Evidence-Based Assessment Workbook:

Developing Quality Assurance & Evidence-Based Practices for Your Family Support Program

Early Childhood Iowa
Quality Services & Programs Component Work Group
This manual was developed through consultation with Visiting Nurse Services under contract by the Iowa Department of Public Health. IDPH funding was provided through the Health Resource and Service Administration.
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Prepared for the Iowa Department of Public Health by Visiting Nurse Services through the Iowa Early Childhood Comprehensive System Project – Parent Education and Family Support Expert Consultation, Facilitation and Coordination for Early Childhood Iowa under Contract #5887CCS1.

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This is an important moment in the history of home visiting. Home visiting programs are under intense scrutiny while simultaneously these programs are being adopted around the country. Although some are concerned that mixed evaluation evidence will prevent policymakers from making additional investments in this strategy, others see it as a catalyst for self-scrutiny and ongoing improvement. As noted by Lisbeth Schorr, of the Harvard Project on Effective Services, recent evidence “provides a marvelous array of tantalizing clues that we can use to improve both programs and policies.” Whatever one’s vantage point, the contemporary challenge is to identify home visiting’s most useful and effective niche among the array of intervention strategies that can be deployed to help young children and families.

Institute of Medicine
Commission on Behavioral and Social Sciences and Education
Preface

_The Evidence-Based Workbook: Developing Quality Assurance & Evidence-Based Practices for Your Family Support Program_ is a practical, step-by-step guide to identifying program practices and developing a project manual in concert with the evidenced-based practice movement. This manual serves as a companion to the Evidence-Based Assessment Tool. The readings and exercises will also help programs to select, identify, and employ promising and evidence-based practices for quality program improvement and to positively impact outcomes. The workbook and the exercises are designed to be used by funders and other decision makers, grant reviewers, administrators, supervisors, direct service staff, and other stakeholders alike.
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Introduction

“...among the various methods and implements used in each element of each trade there is always one method and one implement which is quicker and better than any of the rest.”

Fredrick Taylor – 1919

Why is Quality Assurance & Evidence-Based Practice Important?

There is a movement—or a paradigm shift—afoot to implement prevention and intervention strategies in early childhood, family support, and parenting programs that utilize one or more types of research evidence to ensure the effectiveness of services for pregnant women, young children, and families. This movement or shift is about intentionally and deliberately pairing research and practice within programs. Quality assurance involves maintaining information that demonstrates the effectiveness of a product, activity, or service using criteria, facts, or evidence. Similarly, the effectiveness and utility of an evidence-based practice is substantiated through systematic and scientific research. Evidence-based practices involve the integration of scientific knowledge or findings with direct services. Family support programs can increase program credibility, the effectiveness of services, and the confidence of stakeholders or funders by implementing program practices rooted in scientific research. Research and scientific findings support informed program decisions and the effectiveness of services to affect the desired outcomes or changes for families. An agency or program may redefine how programmatic decisions are made and what practices or strategies are employed in the provision of services and in the process of family support. Moreover, research can be used to
ensure that quality-related activities are being performed within a program and should continue to be implemented to benefit program participants and for the efficient use of funding.

**Evidence-Based vs. Promising Practices vs. Grassroots Efforts**

The field of medicine originated the concept of evidenced-based practices whereby the conscientious, explicit, and judicious use of current best evidence serves as the basis for making decisions about the care of patients. Evidence-based practices are supported by the knowledge or findings of research or through use of the scientific method. Promising practices are those practices emerging in a field with some substantiation through repeated use, program evaluation, or by new or limited scientific research studies. Grassroots efforts are strategies or approaches utilized by a program based on best guesses, common sense, history, ideas, or individual experience that have not been subject to scientific investigation or supported by program evaluation.

**Evidence-Based or Promising Practice Determination**

The use of the Evidence-Based Program Assessment Tool and this workbook does not provide a guarantee or the authorization to determine that a program is exclusively an evidence-based program. The assessment tool and workbook exercises help programs to assess and examine current programming and practices; make program changes; as well as identify and integrate evidence-based and promising practices into services to families. The criteria outlined in the Evidence-Based Program Assessment Tool provide the guidelines for determining whether a practice may be identified as evidence-based or promising. Additionally, programs should site research studies, evaluations or other resources that provide the justification for a practice to be labeled as evidence-based or promising.
How to Use this Workbook

This workbook was developed as a companion to the Evidence-based Assessment Tool. Agencies or programs may use the Evidence-based Assessment Tool in several ways and in combination with this workbook. For some programs, the assessment may provide a starting point and may be completed prior to embarking on the exercises outlined in this workbook. Other programs may want to complete the exercises first to further analyze program practices and implement any identified plans prior to using the assessment tool. This tool may also be used on a pre- and post-assessment basis in relationship to the use of this workbook and/or for ongoing program monitoring.

In this workbook, each chapter contains an excerpt from a family support, early childhood education, or home visitation resource that introduces the topic of the chapter to the reader. The purpose of beginning each chapter with an excerpt is to expose the reader to other resources and the concept of utilizing resources, research evidence, or data as a strategy to promote quality programming and to demonstrate the effectiveness of services. The chapter introductions are followed by a series of Analyzing Exercises that serve as an opportunity for the reader and workbook user to explore current program practices, program philosophies, individual beliefs regarding service provision, and issues related to the topic of the chapter. In the Implementation Exercises, the reader/user courses through a series of questions designed to develop, change, or update program practices and tools. The result of each implementing exercise may be lifted out of the workbook and compiled into a program, policy, or procedure manual offering guidance and documentation of programming including all evidenced-based or promising practices.
Evidence-Based Program Assessment Tool

The Evidence-Based Program Assessment Tool was developed by the Early Childhood Iowa, Quality Services and Programs Component Work Group in November 2005. The intent of this assessment is to guide the exploration of a program’s adherence to evidence based practices. Lack of adherence to these important components jeopardizes the program from producing the same outcomes as the researched model and hampers the ability of the program to deliver the same quality of services.

This assessment can be used by program supervisors and administrators, funders, or other decision makers. It can be used as a self assessment or may be used by a funder to assist in determining where to invest their resources. Please keep in mind that there are very few evidence based family support and parent education programs available. If your program is not an evidenced based program, you may still used this tool to examine what elements of your program do adhere to evidence practices and areas to examine to improve the quality of services being delivered.

Types of Evidence specific to Evidence-based Practices

The definition of evidence-based is the level of evidence that supports the efficacy and generality of a practice as indicated by research.

Type 1: Empirical evidence (quantitative or qualitative research) published in peer-reviewed journals that indicated positive outcomes for children and families. This includes: single subject research, between group experiments, case study, qualitative interviews, and participant observation. This type also includes published reviews of empirical evidence from peer-reviewed journals that cite the original studies.

Scientifically based research:

1. Employs systematic, empirical methods that draw on observation or experiment;

2. Involves rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn;

3. Relies on measurements or observational methods that provide valid data across evaluators and observers and across multiple measurements and observations;

4. Has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparable rigorous, objective, and scientific review.

Type 2: Evaluation reports that provide data that are analyzed by an outside source (other than the system developer) and link program evidence to positive outcomes for children and families.

Type 3: Evaluation reports that provide data that are analyzed by the system developer and provide evidence of positive outcomes for children and families.

* The words or terms identified in blue and bold are defined in the glossary on pages 14-21.
Type 4: **Survey/descriptive research** published in **peer-reviewed journals** that provide a summary of practices associated with positive **outcomes**.

Types of Evidence specific to Promising Practices

The definition of promising practices is the level of evidence that supports the **efficacy** and **generality** of a program that is promising.

**Type 1:** Evaluation reports that provide data that are analyzed by the system developer and provide evidence of positive outcomes for children and families.

**Type 2:** Study design has a comparison group but may exhibit some weaknesses.

**Type 3:** Multi-authored consensus documents published by professional organization or national organizations, that indicated there is evidence of efficacy for the practice but do not provide data.

Program Assessment Discussion Questions

1. **Program Model Fidelity**

   Understanding the logic behind the program’s design assists the people implementing the program to fully understand what the program should be doing and what is expected as a result. It also helps to determine natural points for data collection and where evaluation should be focused. Regular reviews of the program model with all staff and rigorous evaluation help to mitigate program drift and ensure comparable outcomes.

   1. There has been discussion on why this program has been chosen and what evidence supports the decision that is likely to be effective in your community.

   2. The staff have discussed the evidence regarding the program and how the program will most likely produce positive results.

   3. The model that is being used is based on **essential components** that are based on research.

   4. Evidence has been published in a peer reviewed journal or approved by a panel of independent experts through a comparable rigorous, objective, and scientific review.

   5. The program **integrity** has been maintained and not weakened.

   6. The **essential components** of the program have replicated to meet program **fidelity**.

   7. Non-essential components of the program have been adopted to meet the needs of your community.

* The words or terms identified in blue and bold are defined in the glossary on pages 14-21.
8. The program’s goals are appropriate for the intended population.

9. The outcomes of the program relate to the needs of your community.

10. The family support and parent education program is combined with a quality early learning environment.

11. There are collaborative arrangements that exist to assure families have access to services.

12. There are protocols in place for referrals to assure families get the service they need.

2. Staff

The early care, health, and education system work force must be able to provide collaborative, comprehensive, individualized, evidence-based services and systems, or must be able to identify and refer to such services and systems. The work force must be skilled in evidence-based promotion, prevention and intervention strategies. The decisions that staff make on a daily basis can make a difference as to whether the child or family receives services that are scientifically proven to have a positive impact.

1. The staff at all levels have professional development opportunities to ensure a level of competency prior to serving children and families.

2. The staff at all levels have professional development opportunities to maintain competency during their tenure (examples: abstract to specific, education, practices, role model, curriculum for staff development, program standards).

3. Different types of supervision and monitoring are provided on a regular basis (mentor/coach, observation, discussions).

4. There is curriculum in place for the training of program managers.

5. Supervision and program monitoring adequately ensures consistent high quality services to children and families (Faithful to the model).

6. Family Centered principles are applied to the supervision models.

7. The length of employment and experience/education are reflective of quality staff.

8. The wages and benefits are adequate for supporting high quality staff.

9. The case loads of staff reflect the program model recommendations and are monitored periodically.

*The words or terms identified in blue and bold are defined in the glossary on pages 14-21.*
3. Program Model Monitoring

Program Model **fidelity** provides standards for replication so that others seeking to replicate the model will have the specifications to do so successfully and are most likely to produce similar results. Attention to **fidelity** is critical for successful program replication. Financial **fidelity** is also essential to program **fidelity**. Many organizations fall short when attempting to implement an evidenced based model without adequate funding.

1. The results of program monitoring are used to strengthen program delivery.

2. The program is implementing the components in the family support definition.

3. The frequency and intensity of the program is being provided at the program model recommendations.

4. There are action steps the program is taking to combat the **attrition rate**.

5. The program has clear and defined program’s performance measures that relate to the program’s design.

6. The program engages families at all levels.

7. The program is reaching the intended population of the program.

8. Program staff and supervisors understand the design and the goals of the program.

9. There is continuous and periodical supervision of the staff.

10. Staff and families are given opportunities to provide feedback on the quality of services programs.

11. The program staff uses the feedback to improve the program.

12. The staff completes ongoing and periodical self-assessment.

13. There is process for continuous improvement for staff and management.

The authors of the Evidence-based Program Assessment acknowledge there are very few evidenced based programs in Iowa. However, you can look at the **essential components** based on research and identify if the program is already addressing these components or look at ways to enhance the model to include the **essential components**.

*The words or terms identified in blue and bold are defined in the glossary on pages 14-21.*
Sources:

Iowa State University Extension. (September 2004). *Criteria and Conditions to Scientifically Evaluate Programs.* Partnering with Parents. SP 175 IV-7-1.

Barbara J. Smith, University of Colorado at Denver and Lisa Fox, University of South Florida. (January 2003). *Systems of Service Delivery: A Synthesis of Evidence Relevant to Young Children at Risk of or Who Have Challenging Behavior.* Center for Evidence-Based Practice: Young Children with Challenging Behavior.

### Evidence-Based Assessment Definition Glossary

<table>
<thead>
<tr>
<th>DEFINITION</th>
<th>GUIDANCE</th>
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| **Adherence** | Closely following a practice, policy, or procedure.  
*Example:* Completing the number of home visits according to the curriculum guideline is *adherence* to the recommended schedule of home visits for the program’s curriculum. |
| **Attrition Rate** | Decrease in the length of participation and/or number of program participants.  
*Example:* In order to reduce the *attrition rate*, the program records and reviews the reason participants leave the program. |
| **Between Group Experiments** | A study that looks at the effect of something on more than one group or location over time.  
*Example:* The national evaluation used a *between group experiment* to look at program outcomes in all 104 program sites across the United States and Puerto Rico. |
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<tr>
<th><strong>Case Study</strong></th>
<th>A type of research which uses a systematic look at a single individual, family, or group, with the intention of making a comparison to another set of individuals or group. May be used as support for a practice.</th>
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<tr>
<td><strong>Example:</strong></td>
<td>The program selected a curriculum that used a <em>case study</em> to show the effectiveness of its services to participants.</td>
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<td><strong>Collaborative</strong></td>
<td>Individuals, groups, or programs working together cooperatively to achieve a particular goal or aim.</td>
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<td><strong>Example:</strong></td>
<td>A <em>collaborative</em> partnership among three community agencies was formed to create a centralized intake process for clients.</td>
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<td><strong>Comparable</strong></td>
<td>Two or more things that are similar.</td>
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<tr>
<td><strong>Example:</strong></td>
<td>All five Born to Be Young program sites in Iowa had <em>comparable</em> rates of child immunizations; between 97-98.5% of child participants were fully immunized for age.</td>
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<td><strong>Descriptive Research</strong></td>
<td>A type of research that uses numbers or data to count and classify information about an individual or group of individuals.</td>
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<td><strong>Example:</strong></td>
<td>The <em>descriptive research</em> provided an overview of the participants served in the program over the last five years.</td>
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| **Early Care** | Full range of services used by families to support, educate, and nurture children, particularly those from birth through 5. | Services provided to families to optimize the well being of young children, including health, education, and care giving.  
*Example:* Home visiting programs offer many aspects of early care, including child development screening, linkages to health care and education, and support for selecting quality child care environments. |
| **Efficacy** | The capacity for producing a desired result or effect; effectiveness. | The helpfulness, usefulness, value, or success of a program, practice, or service.  
*Example:* The curriculum was chosen for use in the program because of its demonstrated efficacy in reducing the rate of child abuse and neglect. |
| **Empirical** | Provable or verifiable by experience or experiment. | Demonstrated outcome or result that provides support or proof that a program, practice, or service is effective.  
*Example:* Research on the XYZ Depression Screening Tool has provided empirical evidence that it is effective in identifying women at risk of or potentially suffering from prenatal or postpartum depression. |
| **Essential Components** | Absolutely necessary; indispensable. | Required elements of the program, practice, or service that must be implemented.  
*Example:* The essential components of the TQR program include weekly home visits with participant families and bimonthly group activities. |
| **Fidelity**          | Faithfulness, adherence to fact or detail. | Following a practice, policy, or procedure.  
**Example:** Conducting 90-minute home visits with participants according to the program guideline provides *fidelity* to the recommended schedule of home visit duration for the program model. |
|----------------------|------------------------------------------|-------------------------------------------------------------------------------------------------|
| **Generality**       | An indefinite, unspecific, or undetailed statement; a general principle, rule, or law. | A statement, principle, rule, or law that concerns the main aspects of something or is true in most cases.  
**Example:** Home visitation programs in Iowa generally have a child development and parenting component. |
| **Hypothesis**       | A tentative explanation for an observation, phenomenon, or scientific problem that can be tested by further investigation. | An idea or possible explanation for an outcome or potential outcome; an educated guess.  
**Example:** The theory of attachment is a *hypothesis* for the development of a relationship between a caregiver and a child. |
| **Individualized**   | To consider or treat individually; particularize. | To develop a plan, activity, or service that is modified specifically for an individual, family, or group.  
**Example:** The presentation of child development information on the home visit was *individualized* to address the three concerns expressed by the parent regarding the child. |
| **Integrity (Program Integrity)** | Maintaining the consistency of principles, practices, or professional standards within a program.  
*Example:* The integrity of the curriculum was maintained by strictly following the instructions for use of the materials. |
|---|---|
| **Mitigate** | To counteract or reduce.  
*Example:* Supportive, consistent supervision mitigates the potential of home visitor turnover. |
| **Multi-Authored Consensus Document** | Joint effort by groups or individuals outlining points of understanding and agreement on a particular topic.  
*Example:* Five experts in the early childhood field wrote a *multi-authored consensus document* on the importance of human contact for weight gain in infants. |
| **Objective** | Based on facts, unbiased. Communicating or emphasizing specific features, characteristics, or facts of an object or topic independent of the thoughts, feelings, or bias of the expert, artist, writer, or speaker.  
*Example:* The child development screening tool provides an *objective* look at a child’s growth and development. |
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<tr>
<th>Outcomes</th>
<th>The way something turns out; result.</th>
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<td>An end result; a consequence.</td>
<td><em>Example:</em> The program tracks the percentage of preterm births and low birth weight babies and reports these outcomes to their funders.</td>
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<tr>
<th>Outside Source</th>
<th>An individual or group not affiliated with the agency or program that provides or analyzes program data and/or outcomes.</th>
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<td>A person, book, or document that provides or supplies information or analysis. Originating, coming from, or situated from some other place, person, group, or source.</td>
<td><em>Example:</em> The evaluator works at a nearby university, not affiliated with the program or agency, serving as an outside source to provide an independent report of the project.</td>
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<tr>
<th>Peer-Reviewed Journals</th>
<th>A scholarly journal that requires each article submitted for publication to be judged by an independent panel of experts or scientific peers. Articles not approved by the majority of these experts or peers are not accepted for publication by the journal.</th>
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<tr>
<td>Collection of articles which are reviewed by those who have expertise in the field.</td>
<td><em>Example:</em> Zero to Three publishes a peer-reviewed journal offering authoritative research, practical resources, and new ideas in the field of early childhood.</td>
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<tr>
<th>Promotion</th>
<th>Advancing the understanding, rank, or position of something.</th>
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<td>Furtherance or encouragement.</td>
<td><em>Example:</em> The evidenced-based program assessment aids in the promotion of promising and evidenced-based practices.</td>
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<td><strong>Qualitative</strong></td>
<td>Pertaining to or concerned with quality or qualities.</td>
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<tr>
<td><strong>Quantitative</strong></td>
<td>Of, relating to, or expressible in terms of quantity.</td>
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<tr>
<td><strong>Replicated</strong></td>
<td>To repeat, duplicate, or reproduce especially for experimental purposes.</td>
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<td><strong>Rigorous</strong></td>
<td>Exactness in precision; accuracy.</td>
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<td><strong>Scientific Review</strong></td>
<td><strong>Example:</strong> The XYZ program was established based on recommendations from the scientific review of early care and education by a panel of experts.</td>
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<tr>
<td>A group of highly regarded experts in a given field convened to advise on scientific merit.</td>
<td>A group of individuals considered to be experts in a field reviewing a topic, information, or claims based on the principles and methods of science and research.</td>
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<tr>
<th><strong>Single Subject Research</strong></th>
<th><strong>Example:</strong> The case manager used a new child development curriculum with one 12-month old child to examine the effects of the intervention using a single subject research design.</th>
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<td>Rather than comparing groups of subjects, this design relies on the comparison of treatment effects on a single subject or unique characteristics of a single subject.</td>
<td>An examination of the characteristics of a single subject or the impact of something on a single subject.</td>
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<th><strong>Survey</strong></th>
<th><strong>Example:</strong> Program participants completed a satisfaction survey twice yearly, and results were used to individualize program services.</th>
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<td>An investigation in which information is systematically collected.</td>
<td>An interview or questionnaire that is used in the same way with each individual in a group.</td>
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<tr>
<th><strong>Systematic</strong></th>
<th><strong>Example:</strong> The program developed a systematic outreach plan to provide information about their services to all possible referral sources within the community.</th>
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<tr>
<td>Having, showing, or involving a system, method or plan.</td>
<td>Made, arranged, or implemented according to a specific method or orderly plan.</td>
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SECTION I

PROGRAM MODEL FIDELITY
Mutual Respect & Trust between Parent & Home Visitor to Support Change

The following excerpt illustrates the importance of mutual respect and trust between parents and the home visitor as one of the key strategies for promoting program improvement and an opportunity to implement evidenced-based or promising practices in a program.

The process to collaboratively build a partnership begins during (the home visitor’s) first contact with parents. It is important to recognize that the relationship-building process will vary for each family, depending on how willing and ready parents are to participate in the process. Family members bring to this relationship their past experiences with other agencies or service providers, their individual temperament, and personality traits, as well as familial and cultural values – all of which influence how they relate to (the home visitor). Relationships take time. (The home visitor) will build mutual trust and respect when (the home visitor is) sensitive to the cues parents may give…about their comfort with the home visiting process.

The Home Visitor’s Handbook for the Head Start Home-Based Option
U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth, and Families
Head Start Bureau
Analyzing Exercises

Find a quiet work place to think about and respond to the following questions. Your responses to the following questions should reflect current policies and procedures for established programs or identified policies and procedures for new projects.

1. Identify three qualities of home visitors which help establish and maintain trusting relationships with families.

2. What do you consider appropriate professional boundaries between a home visitor and a participant on their caseload?
3. What guidelines, training, and/or support are provided to home visitors regarding the establishment of consistent and appropriate boundaries with participants?

4. What do you think are signs or indicators that a home visitor may be struggling in maintaining appropriate boundaries with participants?
5. What actions or behaviors on the part of a home visitor violate professional and appropriate boundaries and are grounds for immediate intervention by the supervisor?

6. What should a home visitor do if a participant is struggling in maintaining appropriate boundaries, or initiates behavior which violates the professional working relationship?
7. What are the program guidelines regarding dual or overlapping relationships between home visitors and participants? (Examples: A program participant is also a local hairstylist; a home visitor and participant attend the same place of worship; a program participant owns the local carpet laying business, and the home visitor wants to hire the participant to lay carpet).

8. What behaviors or actions might a participant engage in that could be incongruent with the home visitor’s knowledge of best practices? (Examples: spanking, smoking during pregnancy, domestic violence).
9. What do you think are signs that a home visitor may be struggling with personal values or judgments about a participant’s behavior, choices, or circumstances, and which may be impacting service delivery?

10. What are your program guidelines regarding home visitors accepting participants’ offers of food, drink, or gifts during home visits or other program activities? How do home visitors accept or decline these offers?
11. What are the confidentiality laws, policies, and exceptions specific to your program?

12. How are confidentiality policies explained to participants?
13. Do home visitors explain their mandatory child and/or dependent abuse reporter requirements to program participants? Why or why not?

14. What are the reasons that a home visitor would cancel a home visit with a family? How and when is it communicated to a family that a home visitor will arrive late or that a home visit needs to be cancelled or rescheduled?
15. What members of the family are typically present for the home visit? What efforts are made to engage multiple members of the household in the home visit?

16. If a family requests information or a referral to a community resource during a home visit, is that information typically provided during the home visit, between home visits, or on the next home visit?
17. Does your program have guidelines regarding the amount of time lapsed between referral/acceptance and the initial contact by the home visitor? If so, what are these guidelines?
Implementation Exercises

Develop a statement, list or brief paragraph in each box below. Your responses here and from the preparation exercises for the other topics in this workbook will be put together to form your agency’s quality assurance and evidence-based practices manual.

Something to Think About . . .

Home visiting involves developing rapport with participants, while working in their homes and delving into highly personal and emotional issues. Due to these aspects of home visiting services, the boundaries between home visitors and clients can sometimes become challenging to maintain. Occasionally, home visitors take the crises or problems of families upon themselves and feel highly invested in the family’s progress. Families often view home visitors – who visit with them frequently in their homes, sharing the joys and triumphs of the family’s life – as “friends”. While a friendly approach is essential to creating positive rapport, a strong working relationship, and affecting change; clear and professional boundaries must be maintained to ensure the integrity of services and the well being of home visitor and family.

1. Develop a plan for providing training and support to home visitors on the development and maintenance of healthy boundaries with participants. Consider the steps the supervisor will take (including professional development, support, reassignment of the case where possible, and/or additional intervention up to and including termination of employment or the participant’s enrollment in the program) if the home visitor or family is having difficulty with boundaries.

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<th>EXAMPLE</th>
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<td>Annually, home visitors receive a two-hour meeting/training regarding the development and maintenance of the professional working relationship and appropriate boundaries. The training is interactive and includes discussion of strategies to help maintain professional boundaries and the identification of potential red flags in working with families. Home visitors are encouraged to discuss specific real-world instances of challenges in developing relationships with participants.</td>
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</tbody>
</table>
Something to Think About . . .

Home visitors and participants may encounter one another in public – for instance, at the grocery store - or they may have a “dual relationship” - one in which participants and home visitors have ongoing contact outside of the home visiting relationship. Examples of these relationships may include the home visitor and participant attending the same place of worship or the participant being employed as a local hairdresser. During these instances, supervisors and home visitors should discuss each dual or overlapping relationship and decide if the assigned home visitor is the most appropriate choice, or if reassignment or transfer to another program would be more appropriate. If the home visitor will continue to provide services to the family, the home visitor and supervisor need to plan how it will be addressed with the family; discuss possible scenarios and how to handle these situations; and ensure that the work with this family is addressed at each meeting between the supervisor and home visitor. Home visitors should stress to families that if they encounter one another in public, the home visitor will maintain the participant’s confidential program participation, and will not discuss issues related to the program service with the client in public.

2. Develop a policy or plan for home visitors regarding potential dual or overlapping relationships with program participants.

- The home visitor will ask all participants, “If I see you in public, how do you want me to handle it?”
- The home visitor will immediately notify the supervisor of any dual relationship, and the supervisor will reassign/transitio the case if appropriate.
- The home visitor will explain to the client that anything that occurs during the course of service in the program is not public information, and the home visitor will not discuss anything related to program participation with the client if they encounter one another outside the home visit or other program activity.

EXAMPLE
Something to Think About . . .

During the course of supervision, home visitors benefit from being able to share their experiences and reactions (such as opinions, feelings, thoughts, and values) with their supervisor in relationship to working with families in general, with a specific family, or pertaining to a situation. Home visitors need to feel comfortable and be assured that appropriately expressing their thoughts and feelings in a safe and non-judgmental environment can help them to receive feedback and constructive guidance, and deal with the situation at hand.

3. Provide a mechanism for home visitors to safely and appropriately communicate their feelings, beliefs, and attitudes with supervisors and/or other program staff and receive support and guidance regarding choices made by families that may conflict with the home visitor’s knowledge of best practices.

EXAMPLE

- Supervisors encourage staff to share difficult home visit experiences during weekly supervision.
- Training and professional development on domestic violence, child abuse including sexual abuse, and substance abuse are provided to all home visitors twice yearly.
Something to Think About . . .

Confidentiality is basic to developing rapport, building a trusting professional relationship, and working with families. Families need to understand that the home visitor will respect their privacy and maintain confidentiality, and be made fully aware of when home visitors are required by law to disclose specific information. Explaining the parameters of confidentiality at the onset of program services helps the family to feel more comfortable with the home visitor and facilitates the development of rapport. Providing the family with a clear explanation of what the law requires helps families to make choices about what they share with the home visitor and minimizes the potential for feelings of betrayal when home visitors must disclose information to other parties.

4. Develop a confidentiality statement to be given to families during a home visit with instructions for home visitors (which includes laws pertaining to your state or funding stream and applicable HIPAA or FERPA regulations) and any exceptions to confidentiality as required by law.

EXAMPLE

The XYZ Project is voluntary and confidential. This means that I will not share any information about you and your family without your written permission, except in the case of child and dependent abuse reporting, or if you threaten to harm yourself or someone else.
Mutual Respect & Trust between Parent & Home Visitor to Support Change

Something to Think About . . .

In order for families to enter into and maintain trusting relationships with home visitors, there must be consistency between the home visitor’s actions and communication. Families need to know that scheduled home visits are important and a priority for the home visitor. When home visitors repeatedly cancel or reschedule visits, it sends the message to a family that they are not a priority in the home visitor’s work. Supervisors and other administrators should be particularly mindful of encouraging or requiring home visitors to cancel visits in order to attend to other program duties. The most important element of any home visitor’s work is the direct delivery of services to families, and this importance should be recognized and respected by all program staff.

5. Develop a plan and tracking system for minimizing the number of home visits rescheduled and/or cancelled by home visitors.

EXAMPLE

Home visitors are requested by supervisors to reschedule visits for participation in other program activities on an emergent/urgent basis only. Scheduled visits allow adequate time for prep, travel, and potential delays in leaving the home visit. Supervisors analyze the number of home visits cancelled and/or rescheduled by the home visitor quarterly and share these results with each home visitor.
Something to Think About . . .

If important family members are recognized and appreciated, they are more likely to be supportive of the services being provided to the family and to participate in the program. Significant family members provide additional insight into the relationships, dynamics, and interactions of the family unit. The inclusion of important people in the child’s family creates opportunities to identify additional strengths and challenges; and provides support and education, thereby enhancing the consistency and continuity of interactions with the child.

7. Develop strategies for identifying significant family members, as defined by family composition, to promote participation in home visits.

<table>
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| • Home visits are conducted three times per month during day hours, and one time per month during the evening to accommodate one family member’s work hours. Therefore, during at least 25% of scheduled home visits, both parents would be able to attend.  
• The parents are encouraged to attend the playgroup that allows both parents to attend and participate. |
Something to Think About . . .

Requests by families for information typically stem from immediate needs or issues. It is important for home visitors to respond quickly with information and resources as appropriate. Families may not be able to wait until the next home visit, since this information may be needed to access a resource, make a decision, or alter their behavior. Being creative and thinking outside the box can help the home visitor get information to the family quickly while minimizing the disruption to other scheduled work duties.

7. List four ways that information regarding child development or needed resources requested by a parent during a home visit can be provided prior to the next scheduled home visit.

<table>
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<th>EXAMPLE</th>
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| • Phone calls  
• Mailing  
• Dropped off at the family’s home  
• Delivered to parent at group meeting |
Something to Think About . . .

There is often a window of opportunity to successfully engage families and capitalize on their interest in program services. Families may have multiple issues; be highly mobile or difficult to locate; have busy schedules which make contact challenging; or be reluctant to accept services from a new program. Guidelines with specific timelines for contacting families help home visitors to focus efforts; plan and prioritize their work; and ensure that all families are consistently contacted in a timely manner.

8. Develop a guideline and noted exceptions indicating the target date for contacting the family and completing the first home visit after initial referral/acceptance into the program. Include three strategies for contacting the family and completing the first home visit after the initial referral/acceptance into the program to meet the target date.

• Following acceptance into the program, the family will initially be contacted by phone within 2 working days, if possible, to provide a program overview and schedule the first home visit.
• A letter welcoming the family to the program will be mailed within 2 working days at the time of acceptance. The letter will encourage the family to contact the home visitor to schedule the first home visit.
• If phone contact is not successful or possible, the home visitor will complete an unscheduled home visit within 5 working days, leaving contact information at the family’s residence and attempting to complete face-to-face contact to schedule the first home visit.
• The target date for completion of the first home visit is 10 working days.
• The referral source, if different than the family, should always be contacted during this period if all other efforts to reach the family are unsuccessful.

EXAMPLE
Ongoing Agreement between Parent & Home Visitor on Goals & Strategies of the Program

The following excerpt illustrates the importance of ongoing agreement between the parent and the home visitor on the goals and strategies of the program as one of the key strategies for promoting program improvement and an opportunity to implement evidenced-based or promising practices in a program.

The content of the home visits may...stray from the intended curriculum. Most of the home visitation programs described...have core curricula, but visitors may not always be able to deliver the lesson plans. A mother may be concerned about a sick infant, or may have had a very rough night with an abusing spouse, and she may want to talk about those issues rather than about the presumed topic for the day. The home visitor is likely to set aside the curriculum to address the mother's more pressing concerns. That ability to respond to parental concerns immediately and with sensitivity is one of the hallmarks of home visitation programs, and is widely seen as one of their strengths. Nevertheless, if such deviation occurs on a regular basis, or if individual home visitors consistently vary their programs as a reflection of their own backgrounds and experiences, then the service the home visitors provide is not the same as what program designers originally proposed.

Understanding Evaluations of Home Visitation Programs
Deanna S. Gomby
Home Visiting: Recent Program Evaluations
Volume 9, Number 1 – (Spring/Summer 1999)
Analyzing Exercises

Find a quiet work place to think about and respond to the following questions. Your responses to the following questions should reflect current policies and procedures for established programs or identified policies and procedures for new projects.

1. How frequently are goals established and reviewed with families?

2. Who sets the family’s goals – the family, the home visitor, or both?
3. In what areas are goals typically written? (Social service needs, child development information, program participation, etc.)

4. During goal setting, how are potential barriers addressed?
5. How is it determined to discontinue or suspend a family’s goal?

6. If a family identifies a goal that the home visitor feels is unattainable or inappropriate, how does the home visitor guide the family through all available options, while respecting the desires and goals of the family?
7. *What efforts are made to coordinate goal establishment with other service providers working with the family?*

8. *How are home visitors trained on goal setting with families?*
9. Is goal attainment or lack of attainment linked to eligibility for program services?

10. How are families’ individual goals related to the goals of the program?
11. How is the program’s curricula and routine education linked to the goals of the program?

12. What does the home visitor typically do if the family’s focus during home visits is different than the home visitor’s understanding of the program’s focus? (i.e., significant discussion of social service needs and minimal focus on parent/child interactions and child development information)
13. If not all family members are present during the establishment of goals, how is the information shared with all relevant people? What efforts are made to address the impact of goals on all family members? (Example: A goal is established that one parent will resume attendance at school, which directly impacts the other parent’s need to change work hours in order to be home with the child).
**Implementation Exercises**

Develop a statement, list or brief paragraph in each box below. Your responses here and from the preparation exercises for the other topics in this workbook will be put together to form your agency’s quality assurance and evidence-based practices manual.

**Something to Think About . . .**

Educating families regarding the goals of the program offers an opportunity to promote clear understanding of how the home visitor will work with the family and how the family can successfully participate in the program. Having these conversations early during the course of service sets a stage for clear expectations of roles and responsibilities of all involved; and helps to establish clear boundaries.

1. **Develop a plan for educating families regarding the goals of the program, including the specific roles and responsibilities of the home visitor and the parent(s). Indicate if this information will be provided to families in writing, and at what point during the course of service families receive and revisit the information.**

<table>
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<th><strong>EXAMPLE</strong></th>
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| • Upon enrollment into the program, the family and home visitor review and sign an Enrollment Agreement.  
• The Enrollment Agreement includes specific roles and responsibilities of both the parents and the home visitor during the course of service.  
• The Enrollment Agreement is reviewed and initialed by both the parents and home visitor annually. |
Goal setting is an essential component of home visiting and helps families to learn a process for problem solving; provides direction and a means to identify and measure progress; and assists families in recognizing achievement. Families should have full ownership of their goals, which begins with the process of goal establishment. When participants are an active part of their family’s goal development, it promotes motivation, achievement, and buy-in. During the course of service, goals should be frequently reviewed to identify accomplishments, barriers, additional needs, and any goals that are no longer relevant; and to alleviate potential frustration for the family by creating new or alternative goals in a modified plan.

2. Develop a timeline for goal setting with families. Include when initial goals will be written, how often goals will be reviewed, modified, and/or discontinued, and how frequently new goals will be established.

The Goal Setting Plan is developed with the family within the first 30 days of service and updated every 90 days thereafter. Goal Setting Plans may be updated as often as needed during home visits with participants or as families identify new goals, but are only required to be updated every 90 days. Goals will be identified as “Completed”, “Modified”, “In Progress”, or “Discontinued” during each update to the Goal Setting Plan.
In order to encourage families to build upon strengths and recognize success, it is important that goals are not overwhelming to the participants. Home visitors must work closely with families to identify and establish goals that are specific, measurable, and achievable. Goals that are too loosely stated make it difficult for the family to understand specific steps that can be taken in order to accomplish the goal. If a goal is not measurable, the family and home visitor will have difficulty in recognizing accomplishment or the need for a modification of the goal. Goals that are achievable encourage families to experience success and a sense of accomplishment, which bolsters self-confidence and promotes future achievements.

3. **Write a sample goal for a family that would be considered specific, measurable, and achievable.**

<table>
<thead>
<tr>
<th>EXAMPLE</th>
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<tbody>
<tr>
<td>Complete weekly home visits with my parent educator to learn 5 signs of potty-training readiness and identify which signs my child is demonstrating by 12/1/07.</td>
</tr>
</tbody>
</table>
Something to Think About . . .

The first step toward developing appropriate and attainable goals with families is to provide thorough and comprehensive training for home visitors on working with families for goal setting. A training plan is key to ensuring that all important elements of facilitating goal development and attainment with families are addressed with home visitors. Training should also cover exploring options with families who have identified inappropriate or unattainable goals, or who are reluctant or refuse to participate in goal setting. Goal development may seem inherently easy—nevertheless, many experienced home visitors have difficulty helping families develop appropriate, measurable, attainable goals.

4. Develop an outline of a training plan for educating home visitors on documenting, reviewing, and supporting goals in their work with families. Consider in this outline what, if any, participation eligibility is linked to goal attainment, or a family’s refusal to work towards goals.

EXAMPLE

Home visitors receive an orientation to goal-setting, which includes explanation of each of the following areas:
1. Developing measurable, specific, and attainable goals.
2. Identifying clear steps the family can take to reach the goal.
3. Discussing who can help the family meet the goal, and the responsibilities of each person involved.
4. Assisting families in recognizing appropriate goals.
5. Brainstorming possible barriers to achieving the goals, and developing a back-up plan.
6. Revisiting, modifying, and discontinuing goals as appropriate to alleviate frustration and encourage the family’s overall success.
7. Working with families who are reluctant or refuse to participate in goal setting.
**Something to Think About . . .**

Programs need to have guidelines in place that provide home visitors with a benchmark on which to evaluate a family’s participation in the program and to allow for individualized strategies to work with families on these issues. For example, if the goal of the program is parent education and the family has ongoing, significant social service needs, at what point are referrals made to other resources to provide assistance and support to the family?

**5. Develop a plan, policy, or procedure for working with families who have difficulty in focusing on the primary purpose of the program despite repeated efforts by the home visitor to properly address issues and redirect the family to the intended program focus.**

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**EXAMPLE**

When a home visitor identifies that in greater than 75% of the home visits over the course of two months the family is unable to maintain focus or successfully be redirected back to the main purpose of the program during home visit activities, the home visitor will conduct a strength-based visit with the family to revisit program goals. The home visitor will conduct two visits employing specific strategies to reengage the family in activities that exemplify the intended purpose of the program. If these efforts are limited or unsuccessful, the home visitor will consult with the supervisor and to develop a plan designed to reengage the family or transition them to a more appropriate service in the community.
Active Interactions between the Parent & Child during and after Each Visit

The following excerpt illustrates the importance of active interactions between the parent and child during and after each visit as one of the key strategies for promoting program improvement and an opportunity to implement evidenced-based or promising practices in a program.

An important goal in home visiting is to encourage parents to be partners in play with their young child. As parents enter into their child’s play, their child feels affirmed, feels a sense of connectedness, and has an invitation to express him- or herself imaginatively and constructively in play. Many home visitors can play skillfully with a very young child and have constructive conversations with the parents about the child’s development and their parenting. Commitment and ability to stimulate parents as play partners is a skill that home visitors develop with experience and professional guidance. When parents learn to be active participants in their child’s play, home visitors can talk about the specific meaning and purpose of this type of parent involvement for their child’s development. For example, a parent’s active involvement as a play partner gives his child a sense of connectedness and self-worth. The parent is promoting his child’s ability to maintain focus – an essential readiness skill for school success.

*The Home Visitor’s Guidebook*
*Promoting Optimal Parent & Child Development*
*Carol S. Klass*
*(2003)*
Analyzing Exercises

Find a quiet work place to think about and respond to the following questions. Your responses to the following questions should reflect current policies and procedures for established programs or identified policies and procedures for new projects.

1. *During the course of the home visit, who generally engages in child development or educational activities with the child? The home visitor, the parent(s), other household members, or a combination? Why?*

2. *During the home visit, where does each participant (including parent, home visitor, and child) usually sit?*
3. Are the expectations of parent/child interaction during home visits discussed? If so, when and how does this discussion take place?

4. List three benefits of parent/child interaction during home visits.
5. Are parent/child interaction activities, to be used between visits, provided to parents during home visits? If so, how are they usually presented? Are they reviewed on the following visit?
Implementation Exercises

Develop a statement, list or brief paragraph in each box below. Your responses here and from the preparation exercises for the other topics in this workbook will be put together to form your agency’s quality assurance and evidence-based practices manual.

Something to Think About . . .

Relationships are at the core of home visiting programs, and the most significant relationship to optimize a child’s growth and development is that between the parent and the child. Although families may face crises, the relationship between the parent and the child does not lose its importance. Successful engagement of parents and other caregivers in the home visiting process requires that home visitors recognize family members as experts on their own children and act as catalysts to enhance and encourage interactions.

1. List three engagement techniques to encourage parent/child interaction during home visits and develop a plan for educating home visitors on their use.

   - During the course of the home visit, the home visitor sits on the floor with the child, and encourages the parent to sit on the floor as well.
   - The home visitor notices, points out, and reinforces any positive parent/child interaction and developmental achievements on the part of the child during the course of the visit.
Something to Think About . . .

Some parents do not realize the importance of their daily interactions with their children and the overall benefit for their child’s growth and development. Parents who know about the importance of parent/child interactions (those with preexisting knowledge or those who gained the insight from a home visitor) sometimes lose track of the teachable moments or don’t take the time to regularly engage in interactions, due to busy schedules, the needs of other siblings, or the demands of daily living. Even if the child has a preschool experience, home visitation program, or other early childhood opportunity, parents need to build on children’s experiences and engage in activities at home to truly prepare children. Parent/child interaction is ultimately important for school readiness and ongoing school achievement.

2. **Develop an educational home visit module for use with families which explains the importance of parent/child interaction during and after home visits. Include strategies to help parents understand the importance of ongoing parent/child interactions and teachable moments.**

**EXAMPLE**

- The first home visit of the program focuses on the important role of parent/child interaction in supporting the child’s healthy growth and development.
- Home visitors provide information during every visit on “teachable moments” and use observations of parent/child interactions during the home visit to help parents recognize these opportunities.
Engaging reluctant parents in parent/child interactions is a common challenge faced by home visitors. Home visitors need knowledge of varied strategies and techniques to employ when their initial efforts don’t meet with success or for those parents who are unable or unwilling to participate in interactions. Additionally, there may be some unique situations that home visitors encounter that might require them to draw on all the strategies they have or modify their strategies. (For example: The home visitor may work with a parent who is in a wheelchair; a blind parent; or a pregnant mom on bed rest.)

### 3. Develop strategies to encourage reluctant parents to engage in parent/child interactions during and after home visits, with logical steps from home visitor-led to parent-led interactions.

**EXAMPLE**

The parent is always sitting on the couch during home visits, despite the home visitor’s attempts to engage the parent in parent/child activities on the floor. The home visitor has previously explored any potential physical barrier that would make it difficult for the parent to sit on the floor. The home visitor takes the activity and the child to the couch, starts the activity, and explains to the family the importance of being on the same level as the child and doing the activity with the child. The home visitor continues to offer information regarding the use of the floor for play and parent/child activities.
Something to Think About . . .

Home visitors can develop a menu of parent/child interaction activities that can be used either on home visits or left with families to do on their own or between visits. This menu could include some core activities done with all families, activities done at specific developmental stages, and activities that have been developed to individualize based on a child or family’s specific interests and/or abilities.

4. List three parent/child interaction activities that could be explained to parents during home visits.

Example

Blanket Play - The home visit has a variety of activities that uses lightweight baby blankets including:
- Blankets and chairs are used to build a fort. Children and parents can crawl in and out of the fort, and read a story in the fort using a flashlight.
- One of the blankets is spread on the floor to have an imaginary picnic or tea party.
- The blanket can be turned into parachute play and the children and parents can bounce rolled up socks into the air, or pretend to be a Merry Go Round.
Active Interaction between the Parent & Child during and after Each Visit

Something to Think About . . .

Program meetings or other trainings can be built around the existing program curriculum with the goal of enhancing the home visitor’s ability to use the materials or to use the materials in a new and different way. Home visitors can benefit from further exploring the curriculum or materials and developing new and innovative ways to use the materials with families. Some of the reasons this is beneficial are that families have different learning styles, home visitors get tired of using the curriculum in the same way, and many families need repetition of the same educational points in a variety of presentations.

5. Develop two strategies that can be used in the program to review curricula and develop between-visit, follow-up activities for parents and their children.

<table>
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<tbody>
<tr>
<td>• Monthly meetings are held with all home visitors to brainstorm and share ideas.</td>
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<tr>
<td>• Once per month, one home visitor develops two follow-up activities to share with all staff.</td>
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</tbody>
</table>
**Something to Think About . . .**

Home visitors play a vital role in encouraging and supporting parents, and helping them to understand the significant role they play in their children’s growth and development. Initially, parents may feel uncomfortable in engaging in parent/child activities, or may doubt that they’re “doing the right thing”. There are some parents who struggle with appropriate interactions and engage in activities that are developmentally inappropriate and may be harmful to the child. Learning for young children is simple, fun, and rooted in play rather than pressure to engage in activities focused on learning to read, write, or recognize colors and letters. As parents become more comfortable in conducting activities with their children, they’re more likely to seek out and participate in additional interactions. Motivation and follow-up on the part of home visitors is key to helping parents grow with and learn more about their child.

### 6. List four strategies to encourage and motivate parents to complete parent/child interaction activities between home visits.

**EXAMPLE**

On each home visit, the home visitor asks the parent about the activity that was discussed during the previous visit, including: was the activity completed, what the parent liked or didn’t like about the activity, how the child reacted to the activity, and if the parent would do the activity again. The home visitor praises the parent if the activity was completed and encourages the parent to try a new activity before the next visit. The home visitor brings the activity on the home visit so if the parent did not conduct the follow-up activity or did not enjoy it, the home visitor can demonstrate the benefits to the child in hopes that the parent will engage in future activities. The home visitor can also discuss barriers to completing the activity and offer suggestions that might make it more doable for the family.
The following excerpt illustrates the importance of home visitors as change agents for parents; parents as change agents for children as one of the key strategies for promoting program improvement and an opportunity to implement evidenced-based or promising practices in a program.

In forming a relationship with parents, home visitors try to ensure that parents understand the behaviors associated with the roles of home visitor and parent. The most important dynamic of family support programs is developing mutual respect and partnership between parents and home visitors. Historically, parent education put the parent educator in the role of expert directing the parent. In contrast, the home visitor in family support programs is an empathic listener, consultant, resource, guide, advocate, and partner. For example, in the traditional parent education model, the professional chooses a topic such as sleeping and then lectures on appropriate parenting practices to promote healthy sleep patterns in the child. The modern home visitor first learns how the baby or young child is sleeping and how the parent assists the child’s sleep. Then, the home visitor shares developmental information and possible parenting strategies as related to the lived experience of the parents and child. The topic may be the home visitor’s or the parents’ choice.
The directives of traditional parent education are replaced in home visiting by joint problem solving – a working alliance. Parents are the experts in their children’s development, active participants in home visits, and the final decision makers with regard to nurturing their children. Home visiting is a helping relationships defined by collaboration between the home visitor and the parents.

*The Home Visitor’s Guidebook*
*Promoting Optimal Parent & Child Development*
*Carol S. Klass*
*(2003)*
Analyzing Exercises

Find a quiet work place to think about and respond to the following questions. Your responses to the following questions should reflect current policies and procedures for established programs or identified policies and procedures for new projects.

1. During the course of the home visit, how does the home visitor conduct observations of the child? How are observations communicated to the parent?

2. Does the program use a child development screening and/or assessment tool? Who usually completes this tool: the home visitor, the parent, or both? Who created this screening or assessment tool?
3. If a screening tool or assessment indicates a possible developmental delay, how is this information communicated to the parent(s)?

4. What other screenings and/or assessments are completed with the parent/family to identify and address potential issues or concerns (including domestic violence, maternal depression, substance abuse, mental health, smoking cessations, etc.)?
5. If a parent requests a referral to a community resource or service, how is the information provided to the parent? Who generally establishes first contact with the resource – the home visitor, the parent, or both?

6. When referrals to resources or services are made by the home visitor, what follow-up is conducted to determine the effectiveness of the referral?
7. In what ways does the program encourage parents to be advocates for themselves and their children?

8. Are participants given an opportunity to participate in decision making processes for the program, such as a leadership committee or advisory board?
9. **How do home visitors address a family’s declination of a referral for other services or resources?**
Implementation Exercises

Develop a statement, list or brief paragraph in each box below. Your responses here and from the preparation exercises for the other topics in this workbook will be put together to form your agency’s quality assurance and evidence-based practices manual.

Something to Think About . . .

Observing children is important because it lets us know where children are developmentally; where their strengths, challenges, and accomplishments lie; and whether a skill is emerging or well established. As parents observe their children and become more astute in their observations, they become better at reading their child’s cues, understanding their child’s motivations and intentions, and following their child’s lead.

1. Develop strategies to encourage parents to conduct observations of their children during and after home visits. Indicate if these observations will include written observations, if appropriate, and how this information will be communicated with the home visitor.

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<tbody>
<tr>
<td>• The home visitor will conduct five written observations of the child during the home visit, and share each observation with the parent. The home visitor will document these observations on an “Observation Record” and provide a copy to the parent.</td>
</tr>
<tr>
<td>• In the natural course of the next three home visits, the home visitor keys in when a parent makes an observation in conversation, points out that it’s an observation, and makes note of it.</td>
</tr>
<tr>
<td>• During the next home visit, the home visitor will encourage the parent to observe the child, and help the parent document three observations on the “Observation Record.”</td>
</tr>
<tr>
<td>• If appropriate to the parent’s literacy skills, the home visitor will leave blank “Observation Record” forms, and encourage the parent to write down three observations during the week. If literacy challenges exist for the parent, the home visitor will encourage the parent to observe the child and they will discuss the observations on the next visit.</td>
</tr>
<tr>
<td>• During the following home visit, the home visitor and parent will review the observations, discussing the parent’s important role in enhancing the child’s growth and development.</td>
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</table>
Something to Think About . . .

Observation, screening, and assessment form a continuous process to identify the strengths and challenges of a child, concerns related to development, and help to develop a plan for additional services as appropriate. Observation, which can be formal or informal, provides an examination of a child’s development, behavior, and interactions. Screening is the first step for identifying “red flags” and determining the potential need for assessment. An assessment is formal and in-depth, and uses multiple methods and sources to determine a representative picture of the child. Involving parents in the process of developmental screening and/or assessment has a threefold purpose. First, it offers an opportunity to provide education on development and expected or approaching milestones. Secondly, it builds on the parent’s existing knowledge of the child and reinforces the parent’s role as an expert regarding his/her child. Thirdly, it encourages the parent to look closely at what the child is doing in play and strengthens the parent’s observation skills.

2. If child development screening or assessment tools are used in your program, develop strategies to enhance parental participation in the completion of the instrument. Indicate what tool is used, who created the tool, and if any evidence supports the use of the tool.

EXAMPLE

The parent is provided with a copy of the screening tool. The home visitor reads each question aloud and the parent encourages the child to demonstrate the skill, if appropriate. The parent and home visitor offer observations of the child’s mastery where applicable. The home visitor and parent discuss the rating, with the home visitor providing education and asking questions as necessary. During the next home visit, the home visitor provides the parent with a completed copy of the screening tool. The family is encouraged to share the completed screening tool with the pediatrician at the next well-child visit.
There may be instances where multiple agencies working with a family may be conducting child development screening/assessments. Assuming there is no duplication of services or coordination has occurred to circumvent the duplication of services, then the service providers should work together with the family to eliminate the need for repetitive screenings. The service providers can work together in creative ways to ensure that screenings occur at appropriate intervals, results are shared with all involved parties, families are fully engaged in each program, and child development goals and services are coordinated as applicable.

3. Develop a plan, policy, or guideline for coordination among service providers of screening and/or assessment of participant children. Consider in this plan the frequency of screening/assessment, person responsible for completion of the tool, and efforts to share results where appropriate.

EXAMPLE

All home visitors completing screening/assessment tools with the family will obtain releases of information from the family to share written copies of each tool with all appropriate service providers. Agency #1 will complete the 4, 8, and 18 month screening. Agency #2 will complete the 6, 12, and 24 month screening. Home visitors will conduct joint home visits where appropriate to discuss screening results and goal planning with the family.
Something to Think About . . .

Home visitors need a guideline to follow regarding the appropriate point at which to make a referral for further developmental assessment of a participant child based on screening/assessment results, parental concerns, and/or observations of the home visitor. A benchmark is important to ensure a consistent level of intervention across families, to avoid potential bias, or to be certain that home visitors don’t overlook the need for further assessment. Home visitors need training and education on discussing the results of the child’s screening with parents; the purpose and utility of a referral for follow up; and working with families who are reluctant to accept a referral. Agency policies also need to identify and provide training to staff to recognize when a family’s unwillingness to pursue a referral imperative to the child’s health and well being constitutes the need for a child abuse and/or neglect report.

4. Describe a program policy for making referrals for follow-up developmental services as a result of screening/assessment. Include in this policy what home visitors will do if a family declines a referral.

Following the completion of each screening/assessment tool, the home visitor will provide a copy of the completed tool to the parent. The home visitor and parent will discuss the results. If a need for referral is indicated according to the program’s predetermined standards, the home visitor will discuss the process for referral with the family and obtain a release of information for referral with the family’s consent. Either the home visitor, the parent, or the parent and home visitor together will make the initial referral, depending upon the wishes of the parent. If the family declines a referral, the home visitor will talk with the family at each visit about the results of the screening tool and encourage the family to sign a release for a follow up referral, offering alternatives wherever possible. The home visitor will conduct supplemental screening/assessment tools on a frequent basis as a means for continued discussions regarding the need for referral.
In addition to child development tools used by programs, participant families may be screened or assessed for other reasons, such as depression, mental health, and substance abuse. Screening and assessment allows for the identification of potential barriers, challenges, or the needs of participants. Programs should analyze their core purpose of services and determine what, if any, additional screenings and/or assessments are needed to appropriately assist families and the goals of the program. In administering these tools, home visitors may identify issues which are outside their scope of practice. Programs benefit from having clear policy and guidance for staff including recognizing at what points referrals for additional services are warranted, discussing results with participants, and ensuring comprehensive knowledge of available community resources and their associated referral processes.

**5. If other screening and/or assessment tools are used in your program (i.e., maternal depression, smoking cessation, substance abuse, mental health), develop a plan, policy, or guideline for home visitors on the use of the tool(s). Consider in this plan frequency of administration, person responsible for completion of the tool, and at what point referrals are made for additional screening/assessment and/or follow-up services.**

---

**EXAMPLE**

The maternal depression screen is administered by the home visitor on the following schedule: 1<sup>st</sup> trimester, 2<sup>nd</sup> trimester, 3<sup>rd</sup> trimester, 10 days postpartum, and at 3, 6, 9, and 12 months following delivery. If the participant scores above a 10 during any screening, the home visitor talks with the participant about the need for follow-up referral to either a primary care practitioner, other physician, therapist, or other mental health provider. The home visitor has a list of mental health providers, and the types of insurance or payment accepted/required by each. During future home visits, the home visitor checks with the family on the status of services and continues to discuss the need for follow-up services with the participant.
Families come into home visitation programs with different levels of abilities to receive and pursue referrals for needed services and support. There are families who are well equipped and motivated to take referral information, make contact, and engage in services. Other families are less able and benefit by observing the home visitor and learning how to make contact; learning what information to ask or provide; understanding what to do with the information received; and knowing how to advocate for themselves and their children. Home visitors can provide education and information, and support families by making the referral with them; helping the families to make the referral themselves; and following up with families when families are able to do it on their own.

6. Identify strategies to support parental involvement in obtaining information or accessing community resources. Given the individual needs of participants and agencies, outline steps of support and assistance to encourage long-term self-sufficiency in locating and acquiring needed services.

- The first time a family is given a referral to a resource, the home visitor makes the initial call while on a home visit with the family. The family is given a written community resource guide, including phone numbers and contact information.
- The second time a family is given a referral to a resource, the home visitor encourages the family to call the resource during the home visit, and helps the family locate the contact information in the community resource guide.
- The third time a family is given a referral to a resource, the home visitor encourages the family to access the community resource guide, call the resource directly, and notify the home visitor of the outcome of the call.
Parental involvement in a program offers a number of advantages. If parents are involved in the program in other ways besides participating in services, it increases their investment in the program and their level of participation. Parental involvement strengthens the program by creating opportunities to solicit and incorporate the ideas, interests, and recommendations of the target population. These opportunities offer many benefits to the parents involved by building self-esteem, promoting leadership experience, fostering advocacy skills, and increasing the likelihood that parents will be more involved when their children are in school.

7. List three ways parents and other participants could be involved in leadership opportunities of program decision making or program planning in your agency or organization.

**EXAMPLE**
- Participants are invited to become members of the program’s Advisory Board.
- Parents are invited to attend quarterly planning sessions with program staff to develop ideas for presentations/educational opportunities at upcoming Parent/Child Interaction Nights.
- Participants can choose to join a peer-to-peer mentoring opportunity organized by the program.
- Parents participate in recruitment events for the program.
Simultaneous Enrollment of Parent in Home Visiting & Children in High Quality Early Childhood Environments

The following excerpts illustrate the importance of simultaneous enrollment of a parent in home visiting and children in high quality early childhood environments as one of the key strategies for promoting program improvement and an opportunity to implement evidenced-based or promising practices in a program.

At a time of fundamental disagreements in the United States over the nature of the country's economic problems and their solutions, it is rare when a consensus emerges across the political spectrum on both the problems and the appropriate policy solutions. There is almost universal agreement among experts that too many young children—the most vulnerable members of our community—have inadequate access to food, clothing, shelter, health care, and clean, safe, crime-free living environments. In addition, too many of our children do not have access to high-quality educational opportunities or fall far short of achieving their academic potential while in school.

At the very same time, however, there is a consensus among experts of all political stripes that high-quality investments in the education and health of young children would have huge long-term economic payoffs, both to our children and to society as a whole. Recent studies of high-quality early childhood development (ECD) programs have consistently found that investing in young children has
many important benefits for children, their families, and society at large (including its taxpayers).

Exceptional Returns
Economic, Fiscal, and Social Benefits of Investment in Early Childhood Development
Robert G. Lynch, Economic Policy Institute
(2004)

Because the way children are treated in their earliest years of life by important adults shape their future successes or failures, it is crucial that all caregivers provide a healthy setting that encourages appropriate emotional, social, and intellectual growth. Parents should observe caregivers interacting with their child before making decisions. Some questions for parents to ask in determining the caregiver’s or program’s ability to understand babies and toddlers and support healthy development include:

- What training do staff have in infant/toddler development?
- Does the caregiver use straightforward, simple words to talk with my child?
- Are activities and schedules explained to my child?
- Are toys and materials well organized so my child can choose what interests her?
- Is this caregiver able to accommodate the special needs of my child?
- Does the environment accommodate the special needs of my child?
- Does this caregiver respect the language, culture and values of my family?
- Do the caregiver and I agree on discipline? Weaning? Toileting? Feeding?
- Can this person handle conflicts without losing patience, shaming a child or frequently displaying anger?
- Does the caregiver enjoy children?
- Am I welcome to drop in at any time?
- Will my child feel good about coming here?
• Is the environment sanitary and safe?
• Is the place appealing with comfortable lighting and an acceptable noise level?
• Is the child care program licensed by the state or local government?
• Is the child care program accredited by the National Association for the Education of Young Children or the National Association of Family Child Care?
• Are the caregivers certified by the Council for Early Childhood Professional Recognition with a Child Development Associates degree credential for infant/toddler caregivers or an equivalent credential that addresses comparable competencies (such as an associates or bachelors degree)?
• Is there a primary caregiver for my child?
• Are the ratios and group size appropriate for my child’s age?

Choosing Quality Child Care
Zero to Three: National Center for Infants, Toddlers, and Families
Analyzing Exercises

Find a quiet work place to think about and respond to the following questions. Your responses to the following questions should reflect current policies and procedures for established programs or identified policies and procedures for new projects.

1. What do you think are the benefits for young children to participate in group and preschool experiences?

2. Do you think that enrollment in home visitation and early childhood group experiences constitutes a duplication of services? Why or why not?
3. What opportunities exist within your community for child care, including home-based and center-based care?

4. What opportunities exist within your community for preschool, including Head Start?
5. List any child care centers or preschools in your community with accreditation from the National Association for the Education of Young Children (NAEYC). List any home based child care environments that are identified as Child Development Homes in your community.

6. What other opportunities exist within the community for early childhood or group activities (i.e., Mommy & Me groups, Play and Learn at the elementary school, Story Time at the library, etc.)?
7. List any partnerships, collaborations, or agreements (formal or informal) between your program and/or other programs in the community to support the enrollment of young children in quality early childhood experiences?

8. What resources exist in the community for home visitors and families to obtain more information about child care homes and centers, including Quality Rating System information, accreditation, licensure, and registration?
9. What are the challenges or barriers for families in your community to participate in group and/or preschool experiences?

10. What do home visitors do if when a family uses child care that is of poor quality?
Implementation Exercises

Develop a statement, list or brief paragraph in each box below. Your responses here and from the preparation exercises for the other topics in this workbook will be put together to form your agency’s quality assurance and evidence-based practices manual.

Something to Think About . . .

As home visitors work with families, the parent/child activities are designed to promote optimal child development and school readiness. With this in mind, it is important for home visitors to provide specific information to parents or primary caregivers on the value of a variety of early childhood learning experiences and the benefits offered to their children. Home visitors also have an opportunity to address the parental role in selecting early childhood educational experiences for the child as well as encouraging the parent’s role in providing learning experiences in the home.

1. Develop a module to be used during a home visit outlining the importance of early childhood education experiences and school readiness in young children. Think about including in this module what to do if a family is utilizing substandard care and what steps can be taken to improve the quality of care.

The home visit module will include the following information:
- Early brain development
- The importance of school readiness
- Types of early childhood experiences and the corresponding benefits
- Identifying and selecting quality experiences
- Local options for early childhood experiences
- Parent involvement and advocacy in your child’s education
- Ideas for in-home activities that promote school readiness
There are an abundance of resources on the topic of selecting quality early childhood educational experiences that home visitors can utilize to develop home visit modules and to share with families. These resources can enhance the home visitor’s knowledge; provide family-friendly educational materials; and offer information that is grounded in research, evidence, best practices, and expertise in early childhood.

2. Identify three resources (from curricula, websites, or other materials) to give to families which address selecting quality child care; the importance of play in learning; health, safety, dental, and nutrition components of child care; the definition of school readiness; and how parents can help children get the most out of child care and preschool experiences.

**EXAMPLE**

<table>
<thead>
<tr>
<th>Website</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Lasts a Lifetime - Make Sure it’s Quality Care</td>
<td>Iowa State University Extension</td>
</tr>
<tr>
<td><a href="http://www.extension.iastate.edu/childcare/quality">www.extension.iastate.edu/childcare/quality</a></td>
<td>Iowa’s Early Childhood Parent Website</td>
</tr>
<tr>
<td>Early Childhood Iowa</td>
<td><a href="http://www.parents.earlychildhoodiowa.org">www.parents.earlychildhoodiowa.org</a></td>
</tr>
</tbody>
</table>
In order to effectively provide education, resources, and referrals to families, home visitors must have a comprehensive knowledge of a subject and what is available for families in their community. Knowledge of community resources for child care and preschool can be gained in a variety of ways, including visiting program options, information shared from other program staff, and contacting agencies and services directly to seek out information.

3. Develop a plan for the home visitor to obtain knowledge of existing community resources for child care and preschool.

**EXAMPLE**

- The home visitor will contact the local resource and referral agency for a listing of available early childhood educational opportunities within the community.
- The home visitor will visit and observe three types of early childhood educational experiences: home based child care, center based child care, and community playgroup.
- During staff meetings, each home visitor will share observations and experiences with other home visitors/program staff.
- Local child care and preschool providers will be invited to participate in a parent night where each of the providers would have a table and be available to answer questions and provide information to families.
**Something to Think About . . .**

A work plan provides a guide and ensures that all home visiting staff engage in similar efforts to become familiar and have pertinent knowledge needed to educate, assist, and inform families. The work plan allows staff to be systematic, deliberate, and participate in ongoing efforts to maintain current and timely information and knowledge of community early childhood education and preschool opportunities in order to effectively inform and refer parents. Additionally, the work plan should identify coordinated efforts to link families to available resources based on the needs of the children served by the home visiting program.

4. Develop a work plan on how to increase your familiarity with comprehensive child care environments, including contact with the local child care resource and referral agency.

---

**EXAMPLE**

Ten child care centers and registered homes in the community will be contacted. Home visitors will use the Child Care Checklist for Parents found at [www.iastate.edu](http://www.iastate.edu) as a guide. The following information will be obtained from each center/home:

- Contact information for director/provider
- Age of children served
- Number of classrooms/capacity
- Hours/days of operation
- Cost (including center/provider’s acceptance/non-acceptance of subsidy)
- Eligibility and participation requirements (i.e., income, geographic area, age, special needs of child, attendance policies, etc.)
- Openings/waiting lists and process for enrollment
- Standards, resources, and curricula related to child development, health, safety, dental care, and nutrition
- Participation in ongoing enhancement opportunities for the center/provider (i.e., accreditation, participation in the Quality Rating System)
Something to Think About . . .

Parents may not be able to identify or access early childhood or preschool experiences for their children. The reasons for this may be varied, including but not limited to, specific eligibility criteria, limited enrollment slots, or lack of quality options. Regardless of the availability, accessibility, or quality of early childhood experiences in the community, some parents may simply choose not to have their children participate in an early childhood program. As a result, it’s important to offer alternatives so that children have the opportunity to participate in group experiences. Home visiting programs are in a position to communicate to families the importance of group experiences, how to identify the purpose and goal of these experiences, utilization of informal as well as formal opportunities, and appropriate activities.

5. Develop a home visit module that explores and encourages ideas for and strategies to develop non-traditional group experiences for families with young children. Think about including in this module how to address issues of quality in non-traditional settings.

EXAMPLE

- Put together a guide on how to start a playgroup in your neighborhood
- Explore options within your program to bring families together to offer a Play and Learn experience
- Develop an educational module on starting Daddy/Mommy and Me playtimes in a family’s home
- Establish a weekly parent/child interaction time for the entire family or for a parent and each child one-on-one
SECTION II

STAFF
The following excerpt illustrates the importance of appropriate pre-service and in-service training for home visitors as one of the key strategies for promoting program improvement and an opportunity to implement evidenced-based or promising practices in a program.

The home visitor's role is critical. Home visitors are the embodiment of the program for families; they draw families to the program, and they are the vehicle through which the curriculum is delivered. Home visitors must have the personal skills to establish rapport with families, the organizational skills to deliver the home visiting curriculum while still responding to family crises that may arise, the problem-solving skills to address issues that families present in the moment when they are presented, and the cognitive skills to do the paperwork that is required. These are not minimal skills, and there is no substitute for them if programs are to be successful........ it seems likely that extremely well-trained visitors are needed to serve families that face multiple complex issues.
Analyzing Exercises

Find a quiet work place to think about and respond to the following questions. Your responses to the following questions should reflect current policies and procedures for established programs or identified policies and procedures for new projects.

1. What staff qualifications or requirements are identified in the job description for the home visitor?

2. What three qualities or traits do you look for in hiring a new employee?
3. What are the required pre-service home visitors must attend prior to serving children and families?

4. What are the trainings and training schedule required to maintain the home visitor’s professional competency while serving families?

5. What are the core trainings offered for the home visitation program staff related to a specific program model, curricula, and/or instruments/tools (such as screenings and assessments)?
6. What are the additional trainings and/or professional development activities engaged in by individual staff?

7. What trainings are provided on cultural sensitivity and implementation of culturally appropriate practices; working with families living in poverty; and relationship building with pregnant women and families?
8. What training is provided on responding to emergency situations (i.e. suicidal ideations, medical crisis, domestic violence, intoxication by drugs and alcohol) and safety in home visiting programs?

9. What trainings would staff or supervisors like to participate in, but currently can’t access? (i.e., the training is cost prohibitive, not offered in the area, etc.)
Implementation Exercises

Develop a statement, list or brief paragraph in each box below. Your responses here and from the preparation exercises for the other topics in this workbook will be put together to form your agency’s quality assurance and evidence-based practices manual.

Something to Think About . . .

The selection of staff plays a critical role in the provision of effective family-centered services and quality child development services for families and their children. The interview process offers an opportunity to identify education, volunteer and previous work experience related to early childhood education, health, special needs and human services.

1. Write 2 interview questions that explore a candidate’s education and experience related to your program requirements and the responsibilities related to home visiting and/or case management.

EXAMPLE

Describe your education, volunteer and previous work experience as it relates to this position. Please be very specific.
Something to Think About . . .

Interview questions can be used to allow candidates to demonstrate the traits, skills, and abilities related to effective home visitation. Agencies can identify priorities for these traits and abilities, such as establishing nurturing relationships with families, building and maintaining trust, cooperation and leadership with others, and cultural sensitivity and competence.

2. Write 10 interview questions that target the traits, skills and abilities you are looking for in a home visitor.

<table>
<thead>
<tr>
<th>Targeted Trait: Non-Judgmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you respond to a behavior, custom or decision of a client that conflicts with your own values or knowledge of best practices?</td>
</tr>
</tbody>
</table>
Something to Think About . . .

New home visitors benefit from a clear understanding of program services, requirements and policies. New home visitors also require training on the use of curricula and how to address emergent health and safety situations that may arise in the course of working with children and families. Pre-service training better prepares home visitors to provide the core program components thereby allowing the home visitor to focus on relationship building and their interactions with families.

3. List the training that must be completed by a home visitor before a first home visit is conducted.

<table>
<thead>
<tr>
<th>Title</th>
<th>Source</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid</td>
<td>American Red Cross</td>
<td>Every 3 years</td>
</tr>
<tr>
<td>Adult/Child CPR</td>
<td>American Red Cross</td>
<td>Annually</td>
</tr>
<tr>
<td>Universal Precautions</td>
<td>Registered nurse</td>
<td>Annually</td>
</tr>
<tr>
<td>Orientation to Mandatory Child Abuse</td>
<td>Supervisor</td>
<td>One time</td>
</tr>
<tr>
<td>Reporter Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages &amp; Stages Questionnaire</td>
<td>Program Expert/Consultant</td>
<td>One time</td>
</tr>
<tr>
<td>Immunization Schedule</td>
<td>Program Expert/Consultant</td>
<td>Annually or as updated</td>
</tr>
<tr>
<td>Documentation and Data Entry</td>
<td>Program Expert/Consultant</td>
<td>Annually or as updated</td>
</tr>
<tr>
<td>Shadowing Home Visits</td>
<td>Program Home Visitor</td>
<td>Minimum of 3</td>
</tr>
<tr>
<td>Conducting Joint Home Visit with Supervisor</td>
<td>Supervisor</td>
<td>Minimum of 1</td>
</tr>
</tbody>
</table>
Something to Think About . . .

Training and professional development within six months of employment creates the opportunity for staff to enhance existing skills and gain new knowledge to provide the intended services. A six month training plan builds upon pre-service training and permits the time for more comprehensive training related to the implementation of home visitation services and curricula. To encourage program model fidelity, the development of a training plan increases the consistency of services across home visitors and program sites.

4. List of training provided within six months of employment.

<table>
<thead>
<tr>
<th>Title</th>
<th>Source</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partners for a Healthy Baby</td>
<td>Florida State University</td>
<td>One time</td>
</tr>
<tr>
<td>Growing Great Kids</td>
<td>Certified Trainer</td>
<td>One time</td>
</tr>
<tr>
<td>Mandatory Child Abuse</td>
<td>Certified Trainer</td>
<td>Every 5 years</td>
</tr>
<tr>
<td>Reporter Training</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EXAMPLE
Something to Think About . . .

Ongoing training encourages staff to refresh current awareness and expand knowledge related to research, practice, and resources. Training provided on an ongoing basis provides staff with support and encouragement to meet individual and professional goals, as well as increase opportunities to gain new knowledge and enhance or increase skills.

5. *List of training provided annually, periodically or on an ongoing basis.*

<table>
<thead>
<tr>
<th>Title</th>
<th>Source</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural Competency</td>
<td>Individualized</td>
<td>Annually or based on need</td>
</tr>
<tr>
<td>Core Curriculum Refresher</td>
<td>Individualized</td>
<td>Annually or based on need</td>
</tr>
<tr>
<td>Working with Families in Poverty</td>
<td>Consultant</td>
<td>One time or based on need</td>
</tr>
</tbody>
</table>

**EXAMPLE**
Something to Think About . . .

Planning training and other professional development experiences encourages staff and helps home visitors take initiative and responsibility for their own professional growth. Personal identification of goals reinforces the importance of staff’s individual traits, skills and abilities and assists home visitors in learning more about their own strengths and areas for growth.

6. Develop a statement on whether or not your agency will provide funds to be used at the discretion of staff/home visitor (with supervisory approval) or based on individual professional development goals.

EXAMPLE

The agency has a process in place for home visitors to request to attend a training or conference with a specific content area or focus related to their roles and responsibilities for professional and ongoing development. Community funding or scholarships requests may be developed to attend a training, conference or workshop, or to obtain professional development resources such as journals, texts, or other materials related to professional development goals.
Something to Think About . . .

In the process of home visitation, staff may encounter emergent and/or hazardous situations that require prompt and consistent actions. Procedures outlining the appropriate steps determined by the agency better enable the home visitor to take the identified course of action and respond with immediacy.

7. **List the emergency situations or potential safety issues for the client and/or home visitor for which your agency will have standard procedures and training.**

<table>
<thead>
<tr>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal Ideation</td>
</tr>
<tr>
<td>Child(ren) Home Alone</td>
</tr>
<tr>
<td>Domestic Violence</td>
</tr>
<tr>
<td>Intoxicated Parent or Member of the Household</td>
</tr>
<tr>
<td>Medical Crisis</td>
</tr>
<tr>
<td>Severe Weather</td>
</tr>
</tbody>
</table>
On-GOING Support and Monitoring of Home Visits

The following excerpt illustrates the importance of on-going support and monitoring of home visits as one of the key strategies for promoting program improvement and an opportunity to implement evidenced-based or promising practices in a program.

Effective supervision parallels home visitors’ relationship with the families that they serve because it is a relationship of respect, support, collaboration, and mutuality. Ideally, the supervisor’s expertise includes having been a front-line worker conducting home visits. Within supervision, home visitors become increasingly skilled in focusing on the nuts and bolts of their experiences; reporting these experiences; and gaining feedback, knowledge, and/or suggestions…

Supervision offers a setting to feel secure enough to reflect on emotional reactions to one’s practice. The setting is safe enough to expose one’s insecurities, mistakes, and questions. In turn, the supervisor reflects back the home visitors’ thoughts and feelings and offers support. Collaboratively, the home visitor and supervisor interpret and gain understanding both of troublesome aspects of work and the successes. In these experiences, home visitors can gain improved understanding of their thoughts, feelings, and actions, as well as support, guidance, and encouragement to move forward in their work.

*The Home Visitor’s Guidebook*
*Promoting Optimal Parent & Child Development*
*Carol S. Klass*
*(2003)*
Analyzing Exercises

Find a quiet work place to think about and respond to the following questions. Your responses to the following questions should reflect current policies and procedures for established programs or identified policies and procedures for new projects.

1. **Who supervises the home visitor?** If more than one person supervises the home visitor, list the roles and responsibilities of each.

2. **Where is the home visitor located in proximity to the supervisor?**
3. How does a home visitor obtain immediate assistance from the supervisor?

4. What is currently involved in the supervision of home visitors (i.e., supervisor/home visitor meetings, observed home visits, other) and how frequently are these activities completed?
5. Are client files reviewed by supervisory staff? If so, what is the process?

6. What requirements does your program, program model, or curricula have for supervision of staff?

7. What is the process for families to contact supervisory staff with questions or concerns regarding the program?
Implementation Exercises

Develop a statement, list or brief paragraph in each box below. Your responses here and from the preparation exercises for the other topics in this workbook will be put together to form your agency’s quality assurance and evidence-based practices manual.

Something to Think About . . .

Ongoing supervision is critical to supporting home visitors in their work with families. The supervisor provides encouragement, creativity in planning, assistance in goal setting, and direction of program focus. Working in the home environment exposes home visitors to the daily challenges and stressors of families. Supervisors play an important role in supporting the demanding, intense work of home visitors.

1. Identify your plan for supervisor/home visitor consultation.

EXAMPLE

Supervisor/home visitor will consult during: 1) Bi-weekly meetings for at least one hour and; 2) Home visitor will contact supervisor between scheduled meetings to discuss urgent, emergent or time sensitive issues and/or for support.
**Something to Think About . . .**

Discussion of specific cases during case consultation with supervisors provides home visitors with an opportunity to identify new strategies for working with families. These discussions also reinforce the effectiveness of current practices. Home visitors benefit from the opportunity to openly discuss the families with whom they are working, sharing both objective and subjective observations. Case consultation allows supervisors to provide positive, supportive feedback to home visitors and provide input on best practices.

2. *Identify areas to be covered during supervisor/home visitor case consultation.*

---

**EXAMPLE**

Supervisor/home visitor case consultation consists of an at least monthly review of all participants on the home visitor’s caseload including family strengths, challenges, goals, goal progression, level of program participation (i.e. frequency and duration of home visits; amount of involvement in home visits/program activities), needed resources and home visitor perspective.

*Other aspects of supervisor/home visitor consultation are addressed in other chapters in Section II (Appropriate Pre-Service & In-Service Training for Home Visitors, Supervision, Staff Retention and Core Competencies).*
Something to Think About . . .

There are a multitude of reasons why program documentation is so important in the provision of direct services and home visitation. These reasons include, but are not limited to, tracking of required timelines or deadlines; verification of services; a method to record outputs and outcomes; identification of the level of a family’s participation in the program; and demonstration that the program is providing and implementing services according to the agreement with funders and participants. Documentation also serves as a guide for the home visitor to look at goals, progress, and barriers of each family. Home visitors may also use their documentation to plan future home visits and identify trends in the effectiveness of activities previously used with the family. The purpose of reviewing documentation by the supervisor is to monitor service provision and verify the quality and quantity of services; to provide input to the home visitor regarding strengths and areas for improvement; and to ensure that there is adequate documentation for purposes of job performance and liability.

3. Develop a plan to review the files maintained by home visitors for program participants (i.e., frequency, selection of files, quality assurance checklist, feedback to home visitors and follow up review of files out of compliance).

<table>
<thead>
<tr>
<th>EXAMPLE</th>
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<tbody>
<tr>
<td>• The home visitor will bring one file to each one-on-one meeting to review with the supervisor.</td>
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<tr>
<td>• The supervisor will complete quarterly file review for each home visitor.</td>
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<tr>
<td>• The supervisor will select 5 files randomly for each home visitor; if possible, different files will be reviewed during each quarter.</td>
</tr>
<tr>
<td>• A File Review Checklist will be completed for each file and this checklist will be provided to the home visitor.</td>
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<tr>
<td>• The home visitor will follow-up on the recommendations from the supervisor after file review.</td>
</tr>
<tr>
<td>• For any files below 95% compliance, the supervisor will re-review the file within 30 days.</td>
</tr>
<tr>
<td>• Additional file review will be completed in accordance with program requirements.</td>
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</tbody>
</table>
Accurate and non-judgmental home visit observations completed by supervisors serve to validate the work of home visitors. Observations conducted by supervisors can assist home visitors in recognizing and responding to families’ cues, acknowledging and exploring role boundaries, and problem-solving with families from a solution-focused perspective. Supervisors can also use home visit observations to explore the strengths of the home visitor and provide empathy for his/her work with families.

4. Develop a plan for supervisory observation of home visits including the frequency of observations and follow-up feedback provided to the home visitor.

Example

Home visits will be observed by the supervisor at least quarterly; preferably once a month. After the home visit, the supervisor will complete a Home Visit Observation Form including the home visitor’s strengths, areas for continued growth and other ideas for working with the family. Observations will be reviewed and feedback offered during discussion at the next meeting between the supervisor and home visitor.
**Something to Think About . . .**

When a supervisor and home visitor are in different locations, extra efforts are required on the part of both staff to ensure timely and adequate communication. There are a variety of strategies that can be employed based on distance, proximity, collaborations, schedules, and degree of support needed. Additionally, innovation, technology, and the individual needs of the home visitor can be factors in determining the most appropriate means of communication.

5. If the supervisor is not located on-site with the home visitor or has very limited time allocated to supervision, list three strategies to address consultation, mentorship, and communication.

<table>
<thead>
<tr>
<th>Strategy 1</th>
<th>Strategy 2</th>
<th>Strategy 3</th>
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</thead>
<tbody>
<tr>
<td>The supervisor and home visitor have individual scheduled meetings by phone, two times per week. The duration of the call will be based on the needs of the home visitor.</td>
<td>A mentor, employed with another community agency providing comparable services, is identified to provide support and consultation for the home visitor. This mentor will meet with the home visitor once every other week for a minimum of one hour.</td>
<td></td>
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</tbody>
</table>
Something to Think About . . .

In instances where the home visitor is reporting to more than one supervisor, comprehensive communication among all supervisory staff and the home visitor is necessary to ensure that the home visitor is receiving consistent information and feedback regarding expectations and job performance. It is also important that supervision is coordinated so that the home visitor is not over or underwhelmed with job responsibilities; and to ensure that the home visitor has a full and accurate understanding of priorities and appropriate lines of communication.

6. If there is more than one supervisor for the home visitor, identify strategies for supervisors to communicate and coordinate supervision. In the strategies, think about ways to potentially eliminate the need for the home visitor to report to more than one person.

EXAMPLE

1) Both supervisors assigned to the home visitor conduct at least one joint supervision session per month.
2) The supervisors work together to develop the performance evaluation.
Something to Think About . . .

There have been a number of analyzing and implementing exercises that have addressed the importance of supervision for home visitation programs. In programs with a small staff or with no one with the qualifications or expertise to supervise the home visitor, it is important to look at other options to provide case consultation and support for the home visitor. It is key to the delivery of direct services to be creative and think outside the box to identify ways to provide mentorship.

7. If there is not a home visitor supervisor for the project, identify as many other community partners and their staff as possible who could function in the role of mentor/supervisor for the home visitor.

**EXAMPLE**

- Board of Directors member
- All key partners or collaborators
- Local hospital
- Community mental health agency
- Agency contractor (i.e., contract with another provider for supervision)
Something to Think About . . .

Home visitors may encounter situations in which they require immediate assistance from a supervisor. Programs need to plan in advance for such eventualities, so that home visitors can easily and readily obtain the support and guidance needed in emergent and emergency situations. Programs should identify and eliminate any prohibitive agency policies which prevent home visitors from taking necessary action in immediate or emergency situations.

8. In the following situations or circumstances, identify a plan for the home visitor to obtain immediate assistance from the supervisor or designee:

- Suicidal participant
- Potential injury or incident to staff or participant
- Suspected, reported, and founded child abuse
- Stressful home visit
- Stranded due to car accident or car problem
- Potential blood-borne exposure
- Safety concerns for home visitor or family
- Intent to harm others
- Domestic violence
- Participant/child death
The supervisor carries a cell phone or pager, and provides home visitors with a code that identifies their call as an emergency.

The supervisor has a designated, trained, and qualified back-up person to take calls and provide guidance in the event of a planned absence or if the home visitor is unable to reach the supervisor.

The home visitor is instructed to call 911, the Department of Human Services, and/or the Mobile Crisis Response Team as appropriate.
Something to Think About . . .

Providing an opportunity for participants to contact supervisors empowers families and encourages relationship development between the family and multiple representatives of the program. This, in turn, supports healthy boundaries between home visitors and participants. As supervisors have personal experiences with families, they can better support the work of home visitors by providing ideas and validation of families’ strengths and needs during their discussions with staff.

**9. Develop a way to inform participants about how to contact supervisory staff and opportunities to interact with a supervisor when there are questions or concerns regarding the program.**

---

**EXAMPLE**

Upon enrollment, home visitors provide a welcome flyer to participants with the supervisor’s contact information and encouraging participants to contact the program supervisor with any questions or concerns regarding the program.
The following excerpt illustrates the importance of supervision as one of the key strategies for promoting program improvement and an opportunity to implement evidenced-based or promising practices in a program.

If staff in leadership positions do not themselves practice collaborative problem-solving, fail to provide a safe, respectful work context, allow meetings to be dominated by administrative concerns, or are inconsistent in their expectations for regularly scheduled supervision the impact will be felt across the agency…If we believe that all staff need and deserve supervisory support, it is important for every person to clearly understand who is their supervisor and what is the nature of that relationship…In our experience, human services organizations often have unclear or ambiguous supervisory structures. This issue needs to be addressed directly and early on, taking into consideration agency resources, legal and contractual constraints, and individual job responsibilities.

First Steps in Establishing Reflective Practice and Supervision: Organizational Issues and Strategies
Trudi Norman-Murch, Ph.D., CCC-SLP and Ginger Ward, MAE
Southwest Human Development, Phoenix, Arizona
Zero to Three Journal, (August/September 1999)
Analyzing Exercises

Find a quiet work place to think about and respond to the following questions. Your responses to the following questions should reflect current policies and procedures for established programs or identified policies and procedures for new projects.

1. What personnel policies and procedures currently exist (ex. Paid time off, Family and Medical Leave Act, on-the-job injury, confidentiality, staff grievances)?

2. How are home visitors currently evaluated?
3. State three reasons a supervisor may invoke disciplinary action with a home visitor.

4. How are job descriptions developed, revised, and reviewed with staff?

5. Where or from whom does the supervisor locate more information on interpretation and enforcement of policies?
Implementation Exercises

Develop a statement, list or brief paragraph in each box below. Your responses here and from the preparation exercises for the other topics in this workbook will be put together to form your agency’s quality assurance and evidence-based practices manual.

Something to Think About . . .

Individual meetings between a staff member and their supervisor create opportunities to touch on subjects that promote general awareness of matters or issues that occur within the organization or that specifically affect the individual’s position. It’s important to see these individual meeting times as opportunities to touch base with each employee. Many of these issues may be shared with staff in more global ways such as e-mail announcements, or staff/team meetings. The difference in meeting individually allows supervisors to more fully explain or place particular emphasis on issues and address specific concerns or needs.

1. Consider subjects and/or issues within the agency or regarding employment that would be pertinent for discussion during meetings between a supervisor and/or home visitor.

<table>
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<th>EXAMPLE</th>
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Issues Specific to the Agency: Report deadlines, supervisor’s schedule, coverage during staff vacations, position vacancies, new funding opportunities, informing on a grant application, addressing organizational restructuring.

Issues Specific to the Home Visitor: Paid time off utilization, preparation for a report, plans for coverage, questions about organizational policies and procedures, reviewing forms that have been completed incompletely or incorrectly.
Something to Think About . . .

The development of organizational personnel policies and procedures helps ensure that every employee receives the same information about the workplace and expectations are clearly defined for employees. The examples listed below are not inclusive or definitive. Agency policies are usually specific to the organization. Consult with administrative and/or human resources staff for the development of and adherence to workplace-specific policies. Existing policies and procedures typically have administrative functions and supervisors/program managers may be required to work within these established parameters.

2. *List the personnel policies and procedures to be discussed with new staff or as updated for existing staff. Describe a plan for ensuring that staff are educated and updated regarding these policies.*

**EXAMPLE**

The supervisor completes an orientation checklist for each new hire within two days of the employee’s start date, including explanation of policies related to vacation/sick leave, Family and Medical Leave Act, on-the-job injury, confidentiality, meeting schedules, dress code, and attendance. As each policy is explained, the item on the checklist is dated and initialed by the employee and the supervisor. Upon completion of the checklist, a copy is placed in the home visitor’s personnel file. The checklist is reviewed yearly, and staff are informed of all changes to policies.
Something to Think About . . .

Staff evaluations offer supervisors an opportunity to compare employee performance against defined standards by formally documenting progress and development. Evaluations also allow employees to reflect upon their own job performance and to make suggestions for improvement. Consistent evaluations help staff feel validated since the supervisor takes time to thoughtfully consider their performance and make specific suggestions.

3. Describe the plan for staff evaluation, including frequency, performance measures, opportunity for staff input, and the evaluation tool.

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<th>EXAMPLE</th>
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<tr>
<td>All home visitors receive an evaluation at their annual date of hire. 10 performance measures are used, all derived from the home visitor’s job description. Prior to the evaluation, the employee completes the form as a self-assessment, while the supervisor completes a copy of the form separately. The forms are then reviewed together. While the supervisor’s form is the official evaluation document, revisions to that form can be made during evaluation time if appropriate.</td>
</tr>
</tbody>
</table>
Employee misconduct or inadequate performance may be cause for disciplinary action by the supervisor. A policy related to disciplinary action should be in effect prior to an incident and all employees should understand the policy. The supervisor should access administrative or human resource guidance and follow the policy accordingly.

4. State the agency policy for disciplinary action of staff, including what situations, acts, or occurrences could result in immediate dismissal of an employee; as well as any corrective action/performance improvement plans for use with staff. Indicate two ways to communicate this policy to home visitors.

The agency’s policy is one of progressive discipline, a series of corrective actions taken to provide employees the opportunity to improve job performance and comply with agency policies. Actions range from coaching, verbal and written warnings, disciplinary probation, and discharge, as deemed appropriate. All staff members are informed of this policy during orientation, and documentation of this policy is included in the employee handbook given to each staff member at time of hire.
Something to Think About . . .

Job descriptions are critical for hiring; communicating roles, responsibilities, and expectations for a position; and evaluating an employee’s performance. Job descriptions are living documents; as roles and responsibilities are assigned to staff members, the job description should be reviewed and updated as appropriate. During the performance evaluation period, the job description can be used as a benchmark in the evaluation process or as a guide to set professional development and work related goals. If an employee is not meeting the functions outlined in the job description, administration should evaluate whether it is a performance issue, or if a change in the job description is needed.

5. List three duties from the home visitor’s job description. Indicate where the job description is located, how frequently it is updated, and the plan to review the job description with the home visitor.

Example

- Plan, prepare, and conduct home visit with parents/families and their infant, toddlers, and/or young children with a focus on child growth and development, parent-child interactions, and parenting.
- Provide information on infant, toddler, and child development, nutrition, child safety, health, attachment, caregiving, parenting, and related topics to mothers, fathers, and significant caregivers.
- Plan, prepare, and facilitate parent-child interaction activities for infants, toddlers, young children, and parents/families as organized by the project.
The following excerpt illustrates the importance of staff retention as one of the key strategies for promoting program improvement and an opportunity to implement evidenced-based or promising practices in a program.

Staff turnover is a significant problem for many programs. For example, the Nurse Home Visitation Program in Memphis had a 50 percent turnover rate in nurses due to a nursing shortage in the community. Other programs relying more on paraprofessionals reported even higher turnover rates…Specific impact of turnover on the effectiveness of programs is unknown, but it is likely to present a real problem since the quality of the home visitor/mother relationship is so predictive of program efficacy.

In this area, home visiting may be able to learn from the experiences of the child care field, since both have similar levels of turnover. In the child care field, turnover has been linked to the low wages earned by child care workers as well as to the quality of care received by children and families. Home visiting positions are also typically low-paying and stressful, and it makes sense that many staff will leave if they find a better-paying opportunity. Other keys to staff retention…include good supervision and good morale. Providing home-based services can be isolating for the home visitor and, as such, requires a higher, more intense level of supervision…home visitors need supervision that goes beyond
“did you do your job or not” to include elements of social and emotional support, teamwork, and recognition of staff effort. Terry Carrilio, of the Policy Institute at the San Diego State University School of Social Work, aptly observed that the “process needs to reflect what you are trying to do. If a program does not treat its staff well, how can we expect the staff to deliver a supportive service? ”

Revisiting Home Visiting: Summary of a Workshop
Institute of Medicine
Commission on Behavioral and Social Sciences and Education
(1999)
Analyzing Exercises

Find a quiet work place to think about and respond to the following questions. Your responses to the following questions should reflect current policies and procedures for established programs or identified policies and procedures for new projects.

1. *How do home visitors obtain support from one another?*

2. *What are current practices to motivate and prevent burnout among home visitors?*
3. What are three indicators of burnout in a home visitor?

4. What strategies does the agency currently use to prevent or address burnout among home visitors?
5. How does the supervisor receive support? What ongoing trainings are available for the supervisor?

6. Are exit interviews completed with staff leaving the program? If yes, who conducts the interview, what employees see the information shared in the interview, and are turnover rates of staff tracked?
Implementation Exercises

Develop a statement, list or brief paragraph in each box below. Your responses here and from the preparation exercises for the other topics in this workbook will be put together to form your agency’s quality assurance and evidence-based practices manual.

Something to Think About . . .

Home visitors can play an important role in supporting one another. By observing other staff, home visitors can see different styles of interaction, demonstration of individualized curriculum delivery with families, and rapport building with participants. These observations are not evaluative and encourage creativity and collaboration among staff. Other types of peer support include empathy, feedback, and encouragement.

1. Indicate 3 ways home visitors can obtain support from one another.

<table>
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| 1) Home visitors shadow a fellow home visitor a minimum of three visits per year.  
2) Home visitors within an agency participate in biannual peer review of files.  
Documentation of the file review is shared with the home visitor, but is not used as an evaluation tool by management.  
3) Home visitors have monthly meetings in which they discuss the challenges of home visiting and share strategies for working with families. |
Something to Think About . . .

Home visiting is a difficult job. While it has its intrinsic rewards, it can be stressful. Many responsibilities are assigned to home visitors, including supporting families, completing documentation, and meeting program requirements. In addition to the difficult nature of the work, non-profit organizations cannot always pay employees at market value or provide regular cost of living or merit based salary increases. There are times that with new grant opportunities, staff salaries cannot be increased but responsibilities do increase. Burnout rates among home visitors can be high. Non-monetary recognition, motivation, and rewards can go a long way in maintaining morale and job satisfaction.

2. List five things that can be done to help encourage, reward, and motivate home visitors.

EXAMPLE

1) Home visiting activities and program accomplishments are highlighted in a quarterly newsletter given to all staff. 2) A staff recognition luncheon is coordinated biannually for home visitors. 3) Small awards (pins, plaques, and certificates) are given to staff to recognize years of service. 4) Birthdays of each home visitor are recognized with a card from the supervisor. 5) Supervisors send notes to staff to acknowledge good work and provide support.
An important role of the supervisor is to be in tune with and aware of how the staff are doing on a day to day basis, and over time. One important reason for this is that supervisors may know their staff well, and can make themselves aware of some basic indicators of burnout or stress. Supervisors have the responsibility of knowing when employees are doing well and how stress is conveyed and carried by each of their employees. Supervisors are positioned to work with employees on an individual level in order to pick up on cues; check in with staff and work on a preventative level; as well as be able to intervene based on the escalating level of stress experienced by an individual staff person or group of staff.

3. List three strategies that a supervisor could employ to prevent and/or identify burnout.

**EXAMPLE**

- Supervisors are accessible to staff outside of regularly scheduled individual or team meetings to debrief or address concerns after a home visit or client interaction as needed by the home visitor.
- Supervisors make a regular and concerted effort during meetings and one-on-one interactions to sincerely point out strengths and accomplishments of home visitors.
Something to Think About . . .

The supervisor’s role is to identify and implement strategies that facilitate employee motivation, maintain morale, and address job stress. Supervisors can develop a plan that incorporates global and individualized strategies. A written plan can aid the supervisor in being intentional, deliberate, and consistent in monitoring and addressing employee morale and stress. Individualizing encouragement and support is an important element of any plan, as what motivates one staff member may not provide motivation for another.

4. Develop a plan to individualize motivation, encouragement, and support to each home visitor.

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<tr>
<th>EXAMPLE</th>
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<tbody>
<tr>
<td>Home Visitor Name:</td>
</tr>
<tr>
<td>Global Strategies:</td>
</tr>
<tr>
<td>Group or Small Group Strategies:</td>
</tr>
<tr>
<td>Individualized Strategies:</td>
</tr>
</tbody>
</table>
Something to Think About . . .

Supervisors often face even greater isolation than home visitors. They are frequently asked to juggle multiple obligations, ranging from ensuring the provision of direct services and home visitation; grant and report writing; responding to funders and monitoring sustainability; and supporting the general operation of the agency. Moreover, helping to modulate and address work stress for home visitors and other program staff often leaves the supervisor with little time or opportunity to address their own work stress. It is imperative that supervisors identify and utilize systems of support for themselves, so that they can, in turn, support the work of others.

5. List two ways the supervisor can obtain support for his/her work.

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<tr>
<th>EXAMPLE</th>
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</table>
| 1) Once per quarter, the supervisor meets with other supervisory staff within the agency to discuss strengths, challenges, and policies related to the supervision of staff.  
2) The supervisor has the approval to attend one conference or training per year related to staff management/motivation. |
Core Competencies

The following excerpt illustrates the importance of core competencies as one of the key strategies for promoting program improvement and an opportunity to implement evidenced-based or promising practices in a program.

According to a 1996 report by the Pew Charitable Trust, over 50,000 parenting and family support programs reach millions of parents every day. Rae Simpson in 1997 reported that there are currently over 100 regional parenting publications, and several parenting series available through television, internet and radio. Parent education classes and family support initiatives are growing in popularity; and many initiatives such as Head Start, the court system, schools, and workforce development programs are allocating funding and establishing requirements for parenting/family support programs as a component of their services.

Professionals providing family support and parent education come from a variety of backgrounds. Elementary school teachers, speech teachers, school counselors, psychiatrists, ministers, parents, extension family and consumer specialists, nurses, and preschool teachers are among those who serve as parent educators and family support professionals. Many hold degrees in such diverse fields as education, medicine, business, agriculture, family and consumer sciences, and social work, while others have no degree, experience or background in working with families. Many of these professionals lack education or training.
in areas that could be commonly identified as critical to supporting families, such as assessing parent needs and designing programs to meet those needs, parent-child interactions, adult education, child development, family systems and interaction, and activities that strengthen families.

In order to identify critical knowledge for working with families the University of North Texas Center for Parent Education and the Texas Registry of Parent Educator Resources conducted nineteen focus groups and nineteen telephone conferences with over 400 participants. Professionals from a variety of fields, as well as parent educators, worked together to identify and create a core knowledge…The Core Knowledge applies to families and children from ages 0-18.

Having knowledge in each of the Core Areas is an important part of professional practice. Knowledge of how to access information for each subcategory is also critical. Some subcategories are more applicable to one profession than another.

_Texas Registry of Parent Educator Resources (Texas ROPER)_
"Core Knowledge for Parent Educators and Professionals Who Work with Families"
_University of North Texas_  
_(2005)_
Analyzing Exercises

Find a quiet work place to think about and respond to the following questions. Your responses to the following questions should reflect current policies and procedures for established programs or identified policies and procedures for new projects.

1. What does the term and concept of core competencies mean to you?

2. How do you think core competencies can be used for program operation, monitoring, and quality improvement?
3. Is there currently a set of core competencies for your agency and/or home visitation program?

4. Does your program staff have core competencies for home visitors, supervisors, or other program staff?
5. If your agency/program currently has core competencies:

- What are the core competencies?
- Are they agency, program, and/or position specific?
- Which staff positions have core competencies?
- Who developed them?
- Where are they located?
- Which staff have access to them?
- Which staff utilize them?
- How often are they utilized?
- How often are they updated?
- What is the process for updating them?
- Are the core competencies utilized by your agency rooted in national standards or a specific program model?
- Does your agency offer training specific to the core competencies of your position?
6. If your program utilizes or has considered developing core competencies, identify any challenges or barriers that you faced or foresee.
Implementation Exercises

Develop a statement, list or brief paragraph in each box below. Your responses here and from the preparation exercises for the other topics in this workbook will be put together to form your agency’s quality assurance and evidence-based practices manual.

Something to Think About . . .

Core competencies are the capabilities that are critical to providing a quality program or are required for a particular position. Core competencies are a model and allow administration and staff to focus on those functions that create a quality program or the provision of quality services. A decision should be made at the program level whether or not the concept or main ideas of core competencies will be implemented as part of the program infrastructure or to support a particular position(s).

1. Develop a statement that indicates how core competencies will or will not be used in your program.

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<th>EXAMPLE</th>
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<tbody>
<tr>
<td>The XYZ Program will develop and implement core competencies for positions that provide direct services to program participants.</td>
</tr>
</tbody>
</table>
Core competencies outlined for specific services or for a specific position identify key roles, important qualifications, and a continuum that allows for growth at the level of the program or individual. Training efforts should address the identified core competencies. If the agency does not currently have or needs to update core competencies, it is imperative that program or administrative staff prioritize the order in which they will be developed or updated.

2. *If core competencies will be used, identify if they will be developed/revised and implemented for the agency, program, and/or specific position. If position-specific competencies will be used, identify which positions they will be updated or developed for in order of priority.*

**EXAMPLE**

A set of core competencies will be developed specific to the position of home visitor and will include qualifications, key responsibilities, and required knowledge.
Something to Think About . . .

There are programs that have utilized competency models in the implementation of family support and child development services. Programs can turn to these established models as guides and benefit from the experience and proven processes in competencies. Programs that have established core competencies may also be able to offer evidence for their utilization and effectiveness as tools for promoting quality. Adopting or building from existing core competencies has the added benefit of providing any available evidence.

3. Identify other national or standardized core competencies that are well suited to your program services and would provide a model for the revision or development of core competencies.

```
University of Delaware: Core Competencies for Supervisors of Parent Education Home Visitors and Parent Education Home Visitors
University of Wisconsin: Core Competencies in the field of Family Support, Children’s Trust Fund
University of North Texas: Core Knowledge for Parent Educators and Professionals who Work with Families, Texas Registry of Parent Educator Resources (Texas ROPER)
```

EXAMPLE
Something to Think About . . .

Staff members impacted by the use of core competencies should be involved in the identification and selection, and development thereof. The participation of impacted staff members is critical to the process in ensuring that the core competencies are comprehensive and accurately reflect the scope of services, and to create commitment to the use of core competencies.

4. Develop an action plan to construct or reconstruct core competencies. Include in this plan:

- What individuals should be involved in the process
- Timeline(s)
- Needs for training and/or technical assistance
- Goals and desired outcomes

<table>
<thead>
<tr>
<th>Goal/Outcome</th>
<th>Individuals Involved</th>
<th>Training/TA Needs</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core competencies for supervisors of parent educators</td>
<td>Agency Director, Supervisor A, Supervisor B</td>
<td>Core competency overview, Site visit to agency using core competencies</td>
<td>Training: within 60 days, Identification of core competencies: within 90 days</td>
</tr>
</tbody>
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SECTION III

PROGRAM MODEL MONITORING
The following excerpt illustrates the importance of program planning as one of the key strategies for promoting program improvement and an opportunity to implement evidenced-based or promising practices in a program.

Careful program planning helps to clarify and integrate the information needed to develop a program that will best meet the needs of those people it is designed to serve. To create a successful program, you must set clear goals and objectives that are implemented through reasonable and appropriate methods by qualified staff. Program planning can appear to be an overwhelming task, but don’t be intimidated. As you identify these components during your program development, they should be written down. A written plan will have many uses, such as serving as a resource when training new staff, supporting requests for funding and providing evidence about why decisions were made regarding certain aspects of the program.

Healthy Families America Site Development Guide
Prevent Child Abuse America
(2000)
Analyzing Exercises

Find a quiet work place to think about and respond to the following questions. Your responses to the following questions should reflect current policies and procedures for established programs or identified policies and procedures for new projects.

1. Document the history of your program. How and why did the program start in your community?

2. What needs in your community precipitated the development of your program?
3. How do the current needs in your community compare to the community needs when your program started? If the needs have changed, how have they changed the composition of your program?

4. Do you participate in a community needs assessment? If so:

   • How frequently is it conducted?
   • How is the data analyzed?
   • How do you use the results in program planning?
   • How does it impact the services delivered to families?
   • Who participates in the process of the needs assessment, including analyzing the results?
5. **What program is used or what is your program based on? (Example – Is it based on a standardized model, another program or element of another program, or is it an original concept)?**

6. **What established program model or curricula tools does your program implement fully and completely (i.e., program fidelity)?**
7. If your program does not fully adhere to an established program model, why not? Are there components or elements of an established program model implemented by your program? If so, what are they?

8. What steps have been taken to determine what programs in your community provide similar services to your program?
9. How do you coordinate services with programs in your community to reduce duplication and minimize gaps in services?

10. What collaborative partnerships exist in your program? How did they start and how are they maintained?
11. What measures have been taken to identify promising practices or evidence based practices for use in the program?

12. What staff, partners, families, advisory board members, or other interested parties are involved in program planning? What is the nature of their involvement?
Implementations Exercises

Develop a statement, list or brief paragraph in each box below. Your responses here and from the preparation exercises for the other topics in this workbook will be put together to form your agency’s quality assurance and evidence-based practices manual.

Something to Think About . . .

Ongoing participation in the recognition of the community’s needs and/or demographics allows programs to become aware of any necessary changes to program services or to identify areas for recruitment of participants. Programs can shift their target population or modify the way services are provided based on the strengths, needs, and gaps within the community.

1. Develop a plan to recognize, update, and adapt to the changing demographics and/or needs of your community.

EXAMPLE

The program will review infant mortality rates by geographic area annually. Recruitment efforts will be focused on areas with infant mortality rates higher than the city average for one or more ethnic or racial groups.
The development of a program plan into a formal document provides an outline for services and allows the program to capture the rationale for the implementation of these particular practices. A program planning document can be used for fund seeking, as a monitoring tool, as a work plan, and most importantly, to document why certain practices were identified and developed. Documentation of program planning can also speak to the credibility of services by identifying all evidence based or promising practices employed by the program.

2. Using your answers from the analyzing exercises, develop a document to record your:

- Program planning decisions
- Rationale
- Models and tools
- Whether practices are promising or evidence based
- Plans for quality improvement

Please see pages 156-157 for two specific examples of program plan formats.
### Program Plan 1

**Program Practice/Structure:** Describe Here.

**Rationale:** Explain Here

<table>
<thead>
<tr>
<th>Type of Practice</th>
<th>Model, Tool or Resource</th>
<th>Steps/Strategies for Quality Improvement &amp; Timeline</th>
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**Program Practice/Structure:** Describe Here.

**Rationale:** Explain Here

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</table>
Service/Objective/Program Practice: Describe Here.

Type of Practice: Evidence-Based, Promising, or Grassroots

Rationale: Explain Here

<table>
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<tr>
<th>Work Plan/Program Strategy</th>
<th>Resources</th>
<th>Timeline</th>
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Timing and Duration of Home Visits

The following excerpt illustrates the importance of the timing and duration of home visits as one of the key strategies for promoting program improvement and an opportunity to implement evidenced-based or promising practices in a program.

The personal visit provides the opportunity to individualize the program by offering parents personal time, one on one. It is necessary to meet parents where they are and adapt each visit to the needs of that parent and child most effectively. Making informed decisions for their children helps parents to trust their knowledge and judgment about what is best for their child and in turn, their family. Personalizing the visit and building on family strengths are fundamental in developing a positive working relationship with families. Personal visits are usually best delivered in the home setting, where (home visitors) can meet families in the environment which is most familiar to them. When meeting in the home is not possible, it is important to choose a location where the privacy is protected so that the parents are comfortable... (home visitors) must make every effort to schedule visits to accommodate the needs of families and to include both parents and other key adults who serve as co-parents or caregivers of the child.

*Parents as Teachers*
*Born to Learn*
*Curriculum Prenatal to Three Years*
*(2005)*
Analyzing Exercises

Find a quiet work place to think about and respond to the following questions. Your responses to the following questions should reflect current policies and procedures for established programs or identified policies and procedures for new projects.

1. *During what days and hours are home visits conducted?*

2. *List all ongoing agency requirements, program activities, or personal conflicts that prevent a home visitor from conducting home visits on certain days and times (i.e., weekly Friday staff meeting from 9-11 AM).*
3. How long do home visits typically last? According to the program model, what is the recommended length of time for a home visit?

4. How is the frequency of home visits determined? According to the program model, what is the recommended or required frequency of home visits?
5. How do home visitors work with families to schedule visits? Do home visitors select the time, does the family select the time, or is it a joint effort?

6. Are home visits scheduled for a set time every week, are they scheduled on a week-by-week basis, or both? Do home visitors remind families of the date and time of the next visit? If so, how?
Implementation Exercises

Develop a statement, list or brief paragraph in each box below. Your responses here and from the preparation exercises for the other topics in this workbook will be put together to form your agency’s quality assurance and evidence-based practices manual.

Something to Think About . . .

Many families have schedules or conflicts that prevent home visits from being conducted during typical daytime work hours. Families’ needs may require that visits be conducted during the evening hours or on weekends to accommodate family members who are working, seeking employment, or attending school. Additionally, visits which occur during non-traditional work hours can promote the engagement of multiple family or household members, providing additional opportunities for education and support.

1. Develop a plan, policy, or practice to meet the needs of families requiring home visits outside of typical daytime hours.

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<th>EXAMPLE</th>
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| • Home visitors, according to their job descriptions, must have the ability to work evening and weekend hours to meet the needs of families.  
• One home visitor employed by the program works an adjusted schedule of four 10-hour days to ensure evening ability of a home visitor four days per week. |
Something to Think About . . .

A clear policy on the frequency and length of home visits is an appropriate expectation and benchmark for home visitors to be able to do their work. A consistent policy assists in maintaining program integrity. Developing a family-friendly way to explain program expectations and the required level of participation promotes involvement and successful outcomes. Families need to know the expectation of home visit frequency and duration of services to know if the program will be a good fit and best meet their needs; and so that they may successfully participate in the program at the required level.

2. Develop a way to explain home visit frequency and recommended length of home visits to families.

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<th>EXAMPLE</th>
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Home visits in the XYZ program will last for an hour. During the first two months of the program, I will visit your family every week. Visiting you this often will help me learn more about you and your child, give you information and support, and help you set and work towards goals for your family. After two months, I will work with you to choose the number of home visits per month that best meets the needs of your family, with a minimum of two visits per month. As we work together in the future, we can also visit more often or less often depending on what is happening with you, your family, and your child.
Something to Think About . . .

Families who are difficult to engage typically have higher needs or do not recognize their needs for services. A wide variety of approaches are required to meet the diverse needs of families, overcome barriers, and create every opportunity to engage the families who are reluctant to participate, but may be the families who need services the most. Multiple strategies need to be planned and employed to provide home visitors with direction and options to individualize efforts to engage families.

3. Write at least three strategies for home visitors in working with families who are reluctant or refuse to participate according to the program’s guidelines for frequency and duration of home visits.

<table>
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<th>EXAMPLE</th>
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<tbody>
<tr>
<td>• During the home visit, the home visitor will provide the family with a reminder card, listing the date and time of the next scheduled home visit. This card will include positive, encouraging language informing the family that the home visitor is looking forward to the visit.</td>
</tr>
<tr>
<td>• The home visitor will review the “Home Visit Agreement” with the family, discussing the benefits to both the parent and child for participation. During the conversation the home visitor will be positive and friendly, and point out the strengths of both the parent and the child. The roles and responsibilities of the home visitor will also be discussed during this conversation to reinforce the partnership of parent and home visitor.</td>
</tr>
<tr>
<td>• The home visitor will alter the time and day that home visits are typically conducted, in order to identify potential barriers for participation and encourage participation of additional family members.</td>
</tr>
<tr>
<td>• The home visitor will consult with the supervisor prior to discontinuing service to a participant or terminating a participant’s program enrollment.</td>
</tr>
</tbody>
</table>
During the course of providing home visits to a family, a home visitor may encounter situations in which they, or the family, have potential safety or other concerns which preclude visits being conducted in the family’s home. In these instances, supervisors, home visitors, and families can work together to identify an appropriate, temporary location for home visits. The location should maintain the client’s confidential participation in the program and provide adequate space and privacy for program services. During this time, the home visitor can support the family through needed referrals to address or rectify safety concerns in the home. The supervisor’s role includes looking for a pattern for requesting alternative sites by a particular home visitor as an indication that this is not truly requested by families, but is a preference on the part of the home visitor.

4. Develop a plan, policy, or practice to follow when a home visitor feels unsafe in the family’s home or the family requests not to have home visits in their home which maintains the confidentiality of program participation.

EXAMPLE

If a home visitor or family identifies a safety or other concern regarding the completion of visits in the family’s home, the home visitor is to contact their immediate supervisor to discuss alternate locations in which home visits can be conducted. These locations may include a park near the participant’s home, the home visitor’s office, or a nearby school. The identified location must maintain the client’s confidential participation in the program. The supervisor will assist the home visitor in identifying needed referrals or resources to address the concerns, with the ultimate goal being that visits are resumed in the family’s home when possible.
Timing & Duration of Home Visits

Something to Think About . . .

Home visit frequency can be used as a program strategy and technique to address family circumstances, service priorities, and to promote the self-sufficiency of the family. During the course of home visitation, families may need to have the frequency of home visits increased or decreased as goals are established, accomplished, and discontinued. Decreasing the frequency and duration of services over time to families who are in the process of discontinuing program participation provides support during the transitional phase to promote success and prohibits an abrupt end to program services.

5. Develop a plan, practice, or guideline regarding the frequency and duration of home visits as it relates to family needs and a transition to a different level of service within the program; to another program option; to a different community program; or at the end of program services.

EXAMPLE

The frequency, intensity, and duration of service provided to participants by home visitors will be based on the individual needs of participants identified and documented during the assessment process and through goals established/updated as part of the Support Plan. All home visitors will make every effort to conduct weekly visits with new participants for a minimum of the first 4-6 weeks of program services and the first 4-6 weeks after childbirth. On-going weekly home visits are the preferred schedule for services until a Transition/Discharge Plan is developed or as requested by the participant. Transition/Discharge Plans are to be developed 3 months prior to anticipated discharge from the program. Home visit frequency must be discussed with participants regularly, and documented and updated in the Support Plan every 90 days.
Something to Think About . . .

The role of the home visitor entails activities and follow-up to support the family, before and after the home visit. These activities include preparation, contact with the family, travel time, and documentation. When managing caseloads and planning for home visits, supervisors and other program personnel must consider the amount of time required for each home visitor to prepare for home visits and deliver services to families. Home visitors in rural or isolated areas, or those home visitors who serve a large geographic area, often face the challenge of extended travel time between visits. These factors need to be accounted for in program planning and considered in caseload maintenance.

6. Calculate the typical length of time spent by a home visitor in the following activities for an average home visit:

- Home visit preparation, including locating curricula, handouts, resource information for the family, toys or books for interaction with the child
- Phone or mail contact with the family prior to the home visit
- Travel time to and from the home visit
- Face-to-face time during the home visit
- Documentation
- Follow up for needed resources for the family

The estimated total time per home visit is 2 hours, 15 minutes, based on the following calculations:

- Preparation for the home visit, including locating lesson plan from curriculum, copying handouts, assembling bag with toys, locating referral specific materials, reviewing previous home visit documentation: 30 minutes
- Reminder phone call to the family prior to home visit: 5 minutes
- Travel time to and from the home visit: 30 minutes
- Home visit: 60 minutes
- Documentation of case notes and scoring of child development screening: 30 minutes
- Phone call to social service agency regarding eligibility requirements: 10 minutes
The following excerpt illustrates the importance of minimizing drop-out rates among high need families as one of the key strategies for promoting program improvement and an opportunity to implement evidenced-based or promising practices in a program.

Attrition is endemic to home visitation. Many families not only miss visits, but also leave the program altogether before it is scheduled to end. For example, of the programs reviewed in Spring/Summer 1999 issue of The Future of Children, attrition rates ranged from 20 to 67 percent. Anne Duggan, of Johns Hopkins University’s School of Medicine, reported that the program’s approach to retention can affect attrition rates. The three Hawaii Healthy Start programs that she studied had highly variable attrition rates (from 38 to 64 percent over one year). The program with the lowest attrition rate actively and repeatedly tracked down families that tried to drop out, whereas the program with the highest attrition rate assumed that if the parent did not want to be involved, it was not the program’s responsibility to push her.

Revisiting Home Visiting: Summary of a Workshop
Institute of Medicine
Commission on Behavioral and Social Sciences and Education
(1999)
Analyzing Exercises

Find a quiet work place to think about and respond to the following questions. Your responses to the following questions should reflect current policies and procedures for established programs or identified policies and procedures for new projects.

1. What steps are taken to engage a new family into the program?

2. What strategies are employed to maintain a family’s involvement in the program?
3. How is outreach conducted if families begin to miss home visits, cannot be located, or have an unexpected decrease in their level of participation?

4. What is the current program practice for addressing service delivery to families in the event of home visitor turnover or extended absence?
5. Are drop-out rates of participant families tracked? If so, who tracks data, how are data gathered, and what is done with data?

6. If a family did not initially engage in program services, what efforts does your program make to discover the reason(s)?
Implementation Exercises

Develop a statement, list or brief paragraph in each box below. Your responses here and from the preparation exercises for the other topics in this workbook will be put together to form your agency’s quality assurance and evidence-based practices manual.

Something to Think About . . .

The initial engagement of families provides program staff the “foot in the door” needed to begin to establish collaborative working relationships with participants. Families’ first impressions of the program are critical and may impact their short or long-term involvement and retention in program services. Some of the ways programs create positive first impressions and interest in the program include the approachability and friendliness of program staff, creativity and persistence of outreach efforts, presentation of program services, timeliness of follow-up, and relationship-building efforts provided by the home visitor.

I. Develop an outreach plan for initial engagement of families. Things to think about including in this plan are:

- Amount of time between referral and contact with the family
- Using a variety of modes to reach the family, individualizing the outreach plan for participants

(continued, next page...)
1. Outreach plan (continued):

- **Intentionally balancing interesting, interactive activities with required program paperwork during the first few home visits**
- **The home visitor is approachable, friendly, and makes significant effort to establish a partnership with the family**

---

**EXAMPLE**

- Families are contacted by phone (if possible) within 48 hours of receiving the referral. A letter is mailed to the family within 48 hours of receiving the referral. Face-to-face contact is attempted within 7 working days of the family’s acceptance into the program.
- Efforts to reach the family include phone calls completed at varying times of the day and/or evening, attempted home visits at varying times of the day/evening leaving notes when possible, and a letter sent to the family at time of acceptance welcoming the family to the program. If the family’s work and/or school hours are known, efforts are made to contact the family before or after these times.
- The first home visit focuses on getting to know the family and a play-based activity intended to engage the parent(s) and child(ren) in the home visit. A significant effort is placed on building rapport, getting to know the home visitor and learning about the family’s strengths. The first home visit also includes the completion of two necessary program forms (enrollment agreement and release of information).
- Home visitors are outgoing and engaging when presenting the program to new families, explaining the benefits and positive outcomes associated with participation in the program. The home visitor will also adjust their tempo and enthusiasm based on the tenor of the family.
Something to Think About . . .

When families are engaged in program services, home visitors work to maintain the family’s involvement and interest. By viewing families as experts on their own lives, home visitors can empower families to build upon their strengths, set and achieve goals, and remain active participants in home visits and related activities. The home visitor plays an important role in involving the family and maintaining trust through follow-up on needed resources and referrals, positive approach and respect for the family, and genuine interest in seeking and receiving feedback from the family regarding program services.

2. Develop 10 strategies for maintaining the family’s involvement in program activities.

EXAMPLE

- The home visitor is non-judgmental, shows positive regard for and attempts to engage all members of the family and/or household in the visit
- The home visitor works to engage the children by providing child-focused activities and displaying genuine interest in their growth and development
- The home visitor makes every effort to be on time for scheduled home visits and contacts the family by phone, if possible, if they will be late for the visit
- Families are actively involved in planning upcoming home visits and take the lead in identifying goals and appropriate strategies for themselves and their children
- Families complete program satisfaction surveys annually and at discharge or transition, and are given the opportunity to provide confidential input when possible
Despite the ongoing efforts of home visitors and program staff to engage and retain participants, some families disengage in program services. Families may become suddenly become difficult to locate and/or demonstrate an unexpected decline in the level of participation. Outreach efforts during this stage focus on reestablishing the family in program services, assisting with crises or unexpected circumstances, identifying barriers, and encouraging an increase in visits. Persistence and a positive approach by the home visitor is an important part of reengaging the family in services. Often, the families that are the most difficult to connect with are the families who benefit the most from services.

3. Develop an outreach plan for reengaging families in services in the event of an unexpected or unplanned decrease in participation. In developing this plan, think about whether your program will employ the following strategies, and the frequency of the efforts:

- Attempted home visits (announced or unannounced)
- Phone calls to the family or emergency contacts
- Letters mailed to the family
- Information about other programs/resources mailed or delivered to the family
- Staffing conducted with the participant, home visitor, and supervisor
- Discussion of discharge/program completion during initial stages of home visiting

When a family does not keep a scheduled home visit or notify the home visitor of a need to reschedule, the home visitor will consult with the supervisor and the following steps will be taken until contact is reestablished:

- A minimum of 3 phone calls per week will be made to the family and/or emergency contact, leaving messages when possible.
- A minimum of 1 home visit per week will be attempted, leaving a door-knocker or note for the family each time.
- A positive, encouraging letter will be mailed to the family asking them to call the home visitor to reestablish contact.
- Information and/or resources related to the family’s needs or queries during previous home visits will be sent to the family or dropped at the family’s residence.
Something to Think About . . .

The relationship between the parent and home visitor is the core of home visiting and a vehicle for change. Home visitors and families work to develop trusting relationships in order to enhance learning, growth and development. Services and relationship building with families becomes disrupted when home visitors leave the program or experience absences, particularly extended absences. A change in the home visitor requires families to establish rapport again, having to “tell their story” many times, to many different people. This in turn affects the family’s desire to continue participation and gain positive benefit from the program. A pre-established plan to provide consistent services and minimize disruptions to families during staff transitions or absences may reduce the potential for a family to withdraw or discontinue services.

4. Develop a plan to maintain services to families in cases of short term absences of home visitors (approximately one week or less) in order to minimize or eliminate a disruption in services.

EXAMPLE

- In cases of anticipated short-term leave (vacation, personal time, medical leave), the following plan will be implemented: the home visitor will notify families of the absence, review links to community resources with families, provide families with the name and phone number of a contact person within the program (supervisor or other home visitor) for questions or other emergent issues, arrange for coverage of home visits/other appointments with supervisor/other home visitors as appropriate, particularly for families in crisis.
- In cases of an unanticipated short-term leave (such as sudden illness or other personal/emergency situations) the following plan will be implemented: update outgoing voice mail message with absence information/anticipated return and agency contact for questions/emergent issues, notify families or arrange for notification to cancel/reschedule home visits or other appointments, notify supervisor of any time-sensitive or pertinent issues for immediate follow up related to assigned families.
5. **Develop a plan to maintain services to families in cases of staff turnover or extended absences, in order to minimize or eliminate a disruption in services.**

In cases of staff turnover or extended absences, the following plan will be implemented, in this order of priority:

- The family is transitioned to another established home visitor with the program, with a minimum of two joint home visits conducted for transition (in cases where the family is familiar with the established home visitor through program activities, a minimum of one joint home visit is conducted).
- The family is transitioned to a newly hired home visitor. The exiting home visitor explains transition and introduces the newly hired home visitor to the family, with a minimum of two joint home visits conducted.
- The supervisor will provide home visits to the family until a replacement home visitor is available, with a minimum of one joint home visit with the supervisor and exiting home visitor conducted. When the new home visitor has been assigned to the family, the supervisor and home visitor will conduct a minimum of 2 joint home visits.
- The temporary or substitute home visitor (hired or contracted to bridge the transition from the previous to the new home visitor) will provide home visits to the family until a replacement home visitor is available, with a minimum of one joint home visit with the temporary and exiting home visitor conducted. When the new home visitor has been assigned to the family, the temporary and newly assigned home visitor will conduct a minimum of 2 joint home visits.
- An individualized plan specific to the circumstances surrounding the absence will be developed using the above plan as a guideline.
Something to Think About . . .

If families disengage from program services, supervisors and other staff can find useful information in analyzing the reasons for and any trends associated with drop-out rates. Programs may discover, through careful program analyses, that drop-out rates are higher among a certain age group, associated risk factor, location, or families assigned to a particular home visitor. The collection and analyses of this information may be used to make decisions, modify service delivery or identify needed staff development to increase retention of participants.

6. Develop a system to track and analyze drop-out rates of participant families. Things to think about including in the system are:

- Data are gathered on a prescribed schedule
- Information is tracked by several indicators (demographics, risk factors, home visitor)
- Results of drop-out analyses are shared with home visitors
- Program supervisors use the results in performance management and professional development of home visitors

EXAMPLE

Supervisors evaluate drop out rates of participants quarterly. Data are analyzed by the following indicators: domestic violence, substance abuse, ethnicity, language spoken, assigned home visitor, length of time in the program, reasons for discharge/drop-out (if known), and pattern of disengagement. Supervisors share and discuss the results of the program analyses and develop an action plan(s) with home visitors during team meetings. Results specific to individual home visitors’ caseloads are reviewed and action plan(s), if applicable, are developed during one-on-one meetings. Supervisors arrange for administrative changes in program delivery or professional development for staff based on data analyses and team or one-on-one discussions.
Something to Think About . . .

Participants who are referred but do not engage in program services can be a beneficial source of information to programs regarding engagement techniques, potential program barriers or the need for additional outreach efforts. Following up with participants who declined service or were not locatable can be challenging, but efforts can be undertaken by programs to glean information where possible, either from the referral source or the families directly.

7. Develop a plan to attempt follow-up with referred families who do not engage in program services.

EXAMPLE

- Referral sources are informed that the family did not engage in services. An anonymous satisfaction survey is sent to the referral source following a family’s lack of engagement in the program.
- A family who did not engage in services is mailed a letter that (1) Provides an anonymous survey about why they did not enroll in the program and asks for additional feedback and; (2) Restates program purpose and services as well as encouragement to call with questions and interest in future participation.
- If families reconnect with the program in the future, they are asked about the reasons they did not participate initially, barriers to engagement, and any suggestions for program improvement.
- The program supervisor makes attempts to conduct a random sampling of families who drop out or resist engagement to identify patterns or program needs.
The following excerpt illustrates the importance of naturalistic and/or inexpensive materials and supplies as one of the key strategies for promoting program improvement and an opportunity to implement evidenced-based or promising practices in a program.

Much has been written in recent years about the importance of learning in early childhood. Unfortunately, a trend to push for earlier and earlier academic learning has been the result. In reaction to this, the National Association for the Education of Young Children (NAEYC) has adopted a strong position statement for developmentally appropriate practice in working with young children. This position emphasizes the importance of play in fostering learning.

Young children learn through direct hands-on manipulation of their environment and a great deal of repetition. They learn best if they are at play and the learning emerges as a by-product of that play. You can enhance the learning environment by asking questions, making associations between known and unknown, and stimulating interest and curiosity through toy selection and activities offered. You don’t, however, need a constant flow of new toys. Often, reorganizing or adding to familiar toys and activities reawakens a child’s interest.

*Learn and Play the Recycle Way, Homemade Toys that Teach*
*Rhoda Redleaf and Audrey Robertson*
*(1999)*
Analyzing Exercises

Find a quiet work place to think about and respond to the following questions. Your responses to the following questions should reflect current policies and procedures for established programs or identified policies and procedures for new projects.

1. Do home visitors use play and developmentally appropriate interactions as a component of home visits?

2. Are toys and books currently used on home visits? If so, are they program materials, personal property of the home visitor, personal property of the families, or a combination?
3. Are toys, books, or other materials belonging to the family currently incorporated into home visits? If so, how?

4. What is important about using materials and toys in the child’s environment for play, learning, and home visit activities?
5. If the program has an inventory of toys and books for use by the home visiting staff, are they generally store-bought (including donated items), homemade, or both?

6. What is your program’s policy for cleaning and sanitizing materials used on home visits or during program activities?
7. How are program materials, including toys and books, reflective of diversity?

8. What curricula and resources exist in your program which provide ideas for the uses of naturalistic and inexpensive materials?
9. What efforts are made to involve community groups, programs, or organizations in collecting and donating naturalistic and inexpensive materials for program use?
Implementation Exercises

Develop a statement, list or brief paragraph in each box below. Your responses here and from the preparation exercises for the other topics in this workbook will be put together to form your agency’s quality assurance and evidence-based practices manual.

Something to Think About . . .

Young children learn through exploration, play, and repetition. Parents can enhance experiences that promote learning by following the child’s cues, asking questions, keying into their interests, and offering comments that expand the child’s concepts; and by providing hands-on materials. Toys and other manipulatives for a child’s play do not need to be expensive in order to be fun and promote learning. In the field of early childhood, there is a great deal of support for the value of naturalistic or inexpensive materials which has resulted in a multitude of resources for home visitors.

1. Locate three books, websites, curricula, or other resources (in addition to those currently used in your program) which list ideas for creating educational items and toys using naturalistic or inexpensive materials.

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<th>EXAMPLE</th>
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<tbody>
<tr>
<td>• Book: Learn and Play the Recycle Way</td>
</tr>
<tr>
<td>• Website: <a href="http://www.first-school.ws">www.first-school.ws</a></td>
</tr>
</tbody>
</table>
Something to Think About . . .

Home visitors can be resources for one another, sharing their ideas for using naturalistic materials and homemade toys on home visits. Home visitors can also share their experiences with particular activities, such as how a child and their family responded to the activity, how they might do it differently in the future, how it could be modified for another age group, and needed supplies. Sharing ideas is also invigorating to home visitors as it gives them something new and different to do, and provides them with creative ideas and variety. Home visitors can share ideas and activities in both formal and informal ways.

2. List two strategies for home visitors to come together as a group to share ideas and resources for using naturalistic and inexpensive materials and supplies during home visits.

EXAMPLE

The agency hosts a quarterly Lunch and Learn for home visitors in the community or county. Each home visitor brings a sample of an activity to share with the group and discuss what works well and what hasn’t worked well on home visits. (Periodically or if there are very few home visitors in the area, the meeting would include child care providers, preschool teachers, and others with an interest in early childhood).
Given the benefits of play, parents and other caregivers have an opportunity to make the most of experiences in play for the child. This includes choosing appropriate toys, encouraging positive interactions, and ensuring the safe use of materials. Labels can help determine the appropriateness or safety of a toy, but no package label can indicate exactly which toy is right for a particular child. Homemade toys can pose a particular challenge, in that no pre-determined safety regulations exist for each toy’s use. Home visitors and parents should talk about safety features of toys during program activities and be especially mindful when choosing toys for children under the age of three.

### 3. Identify five safety issues that should be considered when using toys with young children, especially homemade toys.

- Toys that are too small or have loose/removable parts can be choking hazards
- Avoid toys with cords long enough to wrap around the child’s neck
- Make sure that the toy does not have sharp points or edges
- Latex balloons can be inhaled and block a child’s airway
- Toys or other materials that have been recalled due to safety issues. A current list can be found at the Healthy Child Care Iowa website: 
  [www.idph.state.ia.us/hcci/recalls/asp](http://www.idph.state.ia.us/hcci/recalls/asp)
Something to Think About . . .

Children often enjoy participating in the process of creating playthings. They may spend more time in making a toy than actually playing with it later. Parents also often enjoy the tactile and creative experiences involved in making activities and toys with their children. Creating homemade toys promotes opportunities for parent/child interaction, and home visitors can encourage this interaction by providing education and guidance during home visits.

4. Develop a home visit module for use with families regarding homemade toys and books, and any related safety issues.

EXAMPLE

Using the curriculum, the home visitor selects a lesson plan on creating a homemade toy with a 36 month old child. After choosing the activity (caterpillar), the home visitor provides the materials needed (egg carton, pipe cleaners, eyes, glue, markers,). The home visitor explains the activity and the parent and child work together to assemble the caterpillar. The home visitor discusses any safety considerations; emphasizes to the family that this is an activity for children aged three and over because of the potential choking hazard of the eyes; and explains that if parents want to do this activity with children under the age of three the eyes can be painted rather than glued.
Something to Think About . . .

Toys and program materials used during home visits can spread communicable diseases when children put toys in their mouths, touch the toys after putting their hands in their mouths, or after going to the bathroom and not washing their hands properly. Programs should develop a policy regarding the cleaning and sanitizing of toys and other materials to minimize the potential spread of disease. Thought should be given to the types of toys used on home visits (for example, if they have smooth, nonporous surfaces or can be machine-washed).

5. Develop a policy, including the frequency and process, regarding the cleaning and sanitizing of materials used on home visits or during program activities.

EXAMPLE

Toys used on home visits are sanitized after each use. Depending on the composition of the toy, it is washed in bleach water and allowed to air dry; cleaned in the dishwasher; or machine washed. The home visitor is responsible for sanitizing the toys or ensuring that they’ve been sanitized prior to using them with another family. If a home visitor is conducting multiple home visits in a row, they take duplicate or substitute materials to replace toys that require sanitation and should not be taken into the next visit.
Something to Think About . . .

When parents participate in planning program activities, it empowers them to recognize their value in enhancing and encouraging their child’s development. Programs benefit from building upon the knowledge and strengths of participants. Parents can be resources for program staff in finding creative, fun activities that parents and children can do together. Using ideas and interests of the parents or child enhances the appeal of the activity and makes the program more interesting for the family. The parent and child can have a sense of pride in their creations, thereby promoting self-esteem.

6. Identify three ways that families can participate with program staff for the development of activities using naturalistic and inexpensive materials.

- Once per quarter, home visitors talk to all parents regarding upcoming program activities and parent/child interaction events. Home visitors will provide a list of possible homemade toys to be made during the events, and ask parents to indicate which activities would be of most interest. Results are compiled across families and the most popular activities are selected.
- Participants are encouraged to share suggestions of homemade toys with the program, and one activity per month is listed in the “Toy Box” section of the program’s monthly newsletter.
- On a regular basis, the home visitor plans future home visits with the family to individualize activities based on the child’s strengths, challenges and interests; ideas that the parents have for their children; and to further engage the family.
Something to Think About . . .

Community groups, churches, and other organizations can be a source of donated materials for use on home visits or in program activities. Coordinating with local organizations to secure donations maximizes program funding and builds important collaborative relationships that benefit both donors and the program.

7. Develop a plan to coordinate with church and/or community groups for the collection and donation of naturalistic and inexpensive materials.

EXAMPLE

- A local church starts a collection for empty baby food jars, to be used in an activity during a parent/child event. Church members are invited to volunteer to attend the parent/child event and assist in the assembling of the craft. A program staff member conducts a presentation at a weekly service to promote awareness of the program and to thank the church members for their contribution.
- Home visitors decide to make homemade bird feeders with program participants, using milk cartons. The local elementary school starts a collection of milk cartons to be given to the program. The program provides flyers and brochures to the school to give to any families that may be interested in services.
The following excerpt illustrates the importance of diversity as one of the key strategies for promoting program improvement and an opportunity to implement evidenced-based or promising practices in a program.

Human diversity can be understood as our membership in various groups and cultures. We are born male or female and with a certain skin color. But culture is something we learn. Culture is shared among members of a community and passed along from generation to generation. Culture is a set of invisible rules, values, and beliefs that we learn to think of as normal...These cultures include a wide range of races, ethnicities, national origin, color, gender, sexual orientation, age, marital status, political beliefs, religions, and mental or physical disabilities…

Culture sets many of the guidelines for being parents and raising children. We learn about when, where, and how babies and children should sleep. We learn expectations of how babies and children should behave and how to discipline them if they misbehave. We have different beliefs about what it means for children to “behave” or “misbehave”. The experiences of our culture teach us whom to trust and when we are safe...These rules and experiences of culture often seem as invisible and as natural as the air that we breathe, yet they have an enormous impact on each of us…
Culture is a common thread, but it is not a predictor of individual beliefs or behaviors. And most importantly, unlike stereotyping that oversimplifies and attributes rigid characteristics, understanding culture serves as a backdrop to a greater understanding of individuals and families.

*Parents as Teachers*
*Born to Learn*
*Curriculum Prenatal to Three Years*
*(2005)*
Analyzing Exercises

Find a quiet work place to think about and respond to the following questions. Your responses to the following questions should reflect current policies and procedures for established programs or identified policies and procedures for new projects.

1. **What does diversity mean to you?**

2. **Is there a program philosophy or approach regarding diversity? If so, what is it?**
3. **What agency policies, procedures, and practices for staff support diversity?**

4. **What diversity training and education is currently provided to staff?**
5. What is the diversity of your home visiting staff and administration?

6. What is the diversity of your community?
7. **What is the diversity of participants within your program?**

8. **How does the diversity of the home visiting staff reflect the population being served by your program?**
9. How do program materials (including books, handouts, pictures, and dolls/toys) reflect the diversity of your target population?

10. What resources or services within your program are available to families who do not speak, or have limited use of, English (including access to interpreters and translated documents)?
11. If your program uses interpreters, what guidelines exist for their work with families? What are the qualifications and associated training of interpreters?

12. Are children ever used as interpreters for their parents or other family members? If yes, under what circumstances?
13. What resources are available within your community to serve families who do not speak, or have limited use of, English?

14. What curricula, information, or resources do home visitors have access to which address cultural sensitivity and/or diversity?
15. How are program materials, including printed materials, inclusive of diversity?

16. How does a home visitor make efforts to learn about a family’s culture?
17. What policies does your agency or organization have regarding the celebration or recognition of holidays for staff and families?

18. What does a home visitor do if someone makes a comment or displays behavior that is disrespectful towards another person or group of people? Is this handled differently depending on who made the remark or exhibited the behavior? (Participant, coworker, community member, other person)?
Implementation Exercises

Develop a statement, list or brief paragraph in each box below. Your responses here and from the preparation exercises for the other topics in this workbook will be put together to form your agency’s quality assurance and evidence-based practices manual. See Appendix B for a sample framework for a practices manual.

Something to Think About . . .

The complexities and nuances of diversity are many. Diversity stems from race and ethnicity, but also consists of other factors, such as family composition, language, country of origin, traditions and customs, cultural practices, sexual orientation, special needs, and life experiences, among other things. As a result, there a multitude of topics that can provide training ground for staff in the arena of diversity. Diversity training should also be about demonstrating respect, sensitivity, tolerance, and a genuine desire to learn about others.

1. Develop a list of topics to be included in ongoing diversity training with staff.

<table>
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<tr>
<th>EXAMPLE</th>
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<tbody>
<tr>
<td>• Ethnicity</td>
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<td>• Race</td>
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<tr>
<td>• Language spoken</td>
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<tr>
<td>• Gender including gender orientation</td>
</tr>
<tr>
<td>• Teen parents</td>
</tr>
<tr>
<td>• Family composition</td>
</tr>
<tr>
<td>• Sexual orientation</td>
</tr>
<tr>
<td>• Socio-economic status</td>
</tr>
<tr>
<td>• Religion</td>
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<tr>
<td>• Disabilities</td>
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</tbody>
</table>
Something to Think About . . .

When planning diversity training for staff, it is important that there is a thorough understanding of the qualifications of the trainer or resource, the approach, and the core messages provided by a particular trainer, resource, or curriculum. By its very nature, the topic of diversity and any corresponding training may address sensitive issues and difficult life experiences of participants. Diversity training can also evoke opinions or biases of participants that can be offensive or hurtful to other people. Therefore, clear understandings of how a training or curriculum is designed and/or the capabilities of any potential trainers are crucial to ensure a beneficial and effective training experience that is congruent with the program purpose and approach to working with families.

2. Identify resources, including but not limited to, trainers, speakers, written materials, videos, and individuals to educate staff in each area identified for diversity training.

| EXAMPLE |

It is important for programs to have a variety of identified speakers, curricula, and resources to draw from including opportunities for individuals to share their personal experiences. Each program should evaluate the qualifications, merit, and appropriateness of any training medium and therefore a specific example is not cited here.
Something to Think About . . .

Regardless of the types or amounts of diversity among a community, program participants, or staff, efforts should be made to incorporate diversity and cultural sensitivity into the program. Staff and participants benefit from exposure to diversity and exhibiting sensitivity to differences among people.

3. Develop ten strategies for incorporating diversity and cultural sensitivity into your program, regardless of the diversity of the home visitors and participants.

**EXAMPLE**

- Pictures of people in printed program materials include diversity.
- Children’s books and program materials are available in multiple languages with diverse illustrations.
- Dolls of multiple ethnicities and abilities are used on home visits.
Something to Think About . . .

The best predictor of cognitive, academic, and language development in a second language is the level of development of cognitive, academic and language proficiency in a first language. Children most easily develop all literacy skills, including those in the first and second languages, when they are given early opportunities to learn and build a strong foundation in the first language. Promoting children’s mastery of the first language helps to maintain a connection with their parents, grandparents, elders, and other significant family members who speak the same language. With the increasing diversity of our communities, to be bilingual from the onset of language is a strength and skill, and something that needs to be promoted and protected.

4. Identify six resources and program activities that promote strong foundations in a child’s first language.

EXAMPLE

- Where possible, the home visitor speaks the child’s first language or has access to an interpreter who speaks the child’s first language.
- If the home visitor does not speak the child’s first language, he/she makes efforts to learn several words and phrases such as first words, greetings, colors, animals, requests for basic needs, comforting words, praise, please and thank you, etc.
- As much as possible, provide children’s books, labeling, games, language toys, etc. in the child’s first language.
Something to Think About . . .

Home visitors can work more effectively with families by increasing their awareness, understanding, and sensitivity to the uniqueness of each family. It is important for home visitors to make efforts to learn about a family’s culture, as part of their responsibilities include developing rapport with families, developing family specific goals, and addressing family issues. Most often, the family is the best resource to help the home visitor gain valuable insights and a better understanding of child rearing practices, beliefs, customs, and values. It is the home visitors’ responsibility to take the initiative to learn more about the families they work with, and recognize that each family is different. A variety of approaches and strategies can help home visitors increase their awareness, understanding, and respect for each individual family.

5. Develop ten strategies for a home visitor to learn more about a family’s culture.

<table>
<thead>
<tr>
<th>Example</th>
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<tbody>
<tr>
<td>• Ask the family.</td>
</tr>
<tr>
<td>• Ask other people from the same culture, remembering that there are individual and group differences within a culture or country.</td>
</tr>
<tr>
<td>• Pay attention and show respectful interest.</td>
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<tr>
<td>• Read websites or publications to expand general knowledge.</td>
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</table>
Something to Think About . . .

Programs need to make a concerted effort to reach diverse populations in the recruitment of staff and participants. Programs have a responsibility to attempt to identify and engage families that are appropriate and in most need of services. Efforts to create awareness of program services within diverse populations better ensures that more comprehensive outreach efforts are employed and increases opportunities to recruit families into services. The program team can only benefit from promoting diversity among staff, particularly when that diversity is representative of the families served by the program.

6. Develop six ways to conduct program outreach to encourage and enhance diversity among staff and participants.

<table>
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<tr>
<th>EXAMPLE</th>
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<tr>
<td>• In addition to traditional job postings, position announcements are circulated in a variety of ways, including agencies, informal organizations, newspapers, and radio stations with a specific focus on diversity.</td>
</tr>
<tr>
<td>• A partnership exists between the program and an organization with a specific cultural focus in order to increase awareness of program services, ensure an understanding of the referral process, and engage members of this group as volunteers for program recruitment events.</td>
</tr>
</tbody>
</table>
References & Resources

The following resources and references are provided for additional reading and/or were used in the development of this workbook.


Parents as Teachers National Center, Inc. (2002-2005). *Parents as Teachers Born Learning Birth-Three Curriculum.* Published by Parents as Teachers National Center, Inc.

Parents as Teachers National Center, Inc. (2002-2005). *Parents as Teachers Born Learning Three Years to Kindergarten Entry Curriculum.* Published by Parents as Teachers National Center, Inc.


