# Delaware Early Childhood Council

## ***Policy Brief:*** *Home Visiting in Delaware* | MAY 2013

**Home Visiting** can yield more than $5 in returns for each $1 spent on low birthweight babies through a reduction in long-term costs associated with social services.

**Home Visiting** saves states collectively some of the $33 billion in annual child abuse-and neglect-related costs, such as hospitalization and law enforcement.

**Home Visiting** helps decrease by half the incidence of babies born with low birthweight and saves between $28,000 and $40,000 per averted incidence.

*Source: The Pew Center on the States, 2010 & NGA Center for Best Practices, 2011*

### Introduction

Delaware has over a 20-year history of home visiting programs for pregnant women and families with young children. The first program, Parents as Teachers, provided services within a school district's boundaries; over time, however, the service area was expanded as a result of increased state funding. In 1993, state legislation was enacted to make permanent the Parents as Teachers program (Chapter 41, Title 14). Examples of Delaware's long-standing commitment to home visiting/parent education programs include the creation of the Parent Education Partnership Committee, which has the goal of improving the quality of and access to parent education and support. In 1995, Delaware piloted and expanded the First-Time Parents Home Visiting Program. In 2001, the Home Visiting Advisory Committee assessed the home visiting services then available to parents and, at that time, there were 82 programs in place to educate and support parents of children ages birth to three (Unger & Brown, 2001).

Recently, home visiting programs have been strengthened through the Maternal, Infant, and Early Childhood Home Visiting Program, a provision of the Affordable Care Act (ACA). The program provides an unprecedented opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. It is intended to ensure effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention and family support services to children and families through home visiting. The home visiting program plays a crucial role in the national effort to build quality, comprehensive, statewide early childhood systems for pregnant women, parents and caregivers, and children from birth to 8 years of age and, ultimately, to improve health and development outcomes.

---


Prepared by

**Carmen Gallagher**, Education Associate, *Delaware Department of Education*
**Crystal Sherman**, Home Visiting Program Administration, *Delaware Division of Public Health*
**Leah Woodall**, Maternal and Child Health Bureau Chief, *Delaware Division of Public Health*

*With assistance from*

**Jenna Bucsak and Christopher Kelly**, Public Administration Fellows, *Institute for Public Administration, University of Delaware*
**Kelly Sherretz,** *Institute for Public Administration, University of Delaware*

For more information about this brief, contact **Dan Rich**, *Chair, Early Childhood Council* (drich@udel.edu).


The Delaware Early Childhood Council (ECC) is the State Advisory Council on Early Childhood for children from birth to eight years of age. The ECC is charged with carrying out all of the functions designated in the federal *Improving Head Start for School Readiness Act of 2007* and other functions as assigned by the Governor, General Assembly, and the Interagency Resource Management Committee. The ECC primarily comprises private-sector members, but includes public-sector members from the Departments of Health and Social Services, Services for Children, Youth and Their Families, and Education. The 19 members of the Council are appointed by the Governor.

## What is Home Visiting?

Home visiting for pregnant women and families with young children is a long-standing and well-researched strategy designed to improve pregnancy outcomes, parenting skills, and early childhood health and development, particularly for families identified as high risk.

In general, home visiting programs aim to increase parenting skills through the provision of information, training, guidance, risk assessments, and referrals to other services that may be beneficial to the family. These tasks are carried out by nurses, social workers, certified parent educators, or paraprofessionals (NGA Center for Best Practices, 2011 & National Human Services Assembly, 2007). The program sends trained individuals to visit at-risk families in their own homes, to provide services to families within their environment as their children's first teachers. The goals of many home visiting programs include reducing the amount of cases of abuse and neglect; improving kindergarten readiness; teaching children, as well as their parents, the skills that will allow them to flourish in school; improving prenatal and child health; improving the quality of parenting through the promotion of good techniques and attitudes; reducing the occurrences of crime in youth populations; identifying developmental delays in children and ensuring that they receive the services they need to assist them with these disabilities; and promoting parental self-sufficiency (NGA Center for Best Practices, 2011 & National Human Services Assembly, 2007). While definitions of at-risk families can differ by program, they typically include families that are headed by low-income or first-time mothers, have poor English skills, or include a child with health issues (National Human Services Assembly, 2007).

Support for home visiting programs at the national level has grown in recent years through a drastic increase in federal funding provided through the 2010 Patient Protection and Affordable Care Act. The funds provided by ACA are primarily designated for evidence-based home visiting programs, and 25 percent of the funding provided is allocated to the implementation and evaluation of new and innovative programs (NGA Center for Best Practices, 2011). This method of funding allows the federal government to support programs that already have been proven effective, while also promoting innovation within the field of home visiting. This allows for field advancement that does not come at the expense of quality of care. It must be noted that funds provided through this law may not be used as a replacement for existing financial commitments to a state's home visiting programs, but instead are intended as a supplement that will lead to the growth and development of the current system (NGA Center for Best Practices, 2011). Nationally, the most common home visiting programs are those that are research-based models such as Healthy-Families America, Nurse-Family Partnership, and Parents as Teachers (NGA Center for Best Practices, 2011).

The quality and effectiveness of a home visiting program is influenced by several factors including the characteristics of the target population, the level of coordination with the rest of the early childhood system, the skills of the home visitors, and the frequency and duration of visits (NGA Center for Best Practices, 2011). One characteristic of a high-quality home visiting program is that it has a high level of interaction with the recipients of the service and a clear vision of what it hopes to accomplish, organizing all of its activities around achieving this goal (National Human Service Assembly, 2007). An additional key characteristic of a high-quality home visiting program is the degree with which it is coordinated with the rest of the state's social service system, allowing home visitors to help the recipients of their service with receiving appropriate assistance from the state (National Human Service Assembly, 2007).

## Home Visiting in Delaware

Delaware's home visiting programs have continued to expand within the last two decades. There are currently four primary evidence-based home visiting programs in Delaware, recognized under the state's comprehensive home visiting system, known as the Maternal, Infant, and Early Childhood Home Visiting Program (DMIEC-HV). These programs include: Early Head Start, Parents as Teachers, Nurse-Family Partnership, and Healthy Families America, which is also known as Smart Start (Department of Health and Social Services, 2011). The four key goals that the state system aims to achieve are:

1. Develop, implement, and sustain a continuum of home visiting services statewide where the needs of families are met by the most appropriate program.

2. Transition the Division of Public Health's nurse home visiting, Smart Start, to the evidence based model, Healthy Families America.
3. Improve maternal, infant, and early childhood outcomes through targeted home visiting services.
4. Monitor home visiting system changes and challenges to ensure long-term sustainability. (Department of Health and Social Services, 2011)

Much progress has been made toward achieving these goals. The Division of Public Health's Home Visiting Program began using the Healthy Families America model in February 2012.

After conducting a statewide needs assessment in 2010, the State of Delaware Department of Health Social Services designated six zones as at-risk, and families residing within these zones receive priority service (Department of Health and Social Services, 2011).Ultimately, the hope is to create an effective, efficient, and sustainable home visiting system that will ensure that at-risk individuals receive the assistance and services available to them and, in turn, increase positive outcomes for the children and families of Delaware.

Early Head Start is a home visiting program that is operated by the Telamon Corporation and the University of Delaware with funding through the federal Department of Health and Human Services' Administration for Children and Families. These programs and funds are monitored through the federal Office of Head Start, Region III. Early Head Start provides child development and family support services to low-income infants and toddlers and their families as well as pregnant women and their families. The goals of the Early Head Start Program are to provide safe and developmentally enriching caregiving that promotes all aspects of child development, supports parents in their roles as caregivers and teachers, mobilizes communities to provide resources to and support for families, and ensures the provision of high-quality responsive services to families through trained and caring staff. Services can be based in a home, a center, or both (Department of Health and Human Services, n.d.).

Parents as Teachers is a home visiting program that is operated by the Delaware Department of Education, and receives funding through state funds and the ACA's Maternal, Infant and Early Childhood Home Visiting (MIECHV) grant (Department of Health and Social Services, 2011). The goals of the Parents as Teachers model are to enhance parent knowledge of child development and improve parenting practices, increase early detection of developmental delays and health issues, promote safe and healthy relationships to prevent child abuse and neglect, and improve school readiness and school success. This model services children most at-risk for later learning challenges (Parents as Teachers, 2008). These goals are achieved by sending home visitors, who have professional education in the fields of education or social work, to families of all income levels (National Human Service Assembly, 2007).

Nurse-Family Partnership is a home visiting program that is operated by Children &Families First, and it receives its funding from ACA MIECHV federal funds, state funds, and donations from private and non-profit donors (Department of Health and Social Services, 2011). The goals of the Nurse-Family Partnership model are to improve pregnancy outcomes, child health and development, and families' economic self-sufficiency (National Human Service Assembly, 2007). These goals are achieved by sending home visitors that are trained as public health nurses to low-income, first-time mothers with risk factors associated with child maltreatment (National Human Service Assembly, 2007).

Healthy Families America (also known as Smart Start) is a home visiting program that is operated by the Division of Public Health and through a contractual relationship with Children & Families First. It receives its funding from the federal ACA MIECHV grant and state funds (Department of Health and Social Services, 2011). The goals of the Healthy Families America model are to "promote positive parenting, enhance child health and development, and prevent child abuse and neglect" for at-risk children ages 0 to 5 (National Human Service Assembly, 2007). Healthy Families America (HFA) is based on 12 research-based critical elements and ensures that state affiliates adhere to consistent service implementation through an established Quality Assurance (QA) process (National Human Service Assembly, 2007).

## Policy Recommendations

To continue to build a comprehensive early childhood system in Delaware, a variety of programs must continue to grow and develop. An integrated continuum of home visiting programs and support in implementing these programs is essential. The Division of Public Health may want to strengthen its work with external partners to provide the training and technical assistance necessary to improve the system.

The Division of Public Health also will want to focus on continuous quality improvement, with an emphasis on building the referral base for the program. The Division should consider a rigorous data collection process that includes time-series data collection and evaluation design to help uncover gaps in service and address unmet needs of children and families throughout Delaware.

Further, the transition process for home visiting programs will need to be evaluated. Currently, these programs work with children up to age three, leaving a two-year gap in services between the child's participation in a home visiting program and entrance in kindergarten. Assessing this transition process as well as the resulting gap in services would be beneficial.

Lastly, improvement can be accomplished by ensuring funding and sustainability of the program. Resources, organizational structure, and Medicaid reimbursement are just a few of the elements that must be considered as the Division considers a more sustainable funding structure.

## References

Chapter 41, Title 14. Delaware Code. Retrieved from: http://delcode.delaware.gov/sessionlaws/ga137/chp041.shtml

Department of Health and Human Services, Administration for Children and Families Early Childhood Learning & Knowledge Center. (n.d.). Head Start Fact Sheet. In *Head Start*. Retrieved May 30, 2013, from eclkc.ohs.act.hhs.gov/hslc

Department of Health & Social Services. (2011, June). *Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Updated State Plan.* Retrieved from: http://dhss.delaware.gov/dph/chca/files/acamchupdatejune2011.pdf

National Human Service Assembly. (2007, November). *Home Visiting: Strengthening Families by Promoting Parenting Success.* Retrieved from: http://www.nationalassembly.org/fspc/documents/PolicyBriefs/FSPBrief23FINAL.pdf

NGA Center for Best Practices. (2011, March 8). *Maximizing the Impact of State Early Childhood Home Visitation Programs*. Retrieved from: http://www.nga.org/files/live/sites/NGA/files/pdf/1103HOMEVISIT.PDF

Parents as Teachers. (2008, April). *Fact Sheet.* Retrieved from: http://otrans.3cdn.net/9c14aa5abc3eca686e_edm6bxw0l.pdf

The Pew Center on the States. (2010, January). *The Costs of Disinvestment: Why States Can't Afford to Cut Smart Early Childhood Programs*. Retrieved from: http://www.pewtrusts.org/our_work_report_detail.aspx?id=56874&category=10

Unger, D. & Brown, M. (Eds.). (June 2001). Parent Education and Support in Delaware: 15 Years of Recommendations Waiting to Be Implemented. *University Centers for Excellence in Developmental Disabilities Education, Research and Service.*