

# Home Visiting 101

@ Nebraska Children's Home Society



# Overview

- Learning Objectives
- Healthy Families America (HFA)
- Young Parent Support Program (YPSP)
- Curriculum and Frameworks
- How to Talk about Home Visiting to Families
- How to Complete Referrals



# Learning Objectives

## Learning Objective 2

- Describe how home visitation contributes to family stability, resilience, and overall health as derived from case studies and research findings.

## Learning Objective 1

- Identify early interventions and community resources concerning home visitation programs to foster secure attachments, positively influencing child development, and family relationships.

## Learning Objective 3

- Discuss evidence-based practices and interventions related to home visitation that contribute to the prevention of Child Protective Services (CPS) involvement.

# Healthy Families America

- Evidence-based
- Voluntary and free
- Serving Douglas, Sarpy, and Lincoln Counties
- Family needs to be pregnant or parenting an infant 3 months or younger
- There is no age requirement; but participants younger than 19 require a legal guardian to consent to their participation
- Weekly home visits; ability to move up and visit less often
- Visits can be in person, via video (zoom or FaceTime), or phone
- Visits entail discussing prenatal support & education on the developing pregnancy, child development, discipline, encouraging parent-child interactions, discussing maternal mental health, connecting families to resources in the community, and helping families create and achieve goals





# Young Parent Support Program

- Evidence Based
- Voluntary and free
- Serving Douglas and Sarpy Counties
- Individuals under the age of 25 who are pregnant or parenting children up to kindergarten entrance
- Visits for individuals up to 3yrs of age, visits are 3x month. Ages 3yrs to kindergarten entrance 2x month
- Visits can be in person, via video (zoom or FaceTime), or phone
- Visits entail focusing on the entire family on parent-child interactions, developmental-centered parenting, parenting behaviors and family well-being.
- YPSP participants can expect prenatal support, parent education, child development resources, family goal planning, resources and referrals and relationship building.




# What does a typical home visit look like?

- The home visitor will plan out a home visit and will ask for the parents' feedback or interests for future visits. Before starting with the agenda that the home visitor has planned, the family will be given an opportunity to discuss anything that they wish to.
- Child development lessons focusing on basic care, brain/physical development, social-emotional development, and learning through play.
- Activities to promote parent-child interaction.
- Child development assessments (ASQ-3, ASQ SE2).
- Maternal mental health assessments such as Center for Epidemiology Studies Depression Scale (CESD), Healthy Families Parenting Inventory (HFPI), Patient Health Questionnaire-9 (PHQ9), and Life Skills Progression (LSP).
- Referrals to pediatrician, mental health providers, school referrals, and connections to other community agencies.





# Trained Staff

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- Home visitors are trained in using assessments for children and parents.
  - Home visitors are trained in CPR/ First Aid, QPR (suicide prevention), and Child Abuse and Neglect (through Project Harmony).
  - All home visitors are also trained following the Nebraska Safe Sleep guidelines.
  - In addition, two staff trained as Certified Lactation Consultants.
  - Home visitors are also required to participate in trauma-informed trainings.
  - Home visitors are trained in completing Intimate Partner Violence screens and to ask questions about human trafficking.

# Benefits of Home Visiting

## Well-Child Visits

According to HFA and Parents as Teachers, families with children enrolled in home visitation programs are more likely to take their children to well-child visits according to the APA schedule. (HFA & Parents as Teachers)

## Child Abuse and Neglect

HFA improves child safety and prevents maltreatment, particularly for first-time parents who enroll prenatally. HFA parents also use more positive discipline, with less physical punishment and yelling. For families already involved with child welfare, recurrence of maltreatment was reduced by one-third. (HFA)

## Child Abuse and Neglect

Parents as Teachers children had a 22 percent decreased likelihood of child maltreatment substantiations (as measured by Child Protective Services maltreatment data) compared to children not in Parents as Teachers. (Parents as Teachers)

## Maternal Mental Health

70 percent of mothers enrolled in MIECHV received a postpartum visit with a health care provider within eight weeks of delivery in FY 2022, a four-percentage point increase as compared to the average of the three previous years (66 percent). (HRSA)

## Breastfeeding

It is possible that women in home visiting programs are more likely to breastfeed due to the added support. It's also possible breastfeeding education provided by the home visitor was successful in increasing likelihood for some women. (GGK)



# Curriculum

## Growing Great Kids

- “A relationship focused, play-based parenting and child development curriculum.”
- Modules focus on:
  - Attachment and regulation
  - Social and emotional development
  - Cues and communication
  - Brain development
  - Physical development
  - Basic care
  - Family relationships

## Growing Great Families

- “A family strengthening, stress management, and life skills curriculum.”
- Modules focus on:
  - Strengthening family foundations and motivating growth
  - Reducing stress
  - Discipline
  - Special parenting circumstances

# Curriculum:

## Mothers and Babies


- Designed for pregnant people and new parents
- Provides a toolkit of coping skills to manage stress within the context of parenting a baby.
- Main focus areas:
  - Engaging in pleasant activities
  - Promoting healthier ways of thinking
  - Improving social support

## Parents as Teachers

- Increase parent knowledge of early childhood development and improve positive parenting practices
- Provide early detection of developmental delays and connection to services
- Improve parent, child and family health and well-being
- Prevent child abuse and neglect
- Increase children's school readiness and success
- Improve family economic well-being
- Strengthen community capacity and connectedness




# Benefits of Using Evidence-Based Curriculum

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- Parents as Teachers
    - Early detection of children's developmental delays and health concerns.
    - Over 75 percent of parents in Parents as Teachers reported taking their child to the library regularly and modeling enjoyment of reading and writing.
    - Parents as Teachers parents were more likely to enroll their children in preschool, attend parent-teacher conferences, PTA/PTO meetings and school events, volunteer in the classroom, talk with their children's teacher.
    - Parents engaged in more language and were more likely to promote reading in the home.
    - Parents as Teachers children scored higher on measures of initiative, achievement, language ability, vocabulary, social development, persistence in task mastery and other cognitive abilities.



# Benefits of Using Evidence-Based Curriculum

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- Growing Great Kids (GGK)
    - In 2015, a study Oregon found that 96% of families participating in Healthy Families America and using Growing Great Kids curriculum for a year were consistently engaged in positive, nurturing interactions with their children.
    - The same study also found that 64% of parents reported a decrease in parenting related stress from the time of the child's birth to the 6-month birthday, which is normally the time when there are higher levels of parenting-related stress.
    - According to GGK, research shows that introducing empathetic parenting forms the foundation for a secure parent-child attachment. Empathetic parenting is one of the corner stone components of GGK.
    - GGK encourages partnering with parents and involving them in the planning process giving them the ability to define their own home visiting journey and making parents feel like they are the experts on their child's development.





# Frameworks



- Raising a Reader
- Mobility Mentoring



# Raising a Reader

Evidence-based practice that helps caring adults set their children up for success by creating:

- shared reading routines
- fostering social-emotional learning
- healthy family relationships
- learning skills to thrive in school and beyond
- promotes literacy amongst young children and their parents



# Mobility Mentoring (EmPath)

## Mobility Mentoring

- Mobility Mentoring's ® theory of change, the Bridge to Self-Sufficiency, set and furthers the attainment of participant-set goals.
- The program has the belief that to achieve self-sufficiency, there needs to be progress in each area of the Bridge to Self-Sufficiency.
- Creating SMART goals helps families to achieve more as they have a clear and solid path to what and where they want to be.

## The Bridge to Self-Sufficiency

- The Bridge to Self-Sufficiency functions as a proven measure of progress toward goal achievement and economic independence. Areas covered include:
  - Family Stability (housing & family)
  - Well-Being (physical/mental health & networks)
    - Goal example: Help families schedule medical appointments and plan transportation for that appointment.
  - Financial Management (savings & debts)
  - Education & Training
  - Employment & Career

# How to talk to families about home visitation

1

Weekly home visits to discuss child development.

If child developmental delays are noticed, the home visitor will do interventions in the home. If the delays continue, the home visitor will make a referral to EDN.

2

Support parents in goals and future plans.

Using the Mobility Mentoring/ Bridge to Self-Sufficiency, home visitors help to coach and motivate participants to accomplish goals. NCHS programs use SMART goals when working with families.

3

Help finding materialistic items.

Home visitors are able to help families locate resources such as furniture through community partners.

4

Help with diapers.

NCHS has partnered with the Nebraska Diaper Bank and is able to offer a small bundle of diapers to active participants.

In addition, home visitors have knowledge of other community partners that conduct diaper banks.

5

Home visitors can help connect you to resources in your community.

If a family needs help with food resources, the home visitor can help find food pantries in the area and can accompany the family if needed.



# Referral Process

## Healthy Families America

- English: 402-451-0787
- Spanish: 402-676-193
- Email: [hfa@nchs.org](mailto:hfa@nchs.org)

## Young Parent Support Program

- English: 402-451-0787
- Spanish: 402-253-4360
- Email: [youngparent@nchs.org](mailto:youngparent@nchs.org)

# References

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- [Evidence-of-Effectiveness-Tables-May-2021.pdf](http://Evidence-of-Effectiveness-Tables-May-2021.pdf) (greatkidsinc.org)
- [906\\_2023\\_EBHVM\\_Book\\_Digital.pdf](http://906_2023_EBHVM_Book_Digital.pdf) (parentsasteachers.org)
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- [GGKResearchFoundations-Finalized-3-13-17.pdf](http://GGKResearchFoundations-Finalized-3-13-17.pdf) (greatkidsinc.org)
- [Trauma-Informed-MB-Delivery-FINAL-1.pdf](http://Trauma-Informed-MB-Delivery-FINAL-1.pdf) (mothersandbabiesprogram.org)
- [Mothers and Babies Online Course: Participant Characteristics and Behaviors in a Web-Based Prevention of Postpartum Depression Intervention - PMC](http://Mothers_and_Babies_Online_Course:_Participant_Characteristics_and_Behaviors_in_a_Web-Based_Prevention_of_Postpartum_Depression_Intervention_-_PMC) (nih.gov)
- ["At a Glance" Analysis of Statewide Progress Towards Select HFA Critical Elements — FY 2003-2004](http://At_a_Glance_Analysis_of_Statewide_Progress_Towards_Select_HFA_Critical_Elements_-_FY_2003-2004) (npcresearch.com)

# Thank you



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