

4 Partnerships with Families and Communities

Promoting Children’s Learning and Development by Engaging, Supporting, and Being Responsive to Families and Communities

The term family engagement has been defined as a shared responsibility between schools, community organizations, and families that continues across a child’s life and is carried out everywhere that children can learn.¹²⁹ Research has linked active family engagement in early education and elementary school to improvements in children’s skills and approaches to learning.¹³⁰ However, families under stress may need more supports to allow them the time and resources to fully engage in their children’s learning. Reaching families with very young children may be difficult, in part, because they are less likely enrolled in a formal early care and education program.¹³¹ In addition, the increasing diversity of the young child population calls for careful attention to cultural competency and linguistic capacity in working with families.¹³² According to the National Association for the Education of Young Children (NAEYC), family engagement strategies in early care and education are critical to addressing the achievement gap facing children from disadvantaged backgrounds.¹³³

While many national and state leaders agree that family engagement in children’s early learning and development is critically important, there is increasing recognition that promoting this goal

requires understanding of family context and supports for family well-being. In his keynote address, Jack Shonkoff called for policy initiatives that improve child well-being by “transforming the lives of parents.”

Key federal programs for children include strong family partnership requirements. For example, federal Head Start and Early Head Start Performance Standards require a set of activities, including culturally and linguistically appropriate approaches to family involvement and education; maintaining specialized staff to work together with families to define and move toward their goals; and working with families and community resources to ensure that each child is linked to necessary medical, dental, nutrition, mental health, and other services.¹³⁴ In September 2010, the Office of Head Start awarded funding to create a [National Center on Parent, Family, and Community Engagement](#).

Another federal program with a strong family focus is the Individuals with Disabilities Education Act (IDEA). Part C of IDEA requires a planning process for developing an Individualized Family Service Plan (IFSP), whereby state service providers partner with families of infants and



THE FIVE PROTECTIVE FACTORS

Research shows that these factors contribute to family functioning and decrease the likelihood of abuse and neglect of children:

- Parental resilience, the ability to cope and bounce back from all types of challenges.
- Social connections, friends, family members, neighbors, and other members of a community who provide emotional support and concrete assistance to parents.
- Knowledge of parenting and child development, accurate information about raising young children and appropriate expectations for their behavior.
- Concrete support in times of need, financial security to cover day-to-day expenses and unexpected costs that come up from time to time, access to formal supports like Temporary Assistance for Needy Families (TANF) and Medicaid, and informal support from social networks.
- Children's social and emotional development, a child's ability to interact positively with others and communicate his or her emotions effectively.

Source: Judy Langford, Center for Study of Social Policy, Strengthening Families around the Country, Presentation at EC 2010, and http://www.strengtheningfamilies.net/index.php/protective_factors.

toddlers with disabilities to assess family resources, priorities, and concerns about meeting the child's developmental needs. For example, the **District of Columbia's** brochure [Families Have Rights](#) was developed to inform families of children entering the Part C of IDEA program about the safeguards in the program. Also, **Maine** developed [guidance for Part C](#) staff that includes tips to conduct and prepare families for successful family assessments in partnership. Federal IDEA funding supports a parent network of six regional centers and one [national parent technical assistance centers](#). In addition, every state has its own [Parent Training and Information Center](#) and most also have Community Parent Resource Centers.

State-level policies on integrating family engagement and support into child-serving services and systems are evolving. For example, while state early care, education, and school leaders may have focused in the past on encouraging parents to volunteer in their programs, there is now interest in ongoing engagement with families through home visits, positive regular communication about children's development, and connecting families to available community resources. Another important development is an increased focus on developing cultural and linguistic competencies in state early childhood systems. Given the great diversity of family backgrounds, cultures, and spoken languages in communities, states are seeking strategies to partner with appropriate, trusted, community organizations in order to promote social connections and build concrete family supports. States may choose to research their parent populations to inform policy development. For example, the **Kansas Parent Research Initiative** gathered information about how parents think about involvement in their children's development and learning and about what state actions promote parent involvement and

leadership development. Using this type of information, an integrated state early learning and development system can build on family strengths (including cultural and linguistic diversity) as resources to promote early learning and development of children.

Besides the comprehensive model of Head Start and Early Head Start, a variety of family engagement and support program models are being implemented around the country. Most have not been brought to scale. Some are replications of national models, while others have been developed by and for specific communities. In this context, some experts are calling for additional federal commitments to scale up promising models and evaluate how and why certain models work best and for which community.¹³⁵

Emphasized throughout EC 2010 discussions, the overarching importance of engaging families in their children's early learning and development has been brought forward on many state policy agendas. Some EC 2010 state team discussants welcomed this trend, expressing the hope that it would end what they perceive as a focus on early learning outcomes to the exclusion of partnerships and responsive supports for families with young children. People working directly with children and families—many of whom suffer from deprivation, trauma, and substance abuse—shared stories of what they saw. Providers need to develop better skills and tools that derive from a strength-based approach to reach these families. Others talked about the importance of engaging families more meaningfully in policy and program development. Many are excited by new opportunities presented by the Maternal, Infant, and Early Childhood home visiting funds. They hope to use nationally recognized models to expand pilot or community-based home visiting efforts to more communities. The new Maternal,

Infant, and Early Childhood home visiting funds require states to reach the most vulnerable children and families, but some EC 2010 participants worried about sufficient resources to address the needs. Participants also talked about the importance of maintaining home visiting model fidelity and quality as small initiatives scale-up.

Further innovative efforts taken from EC 2010 discussions and a subsequent exploration of related issues for this paper include:

- Adopting a strength-based approach to engaging families within the components of state early learning and development systems.
- Working with communities to increase family-friendliness and connect services to local child-serving organizations.
- Leveraging new federal investments in and building infrastructure to support home visiting.

Adopting a Strength-based Approach to Engaging Families Within the Components of State Early Learning and Development Systems

Promoting family strengthening across systems: A number of states have begun to work across the early learning and development system agencies, often through the leadership of federal Community Based Child Abuse Prevention (CBCAP) lead agencies, to adopt a coherent family strength-based approach to preventing child abuse and neglect. For example, [Strengthening Families](#) was developed originally by the Center for Study of Social Policy (CSSP) and partner organizations to help early care and education providers better understand and communicate with parents of children they serve and to prevent child abuse. It is now being used to transform how state and local agencies think about

and how early childhood professionals work with families. Through multi-sector partnerships, training, and tools, the Strengthening Families approach promotes a key set of research-based “protective” factors. When present in families, these factors (i.e., parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children) promote healthy environments for children and help to prevent incidences of child abuse or neglect.¹³⁶

In FY 2009, the Children’s Bureau funded CSSP to establish a [national quality improvement center](#) to develop the evidence base for how initiatives can build protective factors, reduce child abuse and neglect, and promote child development from birth through age 5. CSSP partnered with ZERO TO THREE and the National Alliance of Children’s Trust and Prevention Funds to carry out this task. At least 30 states and two major cities (Chicago and Los Angeles) use the Strengthening Families approach.¹³⁷ The **Tennessee** Strengthening Families initiative has a steering committee led by the state’s [Children’s Trust Fund](#) in the child welfare agency in partnership with the state’s Department of Human Services. Trained “Parenting Liaisons” housed in each of the state’s child care resource and referral agencies provide training and technical assistance to early care and education providers. They also build connections between those providers, child welfare workers, and child abuse prevention programs. New child welfare staff members receive Strengthening Families training. The state mandates use of Strengthening Families Protective Factors for those who apply for CBCAP grants.¹³⁸

States use the Strengthening Families approach to promote increased continuity across existing family support service approaches they fund. For example, 18 states use a [survey tool](#) developed by

the federally funded Family Resource Information, Education and Network Development Service (FRIENDS) National Resource Center for CBCAP agencies to help families assess the existence of protective factors in their lives. Over the course of a year, **Nevada** required all CBCAP programs to use the Protective Factors Survey tool pre- and post-services. Now the state agency can look across a variety of parenting program approaches to determine what areas need strengthening to improve protective factors in families. Focus groups of Spanish-speaking participants helped to develop a culturally and linguistically appropriate version of the tool.

Sensitivity to differences in cultural background is important when engaging with families as partners in their children’s growth and development. Early childhood programs that help families take advantage of their cultural backgrounds can help young children maintain these assets as they grow. In Chicago, the [El Valor program](#) serves 4,000 children in child development programs (including Early Head Start and Head Start) with a foundation in multiculturalism and family engagement. At least 90 percent of the staff can communicate in the children’s and families’ native languages. El Valor also manages a family child care provider network and offers training to other community providers. The Early Childhood Learning and Knowledge Center at the Administration for Children and Families (ACF) has released a [program preparedness checklist](#) for serving ELL children and their families.

Integrating family engagement and support into standards: Family engagement and support provisions may also be integrated into early care and education program standards such as those governing state prekindergarten programs, quality rating and improvement systems (QRIS), and child care licensing regulations. A recent review of

family engagement policies in state prekindergarten found 19 states require state prekindergarten programs to provide some family engagement activities.¹³⁹ For example, **Kentucky's prekindergarten statute** specifies that participating programs have plans that “allow for active parental involvement,” including parent education or other activities that parents have helped to develop and at least two annual home visits. In addition, provisions require programs to collaborate with medical, health, mental health, and social service agencies to address the comprehensive needs of families.¹⁴⁰ Kentucky's State Education Commissioner's Parent Advisory Council developed statewide K–12 standards for family engagement that subsequently served as a model when the National Parent Teacher Association created recommended standards.¹⁴¹

Several states have layered family engagement and support provisions into the levels of the state QRIS programs (see Quality Rating and Improvement Systems (QRIS) in the States, p. 36). **Delaware** QRIS standards require two-star programs to have written inclusion policies that are shared with families and four-star programs to involve families in planning to meet the needs of their children, including individual education plans and individualized family service plans (IEPs and IFSPs).¹⁴² **Idaho** has incorporated the Strengthening Families approach into the voluntary **IdahoSTARS QRIS** for centers and family child care homes. Completion of a Strengthening Families Action Plan after a **self-assessment** process earns providers a point toward achieving a Tier Four rating.¹⁴³ **Arkansas'** voluntary **Better Beginnings QRIS** for centers, family child care, and school-age care also requires a Strengthening Families Action Plan and completion of at least one action step to earn the highest level rating. **Pennsylvania** leaders have reviewed federal Head Start Program Performance



Standards and others when developing the State **Keystone Stars QRIS** standards. Similar to the federal standards, Keystone Stars has “partnerships with family and community” categories. To earn four stars, centers and family child care homes must have policies demonstrating engagement and partnership with parents in program planning and decision making.¹⁴⁴

Twenty-three states have child care licensing provisions relevant to parental involvement, although family support strategies are less prevalent in licensing.¹⁴⁵ For example, the **District of Columbia** requires that licensed centers establish policies on how teachers communicate with parents about their children's development. Directors' responsibilities include ensuring parental involvement. Center teachers and group leaders in out-of-school time settings must communicate regularly with parents about children's development.¹⁴⁶

Fostering parent leadership: Some states are working to engage parents by supporting parent leadership development. For example, in **New Jersey's** Strengthening Families initiative, a county-

based network of leadership teams plans local implementation. Each county team has parent members. There are also two parent representatives from each county serving on a parent leadership committee at the state level. This advisory committee is included in all early childhood planning at the state level. **Michigan's** [Early Childhood Investment Corporation](#) has a performance standard for local Great Start Collaboratives in which 20 percent of members are parents of children birth through age 12, and they partner with [Great Start Parent Coalitions](#).¹⁴⁷ A Los Angeles, **California**, program called [Abriendo Puertas or Opening Doors](#) was developed with input from Latino families to build the capacity of Latino parents of children birth to age 5 to advocate for their children as they enter school. An independent [evaluation](#) found promising outcomes as parents became more knowledgeable and confident about their rights and responsibilities for their children's education, and when they learned how to navigate systems on behalf of their children. The program is being replicated in eight California counties. In a different approach, **Rhode Island's** Pediatric Practice Enhancement Project (PPEP) trains and places parents in pediatric offices that serve concentrations of children with special health needs to help them access community and health resources and deal with barriers to coordinated care. This program is funded by a New Freedom Initiative federal grant; Title V, Maternal and Child Health funds; and some state funding. Follow-up data analysis indicated reductions in inpatient services and cost savings.¹⁴⁸ When **New Hampshire** developed an Early Childhood Child and Family Outcomes System in compliance with federal IDEA requirements, the process incorporated parents from the beginning. Family organizations across the state, with help from the state's Parent Training and Information Center, took the lead in determining what family outcomes to include in the Part C and Part B, Section 619 data systems.

Working with Communities to Increase Family-Friendliness and Connect Services to Local Child-Serving Organizations

Many EC 2010 state team participants acknowledged the importance of partnering at the community level to strengthen families. Given great variation in communities, states are using different strategies to find appropriate partners to promote social connections and build concrete supports for families.

Holding Community and Parent Café

discussions: Another way states are building on the Strengthening Families approach to promote protective factors is by facilitating the spread of community or parent cafés. These are guided conversations based on the Strengthening Families Protective Factors framework that promote leadership development and partnerships with parents. Parents design and implement the cafés in partnership with community partners (such as early care and education programs, neighborhood centers, community-based family resource centers, schools, immigrant and refugee agencies, faith-based organizations, health departments, or any system or agency whose reach includes children and families).¹⁴⁹ At least nine states are actively supporting this approach: **Alaska, Arkansas, Georgia, Idaho, Illinois, Minnesota, Oregon, Tennessee, and Washington**.¹⁵⁰ For example, **Alaska's** Children's Trust Fund has issued a call to action to foster Community Cafés across the state that engage families, elders in the community, local organizations and advocates, and Tribal councils. The Children's Trust Fund supports training that includes development of a [toolkit](#) for local Café facilitators and an [online system](#) for collecting wisdom generated by local discussions.

Attaching family engagement and support resources to schools serving vulnerable children:

Some states are making comprehensive services easier to access through schools in low-income areas. Lessons for states can be found in the experiences of those communities included in the [W.K. Kellogg Foundation SPARK](#) (Supporting Partnerships to Assure Ready Kids) initiative, which focused on building family engagement and supports that tap early childhood and school-based partners. The SPARK initiatives were located in the **District of Columbia, Florida, Georgia, Hawaii, Mississippi, New Mexico, North Carolina, and Ohio**. Successful local efforts used strategies that provided developmental screening and interventions before children entered kindergarten, teacher home visits, colocation of services in schools and community service hubs, and parent support specialists and liaisons in schools.¹⁵¹

In another approach, **Maryland's** Judith P. Hoyer Early Child Care and Family Education Centers ([Judy Centers](#)) are located in or near a set of schools receiving Title I funding. This initiative provides state funding to partnerships between schools and community-based programs that coordinate and offer [12 components](#) defined by the state (including full-day, full-year early care and education services, parent education, family literacy, health screening, and other services).¹⁵² Evaluation of the initial group of Judy Centers found that family involvement in parent education and adult education, as well as children's access to health services, grew during two years of implementation.¹⁵³ Children entering kindergarten who participated in Judy Centers are assessed as school-ready at the same rate as the general population, which was 68 percent in 2007. Only 42 percent of at-risk children who enter kindergarten without Judy Center participation rated as school-ready.¹⁵⁴

Some states have built on the federal Parental Information and Resource Center (PIRC) program to work with schools to promote family engagement. In 2006, the U.S. Department of Education (ED) provided funding to all states to establish statewide PIRCs. Grantees are required by the Elementary and Secondary Education Act (ESEA) to serve rural and urban areas, use at least half their funds to serve areas with high concentrations of low-income children, and use at least 30 percent of funds they receive for early childhood parent programs.¹⁵⁵ In **Iowa**, the [statewide PIRC](#) created the Iowa Sustaining Parent Involvement Network (iSPIN), which works intensively with teams of administrators, teachers, and parents in 37 schools to promote parent engagement in their children's learning.¹⁵⁶ iSPIN is based upon current research on the impact of parent engagement and children's learning. It provides structured methodology, processes, and [tools](#) for school teams to implement over a two-to-three year period of time. iSPIN has been recognized by the [National Family, School, and Community Engagement Working Group](#) as one of 12 new breakthroughs in engaging parents.¹⁵⁷

Supporting family, friends, and neighbor caregivers at the community-level:

State approaches to engaging child caregivers in early learning and development are not limited to formal early care and education settings. Several states (**California, Hawaii, Illinois, Minnesota, and Washington**) have specific initiatives that develop community-based support networks for unlicensed family, friend, and neighbor (FFN) caregivers of young children. Research has shown that FFNs are more readily engaged through family support-oriented strategies than traditional professional development and licensing oriented policies. Approaches can include play-and-learn groups, group socialization opportunities, information sharing, materials that promote child

A FEDERAL PROJECT TO SUPPORT FINANCIAL STABILITY FOR FAMILIES WITH YOUNG CHILDREN

Many young children are members of families who earn low wages, who are burdened with debt, who live paycheck to paycheck and who, because of their uncertain financial situation, are unable to plan for the future. These conditions can cause family stress and have negative effects on child development.

ACF has launched the **ASSET** Initiative to begin to enable individuals and families to become more financially secure for the long-term. ACF's Office of Head Start, Office of Child Care, and Office of Community Services are implementing a component of the ASSET initiative by bringing these strategies to families who participate in early care and education programs. Many of the ACF Regional Offices conduct regional summits to raise awareness of these strategies, identify effective roles for the early childhood providers, and make connections between early learning communities and organizations in the asset building field. This includes state, local, and tribal groups that receive grants through the ACF Assets for Independence (AFI) program to provide Individual Development Accounts and related asset building services. For more information about the AFI program and asset building services, please visit the link provided here.

The **Financial Stability for Families with Young Children** component of the ASSET Initiative is placing a particular focus on reaching the following groups:

- Low-income families with young children, particularly those who participate in Head Start and child care.
- Staff of Head Start centers and child care providers, many of whom are paid low wages.
- Family child care providers, a care venue that is well suited for asset building services.
- Provider associations and agencies, such as child care resource and referral agencies that provide information to families and community providers.

The ASSET Initiative includes additional components involving child support agencies, tribal organizations, disability providers, domestic violence organizations, refugee assistance providers, and other key human services groups. For more information about the overall initiative, you may visit <http://idaresources.org> or http://www.acf.hhs.gov/programs/ocs/afi/resource_center.html or contact Richard Gonzales at richard.gonzales@acf.hhs.gov or 202-401-5138.

development, home visits, and “warm lines” to answer questions of FFN caregivers.¹⁵⁸ With the proportion of young children in immigrant families growing, state policymakers need to employ intentional strategies to engage families and overcome barriers in awareness, accessibility, and lack of cultural responsiveness and linguistic capacity in early care and education programs.¹⁵⁹

For example, **Minnesota** leaders conducted research to determine the extent to which young children received care with FFNs, and they have worked to reflect this reality in state policies. The Minnesota Department of Human Services funded

a Child Care Household Survey in 2004 that was recently updated with 2009 data. The most recent study found 42 percent of households using nonparental care reported that FFN caregivers were their only source of care (20 percent) or primary source (22 percent). Exclusive use of FFN care was higher among low-income families (30 percent) and families of color (31 percent) and highest among families with children under age two (38 percent).¹⁶⁰ In 2007, the Minnesota legislature passed the first **FFN legislation**. They invested \$750,000 in state funds over two years to make a competitive grant program available to community-based agencies, nonprofit organizations, or tribes

to develop community-based support networks and services for FFN caregivers. Funding was renewed in 2009 with American Recovery and Reinvestment Act of 2009 (ARRA) dollars. A recent implementation evaluation found that the initiative reached about 1,000 FFN caregivers from a variety of countries of origin, including Somalia, Mexico, Laos, and Thailand.¹⁶¹

Leveraging New Federal Investments in and Building Infrastructure for Home Visiting

Home visiting can be an effective strategy to engage expectant parents and families with young children in their child's early learning and development and to deliver an array of supportive services. The new [Maternal, Infant, and Early Childhood Home Visiting program](#), passed as part of the Affordable Care Act of 2010, is a \$1.5 billion mandatory federal investment over five years to improve quality and coordination of existing services and to expand the reach of home visiting across the country. Though this is the first major federal funding stream dedicated to home visiting, voluntary home visiting has long been a key early childhood service delivery strategy. Multiple existing federal programs serve families in their homes, including Early Head Start and Part C of IDEA. There is a broad range of national, state, and local program models and goals across the country targeting diverse populations that use different curricula with varied outcomes.¹⁶² A [national 50-state inventory](#) conducted by the Pew Charitable Trust Center on the states estimated up to \$1.36 billion could have been used for home visiting programs in 2010, although the exact amount is not clear. States reported that \$277 million is designated for one or more nationally recognized models (defined in the study as Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and the

Parent-Child Home Program). The proliferation of models with differing levels of evidence of effectiveness complicates efforts to define evidence-based standards. However, researchers have found impacts for well-implemented programs, including increases in positive parenting, more stable and nurturing environments, and fewer acts of child abuse and neglect.¹⁶³

Even before the enactment of the Maternal, Infant, and Early Childhood Home Visiting program, federal interest in voluntary home visiting resulted in the 2008 creation of the [Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment](#) (EBHV) program. Seventeen states and local programs have grants that support the infrastructure needed to spread implementation of evidence-based home visitation programs.¹⁶⁴ Some states use a single home visiting curriculum and model, while others combine multiple models. For example, **Hawaii** is building on Healthy Start, the state paraprofessional home visiting initiative that served as the model for Healthy Families America. The project is focusing on how to ensure the most vulnerable children receive appropriate and effective services. **Utah** started an Office of Home Visiting. The state plans to better link home visiting services to other service systems, such as health care, substance abuse treatment, and mental health providers. Another goal is to identify new funding sources and to leverage existing federal funding to pay for home visiting services. The Federal EBHV cross-site evaluation will use a framework to apply similar questions across different approaches regarding systems change, fidelity to program model in implementation, family and child outcomes, and cost.¹⁶⁵

The Maternal, Infant, and Early Childhood Home Visiting program is an opportunity to build on the infrastructure development conducted by the EBHV grantees and to bring

high-quality, evidence-based home visiting to scale in all 50 states, the District of Columbia, five territories, and 13 tribes. The program is designed to strengthen and improve programs and activities carried out under Title V, a block grant given to states to improve the health of mothers and children; improve coordination of services for at-risk communities; and identify and provide comprehensive home visiting services to improve outcomes for families who reside in at-risk communities. Grantee agencies were required to conduct statewide needs assessments and existing resources to identify at-risk communities.

While most program funds go to “evidence-based” models, as determined by the U.S. Department of Health and Human Services (HHS), funds can also be used to support “promising approaches” that would be rigorously evaluated.¹⁶⁶ In July 2010, HHS issued a [Federal Register notice](#) with proposed criteria to define evidence-based effectiveness of home visiting models. State planning for expansion through Maternal, Infant and Early Childhood Home Visiting program funding is underway. All states applied for FY 2010 funds and submitted the required statewide needs assessment. States will develop plans following the issuance of final HHS guidance in 2011. Ongoing state activities to prepare for implementation of this program include:

Coordinating existing home visiting programs:

Prior to the new federal funding, a set of states (**Maine, New Jersey, Ohio, Virginia, and West Virginia**) had created state-level coordinated systems of the various federal, state, and local home visiting programs. **New Jersey** formed a statewide Home Visitation Workgroup in 2004 that brought together a wide array of agency partners as well as representatives from juvenile justice, prevention education, child care, Early Head Start, and key national home visiting models (Healthy Families, Nurse Family Partnership, and Parents as

Teachers [PAT]). **Virginia’s Home Visiting Consortium** is a collaborative effort of all the early childhood home visiting programs that receive state funds and serve families of children from pregnancy through age 5.

Developing a home visiting infrastructure that includes common quality standards, professional development, and procedures for centralized intake, screening, referral, and technical assistance:

In **Maine**, for example, Maine Families (established in 2000) originally used three models. Now, it provides \$4.6 million in state tobacco tax funds to community agencies to work with first-time parents. State leadership has worked to develop uniform program and practitioner standards and all sites are now PAT affiliates.¹⁶⁷ With the new federal funding opportunity, the state administrator has convened stakeholder meetings to draw in other home visiting programs (such as Early Head Start and public health nurses) to discuss ways to improve quality and increase continuity of services across states. Opportunities to create efficiencies across programs exist through such means as sharing professional development and collecting data across all sites using the Maine Families web-based data system.¹⁶⁸

New Jersey implemented the following system components: outreach to expectant mothers at community-based agencies and pregnancy testing centers; screening for risk factors at birth or other opportunities in early life (child health providers; child care centers; federally qualified health clinics; and Special Supplemental Nutrition Program for Women, Infants and Children [WIC] centers); central intake that refers families to appropriate partner agencies for initial assessment and links to needed services; appropriate home visitation depending on family needs through Healthy Families, Nurse Family Partnership, PAT, Early

Head Start or other locally available models; and links to essential medical and social services.¹⁶⁹

Virginia's consortium has focused on five key areas to promote better integration across home visiting programs: state policies and procedures; technical assistance to local coalitions and communities; core training for all early childhood home visitors; interagency efforts to improve screening, data collection and evaluation processes; and collaborative programs with medical providers and child care providers.¹⁷⁰ The consortium plans to use the new federal funding strategically to help member agencies improve evidence-based practice and develop shared [intake and screening procedures](#). Cross-system efforts include working with the Medicaid authority to access funding for assessing behavioral risks among parents, collaborating with the Part C of IDEA agency on increasing early identification and referrals through home visiting, and connecting families to dental homes through a team representative of WIC, dental hygienists, and home visitors as part of a pilot oral health workforce project.¹⁷¹

Considering how to integrate home visiting with early care and education: The Maternal, Infant, and Early Childhood Home Visiting program requires states to develop statewide plans that are integrated with the existing early learning and development system. State leaders are considering how to address this requirement. For example, **Maine** is using the new federal opportunity to bring new stakeholders to the table along with the state's preexisting home visiting program, Maine Families. Maine has also added a home visiting track to the state early care and education career lattice and registry system, Maine Roads to Quality. All future funding will require collaboration with cross-system partners.¹⁷² The **Virginia** Consortium includes

national, state, and local models; Early Head Start; and services funded under Part C of IDEA. One emerging conversation referenced during discussions at EC 2010 is how to integrate home visiting efforts with other state strategies to provide information to and support FFN child caregivers as well as grandparents and other family members (called kinship caregivers in the child welfare field) caring for children full-time when parents do not have the capacity to do so. A study of the leading national home visiting program models found that most include kinship caregivers as a matter of course but inclusion of FFNs is less likely. In some cases FFN caregivers might be included in visits to primary caregivers if time and funding resources are sufficient.¹⁷³ In **Virginia's** Consortium, Early Head Start and Part C member agencies include FFNs in their approaches.¹⁷⁴ A home visiting [curricula guide](#) for working with legally unlicensed child care providers and FFN caregivers is being used to guide home visitors in Minneapolis, **Minnesota**.¹⁷⁵

Some states are engaging, supporting, and being responsive to families and communities by:

- Adopting a strength-based approach to engaging families within the components of state early learning and development systems.
- Working with communities to increase family-friendliness and to connect services to local child-serving organizations.
- Leveraging new federal investments in and building infrastructure to support home visiting.