

Why include a section on strengthening Early Head Start?

Early Head Start is currently the largest federally-funded program that provides home visitation services to parents with young children. The proposed

enhancements to the Early Head Start program are intended to incorporate best practices from the field of home visitation into the existing program.

Why is special attention given to families with English Language Learners and to military families?

Military families and families with English language learners face unique challenges when raising young children. Military families are frequently relocated and are often stationed far away from their natural support system of family and friends. Parents who serve in the military may also be separated from their spouses and children for long periods of time due to deployment. Parents who are English language learners must acclimate to a new country and culture, and learn how to navigate our education, health and social service systems. This legislation will target funding to help promote innovative home visitation approaches that will effectively reach and serve these families with unique needs.

[1] Pfannenstiel, J.C., Seitz, V., & Zigler, E. (2002) Promoting school readiness: the role of the Parents as Teachers Program. *NHSA Dialog: A Research-to-Practice Journal for the Early Intervention Fired, 6, 71-86*; Arkansas Statewide Study of HIPPY, 1999, conducted by Dr. Robert Bradley of the University of Arkansas; Levenstein, P., Levenstein, S. & Oliver, D. (2002), First grade school readiness of former child participants in a South Carolina Replication of the Parent-Child Home Program, *Applied Developmental Psychology,* 23 , 331-353. Levenstein, P., Levenstein S., Shiminski J.A., & Stolzberg J.E. (1998), Long-term impact of a verbal interaction program for at-risk toddlers: An exploratory study of high school outcomes in a replication of the Mother-Child Home Program, *Journal of Applied Developmental Psychology;* 19, 267-285.

[2] Berkenes, J.P. (2001), HOPES Healthy Families Iowa FY 2001 Services Report; Klagholz & Associates (2000), Healthy Families Montgomery Evaluation Report Year IV; Greene et al. (2001), Evaluation Findings of the Healthy Families New York Home Visiting Program; Katzev, A., Pratt, C. & McGuigan, W. (2001), Oregon Healthy Start 1999-2000, Status Report.

[3] Pfannenstiel J. & Seltzer, D. (1989) New Parents as Teachers: Evaluation of an Early Parent Education Program, *Early Childhood Research Quarterly,* 4, 1-18; Wagner, M., Iida, E. & Spiker, D. (2001) The Multisite Evaluation of the Parents as Teachers Home Visiting Program: Three-Year Findings from One Community; Administration for Children and Families (2003) *Research to Practice: Early Head Start Home-Based Services*, Washington D.C.: DHHS,; Galano J. & Huntington, L. (1997) Year V Evaluation of the Hampton, Virginia Healthy Families Partnership; LeCroy & Milligan Associates, Inc. (2001) Healthy Families Arizona Evaluation Report; McLaren, L. (1988) Fostering mother-child relationships, *Child Welfare*, 67, 35-365.

[4] Centers for Disease Control and Prevention (2003) First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation and firearms laws. Findings from Task Force on Community Prevention Services MMWR 52 (No. RR-14); Wagner, M., Iida, E. & Spiker, D. (2001) *The Multisite Evaluation of the Parents as Teachers Home Visiting Program: Three-Year Findings from One Community*. Menlo Park, CA: SRI International.

For more information about the collaborative work of these home visiting programs please contact:
Healthy Families America (312) 663-3520 www.healthyfamiliesamerica.org
Home Instruction for Parents of Preschool Youngsters (HIPPY) USA (212) 532-7730 www.hippyusa.org
Parents as Teachers (314) 432-4330 www.parentsasteachers.org
The Parent-Child Home Program (516) 883-7480 www.parent-child.org

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Epidemiology Program Office
[2]*Division of Violence Prevention*
National Center for Injury Prevention and Control, CDC
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[3]*New York State Psychiatric Institute, Columbia University*
New York, New York
[4]*National Institute of Justice*
U.S. Department of Justice
Washington, D.C.
[5]*National Institute of Mental Health*
National Institutes of Health
Bethesda, Maryland

The Task Force on Community Preventive Services (the Task Force) conducted a systematic review of scientific evidence concerning the effectiveness of early childhood home visitation for preventing several forms of violence. On the basis of strong evidence of effectiveness, the Task Force recommends early childhood home visitation for the prevention of child abuse and neglect. Compared with controls, the median effect size of home visitation programs was a reduction of approximately **40%** in child abuse or neglect. Benefit was found whether the outcome was directly assessed in terms of reported abuse or neglect or indirectly assessed as reported injury.

The Task Force recommendation supporting early childhood home visitation interventions for prevention of child abuse and neglect in families at risk of maltreatment can be used to support, expand, and improve existing home visitation programs, and to initiate new ones. In selecting and implementing interventions, communities should carefully assess the need for such programs (e.g., the burden of child maltreatment) and clearly define the target populations. Home visitation programs included in this review were generally directed to those populations and families believed to benefit most from common program components, such as support in parenting and life skills, prenatal care, and case management. Target populations included teenage parents; single mothers; families of low socioeconomic status; families with very low birthweight infants; parents previously investigated for child maltreatment; and parents with alcohol, drug, or mental health problems. Other studies have reported many other desirable outcomes of early home visitation (*11,28*), including health benefits for premature, low birthweight infants and for disabled and chronically ill children as well as long-term benefits, including reductions in need for public support of visited mothers, particularly single mothers of low socioeconomic status.

Costs of Child Abuse and Neglect in Wisconsin

According to a 2002 cost-analysis released by the Wisconsin Children's Trust Fund, child abuse and neglect costs Wisconsin more than $789 million a year or $2.16 million a day. That is 98 times more than the $8.07 million that is spent to protect Wisconsin children from abuse and neglect.

Using conservative estimates, and without accounting for the incalculable cost of the loss of 17 Wisconsin children's lives (2001), the Children's Trust Fund reported the following staggering direct and indirect costs of abuse.

Direct Costs (costs associated with the immediate needs of abused or neglected children)

	Estimated Annual Cost
Hospitalization:	$12.9 million
Chronic Health Problems:	$20.6 million
Mental Health Care System:	$13.8 million
Child Welfare Services:	$452.0 million
Law Enforcement:	$0.3 million
Judicial System:	$2.2 million
Total Direct Costs	**$501.8 million**

Indirect Costs (costs associated with the long-term care or secondary effects of child abuse and neglect)

	Estimated Annual Cost
Special Education:	$5.8 million
Mental Health and Health Care:	$1.7 million
Juvenile Delinquency:	$26.2 million
Lost Productivity to Society:	$60.6 million
Adult Criminality:	$100.1 million
Total Indirect Costs	**$287.2 million**
TOTAL COST of child abuse and neglect in WI	**$789 million**

For more information and descriptions of the rationales used to determine each cost area, go to: http://wctf.state.wi.us.

Healthy Families Brown County

WHO IS SERVED?

Healthy Families Brown County targets pregnant women and first time parents with an infant, birth to 3 months, who are experiencing significant stress or who have parenting challenges and/or life circumstances which statistically place their children at higher risk of being abused or neglected. Examples of such factors are single parents, inadequate income, unstable housing, mental health issues, substance abuse, teen parents, parents with less than a high school education, or those with a history of having been abused or neglected themselves.

The majority of families are referred from area hospitals. However, families may hear about Healthy Families from a variety of sources including: public health nurses, WIC, nurse practitioners, physicians, refugee assistance programs, the domestic abuse shelter, homeless shelters, emergency rooms, other families enrolled in the program, and many refer themselves to the program. Parents identified by any of these sources are offered a visit from Healthy Families staff who will discuss with the family their needs and preferences for services, provide information, and link families to appropriate community resources. Services from Healthy Families include any one or a combination of the following:

- Assessment of strengths and needs.
- Information and referral/connection to community resources
- Comprehensive Home Visitation Services, Case Management, and Family Support for 3-5 years.

The service is highly regarded and well accepted by families. The rate of acceptance of the initial assessment is 96%. Of those who are offered the home visitation service, 95% enrolled. There are far more families who qualify and want the service than we are able to accommodate with current funding.

A large percentage of the Healthy Families program participants reside in the inner city. **8% entered the program homeless. 74% had annual incomes under $10,000.** More than **90% had annual incomes less than $15,000**. All the challenges of **chronic poverty** including family violence, substance abuse, mental health issues, unemployment, lack of access to health care etc. are common place for program participants. Although **three fourths are unmarried, 51% have the father of the baby living in the home** and in another 25% the father is out of the home but has some level of involvement with the child. **19%** of those not in the home are **paying child support. 16% were incarcerated** sometime during the year in 2006. **67% are children of color** and **33% have a primary language other than English.**

The statistics provide insights, but in reality each family is unique in what they bring to us and what they need from us, and the real strength of our service is that we have both a program model and a well trained staff who can and do respond appropriately.

WHAT IS DONE?

The work of Healthy Families Brown County is done by 9 full and part time Family Support Workers, 2 Supervisors, 1 Assessment worker, a part time Child Development Specialist, and one Cheerleader (that's me, the Director).

They:

- build trusting relationships with families, teach problem solving skills, provide emotional support to parents, regularly share information about the baby's care and development, and model and encourag effective coping skills and positive parenting.
- improve the family's formal and informal support system, provide transportation and link families to community resources.
- ensure that children have a doctor, regular check ups and recommended immunizations.
- identify or sometimes create resources, identify barriers to education and employment and provide assistance and support to overcome the barriers.
- connect families to food pantries, churches and other community resources.
- provide recreation and respite, and connect families to each other, to their neighborhoods, schools, and to the community.
- work on relationship skills, job skills, and life skills.
- provide positive reinforcement, nurturing, and approval to both parents and children.

Staff are able to do all of that because for most of them this is not a "job". It is a "calling". The work of serving children and serving a community is all about relationships, and Healthy Families staff pursue partnerships with families and with all who are working to effect organizational, community, and systemic change for the benefit of children.

WHAT IS THE COST?

Community-based services to overburdened families are far less costly than the damage inflicted on children that leads to outlays for child protective services, law enforcement, courts, foster care, health care and the treatment of adults recovering from child abuse. **The cost of serving a family in Healthy Families Home Visiting for one year is approximately $3500.**

WHAT ARE THE COST SAVINGS?

Foster care can cost between $25 and $115 per day per child. A correctional facility can cost between $200 and $250 per day per child. A GAO evaluation of child abuse prevention efforts found "total federal costs of providing prevention programs for low-income populations were nearly offset after four years."

WHAT ARE THE BENEFITS?
2005 and 2006

Reduction in the risk of child abuse and neglect

- 86% and 84 % connected to at least one new resource. **(risk factor: lack of resources)**
- 86% and 93% **had basic needs for food, shelter, health care, met** at year's end. More than half of those received direct assistance from Healthy Families in order to meet basic needs. **(risk factor: poverty)**
- 95% and 100% could name at least one informal support person **(risk factor: lack of social support)**
- 91% participated in community or agency sponsored recreation or social opportunities **(risk factor: social isolation)**
- 0% and 0% **of the children were injured in a domestic violence incident**
- 100% and 99% **of the homes had safety hazards reduced** or eliminated
- 100% and 98% **of the children had no childhood injuries** which required treatment.
- ***98.6 % and 98.2% of the children had no substantiated child abuse or neglect reports***

Children have a healthy start.

- 97% and 100% of the children **have a primary care physician**.
- 91% and 99% of the children **up to date with well child physicals.**
- 96% and 100% of the children **up to date with immunizations.**

Increased behaviors associated with positive family functioning and improved quality of family life.

- 73% and 81% **of households had at least one parent working** or in school
- 31% and 32% **of families had improvement in employment status**
- 16% and 8% **improved their education**
- 38% **of teen parents attending school regularly and four of the 13 who were school age graduated in 2006.**

Children are better prepared for school when they reach kindergarten age.

- **100% and 100 % of children aged 4 or more screen as developmentally appropriate for age or have received appropriate developmental intervention.**
- **100% and 100% % of children age 4 or more screen socially/emotionally appropriate or are referred for intervention.**
- **100% and 100% of children age 4 or more are fully immunized, in good health or have had medical attention for health problems.**