



## FIRST THINGS FIRST

*Ready for School. Set for Life.*

### Standards of Practice

#### Home Visitation

##### I. Strategy Description

Parents and families play a pivotal role in shaping their children’s lives and preparing them for school. Often the best way to reach families with young children is by bringing services to their front door. Comprehensive, evidence-based home visitation programs provide participating families of infants and toddlers with information and education on parenting, child development and health topics while assisting with connections to other resources or programs as needed. An evidence-based home visitation program is implemented in response to findings from a needs assessment that includes home visiting as a primary service delivery strategy (excluding programs with infrequent or supplemental home visiting), and is offered on a voluntary basis to families expecting a baby or families with infants or toddlers.

An evidence-based home visitation program is defined as:

- existing for at least three years,
- research-based, grounded in relevant empirically-based knowledge,
- linked to program determined outcomes,
- associated with a national organization or institution of higher education with comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement,

- demonstrated significant, sustained positive outcomes per required model benchmarks and participant outcomes when evaluated using well-designed and rigorous, randomized controlled research designs and,
- results are published in a peer-reviewed journal, or from quasi-experimental research designs, or the model must conform to a promising and new approach which achieves the required benchmarks and participant outcomes that should be grounded in empirical work and have an articulated theory of change.

A variety of evidence-based models exist to address the spectrum of universal needs to targeted or specialized needs of particular populations such as first time parents, teen parents, families at-risk for abuse-neglect, or low income families. The experience and credentials of the home visitor, the duration and intensity of the visits, and the end goal or focus of the intervention are critical to implementation and intended impacts. Yet, the common ground that unites home visitation program models is the importance placed on infant and toddler development.

In coordination and collaboration with community-based services, voluntary home visitation programs educate families and bring them up-to-date information about health, child development and school readiness, and connect them to critical services. Home visitation is a bridge that links the resources of the community with the safety of the home environment to reduce isolation, empowering even hard-to-reach parents to build a better future for themselves and their children. For example, home visitors directly impact early language and emergent literacy development and parent-child interactions by communicating the importance of reading daily to infants and toddlers and through individualized service provision. They provide families with the information, education, coaching and modeling to establish daily reading activities and literacy rich home environments which promote infants' positive associations with books and other print materials thereby supporting language acquisition. Daily reading activities also impact social-emotional development by strengthening the bond and interactions between parents and their infants and toddlers. As part of service provision, home visitors regularly inform families of the services available in their local community such as those available through public libraries. Through referral and coordination of services, home visitors can

bridge daily reading activities and the availability of books and other print material within a family's home to those activities and programs available through the public libraries and elsewhere in the broader community; altogether reinforcing the importance of families' daily reading activities with infants and toddler resulting in positive early childhood outcomes and school readiness. (Peifer, 2011)

It is expected that home visitation programs funded by First Things First will be comprehensive for the families they serve and will be offered at no-cost, on a voluntary basis. Programs are also expected to minimize duplication of home visitation services for families.

## **II. Standards of Practice**

### **A. Implementation Standards**

#### **1. Family centered and strengths-based approach:**

- Conduct awareness, outreach and enrollment activities for eligible families who are expecting a baby or who have a newborn or infant child, older infants or toddlers.
- Engage families in assessment of their strengths and needs particularly around the following areas: parental resilience; social connections; knowledge of parenting and child development; concrete support in times of need; and children's social-emotional development.
- Assist families in the development and implementation of a family service plan, which includes specific goals and objectives based upon assessment findings, and future planning for transition from the home visitation program as appropriate.
- Ensure children receive developmental screening, preferably during well-child visits at 9, 18 and 24 months of age and every six months thereafter, or at any other time there are concerns about developmental delays, for all of the following developmental domains: social-emotional, language and communication – including emergent literacy, cognitive, physical and motor development. If the home visitor is

conducting the developmental screening at recommended age-intervals, the First Things First Developmental Screening Standards of Practice must be followed.

- Assist families in developing skills related to observing and understanding their child's ongoing growth and developmental progress.
  - Connect families with the most appropriate provider and/or agency when developmental or health related concerns are noted. This includes:
    - parent's understanding and ability to read their infant's subtle cues
    - reasonable expectations for infant and toddler behavior
  - Provide resource and referral information - identify services available to families and the subsidies to which they may be entitled; help them to fill out the forms to gain those services; and help the families to follow through to ensure service delivery, as needed.
  - Assist parents to learn how to advocate for their children within a variety of settings, including school, child care and human service agencies.
  - Provide service coordination with other community resources to minimize duplication and to ensure that families receive comprehensive services as needed.
2. Information, education and coaching on each of the core areas: knowledge of parenting and child development, health, parental resilience, social connections, and concrete support mechanisms. Information and support is tailored to the needs of the family, and identified in the family service plan. This includes:
- All domains of child development (social-emotional, language and communication – including emergent literacy, cognitive, physical and motor development), including understanding when to have concerns related to children's development; and
  - A focus on early language and literacy:
    - Inform and educate parents and families on typical early language and emergent literacy development for infants and toddlers.
    - Literacy coaching and instruction should be woven into the activities of all program components; presented and practiced in contexts that are

meaningful to families' lives and needs.

- Training for parents regarding how to be the primary teacher for their children and full partners in the education of their children.
- Actively engage parents in learning how everyday experiences can nurture the language and literacy development of their children.
- Support parents in maintaining a literacy-rich home environment.
- Appropriate child-adult interactions and development of parenting skills (i.e., physical touch, positive discipline, early language and literacy experiences and verbal and visual communications).
- Health (e.g., nutrition; obesity; breastfeeding; physical activity; immunizations; oral health; insurance enrollment; participation in consistent medical/dental homes; participation in prenatal care; safety; developmental health; vision and hearing screening).
- Identify their natural support systems such as peers.
- Home visitation programs may also engage families through the facilitation, arrangement or organization of community-based group activities to further enhance socialization and peer support.

3. Service delivery is based upon a culture of trust and respect.

- Create a family-centered approach and environment.
- Home visitors are from the community and have extensive knowledge of community resources.
- Structure activities compatible with the family's availability and accessibility.
- Demonstrate genuine interest in and concern for families.
- Clearly define program objectives with the families upon enrollment; understanding what the program will accomplish helps families become fully engaged in program services.
- Create opportunities for formal and informal feedback regarding services

delivered and act upon it; ensure that input shapes decision-making.

- Encourage open, honest communication.
- Maintain confidentiality; be respectful of family members and protective of their legal rights.
- Support the growth and development of all family members; encourage families to be resources for themselves and others.
  - Encourage family members to build upon their strengths.
  - Reflect the commitment to effectively serve the identified target population with an emphasis on fathers and grandparent caregivers, through publicity/outreach, literature and staff training.
  - Help families identify and acknowledge informal networks of support and community resources.
  - Create opportunities to enhance parent-child and peer relationships.
  - Strengthen parent and staff skills to advocate for themselves within institutions and agencies.

4. Programs are flexible and continually responsive to emerging family and community issues while ensuring model fidelity.

- Be accessible for families. Offer extended service hours including weekend/evening hours.
- Engage families as partners to ensure that the program is beneficial. Families have regular input and feedback in programmatic planning to meet their needs.
- Develop a collaborative, coordinated response to community needs.

5. Evaluation and monitoring is a collaborative, ongoing process that includes input from staff, families, program administrators, and community members.

- Programs must demonstrate mechanisms to assess program effectiveness and to implement quality improvements. Programs must participate in data collection and reporting of performance measures to First Things First.

## **B. Staffing Standards**

1. The length of employment and experience/education are reflective of high quality staff. Home visitors are required to have a minimum of a Bachelor's degree in early childhood development, education, family studies, social work, nursing or a closely related field, unless a specific, evidence-based program model is implemented through lay-persons such as a promotora model of service delivery.
2. Wages and benefits are adequate for supporting high quality staff.
3. Assessment of home visitors' skills and abilities. Home visitors must be able to engage families while maintaining professional boundaries.
4. Prior to serving families, staff must have professional training or have participated in development opportunities to ensure a level of competency in service delivery.
5. Home visitors receive ongoing staff development/training to ensure program quality and give staff an opportunity to develop professionally.
6. Provide ongoing staff development/training on the First Things First Home Visitation Standards of Practice principles and other required Standards of Practice as appropriate. Staff includes supervisors, direct service staff, volunteers and sub-grantee or partner personnel implementing the strategy.
7. Supervisors and resource, referral staff (including supervisors, direct service staff, volunteers and sub-grantee or partner personnel implementing the strategy) will have access to and receive training on the utilization of the Arizona Infant and Toddler Developmental Guidelines (January 2012).
8. Staff will receive training and information regarding mandatory reporting. Arizona

law requires home visitation staff who suspect that a child has received a non-accidental injury or has been neglected, to report their concerns to Child Protective Services or local law enforcement (ARS §13-3620.A).

9. Supervisors should work with home visitation program staff to prepare and implement professional development plans.
10. Establish supervision as a collaborative process with mechanisms that support staff in difficult situations and provides ongoing opportunities for discussion between staff members and supervisors to reflect and debrief. Supervision will also include observation. It is important that supervisors spend time with home visitors in the field to have a sense of how the service is being delivered. This will help supervisors and staff to identify coaching and mentoring opportunities.
11. A confidential case file is maintained for each family. This file will include documentation such as contact notes, intake, assessment or screening tools and the service plan. Programs will ensure quality of service provision through regular case file reviews.
12. All First Things First Home Visitation Standards of Practice are modeled in all activities including planning, governance, and administration.
13. To ensure quality services, caseload size for each staff person is based upon:
  - How many hours per week the home visitor works; and
  - Family need and intensity of services provided (for example, for families with high risk or multiple risk factors, frequency and intensity of programming can increase to allow for more time to build relationships, modify maladaptive behaviors or attitudes, or practice newly learned parenting skills); and
  - Where each family lives.

For example; 20 families is the maximum caseload for a home visitor working entirely in homes with families assessed as median to high risk or with multiple risk factors, at one visit per week. When assessing caseload size, first

and foremost, grantees must adhere to standards set by the program model. Additionally, geographic proximity/ travel time to families served, duration and intensity of visits and documentation requirements should be considered for manageable caseload sizes.

- Evidence-based program model fidelity

14. Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders, and the community.

15. All staff work as a team, modeling respectful relationships.

16. Build a team of staff who is consistent with program goals and whose top priority is the well-being of families and children.

### **III. Cultural Competency**

Affirm, strengthen and promote families' cultural, racial and linguistic identities and enhance their ability to function in a multicultural society.

- Create opportunities for families of different backgrounds to identify areas of common ground and to accept and value differences between them.
- Hire staff who reflect the cultural and ethnic experiences and language of the families with whom they work and integrate their expertise into the entire program.
- To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members effective, understandable, and respectful care that is provided in a culturally competent manner- a manner compatible with their cultural beliefs and practices and preferred language. Early childhood practitioners /early childhood service providers should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers

should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children.”

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15> ;

<http://www.naeyc.org/positionstatements/linguistic>

- Service providers should understand individual Tribes/Nations are distinct and separate communities from other Tribes/Nations and their governmental systems and structures are not reflective of each other. Services to Tribal communities and on reservations must be provided in a manner compatible with the Tribe’s/Nation’s cultural beliefs and practices, to include the preferred language of the community. Services must also be provided in accordance with the Tribe’s/Nation’s laws, policies and procedures. The effectiveness of services is directly related to the provider’s consideration of the beliefs, customs and laws of the Tribe/Nation.
- Service providers can obtain information about providing services on tribal lands from a variety of sources. These include the FTF Regional Director, Regional Council members, tribal websites and publications, as well as official representatives of the Tribe/Nation such as the governing body, standing committees and authorized departments. It is highly recommended that service providers seek guidance from one or more of these sources before initiating services on reservations. Failure to do so could result in contraventions of cultural beliefs, Tribal laws or sovereignty.
- Programs will demonstrate their ability to operate within these parameters through prior experience working with Tribes/Nations, demonstrating that staff are culturally competent, partnerships with agencies serving Native American families, knowledge of cultural beliefs, customs and laws of the Tribe/Nation or a combination of these elements.
- Related to data collection, evaluation or research activities:
  - In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native

American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect data from or related to any early childhood development and health program or activities on the reservation.

Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive data from or related to any early childhood development and health program or activities.

#### **IV. References and Resources**

For further information and resources regarding evidence based home visitation, refer to:

- Home Visiting Evidence for Effectiveness  
<http://homvee.acf.hhs.gov/>
- Mathematica Policy Research  
<http://www.mathematicmpr.com/EarlyChildhood/evidencebasedhomevisiting.asp>
- The PEW Center on the States  
[http://www.pewcenteronthestates.org/initiatives\\_detail.aspx?initiativeID=52756](http://www.pewcenteronthestates.org/initiatives_detail.aspx?initiativeID=52756)
- ZERO TO THREE  
<http://www.zerotothree.org/public-policy/infant-toddler-policy-issues/home-visit.html>