



Home Visitation

I. INTENT OF STRATEGY

The intent of the evidence based Home Visitation strategy is to provide personalized support for families with young children, particularly as part of a comprehensive and coordinated system. Expected results that are common to home visitation programs include: improved child health and development, increase in children's school readiness, enhancement of parents' abilities to support their children's development; decreased incidence of child maltreatment; and improved family economic self-sufficiency and stability (US Department of Health and Human Services, 2014).

II. DESCRIPTION OF SIGNIFICANCE

The early years of life present an important opportunity for parents to lay the foundation for the healthy development of their children. 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 home. Home visiting programs have diverse goals, but they share a common focus on the critical role parents play in shaping the lives of their children. These programs typically send individuals into the homes of families with young children to gain an understanding of the families' needs. Services are tailored to those needs and seek to improve family health and well-being by providing parenting information; access and connection to broad-based health, economic, and/or social service resources; and support for parents throughout the child's first few years. Home visiting programs can range in intensity and vary with respect to the age of the child, the risk status of the family, the background and training of the home visitor, and the range of services offered.

Decades of research and evidence demonstrates that home visitation can be an effective method of delivering family support and child development services (Mathematica, 2014). A variety of evidence-based models exist to address the spectrum of universal, 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. Comprehensive, evidence-based home visitation programs provide participating families of infants and toddlers with information, education and support on parenting, child development and health topics while simultaneously assisting with connections to other resources or programs as needed. Having a portfolio of high-quality home visiting programs is beneficial for serving the diverse needs of Arizona's children and families.

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. Home visiting is defined as a voluntary enrollment program in which early childhood and health professionals (such as nurses, social workers) or trained and supervised paraprofessionals repeatedly visit - over a period of at least six months - the homes of pregnant women or families with children birth to age 5 who are born with or exposed to one or more risk factors.

III. IMPLEMENTATION STANDARDS

A. Program Standards

First Things First (FTF) is committed to funding programs that are evidence based or evidence informed. The emphasis on evidence-based programs is grounded in the idea that the maximum benefit for children and families is delivered by programs that base their practice in the most current, relevant, and reliable evidence about the effectiveness of the program. For some programs, an evidence-informed or best practice, or a promising practice model is appropriate. The following criteria are considered by FTF when determining to fund programs:

- **Evidence based programs** are programs that have been validated by documented and scientific research and the evidence has gone through a peer review process. Evidence is established through scientific research that has had a comparison between an intervention group and a control group where the intervention group has had a significant impact. Peer review means that someone external to the program or research team has reviewed the methodology and the findings to determine if standards were met.
- **Evidence informed** is a program or service that has a clearly articulated theory of change (logic model) and has had some evaluation of the outcomes. This can be based on one program or service model that has been evaluated in multiple settings. An evidence informed program cannot be based on the evaluation of a program in only one setting, even if it has been done for many years in a community and everyone likes it.
- **Promising practice** is a program or service that has a clearly articulated theory of change (logic model) with specified implementation and operational processes (activities) and program outcomes. A promising practice program is *informed* by at least one of the following:
 - Evidence based practices of a similar program or service delivery system, but does not have complete fidelity to that model because of justifiable need to change factors such as staffing or written materials in order to adapt to geographic or cultural variation.
 - A similar program or service delivery model that is generally accepted as appropriate for use with the target population to achieve the program outcomes but has yet to be established as evidence based.
 - Culturally responsive practices that are known to contribute positively to program outcomes.

A promising practice must have no evidence that the program or service will cause any harm to recipients. Additionally, a promising practice program is committed to building evidence of program or service effectiveness through ongoing continuous quality improvement activities.

1. Implement an evidence based program that meets the First Things First accepted definition of that model:
 - a. Implement an evidence based home visitation program model. Examples of commonly implemented evidence-based program models and their characteristics include:
 - **Nurse Family Partnership (NFP)** aims to improve pregnancy outcomes, child health and development, maternal life course development, and the economic self-sufficiency of the family. Specially trained, registered nurses with bachelor's degrees (master's degrees preferred) provide ongoing home visits that start while the mother is pregnant and continue until the child reaches age 2. Guidelines are provided for each visit, but nurses use a variety of developmental screenings and diagnostic tools to tailor the program to the specific needs of each family. Willing participants must be low-income, first time mothers willing to receive their first home visit by the 28th week of pregnancy. These mothers initially receive home visits every week for the first month after enrollment and then every other week until the baby is born. Once the baby is born, families receive visits weekly for the first six weeks, and then every other week until the baby is 20 months. The last four visits are monthly until the child is 2 years. These visits typically last 60 to 75 minutes, but the schedule may be adjusted to meet client needs. During these visits, nurses help ensure that mothers receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become economically self-sufficient.
 - **Healthy Families America (HFA)** targets at-risk families to help them cultivate and strengthen parent-child relationships, promote healthy child development, and enhance family functioning by reducing risk, building protective factors, and focusing on building strengths rather than correcting weaknesses. To receive services, families must be enrolled while the mother is pregnant or shortly after birth, and they must complete a comprehensive assessment to ascertain the presence of risk factors. Individual providers determine other criteria for enrollment, such as being a single parent or suffering from substance abuse or mental health issues. Visits are initiated prenatally or within the first three months of birth and include weekly visits until the child is 6 months old, at which point the visits may become less frequent depending on the needs of the family. Services can continue until the child is 3 to 5 years old.
 - **Parents As Teachers (PAT)** aims to increase parenting knowledge of early childhood development, 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. Parents receive one-on-one home visits from degreed professionals and paraprofessionals who have previous

experience working with children or families. Parents also have access to monthly group meetings, developmental screenings, and information about other resources available to their family. The PAT curriculum provides structure (e.g., personal visit plans and guided planning tools), but it also can be individualized to meet the diverse needs of families.

- **Family Spirit** is designed for Native American mothers and their children. It aims to promote mothers' parenting, coping, and problem-solving skills to address factors such as demographic challenges, family-of-origin problems, and personal stressors. The curriculum, which incorporates traditional tribal teachings, consists of 63 independent lessons in six domains. When the full curriculum is appropriate, Family Spirit recommends initiating the program with weekly visits at 28 weeks gestation and tapering to bimonthly visits until the child's third birthday. Paraprofessional Health Educators conduct the visits, which are typically 45 to 90 minutes in duration. Family Spirit recommends that Health Educators come from the participating community and have familiarity with the tribal culture, traditions, and language.
 - **Home Instruction for Parents of Preschool Youngsters (HIPPY)** aims to: (a) prepare children for success in school and all aspects of life, (b) empower parents to be their child's first teacher, and (c) provide parents with the skills, confidence, and tools needed to successfully teach their child in their home. The ultimate goal is to help parents provide educational enrichment for their preschool child (aged 3 to 5) and promote children's school readiness. HIPPY targets parents who are primarily in at-risk communities and lack confidence in their own abilities to instruct their children, perhaps because these parents struggled academically, do not speak English, and/or did not graduate high school. HIPPY services include weekly, hour-long home visits for 30 weeks a year, and two-hour group meetings monthly (or at least six times a year). The HIPPY curriculum uses role play as the method for teaching parents the skills needed to implement the curriculum with their child. Parents receive 30 weeks of activity packets and storybooks to use with their children. Parents work on these activities with their children during the home visits and also are instructed to spend 15 to 20 minutes a day completing the activities.
 - **Early Head Start-Home Visiting (EHS)** aims to: (a) promote healthy prenatal outcomes for pregnant women, (b) enhance the development of young children, and (c) stimulate healthy family functioning. EHS can be offered in a center-based or home-based based format. In the home-based format referred to in the remainder of this report, EHS home visitors have a Child Development Associate (CDA) credential plus knowledge and experience in child development and early childhood education, principles of child health, safety, and nutrition, adult learning principles, and family dynamics. EHS services include a weekly, 90-minute, home visit and two group socialization activities per month for parents and children. However, there is no set curriculum for EHS visits. Each site determines the curriculum used.
- b. Maintain good standing and current affiliation with the national organization or institution for the home visiting program model.

- c. Ensure fidelity to model requirements regarding program implementation:
 - Frequency and duration of services;
 - Staffing ratios and caseload management (in cases where the program model does not specify a maximum caseload per home visitor, adhere to FTF's maximum caseload for a home visitor of 20 families);
 - Developmental and sensory screenings conducted according to the schedule in the program model for the developmental domains: social emotional, language and communication, cognitive, physical, and motor development as identified by the American Academy of Pediatrics (2008). If program model does not indicate a schedule for screening, use at minimum, the schedule recommended by the American Academy of Pediatrics (recommended age intervals of 9, 18 and 30 months and annually thereafter). Home visitors conducting the developmental and sensory screenings must adhere to the FTF Developmental and Sensory Screenings Standards of Practice (see attached).
 - Participation in evaluation and quality assurance (including fulfillment of data reporting requirements as per program model);and,
 - Professional development and staff education requirements.
- d. Offer information, education and coaching to parents and families in all of the core areas of family support:
 - **Expand the parent's knowledge of child development and behavior** – Provide education and learning opportunities to families around all the domains of child development (i.e., social and emotional, language, general knowledge, physical and motor development, and approaches to learning); understanding typical and atypical child development; recognizing age appropriate child expectations; and identifying developmental milestones and developmental red flags.
 - **Support positive parenting practices** – Provide education and learning opportunities to families around appropriate parent and child interactions; development of parenting skills; positive discipline; warm, sensitive and responsive caregiving.
 - **Improve child safety** – Provide education and learning opportunities for families to increase their awareness of prevention of injuries in the child's environment and removing them or making adjustments (e.g., safe sleep, choking hazards, and use of car seats).
 - **Improve child health** – Provide education and learning opportunities for families around nutrition; obesity prevention; breastfeeding; physical activity; immunizations; oral health; insurance enrollment; participation in consistent medical/dental homes; participation in prenatal care; preventative services such as well child visits; developmental health; vision and hearing screening.
 - **Contribute to family stability** – Provide information about supports to families that improve their stability and functioning; meet their basic needs; parental functioning and mental health (e.g., warmth, emotional availability, and stimulation); promote stable relationships among caregivers, positive parenting, and family cohesions.

- **Promote strong family relationships** – Provide information about supports aimed at increasing the support network and community involvement of the family.
- e. Actively involve and engage families in all aspects of service delivery:
- Conduct awareness, outreach and enrollment activities for eligible families who are expecting or parenting a child 5 years and younger.
 - Provide the family with a program handbook upon enrollment. The program handbook includes the following information:
 - Program philosophy and goals;
 - Program calendar;
 - Attendance policy;
 - Confidentiality policy;
 - Use of family-centered practices;
 - Expectation for parent/family participation; and
 - Ways families can promote learning at home and within the community to help their child be successful in an early education environment.
 - Engage families in assessing their strengths and needs around the core areas of family support using a standardized assessment form and maintain a record of the assessment in the confidential child and/or family file.
 - Develop a written family service plan that includes specific goals, objectives based upon the strengths and needs assessment and other program tools, timeframe for task completion, periodic reviews (at least quarterly), and future planning for transition from the home visitation program as appropriate. Provide the family with a copy the family service plan including updated plans. Maintain a record of the family service plan in the confidential child and/or family file.
 - Assist families in developing skills related to observing and understanding their child’s ongoing growth and developmental progress. This includes the parent’s understanding and ability to read their infant’s cues and developmentally appropriate expectations for infant and toddler behavior.
 - Ensure families receive information about developmental and sensory screening results, and appropriate referral if needed.
 - Connect families with the most appropriate provider and/or agency when developmental or health related concerns are noted.
 - Provide resource and referral information and assist families by linking them to needed and available services. Document in the case record where families received the referred services. Maintain a record of the referrals made on behalf of the family in the confidential child and/or family file.
- f. Incorporate family-centered practice into service delivery including the following components of family-centered practice:
- Involve families in the planning, development and implementation of the program. Activities and services are developed in response to the needs and interest of the family.

- Structure activities compatible with the family’s availability and accessibility. Home visiting programs will offer non-traditional hours of operation including extended evening and weekend visits if needed for family participation.
 - Structure activities compatible with the parent or caregiver’s limitations or special needs.
 - Support the growth and development of all family members; encourage families to be resources for themselves and others.
 - Strengthen parent’s capacity to advocate for themselves within institutions and agencies.
 - Periodically, but no less than once a year, create both formal and informal opportunities for families to offer feedback about services delivered. Take action based on family’s feedback and ensure that feedback is considered in future systemic decision making.
 - Make reasonable efforts to include all household members (as appropriate) – including fathers, grandparents, and children.
- g. Incorporate strength-based approach to service delivery, which focuses on the family’s abilities, assets, needs and interests. Include the following components of strength-based practice:
- Staff members work with family members in relationships based on equality and respect to identify their strengths, resilience and resources.
 - Encourage family members to build upon their strengths by enhancing their capacity to understand and promote their own optimal cognitive, social, emotional, and physical development.
 - Assist families to learn how to advocate for their children within a variety of settings including early education, health services, and human services agencies.
 - Help families identify and acknowledge informal networks of support and community resources.
2. Literacy learning in early childhood provides the foundation for future literacy success and is rooted in exposure to rich language experiences and engaging activities that build knowledge, understanding and speaking, expands vocabulary, and supports a child’s ability to become a successful independent reader.
- a. Promote and support meaningful early literacy experiences and opportunities for young children in the appropriate context of program implementation.
- Provide education and learning opportunities for parents to learn about early language and emergent literacy development.
 - Inform parents about pre-literacy skills needed for literacy: print concepts, phonological awareness, vocabulary development, comprehension, analysis of the content and structure of text, and making meaning through drawing and writing.
 - Provide information to increase parents’ awareness of the use of languages to communicate, respond to and elaborate on child’s vocalizations (e.g., daily storytelling, talking, singing to infant and child).

- b. Support families and caregivers with parenting and child-rearing skills that help increase understanding of early language and emergent literacy development.
 - c. Engage families in meaningful, day to day two-way communication about how a child develops language and early literacy skills.
 - d. Encourage families to use the language in which they are most confident and competent.
 - e. Encourage parents and families to learn how to observe, guide, promote, and participate in everyday language and literacy development of their children at home, early care, and in their communities.
 - f. Encourage parents and families to advance their own learning interests in language and literacy development through education, training, and other experiences that support their parenting, careers, and life goals.
 - g. Encourage parents and families to support and advocate for their child's learning and development as they transition to new learning environments.
3. Follow the FTF Child Welfare Policy (attached) when working with children and families enrolled in services provided by the Arizona Department of Child Safety to promote non-duplication and coordination of child welfare services.
4. FTF recognizes the importance of collaborative partnerships among community partners that utilize a variety of formal and informal mechanisms to facilitate coordination of services in the community. The Coordination and Collaboration standard requires a grantee to:
- a. Develop and implement a plan to understand and make connections with other initiatives, strategies and efforts in the region or state that support the early childhood system.
 - b. Develop processes that ensure staff implementing FTF funded strategies understand the connections between this strategy and the early childhood system to avoid duplication of services and promote collaboration between other services and supports offered to children and families in the regions.
 - c. Link families to other supports and services in the community by offering referrals to available providers as needed.
 - d. Provide service coordination with other home visiting programs and community service resources to minimize duplication and to ensure families receive comprehensive services as needed.
 - e. Utilize community reports (e.g. Regional Needs and Asset Reports) to develop a collaborative and coordinated response to community needs (i.e., establish a plan that addresses how the home visitation program will address the needs and utilizes the strengths of the community).
5. Continuous Quality Improvement
- a. Adopt a process of continuous self-monitoring and reflection to improve program practices that is articulated in a written policy.
 - b. In the written policy, the following should be addressed:

- How data is used to assess the progress and outcomes of program implementation; and
 - How data collection is used to improve staff performance.
6. FTF embraces cultural responsiveness as an intentional life long journey that holistically explores, honors, and values the diversity of the human experience.
- a. Offer programs and services congruent with the needs of diverse children and families.
 - b. Offer programs and services that are responsive to the impact of cultural factors such as histories, traditions, values, family systems and structures, social class, and religion and spiritual beliefs.
 - c. Create a learning environment conducive to and includes all children and families no matter their ethnic, cultural, or linguistic backgrounds.
 - d. Use the cultural knowledge, prior experiences, frames of reference, and performance styles of diverse children and families to make learning more appropriate and effective for them.

B. Staffing Standards

1. Direct Service Staff
 - a. Hire staff who reflect the cultural and ethnic experiences and language of the targeted population with whom they work with and integrate their expertise into the entire program.
 - b. Ensure that staff at all levels receives initial and ongoing professional development in culturally and linguistically responsive service delivery.
 - c. Employ well-trained and competent staff and provides continual relevant professional development opportunities.
 - d. Home visitors are required to have a minimum of a bachelor's degree in early childhood development, education, family studies, human development, nursing, social work or a closely related field. Home visitors without a related bachelor's degree must meet the educational requirements prescribed by the program model.
 - e. Wages and benefits are adequate for supporting highly qualified and bachelor level staff.
 - f. Prior to serving families, staff must have professional training or have participated in development opportunities to ensure a level of competency in service delivery.
 - g. The home visitor's knowledge, skills and abilities must be assessed prior to independent work with families.
 - h. Home visitors must receive ongoing staff development and training to ensure program quality and give staff and an opportunity to develop professionally.
 - i. Prepare and implement a professional development plan for all home visitors and supervisors.
 - j. Provide staff with initial training on the FTF Home Visitation Standards of Practice principles and other required Standards of Practice as appropriate. Staff includes supervisors, direct service staff, volunteers, and sub grantees or partner personnel implementing the strategy.

- k. All staff including direct service staff, supervisors, volunteers, sub grantee or partner personnel implementing the strategy must receive professional development on the utilization of the Arizona Infant and Toddler Developmental Guidelines through the Arizona Department of Education.
 - l. Ensure staff receive training and information regarding the mandatory reporting of child abuse and neglect. (See Section C. Additional Standards, and the attached FTF Suspected Child Maltreatment Mandated Reporting Policy.)
2. Supervisory Staff
- a. Establish an effective, consistent supervisory system that provides support for all staff members and ensures accountability to participants, funders, and the community.
 - b. Ensure home visitors have access to regular supervision. Establish supervision as a collaborative process with mechanisms that support staff in difficult situations and provides ongoing opportunities between staff members and supervisors to reflect and debrief. Supervision must include observation of in-home service delivery. It is important that supervisors spend time with home visitors in the community to have a sense of how the service is being delivered. This assists the supervisor and staff identify coaching and mentoring opportunities.
3. The Arizona Early Childhood Workforce Registry (Registry)
- The Registry is a component of the newly developed Arizona Early Childhood Career and Professional Network (Network). The Network is a comprehensive system designed to meet the professional development needs of Arizona’s early childhood professionals working with or on behalf of children birth-8 years of age.
- a. Staff employed at the administrative home and any sub-grantee who are working directly with or on behalf of children birth – age 8 as a part of the implementation of this strategy must enroll in the Registry by June 30, 2016.
 - b. All participants of this strategy are expected to enroll in the Registry by June 30, 2016.

C. Additional Standards

- 1. Arizona law (ARS §13-3620.A) requires early childhood program staff who suspect that a child has received non-accidental injury or has been neglected, to report their concerns to the Arizona Department of Child Safety or local law enforcement. All staff, grant partners, consultants and participants of this strategy must receive training and adhere to these requirements (see attached FTF Suspected Child Maltreatment Mandated Reporting Policy).
- 2. Developmental and Sensory Screening is a required secondary strategy associated with the Home Visitation strategy. See the Developmental and Sensory Screening Standard of Practice (attached).

IV. REFERENCES AND RESOURCES

- A. US Department of Health and Human Services. (2014). Home Visiting Evidence for Effectiveness, Outcomes. Retrieved from: <http://homvee.acf.hhs.gov/outcomes.aspx>

- B. Mathematica Policy Research. (rev. 2014). Home Visiting Evidence of Effectiveness Review: Executive Summary. Retrieved from:
<http://www.mathematica-pr.com/earlychildhood/evidencebasedhomevisiting.asp>
- C. American Academy of Pediatrics. (2008). Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, 3rd Ed.: Promoting Child Development. Retrieved from: http://brightfutures.aap.org/pdfs/guidelines_pdf/3-promoting_child_development.pdf
- D. Developing a Thriving Reader from the Early Years: A Continuum of Effective Literacy Practices (available in Fall 2014)
- E. FTF Child Welfare Policy (attached)
- F. FTF Suspected Child Maltreatment Mandated Reporting Policy (attached)
- G. Arizona Early Childhood Career and Professional Development Network Website: azearlychildhood.org (available Fall 2014)
- H. Arizona Department of Education
Trainings <http://www.ade.az.gov/onlineregistration/SelectEvent.asp?viewall=%22yes%22&GroupID=31>
- I. ZERO TO THREE National Center for Infants, Toddlers and Families.
(2014). <http://www.zerotothree.org/public-policy/infant-toddler-policy-issues/home-visit.html>
- J. US Department of Health and Human Services. Maternal Infant Early Childhood Home Visiting Programs. (2014). <http://mchb.hrsa.gov/programs/homevisiting/>



Parenting Education

I. INTENT OF STRATEGY

The intent of the evidence informed Parenting Education strategy is to offer learning activities designed to increase the knowledge and skills of parents and families to promote positive parenting practices that result in enhanced child health and development when utilized by parents and caregivers. The expected results of effective parenting education programs are increased parental knowledge of child development and parenting skills, improved parent and child interactions, and more effective parental monitoring and guidance, decreased rates of child maltreatment, and better physical, cognitive and emotional development in children (Samuelson, 2010).

II. DESCRIPTION OF SIGNIFICANCE

All children need caring parents and adults who provide nurturing and stable relationships for optimal developmental outcomes and success in school and life. “But even the most educated parents cannot provide all of the learning tools children need, and many parents have not been prepared with an understanding of how children learn and develop” (Tangible Steps toward Tomorrow, 2007). Evidence exists that some types of parenting education programs can help parents and caregivers do a better job of parenting. According to Bavolek (2002), parenting runs along two continuums: abusive and nurturing. Nurturing parenting behaviors equate to less incidence of abuse. Teaching parents and caregivers how to be supportive, set boundaries, and have appropriate expectations for children can help enhance the nurturing behaviors.

Based upon the Index of Arizona’s Early Childhood Opportunities (Building Bright Futures 2013), it is known that Arizona’s parents and families with young children need more information on child development to develop parenting skills and have access to resources that support them in their role as parents and their child’s most important teacher. Recognizing that parents and families play the most critical role in shaping their young child’s readiness for school and potential for success in life, it is important to invest in a continuum of family support strategies, which include parenting education, to support parents and families. Evidence-based parenting education provides Arizona’s families with access to information about optimal child development and positive parenting practices.

Parenting education works to enable families to build on their own strengths and capacities to promote the healthy development of children. Evidence-based parenting education programs are those that have been studied in both controlled clinical trials and community settings and have demonstrated specific, expected outcomes. However, the effectiveness of any parenting education

program will be dependent upon selecting an evidence-based model that is appropriate for the given population and implemented with fidelity (Meeker, 2005).

Parenting education programs maintain a clear and consistent focus on parenting skills and child development information. They work to strengthen family level protective factors through emphasizing family strengths. Successful parenting education programs facilitate the acquisition of parenting and problem solving skills necessary to strengthen families. Effective parenting education programs help parents and families understand the importance of developing nurturing, positive and strong relational bonds with their young child to support children's social-emotional development, provide information on parenting and child development, increase parent resilience and social connections, and provide connections to concrete assistance to families in times of need (Zepeda, Varela & Morales, 2004).

Effective parenting education programs are offered in a series consisting of a prescribed number of sessions. Parenting education programs that include regular and repeated exposure to a concept or a skill helps parents to integrate the skill into their everyday parenting habits. It is essential to follow tested and proven program design with fidelity in order to maximize parent education program effectiveness. For example, condensing an evidence-based program to a shorter time period or providing all of the course material at once in a mailing rather than at each class session as recommended is likely to undermine the overall effectiveness of a program.

Parenting education program models must dedicate a portion of each session to focus on parent and child interaction. Fundamental to the program model is the engagement of parents and caregivers with their children in developmentally appropriate activities that encourage parent bonding, early literacy, and school readiness. Parenting education programs may offer child care while family members participate in adult-only segments of the session. Parenting education programs that offer on-site child care must adhere to the First Things First (FTF) Requirements for On-Site Child Care (attached).

Parenting education programs funded by FTF will be offered to families of young children at no-cost and on a voluntary basis.

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- ***Evidence based programs*** are programs that have been validated by documented and scientific research and the evidence has gone through a peer review process. Evidence is

established through scientific research that has had a comparison between an intervention group and a control group where the intervention group has had a significant impact. Peer review means that someone external to the program or research team has reviewed the methodology and the findings to determine if standards were met.

- **Evidence informed** is a program or service that has a clearly articulated theory of change (logic model) and has had some evaluation of the outcomes. This can be based on one program or service model that has been evaluated in multiple settings. An evidence informed program cannot be based on the evaluation of a program in only one setting, even if it has been done for many years in a community and everyone likes it.
- **Promising practice** is a program or service that has a clearly articulated theory of change (logic model) with specified implementation and operational processes (activities) and program outcomes. A promising practice program is *informed* by at least one of the following:
 - Evidence-based practices of a similar program or service delivery system, but does not have complete fidelity to that model because of justifiable need to change factors such as staffing or written materials in order to adapt to geographic or cultural variation.
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A promising practice must have no evidence that the program or service will cause any harm to recipients. Additionally, a promising practice program is committed to building evidence of program or service effectiveness through ongoing continuous quality improvement activities.

1. Implement an evidence-based model that meets the FTF accepted definition of this program model:
 - a. Implement one or more of the parenting education evidence-based models from the following list of FTF accepted program model list.
 - **1-2-3 Magic** targets all parents and caregivers with children two to 12 years of age. 1-2-3 Magic is taught in a group format and delivered in three 2-hour sessions. 1-2-3 Magic divides the parenting responsibilities into three straightforward tasks: controlling negative behavior, encouraging good behavior, and strengthening the child-parent relationship. The program seeks to encourage gentle, but firm, discipline without arguing, yelling, or spanking.
 - **Active Parenting** targets all parents and caregivers with children one to 12 years of age. The program was found effective with families from diverse cultural backgrounds and living in urban, suburban, rural communities. Active Parenting (4th Edition) is conducted in one 2-hour session per week for 6 weeks. **1,2,3,4 Parents!** program and video series is specifically for parenting children one through four years of age. 1,2,3,4 Parents! is implemented in three 90 minute sessions and a

participant must complete all three sessions. The program teaches parents how to raise a child by using encouragement, building the child's self-esteem, and creating a relationship with the child based upon active listening, effective communication, and problem solving. It also teaches parents to use natural and logical consequences and other positive discipline skills to reduce irresponsible and unacceptable behaviors.

- **Common Sense Parenting** targets all parents and caregivers with children two to five years of age. Common Sense Parenting is a group-based series for parents comprised of seven weekly, 2-hour sessions led by a credentialed trainer who focuses on teaching practical skills to increase children's positive behavior, decrease negative behavior, and model appropriate alternative behavior.
- **Early Childhood Systematic Training for Effective Parenting** targets all parents and caregivers with children birth to six years of age. The program was found effective with families identified as at-risk for parenting problems and child maltreatment. Systematic Training for Effective Parenting (STEP) provides skills training for parents dealing with frequently encountered challenges with their children that often result from autocratic parenting styles. STEP is presented in a group format taught in 7 weekly, 1.5-hour sessions facilitated by a counselor, social worker, or individual who has participated in a STEP workshop. The parent educator teaches lessons to parents on how to understand child behavior and misbehavior, practice positive listening, give encouragement (rather than praise), explore alternative parenting behaviors and express ideas and feelings, develop their child's responsibilities, apply natural and logical consequences, convene family meetings, and develop their child's confidence.
- **Eating Smart, Being Active** targets low income pregnant and parenting mothers with children birth to five years of age. The curriculum consists of eight core sessions, each 60 to 90 minutes long, designed to be taught in a series. The teaching techniques in the program model of Eating Smart, Being Active are based on the adult learning principle, dialogue-based learning or learner-centered education.
- **The Incredible Years** targets all parents and caregivers with children birth to 12 years of age. The program was found effective with families identified as at-risk for parenting problems and child maltreatment. The parent, child, and teacher training interventions that comprise Incredible Years are guided by developmental theory on the role of multiple interacting risk and protective factors in the development of conduct problems. There are separate parenting series for infants (0-1 year), toddlers (1-3 years), preschoolers (3-5 years) and school age children (6-12 years). The parenting series focus on strengthening parent-child interactions and attachment, reducing harsh discipline and fostering parents' ability to promote children's social, emotional, and language development.
- **Nurturing Parenting Program** targets all parents and caregivers with children birth to 18 years of age. The program was found effective with families identified as at-risk for parenting problems and child maltreatment. There are separate parenting series for infants (0-1 year), toddlers (1-3 years), preschoolers (3-5 years) and school

age children (6-12 years). The parenting series focus on strengthening parent-child interactions and attachment, reducing harsh discipline and fostering parents' ability to promote children's social, emotional, and language development. Parents and their children meet in separate groups that meet concurrently. The Nurturing Parenting Programs are family-based programs utilized for the treatment and prevention of child abuse and neglect.

- **Raising A Reader** targets all parents and caregivers with children two to eight years of age. Raising A Reader helps parents develop the habit of sharing books through RAR's train the trainer model. It offers agencies who work with families the opportunity to build a positive connection with families to help them learn family friendly versions of research-based practices that will support book sharing at home.
- **Strengthening Families Program** targets all parents and caregivers with children three to five years of age. The program was found effective with families identified as at-risk for parenting problems and child maltreatment and families from diverse cultural backgrounds and living in urban, suburban, rural communities.) Strengthening Families Program is a two hour, 14-session, parenting skills, children's life skills, and family life skills training program specifically designed for high-risk families. SFP is widely used also as a universal primary prevention intervention and builds on protective factors by improving family relationships, parenting skills, and improving the children's social and life skills.
- **Triple P** targets all parents and caregivers with children birth to 16 years of age. The program was found effective with families identified as at-risk for parenting problems and child maltreatment and families from diverse cultural backgrounds and living in urban, suburban, rural communities. Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. It incorporates five levels of intervention on a tiered continuum of increasing strength for parents of children and adolescents from birth to age 16.
- **Tuning in to Kids** targets all parents and caregivers with children 18 months to 18 years of age. The program was found effective with families identified as at-risk for parenting problems and child maltreatment. Delivery options range from a 6-session program with the general community through to a 10-session program for clinical/high need participants. Tuning in to Kids is a parenting program that focuses on emotions and is designed to assist parents to establish better relationships with their children. The program teaches parents simple emotion coaching skills: how to recognize, understand, and manage their own and their children's emotions.

- b. Maintain good standing and current affiliation with the national organization or institution for the parenting education program model being implemented.
- c. Ensure fidelity to model requirements regarding program implementation; adhere to program model in all areas including:
 - Intensity and dosage for achieving the intended outcomes of the program model;

- Staffing ratios and class size (the maximum number of participants is 25 per class session);
 - Series length (number of sessions in a series and length of each session may not be altered without consultation from model developers);
 - Participation in evaluation and quality assurance (including fulfilment of the data reporting requirements as per program model); and
 - Training and professional development of program staff.
- d. Know the target population and their specific strengths and needs
- Select program models for implementation based on the needs of the community, feedback from families and key informants
 - Select program models for implementation consistent with the program model developer's recommended target age and stage of child development.
- e. Implement parenting education program models that focus on parenting and child development for prenatal and parenting families with children birth to 5 years of age and addresses at least one of the core areas of family support:
- **Expand the family's knowledge of child development and behavior**
 - Provide learning opportunities for families in all domains of child development (i.e., social, emotional, language, and physical and motor development); understanding typical and atypical child development; recognizing age appropriate child expectations; and identifying developmental milestones and developmental red flags.
 - **Support positive parenting practices**
 - Provide learning opportunities for families on appropriate parent and child interactions, development of parenting skills, positive guidance practices, and warm, sensitive and responsive caregiving.
 - **Improve child safety**
 - Provide learning opportunities for families to increase their awareness of prevention of injuries in the child's environment (e.g., safe sleep, choking hazards, and use of car seats).
 - **Improve child health**
 - Provide learning opportunities for families on nutrition, obesity prevention, breastfeeding, physical activity, immunizations, oral health, insurance enrollment, participation in consistent medical/dental homes, participation in prenatal care, and preventative services such as well child visits, and developmental, vision and hearing screening.
 - **Contribute to family stability**
 - Support families to improve their stability (e.g. meet basic needs), functioning, and mental health (e.g., warmth, emotional availability, and stimulation), and promote stable relationships among caregivers, positive parenting, and family cohesion.
 - **Promote strong family relationships**
 - Support families to increase their support network and community involvement. Provide community specific resources at all class sessions that are relevant to

the session topic. For example, during a session covering oral health topics, parents should be provided with a list of dental providers in the community that serve children 5 and under.

- f. Conduct local awareness, outreach, and enrollment activities for eligible families and their young children birth to 5 years of age:
 - Provide up-to-date information about where and when parenting education programs are available using means appropriate for the target population and community (e.g., social media, agency website, printed materials).
 - Provide the family with a program handbook upon enrollment. The program handbook includes the following information:
 - Program philosophy and goals;
 - Program calendar;
 - Attendance policy;
 - Confidentiality policy;
 - Use of family-centered practices;
 - Expectation for parent/family participation; and
 - Ways families can promote learning at home and within the community to help their child be successful in an early education environment.
- g. Reach families at the appropriate age and stage of their child so that participants acquire the developmental knowledge necessary for parenting that is age appropriate. Create a family-centered environment:
 - Structure activities compatible with the family's availability and accessibility.
 - Offer extended service hours including weekend and evening hours.
 - Create opportunities for formal and informal feedback (e.g., feedback surveys, suggestion box) regarding programmatic planning and service delivery and take action based on the families' feedback. Ensure that families' feedback and input is shared for consideration in decision making.
- h. Support the strengths of families:
 - Engage parents and families of young children in assessing their strengths and needs particularly in the following areas: parental resilience, social connections, knowledge of parenting and child development, need of supports, and social-emotional competence of the child. Provide a written assessment (e.g. pretest, survey or inventory) and retain a copy of the assessment in the family's confidential case file.
 - Encourage families to build upon their strengths.
 - Provide resource and referral information based on the identified services needed and available to families.
 - Support the growth and development of all family members by offering information and referrals to other needed services.
 - Encourage families to advocate for themselves in getting their needs addressed.
- i. Actively engage participants:
 - Utilize interactive approaches to learning and skill building (e.g., role playing and encouraging participants to practice skills with their children).

- Provide opportunities throughout the class session for participants to practice and apply their new knowledge or skills.
- j. Conduct retention activities to promote ongoing participation and program completion:
 - Consider incentives for participation and program completion.
 - Offer to participants make-up sessions that adhere to program model requirements.
 - Maintain frequent and ongoing contact with families, also providing reminders for upcoming sessions.
 - k. Ensure manageable classroom size and appropriate staffing patterns. Determine what is manageable and appropriate using the following factors:
 - Program model requirements
 - Space, square footage
 - A maximum of 25 participants per class session (including children)
 - l. Parenting education programs that offer on-site child care must adhere to the First Things First (FTF) Requirements for On-Site Child Care (attached).
2. Literacy learning in early childhood provides the foundation for future literacy success and is rooted in exposure to rich language experiences and engaging activities that build knowledge, understanding and speaking, expands vocabulary, and supports a child's ability to become a successful independent reader.
 - a. Promote and support meaningful early literacy experiences and opportunities for young children in the appropriate context of program implementation.
 - Provide learning opportunities for families to learn about early language and emergent literacy development.
 - Provide information to increase families' awareness of the use of language to communicate, and respond to and elaborate on child's vocalizations (e.g., daily storytelling, talking, singing to infant and child).
 - Inform families about pre-literacy skills: concepts of print, phonological awareness, vocabulary development, comprehension, analysis of the content and structure of text, and making meaning through drawing and writing.
 - b. Support families and caregivers with parenting and child-rearing skills that help increase understanding of early language and emergent literacy development.
 - c. Engage families in meaningful, day to day two-way communication about how a child develops language and early literacy skills.
 - d. Encourage families to use the language in which they are most confident and competent.
 - e. Encourage parents and families to learn how to observe, guide, promote, and participate in everyday language and literacy development of their children at home, early care, and in their communities.
 - f. Encourage parents and families to advance their own learning interests in language and literacy development through education, training, and other experiences that support their parenting, careers, and life goals.
 - g. Encourage parents and families to support and advocate for their child's learning and development as they transition to new learning environments.

3. Follow the FTF Child Welfare Policy (attached) when working with children and families enrolled in services provided by the Arizona Department of Child Safety to promote non-duplication and coordination of child welfare services.
4. FTF recognizes the importance of collaborative partnerships among community partners that utilize a variety of formal and informal mechanisms to facilitate coordination of services in the community. The Coordination and Collaboration standard requires a grantee to:
 - a. Develop and implement a plan to understand and make connections with other initiatives, strategies and efforts in the region or state that support the early childhood system.
 - b. Develop processes that ensure staff implementing FTF funded strategies understand the connections between this strategy and the early childhood system to avoid duplication of services and promote collaboration between other services and supports offered to children and families in the regions.
5. Continuous Quality Improvement
 - a. Adopt a process of continuous self-monitoring and reflection to improve program practices that is articulated in a written policy.
 - b. In the written policy, the following should be addressed:
 - How data is used to assess the progress and outcomes of program implementation; and
 - How data collection is used to improve staff performance.
6. FTF embraces cultural responsiveness as an intentional life long journey that holistically explores, honors, and values the diversity of the human experience.
 - a. Offer programs and services congruent with the needs of diverse children and families.
 - b. Offer programs and services that are responsive to the impact of cultural factors such as histories, traditions, values, family systems and structures, social class, and religion and spiritual beliefs.
 - c. Create a learning environment conducive to and includes all children and families no matter their ethnic, cultural, or linguistic backgrounds.
 - d. Use the cultural knowledge, prior experiences, frames of reference, and performance styles of diverse children and families to make learning more appropriate and effective for them.

B. Staffing Standards

1. Direct Service Staff
 - a. Hire staff who reflect the cultural and ethnic experiences and language of the targeted population with whom they work with and integrate their expertise into the entire program.
 - b. Ensure that staff at all levels receives initial and ongoing professional development in culturally and linguistically responsive service delivery.

- c. Employ well-trained and competent staff and provides continual relevant professional development opportunities.
 - d. Family educators must have a minimum of a bachelor's degree in early childhood development, education, family studies, nursing, social work or a closely related field.
 - e. Family educators must have participated in required program training to achieve affiliation or accreditation to deliver the parenting education program model selected to be implemented.
 - f. Family educators are from the community and have extensive knowledge of community resources.
 - g. Model respectful relationships with all staff working as a team.
 - h. Build a team of staff who are consistent with program goals and whose top priority is the well-being of children and families.
 - i. Assess staff skills and ability prior to independent work in the community. Staff must maintain professional boundaries and build a healthy rapport with families.
 - j. Provide staff with initial and ongoing professional development consistent with the program model(s) recommendation on topics and frequency.
 - k. Supervisors and staff (including direct service staff, volunteers and sub-grantee or partner personnel implementing the strategy) must receive training through the Arizona Department of Education on the utilization of the Arizona Infant and Toddler Developmental Guidelines, the Early Learning Standards and the Program Guidelines for High Quality Early Education: Birth through Kindergarten as a regular part of practice. All staff will have ongoing access to guideline materials.
 - l. Provide all staff with initial and annual professional development in the FTF Parenting Education Standards of Practice and other applicable Standards of Practice and FTF policies.
 - m. Provide training to all direct service staff and supervisors on child maltreatment mandatory reporting policies and procedures (see Section C. Additional Standards and attached FTF Suspected Child Maltreatment Mandatory Reporting Policy).
2. Supervisory Staff
- a. Supervisors must work with direct services staff to prepare and implement professional development plans.
 - b. Establish an effective, consistent supervisory system that provides supports for all staff members and ensures accountability to participants, funders and the community.
 - c. 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 family educators in the community to have a sense of how service is being delivered. This will help the supervisor and staff identify coaching and mentoring opportunities.
3. The Arizona Early Childhood Workforce Registry (Registry)

The Registry is a component of the newly developed Arizona Early Childhood Career and Professional Network (Network). The Network is a comprehensive system designed to meet the professional development needs of Arizona’s early childhood professionals working with or on behalf of children birth-8 years of age.

- a. Staff employed at the administrative home and any sub-grantee who are working directly with or on behalf of children birth – age 8 as a part of the implementation of this strategy must enroll in the Registry by June 30, 2016.
- b. All participants of this strategy are expected to enroll in the Registry by June 30, 2016.

C. Additional Standards

1. Arizona law (ARS §13-3620.A) requires early childhood program staff who suspect that a child has received non-accidental injury or has been neglected, to report their concerns to the Arizona Department of Child Safety or local law enforcement. All staff, grant partners, consultants and participants of this strategy must receive training and adhere to these requirements (see attached FTF Suspected Child Maltreatment Mandated Reporting Policy).

IV. REFERENCES AND RESOURCES

- A. Samuelson, A., (2010) Best Practices for Parent Education and Support Programs. What Works, Wisconsin – Research to Practice Series.
- B. Zepeda, M., Varela, F. and Morales, A. (2004) Promoting Positive Parenting Practices Through Parenting Education
- C. Developing a Thriving Reader from the Early Years: A Continuum of Effective Literacy Practices (available in Fall 2014)
- D. FTF Child Welfare Policy (attached)
- E. FTF Suspected Child Maltreatment Mandated Reporting Policy (attached)
- F. FTF Requirements for On-Site Child Care (attached)
- G. Arizona Early Childhood Career and Professional Development Network Website: azearlychildhood.org (available Fall 2014)
- H. <http://whatworks.uwex.edu/Pages/2parentsinprogrameb.html>
- I. Evaluation and Quality Improvement Tools and Resources
- J. Standards of Quality for Family Strengthening & Support: <http://www.cnfsn.org/standards-of-quality.html>
- K. Arizona Department of Education Trainings <http://www.ade.az.gov/onlineregistration/SelectEvent.asp?viewall=%22yes%22&GroupID=31>

RFGA Process Attachment #4

First Things First

- Regional Needs and Assets Report

School Readiness Indicators (SRI's)

- RPC Prioritizes regional needs in alignment with School Readiness Indicators.
- RPC allots funding to Strategies that align with School Readiness Indicators

Scopes of Work (SOW)

- RPC identifies regionally specific requirements for selected strategy SOW's.
- Regional Director, Program Specialist, and Fiscal Specialist develop SOW to be included in RFGA.

RFGA's (Request For Grant Application)

- RFGA's are released in the region seeking applicants to implement programming that complies with the Standard of Practice for a given strategy and the regional requirements identified by the RPC.
- Review committees selected (RPC members + community members)
- Review committee training

RFGA responses

- Applicants turn in their responses to the RFGA's
- Internal Technical Review
- Committee Review
- Committee Recommendations to RPC in Executive Session
- RPC recommendations to State Board

Awards

- State Board approves or denies regional recommendations
- Award and rejection notices sent to all applicants no later than early June

Implementation

- Awarded grantees begin implementation of programming as described in their RFGA applications

Accountability & Continuous Quality Improvement (CQI)

- Quarterly data submission
- Quarterly narrative reports
- QA site visits
- Grantee presentations to RPC