

Early Learning Council Webinar

Wednesday, May 22, 2013
12-1pm CT

<http://www2.illinois.gov/gov/OECD/Pages/EarlyLearningCouncil.aspx>.

the Ounce



Today's Facilitators



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Today's Objectives:

- ✓ To provide an ***overview of home visiting program models.***
 - Mission
 - Population
 - Approach & Requirements
- ✓ To provide an opportunity for ***dialogue!***



Home Visiting Program Models

- ❖ **Early Head Start**
- ❖ **Parents As Teachers**
- ❖ **Baby TALK**
- ❖ **Nurse Family Partnership**
- ❖ **Healthy Families America**

...and MORE!



Illinois



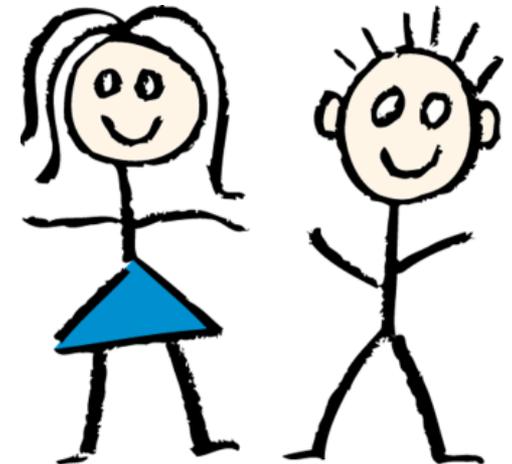
'Big Tent' of Home Visiting Models

The Early Head Start (EHS) Home-Based Option



Early/Head Start Service Components

- Early Childhood Development Services
- Disabilities and Mental Health
- Health and Nutrition
- Family and Community Partnerships
- Eligibility, Recruitment, Selection, Enrollment and Attendance
- Program Design and Management



What is Early Head Start?

- Early Head Start (EHS) is a federally funded community-based program for low-income families with infants and toddlers and pregnant women.
- **Mission:** to promote healthy prenatal outcomes for pregnant women, enhance the development of very young children, and promote healthy family functioning.

Why Families Choose the Early Head Start Home-Based Option

- ...want to use the home environment as the child's primary learning environment;
- ...are experiencing circumstances that prevent them from participating in more structured settings,
- ...require more intensive parent-child intervention;
- ...live in rural communities where center-based services are not feasible

Early Head Start Home Visiting Requirements

- Home Visit – weekly for 90 minutes
- Group Socializations – twice per month
- Health Services – EPSDT schedule
- Home Visitor Case Load – 10-12 families
- Home Visitor Qualifications
- Family Partnership Agreements
- Parent Education
- Partnering With the Community

Resources



- Early Childhood Learning and Knowledge Center
- <http://eclkc.ohs.acf.hhs.gov/hslc>
- Early Head Start Home-Based Model
- <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/program-options/home-based>



Parents as Teachers™





Parents as Teachers™

Goals

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



Parents as Teachers™

Four Model Components

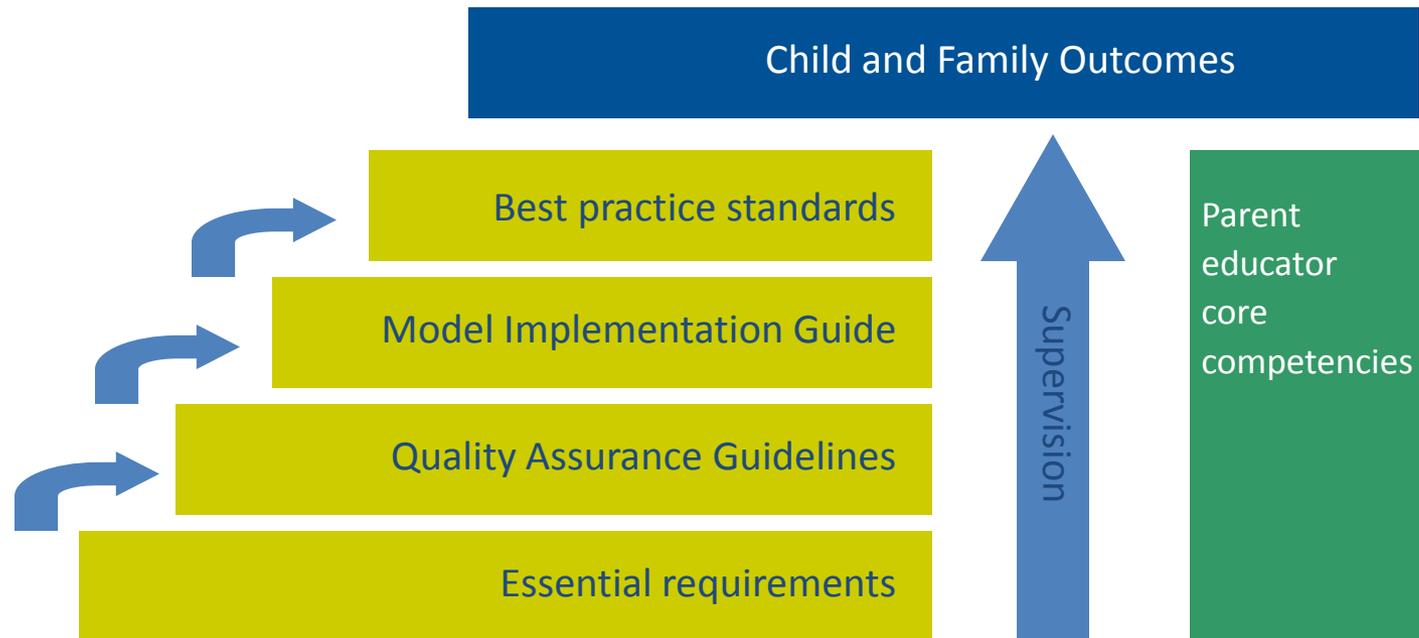
- Personal Visits
- Group Connections
- Screenings
- Resource Network





Parents as Teachers™

Model Implementation Fidelity





Parents as Teachers™

Curriculum –Features

- Always updated online curriculum (2757 pgs)
- Parent Resources in English and Spanish
- Strengthening Families Protective Factors
- More In depth prenatal materials
- Developmental topics





Parents as Teachers™

Resources

PAT Web Site: www.parentsasteachers.org

PAT Illinois State Website: www.patillinois.org

Greg O'Donnell (Illinois State Leader):
godonnell@ounceofprevention.org



Coming alongside families since 1986

our model + learning institute + our network + research + giving let's talk kids



Baby TALK Home Visiting

Baby TALK Home Visits with families provide an unparalleled opportunity to engage parents around the development of their children.

[Learn More about Home Visiting »](#)

the new "read for joy!"

Learn more about this
NEW professional
resource

baby tech

Learn about Baby TALK's
new database application

newborn encounter

View a live Baby TALK
newborn encounter

"let's talk kids" is now a book!

"Let's Talk Kids: Becoming
a Family"



500 East Lake Shore Drive
Decatur, Illinois 62521
P 217.475.2234
P toll free 1.888.4BT.READ
F 217.475.2206

Baby TALK is an evidence-based, ISBE endorsed model.



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What is the Baby TALK Model?

Baby TALK (**T**eaching **A**ctivities for **L**earning and **K**nowledge) is a community family support model which provides the framework to guide parent educators, teachers, social workers, family support specialists, nurses, physicians, librarians and city leaders in nurturing *school readiness* and optimal child development by supporting infants and toddlers and their parents.



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Who does the Baby TALK Model Serve?

Baby TALK provides a *universal approach* to families with children prenatally through age 3 with an emphasis on identifying and serving those families *most at-risk*. Funding sources may dictate a target population and the Baby TALK model can be used for this particular focus.



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Build a system.

Engaging others in the community who support young families, Baby TALK seeks to build “**a trustworthy system.**” **Collaboration** and **communication** among service providers eliminates barriers for families.

Screen every family.

Casting a net over your targeted population includes **going where parents and children already are.** Baby TALK’s Encounter Protocol enables providers to learn about families’ strengths and needs. This **universal screening** may include outreach to hospital prenatal services and obstetric units, WIC or pediatric clinics, and other community locations where families may be found.

Identify the need.

Learning about families guides professionals to affirm parent and child strengths and to strategize with parents about how to address family needs. Every parent and every child is **unique** and sensitive professionals can consider individual constellations of resources which may meet their needs.

Deliver appropriate services.

Arranging for services which are meaningful to a family’s real needs may include delivering **intensive home visiting and family support** to families who are **most at-risk.** Families with fewer risk factors may be served by group encounters through the community’s resources, with ongoing efforts to re-examine the development of risk factor over time. All of the community’s resources may be offered to families as they are appropriate.

The Baby TALK model is **evidence-informed** and is applied **flexibly** to take advantage of opportunities and address needs particular to a **targeted population.** The Model works well with a variety of **Federal, State and private funding streams.**



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Resources

<http://www.babytalk.org/>

Deb Widenhofer, Director of Baby TALK Training Institute
deb@babytalk.org



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Nurse-Family
Partnership





- Improve pregnancy outcomes by helping women engage in preventative health practices, including obtaining thorough medical care, improving their diet, and reducing their use of alcohol, cigarettes, and illegal substances.
- Improve child health & development by helping parents provide responsible and competent care for their children.
- Improve parental economic self sufficiency by helping parents develop a vision for their own future, plan for future pregnancies, continue their education, and find work.

NFP Model Elements

Client Elements

- Voluntary participation
- First-time mother
- Low-income
- Enrolled early in pregnancy (<28 weeks)

Intervention Context

- One to one visiting with client and NHV
- Client visited in her home
- Visits occur during pregnancy and up child's second birthday.

Service Intensity

- Visits occur during pregnancy and up to child's second birthday.
- Visits are weekly for the first 4-6 weeks upon entering the program;
- then biweekly until the birth of the infant;
- then weekly for 4-6 weeks;
- then bi-weekly until the child is 21 months; then monthly until the child is two years.



Curriculum/Key Services

- Client centered, strength-based, culturally competent services are delivered to the mothers and families using the evidenced based tested NFP Home Visit Guidelines.
- The Guidelines are structured around the following Home Visit Domains:
 - Personal Health
 - Environmental Health
 - Life Course Development
 - Maternal Role
 - Family and Friends
 - Health and Human Services

Resource

<http://www.nursefamilypartnership.org/>





Healthy Families America, a program of [PCA America](#), strives to provide all expectant and new parents with the opportunity to receive the education and support they need at the time their baby is born.



Goals & Outcomes

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

Intensity and Scope of Services

- HFA is an intensive home visiting program with a leveling system for moving families toward self sufficiency
- Families begin services receiving weekly home visits
- Families can receive services until the target child turns 3 or 5, depending on program



Target Populations

- Each HFA program is unique in that it defines the target population based on each community's need.
- Examples can include:
 - First-time parents
 - Geographic location
 - Age of parent



**healthy
families
america.**



Outreach and Recruitment

- Families enter into HFA programs based on specific eligibility criteria as determined through a systematic screening and/or assessment process
 - Screening tool
 - Kempe Family Stress Checklist
- Creative Outreach is used to engage or re-engage families into services

Resources

<http://www.healthyfamiliesamerica.org/home/index.shtml>

<http://preventchildabuseillinois.org>

Bill McKenzie, Sr. Training Manager:
BillM@ounceofprevention.org



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Let's Talk!



Thanks for your participation today!