

In-Home Family Education

A Call to Action to
**Strengthen
Families &
Protect
Children**



Partners in
Community
Outreach

Education Begins at Home

December 2007

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In-Home Family Education:

A Call to Action to

Strengthen Families & Protect Children

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Executive Summary

In-Home Family Education programs help children get a good start in life by providing parents with information, support and referrals to needed services. The programs are voluntary, and services are provided in families' homes by trained home visitors. National research shows that In-Home Family Education improves children's health, increases school readiness, reduces child abuse, and enhances parenting knowledge and skills.

Partners in Community Outreach is a coalition of research-based In-Home Family Education programs operating in West Virginia, including Healthy Families America, Maternal Infant Health Outreach Workers (MIHOW), and Parents As Teachers. These programs currently serve families in seventeen counties. The coalition's goal is to create a statewide system of In-Home Family Education that reaches at least twenty percent of families who are expecting a child or have children under age three.

Recent research highlights the urgent need for education and support for expectant and new parents. Early experiences have long-term effects, according to the Adverse Childhood Experiences (ACE) Study conducted by the Centers for Disease Control and Prevention and Kaiser Permanente. The researchers found that adverse childhood experiences are disturbingly common and have a critical impact on later adult health. Child maltreatment and other problems in the home greatly multiply one's chances of later illness, injuries, work problems and premature death. These consequences generate tremendous costs for individuals, families and society.

In-Home Family Education is a powerful, pro-active strategy to reduce adverse childhood experiences. These programs build "protective factors," which enable families to deal more successfully with whatever challenges arise. Protective factors are the safeguards (health screenings or parenting education, for instance) that help families avoid or cope with negative experiences that could otherwise lead to poor outcomes for their children (such as medical problems or failing grades).

Much progress has been made during the past two years toward building a statewide system of In-Home Family Education:

- At the Governor's request, the West Virginia Legislature appropriated an additional \$250,000 for In-Home Family Education programs in 2007-2008. In October 2007, the Department of Health and Human Resources awarded grants to five organizations to expand In-Home

Family Education programs: Marshall Starting Points (serving Marshall County), New River Health Association (serving Fayette, Raleigh, Nicholas and Greenbrier Counties), Rainelle Medical Center (serving Greenbrier and Pocahontas Counties), REACHH Family Resource Center (serving Summers County), and Upper Kanawha Valley Starting Points (serving Kanawha County). The new state dollars will fund services for 240 families in these eight counties.

- Partners in Community Outreach collaborated with the Department of Health and Human Resources to establish “core competencies” for staff providing In-Home Family Education. All In-Home Family Education programs receiving state money will eventually be required to register with this system. The system is designed to assure that workers develop the knowledge and skills that they need in their profession and to help them move forward in their careers.
- Through a grant from the Claude Worthington Benedum Foundation, Partners in Community Outreach launched a series of statewide training workshops geared to home visitors across program models during 2007. These included “Effective Home Visiting, Professionalism and Documentation,” held on June 15 in Charleston; “Mental Illness and Home Visiting,” held on September 28 in Bridgeport, and support for a statewide conference on post-partum depression on April 18-19, sponsored by A.B.L.E. Families in Mingo County.
- In addition to using national research, Partners in Community Outreach contracted for an independent analysis of the impact of In-Home Family Education in West Virginia. With support from the Benedum Foundation, two important projects were completed. The first was a survey of West Virginia families that receive In-Home Family Education, which found that protective factors increase significantly as families are served over time, reducing the likelihood of adverse childhood experiences. The second examined the cost savings that might be realized in three specific areas as the result of In-Home Family Education: low birth weights, failure to immunize, and child maltreatment. The analysis revealed that the annual costs in these three areas alone approach \$250 million in West Virginia. These staggering costs could be substantially reduced through a greater investment in In-Home Family Education and other prevention programs.

Partners in Community Outreach will continue to work to help secure resources for a statewide system of In-Home Family Education and to further develop the infrastructure needed to assure quality and accountability. The stakes are high: adverse childhood experiences are costly in both human and financial terms. The good news is that many of these experiences can be prevented by high quality early childhood programs, including In-Home Family Education.

“Until now, the persistent effects of adverse childhood experiences were ‘hidden’ from the view of both neuroscientists and public health researchers,” says Dr. Robert Anda, co-principal investigator of the ACE Study. “This is no longer the case. In fact, with this information comes the responsibility to use it.”



The Impact of In-Home Family Education

Partners in Community Outreach is a coalition of research-based In-Home Family Education programs currently operating in West Virginia, including the program models of Healthy Families America, Maternal Infant Health Outreach Workers (MIHOW), and Parents As Teachers. These programs provide education and support to families in their homes during pregnancy and early childhood. Research has shown that In-Home Family Education improves children's health, increases school readiness, reduces child abuse, and enhances parenting knowledge and skills.

Partners in Community Outreach has been working with the West Virginia Legislature and Department of Health and Human Resources to create a statewide system of In-Home Family Education. In this second biannual report, the coalition highlights: (1) research on the long-term effects of adverse childhood experiences; (2) research about the ways in which In-Home Family Education protects children by strengthening families; and (3) recent progress in creating a high quality, statewide system of services.

Childhood experiences have long-term effects.

Two decades ago, a small study began in San Diego that led to stunning evidence of the link between abusive childhoods and chronic disease in adults. It all started with a weight loss program run by Dr. Vincent Felitti of Kaiser Permanente. He was puzzled that more than half of the program participants were dropping out, even though most were losing weight. After interviewing almost 300 adult participants, he discovered that large numbers had been victims of child sexual abuse and that their abuse had always occurred prior to their obesity. Some viewed their obesity as a potential deterrent against further abuse.

“For many people, obesity was not their problem,” Felitti realized. “Obesity was their protective *solution* to problems that previously had never been acknowledged to anyone.”

Since then, extensive research by Kaiser Permanente and the Centers for Disease Control has revealed the same pattern time and again: Adverse childhood experiences (ACEs) are disturbingly common and have a critical impact on later adult health. Child maltreatment and other problems in the home multiply one's chances of later illness, injuries, work problems and premature death. (See Figure 1.)

“The Study makes it clear that time does *not* heal some of the childhoods we found so common in a large population of middle-aged, middle-class Americans,” Felitti said. “One does not ‘just get over’ some things, not even fifty years later. Adverse childhood experiences are common, destructive and have an effect that often lasts for a lifetime. They are the most important determinant of the health and well-being of our nation.”

Recent advances in neurobiology help explain the persistent effects of early trauma and maltreatment. ACEs trigger high levels of stress and anxiety that can disrupt normal brain development and cause lasting impairments. Further, the effects of ACEs are cumulative: the more one has, the greater the impact on the brain and the higher the risk for long-term problems. (See Figure 2.)

Because of their profound impact on health, preventing ACEs is central to curbing health care costs, as well as reducing the financial burden that is passed on to employers. Studies estimate that depression, for example, costs U.S. businesses \$30-44 billion annually in absenteeism, reduced productivity and medical expenses, and \$246 billion for chemical dependency.

Prevention and early intervention must embrace the entire family, according to the researchers. The parents most likely to cause harm to their children were often childhood victims themselves. Further, outreach must be broad and inclusive, since ACEs cut across all socio-economic boundaries.

Figure 1: Adverse Childhood Experiences Have Serious Consequences

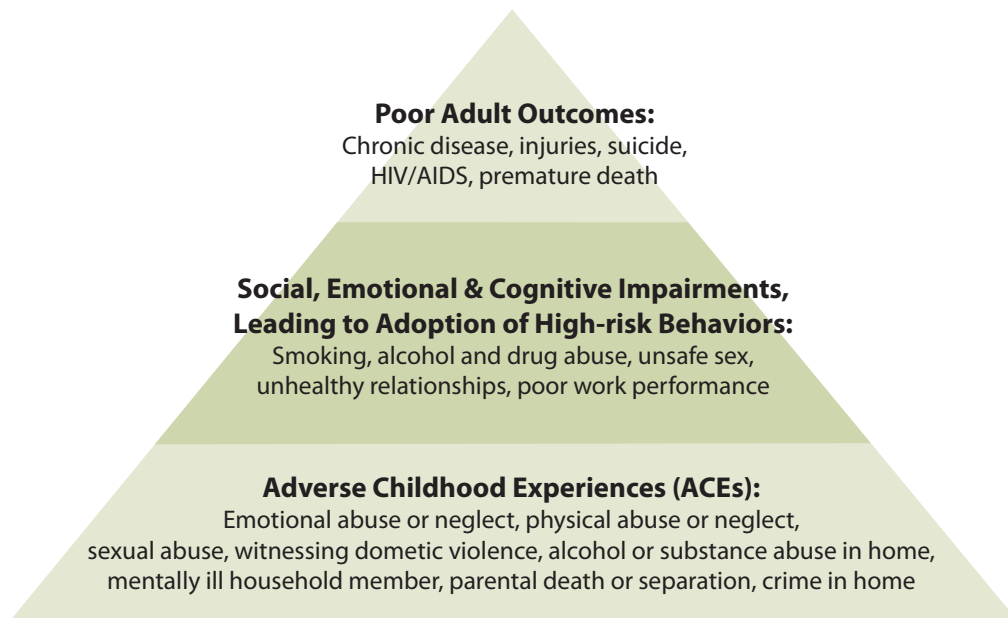
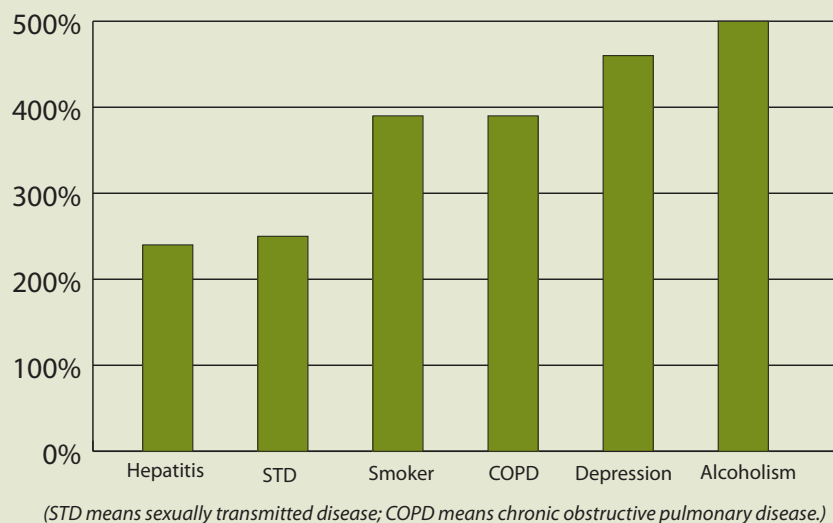


Figure 2: Adverse Childhood Experiences Pose High Risks.

Increase in health problems in adults with 4 ACEs as compared to those with none:



In-Home Family Education protects children by strengthening families.

In-Home Family Education is an important, pro-active strategy to reduce adverse childhood experiences. These programs provide parents with information, support and referrals to enable them to nurture their children and deal effectively with whatever problems – large or small – their families may encounter. They serve families that are expecting a child or have a child under age three. Services are provided in the home by trained In-Home Family Educators, who help families move forward by building on their strengths.

In-Home Family Educators are from the communities they serve. They share and understand the culture and values of the community. The programs are voluntary, and the focus is on building a trusting, supportive relationship. This relationship allows home visitors to help families deal with concerns that, if ignored, could result in adverse childhood experiences. The specific ways in which these home visitors assist families include the following:

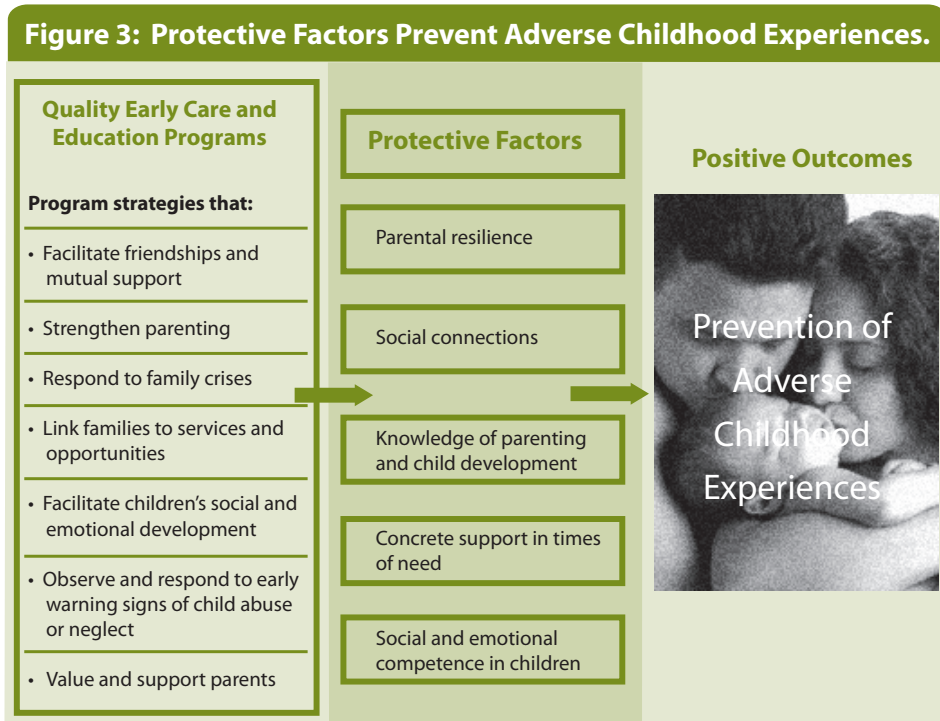
- Help parents access early and regular prenatal care.
- Encourage and support breastfeeding and timely immunizations.
- Help parents recognize and deal with health problems.
- Promote the importance of early learning and reading to young children.
- Educate parents about child development and appropriate discipline.
- Connect families with community resources to help them reach their goals.
- Help families stay together safely by addressing dangerous or violent situations.

Support at this crucial time in the lives of families makes a lasting difference to the children and parents, as well as to the larger community. In-Home Family Education programs help parents understand their role as their child's first teacher and recognize the impact they have on the future of their child. The programs help parents gain confidence, which leads them to be more involved in their child's life, school and the community. More confident, responsible parents make stronger families, and stronger families make stronger communities.

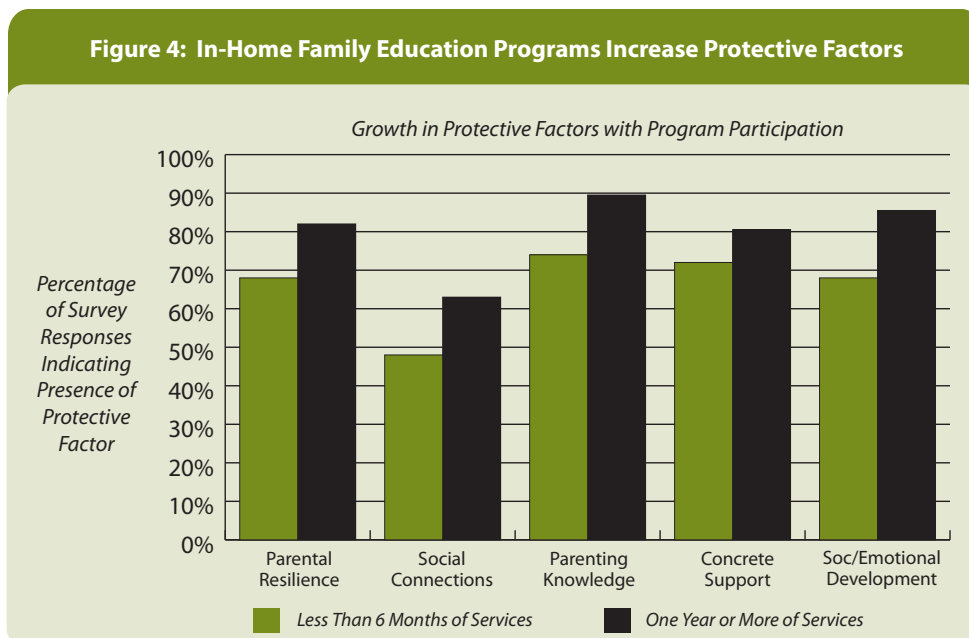
Across the nation, research has shown that In-Home Family Education programs improve children's health, increase school readiness, reduce child abuse, and enhance parenting knowledge and skills. The specific findings are detailed in "In-Home Family Education: Supporting Healthy Child Development in the First Years of Life," a report released by Partners in Community Outreach in December 2005. Since that time, ongoing evaluations of programs and their outcomes have continued to inform the field and improve the quality of services delivered. Please visit the Partners in Community Outreach website at **www.wvpartners.org** for further research information.

What makes In-Home Family Education so effective in reducing adverse childhood experiences? Quality early childhood programs build "protective factors," according to researchers at the Center for the Study of Social Policy, and these enable families to deal more successfully with whatever challenges arise. Protective factors are the safeguards (health screenings or parenting education, for instance) that help families avoid or cope with negative experiences that could otherwise lead to poor outcomes for their children (such as medical problems or failing grades).

The Center examined existing studies of high quality early childhood programs around the country. They found that successful programs supported the development of five important family protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. (See Figure 3.)



Source: Center for the Study of Social Policy



Source: Partners in Community Outreach 2007 Parent Survey

During 2007, Partners in Community Outreach contracted with an independent consultant to examine how well West Virginia's In-Home Family Education programs were doing in building protective factors in the families they served. A survey was developed and administered to families enrolled in six different programs serving seven counties in Southern West Virginia. Three of the programs were Parents As Teachers (PAT) programs, two were Maternal Infant Health Outreach Worker (MIHOW) programs, and one was a Healthy Families America program. Primary parents and caretakers completed a total of 266 surveys. Participation in the survey was voluntary. Over 70% of families receiving services from one of the six programs responded, and all three program types were well-represented. The survey included 25 questions related to the five protective factors. Analysis of the responses revealed that protective factors increase significantly as families are served over time. (See Figure 4.) The full report on the Partners in Community Outreach Parent Survey is available online at www.wvpartners.org.

Promoting the importance of early learning...

Rhonda Walker is a MIHOW (Maternal Infant Health Outreach Worker) in the Oak Hill area. She fondly remembers a family that she visited until recently when the child "aged out" of the MIHOW program.

"When Hunter was about six months old, I bought him a book, the kind with the pages that don't tear," Rhonda says. "Every single time after that when I came to visit, he would always go off and come hurrying back with that book, wanting me to read it to him. It was so cute."

"Now he's almost three, and he already knows most of his ABCs," she added.

Rosie Reynolds, Hunter's mother, says that she and Hunter both learned a lot through the program. "Even though I was a third-time mom, things had changed so much," she says. "For example, Rhonda taught me to get down to Hunter's level and really look him in the eye and talk to him, rather than talking 'at' him. I feel like I'm closer to him because of that."

She says that Rhonda worked with Hunter on his colors and shape recognition, too. "I always read to all my boys," Rosie says. "But I didn't know that reading helps them to be smarter, and to build their imaginations, and so forth. Rhonda taught me that."

"Every month, when she'd visit, she would bring me pages with the things that Hunter should be doing as far as his development, and they also had things every month that I could be doing with him to help him learn and get ready to read," Rosie says. "All of that was really helpful."

"It just seems to me if I could learn so much from MIHOW as a third-time mom, that it's really important for first-time mothers to have the chance to be involved with this program. My other sons are 15 and 10. I wish I'd been able to be in MIHOW with all of them."

(Real names used with permission.)

In-Home Family Education is cost-effective.

The short and long term consequences of adverse childhood experiences may cost as much as a half billion dollars a year in West Virginia, according to national research by Prevent Child Abuse America. These costs include immediate intervention by the child protective services system, law enforcement, the courts, and health and mental health providers. They also include ongoing costs associated with health and mental health care, special education, juvenile delinquency, adult criminality, and lost productivity to society. (For more information about this study, see “In-Home Family Education: Supporting Healthy Child Development in the First Years of Life,” available online at www.wvpartners.org.)

In 2007, Partners in Community Outreach contracted with an independent consultant to more closely examine these costs in West Virginia. Several other states have undertaken such efforts, including Alabama, Wisconsin, Michigan and Colorado. The studies in these states estimated that the short and long term effects of child maltreatment resulted in an annual cost per taxpayer ranging from \$275 in Michigan to \$385 in Alabama. The cost to West Virginia taxpayers is likely to be within this range, probably as much as or more than the Alabama estimate, given the comparable rates of family poverty in the two states.

The West Virginia analysis went a step further by examining the potential cost savings that could be realized in three specific areas as the result of In-Home Family Education: low birth weights, failure to immunize, and child maltreatment. These three cost factors have been increasing in recent years, a trend that is likely to continue unless reversed through increased prevention programs, such as In-Home Family Education. The estimated annual costs within these three areas alone approach \$250 million in West Virginia. The full report, “An Examination of Preventable Cost Factors in High Risk Families with Young Children,” can be viewed online at www.wvpartners.org. As an illustration, the findings related to low birth weight babies are summarized below.

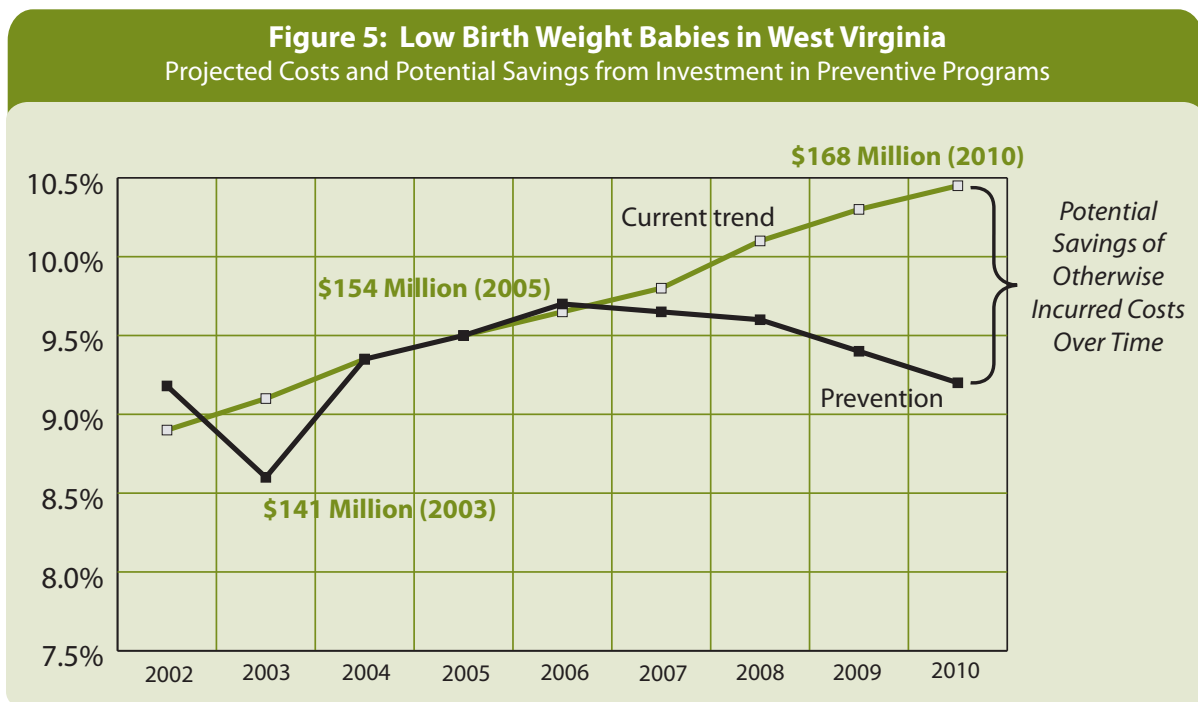
The average cost for initial hospital care for low birth weight infants is \$78,589 per case, according to inpatient data compiled by the West Virginia Health Care Review Authority. Even more costly are hospital stays for newborns of very low birth weight (under 1,000 grams) at an average cost of \$246,988. Much of this cost attributed to low birth weight is borne by publicly funded programs. Over fifty percent of all births in West Virginia are funded by the Medicaid program.

Unfortunately, the percentage of low birth weight deliveries in West Virginia is increasing. For FY 2005 there were 1,984 low birth weight births. At an average hospital cost of \$78,000, the total cost associated with low birth weight babies that year exceeded \$154 million. Based on recent trends, by 2010 this cost will increase to over \$168 million.

Low birth weight is a risk factor that is reduced by In-Home Family Education. These programs help identify women at risk of delivering low birth weight or premature infants and provide opportunities to reduce adverse health risk behaviors. Research conducted at Vanderbilt University on the MIHOW program in Mississippi found that low birth weight deliveries by MIHOW mothers were at a rate of 7.7%, significantly less than the rate of 14.3% among a comparison group. In the survey cited earlier of

West Virginia families receiving In-Home Family Education, almost all of the mothers who started the program while pregnant received early and regular prenatal care.

Figure 5 illustrates the potential for cost savings in the area of low birth weight that might be achieved by implementing a statewide system of In-Home Family Education. Since these programs specifically target high-risk mothers who are or may become pregnant, they are an effective strategy to reduce the high costs associated with low birth weight deliveries.



State-level analyses of child maltreatment and immunizations show a comparable pattern; In-Home Family Education is a significant tool in reducing current costs and curbing future costs in West Virginia. This finding is consistent with that of the U.S. Task Force on Community Preventive Services (sponsored by the Centers for Disease Control and Prevention), which conducted a systematic review of published studies and concluded that In-Home Family Education programs (also called early childhood home visiting services) are effective in reducing child maltreatment in high risk families.

Helping parents understand child development and behavior...

“I was old when I had my first child,” says Christy Keen Funk, of Ivydale. “I was 38. But that doesn’t mean that I knew about children. Parents as Teachers helped me find all the information that I needed to know. If Karen Vaughn, my worker, didn’t know the information, she knew where to send me to find it.”

Christy and her husband, Rick, now have two sons. Jacob is 3 and Jared is 6.

“I never, ever babysat. I didn’t have siblings. I had no exposure to what to expect, being a mom,” Christy says. “Every month they would come and assess my son’s development. They helped me know that he was on the right track.”

Parents As Teachers also offers parent support groups, which foster a sense of community and another avenue to learn about positive parenting, according to Christy.

“The group meetings are so helpful. I learn how other parents handle certain situations, and I get to see that I am not alone in the struggles that every parent has. I watch how their children are developing too. It’s wonderful.”

The information that Christy received through Parents As Teachers not only eased some of her fears, but also helped her to know what to do with difficult situations like temper tantrums.

“There was a time that I worried that something was wrong with Jacob, because he wasn’t talking. Karen sat down with me and showed me that it was normal for the stage that he was going through. You can’t imagine the relief.”

“Since I still had all these questions at 38, I think even younger moms could really benefit from Parents as Teachers, too. It has certainly helped my family. Also, it helps to get information from a neutral third party. It’s someone who really knows and who really just wants to help,” she says.

Christy’s husband, Rick, has been an active participant in the program as well. “It has even helped our marriage and our shared parenting skills,” Christy says. “It got us on the ‘same page’ about parenting. We were both raised differently and had different ideas about how it is done. Parents as Teachers helped us find and stay in agreement about parenting. We have our own little game plan.”

“I think Parents as Teachers would be helpful to any family expecting a child. I recommend it all the time,” she says. “I’d do anything to help support it.”

(Real names used with permission.)





Helping families reach their goals...

Mandy Meadows moved to Huntington when she was 22. She didn't know anyone who lived there. Two days later, she found out she was pregnant.

"When I was at the doctor, I just happened to check a box on this form that asked me if I wanted someone to follow up with me about the pregnancy," she says. "This woman referred me to Healthy Families America, which changed my entire life

and the lives of my children. I can't imagine what things would be like for us if I hadn't gotten the help from Healthy Families, and my caseworker, Angie Blackburn."

Mandy is now in college. "That wouldn't have happened, either, if it weren't for the help that I've gotten from Healthy Families and Angie," she says. "I didn't know there were programs like Early Head Start. It's an excellent program, and allows me to go to school."

Mandy says that the breadth and depth of the information she receives from her home visitor has made a big difference in many ways.

"Even before my daughter was born, she showed me that I had options as far as pain medication, doctors, and all that. She helped me with everything from figuring out how to pay a bill if I didn't have the money right away, to knowing what to expect with a newborn, to understanding normal child development. I had no idea what resources were in the community or how to access them. I learned everything from finding a place to live, to being a good mom, to getting into college."

"Angie taught me how important breastfeeding is, and so I breast fed, because of her," Mandy says.

Mandy believes that the program should be expanded and made known in the community. "Nobody ever talked to me about it," she says. "It all boiled down to whether I checked that tiny little box. Everyone should know about this program."

"Probably the most important thing that Angie taught me," Mandy says, "was that it can be done. She believed in me, she helped me see that I could do this, that I could be strong and be a good mother."

(Real names used with permission.)

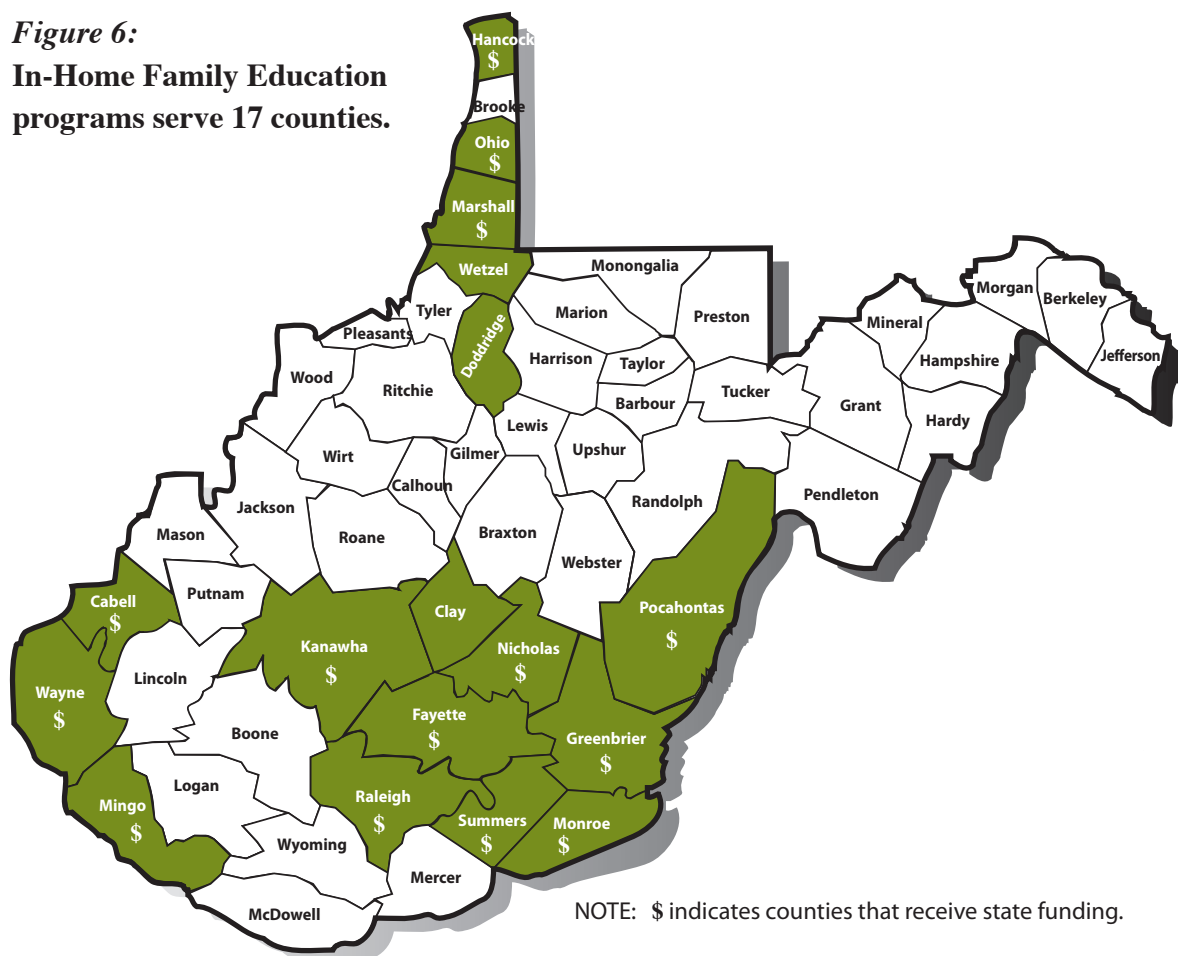
Progress toward a Statewide System of In-Home Family Education

State grants awarded to five additional programs.

At the Governor's request, the West Virginia Legislature appropriated an additional \$250,000 for In-Home Family Education programs in 2007-2008, bringing the total amount of designated state funding to \$540,000. The Department of Health and Human Resources (DHHR) released a Request for Proposals for grants, and in October 2007, grants were awarded to five organizations to expand In-Home Family Education programs: Marshall Starting Points (serving Marshall County), New River Health Association (serving Fayette, Raleigh, Nicholas and Greenbrier Counties), Rainelle Medical Center (serving Greenbrier and Pocahontas Counties), REACHH Family Resource Center (serving Summers County), and Upper Kanawha Valley Starting Points (serving Kanawha County). The new state dollars will fund services for 240 families in these eight counties.

During state fiscal year 2006-2007, In-Home Family Education programs served approximately 737 families in 14 counties. The programs use research-based models, including Parents As Teachers, Healthy Families America, and Maternal Infant Health Outreach Workers. All are accredited by national or regional organizations using rigorous standards. The programs are established and administered locally in response to the needs of the communities they serve.

Figure 6:
In-Home Family Education
programs serve 17 counties.



Partners in Community Outreach recommends a statewide system of In-Home Family Education to provide high quality and voluntary home visiting services. When fully implemented, the system would serve about 9,700 families, or twenty percent of families who are expecting a child or have a child under age three. This would be achieved by expanding existing programs and developing programs in unserved areas. The system would be funded by a combination of state, federal and private sources. (See Appendix A for full recommendations.)

In-Home Family Education programs presently reach only a small percentage of families who would benefit from their services. The primary obstacle to serving more families is funding. Most programs operate on a patchwork of funds from a variety of sources. Funding is typically granted on a year-to-year basis, causing uncertainty and instability for programs and for families. Since 2004, funding cuts have reduced the number of families receiving In-Home Family Education by almost fifty percent and the number of counties served by twelve. At the same time, the demand for In-Home Family Education has continued to grow. Many programs maintain waiting lists for services, and unserved communities are looking for ways to start programs.

Professional standards developed for In-Home Family Educators.

Several years ago, DHHR developed a career ladder for staff working in child care and preschool called the State Training and Registry System – STARS. The purpose of STARS is to assure that childcare workers develop the knowledge and skills that they need in their profession and to help them move forward in their careers. DHHR wanted to incorporate In-Home Family Education into this career ladder, but due to the differences between child care and In-Home Family Education, the system was not a good fit for home visitors. So DHHR invited Partners in Community Outreach to help them develop a system for home visitors modeled after STARS.

This collaboration between DHHR and Partners in Community Outreach resulted this year in a draft of “core competencies” for staff providing In-Home Family Education. All In-Home Family Education programs receiving state money will eventually be required to register with this system. The system includes eight areas of focus with core competencies under each area for three different levels of Home Visiting (Home Visitor, Emerging Leader, and Leader). The areas of focus are:

- Child growth and development
- Health, safety and nutrition
- Positive interactions and relationships
- Curriculum
- Child observation and assessment
- Family and community
- Program management
- Professionalism

A full listing of the core competencies is included in Attachment B. These recommendations are currently under consideration by the Department of Health and Human Resources.

Statewide training events initiated.

To maximize resources, Partners in Community Outreach has been working to expand opportunities for in-state training for In-Home Family Educators. Parents As Teachers, Healthy Families America and MIHOW each have a core set of required trainings that must be provided by certified trainers, usually outside the state. In addition, the programs need to provide continuing education for their home visitors on topics specific to In-Home Family Education.

Through a grant from the Claude Worthington Benedum Foundation, Partners in Community Outreach launched a series of statewide training workshops geared to home visitors across program models during 2007. The first workshop, “Effective Home Visiting, Professionalism and Documentation,” was held on June 15 in Charleston and was attended by 80 staff of In-Home Family Education and other early childhood programs. The second, “Mental Illness and Home Visiting,” was held on September 28 in Bridgeport and was attended by 35 people. In addition, A.B.L.E. Families of Mingo County, which has a MIHOW program, sponsored a statewide conference on post-partum depression on April 18-19, which was attended by 125 people. Partners in Community Outreach provided training stipends for 15 home visitors to attend the conference. Partners in Community Outreach plans to continue and expand these training opportunities in the coming year.

National trends support In-Home Family Education.

Every state in the country has at least two different In-Home Family Education program models serving some parts of the state, and at least 37 states have state-based systems of In-Home Family Education. The most common funding source is state revenues, but programs are funded through a variety of other sources, including Title I, Temporary Assistance to Needy Families (TANF), tobacco settlement funds, and private foundations and United Ways.

Many states are building their In-Home Family Education systems to include a variety of proven program models. A report prepared for the national Home Visit Forum indicated that “such a strategy makes it more likely that families will find a program that fits their needs.” Additionally, In-Home Family Education has been identified as an essential component of comprehensive state systems of early child development.

Congress has taken steps to create the first federal funding stream for In-Home Family Education. The Education Begins at Home Act was introduced two years ago and reintroduced in both the House (HR 2343) and the Senate (S 667). Senator Rockefeller is a cosponsor in the Senate, and the bill has bipartisan support. The legislation is intended to provide more children and families the opportunity to benefit from quality home visiting programs. The bill would provide \$500 million over three years



to help states establish or expand home visiting programs, of which 80 percent would be provided directly to states on formula basis. The bill requires collaboration among existing In-Home Family Education programs to ensure families are getting the most appropriate services to meet their needs. West Virginia has been recognized nationally for its successful collaborative work through Partners in Community Outreach.

Partners in Community Outreach will continue to work to help secure resources for a statewide system of In-Home Family Education and to further develop the infrastructure needed to assure quality and accountability. The stakes are high: adverse childhood experiences are costly in both human and financial terms. The good news is that many of these experiences can be prevented by high quality early childhood programs, including In-Home Family Education.

“Until now, the persistent effects of adverse childhood experiences were ‘hidden’ from the view of both neuroscientists and public health researchers,” says Dr. Robert Anda, co-principal investigator of the ACE Study. “This is no longer the case. In fact, with this information comes the responsibility to use it.”

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Appendix A

Recommendations for a Statewide System of In-Home Family Education

Partners in Community Outreach recommends the establishment of a statewide system of In-Home Family Education to provide high quality and voluntary home visiting services. When fully implemented, the system would serve about 9,700 families, or twenty percent of families who are expecting a child or have a child under age three. This would be achieved by expanding existing programs and developing programs in unserved areas. The system would be funded by a combination of state, federal and private sources.

Key features of a statewide system of In-Home Family Education would include the following:

1. The goals of a statewide system of In-Home Family Education would be to:
 - a. improve health, education, economic and social outcomes for children and families;
 - b. support and oversee the development, financing and implementation of In-Home Family Education programs throughout the state; and
 - c. partner with communities in the design and delivery of services for families with young children.
2. Programs that would qualify to participate in the statewide system would:
 - a. have home visiting, parent education and information and referral as primary components of their programs;
 - b. use a research-based model, with an evidence-based curriculum that reflects nationally recognized appropriate practices;
 - c. be credentialed by a national or multi-state organization;
 - d. offer services from before birth to the child's third birthday, with emphasis on enrolling families prenatally;
 - e. provide home visits at least monthly; and
 - f. work in partnership with other early childhood programs in their communities.
3. Families that would qualify for programs through the statewide system would:
 - a. be expecting a child or have a child under age three, with encouragement given to enroll in the program prenatally; and
 - b. participate voluntarily and work in partnership with the home visitor to achieve agreed upon goals.
4. Quality standards and evaluation would include:
 - a. standards set forth by the national or multi-state credentialing organization;
 - b. certification by Department of Health and Human Resources, Bureau for Children and Families, Division of Early Care and Education that the program is currently credentialed and in good standing; and
 - c. monitoring and reporting requirements for programs receiving state grants and contracts through the Division of Early Care and Education.

5. Staff requirements would include:
 - a. knowledge of and familiarity with the community served;
 - b. fulfillment of the training requirements of the credentialing organization; and
 - c. registration with the West Virginia STARS Early Care and Education Professional Development System.
6. Funding for the statewide system from state appropriations, federal grants and other sources would be used to:
 - a. strengthen and expand current programs;
 - b. develop programs in unserved areas based on need, capacity and community input; and
 - c. support statewide training, technical assistance, certification, contract management and oversight, and quality initiatives.

Adopted by Partners in Community Outreach, December 2005

Appendix B

Core Competency Areas for In-Home Family Educators (Home Visitors)

Recommendations under consideration by the West Virginia Department of Health and Human Resources

Area 1: Child Growth and Development

- 1.1 Prenatal Growth and Development
- 1.2 Characteristics and Needs of Young Children
- 1.3 Multiple Influences on Development and Learning
- 1.4 Learning Environments that Support Development

Area 2: Health, Safety, and Nutrition

- 2.1 Indoor and Outdoor Safety
- 2.2 Health Promotion
- 2.3 Health Appraisal and Management
- 2.4 Family Violence
- 2.5 Energy Balance

Area 3: Positive Interactions and Relationships

- 3.1 Relationships with Parents and Children
- 3.2 Developmentally Appropriate Guidance

Area 4: Curriculum

- 4.1 Social Development
- 4.2 Emotional Development
- 4.3 Health Practices and Physical Development
- 4.4 Language and Literacy Development

Area 5: Child Observation and Assessment

- 5.1 Principles of Observation and Assessment of Children
- 5.2 Documentation Methods
- 5.3 Observation and Assessment Findings and Uses

Area 6: Family and Community

- 6.1 Family Characteristics and Influences
- 6.2 Respectful and Reciprocal Relationships with Families
- 6.3 Family Involvement

Area 7: Program Management

- 7.1 Professional Interactions
- 7.2 Leadership
- 7.3 Organizational Management
- 7.4 Financial Management
- 7.5 Human Resource Management
- 7.6 Regulations, Policies, and Quality Standards
- 7.7 Program Philosophy and Evaluation

Area 8: Professionalism

- 8.1 Ethical Standards and Professional Guidelines
- 8.2 Continuous, Collaborative Learning
- 8.3 Reflective Practice
- 8.4 Advocacy
- 8.5 Collaborative Partnerships



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