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Best Practice in Early Childhood Home Visiting

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Best Practice in Early Childhood Home Visiting

by

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MSW Clinical Research Paper

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School of Social Work
St. Catherine University and University of St. Thomas
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Abstract

Home visiting has been in practice for some time but has gained an increased spotlight in recent years. The present study is a qualitative exploration of the best practices surrounding the specific realm of home visiting in reaching children in early childhood and their families. The research focused on ages three to five and was specific to school readiness. The researcher conducted nonscheduled-standardized interviews with professionals from eight home visiting programs in southern Minnesota and the metro. The transcripts were analyzed using a grounded theory approach and seven themes emerged to describe the work done in these early childhood home visiting programs. These themes included challenges in working with diverse communities, unstable funding, modification and lack of curriculum, importance of relationships, the need to focus on the parent, an emphasis on school readiness and a link to social work. The data also provided a broad look at the curriculum, staffing, assessments and partnerships used in home visiting work. The findings imply that home visiting has certain challenges specific to the work but there are significant benefits to this strategy in reaching children and their families as well. The research also pointed to a link to social work practice partly due to the significant work in home visiting to connect isolated families along with the school readiness focus.

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Introduction

Children who are not ready to begin formal school pose a concern that impacts not only our present, but our future as well. Approximately one- third of those entering kindergarten are not ready to learn both academically and socially (Kelley, 2008). Issues such as poverty play a role in readiness. Children starting school from lower economic status have spoken only 2.5 million words, where higher income children have already spoken approximately 4.5 million words at the start of school (Hattie, 2009). Research points to social emotional skills as a core element to school readiness of which is missing or delayed in many children (CASEL, 2013). While schools intentionally add more social emotional skills to their curriculums, a gap still exists in working with children and families at the earliest level. This could be addressed for our earliest learners with the strategy of home visiting. The U.S. Department of Health and Human Services (2013) explains home visiting as:

> … an evidence-based program, implemented in response to findings from a needs assessment, that includes home visiting as a primary service delivery strategy and is offered on a voluntary basis to pregnant women or children birth to age 5 targeting the participant outcomes in the legislation which include improved maternal and child health, prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits, improvement in school readiness and achievement, reduction in crime or domestic violence, improvements in family economic self-sufficiency and improvements in the coordination and referrals for other community resources and supports (U.S. Department of Health and Human Services, 2013, p.1).

Health, education and child welfare are common focus areas that use home visiting as a strategy to meet needs in those areas. The actual practice of home visiting as a strategy is evident in social work history dating back to the pioneer Mary Richmond in the 1890's (Richmond, 1899). The social work profession continues to perfect the avenues of which we can use home visiting to

decrease human suffering and educate the population. However, the precise practices and the way that is completed are not always congruent to research.   Research says that targeting the population is paramount for making a difference with home visiting (Pew, 2013). In the realm of helping families, a major focus could be centered on families with children in early childhood with a spotlight on school readiness.

The proposed research will seek to provide a clearer understanding of specific practices of home visiting in early childhood school readiness and identify best practices in the current region. This qualitative study will interview eight to ten social workers or professionals whom work within the home visiting field. Results from the study have the potential to inform program development. The next section will provide a review of the literature that is relevant to the current research study, followed by the conceptual framework and specific study methods.

Literature Review

The following literature review will discuss the importance of the issue of school readiness from a child development standpoint. The significance of academic skills and social emotional skills within readiness will be discussed. Furthermore, factors to encourage home visiting programs around the issue of school readiness will be examined. Home visiting models will be uncovered as well as a link of the strategy of home visiting to social work.

School Readiness

Much research emphasis has been placed on school readiness, or the lack thereof, in regards to the youngest learners. It has long been accepted that experiences during the prenatal period to age five contribute significantly to success in later school years (Bates, 2006). The childhood years are described as immensely formative for adulthood (Shonkoff, 2000). The body of knowledge found in Shonkoff's book *Neurons to Neighborhoods* has noted the following critical factors in child development as summarized by Bates.

1. From birth to age five is the period of the most rapid growth in children's linguistic, cognitive, emotional, social, regulatory, and moral abilities and it is during this time that the foundation for future development is laid.

2. While development in the early years is extremely robust, it is also quite vulnerable and can be seriously compromised by emotional trauma, such as loss and early personal rejection, and environmental threats, such as poor nutrition, specific infections, environmental toxins, drug exposure, and chronic stress due to abuse or neglect.

3. Wide differences in children's abilities, noticeable well before kindergarten, are associated with multiple risk factors, as well as disparities in social and economic circumstances, and are predictive of delayed academic readiness.

4. Children's relationship to their parents and other caregivers, including those outside the home, play a critical role in strengthening nearly every aspect or their development by providing stable, nurturing, and secure attachments upon which exploration, learning, and self-regulation are based (2006).

Simply put, what the world now knows about child development in regards to how children gain early school success cannot be underrated. The factors that are considered important are agreed upon but children's readiness to learn is not always present.

Academic Preparedness

The urgency at hand is that regardless of whether the challenge is developmental or environmental, many children are not ready for school. The Minnesota Department of Education defines school readiness as "the skills, knowledge, behaviors and accomplishments that children should know and be able to do as they enter kindergarten in the following areas of child development: physical development; the arts; personal and social development; language and literacy; and mathematical thinking" (MDE, 2013, p. 3). This definition of school readiness is linked to the Early Childhood Indicators of Progress (ECIPS) which are similar to K-12 academic standards with a multi- domain approach (MDE, 2013). While there is not a national set of agreed-upon standards or definitions for school readiness, most states build the approach from typical child development (M.E. Cox, personal communication, October 25, 2014). Keeping in mind that each school district is somewhat different, District 761 has a distinct list of 16 I Can Statements to approximate a child's readiness for Kindergarten (I Can statements, 2013). Specific indicators identify what is expected prior to beginning school such as; I can count to 20; I can identify colors and basic shapes; I can share and wait my turn and additional items as well.

The numbers are also important in this realm. A study of kindergarten teachers reported that approximately one-third of U.S. children who enter school are not equipped to be successful (Kelley, 2008). Local numbers from the 2012 MN School Readiness Study, although

producing a positive trend, cited only 72.8 percent of Minnesota children were considered on track to meet achievements levels, reciprocally leaving 27 percent still unprepared (MDE, 2013). Still another national study found that 34.2 percent of kindergarten teachers reported children entering kindergarten were not as well prepared as kindergarteners were five years ago (National Kindergarten, 2011).

Many skill deficits surrounding school readiness are often considered to be linked towards issues of poverty. One study noted that less than half (48 percent) of poor children were school ready at age five, compared to 75 percent from modest to high-income households (Issacs, 2012). Children who were 'near poor' (100-185 percent from poverty), although they fared better than poor households, only 59 percent were deemed ready at age five for school. The number drops to 42 percent ready for those children who are persistently poor throughout their early childhood (Issacs, 2012). Author of the book Visible Learning, has compiled many meta analyses studies stating that socioeconomic status (SES) resources are more influential during pre and early elementary years (Hattie, 2009). Students who come from lower SES have on average spoken 2.5 million words when they start school, compared to students from higher groups who have spoken 4.5 million words (Hattie, 2009).

Similarly, research cited by Ruby Payne recounted that the average 4-year-old in a professional household has heard 45 million words while a 4-year-old in a household below poverty had heard only 13 million words (Payne, 2009). Clearly, it is well recognized that children from low-income families are more likely to enter school with fewer skills in language, literacy and social skills that are necessary to ensure school success, compared to children with more economic advantages (Kelly, 2008; Bates, 2006).

Likewise, school readiness research has stimulated public policy and program innovations so that interventions serving preschool- aged children and their families are under intense inspection and ongoing development (Booth, 2008). Beyond the blatant issue that many

of our youngest learners are unprepared academically, there is an increased focus on their social emotional learning (SEL), as well as an intentional focus to meet those learning needs.

Social Emotional Learning

Much research is available concerning the importance of social emotional learning (SEL). Developing social-emotional competence is an important milestone for preschool children because children who are socially and emotionally competent in preschool are also expected to enjoy success in academic and social areas in their future (McCabe, 2011). A leader in the study, definition and promotion of SEL is, The Collaborative for Academic, Social, and Emotional Learning (CASEL). Based on extensive research, CASEL has identified five competencies at the core of SEL.

1.Self-awareness. The ability to accurately recognize one's emotions and thoughts and their influence on behavior.

2. Self-management. The ability to regulate one's emotions, thoughts, and behaviors effectively in different situations, and to set and work toward personal and academic goals.

3. Social awareness. The ability to take the perspective of and empathize with others from diverse backgrounds and cultures and to recognize family, school, and community resources and supports.

4. Relationship skills. The ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups through communicating clearly, listening actively, cooperating, negotiating conflict constructively, and seeking and offering help when needed.

5. Responsible decision making. The ability to make constructive and respectful choices about personal behavior and social interactions based on consideration of ethical standards, safety concerns, the realistic evaluation of the consequences that stem from actions, and the well-being of self and others (Weissberg & Cascarino, 2013).

Definitions from the Michigan Association for Mental Health Great Start program described under developed social emotional development as follows:

Children who are not as socially-emotionally skilled may have trouble making friends and adjusting to school. If it's hard for them to express themselves, they may take their feelings out on others (biting, hitting, screaming, etc.). Or they may withdraw from others. As a result, their classmates may avoid or tease them.   If they can't follow directions and stick with a task, school becomes a struggle. They don't feel good about school or themselves, making it even harder for them to learn. (MI-AIMH, 2009, p.3)

Educators throughout are looking beyond only academic readiness to the importance of "teachability as marked by positive emotional expressiveness, enthusiasm, and ability to regulate emotions and behaviors" (Denham, 2008, p. 58).   Similarly, social emotional skills like cooperation, taking turns and reciprocity, which are essential for school readiness, can be taught at every age by any adult, not just teachers (Bagdi, 2005). Social emotional education is becoming more embedded across the education system and less reactionary to certain events or individual students, but there is much work to do in continuing momentum (Hart, 2013). While schools are focusing more priority on integrating social emotional skills into their curriculums, there is an understanding that children before kindergarten lack as well during the critical formative years. A study done for CASEL, the leader in developing social emotional education, stated teachers reported that students not learning these skills at home is one of the top reasons to be teaching it formally in schools also stating that 81 percent of teachers said a lack of skills reinforcement at home is a big challenge in trying to implement SEL at school (Hart, 2013).

The extreme importance of developing social emotional skills for our earliest learners is that it provides them with a sturdy structure for their ongoing future. Furthermore, the significance of these skills was important enough for the National AmeriCorps program, to create an entire corps to L.E.A.P. , Learning Early Achieves Potential, which focuses direct service around 1:1 social-emotional school readiness support to children needing a stronger foundation in emotional intelligence (Serve Minnesota, 2013). Due to our lack of readiness both academically and socially, there is reason to focus more resources and intensity towards our youngest learners and future livelihoods. A historical strategy that is also used today is the practice of home visiting.

Home Visiting Programs

Because of what we know about child development and the importance of increased child readiness, including SEL skills, there is also encouragement for home visiting programs. Home visiting is thought to be an umbrella term that implies a strategy for delivering a service, rather than a type of intervention, so to speak (Sweet, 2004). Although the crucial goal of most home visiting programs are to improve child and parent outcomes there can be many variations of logistics within programs (Powell, 1993). Traditionally, many home visiting programs are thought to be prenatal and infant parent programs with an emphasis on health outcomes, however, several programs focus on education, and prevention of abuse, reliance on public assistance, learning delays in addition to others (Sweet, 2004). Goals often surround child development, but adult members have desirable impacts as well with adult literacy, self sufficiency or job training (Powell, 1993).

Specific to school achievement, home visiting by school staff has reduced child abuse but enhanced school achievement (Hattie, 2009). There is also research that cited increased parental aspirations and expectations as the most important influence on a child's academic achievement (Hattie, 2009). This type of research goes back to believing if we could bridge connections to the home, greater impacts could be made for the child's success at school and in life.

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Additionally, there has been increased development and collaboration surrounding home visit programming including state coalitions looking to highlight approaches, provide collaboration and work to streamline federal and state funding sources (United Front MN, 2011). The research and literature on those practicing home visiting identify four critical components in home visiting to facilitate child learning and development (Keilty, 2008). "Home visits should (a) occur within the *context* of the family's routine activities, (b) promote *child engagement*, and build family capacity by (c) ensure *caregiver engagement* in the home visit and (d) supporting *caregiver confidence and competence* in their use of intervention strategies" (Keilty, 2008, p. 30). However, among that translation of home visiting there is not a particular or national guideline in place for all programs.

Home Visiting Models

There are many versions of home visiting happening in programs throughout the country, and some are currently recognized as evidence based, national models (U.S. Department of Health and Human Services, 2013). The following, although not exhaustive, are program models that various communities are employing in Minnesota to support parents and families with young children that are nationally recognized. Early Head Start Home Visiting ; Healthy Families America; Home Instruction for Parents of Preschool Youngsters (HIPPY); Nurse-Family Partnership; Parents as Teachers; Child First; Family Checkup; Family Sprint and Healthy Steps There are also other programs using home visiting that were designed in Minnesota such as Minnesota Family Home Visiting which is part of local Public Health and Parent Support Outreach Program (PESOP) as well as Family Assessment Response (FAR) that is part of the County Child Protection system. Finally there are components of home visiting in school programs such as Early Childhood Family Education (ECFE) and Early Childhood Special Education (ECSE)(United Front, 2011). Still more programs do not currently meet criteria for evidence based models in Minnesota but are highly functioning such as the Parent Child Home Program.

Of these and hundreds of other programs functioning in the United States, differences are noted in technical aspects such as target population, experience of the home visitor, duration, intensity and the end goals (Gomby, 1999). This research will focus on the later preschool years as the target population and so the following national, evidence based programs are described. Below are chosen descriptions of programs that are national, evidence based models exhibited by the U.S. Department of Health and Human Services that focus on the later pre-school years because that is the narrowed, focus population for the current research.

Home Instruction for Parents of Preschool Youngsters (HIPPY) is a 2-year home-based educational enrichment program that builds on the natural bond between a parent and child. The home visiting model helps parents with limited formal education prepare their preschool-aged children for successful early school experiences and strengthens the bonds among schools, families, and communities. The age focus is three to five years old.

Parents as Teachers has an overarching philosophy to provide parents with the information, support, and encouragement they need to help their children develop optimally during the crucial early years of life. Parents as Teachers supports two programs: Born to Learn, a four-part intervention model for home visits and developmental screenings; and Meld, a model for facilitated parent education and support groups. The age focus is pregnancy through kindergarten entry.

Healthy Families America (HFA) is rooted in the belief that early, nurturing relationships are the foundation for life-long, healthy development. The program is designed to promote positive parent-child relationships and healthy attachment. HFA is designed for parents facing challenges such as single parenthood; low income; childhood history of abuse and adverse child experiences; and current or previous issues related to substance abuse, mental health issues, and/or domestic violence. The age focus is birth to age five. (U.S. Department of Health and Human Services, 2013)

Another program that is focused on the preschool ages is **The Parent-Child Home Program Model** which is an early literacy, parenting, and school readiness model that is committed to closing the achievement gap by providing low-income families the skills and materials they need to prepare their children for school and life success. The age focus is 16 months to age four with a target of two to three year olds.

Recent research by Pew Charitable Trusts has summarized a dozen studies surrounding early childhood home visiting. Research has shown that home visiting programs offer gains in the education and health sectors and future livelihoods at decreased costs to taxpayers (Pew, 2013). Key findings on recent home visiting research focus on the importance of targeting populations and program quality to bring success (Pew, 2013).   One study related to home visiting programs and adjustment to school found that those participating produced a positive effect on academic outcomes in a seven year follow up that was likely due to increased early positive parenting behaviors (Kirkland, 2012).   Research like this is stated to list intensity or dosage as a significant predictor, with those participants receiving at least 75 percent of their expected home visits were 2.28 times more likely to excel academically as opposed to their peers (Kirkland, 2012).

Criticisms and Critiques of Home Visiting Programs

Despite research gains that view home visiting as successful, there are also complexities in the research that make it unclear what exactly makes that so (Sweet, 2004).   Programs tend to be complex and attempt to influence multiple domains with even intangible factors which can make it difficult to quantify (Sweet, 2004). A summary of the challenges of home visiting ranges from engaging families and staffing to cultural and linguistic diversity (Margie, 1999). Getting and keeping interest of families is an issue as well as the missed visits or dosage becomes a real challenge in home visits (Margie, 1999). It was also reported that having staff persons with personal skills to establish rapport, along with organizational skills, problem- solving skills and cognitive skills are required. Finding long term staff that can also meet the challenges of cultural

and linguistic diversity, meaning someone who can speak the client's language and understand their culture is also a concern with some community populations (Margie, 1999). Overall, as with any program or agency the structure of home visiting has challenging and uncovered aspects that have yet to be perfected.

Literature also revealed the need to move away from viewing home visiting as the cure-all for addressing the ills of poverty and move towards an integrated, system-level approach to prevention and intervention (Astuto, 2009). Currently there is criticism of the barriers created by categorical funding in regards to home visiting programs that prevents diversified opportunities to help families (Astuto,2009). Additionally, some considerations pertaining to early childhood home visiting would prefer a more center based program for school readiness (Kirkland, 2012). However, often the home visiting strategy is often paired with other services as well.

Application to Social Work Practice

A prominent link of the practice of home visiting and social work is found in the literature of the social work pioneer, Mary Richmond. Her first published work in 1899 of *Friendly Visiting Among the Poor* outlined her belief that the relationship between people and their social environment was a major factor of their particular life situation (Day, 2009). In fact, quoted from her book, "the term 'friendly visitor' does not apply to one who aimlessly visits the poor for a little while, without making any effort to improve their condition permanently or to be a real friend to them" (Richmond,1899, p. 1).

Richmond stated that at times it didn't seem that any particular special service was done yet it was difficult to stop seeing the families, reiterating that relationships were being built and were of the utmost importance (Richmond, 1899). The text also recalled several principles to home visiting that could be seen as best practices in the present day.

1. The friendly visitor should get well acquainted with all the members of the family without trying to force their confidence.

2. In getting acquainted, the visitor has the definite object of trying to improve the condition of the family.

3. Gathering facts about the poor without making any effort to use these facts for their good has been compared to harrowing the ground without sowing the seed.

4. In plans looking to the removal of the causes of distress, the greatest patience is needed, and we must learn also, if we would succeed, to win the cooperation of others charitably interested.

5. Though we must make plans looking toward self-support, these are not the only plans within the scope of friendly visiting.

6. Our work as friendly visitors is an intensely personal work, and, unlike other charity, it is best done alone. (Richmond, 1899, p. 183).

Home visits as a concept have historically been beneficial in helping others in their own environment. This piece of literature is classic and applicable to this current research as there is a search for the culture of best practice in targeted home visiting programs.

Overall, there are many aspects of home visiting that have been studied and have yet to be studied with much to be learned from what is best practice in this geographical region. Although not exhaustive, a summary of the literature reveals valuable information about the challenges of children being unprepared for school both academically and socially. The literature also portrays that the practice of home visiting, especially at the early childhood level, is considered beneficial for children and their families. This research will be geared towards discovering what best practices are currently occurring in home visiting programs that are focused on early childhood and specific to two to five year olds. Elements such as models used, assessments tried and staffing arrangements among other things will be uncovered. Most importantly the hope is to discover if there is a specific social worker role in the program by

asking the question: What are the elements of best practices for early childhood home visiting

programs in Minnesota?

Conceptual Framework

The main conceptual frameworks used for this study are the Cognitive Theory of Development, Attachment Theory and Systems Theory. For the purposes of this project the way a child develops and the nature of relationships and attachment seem paramount. Systems theory and the way individuals, groups and communities intertwine is also very important in thinking of the strategy of early childhood home visiting.

Cognitive Theory of Development - Jean Piaget

Cognitive theory has three components and is based on biological maturity (Hutchison,2011). The components begin with building schemas, or basic building blocks of organizing knowledge (Hutchison, 2011). The second component is adaptation or the process of transitioning from one stage to the next (Hutchison, 2011). The actual stages of development pertaining to early childhood in Piaget's theory consist of:

1. *Sensorimotor* : Birth- 2 years : The infant is egocentric; he or she gradually learns to coordinate sensory and motor activities and develops a beginning sense of objects existing apart from the self

2. *Preoperational:* 2-7 years: The child remains primarily egocentric but discovers rules that can be applied to new incoming information. The child tends to over generalize rules, however, and thus makes many cognitive errors. (Hutchison, 2011, p. 109).

These stages of maturity provide a link to the concept of readiness and the concern that certain concepts should not be taught until children have reached the appropriate stage of development (Hutchison, 2011). Piaget's theory, although having challenges historically, is particularly influential in the teaching fields and developing educational policy. The concept of cognitive theory is important to this research because the focus is on programming regarding children in the

pre-operational stage. Knowledge of how children learn and function is helpful when researching

programs that are centered in this area.

Psychosocial Development Theory – Erik Erikson

Another development perspective related to this research is that of Erik Erikson's stages

of psychosocial development in which a different crisis needs to be resolved to move forward to

the next healthy stage of development (Hutchinson, 2011). The stages related to early childhood

are as follows:

1.   Infancy – Age Birth to One year old: Trust vs. Mistrust- Child depends on

     caregivers for all needs and therefore must blindly trust those providing needs. If

     needs are met successfully the infant will develop a secure attachment and trust their

     environment in general but if not may develop mistrust towards people and even

     themselves.

2.   Toddler – Age 1-2 years old : Autonomy (Independence) vs. Doubt (Shame) - Child

     learns to do things for themselves and self control and self-confidence begin to

     develop. If the child is encouraged and reassured they have confidence to cope with

     future situations but if a caregiver is overprotective or disapproving the child may

     feel ashamed and doubt their abilities.

3.   Early Childhood – Age 2-6 years old: Initiative vs. Guilt- Child has newfound power

     with developed motor skills and is more social engaged with others. If parents are

     encouraging but consistent about discipline the child learns to accept without guilt,

     but if not the child may think it is wrong to be independent (Hutchison, 2011).

Erikson's stages continue into late adulthood. This theoretical model is important to this

research because it describes the interaction between the child and their attachment and

engagement with their caregiver. In studying early childhood interactions with children

and families, an idea of what is maladaptive and normal is helpful.

Systems Theory

Systems theory emphasizes the relationship between individuals, groups, organizations, communities and the mutually influencing factors within the overall environment (Hutchison, 2011). Systems began in the 1940s and social workers were attracted to the perspective when the psychiatric model shifted to one more inclusive to the environment (Hutchison, 2011). Systems theory work came from professionals such as Talcott Parsons, Urie Bronfenbrenner, Ludwig von Bertalanffy and others (Forte, 2007). In this research, among many or all social issues, there is an intertwining of systems that are related. Within the issue of early childhood school readiness interweaves education, socioeconomic status, health care, mental health, housing, and many more pieces that affect a child's learning. These and many other factors affect how the child arrives at school, prepared or unprepared in various ranges. Education professionals are highly trained in child development, age appropriate practices, safety and health and play, unfortunately at times, they receive little preparation to the important aspect of working with families (Harris-Christian, 2006). "At times it seems we focus on children as if they appear from nowhere, land in our classrooms, and merely disappear at the end of the day. We may ignore the settings in which they spend their time away from us, believing they are not very important. In fact, the home environment greatly influences what goes on in school" (Harris-Christian, 2006, p. 1). All the systems that interact with a child and their family cannot be ignored if success is to be found in the work of school readiness and our earliest learners.

Methods

Research Design

The research design for this project was qualitative and exploratory in nature. The purpose of this study was to explore best practices of agencies with home visiting programs for families with a child in early childhood. The qualitative design assisted the researcher in assembling information about what was working well in these types of programs. This method was partially chosen in order to complement a currently developing home visiting project by gathering information in a more personal, relationship-building approach with established home visiting programs. It is anticipated that this research will benefit and increase interest in developing these types of early childhood home visiting programs in the area.

Sample

The sample for this research project was derived utilizing a non probability convenience sample approach. The population was social workers and other professionals currently working in established home visiting programs in Minnesota. The social workers or other professionals were recruited via a recruitment email sent to members of the Minnesota School Social Workers Association who had noted in their membership that they worked with preschool children. A formal request was also sent to the coordinator within the Minnesota Home Visiting Coalition, a part of the Greater Twin Cities United Way's, United Front, with direction to contact the researcher if there were programs interested in the study. Additional programs and participants were found within general searches on the internet and follow up phone calls. The letter of permission to contact members is available in Appendix A.

The final sample in this study consisted of one male and six female professionals concerning eight different home visiting programs. The participants' ages ranged from 35 to 55 years old (M=46.85). The majority of participants had over fifteen years of experience in a home visiting programs ranging from 2 to 25 years (M=17.85). The backgrounds and education of the

participants varied as followed; Child Development, Parent Educator, Organizational

Management, BSW licensed Social Worker, Teacher and Licensed Social Worker MSW, Teacher

and Administration, and Health Care Policy.

The home visiting programs were located in multiple areas of Minnesota. Two programs

were located in the southeastern part of the state, two in the southwestern, and four programs

were in the metro area. The basic makeup of the programs are described in the findings section.

Protection of Human Subjects

For the protection of human subjects, the researcher submitted the research proposal to the

St. Catherine's University Institutional Review Board (IRB). This process was submitted to

assure privacy to the participants. The consent form, found in Appendix B, was given to the

interview participants prior to the interview so they could review it before the interview date.

The consent form is based on a template created by the St. Catherine University Institutional

Review Board. The form explains the background of the study, procedures, confidentiality and

the risks and benefits of participating in the study. Contact information for the researcher and the

Research Committee Chair was also given. After reviewing the consent form, the participant was

allowed to ask any questions they had and to opt out if they did not want to participate. This right

of refusal could be implemented at any time, before, during or after the interview. Participants

were given a copy to keep and asked to sign a copy stating they understood the study.

The participants were informed that the interview would last approximately 60-75

minutes and would be audio-recorded on a small handheld recorder. The recording was later

transcribed onto a password protected Microsoft Word document on the researcher's laptop

computer. All identifying information was not entered into the written transcripts. To ensure

confidentiality, the recordings will be destroyed at the end of the project and no later than June

30, 2015. It should be noted that several programs wondered whether the final report would give

a list of the programs involved in the research. They considered it helpful to know who else was

doing the work as a means of networking.   They verbally gave permission and were willing to

sign if the overall make up of the study's confidentiality was changed.

Data Collection

Data were collected from participants through semi-structured standardized interviews.

The interviews allowed for specific questions to be asked of all the interviewees but adequate

exploration through open-ended questions. All of the interviews took place in person and lasted

approximately 55-70 minutes. Eight open ended questions developed by the researcher and

committee were used to guide the interviews. The schedule of questions can be found in

Appendix C.   The interviews were recorded and transcribed for the purpose of data analysis. In

order to ensure the reliability of the data collected, all interview questions were subjected to a

professional review process. Through discussion with the research committee members the

researcher refined questions to make them clear, concise, and unambiguous. Triangulation with

the research committee increased content validity because the questions emerged from conceptual

ideas in the literature review (Berg, 2012).

Data Analysis

Interview transcripts were analyzed using a grounded theory approach. The grounded

theory approach is a method for creating theory in an inductive manner (Berg, 2012).   The

analysis of this data began with open coding, a technique where every sentence that is transcribed

is summarized with a few words describing the main content (Berg, 2012).   This open coding

process guided the exploration of theories and themes in the data. Codes were organized into

themes and themes into categories using inductive and deductive reasoning processes.

Findings

Program Comparisons/ Overview

   The U.S. Department of Health and Human Services (2013) explains home visiting as a primary service delivery strategy to address needs for pregnant women and children birth to age five. Home visiting targets a variety of outcomes such as maternal and child health, prevention of child abuse, reduction in crime and domestic violence, improvement in school readiness and achievement along with improvements in coordination and referrals in the community (U.S. Department of Health and Human Services, 2013). The programs targeted for the current research were focused on children ages three to five years old and their families. The programs sampled focused mostly on those ages, with one specifically age 0-3 and the rest with flexibility depending on the family's child make up.

   Unfortunately, the completeness of data was lacking for all programs in regards to exact numbers served, frequency of contact or dosage, and length of visits. One program had a specific dosage of two times per week for 20 minutes each and another program stated the goal to be about one hour but often lasted only 20 minutes. Most programs that verbalized the visit length data stated about one hour for the length of their visits. Frequency of visits was also incomplete but ranged from twice per week, once per month and a total of two without ongoing contact. A few programs varied and were dependent on the needs of the child and what was required by law for them to address. All numbers and information given was to the best of the participant's knowledge at the time of the interview. See Table 1 for basic overview information.

Table 1

Program Overview

Program	Location	Staff – Home Visitors	Full time status	Have hired licensed Social Workers	Ages targeted	Dose
A	Southwest	1	PT	N	3-5	2 total
B	Southwest	1	PT	N	3-5	Varied
C	Metro	14	Both	Y	2-4	2 per wk
D	Metro	18	Both	Y	0-8	1 per wk varied
E	Metro	25	Both	Y	0-3	Varied
F	Metro	6	Both	Y	0-5	
G	Southeast	8	Both	Y	3-5	6 per year
H	Southeast	3	Both	N	3-5	2 per year

Metro= Minneapolis/St. Paul

Program A was located in southwest Minnesota and employed one half time home visitor. The targeted ages were three to five years old and they completed a total of two visits with the family to promote literacy and community connections. This program did not employ a licensed social worker.

Program B was located in southwest Minnesota as well and employed one part time home visitor. The targeted ages were three to five years old and they completed visits on a variety of schedules based on the needs and connection of the families. Program B was focused on school readiness and resource connection and did not employ a licensed social worker.

Program C was located in the Minneapolis area of Minnesota and employed 14 full and part time home visitors as well as additional supervising staff. The targeted ages were 18 months to four years old and their optimal dosage was two home visits per week. This program has hired licensed social workers.

Program D was located in the Minneapolis area as well and employed 18 home visitors mostly full time as well as additional supervising staff. The age target of this program was

children 0-8 years old and their families focusing on school readiness and parental support . This program did visits weekly and had hired licensed social workers.

Program E was located in the Minneapolis area and had up to 25 full and part time staff that had home visiting as part of their assignment. This program was targeted at ages 0-3 and their families with a focus on early intervention. The visits in this program varied depending on the diagnosed needs of the child.   This program has also hired licensed social workers.

Program F was located in the Minneapolis area as well and employed six full and part time staff with home visiting as part of their assignment. The target age was 3-5 years old and their families. Home visits in this program varied by need and they had hired licensed social workers.

Program G was located in the southeast part of Minnesota and employed 8 full and part time home visitors that focused on family connections and school readiness. The target age was 3-5 years old and they completed 6 home visits per year to children enrolled in a classroom setting. This program had also hired licensed social workers.

Program H was located in the southeast part of Minnesota and had three full and part time staff members that also participated in home visits. Their target age range was 3-5 years old and they offered two home visits per year. This program had not specifically hired licensed social workers.

Many additional details of program descriptors were uncovered during the research process. Information such as funding streams, curriculums used, assessments used, staffing and credentials were gathered for interesting data about the various participating programs.

Funding. The various funding streams that participants mentioned are relayed below in Table 2. This table gives a snapshot of some of the funding used to support these programs. This list is not an exhaustive or detailed list.

Table 2

Funding

Start Up	Ongoing	Foundations	Governmental
SMIF- Southern MN Initiative Foundation	SMIF- Southern MN Initiative Foundation	Southern Minnesota Initiative Foundation	MDE – Integration funds –School District
Target		United Way	MDE -State
Individual donors	Private fundraising	Blandin	Pathways State Scholarships
	Individual donors	Wilder	Federal
		Target	County
		McKnight	City
		Kiwanis	School District
		MOFAS- MN Organization on Fetal Alcohol Syndrome	SHIP – State Health Improvement Plan

Curriculum. The curricula that were mentioned as being used in some form throughout the various programs are noted in Table 3 below. They are not labeled in any ranking order and the list is by no means exhaustive or descriptive in their particular use. The curriculums that were

specifically named more than once were Parents as Teachers, Creative Curriculum and TACSEI

(Technical Assistance Center on Social Emotional Interventions).

Table 3

Curriculum

CEED- Early Literacy- U of M
Conscious Discipline
Creative Curriculum
ECIPS- Early Childhood Indicators of Progress
FGRBI- Family Guided Routines Based Interventions
Gearing up for Kindergarten
Growing Great Kids
Healthy Families 0-3
HELP – Hawaii Early Learning Profile
IGDI – Individual Growth and Development Indicators
Iguana Nutrition Materials
Loving Logic
OWLs- Opening the World of Learning
Parents as Teachers
Positive Discipline
TACSEI
U of M Extension Cooking Matters
Way to Grow

Assessments. Table 4 shows various assessments that were mentioned from the

programs researched. They are not in particular order or preference but help illuminate the ways

these programs evaluate parts of their programs or report to funders. The programs that were

mentioned more than once were the ASQ –SE (Ages and Stages Questionnaire Social Emotional),

Teaching Strategies GOLD, Southern Minnesota Initiative Foundation Indicators of Progress and

the IGDI's (Individual Growth and Development Indicators).

Table 4

Assessments

Ages and Stages Questionnaire – Social Emotional ASQ- SE
ASQ
Battelle
Bayley

BKA- Beginning Kindergarten Assessment

Bracken
Child Outcome Summary Form
Classroom Assessment Scoring System
DAC- Development of Young Child 2
DIBELS- Dynamic Indicators Basic Early Literacy Skills
HELP – Hawaii Early Learning Profile
IGDI's - Individual Growth and Development Indicators
SMIF – Indicators of Progress
Teaching Strategies GOLD
Work Sampling

Partnerships. Table 5 lists a range of partners that were mentioned from the researched

programs. These partners were named for funding reasons, a means of referrals or in education or

collaboration for the program. This is not an exhaustive list but meant to be informative.

Partners that were mentioned in multiple programs were Head Start, Early Childhood Screening,

Southern Minnesota Initiative Foundation (SMIF), Public Health, ECFE, hospitals, libraries, U of

M Extension and private businesses. It should be noted that the school district as a partner was

mentioned by all of the programs.

Table 5

Partners

_____

Boys and Girls Club
Child Care Assistance
Child Protection
Crisis Nursery
Early Childhood Screening   (n= 4)
ECFE   (n= 3)
Family (Human) Services
Head Start   (n= 4)
Hospitals   (n= 2)
Libraries   (n = 4)
MDE- MN Department of Education
Mental Health
MN Visiting Nurses Agency
Private Business   (n = 4)
Public Health   (n= 3)
School District   (n= 8)
U of M Extension   (n= 3)
United Way   (n= 2)
Way to Grow
Wilder

_____

Staffing. The staff utilized to administer the various home visiting programs varied from

1 to 25 home visitors depending on the size of the program. Four of the programs used home

visitors as part of their overall early childhood program and so the actual practice of home

visiting was part of their assignment. The other four programs had designated home visitors as

their main title and duty. Of those programs, staff ranged from 1 home visitor to 18 within the

agency.

All of the programs ranged from full time staff to part time. Two of the smaller programs

ranged from 10-20 hours per week. Most of the other programs hired full time staff although

some did assignments besides home visiting. Of the four regular home visiting programs, two

hired mostly at full time (FT) status.

Programs also varied in their staff requirements. All of the programs with other

assignments utilized licensed professionals including teachers, physical therapists and other

clinicians. Backgrounds mentioned of the other home visiting staff ranged from social work,

child development, parent education, nursing, doula, educational paraprofessional, human

services. The regular home visiting programs had some home visitors with college degrees, some

graduate degrees, but often left it open to a high school diploma with hopes to engage former

participants in the program to apply. For example, one participant said: *It's built into the model*

that you hire participants that are successful in the program. And again, they make it a low

standard to hire home visitors so that program participants can become one. And another

participant said: *Two staff that were parents and continued on with their education came back.*

One is a resource advocate and one is a family educator.

Overall, positive mention of staffing was given in one example: *Ours go over and above*

the performance standard and we have language appropriate home visitors. They do an

additional four home visits per year including family goal setting, work with families and

communicate in their home language. A final participant said: *If you have staff that are well*

trained and from the community and they know how to work with people then it works out much

better. They build relationships and they can sustain them.

Emerging Themes

Many themes emerged from the data that was gathered concerning the various home

visiting programs. Theme issues ranged from challenges with diverse communities, unstable

funding, modification and lack of curriculum, importance of relationships, the need to focus on

the parent, an emphasis on school readiness and a link to social work. Themes and findings are

presented with supporting quotes from the interview transcripts.

Challenges in working with diverse communities

One emerging theme was an overall challenge in working with diverse populations. All programs had a least three differing backgrounds from their general staff population, with many having several diverse populations. All programs worked with populations from lower socioeconomic status and numerous different cultures. The most repeated cultures or languages were Hispanic, Somali, Arabic, Native American, African American and Hmong. Most of the programs working with diverse cultures came from the metro area or larger cities. Two programs located in smaller populations didn't have the extent of diversity as the other programs.

Table 6

Diversity in communities

_____

African American

Amharic

Arabic

Ethiopian

Hispanic

Hmong

Indian

Karen/Burma

Native American

Romanian

Russian

Somali

_____

The challenges appeared to be issues relating to cross cultural knowledge and awareness, communication and building trust. One program specifically cited the challenge of parents who worked the night shift or rotating shifts in engaging them in typical service: *We have a Free and Reduced lunch rate of 37 % but we don't have a lot of cultural differences. We also have a lot of shift workers and populations who can't attend because their schedule changes every week.* Another participant noted, *We're not largely diverse. We have some Hispanic in the community but not a large increase. Currently we haven't worked out how we would use our district interpreter or how to pay her.*

Several participants noted issues regarding differences in culture and language. One participant said: *We have 25% Latino; 30% Somali; 20+% other African and only 5% African American. Generational poverty families tend not to do so well in this program. We have 50% of English as a second language including Hispanic, Somali, and growing Arabic.* Another participant noted a need for more interpreters to reach families. *We have interpreters but we don't have enough to serve the people we serve. The Somali interpreter is always booked so we have to hire out. We have a couple Spanish translators but things get lost in translation.*

One participant spoke of how their program addressed the challenges of reaching diverse populations. For example:

> *We have found in the past we worked with a lot of interpreters. But then we would have English speaking home visitors going in with language interpreters trying to create relationships with the families and that doesn't really work that well. We have found, if they speak the language and are culturally congruent with them then it makes a big difference as far as building the trust.*

Another noted similarly, *We don't have interpreters, we tried that. You don't get all the content and you don't have a person who knows what all your mission is, what your focus is, what you're trying to get done to get to the outcomes and objectives of why you're doing what you're doing.*

There were also comments that some assessment tools were not very culturally appropriate and that there are particular challenges in, for example, the Somali culture around developmental delays and autism and helping those cultures understand the importance of early intervention. One participant noted: *Talking to a Somali parent about developmental factors particularly around autism is a real cultural challenge.* Another participant noted: *The ASQ is not very culturally appropriate and it's not written in lower reading level terms.*

Instability of funding sources

The instability of funding streams was a factor in all home visiting programs researched. Many programs have more stable funds than others but the change is constant in where and when funding can be expected. Table 2, above, names the funding sources that were mentioned. All of the participants voiced challenges in gathering funding for their programs for some or most of their program history. All programs expressed ongoing changes in the makeup of their funding. For example, on participant said: *We used to have about 70 percent from governmental streams but now 70 percent comes from our own fundraising efforts and 30 percent from governmental, due to where they were getting their funds. Things change.* Another participant mentioned: *Home visiting started 6 years ago as a response to a grant and was incorporated into our regular district services when the grant ran out.*

Some programs were specific about where their funds came from, for example, one participant said: *Integration dollars from the school district provide the salary, some costs and mileage. Also, when talking to those at the State Level, apparently no one else is using those dollars for Early Childhood in that way. The superintendent thought out of the box.* Another participant said: *A wealthy woman gave us start up money for two years and we had 20 families each year.* Another participant mentioned: *We wouldn't be doing what we're doing without the SMIF (Southern MN Initiative Foundation) funds and the Early Childhood Initiative (ECI) groups.*

Funding sources for the programs described varied a great deal. Funding was allocated to two programs due to the law, Individuals with Disabilities Education Act (IDEA). The law requires that preschool children with disabilities are provided services. Some funding was sought after through various grants and foundations based on specific needs found in the community. Most programs noticed a recent increase in focus surrounding early childhood issues in the media and legislation that could perhaps lead to a movement for more funding.

Modification of and lack of curriculum

Another theme that emerged from the research was a general acceptance of modifying existing curriculum and or a lack of consistent, comprehensive curriculum. Most programs built their programs around pieces of evidence based curriculum for some of their program development but none had one curriculum that they used hard and fast.   This was usually considered a positive activity due to increased flexibility in order to meet the needs of the families they worked with. This was considered a negative necessity for programs that didn't have the means or resources to organize, purchase and train staff to implement curriculum. For example, on participant said:

  We have no particular curriculum for this work.   Healthy Families in this community reaches ages 0-3 but nothing pertaining to older preschool. For me, I see the child has issues with routines and so I bring in things on that. I've used pieces of TACSEI, Positive Discipline and Loving Logic. Another participant spoke of the flexibility also:

> *We've become more flexible around incorporating the classroom curriculum from the preschool into the home visit, with what the family's needs are, and now the Parents as Teachers curriculum is more of a support. We're finding that we can really meet the parents where they are at with the flexibility. We have the resources in multiple areas to give these families what they need.*

Two programs spoke more in terms of a model versus a curriculum. One participant said:

We don't bring in an actual curriculum but a literacy model. Our founder found

that there is a great literacy model that if you bring in enriching books and toys

and role model for the parents how to use them in an educational way, that the

parents not only were empowered and became more of a teacher to their kids,

but it enriched the vocabulary of the kids as well.

Another participant said:

We focus on a parent coaching model.   We ask,' Where is that really tough for you as a

parent?' 'Meal time, if I could just get meals to be a little sweeter, then life would be a lot

better'.   So then teachers would go out and support and coach around meal time.

Many programs used portions of several curriculums because of a lack of available curriculum

that was specific to home visiting. A few programs had a more formal curriculum, and through

multiple resources had an organized model for their home visiting. Still those programs

developed that organized model from multiple interventions. One participant said:

Our curriculum binder is a big big binder. It's broken down into Early Childhood, Child

Development, Health Components, Safety Components, Parenting, and Resources. It's quite a

variety. We also try to stay to the fidelity of the core of it. We try to make sure the staff are all

using the same core materials and the same intervention materials, and the same health

curriculum and whatever the hands on pieces are.   It's pretty structured.

Relationships are key

An additional theme that emerged was that building relationships was deemed necessary

in doing quality home visiting. All programs referenced the importance of building relationships

between the families they worked with, as well as the community partners. The previous table

above, Table 5, names partners that the programs used for funds, referrals or education. The

research also presented many comments about relationships in the interviews. For example, one

participant spoke of the need for relationships for referrals: *It's also great to have relationships*

with the referral agencies. The PSOP (Parent Support Outreach Program at County) worker knows if she sends her families over to see our home visitor, she'll be nice.

There was much discussion about building relationships with the families themselves. One participant said: *I think it's the relationships. Once you're able to have a connection with them in a conversation and they welcome you into their home, it's just that ability and willingness to speak up more.* Another participant said: *It helps to be that stable, constant person for the parents and child. Sometimes for a Somali family having an autistic child is hugely taboo and if we are able to have the relationship to encourage them to get screened for Early Childhood Special Ed, that is huge.* Another participant said: *Relationship building is huge. That's part of the reason I'm texting and emailing and calling and playing phone tag and letting them go and then following up again.* Two participants said: *Home visiting is all about relationships.*

A distinct focus on the parent.

Throughout the different programs, despite the focus of work with early childhood, all seemed to have a great deal of attention on the parents. Some of the work was underlying and modeling to the parents through the work with their preschooler and some was education, direct support to the parent or connection to resources. One participant said:

Because of my parent education background I concentrate on the parent. That's a whole thing for the family that you can't quantify, yet if those things are in place and the child is feeling good about themselves and the parent is feeling good about themselves and their skills, then the learning will happen.

Another participants said:

A big thing that our home visitors do is follow up on medical because we're required that all of the children in our program meet certain mandates that 3 year olds receive a physical, hearing, vision, screening, shots, dental exam etc. If any treatment is identified at all from those exams then we are required to make sure that treatment happens. Depending on what those

goals are, then our visitors help them find resources in the community and help the parents follow up with those things.

Some programs really tried to empower parents and help them see the importance of their role. One participant said:

> *The parents are learning right along with their kids so really they can be that engaged, teacher. So when they get into the school district then the parents are not afraid to go to the school, they're not afraid to ask the teacher a question. Even if they can't speak English, they're assertive enough to try and get in to see an interpreter or liaison.*

Some of the engaging of parents took the form of education about how to help their child learn as well. One participant said: *We also try to help parents realize how they can do that at home. How can you make learning fun and a natural part of your day? That's what we spend a lot of time on at our home visit.* Another participant said: *We help parents understand the appropriate role of play in preschool. I've heard some feedback from parents like 'urgg all they are doing is playing in preschool!.' So we really talk with parents about what play means for a preschooler.* There was evidence of many activities that surrounded academics and social emotional learning for the child but every program had some component that was focused on supporting the parent.

Emphasis on school readiness skills

Another theme that emerged from the research was an emphasis on school readiness skills including academic and social emotional skills in the child. All of the eight programs focused in some form on these skills. However, it should be noted that this was the reason that many of the programs were targeted for this research. Three of the programs functioned their home visits as an additional support to a classroom experience so some of those programs focused more on supporting the parent, knowing that the child was gaining access to those academic and social emotional skills elsewhere. Some programs were the child's only access to

those academic skills so it was of increased importance to assist the parent in being that first teacher as well. One participant said:

> We're trying to build all of those skills in there. We do a lot of shapes and colors, and we are trying to get all of those things they need for kindergarten readiness, so when they are getting to their screening age, they will have those things built into them and they are able to pass the early childhood screening. So, we focus on all of those skills.

Another participant said: *I have scissors and have things for them to do and tissue paper and we talk about colors and give suggestions to the parents. We play I Spy.*

Most programs worked specifically on the social emotional part of school readiness as well. One participant said: *We work on the soft skills or the ability to sit and regulate.* Another participant added: *We added a Park Play date and a special story time for our families. Those have been great because so many of our families are fearful of going to libraries because they think their kids are too naughty.* It was understood that these skills were important and were being addressed in their programs.

Connection to Social Work. A final documented theme that surfaced was a connection to social work skills or social work practice. Four of the eight programs researched currently had a home visitor with a social work background. All of the programs had some job requirements that entailed social work skills for example connection to resources and advocacy, not simply education. Some programs were specific about their preference of a social work background for staff. A few programs ran slightly different programs from more of the education background. Again, all programs because of the type of families they worked with and the model of their approach were doing much to connect resources and provide support beyond their education focus. One participant said:

> Staff do a lot of what might be considered social work. The advocacy that they do, the systems navigation, this is what you do here, this is who you talk to here, these are the steps for registration here, they go through all of those pieces.

Another participant said:

   I tend to run our program as a social worker. When you have teachers as home visitors,

I think it drives it differently and we're making sure it is all about the parent. It is sometimes

hard for teachers to take off their hat, it just is.   Another participant said: *It does not have to be a*

social worker but I think that it helps because we see things from a systematic lens. But you

definitely need someone in there with that style of background. Finally, one participant attuned to

how the nature of the work can turn to social work. *We're supposed to be referring, not doing the*

social work part of the job, that's why we have a resource department. But our staff are very

compassionate people and so it's hard when you have a relationship with a family in a crisis not

to focus on that.

Discussion

Theme Interpretations

Challenges in diverse communities. The first theme, challenges in working with diverse communities, revealed that the majority of the programs served people with diverse backgrounds. Diverse is defined as people different in a racial, cultural, linguistic or socio economic way from the home visitor. However, for some programs the actual numbers served was minimal simply because they had no formal way to advocate towards families with a language other than English. This is partially due to their current staffing, funding or program priorities. Even those programs that did their best to have interpreters in Spanish or Somali, for example, felt it was never enough to address what they needed for true connections with their families. Furthermore, two of the seemingly well organized programs were able to address this problem by making it a conscious priority to hire staff members that were culturally congruent with their families. Both of these programs were clear that having culturally congruent staff makes a huge difference in building trust and that they prefer not to hire interpreters but staff that understand their mission, objectives and outcomes and can also speak the appropriate language.

It should be noted that even though there wasn't a specific interview question requesting information about the cultural background of the participants, the researcher observed that the informers of seven of the eight programs seemed to appear Caucasian. Some programs had some culturally congruent staff but the participants interviewed, some of them the administrators of the program, were not. This piece of information could be important in addressing the challenges in working with diverse communities.

This theme derived from the research is important in realizing the impact of work with the families in home visiting programs. The answer to this challenge is not easy, in that the programs with seemingly the most money were the ones able to hire more culturally congruent staff members. Many of the programs had staff members with formal college degrees but had

struggles reaching out to the families they wanted to serve. The well organized programs additionally had formal supervision and extensive training but were able to hire those with less education but more cultural experience. This theme from the research has hope to overcome these challenges but will require organization, training to programs, additional funding and a philosophy that the extra efforts will provide additional value.

Instability of funding sources. The second theme in the research was that all programs had instability of funding at some point in their history. It seems like with any social problem, funding sometimes increases and decreases due to many reasons such as media, new research and others. Some programs were in their infancy stages and were benefitting from foundation funds that have recently had an increased focus on early childhood issues. Depending on the economy there is also a difference in private investor's ability to donate. In general the majority of the programs felt an increase of investment towards early childhood issues and with home visiting as a positive venue to reach those families. Programs also expressed the challenge of continuous changes in funding but articulated the benefit of being innovative in considering options.

Modification and lack of curriculum. The next theme revealed that many programs held the practice of modifying curriculum to use for their home visiting program. Many curriculums were evidence based, positive curriculum but whose validity may be vulnerable if not used as intended. It is important to keep in mind, like with any individualized instruction in formal education, that every situation is different. Many programs strived to be parent led and required flexibility in their activities.

There was also an obvious lack of formal curriculum specific to the home visiting process available to many programs. Several programs seemed to struggle to find a cohesive curriculum with specific tasks surrounding health, early academic skills, social emotional skills and parent education. It would be helpful to discover and share a cohesive curriculum that is researched based and addresses specific early childhood literacy, academics, social emotional skills and

parent education. Many isolated or more rural communities could greatly benefit from not engaging in recreating the wheel.

Necessity of relationships.   Many professionals working with people know it is important to build and strengthen relationships for positive outcomes. The research reiterated this need with many positive comments about relationships in the interviews. Some examples of ways to build those relationships were being sure to bridge the language gap if there was one with culturally congruent staff and practices. Also, a home visitor needing to try and try many times to reach out to families before a connection is made. It would have been helpful to find out more concrete ideas of how home visiting programs were intentionally trying to build relationships besides information that the relationships were important.

Another interpretation of this section is the importance of building relationships with partners in the community as well. Several comments were specific about the need to work positively with community programs that are related to the home visiting programs. In the realm of early school readiness it is essential to know who is a resource, who the partners are, and how they can be an asset to the families that are being worked with. Again, it may be helpful to focus on the specifics of how programs built the relationships with partners. For example, were there regular formal coalitions or initiatives set up to assist home visiting, were there certain partnerships that worked better in the particular community than others and why? Relationships were seen as key and something that should be kept at the forefront of planning and implementation.

A need to focus on the parent. The researcher found it remarkable that so much effort was focused on the parent within the early childhood home visiting programs, but it made sense as well. Each program brought in skills or education based on a specific curriculum, did coaching around an identified parent need or provided modeling to the parent. One program didn't have so much of a curriculum that they were bringing to the parent but simply modeling how to read and interact with their child. The focus of that program was almost all towards the parent with the

expectation that interactions between the parent and child would change on a daily basis, not just when the home visitor was there.

The interpretation of this theme is that parent components to education and home visiting have been important in the past and continue to hold much value. The programs researched each placed significant value on the practice of holding the parent at the core of their programs. They felt, especially at the early childhood, before formal school age, that parents also control the access to work with the children. It seemed just as important, if not more, to build up the self confidence and skills of the parent as well as the child.

Emphasis on school readiness. Of additional importance within the researched programs was the prominence of school readiness skills. All programs in some form addressed academic skills and social emotional skills. Some programs were very direct and also assessed children around these skills and some provided education around them but didn't formally assess where the child was at. Skills included early literacy, letter and number recognition, cutting, writing their name and others.   Anything that was preparatory for kindergarten was open for use in these programs. It should be noted that three of the programs used home visiting as an added resource to their formal classroom setting. These programs used the home visiting to bridge work to the home and provide parent support. The rest of the programs, if a family was involved in a home visiting program it was also a goal to get them connected to a preschool if possible.

Included in school readiness, all programs taught or modeled social emotional skills in some form. Social emotional skills consist of recognizing emotions, ability to regulate emotions and behavior, making friends, taking turns, manners and others (Denham, 2008).   Educating the parents on the importance of these skills as well as providing opportunities for children to work on them was an important factor in each program.

The researcher has some bias in examining particularly this part of the programs because the program that is being informed through this research does similar work. The researcher links much importance to the school readiness piece in general.

Connection to Social Work. An important revelation in this social work research is a positive link to social workers in implementing home visiting programs. At least half of the programs employed social workers in their programs and several specifically mentioned social work skills as a positive asset to their programs.   A few programs that are administered through their local school district have traditionally used licensed educators in their programs but it seemed that they still had an element and need for social work skills in their program. One participant mentioned that, *it doesn't make school run programs any less but it provides a different feel.* The researcher has a particular interest in the comments about social workers because the program being informed is administered from a school and overseen through a social work lens. The opinion of the programs researched seems to illustrate that social work skills are not mandatory for home visiting work but they are helpful.

Another connection to social work practice was a possible lack of value of the social work practice or a lack of actual social workers in the rural areas. Sometimes smaller towns' agencies and schools often continue to operate as they have in the past. Populations and challenges of families have changed greatly for many reasons. Teachers generally aren't trained in family advocacy, or many other pieces that come up in home visiting, yet for lack of other resources it is necessary for them to take on more common social work roles.

Best Practices

Finally, the purpose of this study was to discover better knowledge of the ways that early childhood home visiting programs were administered. The goal was to expand existing best practices or perhaps develop new findings. From the themes revealed in the current research the following features are encouraged as best practice.

1. Adequately address diverse community challenges by hiring culturally congruent staff who are able to speak the language of those they serve.

2. Encourage macro level funders to increase and organize funds to make them easier to access.

3. Encourage currently successful and organized programs to help develop a comprehensive curriculum outline so new programs are not forced to recreate the wheel.

4. Spend time and resources to build relationships with the families served as well as to network with community partners and funders.

5. Focus much of the home visiting work on the parent.

6. Instruction in academic skills and social emotional skills can be accomplished in home visits.

7. Social work skills, such as looking from the lens of person in environment and empowering client change are a very applicable knowledge base for personnel working in home visiting programs.

Connection with Literature Review

The initial literature review presented that one-third of kindergarteners are not ready for school (Kelly, 2008). That point alone would be much of the reason that all of the programs researched were in existence. The reviewed literature also noted the deficits surrounding children in poverty with over half not ready for school (Issacs, 2012). This point highlights even further a major reason that home visiting is being done to target the populations that were studied. To a large extent much of what was reviewed to begin this research steered the researcher towards certain programs that focus on reducing isolation, increasing parent support and growing school readiness skills. One piece of the literature summarized that one of the challenges of home visiting is hiring staff to engage families with cultural and linguistic diversity (Margie, 1999). The current research concurred, citing a major theme as challenges in working with diverse communities. Hiring regular staff that speak the language instead of interpreters would be encouraged best practice albeit with sufficient funding and support. Overall, much of what was uncovered during the literature review corresponded similarly with what was found in the current research.

Implications for Social Work Practice and Policy

This research helps to look at ways that students and their families can be connected, beginning in early childhood, for increased school readiness. The majority of the programs focus on supporting parents and bridging resources, along with providing education serves well the profession of social work. Because of this bulk of the work, perhaps social workers or a professional working from a social work lens could be a positive fit for home visiting programs. Much of what is holding a student back from learning are outside factors like housing, food, or parental skills. If there were more connections between the schools and outreach assistance there could be more children ready for school when they enter. It should be noted that kindergarten is not what it was thirty years ago. There are no more naps and children at age five have a lot more required of them by the time they enter school. Much could be done to increase connections to children who are slipping through the cracks before they even get started.

Research like this could help shape policy for future legislative sessions looking at expanding home visiting programs in order to increase connections to the most vulnerable population. Currently much attention is being put on early childhood and how to access the children who are not currently connected, to increase their skills and get them ready for kindergarten. Increasing programs, relationships and funding that help connect families to resources that are already in place would be a useful focus for social work practice and policy.

Implications for Research

Further research could and should be done surrounding home visiting and early childhood programs. Further research could make these types of programs more cohesive and organized. During recruitment the researcher did not find a lot of programs specific to only school readiness and home visiting. The researcher found no home visiting programs that were connected specifically to a neighborhood school. It would be helpful for research to continue to hone in on

what is quantifiably working well in early childhood home visiting programs to build on basic exploratory research.

Strengths and Limitations

There are several limitations of the current research study. One of the main limitations is that the results are not generalizable due to a non-probability sampling technique. The sample size was also small and held to mostly southern Minnesota and the metro area. Differing areas of the state and country may have more programs in place. The researcher was also constrained to a nine month timeline from conceptualization to the final document which may have limited the depth of data collection and analysis.

Another limitation was the inability to locate or include any programs that were highly similar or identical to the program that the researcher was hoping to inform. However, in discovery of the many aspects of the programs that were researched the research was very helpful to give a breath of the types of programs working in early childhood home visiting.

Furthermore, there were also many strengths in this study. The main strength was that all of the information gathered had a direct link to inform and direct at least one emerging program, the pilot, AmeriCorps L.E.A.P. funded, Wildcat Connection at Wilson Elementary School in Owatonna Minnesota. The researcher's formal research and resulting networking with the researched programs directly assisted to build and structure the program. The information helped build a direct path in looking at possibilities regarding funding, curriculum, assessment, possible partnerships, staffing and other avenues. However, the simple direct personal link to the type of programs that were being researched could have also been a limitation as it could have compromised the collection of data due to bias. The researcher did their best to pull direct quotations regarding all observations.

Another strength of this exploratory research was simply in the variety of programs researched. All of the programs were focused on early childhood and home visiting but there were various ways to which each program focused the work. Even programs that did limited

home visits as part of another priority lent opportunities to learn about positive aspects and

challenges of home visiting.

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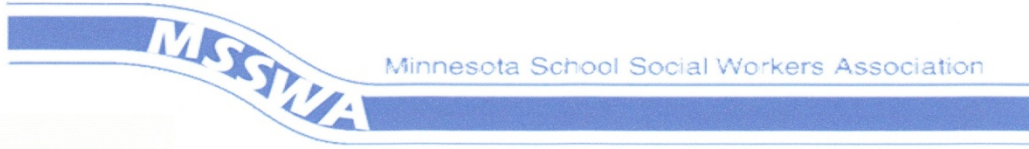
priority: policy makers need to understand what researchers and educators already know:

Social-emotional learning helps create more engaging schools and prepares students for

the challenges of the world., *Phi Delta Kappan,* Vol. 95.2, p. 8.

Appendix A

Letter of support to contact MSSWA members for research interviews

MSSWA — Minnesota School Social Workers Association

~ www.msswa.org ~   1110 Northwood Drive, Apt. 214, Eagan, MN. 55121

2014-2015 MSSWA Board Members

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Liz Kruger-
Hommerding &
Tammie Knick
Region 11 Reps.

Courtney Stenseth &
Jenny Andersen
Region 12 Reps

November 10, 2014

Dear Shannon Karsten,

Thank you for contacting me to discuss your proposed research project you are completing as a graduate student at the University of Saint Thomas and Saint Catherine University. This letter is to confirm that you have the support of the Minnesota School Social Work Association (MSSWA) to contact members by email or phone to look for participants to interview for your research: Perspectives of Best Practice in Early Childhood Home Visiting.

MSSWA understands that your study is qualitative in design. MSSWA members can choose to decline or to participate in the interview and their decision whether or not to participate will not harm their relationship with the University of St. Thomas or St. Catherine University in any way. MSSWA also appreciates your effort to protect the confidentiality of its members.

MSSWA understands qualitative interviews will not be scheduled or conducted until your research project has been reviewed and accepted by your committee members and the Institutional Review Board at Saint Catherine University. MSSWA also understands that the information collected will be shared in a public forum for your research project. MSSWA does not predict any risk or benefit to our organization.

If you have any questions or concerns about the Minnesota School Social Workers Association's involvement in this research study please feel free to contact me.

Julie Ann Porath, MSW LICSW
MSSW Membership Co-Chair &
Graduate Research Contact
Julie.porath@spps.org
651-744-3531

Celebrating over forty years of MSSWA serving children through their school, home and community.

Appendix B

CONSENT FORM

St. Catherine's University

GRSW 682 Clinical Research Project

Qualitative Project: Best Practices in Home Visiting

I am conducting a study about home visiting programs in early childhood.   I invite you to participate in this research. You will be asked several interview questions about your home visiting program.   Please read this form and ask any questions you may have before agreeing to participate. You may decline at any time.

This study is being conducted by Shannon Karsten, a graduate student at the School of Social Work, St. Catherine University/ University of St. Thomas and supervised by Dr. Rajean Moone.

Background Information:
The purpose of this study is to interview several professionals or social workers whom play a role in various home visiting programs in the region.

Procedures:
If you agree to be in the study, you will participate in a onetime interview conducted by Shannon Karsten. The interview would need to be audio recorded so that it can be transcribed as part of the study. The tape will be disposed of following this semester, June 2015.   The interview should take approximately 60-75 minutes.

Risks and Benefits of Being in the Study:
The study has no inherent risks as it is simply a discussion of your professional perspectives of your home visiting program. Clients or children will not be involved in this study.   There are no direct benefits, such as monetary reward, regarding this study.

Confidentiality:
The records of this study will be kept confidential. In discussion in the paper, your name and location will be left confidential. The audio recording and partial transcript will also be destroyed following the course.

Voluntary Nature of the Study:
You may choose not to participate in this study at any time. Your willingness to participate will not affect your relationship with St. Catherine University/University of St. Thomas in any way.

Contacts and Questions
My name is Shannon Karsten. You may ask any questions you should have regarding this study now. If you have any questions later, you may contact me at 507-456-5631 or danshan@charter.net. Dr. Moone, who is helping with this study, can be contacted at 651-235-0346. You may also contact the St. Catherine University Institutional Review Board at 651-690-6204 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:
I have read the above information. My questions have been answered to my satisfaction.
I consent to participate and give consent for my child to participate in the study.

_____   _____

  Signature of Study Participant   Date

_____

  Print Name of Study Participant

_____   _____

  Signature of Researcher   Date

Appendix C

Proposed Interview Questions

Preliminary Questions

1. Professional Age

2. Gender

3. Professional background (e.g. MSW/BSW, license etc.)

4. How many years have you practiced in a home visiting program?

5. Where is your program located?

Core Questions

1. Can you describe how your program began?

    a. When did the program begin?

    b. What sparked the development?

    c. Who were critical partners?

    d. How did you find funding?

2. How is your program operated?

    a. What ages or target populations do you serve in your program?

    b. How many staff? What types of staff/fields are represented?

    c. If a program, where is it located within the organization?

    d. How are you currently funded?

        i. What do you report as success to funders?

3. Can you describe any work you do related to different cultures within the program?

4. Can you describe specific techniques you use in your home visit program?

    a. Do you utilize a specific curriculum?

    b. How do you prepare students academically?

        i. How do you measure academic readiness progress in your program?

   c. How do you prepare students socially/emotionally?

      i. How do you measure social/emotional readiness progress in your program?

   d. What assessment tools/techniques do you utilize?

5. Can you describe benefits you see to the families that participate in the program?

6. Can you describe challenges in implementing your home visiting program?

7. Do you have any recommendations for a new school readiness home visiting program?