



HOME-BASED EARLY LEARNING IN THE THRIVE BY FIVE WASHINGTON DEMONSTRATION COMMUNITIES

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OVERVIEW

The first moments and months of life for newborns and their parents are a precious and important time. Babies depend on their parents for all of their needs – food, comfort, warmth and love. And parents work hard to meet those needs.



This joyful time, however, can also be an extremely stressful time. All new parents are stressed, tired and sleep deprived, but this time can be completely overwhelming if the parent is suffering from postpartum depression, anxious about their financial or housing situation, or not sure how to care for a child. If the parent is a teen, the stress is magnified. Sadly, this level of stress can damage the parent/child bond that is important to every other relationship a child has in life. It can also lead to child abuse or neglect.

Home-visiting programs can help. Home visitors support parents in being their child's first teacher and in giving their newborn the best possible start in life. With home visiting, parents and their babies receive regular visits in their home by a trained nurse or parent coach and get support with basic infant health, information on supporting their child's healthy development and early learning and guidance on creating a strong parent-child bond.

In recent years, this intervention/prevention model has steadily gained attention from policymakers and stakeholders at local and national levels because of its potential for supporting the health and educational needs of hard-to-reach children and families and the promise these services hold for future family strength, school and job success and social stability. Home-visiting models have been developed and widely used across the country with 400,000-500,000 children and families served to date. (Astuto & Allen, 2009)¹.

Over the past few years, the Bill & Melinda Gates Foundation and Thrive by Five Washington have worked together to improve the school readiness of children in Washington state through two Thrive Demonstration Communities: White Center in Western Washington and East Yakima in Eastern Washington. In the planning phase of each of the community's work, both communities determined that home visiting was critical to the end goal of school readiness, but also recognized that no single program works for all families.

What soon developed was the Home-Based Early Learning (HBEL) strategy. This strategy calls for a continuum of home-visiting programs available to mothers and families and a new coordination among organizations providing home visiting services, so that families are matched to programs that best meet their needs.

While there are four home-visiting models being implemented in the Thrive Demonstration Communities – Parents as Teachers, Nurse Family Partnerships, Partnering with Families for Early Learning and Outreach Doulas – there is an agreed upon set of outcomes for children and families:

- Improved prenatal health
- High percentage of positive birth outcomes
- High percentage of children have access to comprehensive health care
- Increased positive parent-child interactions that promote optimal social and emotional development of children
- Increased parent mastery of teaching and guiding children
- Children attain skills to achieve success in school

¹ Astuto, J. & Allen, L. (2009). Home visitation and young children: An approach worth investing in? *SRCD Social Policy Report*, 23(4), 1-22.

HOME-VISITING INNOVATION

One of Thrive's key roles in the Thrive Demonstration Communities is to develop and implement innovative early learning and family support programs that meet the diverse needs of these two communities and the families who live there. Below is a look at two programs and an evaluation tool that have been created.

Partnering with Families for Early Learning

Both communities wanted a new home-visiting model that better helped families in need of more support and assistance than was currently available. Using as the foundation First Steps, an existing Washington state-funded home-visiting program that provides limited maternity support, Thrive and its partners in the Demonstration Communities created Partnering with Families for Early Learning (PFEL). This program has been in place and has evolved since its inception in early 2008.

Next steps for PFEL are to pilot the new model in both communities, evaluate (for example, fidelity to the model, content and quality of home visits, and the effectiveness of a paraprofessional/professional model), refine, and then possibly conduct a more rigorous evaluation. The long-term goal is to have an evidence-based, replicable, home-visiting model.



Note: In fall 2008 and summer 2009, we did an initial look at a new tool being considered to evaluate the content and quality of PFEL home visits. A third-party evaluator, Mathematica Policy Research, conducted a study of the home visits by observing each home visitor during three separate rounds. The study findings showed that home visitors developed positive relationships with families, and parents were engaged in the home visit and with their children. For a complete description of the study please see [Better Beginnings: Partnering with Families for Early Learning Home Visit Observations](http://www.thrivebyfivewa.org/downloadables/HOVRSObservationsBriefFinal.pdf) (<http://www.thrivebyfivewa.org/downloadables/HOVRSObservationsBriefFinal.pdf>).

Outreach Doula Program

Started in fall 2009 by Open Arms Perinatal Services, the Outreach Doula Program provides home-visiting services in the White Center community to Latina and Somali women and their families in culturally responsive ways to help build a self-sustaining, healthy community. Built upon the very successful Community Doula program, the Outreach Doula program was created to help address the vast differences in birthing experiences and child-rearing expectations that many immigrant and refugee women experience in the United States. In addition, low-income women and women of color from these countries have many other stressors in their lives in White Center that make parenting hard and create social isolation, making it more difficult for them to be as engaged as they should be in the parenting of their young children.

As part of the PFEL program in White Center, the Outreach Doula program supports mothers through pregnancy, child birth and up to the child's second birthday. Research demonstrates and experience suggests that doulas decrease social isolation, provide prevention for postpartum depression and help decrease infant mortality by creating connections. Through its structure and practice, the Outreach Doula program is designed to elicit culturally specific parenting practices, build on the cultural values and beliefs within each community, increase the acceptance of the program by mothers and families, and ultimately lead to improved parent and child outcomes. For example, one reason the Somali community agreed to participate in the Outreach Doula program was to see if they could lower the number of women in their community having cesarean sections, a practice they believe interferes with the spiritual bonding between mother and child; the Latina community saw one benefit of the Outreach Doula Program as a way to increase breastfeeding rates.

Outreach Doulas are chosen by their respective communities to receive doula training. These Outreach Doulas are bicultural and bilingual/multilingual and are paraprofessionals who are trained as both birth doulas and home visitors.

Universal Risk Assessment Tool

One goal of a coordinated and integrated home-visiting system is for women to enter into the system using a "triage" approach that assesses maternal and family needs and assigns mothers and families to the home-visiting program that best meets their needs. Central to this coordinated system has been the development of a Universal Risk Assessment (URA) tool, which was developed by researchers and team partners in both Thrive Demonstration Communities, piloted as a needs assessment tool by home visitors in the communities, and revised. The URA also provides important information about families with newborns who live in the two communities. This information allows us to better understand the assets, needs and risk

levels of the families in our communities and, ultimately, helps us do a better job with our current work as well as with the development of a future triage system and programs and services responsive to community needs. To learn more about the Universal Risk Assessment, and to access the URA tool and manual please visit <http://www.thrivebyfivewa.org/URA.html>.

THE FUTURE

The implementation of the Home-Based Early Learning strategy in the two Thrive Demonstration Communities provides an opportunity for all involved to gain a deeper understanding of the families living in the two communities. This allows us to better shape family support efforts for parents of newborns and to better coordinate services and supports at the community level. Thrive by Five Washington will build on the current foundation to create a strong infrastructure statewide for home-visiting services. Future activities include:



1. Evaluation of the quality of home-visiting services and fidelity of these programs
2. Implementation of ongoing continuous quality improvement efforts through technical assistance, training and capacity building
3. Continuation of our work with local and national experts to help shape the future evaluation work of home visiting in Washington state.

If you are interested in learning more about the home-based early learning work that is being implemented in both Thrive Demonstration Communities, please read [Better Beginnings: Developing Home-Based Early Learning Systems in East Yakima and White Center](http://www.thrivebyfivewa.org/downloadables/HBEL_Brief_041410final.pdf) (http://www.thrivebyfivewa.org/downloadables/HBEL_Brief_041410final.pdf).

This is an exciting time for home-based early learning in Washington state and nationally. We invite you to check our website for future updates.