

In-Home Family Education:

Supporting Healthy Child Development
in the First Years of Life



December 2005



Report and Recommendations

Partners in
Community
Outreach



Education Begins at Home

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in the First Years of Life

Report and Recommendations by Partners in Community Outreach



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In-Home Family Education:

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Executive Summary

Coalition Calls for a Statewide System of In-Home Family Education.

In-Home Family Education programs provide parenting education and support to families with young children in their homes. Services are voluntary and are available from before birth to age three. Services are provided by trained home visitors who are familiar with and trusted by the communities they serve. Studies show that these programs improve children's health, reduce child abuse, and increase parenting skills.

The West Virginia Legislature passed a resolution in 2005 to study the need for expansion and funding of In-Home Family Education programs (House Concurrent Resolution 19). Partners in Community Outreach has prepared these findings and recommendations to support the Legislature's work on this issue. Partners in Community Outreach is a coalition of research-based In-Home Family Education programs currently operating in the state, including Healthy Families America, Maternal Infant Health Outreach Workers, and Parents As Teachers.

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. We are requesting a state appropriation of \$5.2 million in FY 2007 to serve 2,400 families by expanding existing programs and developing programs in unserved areas.

Early Child Development Has Profound and Lasting Effects.

Brain research shows that children's early experiences influence their development in important and lasting ways. Nurturing relationships with caring adults build children's brains and contribute to optimal social, emotional, cognitive and physical development.

Programs that support early child development contribute to a more productive society and robust economy. A recent report by the Center for Business and

Economic Research at Marshall University concluded: “The evidence is in, and it is overwhelming: early child development programs are a major tool to be used in economic development for a state or region. The payoff for investing in early child development is probably higher than for any other economic development expenditure.”

The younger the child, the greater the return on investment, according to studies conducted by Nobel Prize winning economist James J. Heckman. While much progress has been made in establishing pre-kindergarten for West Virginia’s four-year-olds, far less attention has been given to the first three years of life, the time when early child development programs have the greatest impact.

In-Home Family Education Plays a Critical Role in Early Child Development.

In-Home Family Education is increasingly recognized as a policy priority among states and the federal government. 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. Congress has taken steps to create the first federal funding stream for these programs by introducing the Education Begins at Home Act in both the House (HR 3628) and the Senate (S 503).

In-Home Family Education is a crucial, but underdeveloped component of the early child development system in West Virginia. There are currently 22 In-Home Family Education programs in the state. Last year, these programs served approximately 1,400 families in 26 counties. The programs use research-based models, such as 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.

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 private, federal and state sources. Funding is typically granted on a year-to-year basis, causing uncertainty and instability for programs and for families. Many programs have waiting lists for services, and unserved communities are looking for ways to start programs.

The West Virginia Legislature's Commitment to Early Child Development

- 1997:** The Legislature created the Study Commission on Services for Young Children, which made three recommendations: expand early parent education (In-Home Family Education), expand Starting Points family resource centers, and expand public pre-kindergarten.
- 1998:** The Legislature created a line item for early parent education (In-Home Family Education) and Starting Points family resource centers in the Governor's Cabinet on Children and Families' budget, which was transferred to the Department of Health and Human Resources in 2005.
- 2000:** The Legislature funded eight two-year pilot projects to expand and improve early care and education programs through West Virginia Educare.
- 2002:** The Legislature passed a bill to phase in voluntary pre-kindergarten for 4-year-olds throughout the state over a ten-year period.
- 2005:** The Legislature passed House Concurrent Resolution 19 to study the possible expansion of In-Home Family Education programs. The study included a presentation by Partners in Community Outreach to a joint meeting of the Legislative Oversight Committee on Education Accountability and Legislative Oversight Committee on Health and Human Resources Accountability on November 15, 2005.

A Statewide System Will Assure Access, Coordination and Quality.

Partners in Community Outreach recommends the establishment of a statewide system of In-Home Family Education to provide home visiting services as a key component of the early child development system. Key features of the statewide system would include:

- High quality, voluntary services to families who are expecting a child or have a child under age three, with a goal of reaching twenty percent of these families by 2012.
- Use of research-based models, with local programs accredited by the national or regional organization that developed and supports the model.
- Employment of home visitors who are familiar with and trusted by their communities and who receive thorough, ongoing training and support.
- State-level leadership and coordination through the Division of Early Care and Education in the Department of Health and Human Resources.
- Partnerships with community organizations and with families in the development and oversight of local programs.
- An appropriation for FY 2007 of \$5.2 million to serve 2,400 families by expanding existing programs and developing new programs in unserved areas.

During the past decade, In-Home Family Education has taken root in West Virginia and across the country. Researchers and practitioners agree that these programs, when properly funded and implemented, play a vital role in early child development and should be an integral part of the overall system of early education and care. To reap the impressive benefits of these valuable programs, West Virginia should invest in a statewide system of In-Home Family Education.

Definition and Examples of In-Home Family Education

In-Home Family Education programs provide information, support and referrals to families who are expecting a child or have a child under age three. Services are provided by home visitors, who help families move forward by building on their strengths. Home visitors are selected and trained in the same manner so that they are able to work with families using a strength-based approach.

Home visitors 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 issues and concerns and set goals for the future.

Support and intervention 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.

The following are examples of how In-Home Family Education helps West Virginia families in a variety of ways:

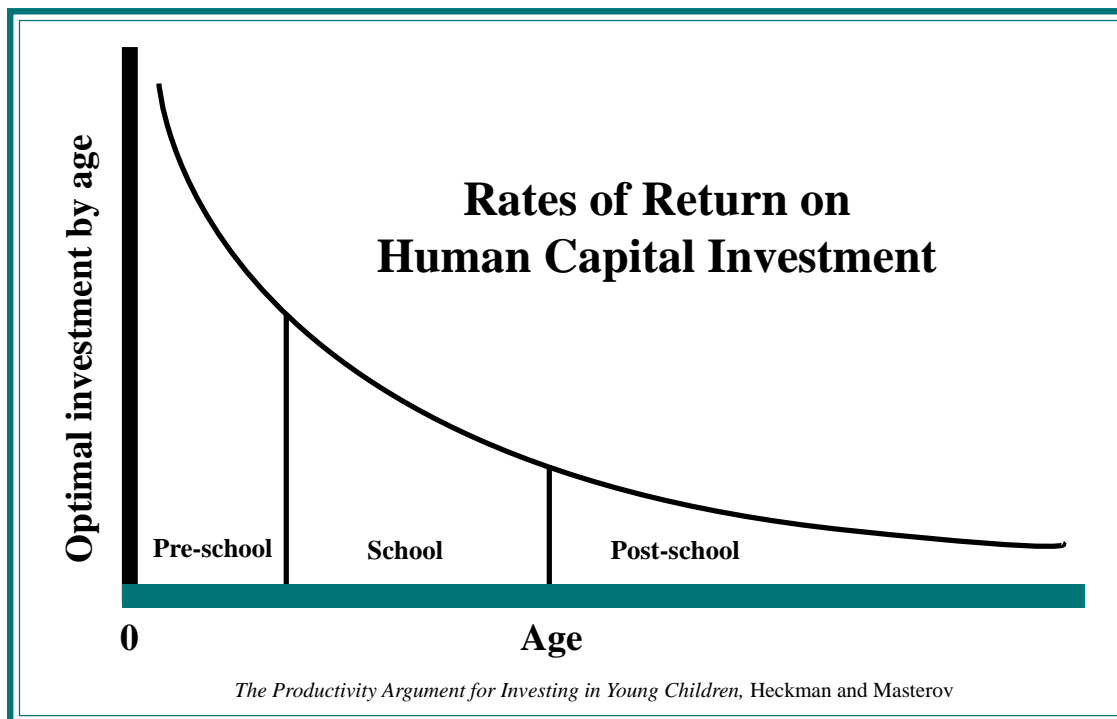
- *Home visitors help parents understand the importance of early and regular prenatal care.* They help mothers prepare for labor and delivery to decrease Caesarian sections and to decrease the risk factors associated with low birth weight. One pregnant woman participating in an In-Home Family Education program received information on smoking cessation from her home visitor. She was a heavy smoker, consuming up to two packs per day. Her home visitor talked with her about the effects of smoking on the baby. The expectant mother quit smoking within two weeks of receiving this information.

- *Home visitors encourage and support breastfeeding and timely immunizations, and help parents recognize and deal with health problems.* One In-Home Family Education program gave parents a free copy of the book, *What To Do When Your Child Gets Sick*, and discussed it during monthly home visits for six months. An evaluation of the project found that the participating families had fewer emergency room visits, hospital stays, and sick-child doctor appointments. They had more well-child doctor visits and were more confident in taking care of the children's minor medical needs at home.
- *Home visitors emphasize early learning and the importance of reading.* They discuss appropriate activities for children according to their age and abilities. One mother who never graduated from high school was anxious about her oldest child beginning school. With support and encouragement from her home visitor, she became involved in her child's school and eventually became president of the PTO.
- *Home visitors educate parents about child development and behavior.* Age appropriate expectations are essential to effective parenting. One father told his home visitor that he was worried that his two-year-old daughter didn't obey him. The home visitor assured him that this was normal behavior for a two-year-old, helped him understand why she was behaving this way, and gave him practical advice for dealing with difficult situations. "What a relief," he told the home visitor at the end of the visit.
- *Home visitors connect families with resources in their communities to help them reach their goals.* With the help and encouragement of her home visitor, one mother enrolled in the local GED program and worked out a way to attend class and study to pass her GED. The mom told the home visitor she wanted to continue her education, and the home visitor helped her study and pass her college entrance exam. The mother now works as a Registered Nurse in her community.
- *Home visitors help families stay together safely.* One home visitor helped a mother with three special needs children keep her children at home. The home visitor helped the mother obtain services her children needed and benefits they were eligible for. When one of the children became ill, Child Protective Services removed the children from the home. With assistance from the home visitor, the mother was able to make needed changes and regain custody of her children. Years later, the family is still together, the children are all in school, and the mother is actively involved in all three of their schools.

The Importance of Early Child Development

The first years of life are a time of profound growth and development. Brain research shows that children's experiences and their relationships with others influence early development in important and lasting ways. Nurturing relationships with caring adults build children's brains and contribute to optimal development—social and emotional as well as cognitive development.¹

Programs that support early child development contribute to a more productive society and robust economy. A recent report by the Center for Business and Economic Research at Marshall University concluded: "The evidence is in, and it is overwhelming: early child development programs are a major tool to be used in economic development for a state or region. The payoff for investing in early child development is probably higher than for any other economic development expenditure."²



Based on a thorough review of available research, the report identified the following benefits of investments in early child development:

- Early child development is highly beneficial to children, increasing their capacity to be more productive workers and citizens.
- Early child development programs enable parents to work, thereby increasing family income with benefits for both family satisfaction and regional growth in income.
- Early child development is a major industry that directly and indirectly creates millions of dollars of output and income, as well as significant numbers of jobs in the West Virginia economy.
- Early child development produces returns on investment to public and private money that is in excess of returns on other economic development programs. The most comprehensive studies of the economics of early child development were conducted by Nobel Prize winning economist James J. Heckman and his colleagues, who found that the earlier the investment, the greater the return.



The Contributions of In-Home Family Education

In-Home Family Education plays a critical role in early child development. These programs help children get off to a good start and provide parents with information and support they can use in raising their children. As described below, research has shown positive effects of In-Home Family Education on children's health, child abuse prevention, and parenting knowledge, skills, and attitudes.

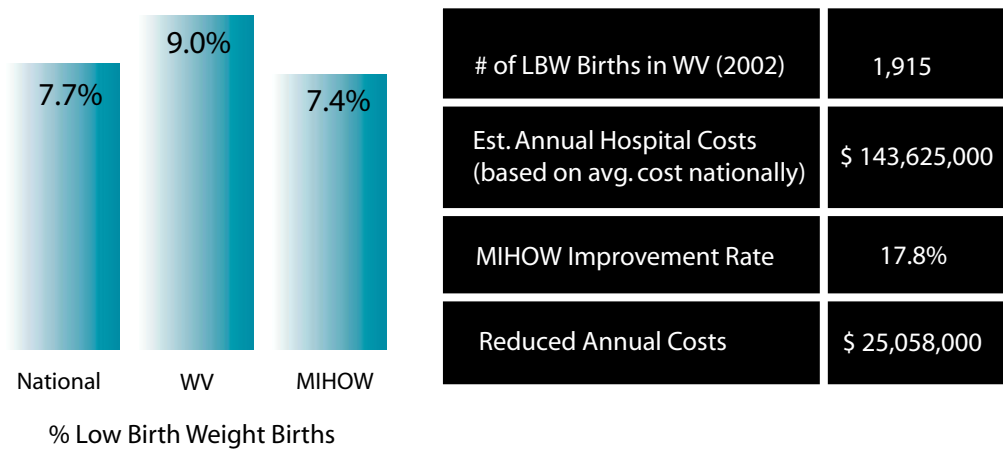
Researchers emphasize these benefits are the result of *high quality* programs. The National Academy of Sciences has concluded that “the key to program effectiveness is likely to be found in the quality of program implementation.”

Researchers also note that the strongest and most long-lasting effects on children's development, particularly cognitive development and school achievement, come from combining In-Home Family Education with center-based early childhood programs. In-Home Family Education is one part of a coordinated system of services that should be available to offer comprehensive services to families and support young children's optimal development.

Contributions to Children's Health

Low birth weight in babies has long been a concern in West Virginia. Our current rate is 9 percent compared to the national rate of 7.7 percent. A recent study examined the incidence of low birth weight among families that participated prenatally in one West Virginia In-Home Family Education program. The program participants had a 7.4% rate of low birth weight, an improvement of almost 18% over the state rate.³ A statewide system of In-Home Family Education that improves the low birth weight rate by 18% would generate savings of \$25 million per year in hospital costs alone.⁴

The High Costs of Low Birth Weight



In-Home Family Education programs are also associated with an increase in immunization rates. In West Virginia, less than 75 percent of two-year-olds are immunized, compared to almost 80 percent nationally. An Arizona study found that participants in an In-Home Family Education program had immunizations rates 22 percent higher than the state average.⁵

Other health factors that some studies have found associated with In-Home Family Education programs are having health insurance (both mothers and children), breastfeeding, having a medical home, and putting babies on their backs to sleep (which prevents SIDS).⁶

Contributions to Child Abuse Prevention

Child abuse is another issue of serious concern in West Virginia. The state has the fifth highest child abuse rate in the country and the highest child fatality rate from abuse.⁷ Most fatalities are very young children under the age of four. None of the state’s fatalities in 2003 had prior contact with Child Protective Services, which means that preventing these tragic deaths requires a proactive system that engages at-risk families early on.

In addition to the human toll of child maltreatment, the financial cost is staggering. The estimated cost of child abuse and neglect in the United States is \$94 billion annually.⁸ Prorated based on population size, the cost in West Virginia is approximately \$564 million. This includes immediate, direct costs of \$195 million for

health and mental health care, child welfare services, law enforcement and courts. It also includes indirect costs such as later expenses associated with special education, ongoing health and mental health problems, juvenile delinquency, adult criminality, and lost productivity to society.

Up to 40% of all child maltreatment could be prevented if home visiting (another term for In-Home Family Education) was widely available, according to a task force of the Centers for Disease Control that reviewed the studies that have been conducted on home visiting programs.⁹ A reduction of child maltreatment by 40% in West Virginia would save over \$225 million annually in expenditures for health, social services and juvenile and adult corrections.

Projected Annual Savings in West Virginia from a Statewide System of In-Home Family Education

Direct Cost Savings	
Health and mental health care	23,084,311
Child welfare system	34,560,000
Law enforcement and courts	878,123
<i>Subtotal Direct Cost Savings</i>	<i>\$58,522,434</i>
Indirect Cost Savings	
Special education	536,659
Ongoing health and mental health care	11,106,326
Juvenile delinquency	21,132,699
Adult criminality	132,912,000
Lost productivity to society	1,574,400
<i>Subtotal Indirect Cost Savings</i>	<i>\$167,262,084</i>
Total Cost Savings	\$225,784,518

Contributions to Parenting Knowledge, Skills, and Attitudes

In addition to the benefits to child health and child abuse prevention, research suggests that In-Home Family Education leads to better parenting. Programs are founded on the belief that parenting is a learned skill for all of us and that everyone can benefit from parenting information and support.

Numerous studies have found that parents who participate in In-Home Family Education are more knowledgeable about child development and child-rearing practices, engaged in more language- and literacy-promoting activities, and were more involved in their children's later schooling.¹⁰

Parents with accurate understanding of how children develop and who know a variety of ways to discipline children are warmer and more responsive to children and less likely to resort to harsh discipline. In turn, children with strong attachments to their parents are better able to take advantage of opportunities school offers, develop better social skills and emotional stability, and tend to steer clear of later behavior problems and delinquency.¹¹



In-Home Family Education Initiatives Across the Country

Other State Approaches to 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.¹² 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.¹³

One trend among many states is building In-Home Family Education systems based on 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.”¹⁴

Illinois provides a good example of this strategy. The Illinois Legislature created an Early Childhood Block Grant in 1997. It combined several programs into one funding stream: a prevention initiative for children under age three at risk of school failure, parental training for parents with children under age five, and pre-kindergarten for three and four year olds. Illinois lawmakers recently passed legislation requiring all programs serving children under three to use research-based program models.

National and Federal Support for In-Home Family Education

Numerous national organizations have taken an active interest in early childhood public policy as a means to better long-term individual and societal outcomes. In-Home Family Education, or home visiting, is increasingly recognized as a policy priority, including the following endorsements:

- The National Conference of State Legislatures concluded that “the predominant and most thoroughly researched child abuse prevention strategy is early childhood home visitation.”

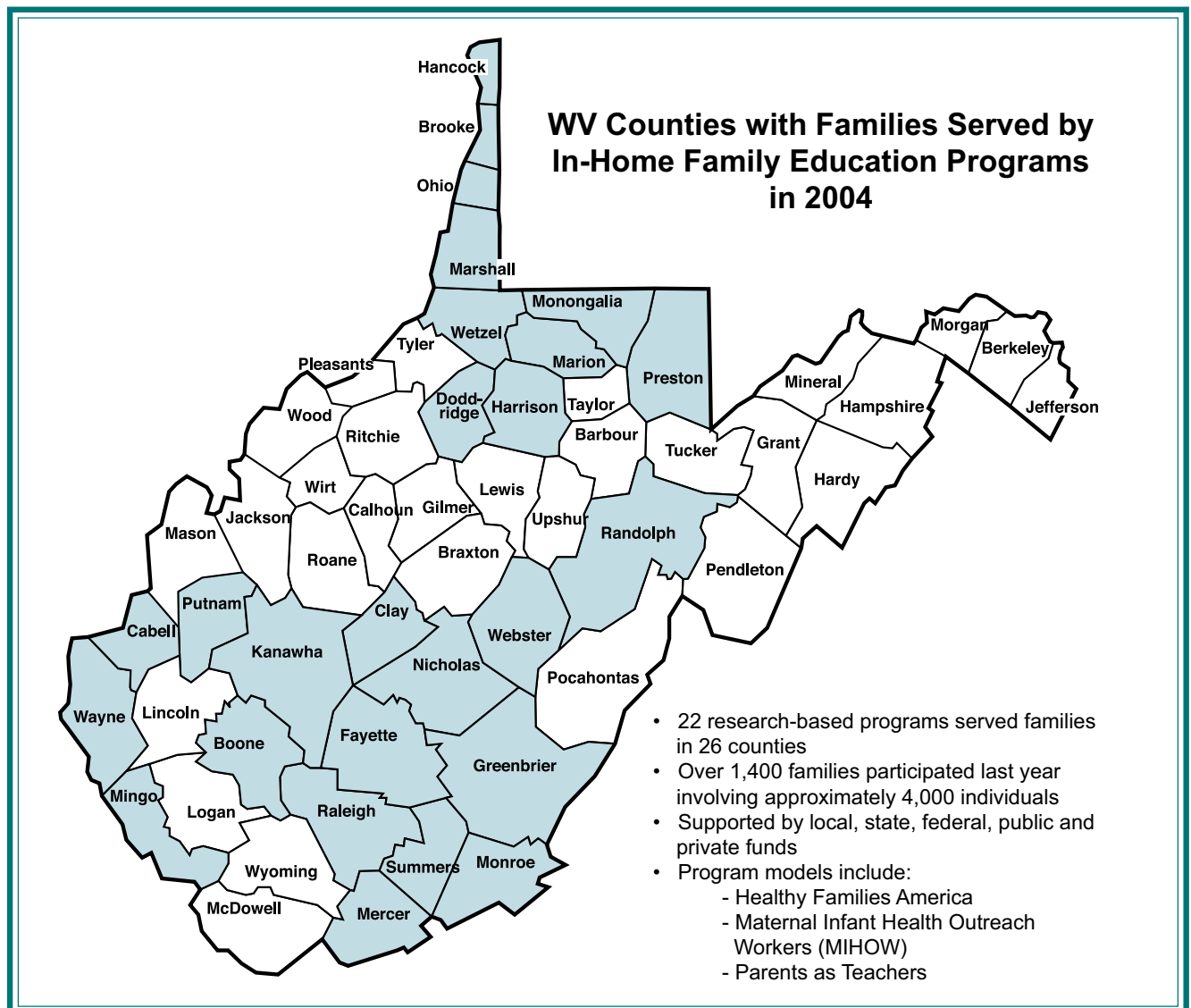
- The National Governor’s Association’s 2005 “Governor’s Guide to School Readiness” includes home visiting as a recommended strategy.
- The National Association of Elementary School Principals issued a call to action for principals to advocate for policies to ensure that all children start school ready to learn, including training parents to be stronger participants in their children’s learning.
- Fight Crime: Invest in Kids, a membership organization of police chiefs, sheriffs, prosecutors and crime victims, recommends in-home parent coaching (another term for In-Home Family Education) for all at-risk families to prevent child abuse and neglect and future crime.

Congress has taken steps to create the first federal funding stream for In-Home Family Education. The Education Begins at Home Act was introduced this year in both the House (HR 3628) and the Senate (S 503). 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 3 years to help states establish or expand home visiting programs, of which 80% would be provided directly to states on a formula basis. Senator Rockefeller is a cosponsor in the Senate, and the bill has bipartisan support.



In-Home Family Education Programs in West Virginia

There are currently 22 In-Home Family Education programs in West Virginia. Last year, these programs served approximately 1,400 families in 26 counties, with funding from federal, state, local and private sources.



The programs use research-based models, including Parents As Teachers, Healthy Families America, and Maternal Infant Health Outreach Workers (MIHOW). 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.

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 private, federal and state sources. Funding is typically granted on a year-to-year basis, causing uncertainty and instability for programs and for families.

The demand for In-Home Family Education is growing. Many programs maintain waiting lists for services and unserved communities are looking for ways to start programs.



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. The system would be phased in over six years. 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. We are requesting a state appropriation of \$5.2 million in FY 2007 to serve 2,400 families by expanding existing programs and developing programs in unserved areas.

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.
7. Implementation of the statewide system would take place over a six-year period, beginning in FY 2007, as outlined in the following table. Based on indicators of child and family need and the experience of current programs, it is expected that about one in five families with children under age three would choose to participate in In-Home Family Education if services were available on a statewide basis. The State currently provides a total of \$315,000 to partially fund seven local programs.

State Fiscal Year	Total Appropriation	Training, TA & Admin	Direct Services	# families (@\$2,000)	% of all families with kids 0-3
FY 2007	\$5,224,000	\$350,000	\$4,874,000	2,437	5%
FY 2008	\$8,298,000	\$500,000	\$7,798,000	3,899	8%
FY 2009	\$11,222,000	\$500,000	\$10,722,000	5,361	11%
FY 2010	\$14,146,000	\$500,000	\$13,646,000	6,823	14%
FY 2011	\$17,070,000	\$500,000	\$16,570,000	8,285	17%
FY 2012	\$19,994,000	\$500,000	\$19,494,000	9,747	20%



Conclusion

During the past decade, In-Home Family Education has taken root in West Virginia and across the country. Researchers and practitioners agree that these programs, when properly funded and implemented, play a vital role in early child development and should be an integral part of the overall system of early care and education. To reap the impressive benefits of these valuable programs, West Virginia should invest in a statewide system of In-Home Family Education.

Footnotes

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³ Vanderbilt Center for Health Services. *A Comparison of Prenatal Risk Factors and Outcomes Among MIHOW Participants in Mississippi, Kentucky and West Virginia*. October 2005.

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