

QuickStart

Manual

**Updated November 2015**

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Introduction

**Welcome to Healthy Families Oregon!**

Congratulations! You have joined an exciting statewide effort to assist families in giving their young children a healthy start in life. This manual provides a series of activities to ensure that you are up-to-speed as quickly as possible before you begin your work.

Healthy Families Oregon (HFO) provides home visiting and family support for parents in order to ensure healthy, thriving children and nurturing, caring families. HFO has been accredited by Healthy Families America (HFA) as meeting best practice standards that ensure quality programs. Before beginning work, these standards require all new staff members receive orientation to:

* Child abuse and neglect indicators and reporting requirements
* Issues of confidentiality
* Boundaries
* Philosophy of home visiting
* Program goals, services, policies and procedures
* Relationship with other community resources
* Home Visitor Safety Training

This manual will help home visitors, supervisors and program managers meet these requirements. There are training activities in the QuickStart training manual to assist you as you begin working with families.

QuickStart Organization

***QuickStart*** *is organized around a series of training activities that include opportunities to gain new knowledge, practice skills and apply concepts. The Orientation section should be completed by all new staff – program managers, supervisors, home visitors, and any interns or volunteers that are part of the program. The Home Visiting section should be completed by all new supervisors and home visitors, as well as any interns or volunteers who will be in those roles.*

# Orientation

**What is Healthy Families?**

Activities in this section lead you through the history and goals of Healthy Families Oregon, its service model and roles, critical elements, policies and procedures, the philosophy of home visiting and family support, and evaluating Healthy Families.

**Child Maltreatment:**

Activities in this section provide you with an overview of child abuse and neglect indicators and their role as mandated reporters. Activities also include screening for risk factors.

**Community Resources:**

In this section, you explore the resources available in the community, the referral process, and learn about Medicaid reimbursement procedures.

**Confidentiality and Boundaries:**

The informed consent process and issues around confidentiality and safety are explored in this section. Activities also focus on identifying and maintaining appropriate boundaries.

# Home Visiting

The activities in this section focus on the specifics of home visiting such as completing the Parent Survey, the promotion of positive parenting practices, and the importance of documentation.

Using QuickStart

You will use ***QuickStart*** jointly with your supervisor. If you are a new supervisor, you will work with the program manager. New program managers complete the manual on their own or with peers. Going through the orientation activities with a supervisor sets the stage for an effective working relationship. *Face-to-face meetings with uninterrupted time for discussion and reflection are critical components of the training process*.

# How it Works

1. **With your supervisor:**

* Look at training activities, discuss the *training objectives* and ensure you have any needed materials
* Schedule time when you can work on the activities

1. **Complete the activity**
2. **Review the completed activity with your supervisor:**

* Discuss questions and facilitate understanding of program requirements, policies, expectations and roles
* Evaluate whether training objectives have been met
* Identify strengths and needs for additional training
* Document that the Orientation Trainings have been completed on the ***HFO Required Training Log***

1. **There is a Training Objectives Check Off List on page 101 that you can use to keep track of your progress in QuickStart**

# Resources

* **Your local site’s Policies and Procedures Manual**
* **Healthy Families Oregon Program Evaluation and Forms Manual (Red Book)**
* **Caring for Your Baby and Child: Birth to 5 Years, 5th edition. American Academy of Pediatrics (2009).**
* **Healthy Families Oregon Status Report and Statewide Evaluation Results**
* **What You Can Do About Child Abuse Publication available at: (**[**http://www.oregon.gov/dhs/abuse/pages/publications/children/index.aspx**](http://www.oregon.gov/dhs/abuse/pages/publications/children/index.aspx)**)**

To the Supervisor

Many parallels exist between home visiting and parenting. Both are simultaneously stressful, rewarding, and growth-producing. New staff members may share the same sense of isolation and lack of confidence that new parents typically experience. Parents often “go it alone” and may be successful. However, without mentoring and support, it’s much harder and there is more risk. Fortunately, new staff members do not have to go it alone.

During the orientation period, supervisors clarify goals, expectations, and roles with a new employee just as a home visitor does with a new family.

# Supervisors:

1. **Address the emotional aspects of home visiting**
2. **Acknowledge what the new employee sees as a concern and/or challenge, as well as identify and reinforce their strengths**
3. **Utilize the “teachable” moments that arise in the review process and demonstrate the “consultant role” versus the “expert role” by using Reflective Strategies to encourage growth, offering information, facilitating problem solving, and focusing on strengths**
4. **Convey the message that mistakes are learning opportunities**

# Individualized Training

Supervisors may individualize and tailor orientation to the needs of the new staff member. Depending on the topic, some new staff members may be able to demonstrate sufficient knowledge in supervisory sessions to meet the training objectives without actually doing the orientation activities.

While all HFO sites adhere to the standards in the Healthy Families Program Policies and Procedures Manual, other procedures may vary from site to site. Wherever possible, supervisors should reinforce local practices and resources when reviewing the activities.

*Just as the home visitor-parent relationship helps new parents adjust to parenting, the relationship with the supervisor supports new staff members as they gain competency in their new position and sets the stage for an effective relationship in the future.*

[Cite your source here.]

**Orientation**

**For All**

**Healthy Families Oregon**

**Staff**

(1) What is Healthy Families Oregon?

(2) Importance of Critical Elements in HFO

(3) Overview of Policies & Procedures

(4) Philosophy of Home Visiting

(5) Evaluating Healthy Families Oregon

[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&docid=yM7shbGn9yBjzM&tbnid=Ubn578A-e7sS0M:&ved=0CAUQjRw&url=http://www.theemployerhandbook.com/2011/10/get-answers-to-your-social-med.html&ei=5wdDUoHHFaWViAKn14CQDw&psig=AFQjCNFMRndPdqAcbmHpqRefUWd7LdYZpQ&ust=1380210578440067)

(1) What is Healthy Families Oregon?

# Training Objectives

1. Describe how Healthy Families began in Oregon
2. Know the goals of Healthy Families Oregon
3. Explain the Healthy Families Oregon service model

**Complete**

* Read the summary below on the history, goals, services and roles of Healthy Families Oregon
* Review and discuss the services we offer, the screening process, and describe your new job to your supervisor.

**Healthy Families Oregon**

***History***

Many families are raising their children under difficult circumstances. The most vulnerable families are young, abuse alcohol or drugs, have limited resources, have unrealistic ideas about parenthood, and are isolated with few, if any, social supports. Research has shown that prevention programs, focusing on support and education, can enable vulnerable families to better nurture and protect their children.

* In 1991, the U.S. Advisory Board on Child Abuse and Neglect endorsed home visitation as the single most critical element in a comprehensive approach to preventing child maltreatment.
* Research has shown that home visiting to new families also can increase the number of children who experience school success by promoting positive parenting and family literacy practices, and improving child health.

As part of an effort to achieve wellness goals for Oregon’s children and families, a statewide Children’s Care Team was formed in 1991 that reviewed successful child abuse prevention programs. Spurred by the success of Hawaii Healthy Start, the Children’s Care Team recommended that Oregon initiate similar home visitation and family support services for parents with newborns.

Others were also interested in child abuse prevention. In 1992, the National Committee on Child Abuse Prevention (later to become Prevent Child Abuse America) launched Healthy Families America (HFA) in partnership with the Ronald McDonald House Charities. The HFA model of home visitation was based on two decades of research, the experiences of Hawaii’s successful Healthy Start program and best practices from numerous communities and prevention models.

In 1993, the Oregon Legislature established Healthy Start/Family Support pilot projects to assist families in giving their newborn children a “healthy start” in life through ORS 417.795. Under this legislation, the Oregon Commission on Children and Families (OCCF) was charged with establishing pilot projects in selected counties throughout Oregon. A key ingredient was the provision of services to all families with newborns, targeted to those with first-born children at a minimum.

**Critical Elements:** Grounded in research, Oregon’s Healthy Start services were built around 12 critical elements that also formed the foundation for the HFA program. The critical elements represent the field’s current knowledge about implementing successful home visitation programs and establish guidelines for service initiation, service content, and staff characteristics

Under Senate Bill (SB) 555, Healthy Start’s home visiting/family support services were reconfirmed in 1999 as a primary prevention program dedicated to creating wellness for Oregon children and their families. As funding allowed, Healthy Start expanded to additional counties.

**Statewide:** With the passage of HB 3659 during the 2001 legislative session, state-supported Healthy Start services were extended throughout Oregon. ORS 417.795 was amended to ensure the voluntary nature of Healthy Start by requiring that express written consent be obtained from the family before any screening or other services could take place.

**Restructuring:** Faced with diminished resources, the 2005 legislature reduced funds to Healthy Start by 20%, requiring OCCF to re-examine the Healthy Start delivery system. A Restructure Committee, formed with wide representation, recommended continued adherence to the HFA program model; performance-based decision-making; streamlining the system by which families were offered services; modifying the funding formula; and encouraging regionalization to reduce overhead and pool resources.

**Accreditation:** At the same time, Oregon’s Healthy Start program embarked on the ground-breaking process of being accredited through the national HFA initiative, considered to be an evidence-based promising practice by the Rand Corp (www.promisingpractices.net). During the accreditation process, each site conducted an extensive self- study, documenting how each of the HFA best practices standards was being met. Simultaneously, OCCF staff conducted a self-study of the state system. Throughout 2005-06, HFA reviewed the self-studies and interviewed families, staff and others. By June 2007, all requirements had been met and Healthy Start of Oregon became accredited as a statewide multi-site system of exemplary home visiting programs.

**Redesign:** The 2008 legislative session resulted in an additional budget decrease for Healthy Start, as well as a budget note requiring a redesign to be more cost effective while maintaining the quality of the program.

**Name Change:** In the 2013 legislative session, Healthy Start officially changed their name to Healthy Families Oregon (HFO) and expanded their target population to be all births.

***Role of Central Administration***

As a part of a multi-site statewide system, Healthy Families Oregon includes a central administration office and staff, housed in Salem, Oregon. The staff provide broad oversight, monitoring, and technical assistance to the HFO program, sites, and staff.

***Reduction of Child Maltreatment***

As a key program in Oregon’s Early Childhood System of Supports, Healthy Families Oregon focuses on reducing the incidence of child abuse and neglect among families. By enhancing family functioning and supporting positive parenting practices, Healthy Families Oregon also contributes to other early childhood Oregon Benchmarks, including increasing school readiness and improving health outcomes for children and families.

Under authorizing legislation (ORS 417.795), Healthy Families Oregon seeks to ensure healthy, thriving children and strong, nurturing families by (1) offering universal access to parenting information and screening and (2) long-term support to first-birth families with newly born children that need additional assistance, based on the results of a standardized screening process.

***Goals for families receiving home visiting services include enhancing family functioning by:***

1. Establishing a trusting, nurturing relationship
2. Promote positive parent-child relationships
3. Promote healthy childhood growth and development
4. Teaching problem solving skills
5. Improving the family’s support system

***Healthy Families Oregon Services***

Healthy Families Oregon is a voluntary family support home visiting program designed to assist families in giving their newborn children a healthy start in life.

Service begins with a voluntary screening process, designed to achieve early contact with parents. Partnerships with hospitals, clinics, health departments and other health care providers allow for reaching families to offer screening and provide information about the Healthy Families Oregon program and other parenting resources that are available in the community.

**Identification of Families**

Childbirth education/WIC classes, hospitals, clinics, etc.

Families are given written consent to contact or participate in screening.

**HEALTHY FAMILIES OREGON SERVICE DELIVERY SYSTEM**

**Screening**

New Baby Questionnaire is completed to identify risk factors and information about parenting resources is given.

**If eligible, home visiting services are offered**

Regular home visits

Child development information

Parenting support

Developmental screening

Referrals to health and other community resources

***The Screening Process:*** This process begins when parents give their written permission to either be contacted by a program or to participate in screening. Parents then complete the New Baby Questionnaire (NBQ). Questions focus on family characteristics such as single parenthood, living in poverty, having a history or current issues with substance abuse, depression, and lacking a high school education or GED. Research shows that coping with any one of the risk factors is challenging.

Typically, parents are given a packet of child development and parenting information at the time of screening. Personalized referrals to community resources are also provided, as need and interest dictate.

***Home Visiting Service*s**: At the time of screening, Healthy Families home visiting services are described and eligible families (*those with any two risk characteristics or who have current issues with substance abuse or depression*) are asked whether they would be interested in services if available. Home visitors then follow-up to schedule available services.

Healthy Families home visiting services begins with the first home visit. For the first six months after the child’s birth, families receive weekly home visits. As families gain information and confidence in their parenting strategies, frequency of visits is gradually reduced.

***Parent Survey***: During the first few visits, the home visitor assesses the family using the standardized **Parent Survey** to identify current stresses and issues the family faces. This process helps the home visitor better understand the family circumstances and jump starts serving the family appropriately. The home visitor then collaborates with the parent to identify family strengths and needs as well as any services the family may desire to meet the needs.

***Family Goal Plan***: Together, the home visitor and the parent(s) develop a Family Goal Plan (FGP) that sets meaningful goals for the family that will help the family to develop and/or refine creative problem-solving skills. The FGP identifies specific objectives and strategies for achieving those goals, taking into consideration family strengths, needs and concerns. FGP’s are reviewed on a regular basis and serve as a guide for Healthy Families services.

***Positive Parent-Child Relationships***: Home visits have a strong focus on supporting parents in the development of attachment and bonding with their baby, their role as the child’s first teacher, providing evidence-based parenting and child development information, coaching, and support. Specific integrated strategies are used to facilitate these relationships. Parent-child activities are a part of each home visit.

***Healthy Growth and Development***: Home Visitors also work with parents to make sure children are developing positively, providing regular developmental assessments and monitoring of children’s immunization status and access to preventive health care. If needed, children are referred for early intervention services to ensure the best possible developmental outcomes.

***Program Staff:*** Healthy Families Oregon uses qualified, trained staff to provide services. Staff are selected based on their experience, education and personal characteristics such as their ability to establish a trusting relationship with families.

In order to ensure quality services, home visitors carry limited caseloads, typically around 20 families at varying service levels. Home visitors review family progress with supervisors on a weekly basis. While on the job, staff members receive additional and thorough training specific to their roles in the program.

***Central Administration:*** Healthy Families Oregon is a multi-site system and is supported by a Central Administration office located in Salem, Oregon. This includes the HFO State Coordinator and Program Assistant staff. Central Administration is responsible for the oversight of the multi-site system and is available to support individual sites with technical assistance and quality assurance.

(2) Importance of Critical Elements in HFO

**Training Objectives**

1. Gain basic understanding of the 12 Critical Elements, or standards, that are used in Healthy Families Oregon (HFO) from the Healthy Families America (HFA) Best Practice Standards
2. Understanding of the Infant Mental Health Model and Protective Factors

**Complete:**

* Read the ***Summary of the Critical Elements*** on the following page
* Review the 12 Critical Elements in the ***HFA Best Practice Standards*** with your supervisor, specifically:
* Using a standardized assessment & screening tool
* Reaching prenatal families, starting services at or before 3 months
* Importance of creative, positive outreach
* The level system and the process for changing levels
* Importance of all aspects of Cultural Sensitivity
* Importance of training for program staff and documentation
* Role of supervision

* Review the definition of Infant Mental Health and Protective Factors in the ***HFA Best Practice Standards*** definitions and review with your supervisor

*Summary of the Critical Elements*

**Healthy Families Oregon follows HFA’s 12 Critical Elements that represent current knowledge for implementing successful home visitation programs. Based on a large body of research, the Critical Elements provide “best practice” standards for early support services to parents. Healthy Families Oregon uses these elements as a way to measure and improve quality. The critical elements are grouped under the following three categories:**

## Service Initiation

1. Initiate services prenatally or at birth
2. Use a standardized screening and assessment tool to systematically identify families who are most in need of services
3. Offer services voluntarily and use positive, persistent outreach efforts to build family trust and engage parents in program services

**Service Content**

1. Offer services to participating families over the long term (i.e., three to five years), using well-defined criteria for increasing or decreasing frequency of services
2. Services should be culturally sensitive; materials used should reflect the diversity of the population served
3. Services are comprehensive, focusing on supporting the parent as well as the parent-child relationship and child development
4. All families should be linked to a medical provider; they may also be linked to additional services
5. Staff members should have limited caseloads

**Selection and Training of Service Providers**

1. Service providers are selected based on personal characteristics and their ability to establish a trusting relationship
2. Service providers receive intensive training specific to their role to understand the specific components of home visitation, family assessment and supervision
3. Service providers should have a framework, based on education and experience for handling the variety of experiences they may encounter, should receive basic training in specific areas
4. Service providers receive ongoing, effective supervision so they are able to develop realistic and effective plans to empower families

(3) Overview of Policies & Procedures and the Roles within Healthy Families Oregon

# Training Objectives

1. Basic understanding of the Policies & Procedures and how they are guided by the HFA Best Practice Standards (Critical Elements)
2. Knowledge of the roles and responsibilities of Healthy Families Oregon staff members

# Complete:

* Read your local ***Healthy Families Oregon Program Policies & Procedures Manual*** for your site
* Review your site’s Policy & Procedures Manual with your supervisor and discuss the connection to the HFA Best Practice Standards
* Read the following ***Healthy Families Roles and Responsibilities*** section and review the roles within your site with your supervisor

Healthy Families Roles and Responsibilities

***Program Manager***

Program managers are responsible for the day-to-day, hands-on management of the site, and are involved in program planning, budgeting, staffing, training/service, program evaluation and office management. Program managers are also responsible for ongoing collaboration with community/state partners, public relations and for maintaining positive working relationships with health care providers.

Depending on the size and resources of the site, program managers may also provide direct supervision to home visitors. If a site has a supervisor, the program manager typically provides supervision to that individual.

*Some of the program manager’s job responsibilities include (See PPPM for complete list):*

* Complete local on-site orientation training prior to work with staff or families
* Establish Memorandums of Understanding (MOUs) with local hospitals and other agencies to support screening efforts
* Review and analyze acceptance and refusal rates into the program to assess reasons for refusal on a regular basis. Develop, implement and monitor plan for increasing acceptance rates
* Review and develop staff retention and satisfaction plan and analysis
* Review and analyze home visitation completion rates on a regular basis.
* Develop, implement and monitor a plan for increasing rates.
* Review retention rate of families on an annual basis; develop and implement plan to increase retention rate
* Ensure that services are culturally sensitive by conducting a comprehensive cultural sensitivity review periodically
* Attend statewide Healthy Families Oregon Manager/Supervisor meetings
* Develop an annual quality assurance and training plan for the site
* Attend Program Manager Core Training within 180 days of hire

***If you are a new Program Manager or Supervisor, please refer to the “Reference Guide for Program Managers & Supervisors” for a detailed description of your roles and responsibilities.***

***Supervisor***

Supervisors provide ongoing, administrative, clinical, and reflective supervision to the home visitors. Supervision is focused the parallel process and on assuring support for home visitors to provide quality services and protecting the integrity and respect of the families served.

*Supervisors assist home visitors to:*

* Help the family build a positive, nurturing parent-child relationship, use/refine Reflective Strategies used to help support families
* Support families in developing realistic and effective support plans that will empower them to meet their objectives/goals
* Understand why a family may not be making the expected progress around personal and program goals, determining effective methods of intervention, and reflect on their practice and make sense of their experiences in working with over- burdened families, avoiding burnout
* Assist in staff selection, participate in orientation and training, conduct family file reviews, assist in or maintain the data collection system, and monitor the performance of the home visitors. The supervisor may also act as a liaison with other agencies and works with the program manager to assure overall quality in program services.

*Some of the supervisor’s job responsibilities include (See PPPM for complete list):*

* Provide a minimum of 1.5-2 hours of individual, weekly supervision for each home visitor
* Complete local on-site orientation training
* Attend Supervisor Core Training, Home Visitor Core Training and Parent Survey Core Training within 6 months of hire
* Address home visit completion and family retention rates for each home visitor
* Use HFA caseload weighting criteria to assign families to home visitors
* Maintain written documentation of supervision activities using state required forms
* Shadow home visitors for quality assurance during home visits and when conducting the Parent Survey as stated in the Policy & Procedure Manual
* Determine family satisfaction by conducting quality assurance phone interviews at stated in the Policy & Procedure Manual
* Attend Healthy Families Oregon meetings as scheduled
* Ensure that any volunteers or interns who are performing the same or similar functions as direct service staff receive the same type of supervision and training
* Establish a personal individual training plan with their supervisor to address current knowledge and skill base, professional development and personal interests

***Home Visitor***

Home visitors are responsible for initiating and maintaining regular and long-term contact/support with families at their appropriate level of service. Home visits are defined as face-to-face interactions between the parent and the home visitor. Visits occur primarily within the family’s home when the child is present; each visit should last for approximately one hour. The activities should be family-centered and strength-based, directed at establishing a trusting relationship with the parent(s). Activities include identifying strengths, needs, using integrated strategies to support change and increasing protective factors, and referring to other agencies, including health care, drug and alcohol treatment and support, counseling/mental health services, domestic violence help and basic needs.

*Some of the home visitor’s Job responsibilities include:*

* Complete all required training including attending Parent Survey Assessment Core and Home Visitor Core Training within 6 months of hire
* Complete the assessment with families using the Parent Survey within the first three home visits to guide initiation of services and plan initial approach
* Complete home visit documentation within 24-48 hours of contact
* Use Reflective Strategies to increase creative problem-solving skills
* Collaborate with parent(s) to complete the Family Values Activity, Wishes for My Child, help families establish and maintain Family Goal Plans
* Use the Ages and Stages Questionnaires (ASQ and ASQ-SE) with the parent to monitor child development at specified ages and make referrals to early intervention services as needed
* Assist families to establish a consistent medical provider for health care and achieving timely immunizations for children, help families link with other need or desired community resources
* Follow the Healthy Families Evaluation Manual to complete accurate and timely materials for state evaluation
* Meet with supervisor on a weekly basis to review family files and receive support on personal skill development, time management and boundaries
* With the supervisor, establish a personal Individual Training Plan to address knowledge and skill base, and professional development
* Participate in staff meetings

(4) Philosophy of Home Visiting

# Training Objectives

1. Know the characteristics of the family support philosophy and principles for home visiting
2. Describe some approaches for creating a positive, reciprocal relationship with parents

**Complete:**

* Read the following ***Family Support Philosophy*** and ***Principles for*** ***Home Visiting Services*** on the following pages.
* Review the seven principles that guide home visiting services and the following questions with your supervisor:

1. Healthy Families Oregon is a strengths-based program. What is the value of focusing on family strengths rather than on their weaknesses? How can weaknesses be addressed?
2. How can a home visitor establish a positive, reciprocal relationship that recognizes the parent as the expert on their own child yet also makes use of the home visitor’s expertise in the areas of child development information, resources, and effective parenting strategies available to the parent?
3. Relationships involve expectations, both of oneself and of other people. Reflect on your role in Healthy Families Oregon. What do you expect of yourself? What do you expect from parents? What do you think parents will expect from you?

*Family Support Philosophy*

The old deficit approach: **Historically, home-visiting programs have used a deficit-based approach that focused on identifying problems and finding solutions. Home visitors were viewed as the “experts” who could “fix” whatever needed fixing. Parents were told how to “treat” their problems and correct deficiencies.**

The new family support approach: **In the mid-1970s, a multicultural, multidisciplinary grass roots movement offered a new direction. This approach was “dedicated to helping all kinds of families as they strive to raise healthy children.” Several important beliefs underlie this approach:**

* Parents are the experts on their children
* Problems are not the result of individual deficits, but rather the result of inadequate opportunities to learn or display competencies.
* All people possess strengths and the capacity to be competent.

The strengths-based approach: Healthy Families Oregon home visitors begin by identifying and building on family strengths, no matter how small. A strength-based service does not ignore concerns. Instead, it utilizes genuine strengths of the parent to build on existing competencies to address concerns. Discovering strengths requires a process of cooperative exploration between the parent and the home visitor. Patterns of past successes and accomplishments are examined to help define what will be effective in present situations. Social, family and individual resources are identified that can be used to address current dilemmas and everyday problems. Focusing and building on strengths:

* Motivates families to feel positive about their abilities to cope with and overcome obstacles
* Enhances coping strategies and problem-solving skills
* Increases an individual’s sense of competence and control over the important aspects of one’s life and leads to success

Families are the decision makers: The overall goals of Healthy Families Oregon guide the services that are provided. Under this umbrella, however, families become the chief decision- makers regarding the individual goals they wish to pursue and ways to address concerns. Families are more highly motivated when they are pursuing their own needs, goals, and interests.

*Principles of Home Visiting Services*

With the advent of the family support movement, home visiting services have become broader based, encouraging family involvement in specifying needs, priorities and preferences. In their book on home visiting, Barbara Wasik and Donna Bryant\* identify the following seven principles that are useful in guiding home visiting services:

1. ***Home-based services should be individualized, whether focused on an individual family member or a particular family.***

Individualization takes into account the characteristics and strengths that the individual may have. Each family is unique; some may be ready to recognize and address concerns, others may not. Some families may have extensive resources, while for others, resources may be more limited. Further, families vary widely in their ability to cope with life circumstances. Getting to know the family and starting where they are ensures success in the long run. A strength of home visiting is the ability to facilitate individualized support that meet each family’s needs while still adhering to program goals.

1. ***The family is a social system where changes in one individual in the family can influence other family members and the overall functioning of the family.***

Knowledge of family dynamics and relationships is essential for working with parents in their own homes. While the parent-home visitor relationship is the focus in Healthy Families Oregon, the home visitor also needs to remain attentive to interactions among family members that may be supporting or impeding progress. When a baby is colicky, for example, the parents may feel incompetent, affecting their ability to provide calm, nurturing care.

1. ***A helping relationship is best conceptualized as a collaboration between the home visitor and the parent.***

Defining the home visitor-parent relationships underscores the importance of families working cooperatively and actively with home visitors. While the parent has a responsibility to actively participate, it is the home visitor’s responsibility to make the collaborative relationship work effectively. Some parents may confuse the home visitor’s expertise with authority. In these cases, home visitors must be very specific about their role as facilitators and providers of information and the parent’s role as the decision maker about matters relating to their family.

1. ***A home visitor must be flexible and responsive to the immediate needs of families as well as to long-term goals.***

A family may have received an eviction notice. A parent may have experienced abuse during a violent argument with a partner. A child might be sick and need immediate medical attention. The home visitor must be able to assess these needs and know when to provide direct service, when to call for assistance, and when to help a family get needed assistance through their own efforts. While home visitors must plan their visits ahead of time, they also must be able to abandon plans when necessary. Supervisors are responsible for ensuring that home visitors have the training and knowledge to assess such situations and make appropriate decisions.

1. ***Home visitors need to be able to encourage effective coping and creative problem solving skills.***

Families are offered home visiting services because they are overburdened with a variety of stressors. A primary goal is to enhance family functioning by teaching problem solving skills. Home visitors help families with problems by clarifying the issues, discussing the options and supporting the families as they address their desires and challenges. A problem-solving approach helps the parent build new skills and see problems in a different light.

1. ***The home visitor should remain attentive to future needs of families and help them consider ways that new skills or attitudes might be generalized to later situations.***

Home visitors must recognize and support ways for the parent to generalize immediate successes to other aspects of family life. While providing immediate assistance can alleviate present stresses, it does not necessarily help parents deal with other stresses that may emerge later. Helping parents learn to creatively problem solve and apply what has been learned in one situation to other aspects of their life leads to independence over time.

1. ***The home visitor needs to continually evaluate family strengths, limitations, and progress and use that knowledge to modify interventions as necessary.***

Consideration of the family’s current status and individualizing support services to meet ongoing needs are fundamental to reaching goals. Home visitors discuss family progress with supervisors on a weekly basis to assure that the parent is engaged and participating in the process. When progress is not occurring, home visitors and supervisors identify possible hindrances and develop service strategies to overcome them.

\* Wasik, B.H. & Bryant, D.M. 2001. Home Visiting: Procedures for Helping Families. Thousand Oaks, CA: Sage Publications. pp. 48-51

(5) Evaluating Healthy Families Oregon

# Training Objectives

1. Describe what outcomes Healthy Families Oregon has achieved statewide and at your site
2. Basic knowledge of the service delivery and outcome indicators
3. Review the *Program Evaluation and Forms Manual* for complete training on the program evaluation and the use of all of Healthy Families forms.

# Complete:

* Read ***Statewide Evaluation*** on the following page
* Review the latest ***Healthy Families Status Report*** with your supervisor and discuss your site’s service delivery and outcome data
* Identify areas where your site is strong and where it may need improvements

*Statewide Program Evaluation*

Under legislation (ORS 417.795), the Early Learning Division at the Oregon Department of Education contracts with an independent evaluator to provide ongoing data collection and evaluation of Healthy Families Oregon services. The effectiveness of Healthy Families Oregon is assessed using a performance measurement strategy that tracks activities and results for families receiving services. It does not show that what happens is the result of participating in Healthy Families Oregon. In order to do that, the evaluators would have to compare outcomes for Healthy Families Oregon participants with outcomes for similar or randomly chosen families who did not receive Healthy Families Oregon during the same period. Current funding does not support data collection on such a comparison group for the statewide evaluation project.

Local Healthy Families Oregon sites work with the contracted evaluator to gather necessary information. Outcome information on child and family progress is tracked only for families receiving home visiting services; information is collected by home visitors.

Every two years, the state Healthy Families Oregon State Advisory Committee reviews and approves a set of performance indicators to systematically assess progress toward goals. No single indicator is sufficient to judge program quality, but as a group, the indicators provide a useful snapshot of successes and challenges in reaching and serving higher risk families.

# Service Delivery Indicators

1. Percentage of screenings occurring prenatally or within the first 2 weeks of the child's birth
2. Percentage of new families receiving their first home visit prenatally or within 3 months of the baby's birth.
3. Percentage of families receiving 75% of expected visits based on assigned service level.
4. Percentage of families engaged in services for 90 days or longer (early engagement).
5. Percentage of families remaining in services for 12 months or longer
6. Percentage of Expected Average Caseload Capacity.
7. Match expectations met. Programs currently expected to have 25% match, of which 5% must be cash.
8. Percentage of children with at least two on-time developmental screen in the past year.
9. Percentage of Depression Screenings occurring with families prenatally (when serving a family prenatally) and within 90 days after birth (7-5.B Sentinel Standard)
10. Staff Background checks are conducted on staff at time of employment. (9-3.B Safety Standard)
11. % of Family Service Units (FSU) filled (average) over the course of a year.

# Outcome Indicators

1. Percentage of Children with Primary Care Provider
2. Percentage of Children with Up-to-Date Immunizations
3. Percentage of Parents Reading to Child 3x/week or more
4. Percentage of Parents Reporting Positive Parent-Child Interactions
5. Percentage of Parents Reporting Reduced Parenting Stress
6. Percentage of Parents Reporting that Healthy Families Helped with Social Support

**Child Maltreatment**

(6) Overview of Child Abuse and Neglect

(7) Mandated Reporting

(8) Screening for Risk Factors

[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&docid=GkugpocuEdstGM&tbnid=pSwNZiOUD2-FsM:&ved=0CAUQjRw&url=http://www.flyergroup.com/archive/x1789077839&ei=07gXU6K2KYnloATa4oDYDA&bvm=bv.62577051,d.cGU&psig=AFQjCNEiKkYquAAalDmZpTIa3RwOu833iw&ust=1394149421781443)

(6) Overview of Child Abuse and Neglect

# Training Objectives

1. Know what constitutes child abuse and neglect
2. Recognize indicators of child abuse and neglect

**Complete:**

* Read “What You Can Do about Child Abuse” found at: [**http://www.oregon.gov/dhs/abuse/pages/publications/children/index.aspx**](http://www.oregon.gov/dhs/abuse/pages/publications/children/index.aspx)
* Read ***Background Information*** on the following page
* Review the following questions with your supervisor:

1. Describe the types of child abuse and warning signs that may indicate abuse
2. Discuss the identified risk factors that increase the likelihood of child maltreatment
3. Discuss how screening and assessment procedures help identify risk factors

*Background Information*

Child abuse and neglect is a continuing tragedy. In 2010, 11,734 children were victims of abuse or neglect in Oregon, a rate of 13.4 per 1,000 children. Although child maltreatment is reported through all social strata, it is disproportionately represented among lower income families where there are higher incidence of unemployment, early child bearing, and substance abuse. Neglect and physical abuse, in particular, have been correlated with poverty, while sexual abuse and emotional maltreatment appear to be more evenly distributed among all social classes.

The earliest years of life are accompanied by the highest risk for physical child abuse and neglect. In 2010, 22 children in Oregon died as a result of abuse or neglect. Almost all child fatalities occur among children under 6 years; approximately half of these fatalities are infants one year or younger.

The Third National Incidence Study of Child Abuse and Neglect1 provides comprehensive information about the current incidence of child abuse and neglect in the U.S. This study identifies three demographic characteristics that are associated with higher risk of maltreatment:

***Poverty***: Children from families with annual incomes below $15,000 are over 22 times more likely to experience some form of maltreatment than children from families with annual incomes above $30,000.

***Single and teen parenting***: Compared to children living with both parents, children of single parents have a 77% greater risk of being harmed by physical abuse and an 87% greater risk of being harmed by physical neglect. Children born to teen mothers are at greatest risk of maltreatment.

***Family size***: Children in the largest families were physically neglected at nearly three times the rate of those who came from single-child families (Sedlak & Broadhurst, 1996).

Demographic characteristics do not directly cause maltreatment. Rather, they lead to other social and personal experiences that reduce parent’s capacity for nurturance. Severe poverty is one of the greatest single threats to adequate family functioning. Also, economic pressures contribute to parental depression and demoralization, severely restrict families’ life options, and weaken their capacity to cope with problems and difficulties.

Sedlak, A. J., & Broadhurst, D. D. (1996). Third national incidence study of child abuse and neglect: Final report. Washington, D.C.: U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect.

***Other characteristics also heighten the risk of child maltreatment. They include:***

**Relationship Quality and Stability**

The quality of marital or partner relationships has a significant impact on the emotional well-being of the parents as well as parent-child interactions. Relationships in conflict detract from the resources and energy that a parent can devote to a child. Conflict, irritability, and tension spill over into parent-child interactions and increase the likelihood of inappropriate, insensitive parenting. Maltreating families typically are characterized by unstable intimate relationships between adults. These relationships tend to involve frequent conflict, violent coping styles and are often transitory in nature

**Social Support**

Families who maltreat their children are often socially isolated and have limited contact with relatives, neighbors and friends who can provide emotional and/or tangible support. Even when support is available, neighbors, extended family members or other natural helpers may be ineffectual because they are poor role models for appropriate parenting.

**Family Violence**

Child abuse is substantially higher among families where family violence is present. When homes have high levels of violence, parents are more likely to exhibit anger and other negative emotions as coping or parenting mechanisms; use aggressive discipline techniques; have low levels of child development knowledge and hold unrealistic expectations of their children; and possess poor parenting skills

**Substance Abuse**

Although not all parents who abuse substances neglect or abuse their children, there is a high correlation between child maltreatment rates and substance abuse. Substance-abusing families can place their children in situations where the children may be harmed. The problems facing these families are both internal and external. For example, substance abuse issues often lead parents into illegal behaviors. Parents, especially single mothers who abuse substances, typically require comprehensive and multiple services in addition to child protective services to address the multiple stresses they face.

**Mental Health Issues**

Many research studies have evaluated the psychological characteristics of adults who physically abuse children. The following table lists the most common characteristics of physically abusive adults as described by researchers. While the characteristics offer pointers to potential difficulties, it is important to note that not every individual possessing such risk factors is abusive.

***Characteristics of Adults Who Abuse Children:***

**Negative emotions and behavioral difficulties**

Self-expressed anger

Depression

Low frustration tolerance

Low self-esteem

Rigidity

Anger control problems

Deficits in empathy

Perceived life stress and personal distress

Substance abuse/dependence

**Family and interpersonal difficulties**

Spousal conflict

History of abuse in childhood

Deficits in positive interactions with child and other family members

Isolated from friends and the community

**Parenting difficulties**

Unrealistic expectations of children

Disregard for child’s needs/abilities

Deficits in child management skills

Viewing parenting role as stressful

Negative bias/perceptions regarding child

Poor problem-solving ability with regard to child rearing

Intrusive/inconsistent parenting

Less communication, interaction, stimulation

1 Miller-Perrin, C.L. & Perrin, R.D. (1999). Child maltreatment: An introduction. Thousand Oaks, CA: Sage Publications. p. 73.

(7) Mandated Reporting

**Training Objectives**

1. Know Oregon’s child abuse and neglect reporting law
2. Know your site’s policies for mandated reporting

**Complete:**

* Read ***Reporting Child Abuse and Neglect*** on the following page
* Review the mandatory reporting section of the DHS publication ***“What You Can Do About Child Abuse”*** found at: [**http://www.oregon.gov/dhs/abuse/pages/publications/children/index.aspx**](http://www.oregon.gov/dhs/abuse/pages/publications/children/index.aspx)
* Review the responsibilities of a mandatory reporter with your supervisor
* Review your site’s procedures for reporting child abuse and/or neglect with your supervisor

*Reporting Child Abuse and Neglect*

All Healthy Families Oregon staff are mandatory reporters for child abuse and neglect. If child abuse and/or neglect is suspected it is the home visitor’s role to report their concerns. There is a legal responsibility to make a report to Child Protective Services.

**Making the Report**

Each Healthy Families site has written procedures for reporting suspected child abuse and neglect. When it is necessary to make a report, Healthy Families staff follow the same approach that guides the rest of our service – treating families as genuine partners. Whenever possible, talk to the family about the report. Discussing your concerns and your need to report the incident demonstrates honesty and respect. Reassure the family that you will continue to work with them so they can be the best parents possible. There are also certain cases that you would not talk to the family about the report.

A family may become upset about the report. You are protected by Oregon law (ORS 419B.025). As long as your report was made in good faith, you have immunity from any liability, civil or criminal. Your name will not be included in the report, however you and your records could be subpoenaed if the case goes to court.

**Results of the Report**

Once you make a report it is out of your hands. Remember, when you make a report, you are not the judge of its validity – that is the role of Child Welfare. Note that child protective services may not follow up with you on what action was taken. This can be very frustrating, especially if you feel that action isn’t being taken. Talk with your supervisor about your concerns. It can be helpful to find out what the process is in your community. This may give you some insight into what is happening behind the scenes. It will also help you support the family as they progress through the investigation.

**Use Supervision**

Reporting abuse is never easy. Debriefing with a supervisor or coworker can be very helpful.

Remember, reporting abuse or neglect can be a step in ensuring the best possible outcomes for the child and the family and can be seen as getting the family the type of services that they may need.

(8) Screening for Risk Factors

**Training Objectives**

1. Know the process for reaching families at your site to offer screening services
2. Understand the screening process
3. Identify the risk factors on the New Baby Questionnaire (NBQ)

**Complete:**

* Read ***Identifying Families Through Screening*** on the following page and review the NBQ
* With your supervisor, review ***your local screening process*** that is outlined in the Policy & Procedure Manual
* Review a family file to see a completed NBQ and the documentation of express written consent for screening

*Identifying Families through Screening*

Screening is the first step in determining whether families will benefit from home visiting services. It is a voluntary process, conducted with express written consent from the family. Families are free to decline screening or other Healthy Families services at any time.

When families consent, they are asked to complete the New Baby Questionnaire (NBQ) in either English or Spanish. If the screen is positive, Healthy Families home visiting is described and the family is asked if they would be interested if services become available.

NBQ questions first review information on family demographic characteristics and then focus on eight risk factors that increase the likelihood of to poor outcomes for children and families according to research. These include:

* **Single parenthood**:Parents who are unmarried at the time of their child’s birth often have fewer supports than those who are married. The time that a single parent has to care for and guide a child is inevitably limited.
* **Inadequate prenatal care**: Women run a greater risk of having a low birth weight baby when they don’t have comprehensive prenatal care, beginning in the first trimester of life and including five or more visits with a health care provider.
* **Low education level**: Research shows a strong correlation between mother’s level of education and a child’s cognitive and language development, particularly in the early years.
* **Low income and/or partner unemployed**: Both these conditions place substantial constraints on the capacity of families to provide for their children. Not having secure employment diminishes a parent’s ability to manage stress and decreases family well-being.
* **Financial insecurity:** Families without financial security have a constant struggle to meet basic living expenses for food and housing.
* **Depression, marital or family problems, and substance abuse issues:** These issues adversely affect both family life and child development. Parents are less able to provide consistently nurturing and responsive care, and children are less likely to develop feelings of emotional security.

Detailed instructions for conducting and scoring the New Baby Questionnaire can be found in the Healthy Families Oregon Program Evaluation and Forms Manual (Redbook).

**New Baby Questionnaire Scoring**

Families are eligible for Healthy Families Home Visiting Services if, on the New Baby Questionnaire:

* They have depression (“Yes”) **or**
* They indicate drinking/drug issues (“Yes”) **or**
* They have any two or more of any of the risk factors

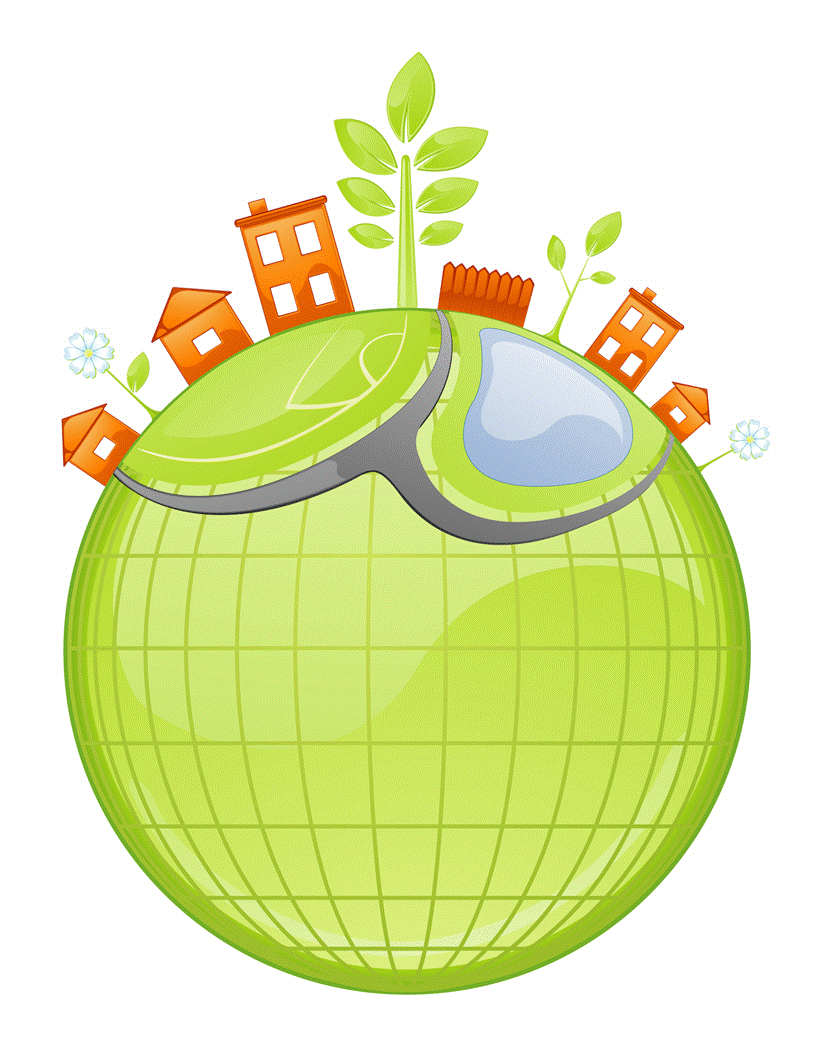
**Getting to Know**

**Community Resources**

(9) Identifying Community Resources

(10) The Referral Process

(11) Medicaid Overview

[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&docid=_iCaH2U0kRCRGM&tbnid=uLpLoGQcBrCQtM:&ved=0CAUQjRw&url=http://www.auburn.wednet.edu/Page/766&ei=76RLUur1FaqfiQKB9YHAAw&bvm=bv.53371865,d.cGE&psig=AFQjCNEBGyEsuDP2ffB72gjewUQnDhKOZg&ust=1380775513403632)

(9) Identifying Community Resources

**Training Objectives**

1. Identify agencies and organizations that are available to families in your community
2. Identify collaborative partners that your site works with

**Complete:**

* Interview fellow home visitors and your supervisor to learn about resources
* Create a resource list and review with your supervisor. Categories on your resource list may include:

1. *Basic Needs such as housing, food, diapers and clothing*
2. *Medical care, Dental services*
3. *Transportation*
4. *Mental health services*
5. *Drug/alcohol counseling*
6. *English as a second language (ESL) Services*
7. *Child care*
8. *Parenting groups*
9. *Job Training*
10. *Recreation, cultural and social opportunities*

* Visit several agencies in your community to get an idea what a family might expect when accessing a resource and note any specific point of contact there
* Read ***Collaborative Partners*** on the following page

*Collaborative Partners*

Collaboration is an integral part of the Healthy Families Oregon program and prevents unnecessary duplication of services. Across the state, many different programs and agencies collaborate. Key partnerships include, but are not limited to, local Public Health and other Department of Human Services (DHS) offices, hospitals, health care providers, Educational Service Districts, community colleges, Head Start and Early Head Start, and teen parent programs.

Community partners provide a variety of resources, expertise and ancillary services such as serving on teams or governance committees. Partners may support Healthy Families in ways:

* Participating in case conferencing to ensure integrated services
* Conducting screening during childbirth education classes
* Serving on Healthy Families advisory board
* Providing trainings relative to their area of expertise for staff
* Offering mental health services and/or substance abuse counseling
* “Adopting” families for the holidays
* Providing donated goods and services, such as baby quilts, clothing or diapers

It is very useful for Healthy Families staff to know about community resources in order to help families use them. Home visitors make referrals for medical and community services based on needs expressed by the family during the screening process and the Parent Survey during the first few visits. Program managers and supervisors often connect with community agencies and organizations to share information and create helpful linkages. Developing relationship with contacts at other agencies is important. Many times, whether a family gains access to a needed resource or not depends on a home visitor’s ability to advocate for a family through their relationships with counterparts at any agency. It is a good idea to stay connected to your points of contact within each partnering agency.

(10) The Referral Process

**Training Objectives**

1. Identify site expectations to help families access a needed resource
2. Know how to document referrals and follow up support

**Complete:**

* Read ***Making Referrals*** on the following page
* Review your site’s procedures for documenting referrals and follow up support with your supervisor
* Review a family file to see how referrals and follow up are documented
* Discuss possible strategies with your supervisor that may help families overcome barriers in getting the services and resources they may need

*Making Referrals*

An important aspect of home visiting is helping families access needed community services, and when appropriate, bringing referral information. Home visitors may help the parent make the contact. This could include filling out an application together, role-playing a telephone call, or planning a visit to the library to use the internet. Remember that your role as the home visitor is to:

* Help families to define their needs and problem solve to meet those needs
* Know about appropriate resources, bring appropriate information, pamphlets or other materials with current telephone numbers
* Support the family to access the needed services by assisting to collect necessary information and fill-out forms and/or role-play the process, including making the telephone call and asking questions
* Follow-up on the outcome of the referral

## Barriers to Accessing Resources

Sometimes, even when a family knows about a resource that could help, they don’t use it. Home visitors may find this frustrating; it helps to step back and think about whether the family recognizes and acknowledges that they have important needs. When that perspective is taken, the home visitor can support the family to build the recognition of their needs and develop skills to seek and accept help from others in their families and their communities. All families need and deserve support.

It’s helpful to review potential barriers to using supportive resources and identify strategies to deal with these barriers. Some of these barriers include:

* Limited information about resources
* Limited skill or confidence to access resources
* Previous negative experiences that have resulted in a lack of trust in others
* Limited problem-solving skills
* Hesitant to accept advice from others
* Uncertainty about goals for themselves or their family
* Limited conflict resolution skills
* Limited communication skills

(11) Medicaid Overview

**Training Objectives**

1. Describe how Healthy Families Oregon partners with Medicaid/OHP to ensure that eligible families receive health care
2. Knowledge of procedures for coding time for Medicaid Administrative Claiming

**Complete:**

* Read ***Introduction to Medicaid*** on the follow page
* Watch ***Initial Medicaid Administrative Claiming*** Training Webinar
* Review the ***Activity Codes*** for Medicaid
* Review Medicaid, documentation in MOTT, and form use with your supervisor

*Introduction to Medicaid*

Medicaid is a means-tested entitlement program providing health care coverage and medical services to millions of low-income children, pregnant women, families, persons with disabilities, and elderly citizens. Medicaid is financed jointly by the states and federal government. In Oregon, Medicaid is most commonly referred to as the Oregon Health Plan (OHP).

The majority of Healthy Families Oregon families receiving home visiting services are eligible for Medicaid/OHP health care coverage. Results from the state evaluation, presented in the annual Status Report, show that, on average, about 80% of the families have low incomes and are potentially eligible for Medicaid/OHP.

In order to assist low-income families to receive vital health care services, federal matching funds under Medicaid are available for administrative activities in support of the State Medicaid plan, including efforts to identify and enroll potential “eligibles” into Medicaid. Other allowable Medicaid Administrative Claiming activities are case planning, monitoring, coordination, referral of Medicaid covered services, and training of outreach staff on the benefits of the Medicaid/OHP program.

Through an interagency agreement, Healthy Families sites receive reimbursement from the state Medicaid/OHP office for providing these outreach and coordination activities. This process, termed Medicaid Administrative Claiming (MAC), requires all Healthy Families staff to track their activities for *four random days each calendar quarter*.

**How Does This Work?**

No greater than five days in advance, the state Healthy Families office advises local sites of the random day selected for time study. On that day, employees of the local sites record all paid activities conducted during the time they are on the job.

Activities are then allocated in 15 minute increments according to the codes on the following pages. Coded time studies are then entered into the web-based Medicaid Online Time Tracker (MOTT) System.

All Healthy Families employees receive training on MAC and MOTT prior to participating in their first time study. In addition, all employees receive an annual training for any updates and to ensure that time continues to be allocated properly.

**Confidentiality**

**&**

**Boundaries**

(12) The Informed Consent Process

(13) Confidentiality

(14) Establishing and Maintaining Boundaries

(15) Safety and Home Visiting

[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&docid=homLuwKKUXZfzM&tbnid=dFfMufIPI9poOM:&ved=0CAUQjRw&url=http://taxconnections.com/taxblog/tag/kovel/&ei=Fk5MUoiFH4WBiwLugIH4Ag&bvm=bv.53371865,d.cGE&psig=AFQjCNEViJ9tA9-abQpu3Am-wAl575qaTw&ust=1380818681292744)

(12) The Informed Consent Process

**Training Objectives**

1. Knowledge of the meaning of *informed consent* and the rights of families
2. Knowledge of the process of talking to families about informed consent, forms to use, documentation and confidentiality guidelines

**Complete:**

* Read ***Overview of Informed Consent*** on the follow page
* Find and read policy and procedure relating to informed consent in your local Policy & Procedure Manual
* With your supervisor discuss the rationale of the informed consent process before receiving services
* Review the **Consent to Contact** form, **Rights & Confidentiality** form, **Release of Information** form with your supervisor

*Overview of Informed Consent*

Following legislation (ORS 417.795), administrative rules governing Healthy Families Oregon states that:

1. *Services provided by the Healthy Families Oregon program are voluntary and service providers will obtain express written consent before any services are offered*
2. *Local Healthy Families sites will assure that participants in the program have given express written consent prior to any release of information*.

Informed consent is about people’s understanding and willingness to participate in Healthy Families Oregon and not about simply signing a form. Prospective participants must understand the purpose, the procedures, the potential risks and benefits of their involvement, and their alternatives to participation. The details should be presented in simple language by someone who is knowledgeable about the program. All Healthy Families Oregon sites use forms both for **Consent to Contact** and **Consent to Participate**.

**Screening**

Before families are screened, they are given information about the program and its evaluation so they can make an informed choice. This information is presented on the reverse side of the informed consent form and includes the following points:

1. Everything in Healthy Families Oregon is voluntary. You can skip any question on the New Baby Questionnaire. Even if you sign this consent form, you can always change your mind later.
2. If you participate in Healthy Families Oregon evaluation, all information you provide will be kept confidential, but shared with the researchers for program evaluation purposes only.
3. Healthy Families Oregon staff are required by law to report any time they suspect child abuse or neglect.
4. Information about HIPAA tells you more about how we keep your information private and whom to call if you have questions or problems.

**Beginning Home Visiting Services**

Home visitors obtain informed, written consent from families on the first home visit. Using the **HFO Family Rights & Confidentiality form**, families are informed about:

1. Family rights
2. Level of confidentiality and how records are maintained
3. Conditions under which records will be available and to whom
4. Healthy Families Oregon staff are mandatory reporters

(13) Confidentiality

**Training Objectives**

1. Know Healthy Families procedures to ensure confidentiality
2. Identify times when information can be disclosed without the family’s informed consent

**Complete:**

* Read ***Confidentiality in Home Visiting*** on the following page
* Find and read policy and procedure relating to confidentiality in your site’s Policy & Procedure Manual
* Review confidentiality and the Release of Information form with your supervisor. Discuss the following examples and the process for the release of information:

1. Another agency in the community calls and asks if a certain family is in the program. What do you say?
2. One of the families you worked with moved and transferred to another Healthy Families site. The new home visitor calls and asks you to send the file. What do you do?
3. A child welfare worker calls and asks you about a certain family on your caseload. What can you say?

*Confidentiality in Home Visiting*

Home visiting is based on a personal relationship between the parents and home visitor. Even though this is a professional relationship, building these long-term relationships encourages parents to disclose personal information. Ensuring family rights and confidentiality of information is an ethical obligation of all home visiting programs.

Healthy Families Oregon staff members should never discuss families in settings separate from supervision or staff meetings unless the family has given express written consent, specifying clearly what information is to be shared, why, and with whom. Healthy Families Oregon staff may disclose information about a family only when:

* Providing services under the program to children and families who have given their express written consent
* Providing statistical data that are not personally identifiable as in the information submitted to Healthy Families Oregon evaluation contractor
* Accomplishing other purposes for which the family has given express written consent on the Healthy Families Authorization to Release Information form
* Meeting the requirements of mandatory state and federal disclosure laws if a) reporting child abuse or neglect, b) a person is a threat to self or others, or c) when the information is subpoenaed.

**Release of Information**

Home visitors ask families to complete a Release of Information (ROI) form **every time** information will be shared with a new external source. This consent may also apply to verbal sharing of information and each provider or agency requires a separate form. You are encouraged to be as specific as possible about what is to be shared (e.g., home visit notes, developmental screen, parent survey, etc.) so families are very clear about what information will be released. Sufficient details about what staff may speak about are clearly listed and do not include open-ended timeframes.

The form needs to identify the parent and child; and the parent signs the form after all information has been completed. “***Blanket” ROI’s are not acceptable nor are ROO’s that state, “coordination of services”.*** Please review your HFO PPPM for specific details on the Release of Information form.

(14) Establishing and Maintaining Boundaries

**Training Objectives**

1. Understand the purpose of establishing and maintaining professional boundaries
2. Identify boundaries that your site expects all staff to abide by while respecting a family’s values, cultures and beliefs

**Complete:**

* Read ***Professional Distance*** and ***Maintaining Boundaries*** on the following pages
* If you would like more information, read the “Establishing Appropriate Boundaries” section in *The Home Visitor’s Guidebook by Carol Klass*
* Discuss the following topics with your supervisor:

1. What situations are likely to cause boundary issues for you?
2. How would you handle a family asking you for something like a ride to the doctor, money for food or rent, watching the baby while they cook dinner?
3. The TV is on very loud in a home visit. What do you do, if anything?
4. A family has asked you to share a meal with them. What do you say?

*Professional Distance*

When people first hear the term “professional distance” they may think it means to be cold and uncaring about those whom we serve. On the contrary, it means the opposite. Professional distance is about setting appropriate boundaries that allow staff to be warm and caring, yet acknowledging that the staff-family relationship has limits. A staff member simply cannot answer every family’s every need. Solid, professional boundaries keep that relationship healthy.

**Objectivity is Critical**

Boundaries also help staff maintain objectivity, allowing them to observe a relationship or interaction and reflect those observations back to families. When strong positive feelings develop between a home visitor and a family or a supervisor and a worker, boundaries can blur. Over time, involvement on an emotional level may cause you to lose your objectivity with those whom you’re trying to help. Boundaries keep relationships with staff in neutral territory.

Establishing healthy boundaries also helps to reduce burn-out. This means allowing the other person to be responsible for their own decisions and actions, and allowing them to experience the consequences. When staff are able to keep in check the tendency to “do everything” they are able to focus their efforts where they can have the biggest impact – sharing information and supporting others as the others strive to meet their goals.

**What about Sharing Experiences from your Personal Life?**

Inappropriate self-disclosure can also lead to a blurring of relationship boundaries. There are certainly times when self-disclosure is both appropriate and desirable. However, care must be taken when disclosing personal information or experiences. Self-disclosure should always be done with the purpose of benefiting the other person. This continues to keep the home visits about the families!

**Power Imbalance**

Be aware, though, that in any professional relationship there is an inherent power imbalance. As a professional home visitor*, you have more power than the families you serve*. This results from family trust in your expertise and knowledge and from their disclosure of personal information. Similarly, supervisors have a power imbalance with workers. Navigating these imbalances effectively requires understanding and skill and a firm grasp of ‘keeping the home visits about the family’. Supervision is a safe place to explore this relationship if you need help.

*Maintaining Boundaries*

Many people in the helping professions struggle with establishing and maintaining boundaries. Boundary issues are most often a case of simply caring too much. The relationship between a home visitor and the family must be friendly but not overstep professional boundaries.

Appropriate boundaries are beneficial to both you and the family you are visiting. Maintaining appropriate boundaries can be challenging in several ways:

* People make inappropriate requests and/or want to become friends
* People may try to engage you in social activities outside your professional relationship
* People have issues that are beyond your area of expertise
* The home setting makes it awkward to ask a family to make adjustments, such as turning off the TV
* Parents may have unrealistic expectations for their children or their partners
* The nature of the relationship can tempt you to impose your views on the other person, rather than respecting their values, beliefs, or culture

Zero to Three’s Center for Program Excellence suggests there are no hard and fast rules for maintaining boundaries. A lot depends on how the other person interprets your actions. Ask yourself:

1. What is the impact on the other person if I fulfill this request?
2. Will my relationship with the other person begin to resemble a friendship if I do this?
3. Would fulfilling this request reduce my ability to be objective about this person?

(15) Safety and Home Visiting

**Training Objectives**

1. Know your site’s guidelines for ensuring personal safety
2. Identify procedures that your site has in place to ensure your safety

**Complete:**

* Read ***Personal Safety*** on the following page
* Find and review your site’s policies and procedures for ensuring personal safety
* Review and discuss the following scenarios with your supervisor or co-worker:

1. There are aggressive dogs in the home. What do you do?
2. You can hear an argument as you are about to knock on the door. What do you do?
3. There are several people in the home during a home visit that make you feel uncomfortable. Do you leave?
4. You have concerns that domestic violence is happening in a home. How do you approach this with the family?

*Personal Safety*

Your personal safety is a priority in home visiting. Making sure you are safe is both a program and a personal responsibility. Your site has strategies and procedures to address the safety issues of home visiting. It’s your responsibility to understand and follow these procedures.

Home visiting can place you in potentially dangerous circumstances. It’s important to be aware of where you are and make conscious decisions to increase your safety.

**Use common sense**: Stop at the door and listen before knocking. If you hear loud quarreling, sounds of fighting or other disturbances, leave immediately. Trust your instinct! If you feel unsafe, you probably are. Any incident or circumstance that makes you uncomfortable should be reported to your supervisor as soon as possible.

It’s not advisable to carry purses on a home visit. Lock your purse in the trunk of your car when you leave the office. Carry your driver’s license, a minimal amount of money and your keys on your person.

Sometimes it’s appropriate to visit a family with your supervisor or another person. Always let the family know in advance if you plan a joint visit.

**Keep in touch**: Make sure that your supervisor is aware of your day’s schedule. The schedule should include the name of the individual you are visiting, the date and time of the visit, and the expected time of return. Call your office at scheduled times to check-in. Carry a cell phone (according to your local policies), and especially, if visiting in the evening or in remote areas.

**Have dependable transportation**: Be sure your car is in good working order and that you have enough gas to carry you through the day. Simple safety measures include keeping the car doors locked at all times and parking in lighted areas. Avoid rubble and broken glass that can flatten a tire and immobilize your car. To lessen the chance of being blocked in when you want to leave, try not to park in a driveway.

**Dangerous neighborhoods**: Avoid making home visits in dangerous neighborhoods in the evening. Arrange your schedule so you can make visits early in the day. You’ll be less likely to find loitering or illegal activities.

And finally, remember to carry yourself with confidence. Make eye contact, walk with a purpose and remember if you ever feel unsafe, listen to your gut and move to a safe spot.

**Getting Started**

**With**

**Home Visiting**

(16) The Parent Survey

(17) The Parent-Home Visitor Relationship

(18) Communication and Interpersonal Skills

(19) Parenting Resources

(20) Planning Home Visits

(21) Home Visitor Plan

(22) Family Goal Plan

(23) Documenting Your Work as a Home Visitor

[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&docid=2Jn1YhChjxSzTM&tbnid=OiuAhVKCsHpZVM:&ved=0CAUQjRw&url=http://www.stopchildabusend.com/&ei=rc5RUt7rKaGziwLSh4HgBA&bvm=bv.53537100,d.cGE&psig=AFQjCNGMRfS78VNEh1eM3LnmljOhZtwtBw&ust=1381179378284509)

(16) The Parent Survey

**Training Objectives**

1. Know the process for conducting the Parent Survey assessment
2. Identify the ten domains covered in the Parent Survey
3. Recognize how identified family stresses, strengths, and protective factors inform service

**Complete:**

* Read ***The Parent Survey*** and ***Parent Survey Domains with Stress Indicators*** on the follow page
* Get a copy of the Parent Survey Rating Scale and review any questions that you might have with your supervisor
* Attend the Parent Survey Core Training

*Parent Survey Assessment*

Healthy Families Oregon uses the Parent Survey, as a family assessment interview tool during the first three visits with the family or within 30 days, whichever is earlier. This standardized assessment of parent risk for caregiving difficulties lays the groundwork for the relationship between the home visitor and the family.1

The Parent Survey is a semi-structured interview focusing on ten separate domains that can jeopardize family well-being and positive parenting practices. The assessment gives the home visitor an understanding of the family situation to address upfront the stresses the family is experiencing, the needs that they may have and the strengths of the family. Home visitors are required to attend Parent Survey Core Training within six months of starting their job. Specialized training on conducting the interview and using a standardized scoring procedure ensures reliability.

*The intake interview serves three major purposes:*

1. **Strengths and needs:** Families gain a better understanding of their own strengths and needs by talking with an empathetic listener about the potential issues and concerns that new parents typically face.
2. **Resources and referrals**: The assessment offers an opportunity to provide appropriate resources and referrals at the outset of service.
3. **Sets the stage for service:** The Parent Survey provides the home visitor with important information about the stressors families are experiencing, what coping skills they may have and what support systems are available. As a result, home visitors can begin working with the family more quickly on the family goals than if this information had to be gathered over a longer period of time.

**The Interview Process**

Interviewing typically takes about one hour and is conducted in the parent’s primary language. Preferably, the interview is conducted by someone who speaks the language but it can be done with the use of an interpreter. During the interview, the home visitor works to engage parent(s) in a friendly, outgoing, and respectful manner. To minimize distractions, interviewers limit the amount of writing and note-taking during the assessment process, giving the parent(s) their full attention.

***Beginning***

The interview begins with less personal topics to establish an atmosphere where the family feels comfortable enough to disclose personal information.

The home visitor typically spends some time at the beginning introducing themselves and the program, assuring confidentiality, and talking about the baby. The following is an example:

“During this initial visit, we get to know families better by learning something about their own childhood, their current situation, things that may be stressful, and what supports are available. We’ll also begin to learn about your goals, and discover what community resources and referrals may be helpful for you. We do talk about topics that are personal in nature–but you don’t have to answer anything you’re not comfortable answering.”

***Body of Interview***

Structured interview questions are woven naturally into the conversational flow, following the parent(s) lead. Sensitive behaviors are “normalized” by offering a range of possibilities such as:

*“Some people have had a lot of experience with drugs and other people haven’t had as much. How about you? Do you use any drugs like pills, pot, or meth? (IF YES) How often?”*

***Closing***

Assessment interviews always end on a positive note by thanking the parent(s) for sharing information. Interviewers comment on specific strengths such as:

*“I just want to let you know that you are doing a really good job, especially as I see how you handle stress by sometimes going for a walk. This will be so good for your baby to learn how to handle stress when he’s older.”*

*“You really seem to know a lot about child development. I can see that you are interested in doing what’s best for your baby. He will feel loved and safe!”*

Next steps are identified and a date is set for the next visit.

1 Korfmacher, J. The Kempe Family Stress Inventory: A review. (1999). Child Abuse & Neglect, 24 (1), 129-140.

*Parent Survey Domains with Stress Indicators*

1. **Parent’s Childhood Experience**

Indicators: Regular corporal punishment, intermittent family violence, foster care, sexual abuse.

1. **Lifestyle Behaviors and Mental Health**

Indicators: Use of illicit drugs, recurrent alcohol use despite significant adverse consequences, history of or current mental health involvement, multiple criminal offenses.

1. **Parenting Experience**

Indicators: Any past or current CPS involvement for either caregiver. Open or past reports, chronic use of illicit drugs while children are present.

1. **Coping Skills and Support System**

Indicators: Feels discontented with life, no phone and/or no transportation, few if any lifelines, not close to family, late or no prenatal care.

1. **Stresses**

Indicators: Parents argue frequently, finances are considered to be ‘tight,’ recent moves or change in job, living situation inadequate, recent loss of loved one.

1. **Anger Management Skills**

Indicators: Parent(s) have history of violence when angry: throwing things, pushing, slapping or is afraid s/he may lose control.

1. **Expectations of Infant’s Developmental Milestones and Behaviors**

Indicators: Parent(s) have rigid and/or unrealistic expectations for the development of their baby, such as walking or toileting.

1. **Plans for Discipline**

Indicators: Parent(s) believe in harsh punishment for young children such as yelling or using physical punishment for infants.

1. **Perception of New Infant**

Indicators: Baby is perceived as difficult, irritable, colicky, having few, if any, good points.

1. **Bonding and Attachment**

Indicators: Parent(s) do not look on child-rearing as positive change in life, baby is premature, had prolonged separation from parents, parents not married

(17) The Parent-Home Visitor Relationship

**Training Objectives**

1. Recognize key elements in forming the parent-home visitor relationship
2. Know your site’s policies for engaging families

**Complete:**

* Read ***Engaging Families*** on the following page
* Find and review your site’s procedures for outreach and engagement in the Policy & Procedure Manual
* Discuss engaging families as well as the creative outreach process with your supervisor
* Practice introducing yourself and the Healthy Families program

*Engaging Families*

Establishing rapport and over time, building a trusting relationship grounded in mutual respect is the key to engaging families. Some new parents have had positive relationships with others in the past and find it easy to relate to a home visitor. Others have had repeated experience with people who let them down or betrayed their trust. For these parents, the process is much slower and takes repeated positive interactions for trust to develop.

* Families may have had a negative experience with another agency or with other individuals in their lives. As a result, they may not find it easy to trust others.
* Substance abuse, domestic violence, and other negative behaviors can make a family reluctant to invite an outsider into the home.
* The family may have a chaotic lifestyle, with little structure, little ability to plan ahead, keep appointments, or follow through.

*One of the first tasks of the new home visitor is to explain the goals and details of the Healthy Families Oregon program in a clear way so that the parent understands what to expect and to establish healthy boundaries*. Roles need to be explained and issues around confidentiality addressed. Clarity on these points at the beginning of the relationship prevents issues from arising later.

**Creative Outreach**

What about families who are hesitant to engage? Healthy Families home visitors use various engagement efforts over a period of 90 days after the first home visit to extend services to families who are hesitant initially, but have not clearly indicated an unwillingness to accept services. Parents may say they want Healthy Families services, for example, but then when the home visitor contacts them to set up a regular visiting schedule, say they’re busy or it’s not a good time. When a time is agreed upon, the parent is often not at home.

Experience has shown that continuing efforts during this “creative outreach” period allows families to gradually build trust and rapport with home visitors while deciding if services will help their family. *These efforts should focus on sending the message that we care and can be trusted*. Engagement efforts typically include such activities as phone calls, dropping by and leaving a friendly note and/or some baby supplies, and mailings. Research shows that this type of caring outreach produces oxytocin in the brain which creates a feeling of safety, pleasure and predictability. Your site will have guidelines for the types of outreach that are appropriate in your community.

(18) Communication and Interpersonal Skills

**Training Objectives**

1. Knowledge around building trusting relationships with healthy professional boundaries
2. Recognize effective communication and interpersonal skills

**Complete:**

* Read ***Building Trusting Relationships*** on the following page
* For further training you can read in Klass’s The Home Visitor’s Guidebook section on the 14 skills related to communication and interpersonal relationships
* With your supervisor, review and discuss strategies for building a healthy professional relationship with families

*Building Trusting Relationships*

Healthy Families Oregon home visitors build trusting relationships with families by being empathetic, genuine, and respectful. *A key asset for any home visitor is the capacity to understand and to respond to others with warmth and acceptance*. Both verbal and nonverbal strategies communicate understanding and caring.

***Empathy***

Having empathy allows you to put yourself in another’s place and really understand what other people are feeling and thinking. Empathy means putting aside your biases and “entering” another person’s world to appreciate what may be different viewpoints from your own. Understanding what a new parent is coping with — limited resources, a new baby, exhaustion, or other issues — allows you to sympathize and establish rapport more readily.

***Genuineness***

Being genuine is being yourself, but it does not mean saying everything that comes into your mind, nor does it mean hiding behind your professional role. Be natural and forthright; communicate your own excitement and passion for the program. Sharing personal experiences can communicate understanding, support, and validation. However, any self-disclosure must be focused on the family’s experiences and concerns. Inappropriate self-disclosure includes the telling of detailed stories about your own life that takes the focus away from the family.

***Respect***

When you show respect, you communicate to families that you accept them as they are, and that their time is valuable. Be respectful of family beliefs, attitudes, and values. You will work with families who are very different than you. For example, some parents believe the best way to discipline young children is by physical punishment. Stay respectful and continue to offer information on positive child guidance techniques and strategies.

(19) Parenting Resources

**Training Objectives**

1. Know available parenting curriculum and resources
2. Utilize parenting curriculum effectively

**Complete:**

* Read ***Using Parenting Curriculum*** on the following page
* Find and review your site’s available curriculum

*Using Parenting Curriculum*

Curricula are selected and used to meet the individual needs of the family, with attention paid to cultural, linguistic, cognitive factors, and the interests of the family. Healthy Families sites are expected to utilize a variety of curricula, to this end. Structured curricula (see some options below) provide sequenced material to keep parents engaged, excited, and involved in their child’s development. These resources not only can support child development but will help you get parents involved in activities that are fun and rewarding and focused on building a positive parent-child relationship.

Other resources may be available in the form of pamphlets, videos, and hand-outs. Typically, resource material focuses on child development milestones, caregiving skills, health and safety and parent-child activities. Your site may have the following materials:

1. ***Growing Great Kids***: Beginning prenatally, Growing Great Kids is a comprehensive curriculum that supports the development of nurturing and empathetic parent-child relationships for 0 to 3 year olds. It does so by focusing on child development and health, provision of care, parenting concerns and dynamics of parent-child and family relationships. Requires training to use. Available in English and Spanish.
2. ***Partners for a Healthy Baby***.: This curriculum, available in both English and Spanish, begins during the prenatal period and covers the first year of life. Organized month by month, the curriculum includes instructions and prompts for home visitors, additional resources, and color handouts for families.
3. ***Parents as Teachers*** “Born to Learn” Curriculum brings the latest neuroscience research findings to parents, offering practical ideas on ways to encourage learning and interaction with their children. Available in both Spanish and English. Requires attendance at a 5-day training to use as a certified parent educator.
4. ***Healthy Families San Angelo Curriculum***: The focus of this curriculum, available in both English and Spanish, is building healthy parent/child relationships and developing positive self-esteem in the child. Developmental stages, developmental needs, and parenting skills are among the topics covered. Lessons are written at a level most parents can understand and organized in loose-leaf form so the home visitor can bring a hand-out to each visit, to be collected by the parent in a personal notebook.
5. ***Partners in Parenting Education***: This curriculum, initially developed for teen parents, teaches parents to become aware of the concepts of emotional development and attachment and integrate them into their parenting philosophy and practice. Each of three units of instruction (on communication skills, relationship building, and playing with the child) contains 8 – 10 weeks of lesson plans, conceptual materials and strategies for teaching the concepts.

(20) Planning Home Visits

**Training Objectives**

1. Know how to structure a home visit
2. Plan a home visit to accomplish program goals and address family needs

**Complete:**

* Read ***Planning a Home Visit*** and ***Elements of a Home Visit*** on the following pages
* Find and read the definition of a home visit in the HFA Best Practice Standards
* Shadow fellow home visitors on a variety of home visits
* Review planning a home visit with your supervisor

*Planning a Home Visit*

Planning is a vital component of each home visit. Skillful home visitors may seem spontaneous when they are interacting with a family. However, each home visit has been carefully planned in order to accomplish the program goals and support the family.

Planning is necessary if home visitors are to focus on the parent-child relationship, provide child development information and facilitate a parent-child activity on each home visit. When families have a crisis or a chaotic lifestyle, providing these activities helps to keep the focus on the parent-child relationship and on program goals.

As you begin to prepare for your visit, review the last home visit record, the stressors and strengths from the Parent Survey, your Home Visitor Plan, and the family’s Family Goal Plan. This will realign you with the family context. Check over any promises you may have made to bring materials or information. ***Review any Reflective Strategies that you have used that may have been particularly helpful and think about what tools you may want to be sure to use during the upcoming visit to build on strengths and address concerns.*** Organizing the visit ensures that both the program’s goals and those of the family are addressed. A series of steps can provide a framework for organizing time and support.

***Greeting***: Always greet the family and check in on what has happened since the last visit. Taking time to chat and engage in small talk with the person shows respect and builds trust.

***Review:*** Review key issues and any topics the family raised at the last visit. Remember to explore these with the appropriate Reflective Strategies that may help the parent(s) increase their problem-solving skills.

***Parent-child activity***: Always include a parent/child activity. These can range from the parent(s) playing with the child on the floor, to learning and practicing infant massage, to reading a story. Show the parent(s) what is involved and support them while they try it out. Some parent(s) will be more comfortable than others. Others may have never experienced these activities, as a child or with other children, and may need more encouragement and support.

***Information-sharing***: Discuss the baby’s development. What is the child doing that’s new? Allow parent(s) to brag about baby’s accomplishments. Share their delight, use an ATP to recognize the parent’s focus on their baby’s development! Share any parenting information you may have brought along.

***Paperwork, family goals, referrals, and follow up:*** Complete paperwork, review goals, explore what referrals or follow up the family my need, etc.

***Closing***: End the visit by planning for next time. Discuss what information the family might like you to bring out on your next visit. Is there anything they are wondering about? Schedule your next visit if possible. Thank the family for allowing you into their home

*Elements of a Home Visit*

**Parent-Child Activity**

When used effectively, this element of a home visit is a powerful tool for addressing the program’s goals. Providing an activity where the parent and child play together sets up “teachable moments” in the home where the home visitor can reinforce positive parenting, provide developmental information in a meaningful context, and coach the parent on ways to enhance attachment and build a strong emotional relationship with their child. When planning a parent-child activity, consider these questions:

1. Where is the child developmentally? Is there an aspect of development you want to highlight with the activity and then follow up by taking it further, with or without a handout?

For example, if a child is beginning to grasp, an activity involving holding or transferring objects could lead to observing how the child uses his hands. This conversation could move on to a discussion of fine-motor skills. The home visitor could point out how these skills allow the child to learn about objects and support cognitive development.

1. How might an activity be used to highlight or reinforce a parenting skill you want to work on? For example, to encourage letting the child lead play activities, bring out a new toy and let the child explore it. This would provide you with an opportunity to explain what a child gains from exploring the toy his or her way. Infant activity books, the “Ages and Stages” questionnaire, and parenting curriculum are good sources of ideas for parent-child activities.
2. Could the activity strengthen the parent and child’s social-emotional relationship? For example, you are working with a mother who never experienced attachment with her own mother. She is interested in infant massage and you bring the information and use it as an activity. You may use this opportunity to use ATP’s with the mother to reinforce the importance of a loving touch and how it creates trust with her baby.

**Shared Observations**

A shared observation is just what it says. You and the parent observe the child’s behavior together. These are times when you will want to focus attention on the baby’s actions and talk with the parent about what they mean. Using explore and wonder is a great Action Tool to use during these conversations because it lets the parent(s) do the thinking and reduces the need for the home visitor to “teach”.

Sharedobservationsareawaytoemphasizetheimportanceandsignificanceoftheparent’seffortsto understand and support her child’s development. When parents are good observers of their child, they can read their child’s cues better, understand their child’s development, and gather information for parenting decisions. During this part of a home visit, you might:

* Set up opportunities for shared observations with a comment such as, “Let’s see what your baby will do if we . . .”
* Discuss with the parent connections between what is observed—that is, “what the child does” and the way these behaviors show the child’s development, temperament, thinking, etc.
* Comment on parent-child interactions in ways to affirm the connection between parent and child by using ATP’s and SATP’s, give positive feedback and encouragement to the parent for trying new things.

**Information Sharing/Discussion**

During this part of the visit, the home visitor addresses parent concerns, shares information about development or health, and/or discusses parenting strategies. Simply reading a handout about development with the parent does not foster parental understanding and learning.

Ask “so what.” A way to think about sharing information with families is to ask yourself the “so what” question. Now I have given a parent this information, so what? What do you want the parent to do with it? How will having this information make a difference to the parent and/or to the child? You need to be able to tell or, better yet, show the parent why the information is relevant.

It is more effective to make the point of how important books are for school readiness, for example, when the baby is chewing on a book. The parent may worry that the baby is ruining the book. Instead, you might focus on the baby’s learning to handle books and turn pages (shared observation). Then you might normalize the behavior, talk about early literacy and provide and discuss a handout. This is a better adult-educational process than starting with the handout and no context.

The planning task for sharing information is to think about what information you will provide and how you will make that information useful and relevant for the parent. Consider these questions as you plan:

* How will you strengthen any needed CHEEERS during the activity? What Reflective Strategies will you plan to use?
* Why is this discussion needed? Is this a topic the parent has expressed an interest in or is it one you feel needs to be addressed?
* What concepts, information or observations will be shared?
* What is your goal in this discussion? What’s the “so what” factor for the parent?
* How will you create readiness or motivation on the parent’s part to learn the information? Is there a parent-child activity that might be used as a lead-in?
* How will you present the information and change their behavior accordingly? What resources will be used to present information or shape the discussion—handout, video, other?
* How will you connect the parent and child together to build a positive, nurturing, attached relationship?

**Family Goal Plan and Follow Up**

Check on family needs and any steps that might have been taken toward Family Goal Plan goals. Are the goals and steps to reach the goals still relevant? Continuing conversations about goals supports family growth and helps with creative problem-solving skills. In planning this part of your visit, consider:

* What barriers might keep the family from accessing a resource or following through on a referral? What are ways you might address these barriers?
* What strategies or Reflective Strategies could you use to encourage clarity, creative problem-solving or progress from the family?
* How you will keep the family in the driver’s seat, making this an opportunity to work with the family rather than doing for family?

*Detailed information on the process of creating a Family Goal Plan with a family is on pages 84-87.*

(21) Home Visitor Plan

**Training Objectives**

1. Describe the process for establishing a Home Visitor Plan
2. Identify goals and strategies for case planning

**Complete:**

* Read ***About the Home Visitor Plan*** and on the following page
* Find and review the policy and procedure for the Home Visitor Plan (HVP) in your local Policy & Procedure Manual for your site
* Review the Home Visitor Plan process with your supervisor including the initial Home Visiting Plan. Plan strategies, the importance of incorporating Reflective Strategies, when the plan is reviewed, and documentation of the Home Visitor Plan on the Home Visit Record

*About the Home Visitor Plan*

After the Parent Survey is completed and reviewed by the supervisor and home visitor, the Home Visitor Plan (HVP) to support the family is created. Strengths and protective factors are discussed and documented on the HVP, as well as stressors and concerns, observations and cultural differences. An initial goal for the home visitor to work on with the family is discussed, and barriers, strategies, and activities to try are noted.

After the initial approach, additional goals on a Home Visitor Plan can build on information from the Parent Survey and home visitor observations to ensure progress toward Healthy Families program goals.

This document is primarily used to guide the home visitor’s and supervisor’s work with the family based on their assessment of family needs and strengths as related to the Healthy Families program goals. Goals may be focused on one or more of the following areas:

* *Basic family needs*: including, but not limited to, such areas as adequacy of shelter, nutrition, physical/mental health and any needs for alcohol/drug counseling.
* *Individual/family growth and development*: involving problem-solving skills, healthy coping skills, conflict management skills, and personal competencies, and learning positive ways to handle stress and or crisis.
* *Support systems*: involving estimating the adequacy of support networks where families can receive emotional and material assistance, and availability of positive social relationships. This can include education on domestic violence dynamics and shelter information.
* *Parenting*: including knowledge of child development, discipline, TV use, supervision of young children and positive parenting practices.
* *Health and Safety*: involving increasing empathetic responses, knowledge of appropriate practices and what poses safety concerns with infants and young children.
* *Transition Planning*: involving planning for the child’s graduation or move from the program to support a smooth transition to other services, if needed, such as Head Start, preschool, therapeutic preschool services

*Selected goals are targeted to high priority needs and/or issues that may or may not have been identified by the family but relate to the Healthy Families goal areas of family functioning, parent-child relationships, building protective factors and child development.*

*Supervisors keep the HVP’s in their files to discuss with the home visitor as the family is reviewed. They are “working documents” and need to be updated frequently, and at a minimum, every six months.*

(22) Family Goal Plan

**Training Objectives**

1. Describe the process for establishing a Family Goal Plan (FGP)
2. Know the documentation requirements for a Family Goal Plan

**Complete:**

* Read ***About the Family Goal Plan*** and ***Setting Goals with Families*** on the following pages
* Find and review the Family Goal Plan procedure in your site’s Policy & Procedure Manual
* Review the Family Goal Plan process with your supervisor, create a sample Family Goal Plan together and make sure you can answer these questions:

1. What does it mean to make a Family Goal Plan meaningful and measurable?
2. When is the first Family Goal Plan due? How often do you revise, create new goals with a family?
3. What does the documentation for the Family Goal Plan look like on the Home Visit Record?

About the Family Goal Plan

The Family Goal Plan (FGP) is an essential component of the Healthy Families Oregon strengths-based approach to support families. By focusing on goals identified by the family, the FGP empowers families to take action and/or make changes on things that are important to them and that will lead to successes and accomplishments. Also, it can increase their creative problem-solving skills that, in turn, can create successes and growth in other aspects of their life.

Using information in the *Parent Survey*, *Wishes for My Child*, and the *Family Values Activity* that were conducted during the first few visits, the home visitor and the parent identify family concerns, needs, strengths and competencies. Based on this examination, they then collaborate to formulate goals that will guide home visiting services.

***Framing the FGP***: Most parents will not be familiar with goal-setting and the home visitor first must help the parent understand what a FGP is and why it’s helpful! Parents need to know that the FGP is a tool to help them accomplish things that are important to them. For the parents, it’s a way to identify what they want for their family and what steps to take. It also serves as a way for parents to look back over time and see the progress they’ve made.

Developing the FGP is a collaborative process:

* The family shares their goals and priorities for the home visits.
* If a family doesn’t have ideas or goals, the home visitor facilitates brainstorming and might visit one of the previous activities that were completed (Family Values, Wishes for My Child, etc.) that may help the family decide. Home Visitors, being skilled listeners, may have heard the family talk about something they wanted to achieve at an earlier time and can see if that is something they are interested in pursuing.
* The home visitor helps the family make their goals measurable and meaningful in order to help the family gain the experience of feeling successful.
* The home visitor is prepared to let go of goals that a family becomes disinterested in and remembers that ***goal planning is about process more than it is accomplishing the goal***.
* The home visitor also helps families celebrate any successes that may have been achieved. Many families do not know how to celebrate achievements or progress towards something. Encouraging celebrating, even in a small form, is a great teaching moment to help families recognize that they deserve acknowledgement.

The Family Goal Plan process helps parents:

* Think about the future and where their life is going
* Select an achievable goal that moves their life in a positive direction
* Identify personal strengths and resources
* Make a commitment to working on a goal they have chosen
* Experience a sense of success from setting a goal and carrying out a plan

*Setting Goals with Families*

Many people have little or no experience with setting and achieving goals. For some, setting goals has led to failure. Some of the roadblocks to establishing a Family Goal Plan include:

* Family cannot think of any goals
* Family expresses dislike for the process
* Family may not trust the process
* Family may have a lifetime of experiences building on early childhood experiences wherein they’ve learned that they cannot influence their world

Before starting the actual Family Goal Plan, planned activities that are required during your first visits with families can such as Wishes for My Child and the Family Values Activity are excellent tools to help families start this process. Here are some tips for getting started with the Family Goal Plan in a way that engages the family and makes the process fun!

**Introducing the Family Goal Plan**

Find a way to introduce the Family Goal Plan that fits your style as a home visitor while also finding a language that will resonate with the family. For example:

1. “Remember you saying that you wanted laughter in your home during our family values activity? This sounded important to you. What kind of things can you do each day to make this a reality for your family? How would those feel as goals for you?”
2. “The goals we start with don’t have to be big things. We can start with just a few ideas that you believe may make things better for you and your child. Then, when you see how the FGP is helpful in tracking your successes, we can expand it later.”
3. “Remember when you mentioned that you wanted to learn other ways to handle tantrums, instead of spanking, when we were first getting to know each other? That sounded important to you. Would you be interested in trying some of those things we’ve been talking about and make it a goal?”

**Identifying Goals**

Help the parent to get the ideas flowing by asking her to dream a little:

* “Let’s just imagine…” If this day could be your dream day, what would it look like?”
* If the mother says something like, “I would get a shower. The baby would have slept through the night. I would have money to pay my bills and the baby wouldn’t cry so much,” translate these statements into goals.
* “These are all things that we can work toward. This will help me focus my support in these areas. For example, I will get you information about helping baby to sleep through the night and on ways to soothe a crying baby. We can brainstorm ideas on how you can get your shower and pay your bills…”
* Describe how you could support these by providing information on health/ safety topics, development, and immunization guidelines. Be sure to share or reflect a strength that the parent has to help accomplish these things as well. You are working together and the FGP is a tool to empower the family and help them be successful!
* Encourage the parent to select a truly meaningful goal, something that is important to them. Remember that goals around school, jobs, housing, and transportation help improve the family’s ability to create a positive environment for the baby.
* Share the basic child-development milestones that will be occurring for the baby over the next six months. Let the family know that you will be bringing information about the topics. Ask if they have a specific developmental goal they would like to work toward for the baby, such as encouraging the baby to crawl.

**After Goals are Identified**

* Make sure the goals are specific, measurable, attainable, relative to program goals, and time appropriate. If at all possible, let the family complete the FGP. Be sure if you do write it for them that you use their words explicitly throughout the document.
* Decide together what the steps will be to achieving the goal and write them down.
* Clarify what the family will do toward the goal and what support they will need.
* Clarify your role and what you can do to help the family with the goal.
* Remember that it isn’t about the goal itself, but the process. It is a “no fail” situation as everyone learns as much from the process as completing an actual goal.

(23) Documenting Your Work as a Home Visitor

**Training Objectives**

1. Describe the necessary documentation for your work as a home visitor
2. Know how to document a home visit on the Home Visit Record

**Complete:**

* Read ***Home Visitor Documentation*** and ***The Home Visit Record*** on the follow page
* After shadowing a visit, practice documenting the home visit on the Home Visit Record and review with your supervisor
* Review the ***Healthy Families Forms Checklist*** on the following page with your supervisor

**Healthy Families Oregon Form Checklist**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Form** | Entry | 4 mo | 6 mo | 8 mo | 12 mo | 18 mo | 24 mo | 30 mo | 36 mo |
| Release of Information | As needed |  |  |  | X |  | X |  |  |
| HIPAA | 1st Visit |  |  |  |  |  |  |  |  |
| Family Rights & Confidentiality | 1st Visit |  |  |  |  |  |  |  |  |
| Parent Survey | By 3rd Visit |  |  |  |  |  |  |  |  |
| Family Concerns & Referrals | X |  |  |  |  |  |  |  |  |
| \*Family Intake | 30 Days |  |  |  |  |  |  |  |  |
| Family Values Activities | 30 Days |  |  |  | X |  | X |  |  |
| Wishes for my Child Activity | 45 Days |  |  |  | X |  | X |  |  |
| Family Goal Plan | 60 Days |  | X |  | X |  | X |  |  |
| \*My Parenting Experience I | 30 Days |  |  |  |  |  |  |  |  |
| \*My Parenting Experience II (A&B) |  |  | X |  | X |  | X |  | X |
| \*Family Update |  |  | X |  | X | X | X | X | X |
| \*Home Inventory |  |  |  |  | X |  | X |  | X |
| Exit Information |  |  |  |  |  |  |  |  | X |
| ASQ |  | X |  | X | X | X | X | X | X |
| ASQ-SE |  |  | X |  | X | X | X | X | X |

\* NPC Forms

*Home Visitor Documentation*

There are many reasons that documentation is important in home visiting. One common theme when thinking about documentation is that, *if you didn’t write it down, it didn’t happen*. Here are other reasons why it’s best practice to do thorough documentation:

* ***Continuity of services***: If you win the lottery and leave your job, someone else can continue services smoothly by using your documentation to get to know the family and their needs.
* ***Guides Healthy Families services***: Documentation offers you a chance to reflect on a family’s issues and plan for further service. It helps you remember what was done and what next steps you have planned.
* ***Monitor family progress***: You can review your records to see what you and the family have accomplished over a period of time.
* ***Quality assurance***: Documentation shows that services are being provided in the intended way.
* ***Legal purposes***: Documentation may be used in legal proceedings. Accurate recording of home visits and communication is essential.

Documentation provides an objective picture of what has happened during your time with the family. Your job is to be as clear, concise, objective and accurate as possible. Make sure that your handwriting is clear and easily read. If you have messy handwriting, consider typing information.

Remember that the family record is a legal document and the families you serve have the right to view their file at any time. The family record can be subpoenaed into a court of law. Therefore, it’s extremely important only to include factual information.

An essential component written into the legislation governing Healthy Families Oregon is results-based accountability. This means that Healthy Families Oregon must demonstrate the difference it makes for families. This is accomplished by timely documentation from the family and the home visitor as to progress. Periodically, home visitors in Healthy Families will complete forms and ask parents to fill out surveys. You will conduct structured observations, review your records and send family progress information to state evaluators. These evaluation forms provide an excellent opportunity to review the family file, see where you’ve been with the family and make plans for the future.

*The Home Visit Record*

For every home visit there is a Home Visit Record (HVR) completed. This record details the specific observations, interventions, referrals, assessment topics, safety/health information and strategies that you have covered during the home visit with the families. It is also the place where you document the family’s progress with their Family Goal Plan and the progress on the Home Visitor Plan.

*The HVR is required to be completed within 48 hours of the home visit* and is turned in to your supervisor to be reviewed and signed.

Learning to write a HVR takes time. It is a skill and takes practice to observe, interact, listen and strategize with a family and then document this in an objective, succinct manner.

**Parent-Child Interaction and CHEEERS**

One of the most important parts of your job as a home visitor is to encourage and support strong attachments/healthy relationships between parents and their children. The CHEEERS section of the HVR is designed to assist you in identifying specific areas of strength and areas that could use additional support in the parent-child relationship. Training yourself to observe the subtle interactions during home visits is a skill that takes time and patience. It’s also a skill that pays off in terms of positively impacting parent-child relationships over time. What could be more important?

CHEEERS represents the overall flavor of the visit and is associated with frequency. Home visitors write a fact for each area of CHEEERS that represents what happened the majority of the visit. Looking for trends allows home visitors and supervisors to make thoughtful plans to assist with strengthening identified areas and acknowledging parental strengths.

***Identifying a different fact for each area of CHEEERS can sometimes be challenging.***

***Try out this tip and see if it works for you:***

* Immediately after leaving the visit write down all the **cues** you observed and the responses to cues. Just the facts.

**Here is an example:**

|  |  |
| --- | --- |
| **Cues** | **Responses** |
| Baby dropped keys on out of reach and cried | Mom laughed and put keys away |
| Baby grabbed Dad’s leg and pulled herself to standing | Dad continued to watch television throughout the visit |
| Mom said “Let’s get you some lunch.” | Baby nodded her head and squealed |
| Baby leaned into Mom | Mom patted baby’s head |
| Baby held cracker out toward mom | Mom took a bite and said “yum!” |
| Baby yawned and rubbed eyes | Mom tickled baby |

* When you get back to the office decide if each area of CHEEERS is an overall strength or area to strengthen. Then use this list of cues to write a fact for Empathy, Rhythmicity/Reciprocity and Cues. You will notice that each of these areas is a cue/response. Use a different fact from the list above that best fits for each of these three areas.
* Continue writing out your CHEEERS facts for the other areas: Holding, Expression, Environment and Smiles. You may find an appropriate fact from the cues/response list you made or you will identify a different fact that best represents the flavor of those last four areas. Writing a fact for Holding, Expression, Environment and Smiles tends to be easier than the others.

***Make sure you are documenting a fact (what you saw and/or heard) verses an interpretation.***

***The examples below demonstrate the difference:***

|  |  |
| --- | --- |
| **Interpretation** | **Fact** |
| Mom ignored baby | Baby touched mom’s face and babbled. Mom continued to talk to home visitor. |
| Baby does not like being held | Mom picked baby up. Baby fussed and reached for the ground. |
| There is joy in the relationship | Dad rubbed noses with baby. Mutual smiles and eye contact. |

**Promoting**

**Positive Parenting**

(24) Critical Parenting Practices

(25) Building & Enhancing Parenting Skills

(26) Dealing with Family Crisis

[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&docid=sCXskj8yuCLapM&tbnid=ed-k-OFaf3hCBM:&ved=0CAUQjRw&url=http://bepositivewithlife.blogspot.com/2013/05/positive-parenting.html&ei=XxpbUpGkBsrIiwLEz4DYBg&bvm=bv.53899372,d.cGE&psig=AFQjCNEy1zyL2lTXoMVDs6X2xg3LJdG-Ow&ust=1381788633064070)

(24) Critical Parenting Practices

**Training Objectives**

1. Learn about the *Nation Extension Parent Education Model of Critical Parenting Practices* (NEPEM)

**Complete:**

* Read ***Parenting Practices and the******NEPEM Model*** on the following page
* If you would like further information on parenting skills, read the following chapters in Carol Klass’s book:
* *Developing a Sense of Self*
* *Guidance and Discipline*
* *Communication and Language*
* *Routines, Rituals, and Celebrations*
* *Play, Learning and Development*

Parenting Practices & the NEPEM Model

The National Extension Parent Education Model (NEPEM), developed by the Cooperative Extension System is based on the best research evidence available. This model identifies critical parenting practices leading to the development of competence in children and youth, regardless of their socio-economic status or cultural background. The model has six elements:

**Care for Self**

Caring for oneself means knowing and understanding oneself, managing life’s demands, and establishing clear direction. Care for Self provides a backdrop of security, support, predictability, and purpose that indirectly influences the lives of everyone in the family.

**Understanding**

Each child is different, not only in abilities, but also in the extraordinary way that he or she sees the world. Understanding children can result in less conflict in relationships with them. It’s also an important part of helping children become secure and healthy people.

**Guide**

Parents are faced with a difficult balancing act in establishing authority: to use their power to identify, introduce, and enforce reasonable limits while gradually giving freedom to children by encouraging them to be appropriately responsible for themselves.

**Nurture**

Nurturing by parents predicts that a child will develop into a competent and healthy adult and may be the most important contribution parents can make. Nurturing can be challenging when a family’s emotional resources are overextended. By learning to attend to their children’s needs, by building a positive relationship, and by sending consistent messages of love, parents can be effective nurturers.

**Motivate**

Parents who take their responsibility as their child’s first teacher seriously and who promote intellectual development in their child effectively and sensitively are more likely to have children who become confident and skilled learners.

**Advocate**

Effective parents connect with community resources and work to increase the probability that their children’s needs will be met. When regulations and policies in the community impede children’s growth or make it difficult for families to function, parents speak up and take action to change those policies.

(25) Building & Enhancing Parenting Skills

**Training Objectives**

1. Identify strategies to help parents increase creative problem solving strategies
2. Know what Integrated Strategies are used and identify Reflective Strategies

**Complete:**

* Read ***Creative Problem Solving, Reflective Strategies for Home Visitors*** and ***Hot Topics with Parents*** on the following pages
* Practice these skills with other home visitors and/or with your supervisor

*Creative Problem Solving*

Creative problem solving is not something you are born with. It is a skill that is taught and modeled (or not) by your parents and other adults in your life from the time you were born. Other factors related to your problem solving skills come into play as well, such as your culture, temperament, past trauma, and resiliency. If you did not experience family or other people in your life with healthy coping skills or creative problem-solving strategies, you may not have fully acquired those skills.

In relation to parenting, creative problem solving and healthy coping are directly related to the health of the parent-child relationship. If a parent has not gotten their needs met and/or does not have healthy coping, it may be difficult for them to meet the needs of their child. Skill building and Reflective Strategies that you utilize in home visits are specifically used to support parents to increase those skills.

In a parent-child relationship, creative problem solving may include:

* Looking at a child’s behavior objectively
* Using information about development and the child to understand what the behavior means
* Thinking about different options before deciding how to respond

Remember the adage about “give someone a fish and you feed them for one day, teach someone to fish and you feed them for a lifetime.” Problem solving with parents about their concerns is a “teach them how to fish” opportunity. When parents express a concern or question about their life, their child, or a parenting situation, the home visitor has an opportunity for a “teachable moment”, a chance to explore what the parent might want and help the parent to creatively problem-solve a resolution. Parents are motivated to learn about issues they themselves have raised.

Rather than offering a solution right away, home visitors can guide the parent in a process of thinking about what might be going on that caused the issue or a chance to explore a different outcome. Once parents learn the process, they will have a tool that’s applicable in many situations.

**Clarify the Problem**

Teaching solution-focused, creative problem solving reinforces the role of parents as “decision makers” who may need more information to decide, and home visitor as “someone with expertise and information” who is not there to tell the parent what to do. Start by clarifying and defining the situation and/or parent’s concern. Ask the parent *problem talk* questions using the following starting words:

* Who?
* What?
* Where?
* When?
* How?
* Avoid the use of “why” starters as it can trigger defensiveness for the parent as the question starter is often felt to imply judgment

Once you and the parent have a clearer picture of the situation and the parent has likely identified some possible solutions on their own as they responded to your questions, use an ATP to acknowledge the hard work the parent has done so far to explore their problem. Build on their strengths!

Continue to follow the steps of problem solving as outlined below with the parent, telling them what step is next along the way:

* **Clearly Identify the Problem**: Use problem talk questions.
* **Brainstorm Options**: Summarize possible identified options and share some you may have thought of as well. Be sure to write these all down with the parent. If the parent needs further information about any of the options or the situation, use your other Reflective Strategies, such as *normalizing*, *feel felt found*, or *explore and wonder* to share information without giving advice.
* **Select a Solution**: from the list of options you just made together. Who should choose the option to try? The parent. Even if it wouldn’t be your choice, whose problem is this? The parent’s. Let them be in charge of their situation and plan your appropriate support to assure safety for the family all along the way.
* **ATP’s**: Remember your ATP’s at every step. Even if they just learned that a chosen solution did not work, ATP them for trying it out and recognizing when another solution is needed. Building the parent’s confidence is critical in this process.

Problem solving is a journey; the process is important and for many parents this may be a completely new set of skills to develop. Teach them to fish!

Develop a plan for when action steps will be taken and by when. Again, writing them down is very helpful to teach the parent the steps and keep track of the plan. When possible, let the parent write it out – it’s their plan.

Follow up with the parent at the appropriate time to see how the solution worked. If another solution must be explored, return to the list of options and have the parent select another to try and follow the problem solving steps again together. The process is what matters here. Success comes from repetition and learning along the way.

***Note****: If a problem has the potential for immediate harm, take action with your supervisor immediately.*

**In Conclusion**

Remember that you are not “the expert” but you do have important tools to help the parent consider new ways in thinking about the situation. Parents who come up with and work through their own solutions gain a sense of confidence and competence. That leads to mastery in solving their own problems well into the future, after Healthy Families services have ended.

Reflective Strategies for Home Visitors

Below are six Reflective Strategies (or Action Tools, as previously named) aimed at expanding parental competencies and addressing concerns from a strengths-based perspective which you have heard mentioned throughout this orientation. These tools encourage critical thinking, creative problem-solving, and build on the knowledge and skills parents already possess. They also help home visitors communicate with parents in a strengths based perspective, staying away from giving advice and keep the focus on nurturing critical thinking. By acknowledging and utilizing parental strengths, this approach is key to building trust and motivating parents to do the hard work of parenting.

**Accentuate the Positive** (ATP): **Acknowledges strengths/skills and increases parental confidence.**

1. *Observe* - look for a personal or parenting skill or strength
2. *Affirm* - describe the behavior you observed in specific detail with positive, encouraging language
3. *Impact* - tell the parent how this strength/skill benefits him/her and/or their child

**Example:** “Way to go Mom! You knew just what Maria needed. When she cries and you pick her up and comfort her in your arms like that, she learns she can trust you to take care of her. You are teaching her brain to feel safe in the world and help her build trust in her relationships today and well into the future.”

**Strategic Accentuate the Positive** (SATP): **Addresses concerns from a strengths-based perspective and increases the frequency of a parenting practice or lifestyle choice that will benefit the family.**

1. *Identify* - a behavior you would like to see more of (for example: empathy)
2. *Observe* - for the behavior or a small step toward the behavior
3. *Affirm* – describe the behavior as in a regular ATP
4. *Impact* – share the impact as in a regular ATP

**Example:** “Look at you down on the floor playing with Ryan. Giving him this kind of one-on-one attention will definitely decrease the whining you are concerned about and all that playtime will make him smarter too. You’re a rock star parent!”

**Problem Talk**: **Assist parents in solving their own problems.**

1. Ask open-ended questions: Who, What, When, Where, How?
2. Avoid “did you, have you, why?” or giving advice

**Example:** Mom said she was fired and has no money. “What happened? “Have you been in this situation before?” “Who can be there for you?” How can they help?” “What are your options?” “Where do you think you can go for assistance?” “When will this impact you most?”

Once you have exhausted the parent’s own problem solving ideas you can ask permission to share about any resources they may not be aware of. If the parent does not want to check into any of the shared resources, go back to problem solving. After *problem-talk*, you may also *use feel, felt, found, normalizing*, to share ideas in a strength-based way. The parent always decides what their best course of action is.

**Explore and Wonder**: **Use to increase parent’s awareness of a situation, especially related to read cues. This is a great strategy to help the home visitor not give advice and/or lecture the parent.**

**Steps and Example:**

1. State the behavior you are concerned about – Just facts (“Elle is crying”)
2. “What do you think that’s about?” or “What’s up with that?” Wait for parent response. You can dig deeper by saying “I wonder how she is feeling… why do you suppose she’s acting like that?”
3. Speculate about what you think might be going on - “I wonder if she is lonely and wanting her Mama to hold her?”
4. Ask the parent what they think. “Do you think that’s what’s going on? OR “How does Elle usually tell you when she wants to be held?”
5. Suggest to the parent they give it a try. “Let’s see what would happen if you picked up Ellen now?” Use an ATP when the parent’s approach meets the child’s needs. If it does not work, you can use *problem talk* to further explore the situation.

**Normalizing**: **A strategy for sharing information with parents who have expressed opinions or taken actions that are inconsistent with safe, developmentally appropriate and/or healthy interactions or practices.**

1. Take a mental note of an opinion or parenting interaction that concerns you
2. Share that this is or was a commonly held belief or practice (*normalize*)
3. Provide information/research with permission
4. Explore what the parent thinks about the information

**Example:** “A lot of people think it is fine to put bourbon on their baby’s gums when they are teething. It definitely does numb their gums. Is it okay if I share with you some new research on the effects of even a small amount of alcohol on baby’s development and health (share solid research)? What do you think about that? Have you heard this before?”

**Feel, Felt, Found… Would this Work for You? Increases awareness of parental feelings or emotional reactions while expressing empathy for the situation. This strategy assists parents with emotional regulation so they can get into their cortex and think about their situation further.**

1. Describe what you observe the parent to be feeling ; label their feelings/emotions
2. Describe a situation in which you or someone you know had a similar feeling – label the feeling again, express empathy
3. Share what worked for you or the other person to resolve or improve the situation
4. Ask if they think it might work for them. If not, explore other possibilities *problem talk*

**Example:** “Jane, are you feeling overwhelmed and anxious about getting all these things accomplished?” I’m working with another mom right now who feels totally overwhelmed and very anxious about the tough job in front of her. She found that x, y, z helped her to cope better with her situation? Do you think any of these ideas might work for you?” If not, use *problem talk* to clarify the problem further.

*Hot Topics*

As you become more experienced with home visiting, you’ll notice that some of the same concerns and issues in parenting are common for most parents. Each age has behaviors that are challenging. Some of the common issues include:

* Crying and spoiling
* Sleeping patterns
* Eating and nutrition
* Pacifiers and thumb-sucking
* Fear of strangers
* Getting into everything, safety
* Separation anxiety
* Tantrums
* Toileting

Often these behaviors represent positive developmental accomplishments, but they can create stress and undermine the parents’ confidence in their ability to care for their child. The home visitor’s goal is help the parent find their own answer to their situation with a little help:

* Problem-solve with the parent to find ways to manage the behaviors
* Use Reflective Strategies to support the parent from a strengths based perspective
* Normalize behaviors by sharing child development information

As a new home visitor, you will need to have basic information at your fingertips so you can address these issues from a developmental as well as a practical perspective. It is important to begin gathering and organizing in a format you can build on. Some of this information is compiled in the book: *Caring for Your Baby and Young Child: Birth to Age 5* by the American Academy of Pediatrics (AAP). Reviewing the “hot topics” in this book is a good place to start in building your library of support to parents. The curriculum at your site is also a great place to find information on hot topics so that you can further support parents.

***Other information, such as car seat safety and handouts on physical development are posted on the AAP website, http://www.aap.org/ in the section labeled Parenting Resources***

6) Dealing with Family Crisis

**Training Objectives**

1. Identify strategies to address family crisis
2. Describe ways to advocate for the child’s need during a family crisis

**Complete:**

* Read ***Responding to a Family Crisis*** on the following pages
* Review strategies with your supervisor

*Responding to Family Crisis*

Serving families in crisis is one of the greatest challenges of working in this field. Some of the families you serve will have occasional episodes of acute crisis, whereas other families will be in chronic crisis. Your goal as you work with families in crisis is to provide them with support, nurturance, and the knowledge that there is someone there to support them and teach them the skills to manage their situation and create stability in their lives. Empathize as you gather information about the family’s unique situation. Listen to the parent’s story and offer reassurance that you are there to support them. Share and tell them that you care and can be trusted.

It can be helpful to facilitate problem solving with the parent(s). *Problem talk* questions can be used to help families move from their “survival brain” to their “thinking brain”. You will learn these tools in depth and will have a chance to process and practice during the Home Visitor Core training.

It can be tempting to want to rush in and “fix” the crisis, but in the long run, this is not helpful to the family. Instead, using *problem talk*, which includes using open-ended questions, can help the family discover their own solutions. ***What*** have they already tried? ***What*** are some other options? Mobilize their informal support system and brainstorm with the family about ***who*** could help them with the situation. ***When*** did they solve a similar problem in the past? ***How*** did that happen? ***What*** community resources are available?***How*** can you support your baby while this (crisis) is going on? ***How*** can I help with that?”

Don’t forget that the baby may be affected by the stress that family crisis creates. A baby’s development can’t be put on PAUSE when a family crisis arises. When a parent’s life is in chaos, they may find it difficult to think about the baby’s needs. For the home visitor, however, it’s not an either-or situation. Empathy for the parent’s situation must be balanced with support for the baby’s developmental needs.

As you work with the parent to gather information and facilitate problem-solving, it is also necessary to advocate for the baby. Using the *problem talk* action tool to focus on the baby encourages the family to think about ways to continue to provide a healthy environment.

Working with a family in crisis, particularly a family that is chronically in crisis, can be incredibly draining and quickly lead to burn out. Seek support from your supervisor and your co-workers. Be especially aware of your need for self-care when working with a family in crisis. What are you doing to take care of yourself? You will be better able to support and assist the family if you have support yourself.

**QuickStart Training Objectives Check Off Log**

|  |  |  |
| --- | --- | --- |
| **QuickStart Training Objectives** | **Date** | **Initials** |
| **Orientation for all Healthy Families Oregon Staff**   1. What is Healthy Families Oregon? |  |  |
| 1. Importance of Critical Elements in HFO |  |  |
| 1. Overview of Policies and Procedures and the Roles within HFO |  |  |
| 1. Philosophy of Home Visiting |  |  |
| 1. Evaluating Healthy Families Oregon |  |  |
| **Child Maltreatment**   1. Overview of Child Abuse and Neglect |  |  |
| 1. Mandated Reporting |  |  |
| 1. Screening for Risk Factors |  |  |
| **Community Resources**   1. Identifying Community Resources |  |  |
| 1. The Referral Process |  |  |
| 1. Medicaid Overview |  |  |
| **Confidentiality & Boundaries**   1. The Informed Consent Process |  |  |
| 1. Confidentiality |  |  |
| 1. Establishing and Maintaining Boundaries |  |  |
| 1. Safety and Home Visiting |  |  |
| **Getting Started with Home Visiting**   1. Family Assessment Interview and the Parent Survey |  |  |
| 1. The Parent-Home Visitor Relationship |  |  |
| 1. Communication and interpersonal Skills |  |  |
| 1. Parenting Resources |  |  |
| 1. Planning Home Visits |  |  |
| 1. Home Visitor Plan |  |  |
| 1. Family Goal Plan |  |  |
| 1. Documenting Your Work as a Home Visitor |  |  |
| **Promoting Positive Parenting**   1. Identifying Parenting Skills |  |  |
| 1. Building & Enhancing Parenting Skills |  |  |
| 1. Dealing with Family Crisis |  |  |

**In Conclusion:**

This very important work that you will be doing with Healthy Families Oregon will change lives! Whether you are a home visitor, supervisor or program manager, you have an important part in making this program successful.

Here are some important priorities of this work to keep in the front of your mind as you go out and “do the work”:

* Focus during home visits is on the parent-child relationship, supporting parents in a strengths based, respectful manner
* Clear documentation and completion of paperwork is an integral part of your work
* Maintaining healthy, professional boundaries are extremely important in keeping yourself healthy
* Use supervision as a safe place to get support!

[](http://www.google.com/imgres?sa=X&rlz=1T4GGLS_enUS554US554&biw=1366&bih=618&tbm=isch&tbnid=K17Ypwdk30sq1M:&imgrefurl=http://www.imgion.com/img/congratulations/page/3/&docid=WFiXJzTY9CQOgM&imgurl=http://www.imgion.com/images/01/Spred-Star-Congratulation.gif&w=600&h=252&ei=0_nBUvW1BYXzoATo6oDoCA&zoom=1&iact=rc&page=4&tbnh=145&tbnw=347&start=42&ndsp=20&ved=1t:429,r:46,s:0&tx=57&ty=100)

**You have completed the QuickStart Manual!**