## Overview of Healthy Families Model

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|  | **Healthy Families Illinois (HFI)** |
| **Program**  **Purpose &**  **Description** | Purpose:   * To promote healthy child development and reduce child abuse and neglect among at-risk families.     Description:   * Healthy Families Illinois (HFI) is a voluntary, intensive home visiting program that reduces family isolation, supports parents as children’s first teachers and caretakers, and helps parents develop good parenting skills. |
| **Target**  **Population** | • Families who are at risk of child abuse and neglect. Families are identified during pregnancy or at birth through a structured assessment. |
| **Key Services** | * HFI provides voluntary, culturally relevant services to both fathers and mothers.      * HFI services include:   + Teaching and modeling effective parenting skills;   + Providing social support for new parents to reduce social isolation;   + Connecting parents to other services in the community;   + Removing barriers to services such as lack of transportation or child   care;  o Monitoring and promoting children’s development; and  o Supporting parent-child attachment. |
| **Outreach & Recruitment** | * HFI programs typically work with hospitals, clinics, WIC, Family Case Management and other agencies who serve pregnant women and/or new mothers to provide assessment services. Assessments enable staff to identify family needs and refer them to supportive services such as HFI. * HFI makes persistent outreach efforts to those families who are hesitant to accept services, but have not clearly indicated an unwillingness to accept services. HFI uses these positive, persistent outreach efforts to build trust with families.   . |
| **Methods &**  **Approaches** | • The Healthy Families approach includes the following critical elements: o HFI services are initiated **prenatally or at birth**;   * HFI uses a **standardized assessment tool** to identify families who are most in need of services (i.e., families who are at risk for child maltreatment or other poor childhood outcomes); * HFI services are **voluntary** and HF uses positive, persistent outreach efforts to build trust with families; * HFI offers services **intensively** (at least once a week) with well-defined criteria for changing service intensity over time; |

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|  | * HFI services should be **culturally competent** and materials used should reflect the diversity of the population served; * HFI services should **focus on the parent(s)** as well as **supporting parent-child interaction and child development**; * At a minimum, **all families should be linked to a medical provider**. Depending on their needs, families may also be linked to additional services; and * Home visitors should have **limited caseloads** so that they can spend adequate time with each family. |
| **Intensity of**  **Services** | * HFI services are offered during “critical times” (during pregnancy, at birth, and soon after birth). * Services are offered weekly at the outset, with frequency of contact either increasing or decreasing over time based on family circumstances. * Services should be available from birth through 5 years of age, if needed. Artificial or arbitrary time limits on services should be avoided. |
| **Staff**  **Qualifications**  **& Supervision** | Qualifications:   * Varied; HFI includes both paraprofessional and professional staff. * Service providers should be selected because of their personal characteristics, their willingness to work in or experience working with culturally diverse communities, and their skills to do the job. * Service providers should have a framework, based on education or experience, to handle the variety of experiences they may encounter when working with at-risk families.     Supervision:   * Appropriately qualified professional staff should provide supervision. Service providers should receive ongoing, effective supervision so that they are able to develop realistic and effective plans to empower families to meet their objectives; to work with families more effectively; and to express their concerns and frustrations. |
| **Staff Training** | * All staff are required to complete the 5-day Healthy Families America Core Training as well as intensive job-specific training. * Assessment workers and home visitors are oriented to the program’s goals, services, policies, operating procedures, and philosophy prior to direct work with children and families. * The program provides staff with training on culturally competent practices based on the unique characteristics of the population being served (i.e., age-related factors, language, culture, etc.). * The state system includes a Healthy Families Training Institute that ensures that all staff receive ongoing training specific to each worker’s knowledge and skill base. |
| **Staff**  **Caseload/** | • Home visitors should have limited caseloads so that they can spend adequate time with each family. |
| **Supporting**  **Research**  **Citations** | * Families who did not receive Healthy Families services were reported for abuse or neglect twice as often as families who did receive Healthy Families services.\* (Daro and Harding, 1999) * Parents who participate in Healthy Families show:   + A significant decrease in their overall potential for maltreatment and parental stress   + Greater sensitivity to their children’s cues   + Greater comfort in understanding their children’s development   + Less overall distress and rigidity   + A greater knowledge about alternative forms of discipline\* (Daro and Harding, 1999)     \*These research findings are from Healthy Families programs in other states. |