Section I

Family School Connection

Introduction

THE FAMILY SCHOOL CONNECTION PROGRAM

INTRODUCTION

Mission

The mission of the Family School Connection (FSC) program is to work in partnership with parents whose children are frequently tardy, absent or disconnected from school, and are likely to be struggling with other issues. To assist these families and their children FSC provides a program of intensive home visiting that includes parenting education and connections to community resources including the child's school.

Vision

The vision of Family School Connection is that every child will be raised within a nurturing environment that will ensure their positive growth and development.

Guiding Principles

Young children who are frequently tardy, absent, and disconnected from school are likely to be living in circumstances where family issues are interfering with the child's participation and opportunity to learn and achieve.

Developing a trusting and productive relationship between the program staff and the family is the foundation for strengthening a vulnerable family.

Consistent and reliable contacts are the most effective way of establishing a supportive and helpful relationship between the program staff and the family.

Program Objectives

- To offer all program services voluntarily and at no cost to families.
- To work in conjunction with school staff to identify possible "parents that are at risk for dysfunctional parenting."
- To provide intensive home visiting and parenting education to "at risk" families that have children ages 5-12 years old.
- To provide parents with information that uses curricula based on the needs of the parents and the age of their child or children.
- To provide Family School Connection parents with positive school engagement activities.
- To measure the parent school involvement through the Parent-School Involvement Survey.
- To provide ongoing parenting support through life skills development, parent/child activities and resources, and referrals to the community.
- To initiate services when the school problems first arise.
- To provide parents with information about the importance of their child's education.
- To provide parenting education specific to the needs of the parents and their children.
- To document the nature of family needs by using standardized assessment tools.

- To supplement the program with a network of community resources.
- To limit the number of families each staff member works with so each staff member has enough time to prepare and provide quality services.
- To provide all program staff with intensive training specific to their roles within the program as well as ongoing clinical supervision at their sites.
- To deliver all program services in a culturally competent manner and offer all staff opportunities to address issues of diversity.
- To establish an advisory committee at all sites within the agencies that includes past program participants, professionals, community members, and other interested parties.

Program Description

Family School Connection is a home visiting program that provides parent education, help in managing problems, a 24-hour telephone line, and referrals to appropriate agencies. The program also screens children for social and emotional development and refers those at risk for help. Focus groups on specific topics are offered to parents. The focus groups are implemented as a part of the Professional Development Model described in the training section of the manual.

The Family School Connection program conducts universal screening of all its families. The school principal, social worker, psychologist, resource officer, family resource aide, and teachers work in a joint partnership with the Family School Connection staff to identify children ages 5 though 12 who are "at risk" with the following factors: educational neglect; excessive tardiness or truancy issues; and children struggling with behavioral issues. In addition, the program is prevention-based, and therefore, screens clients to make sure the state Department of Children and Families (DCF) is not involved with the family.

Parent School Involvement

Parent school involvement is an essential piece of this program and should be encouraged by program staff at every opportunity. It allows the parent to build a rapport with the school. In addition, it allows the parent to feel comfortable participating in school activities including Parent Teachers Organization (PTO)/Parent Teachers Association (PTA), volunteerism at the school or in a classroom, and parent/teacher conferences. It focuses on parent school involvement and can also open the lines of parent/teacher communication, develop social network, and enhance parent/child interaction by assisting with school work.

Home Visiting

The home visiting program is free and offered on a voluntary basis to parents whose young children are frequently absent, truant or disconnected from school. The families are identified by teachers, other school personnel or program staff as soon as the child attendance issues emerge.

The program supports families by helping both the parent and the child make a positive connection with to the child's school, by helping them to connect with a host of community services, and by providing timely and appropriate parenting education.

Research has found that parents enrolled in the program experienced less stress, developed healthier interactions with their children, and became more involved in their children's academic lives during the time they participated. The program results also suggest that this home visiting program is a promising way to decrease child abuse and neglect in families with school-aged children.

The program is based on the concept of "family-centered practice." This practice is designed to engage

families as partners. Program participants are offered weekly home visits for as long as the family feels the visits are beneficial and until the child leaves the school (either graduates or moves). At any time the frequency of the visits can be changed based on the family's needs and preferences.

The home visitor and the family work together to create an action plan in order to meet the needs of the family. The plan draws on the family's strengths, community resources, and the skills of the home visitor.

The program staff members:

- Use approved curriculum
- Create activities to extend or facilitate learning
- Link families to the child's school and community resources
- Conduct child development screening

The first objective of the home visitor is to establish a relationship with the family. Often this is accomplished by addressing immediate and concrete needs identified by the family such as employment, child care, transportation, basic necessities, and other issues that might be making it difficult for the parent to attend to the child's need to be in school. The second objective is to establish a plan for assisting the family that includes both case management and parent education. In addition, the children are screened for developmental risk factors, referred as appropriate, and connected to tutoring and other enrichment programs offered at the school.

Home visitors assume the broad role of teacher, supporter, advocate, and liaison to the larger community. Home visitors are trained to have extensive knowledge and skills including an understanding of child abuse and neglect, the ability to conduct a developmental screening, parenting and home management skills, and the ability to access community resources. Home visitors work with each family to ensure a connection to a primary medical care provider.

Home visitors act as an empowering agent of change within the family system. This essential aspect of their work is primarily based on their personal ability to accept and communicate without judging.

RESEARCH AND EVALUATION

The Children's Trust Fund's development and oversight of the Family School Connection program is rigorous and ongoing. As a part of this effort the Trust Fund has contracted with the University of Hartford's Center for Social Research to evaluate Family School Connection.

The University began evaluating the program at its inception in 2000. It continues to assess both the program process and outcomes.

The Family School Connection (FSC) program has been serving families and children at Betances Elementary School in Hartford since 2000. The program provides home visiting and support services to families that have shown precursors to educational neglect such as excessive truancy or tardiness. The program also serves families of children who are having behavioral or academic problems that have not been successfully addressed by their parents or the schools.

The researchers collect social and demographic data on the children and parents. The researchers use a pre-test and post-test design consisting of both process and outcome measures. The process measures document how FSC services are implemented. The Monthly Activity Log records how often families receive home visits and how often they access other services offered through the Family School Connection program and the Family Resource Center. Other measures document the frequency and types of clinical supervision home visitors receive, as well as any training they attend.

The researchers use the Parenting Stress Index - Short Form (PSI-SF) to measure parenting and family characteristics that fail to promote normal development and functioning in children. The PSI-SF also identifies parents who are at risk for dysfunctional parenting. The second outcome measure is the Parent-School Involvement Survey. This instrument examines both parents' and teachers' perception of family/school involvement. The instrument assesses parents' perceptions of their child's school, the time they spend with their child doing school-based activities such as reading, helping with homework or volunteering at the school. All outcome measures are administered when families first enter the program and then after six months of program involvement.

Data on the families' living circumstances are also tracked including, for example, the percent of mothers and fathers employed, those with a high school degree or further education, and the percent of children with medical insurance. The Family School Connection Report 2006 is available on the Children's Trust Fund web site, www.ct.gov/ctf, under the "Research" link.

Section II

Program Policies and Practice Standards

PROGRAM DEVELOPMENT AND IMPLEMENTATION

Continuous Quality Improvement Team

Policies for the Family School Connection program will be reviewed and developed through a statewide Family School Connection Continuous Quality Improvement Team (CQI). The Continuous Quality Improvement Team will give every staff role a voice. It reviews policies and procedures and recommends policy changes to improve practice based on feedback and suggestions generated by FSC staff.

Policy recommendations are brought to the Children's Trust Fund for consideration and approval. All approved policies become effective the first day of the next quarter (January 1, April 1, July 1, October 1). After six months of using a policy, the CQI representative or alternate can request a policy revision based on the feedback of those they represent.

The Continuous Quality Improvement Team provides communication among all staff members, FSC sites, researchers, the Children Trust Fund staff and Children's Trust Fund Council. The CQI representative and alternate are elected by their peers within their network group and attend network meetings on a regular basis. Both the representative and alternate are expected to participate in each CQI meeting and provide feedback to and from their peers and CQI on the policies and procedures discussed and approved at meetings.

Chairs

The CQI team is co-chaired by a designee of the Children's Trust Fund and the Research Team. The Co-Chairs are voting members of CQI. Each agency also designates an alternate.

Membership

The Continuous Quality Improvement Team includes a regional representative and alternate for each FSC role:

Clinical Supervisor
Home Visitor
Representative from Children's Trust Fund
Representative from the Research Team

The Executive Director of the Children's Trust Fund serves as an ex-officio member of the CQI team.

Criteria for Membership

Membership is open to Family School Connection sites and staff.

Newly Elected Members

Each member elected to the CQI team will be asked to make a two-year commitment to the CQI team. During their first year, newly elected members will be designated as either representative or alternate. During the second year of CQI participation, the alternate will move into the representative position.

A representative's primary responsibility is to uphold and share the views, opinions, and concerns of the group they represent.

Representatives who miss more than 25% percent of the scheduled CQI Team meetings may be asked by the Co-Chairs to resign from their position.

Representatives participate in discussions and can vote on policy.

Alternate representatives will be active participants in the discussions at CQI, but will not vote unless their group's representative is absent.

Members at Large

Members at Large are non-voting participants who are allowed to attend CQI meetings and can participate in discussions. Members at Large will not be allowed to vote. Members at Large lose their ability to participate in discussions if they miss two consecutive meetings.

Drops-Ins

Drop-Ins will be invited to attend CQI meetings and can observe the proceedings. As observers, Drop-Ins will not be allowed to participate in the discussions and they cannot vote. Observers will be allowed to comment at the end of the CQI proceedings.

Meeting Schedule

Meetings will be held on the third Friday of every month from 10:00 a.m. until 2:00 p.m. Creative Incentive Grants submitted by Family School Connection sites will be reviewed in the last hour.

Creative Incentive Grants

The CQI Team will award Creative Incentive Grants to support program innovation. Grants for up to $250 will be used to enhance program services. Sites will be encouraged to propose an innovative or creative project that would require funds not covered within their contract award. All Family School Connection sites may apply for these grants. Each site will receive only one grant per year.

Essentials for Site Development

Below is a list of essentials for program success.

Team Work

Developing and operating a successful FSC site requires planning, collaboration, and coordination. Every program component and each staff role is dependent on the other. Staff members need to work as a team within their site and with others in the community.

FSC Clinical Supervisor

Fundamental to a well-run site is a knowledgeable and involved supervisor. A clinical supervisor must have strong administrative and organizational skills, be well versed in the duties and responsibilities of each staff role, and have the ability to represent the interests of FSC within their agency. Additional responsibilities include establishing an advisory committee and engaging in legislative and other advocacy efforts.

Memorandum of Agreement with the School

All programs not based in or operated by the school itself must include a Memorandum of Agreement (MOA) with the school that assures the program access to: (1) adequate space for program activities; (2) designated office space; (3) students who are often tardy, frequently absent or disengaged from the school; (4) their families; and (5) their student attendance records.

Community Collaboration

FSC should take the lead in efforts to establish collaborative relationships within their communities to ensure that the varied needs of the participants are met.

Evening and Weekend Hours

FSC programs are encouraged to provide regular evening and Saturday business hours for home visiting.

Active Advisory Board

Family School Connection sites must have an Advisory Board. The advisory board should include professionals, community members and other interested parties. The Advisory Board should meet at least quarterly to discuss program issues and program development.

Opportunities to increase knowledge

The program staff must take advantage of opportunities to increase their knowledge and skills. Program staff is expected to actively participate in community and Family School Connection networking opportunities and training.

Strength based culturally competent practice

Cultural awareness is key to meeting the needs of the families participating FSC. A culturally competent organization is committed to doing what it takes to support their staff to work within the culture of the population it serves. Program staff needs to be vigilant in their efforts to learn about different cultures and the issues related to diversity. The office environment should reflect diversity through furniture choice, wall paintings, and décor.

Individualized Program Plans (IPP)

The Individualized Program Plan is the outcome of an annual process to help sites identify and address issues and create strategies for enhancing program service. The sites review evaluation findings and other information to develop the plan. The Children's Trust Fund also provides feedback and makes recommendations to the sites.

Celebrations

Each site should host a celebration at least once a year to recognize the accomplishments of all of the families in the program – even those that may not have met all of the program expectations. Members of the larger community who have provided support or will be providing support to the family once they leave the program should be invited to attend.

Food Service Policy

All food served at site functions must comply with State of Connecticut Department of Public Health Itinerant Food Vending and Catering Food Service Regulation 19-13-B48s. The full text of this regulation is available at **www.ct.gov/dph.**

Warm line

Each site is required to establish a warm line that families can call after business hours. Ideally the warm line would operate 24 hours a day. The purpose of the warm line is to offer support to parents who need help addressing problems before they develop into a crisis. The FSC staff should be informed of all calls to the warm line and follow up with the families on the next business day.

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STAFFING REQUIREMENTS

Staffing Plan for Family School Connections

1 full-time clinical supervisor
3 full-time home visitors

Participation in scheduled supervision

Staff members are required to participate in regularly scheduled supervision to review their efforts and address challenges as they arise.

Employing Previous Program Participants

Parents who were recipients of program services are not allowed to become staff at the same program site. They may seek employment in other Family School Connection program sites.

Description of staff positions

Clinical supervisor is responsible for the overall management of the program including clinical supervision of the staff and training, collaboration with the school and the community service providers, program evaluation, advisory board development and managerial matters.

The supervisor must have master's degrees in social work or related human service or social science field, and experience providing clinical supervision and working with vulnerable families.

One full time clinical supervisor may supervise no more than five (5) home visitors.

The staff that may report to a clinical supervisor include FSC home visitors.

Home Visitor works directly with the families in the home. They may visit the families once a week, provide information to improve parenting skills and provide information on child development. They also help families' access community resources.

The home visitors may be paraprofessionals or have bachelor's degrees in social work or a related field. They must be knowledgeable about the types of issues families have with their child's school, other community services and the experiences the families face. Home visitors should be selected because of their personal characteristics and not solely on their education and employment history. Home visitors should demonstrate a strong ability to work with people of different ages and life stages, living in challenging circumstances and within diverse cultures. Sites are encouraged to hire home visitors who reside in the communities they serve.

JOB DESCRIPTIONS

Family School Connection Supervisor

Supervised By: Executive Director/Management staff

Job Description: Clinical supervisors are responsible for the overall operation and management of the program, including clinical supervision of the staff and training, collaboration with the school and community service providers, are responsible for participant recruitment, client assessments, program evaluation and other program related matters.

The clinical supervisor is also responsible for the advisory committee, marketing and representing the program, research, data analysis and quality assurance, strategic planning and providing adequate resources for staff.

The clinical supervisors conduct joint home visits with the home visitors, ensure and maintain up-to date, complete and confidential client records, facilitate the Professional Development Focus Group in-service training model, and oversee caseloads. Each supervisor must participate in 30 hours of training annually.

Experience/Education Requirements

The Clinical supervisors are required to hold a master's degree in social work or in a related social science or human services field. They must have previous supervisory and clinical experience working with vulnerable families.

Skills

Be comfortable conducting home visits.
Excellent interpersonal skills.
Ability to support, teach and advise home visitors and other supervisees
Understand complex family issues and dynamics
Strong organizational and management skills to handle varied duties and responsibilities.
An ability to be creative, innovative and a self starter.
Demonstrated leadership abilities and supervisory skills.
Community organization and advocacy skills.
Basic computer skills including Word and Excel required.

Credential/License Required

Connecticut state driver's license and automobile liability insurance as required by the hiring agency. License in social work, professional counseling or marriage and family therapy preferred.

Additional Requirements

May require weekend and/or evening hours to attend functions or meet with families.

All duties must be implemented in accordance with the hiring agency contract with the Children's Trust Fund, Family School Connection policies, hiring agency policies, ethical practice standards and state law.

Family School Connection Home Visitor

Supervised By:

Clinical supervisor

Job Description:

Home Visitors work directly with the families. They may visit the families once a week, provide information, and use highly regarded curricula to improve parenting skills and teach the families about child development. They also help the families become engaged with the school and their child's academic life, and access services from community resources. The Home Visitors may be paraprofessionals or may have bachelor's degrees in social work or a related field. They are knowledgeable about both community services and the experiences the families face.

Home visitors assist with participant recruitment. In addition the home visitors work with families to develop strength-based action plans to address areas identified as challenges, maintain collaborative relationship with primary care providers, the school and community services, and maintain accurate records of all client contact.

Experience/Education Requirements

The Home Visitors must have a high school diploma and relevant work experience. Home visitors should have experience working with vulnerable children and families. They must be open to working with families of diverse backgrounds

Skills

Excellent interpersonal skills and the ability to engage families from diverse backgrounds
Strong organizational skills to handle varied duties and responsibilities.
Demonstrated ability to be creative, innovative and resourceful.
Model parent - child interaction with parents and children.
Basic computer skills including Word and Excel preferred.

Credential/License Required

Connecticut state driver's license and automobile liability insurance as required by hiring agency.

Additional Requirements

May require weekend and or evening hours to conduct home visits.

All duties must be implemented in accordance with the hiring agency contract with the Children's Trust Fund, the Family School Connection policies and approved training, hiring agency policies, ethical practice standards and state law.

PROFESSIONAL DEVELOPMENT AND TRAINING

Professional Development Policy for FSC staff

The purpose of the professional development policy is to set standards and guidelines for staff training in order to:

- Prepare the staff to work effectively in their role
- Enhance skills and knowledge of the staff over time

The professional development policy outlines the:

- Required comprehensive training plan for all of the Family School Connection staff
- Process for recognizing and rewarding the professional growth and development of the staff

Required Comprehensive Training Plan

Each member of the staff is responsible for completing the Families School Connection in Action training specific to their role. All staff must participate in pre-service and in-service training. Staff participates in additional training based on their role. The Children's Trust Fund and the sites share the responsibility for providing training.

A list of additional training and requirements by role

Required Training for Program Supervisors:

. Thirty hours of in-service training each year
. Family Development Training for Supervisors and Leaders

Required Training for Home Visitors:

Family Development Credential (FDC) for Family Workers
Nurturing Parenting Program Home Visiting Curriculum

Description of Training

Family School Connection in Action: This is an interactive and energetic training based on individual roles of staff within the Family School Connection. During the training participants have the opportunity to explore the philosophy, practice and procedures that are at the core of FSC. Throughout these hands-on trainings participants learn from peers, develop insight into their work and leave with additional tools to be successful in their role.

Opening Day (mandatory for all participants)

On Opening Day participants spend time discussing the policy and theory that guides the work of the Family School Connection. Staff learns information regarding the Children's Trust Fund mission and the history of home visiting as an intervention strategy. In addition participants learn about attachment theory and understand why it is the foundation of FSC.

Closing Day (mandatory for all participants)
Participants will spend the day learning about the theory and curriculum behind the Nurturing Parenting Program (NPP). Participants will explore the attitudes and belief that most frequently lead to child abuse and neglect and dysfunctional parent-child relationships. Participants will also learn how to use the NPP curriculum in home visits, groups and other encounters with parents to prevent parenting problems and to enhance relationships between parents and children.

Home Visitors Track
Participants will explore FSC policies and establish relationships with colleagues that can support personal growth and development. During this track participants have the opportunity to share experiences and focus on the types of families enrolled in FSC. Participants learn about tools, resources and skills to reinforce their work as a home visitor. Home Visitors learn how to prepare for and conduct a home visit with a family.

Clinical Supervisor Track
Participants review their role and responsibilities and the policies and procedures of FSC. Supervisors learn about the Focus Group Professional Development Model of staff development and identify their role in establishing a nurturing environment.

Participants discuss concepts central to the FSC program including the cultural broker model. Program supervisors learn about the importance of contract management and the many challenges that come with implementing the program.

Site Visit
Each participant is required to spend one day visiting an FSC site. The site visit is an opportunity to learn from colleagues at another FSC program.

Family Development Credential (FDC) for Family Workers is an 80-hour, community based, comprehensive skill building training for anyone who works with families. The value of this program is derived from the interactive, experiential learning and completion of a comprehensive portfolio. Topics explored include:

- Communicating with Skill and Heart
- Taking Good Care of Yourself
- Diversity
- Strength-based Assessment
- Home Visiting
- Collaboration

FDC for Family Workers is arranged by or through the Children's Trust Fund and must be completed within two-years of employment. Participants who complete the training and pass an exam earn a Family Development Credential and may apply for and receive six undergraduate credits from Charter Oak College.

FSC Home Visitors are expected to complete all course requirements and earn a credential.

Family Development Training for Supervisors and Leaders compliments the 80-hour FDC training for family-service workers. The course focuses on a strength-based approach to human services.

Family Development Training for Supervisors and Leaders is a 35-hour training that offers practical ways to build organizational capacity in areas of empowerment based supervision, interagency collaboration, strength-based assessment, multicultural competence and professional development. Participants who complete the training receive a certificate.

Professional Development Focus Group Model

The Focus Group Model is required for the FSC home visiting staff.

The model, created by the Hartford-VNA Nurturing Family Network site, has three components.

First Component:

> During supervision, key issues and challenges for the home visitors are identified.
> The home visitors and the supervisor agree to focus on one of the issues.

The supervisor locates an expert within the community or the site to come to their site and offer training or information on the particular issue.

Second Component:

Following the training the home visitors decide how they want to bring this information back to the families.

In rare cases, the experts might be invited back to co-facilitate the focus group with the home visitor. However, most often the home visitors will decide to re-design the training and offer it to the families themselves. The home visitors usually hand pick and personally invite a few families they know will benefit the most from the training. The home visitor-led trainings are called focus groups.

In the Hartford VNA experience, the supervisors engaged the children in a nearby room during the focus group. This practice relieved the parents of the need to watch their children while they participated in the group and freed up the home visitors to provide the presentation or facilitate the activity. This also meant that the supervisors were close at hand if they were needed for any reason.

Third Component:

The roles and responsibilities for preparing these focus groups are shared and rotated among the home visitors. This allows all of the home visiting staff to build new skills in leadership.

Pre-Service Training for new hires:

All sites are required to provide training on the following topics during the first 6 months of employment.

- Working with high needs families; unrealistic expectations and staff burn out, recognizing and understanding our feelings as a home visitor and issues related to counter transference, and stress management, staff and agency safety plans.

- Professional responsibilities; case notes and documentation, client referrals and mandated reporting, code of ethics for empowering clients and maintaining professional boundaries.

- Engaging families; understanding cultural parenting practices, values, and traditions, developing family rules and expectations, establishing nurturing parenting routines and improving children's self worth though the use of appropriate and effective parenting techniques

CLINICAL SUPERVISION

Providing clinical supervision is a major focus of the supervisor's role. Research on home visiting programs shows that clinical supervision is vital. Because families who participate in the program have complicated lives and complex needs, providing services to these families in their homes presents many challenges for the paraprofessional home visitor and the program supervisor. Clinical supervision is a strategy that can help to prepare the home visitor to meet the challenge.

Role of clinical supervision

Clinical supervision addresses issues related to family functioning and dynamics as well as to the experience of the home visitor working with the family.

The clinical supervisor assists the home visitor to:

- Develop a fuller understanding of the families they are working with.
- Consider strategies and approaches for engaging and working with individual families.

The clinical supervisor also helps the home visitor become aware of and manage the feelings and frustrations she may be having about her work.

Clinical supervision is a skill. Clinical supervisors must have the experience and background to understand the families' complex needs, circumstances and the challenges faced by the home visitors.

Implementing Clinical Supervision: Administration

The clinical supervisor performs several administrative tasks. They review files and home visiting reports, follow-up on referrals, and make sure that program policies and procedures are being followed. This review can be very time-consuming. Therefore, whenever possible, records should be reviewed prior to the supervisory meeting. This will allow more supervisory time for the issues and questions that surface from the "paper review" as well as for the family issues and other matters the home visitor wants to discuss. In addition Clinical supervisors complete a monthly Home Visitor Supervision Log for each home visitor that they supervise. The Home visitor log should be submitted monthly to the program evaluator.

Implementing Clinical Supervision: Professional Development/Education

Clinical supervision provides an opportunity for the supervisor to teach, offer new skills and support the professional development of the home visitor.
The supervisor should listen carefully to what the home visitor is saying about the family. The supervisor should be prepared to ask questions and provide information that will enhance the home visitor's understanding of the family and her role.

The supervisor should:

- Ask questions about the family make-up, dynamics, culture and changing circumstances that may affect the family and the home visits.
- Explore with the home visitor how changes in the life of the family might be affecting how the family interacts with the home visitor.
- Help the home visitor think about how she might need to adjust her approach to reflect and accommodate the needs of the family.

- Help the home visitor seek and identify red flags that might alert her specific problems or circumstances.
- Help the home visitor develop a general personal safety plan for home visits.
- Assist the home visitor in mock role plays and to help the home visitor with clients that have acute or sensitive issues.
- Explore with the home visitor about the importance of client autonomy.
- Explore with the home visitor about self disclosure, when it is appropriate and when it is not.
- Assist the home visitor with creative outreach and client engagement strategies.
- Help the home visitor identify and to address specific problems or circumstances.
- Provide feedback and impressions of the assessment and to plan the first visit.
- Help the home visitor organize her thoughts and her work with a family over time.

Supervisors should ask home visitors to come to supervision meetings prepared to discuss issues and questions related to the families and their home visits.

Implementing Clinical Supervision: Managing Feelings and Reactions to Families

Working with families with multiple issues can be rewarding – but it can also be stressful and frustrating. Supervisors should be aware of how the workers feel about the work they are doing and the families they are working with. It is important that the home visitors have an opportunity to explore and learn how to manage their feelings. Left unchecked, these feelings can lead a home visitor to lose sight of important boundaries, to distance themselves from families or to burn out.

Clinical supervision can help the home visitor reframe her experience of the family within the context of her role and her knowledge of the family and of human services practice.

In addition to supervision, individual sites can provide supplemental training on a variety of topics that support the professional development of the home visitor.

Frequency and Scheduling of Supervision

Clinical supervision must be available to each home visitor for a minimum of two hours each week. A set schedule – same time and day each week – is recommended.

The clinical supervisor must also be available in the office or by phone to address critical issues and/or questions that arise. The supervisor should designate an alternative staff member who has the authority to make decisions when the home visitor cannot reach the supervisor.

Joint home visits

Once a month, in lieu of the two-hour office meeting, clinical supervision should take the form of a joint home visit. The supervisor should accompany each home visitor on a joint visit to at least two families. Ideally, the supervisor would spend the full day visiting families with the home visitor. If a site has more than four home visitors, the supervisor may join home visitors on site visits on alternating months.

The purpose of the joint visit is to:
Help the supervisor learn about the issues and needs of the families and stay in touch with the experience of working with families in their homes.
Give the worker and the supervisor an opportunity to have a shared experience with the family, which can enrich discussions in the future.

Give the supervisor the opportunity to see the home visitor in the environment with the families.
Give the supervisor the chance to model skills.
Break the isolation for the home visitor and the family.
Make supervisors' visits with the families a normal occurrence so that, in case of a crisis, the supervisor's presence doesn't seem odd or troubling to the family.

Group Supervision

It is required that the Home Visitors and Clinical Supervisor participate in a biweekly meeting to increase teamwork, review FSC policies and procedures, review successes and strategies and community resources, and to provide support for each other and the families they serve. During group supervision, the Home Visitors and Supervisor should also discuss progress on implementing the professional development focus group model and choose a topic for that model for each quarter of the contract year.

Supervisory considerations when assigning cases and/or duties

The work load should be assigned based not only on the availability of the workers, but also on their areas of expertise. However, workers who have strengths in a particular area (and are in great demand) should not be overloaded with highly vulnerable families or consistently more complex and time consuming duties.

When assigning families to home visitors, the supervisor should consider the severity of the family's needs. Families with more complex issues may need to be scheduled for more than one visit per week.

The supervisor is responsible for deciding how many families are appropriate for each individual based on the particular needs of the family.

The process and topic covered in clinical supervision as outlined in this document can be adapted to achieve the goals of increased job satisfaction and staff retention.

Required Supervisor's Education Training and Support

To perform this function each site must have a master's level supervisor trained in social work, human services or a related field who has experience in clinical supervision. The clinical supervisor must also have an understanding of the community and the families served by their program.

Clinical supervisors should meet to review and discuss their work with their supervisors at least every two weeks. Supervisors must receive at least 30 hours of training each year. At least 12 hours of the in-service training must be specifically focused on issues and information related to clinical supervision.

During the 30 hours of required annual supervisory training, the supervisor should pursue several opportunities to address cultural awareness through experiential learning.

Clinical Supervisors should focus on learning about the culture of the families during the joint visits with the home visitor and through the Professional Development Model (PDM). Outside training can also be helpful.

In addition Clinical Supervisors submit a monthly home visitor training log to the researchers. The log captures the date of training, length of training, who provided training and the training topic. The home visitor training log should be completed for each individual home visitor.

HOME VISITING PROGRAM

Home Visiting Program

The home visiting program is free and offered on a voluntary basis to families with school age children, ages 5-12. A school faculty member such as the principal, social worker, teacher, family resource aide, psychologist, resource officer identify a child as having excessive issues with truancy, tardiness, educational neglect or behavioral issues and refers that family to the Family/School Connection home visitor. A home visitor usually administers the Parenting Stress Index-Short form, (PSI) screen to families that are identified as "at risk".

The goals of the program are to:

- Connect the child and family to the child's school
- Provide timely and appropriate parenting education
- Enhance the relationship between parents and children
- Provide parenting support through parent engagement activities and parent life skills workshops
- Assist in developing the FAMILY + SCHOOL = CONNECTION through parent school involvement
- Support children and their families by linking them to a host of community services

Assessment and Transitioning Families

Initial Home Visit Forms

The home visitor will bring no more than four forms to the initial home visit. The following forms must be included:

Family Rights & Responsibilities.
Release of confidentiality forms including those related to the evaluation.
HIPAA Consent.
An additional form may be added at the discretion of the site.

Documentation Required Program Entry

The following forms must be completed: Home Visiting Baseline Form, Intake Form, The Child Abuse Potential Inventory (CAPI) Parenting Stress Index-Short Form (PSI) and the Parent/School Involvement Survey.

All required paperwork should be sent to the Researcher two business days after the initial 1st visit. This will also allow the client to receive a "client number" for reporting purposes.

The information is critical to the research. If this data is not gathered when the families first enter the program, the evaluators will be unable to obtain an accurate picture of the progress parents make while participating in the program.

Assessment and Screening Tools

A trained home visitor staff provides the self reported psychosocial assessments and screening tools to the parents, usually with the mothers, who have been referred to the program. The assessment is a key part of the enrollment process. It helps the program staff gain a deeper understanding of the strengths and challenges facing the family. The screening tools/assessments are filled out by the parent at the initial 1st visit.

The Parenting Stress Index Short form (PSI)

The PSI-SF is designed to measure parenting and family characteristics that fail to promote normal development and functioning in children. It also identifies parents who are at risk for dysfunctional parenting.

The Baseline form

This form is administered to document families' demographic characteristics. This form is completed at program entry, 6 months after program entry and 1 year after program entry. The baseline data form must to be completed within 30 days from the time a family has their first visit with the Home Visitor. The Home Visitor is responsible for completing the baseline data form.

Parent/School Involvement Survey

This instrument examines both parents and teachers' perceptions of family/school involvement. This section also assesses parents' perceptions of their child's school, the time they spend with their child doing school based activities such as reading and helping with home work. This form is completed at program entry, 6 months after program entry and 1 year after program entry.

Transition the Family

The home visiting staff meets with the Clinical Supervisor to discuss the initial home visit. The information is helpful for planning the first and subsequent home visits.

The home visitor staff informs the supervisor of any special circumstances within the family. The supervisor may choose to participate in the transitional meeting. Whenever possible the Clinical Supervisor staff should join the home visitor for the first home visit.

Engaging Families

Engaging families in the Home Visiting program is not a simple or straightforward task.

The families served by the program face, and have faced, multiple difficulties and challenges in their lives. Many of the families have had negative experiences with human service agencies and state systems. Many have had difficulty realizing their goals – even with the help of well-meaning providers.

As a result, many of the families entering the program are hesitant to engage with yet another service provider offering help. For a family to feel comfortable opening their door, sharing sensitive information or revealing their goals, they must be approached in a nonjudgmental manner that recognizes their individual strengths, respects the influence of their culture on their parenting style and assumes that they want to be the best parents for their child. Building trust is a process – and it takes time.

Engaging the parent into school involvement is the key. The *monthly activity log* captures the various engagement activities that the parent/child are involved in. This would include but not limited to PTO/PTA, volunteerism at the school or in the classroom, parent participation in the class room, participation in parent/teacher conferences and parent/child activities.

While recognizing that every relationship develops in a unique way, we have identified three stages of relationship-building that are fundamental to all relationships. These stages can serve as a "road map" to guide a home visitor through the process of engaging with a family. The time needed for moving through each of the stages will vary from family to family. However, the relationship should progress to stage three during a three-month period of regular home visits. The stages are described below.

Stage 1

Getting to know each other**.** During this stage the home visitor begins to learn about the family, to form some impressions of the family's circumstances, and to think about how she might best work with the family during the upcoming months.

During this initial stage, the home visitor is beginning to learn about the family, the child's adjustment to the school, the interpersonal dynamics of the household and the family's engagement style.

The home visitor is also helping the family to learn about the program, what it has to offer and the services she can provide.

Stage 2

Establishing the purpose of the relationship. During stage two, the home visitor begins to focus on parent-child interaction (PCI), to select and discuss a curriculum and to work on identifying and meeting some of the immediate needs the family may have.

Stage 3

Establishing a mutually trusting relationship. At this stage the home visitor and the family have developed a comfort level that allows for meaningful conversations about issues the family is struggling with and about what the family wants and needs.

The home visitor should carry the Action Plan form to each visit and be prepared to introduce it at the appropriate time.

The home visitor and the supervisor should discuss the progress of the engagement process in supervision and consider how to best approach a family when the process is not moving smoothly.

The home visitor should use the Family as Partners (FAP) approach outlined in the Family Development Training curriculum for working with a family to identify wants and needs. The approach should also be used to determine who – the family or the home visitor – will be responsible for accomplishing the specific tasks outlined as part of the FAP process.

The home visitor should avoid using the term "goal" when working with the family. The term means different things to different families and has, at times, led to a breakdown in communication between the home visitor and the family. The term "wants and needs" should be used instead.

Action Plan

Introducing the Action Plan

Once the home visitor has developed a trusting relationship with the family and discussed the family's resource needs and the parents' hopes for their child, the Action Plan tool can be introduced to the parents.

In many Family School Connection programs, a family may be living with their extended family and not always with the father of the child. If this is the case, program staff should make an effort to bring the father into the planning process, at least with respect to the child's needs. If the parents are not amenable to mutual planning, the home visitor can take some of these same planning steps with the father on another occasion. If the program has a father involvement worker, the Action Plan can be used by those staff.

In some families, it may be appropriate to involve other family members in the Action Plan planning meeting. Many cultures value the ideas and involvement of older family members or significant others. The home visitor may want to introduce the planning process with the parents first. Once the parents are comfortable with the planning process, the home visitor can ask if there are other important support people the parent would like to involve.

This formal planning process should occur during the first 90 days of involvement with a family, depending on the family's wants and needs.

Here are two examples of how to explain the Action Plan to parents:

"We have been working together for a month or so, and, at this point in our program, it's time to get specific about what we want to accomplish. Next week we will spend time talking about what you want and ways to accomplish those things. You may want to spend some time this week thinking about what you want to do in the short term." "One of the most exciting parts of the Family School Connection program is that we help you figure out what you want, what's important to you and then how to get it! As I mentioned last week, today we're going to talk about your wants and needs – what you want to do, be, share and create. Did you have any thoughts about this during the week?" If the answer is no, the home visitor may suggest talking about what they have already accomplished.

Developing the Action Plan with the Family: Typical Steps in the Process

Review the concept and philosophy of the Action Plan with the family. Ask the family what they think their strengths are and record this information on the Action Plan form. The home visitor may need to do some coaching to begin the process, suggesting strengths that the home visitor has observed.
Review the services that the Family School Connection program provides to families. Keeping in mind the family's strengths, stressors and needs, ask the parents to select a few areas that they would like the home visitor to help them focus on during the next six months. It's probably best to read through the lists on the Action Plan worksheet with the parents, checking off what they want. If the parent(s) has not selected any items related to parenting or child development, the home visitor will explain that discussing parenting and child development and doing activities with the child is part of the program. The home visitor will then ask the parent to select a couple of items they'd be interested in focusing on. It may be helpful for the home visitor to use the SMART acronym to ensure that the needs and wants the family develops are:

Specific

Measurable

Achievable

Realistic

Time-Oriented

The home visitor should also ask the family to select approximately four items from the worksheet or to select other concerns not listed but important to the family to focus on during the next six months. These will be written in under the heading "What I/We Want." For each of these items the home visitor and parent(s) will determine how the family will achieve these needs/wants with the support of the home visitor. This will involve a discussion incorporating solution-focused problem-solving techniques. The home visitor will neither "tell" the family how they should achieve these needs/wants nor "do it for them." The home visitor's role is to provide support, guidance and education. The home visitor should review the services available through other agencies and be aware of how she can assist the family in obtaining these services.

- This session also provides an opportunity for the home visitor to find out what services the family is receiving from other providers and record this information on the Action Plan form. This is very important for two reasons: a) the home visitor needs to ensure that services are not being duplicated, and b) this information may need to be collected for evaluation purposes.
- The home visitor will discuss child-development screening with the family. The child-development screening information may be completed prior to the visit and discussed with the family.
- The home visitor should discuss the frequency of home visits over the next six months with the family and fill in this information on the Action Plan form. The frequency of visits is based on the family's needs and availability to participate in the program. The parent(s) and the home visitor sign and date the Action Plan.

The supervisor discusses the home visitor's progress in introducing and creating the Action Plan.

Identifying Strengths and Resources

- Whom do you turn to when you need someone to talk to?
- Are there people around to help when you have a problem?
- What do you think your family does better than anything else?
- Has anyone ever complimented you or another member of your family?
- When are you most proud of your family?
- Who would you call if you won the lottery?
- What helps most for your family to survive?
- Who has helped you the most in the past few weeks?

Source: The Children and Families Program of the Florida Department of Health and Rehabilitative Services.

Recognizing Progress: Looking for the Little Steps

Sometimes families have made small gains that are hard to see when the home visitor is so closely involved. Here are a few things to look for:

- The parents are at home and available to talk when the home visitor arrives for a visit.
- The parents ask questions during medical check-ups.
- The parents refer to their goals or to setbacks from their goals and are open to planning their next steps.
- When the home visitor reviews the Action Plan with the family, some progress or change has taken place.
- Significant family members express an interest in the program or in becoming involved with the parents and the child.
- The family has made contact with another program or service provider for additional help.
- The parent takes on a new responsibility related to childcare or household duties.
- The parent asks questions or asks for help during a visit.

Scheduling and Conducting Visits

Weekly Home Visiting Schedule and Case Assignment

The Family School Connection is a weekly home visiting program that can provide services to families for up to two years. Given the varied needs of families, and the goal of lessening of those needs over time, it is expected that home visitors will have a caseload that include scheduled weekly, biweekly or monthly visits.

The following are requirements for the home visitor caseload.

A full-time home visitor should schedule 12 – 15 home visits each week for a total of 48 to 60 home visits per month.

Home visitors must not carry a caseload of more than 25 families at any given time.

- The home visitor should plan to visit each home for one hour.
- Supervisors need to determine, the appropriate number of weekly visits for each home visitor. In determining this number the following should be considered:
- The level of experience of the home visitor.
- The amount of driving time involved in seeing each family.
- The issues affecting the family (i.e., parents with a cognitive delay may require more time and involvement from the home visitor).

The 12-15 scheduled weekly visits do not need to be three per day. For example, a home visitor may schedule up to four visits per day, leaving one day open for paperwork, workshops, meetings, etc. A home visitor should not schedule more than four visits per day.

The number of weekly visits does not need to be the same for each member of the site's staff. One home visitor might have 13 weekly visits, while another worker may have 15. The purpose of scheduling visits is to adequately match the needs of the families.

Some families may request more or fewer visits. Sometimes the home visitor may be the one to suggest moving to more or fewer visits. When a family and home visitor discuss the possibility of changing the visiting schedule, the conversation should focus on what is best for the family (from the family's point of view).

For example, some families may request bi-weekly (two times per month) visits. In this case, the average of 15 weekly visits for the month goes down to 14 1/2 per week for that month. The home visitor should stay at 14 1/2 weekly visits until another family established a bi-weekly pattern. Then the weekly home visiting schedule would be 14. At this time, a home visitor could take on a new family, thus bringing the total back up to 15 weekly visits.

It is important to note that when families are being seen on a bi-weekly basis, home visitors should go DOWN one-half, not go UP one-half, in their weekly visiting numbers. In the above example weekly visits went DOWN to 14 1/2, and then DOWN again to 14, before a new case was added. The home visitor should not go to UP to 15 1/2.

When a family and home visitor discuss the possibility of changing the frequency of weekly visits to two times per month, a home visitor should suggest a trial period. This trial period can be one or two months of bi-weekly visits. At the completion of the trial period, the family and worker can discuss the appropriateness of making the bi-weekly visits the new visiting schedule. At this time the family may wish to continue with bi-weekly visits, or may ask to return to weekly visits. The home visitor should remind the family that, if a bi-weekly schedule is preferred, the home visitor will fill that one-half time slot with another commitment. Therefore, both family and home visitor should be aware of the consequences of frequency changes.

If a family wants to go from bi-weekly back to weekly visits (due to any number of reasons), the home visitor can make this accommodation if there is room on the visiting schedule. If a home visitor does not have room on the schedule, the family can choose one of the following options;

- The family may see another home visitor who has an opening.
- The family may choose to wait for their home visitor to have an opening. Telephone check-ins and referral to other services might be of assistance to the family during that time.
- Some families may wish to be seen one time per month. In such cases, all of the discussions and issues noted above apply.

Determining Visit Frequency

The home visitor and supervisor routinely review the family's need (stability and functioning) to plan interventions. In these reviews, visit frequency should be based on the same criteria that are used to plan interventions. An increase or decrease in visit frequency depends on the collaborative assessments of the home visitor and supervisor and on the family’s wishes. The supervisor may use the following checklist to guide changes in the visit frequency at any point during the family's involvement in the program.

- Assessment of parent-child interaction (empathy/expectations)
- Assessment of family functioning and support
- Parent knowledge of child's needs and expected age-related behaviors, especially developments that may be stressful times – new academic challenges, change of a teacher, long illness that kept a child out of school)
- Safety and comfort of physical environment
- Engagement of family in the program, as determined by kept appointments and home visitor assessment of parent interest
- Presence of crisis and family's ability to manage it

- Assessed progress on Action Plan
- Family use of needed community/health resources, i.e., child medical appointments, a depressed mother receiving counseling

Creative Outreach Policy

Decisions on the extent and method of creative outreach will be made on a case-by-case basis by the clinical supervisor in consultation with the home visitor at each site.

The supervisor's decision will be guided by what is in the best interest of the family and will take into consideration the home visitors' impressions of the family, including their:

- Readiness and willingness to engage in the program
- Issues or circumstances that led to the family's missed visits or absence
- Receptivity to the worker if she were to call or drop by

Administrative Guidelines

Creative Outreach

Families on a caseload will begin creative outreach after one scheduled visit is missed. Creative outreach will continue for one month. During this month the home visitor will attempt to reach the family by phone, mailings and home visits.

After one attempted and failed visit, the site supervisor may choose to assign a new family to the home visitor. The home visitor will routinely be assigned new families after the third failed attempt to visit the family or after a total of six weeks without visits with the family.

Following creative outreach, families may receive announcements, invitations or other materials from the site as appropriate.

Closed Cases

A family's case file should be immediately closed when a family says that they do not want home-visits or services from the agency. Case files should be closed when the child leaves elementary school, or for extenuating circumstances on a case-by-case basis. Case files should be closed if the site receives verification (i.e. returned mail) that the family is no longer reachable or living in the catchments' area.

Reopened Cases

Cases of families that have been closed may be reopened and the families readmitted into the home visiting program anytime the family contacts the site or request services until the 2 years of program eligibility is completed.

The supervisor will meet with families requesting to be readmitted to the program to assess their needs and determine whether the services of the home visiting program are still appropriate to meeting those needs.

- Families who are requesting to be readmitted to the program will be offered, at the discretion of the supervisor, the opportunity to:
- Continue to work with their previous home visitor if they are still employed by the site and have an opening on their caseload.
- Begin working with a different home visitor if their original worker is not available.
- Be placed on a waiting list if the site is at capacity and receive a referral to another program that best matches the needs of the family.

Process

The supervisor, in consultation with the home visitor, should devise an internal system for keeping track of closed families and for readmitting families. For example, if a family calls and requests services, the supervisor should look through the case file to determine who the family's last home visitor was and whether that worker has an opening. If the worker has an opening, the family should be assigned to their previous worker. In cases where the first worker has a full caseload or has left the program, the clinical supervisor or family assessment staff should make a home visit to speak with the family to assess the level of need identified and the issues that brought the family back to the program. Staff should then pursue one of the two tracks:

If the site has openings the supervisor should then assign the family to a home visitor after reviewing the initial and current circumstances of the family.

If the site is at capacity, the family should be offered a waiting list and other services in the community that best fits the needs of the family.

Families on the waiting list should be contacted as openings become available on the home visitor caseloads.

If a readmitted family finds itself in creative outreach for a second or third time the supervisor should work with the home visitor on strategies for:

Talking with the family about both the family's needs and the expectations of the program

Emphasizing the worker's need to have families keep appointments
Working with the family to resolve the issue of no shows

At no time should a supervisor or home visitor apply undue pressure or coercion to engage the family into the program or use their access to resources or support as power over the family to compel them to comply with visits.

Home Visit Preparation

- Home Visitors should spend a minimum of 30 minutes preparing for each home visit. At a minimum, Home Visitors should take the following steps to prepare for each home visit:

- Review home visit record from previous visits
- Choose curriculum to use based on the child's age/development
- Prepare an age/development appropriate parent-child activity
- Research other curriculum/information if necessary
- Assess whether family needs/wants a referral to a community agency (If so, bring contact info for agency/program and connect with someone at agency)
- Review family's Action Plan so you can discuss progress/next steps
- Determine if screening or research instruments are due for family
- Identify family's strengths and determine how to best support family in their successes/accomplishments
- Identify family's risk factors and assess ways to address them using curriculum, referrals or other information

Length and Content of Visits

Home visits should be scheduled for one (1) hour and should not be less than thirty (30) minutes or longer than ninety (90) minutes unless special circumstances warrant additional time. Home visitors must discuss the need for longer visits with their supervisor.

Any visit that lasts less than thirty (30) minutes will not be counted as a visit. In order to count, thirty (30) minute visits must cover all of the essentials of a home visit, including curriculum and parent/child interaction.

Out of home/office visits only count if the Home Visitor and parent spend at least twenty (20) minutes and cover the essentials of a home visit including curriculum and parent/child interaction. Out of home/office visits should augment the home visits and not be a substitute for them. Home Visitors should consult with their supervisors if there are barriers to completing home visits.

Visits of any kind that do not include a focus on curriculum and parent/child interaction will not count.

Working with Significant Others

The social network of parents affects their ability to reach their potential for growth and self-sufficiency. A social network might include grandparents, siblings, aunts, uncles, the baby's father, the mother's boyfriend and others. The Family School Connection will make every effort to encourage the participation of significant others in the program whenever it is appropriate.

Home Visits

When conducting home visits, home visitors should know and follow the guidelines and key principles of engagement. This is extremely important when another family member and/or the live-in boyfriend are present during the home visit. Preparation for the home visit is vital to ensure a successful outcome.

The home visitor should treat each family member with respect and recognize that she is entering the entire family unit even though the focus of her work may be on the mother and the identified child.

Preparation should include:

- Meeting with the school personnel to discuss the circumstances of the family and to prepare for the visit – keeping the entire family in mind. Special attention should be paid to individuals who are emotionally and financially connected to the mother.

- Reviewing agency documents to ensure they are family friendly and have appropriate space for additional family member names.

- Having documents translated into the family's native language will be helpful or necessary to effectively communicate with the family.

Father of the Child

Father involvement, regardless of the degree, is strength of the family. The role of the program is to support them, teach them about positive parenting and healthy relationships, and to make appropriate referrals when necessary.

Boyfriend

The relationship between the mother and her boyfriend is usually important to her. As a result, the boyfriend is significant in the life of the child. It is not uncommon for a boyfriend to live in the household or for the child to call the boyfriend "Dad." The boyfriend's life may be complicated. There may be complex interpersonal dynamics between the boyfriend and the father of the baby or other family members.

The home visitor should provide the mother with information and resources that can help her make healthy relationship choices for herself and her child.

With the mother's permission the home visitor should:

- Discuss and clarify her role with the boyfriend
- Provide the boyfriend with information about healthy relationships, parenting education and child safety

The home visitor should speak regularly with the mother about her relationship with the boyfriend (and others) in order to assess the safety of the child. The home visitor should make appropriate referrals for additional support when needed and discuss any concerns she may have with her supervisor.

Workshops or presentations on the engagement process with fathers, boyfriends, teen parents living with their parents, domestic violence and grandparents are recommended for program staff.

Families with Cognitive Delays and Other Developmental Disabilities

Working with families who are struggling with multiple issues is very difficult. Trying to determine which problem to address first or what problem lies at the root of the other issues is quite challenging.

Research indicates that many families who enter the program suffer from some level of cognitive delay and/or developmental disability. Often developmental challenges are not as clear when the family first enters the program as they are six months to a year later. Many times additional stressors become more obvious as families begin to share more with their home visitors.

Once a home visitor has established a working relationship with the family, she is faced with the challenge of locating and securing the additional outside services needed by the family. Services for this population are very scarce, and existing programs often have very long waiting lists.

When providing home visiting services to families, it is important to:

- Allow enough time for the home visitor to adequately help the family
- Make sure that the home visitor schedules visits weekly and caseloads are appropriate to reflect the additional time needed to work with these families
- Connect families to appropriate outside services when necessary
- Continue to discuss the problems the families face in team meetings and /or individual supervisory sessions

In addition, the supervisors should consult with the home visitors when determining the number of scheduled visits.

Parents with Multiple Children

The purpose of this policy is to provide clarification of the roles, responsibilities and expectations of home visitors when parents already receiving home visiting services have more than one child.

The FSC model and philosophy is based on family-centered practice. The vision of FSC is that every child will be raised within a nurturing environment. Given our vision, guiding principles and commitment to family-centered practice, every child residing in the household is entitled to receive early intervention services/support.

Parents who have more than one child usually need more support to ensure child safety and education while balancing the different developmental needs of each child.

Based on various factors such as multiple children at varying developmental stages, cognitive abilities of parents, behavioral issues or medical conditions, a family can receive more than one visit per week.

The amount of involvement with each of the children should be determined on a case-by-case basis considering their individual developmental needs.

The minimum services to be provided to each child by the family support worker include:

Complete the child-development screen
Plan activities using curriculum for the referral child and the other children
Provide parents with information and refer them to community resources if they request additional support or if significant developmental delays are identified
Educate parents on how to promote sibling bonding

Benefits include:

Enhancing sibling bonding, giving parents the chance to focus on dynamics
Developing individual opportunities for each child
Supporting the development of family fun and positive parent-child (family) interaction

Families with Acute Problems

This policy covers a very small number of parents dealing with severe problems. The parent(s) may be experiencing or have recently experienced a psychotic episode, delusional or suicidal behavior, exposure to violence or a crisis related to substance abuse.

The purpose of this policy is to provide guidance when these situations occur and to create a framework for decision-making within each FSC site. The **Families with Acute Problems** policy provides sites with several options as follows:

To secure added support for such families, the FSC site may choose to stay or become involved with a family to stay or become involved with a family with added supports, or to stay or become involved with a family while pursuing efforts to secure added support for the family.

The FSC sites may also choose **not** to stay or become involved with a family when added support is critical but the family declines that support or **not** stay or become involved if added support is critical but can not be found, or when the situation is untenable for the home visitor.

Parents Already Enrolled in FSC

The Family School Connection provides intensive support for high risk and hard to reach parents. In addition to raising children, these families face many challenges that are often compounded by their own histories of substance abuse, mental health issues and domestic violence.

Sometimes these problems create a crisis in life of the family. In some instances these problems threaten a parent's ability to function effectively or become unmanageable for the home visitor. In many of these situations more help is needed than the home visitor can provide.

In some instances it is clear that the child's well being has been endangered or that the child has suffered abuse and / or neglect as a result of the problem. In these situations the staff should follow the FSC policy regarding reports to DCF.

In other cases the child is not in immediate danger and the parent has functioned appropriately given the situation or DCF has refused to accept the case. In these cases, the home visitor should take all appropriate and necessary immediate action including:

Calling 911, the police or other emergency service.
Informing the supervisor. The supervisor must inform the program manager.
Following appropriate site policies.
Creating, with the family, a crisis plan to prevent the reemergence of the crisis or to keep the situation from developing into a crisis.

Following the crisis:
Following the crisis the home visitor and, as warranted, her supervisor should meet with the parent(s) to discuss and assess the situation, the intensification or onset of the crisis, and the need for additional services, supports or resources. The outcome of this discussion must be documented in a crisis plan. The plan should reflect any or all of the specific needs or preferences of the parent(s) while addressing the issue at hand. When the crisis plan is agreed upon, the parent(s), with the assistance of the home visitor and/or supervisor, will arrange for the additional services. This agreement and the crisis plan should become a key part of the ACTION PLAN. Parents may refuse additional services. However, if the parents refuse and the clinical supervisor and home visitor have determined that the services are essential for the parents' continued involvement in FSC, the home visitor and clinical supervisor may choose to:
End services to the family and close the case. The family may re-enter FSC, within the standard 2-year timeline, if the family has put the previously identified services in place or addressed the situation and there is an opening in the FSC program. Transfer the parent(s) to another service or program that would be more appropriate.

If the parents are willing to accept additional services and none are available, the supervisor or the home visitor may end services to the family as outlined above or continue to work with the family while searching for appropriate services. The home visitor or supervisor should contact 211 for assistance and request a search of available services in the geographic area to address the specific problem or problems identified. The parents, with the assistance of the home visitor and/or supervisor, should call the providers on the list to locate an appropriate and available service and to schedule a first meeting.

Parents presenting with acute problem prior to enrollment in FSC

Prenatal Intake – Expectant Parents

When the supervisors determines that referred parents have acute problems and it is clear that more help is needed than the home visitor can provide, and a referral to DCF has been ruled out or rejected by the agency, the supervisor should inform her manager. The supervisor, working with the home visitor, should develop a treatment plan with the parents and to find additional services to augment the FSC home visiting program. Admission into FSC may be contingent upon securing additional services for the parent and the parents' agreement to participate. If the supervisor determines that additional services are essential for the parents' involvement in FSC, the supervisor must explain this to the referral source. If the parent refuses the additional services, the supervisor may decide not to accept the parent into FSC. In this case, the referral source would maintain the responsibility for referring the parents to another service or program that would be more appropriate. When the parents agree to the additional services and the treatment or crisis plan it should become a key part of the Action Plan. Please cross-reference this policy with the FSC "Policies for working with the Department of Children and Families" policy, which is also included in the FSC manual.

Working with Families after the Death a Child

The purpose of this policy is to provide guidance to sites following the death of a child in the FSC home visiting program. This policy refers to those situations where a child in the family dies. The goal of the program should be the successful termination of services with the family. With the guidance of the Supervisor the focus of the home visitor's work with the family should include: Offering support,
assessing the need for alternative services and exploring and linking families to services and resources

The focus of the Clinical Supervisor working with the home visitor should include providing direction and consultation regarding the process and plan.

The termination process should be completed as soon as possible and within ninety days. The time frame should be determined on a case-by-case basis in consultation with the Supervisor. If there is more than one child in the family, home visiting services should continue. If the referred child dies, the family may remain in the program and continue to receive services until the 2 years of eligibility has lapsed or the transition to other services is complete.

Section III

Working with Agencies that Mandate Services

WORKING WITH AGENCIES THAT MANDATE SERVICES

Policies for Working with Agencies that Mandate Services

The Children's Trust Fund has developed the policies for working with an agency that mandates services with the Department of Children and Families (DCF) in mind. However, this approach can and should be adapted to working with other agencies that mandate services such as probation, parole, the courts and others.

Policies for Working with the Department of Children and Families (DCF)

Family School Connection staff are mandated reporters. The Family School Connection recognizes and accepts that some families who enroll in a prevention program will require intervention and DCF involvement. The Family School Connection will support the role of DCF in protecting the safety of the child. FSC will continue to promote positive parent-child interaction, healthy growth and development, and to enhance family functioning by building trusting relationships, teaching problem solving skills and improving the family's support system. The Family School Connection will continue to work with a FSC-enrolled family following these guidelines:

The Family School Connection is always a voluntary service and cannot be stipulated as part of a mandated treatment plan or as an alternative to a Department of Children and Families investigation or ongoing oversight and intervention related to child abuse or neglect. If there is one child in the family and that child is removed from the parents' care for a period of more than three months, the parents will be discharged from the program. The home visitor will assist the parent with referrals. Parents who live with other individuals, who are being investigated, or receiving oversight and /or services for allegations of abuse and or neglect, but are not themselves under investigation or substantiated for abuse or neglect can participate in Family School Connection programs. Family School Connection staff will work with DCF to develop a treatment plan. DCF will maintain responsibility for monitoring the plan and determining if the goals are met. Family School Connection action plans will include intervention and referrals for services. The Family School Connection will not assume responsibility for providing the services or making sure that the services are obtained.

The Family School Connection will honor any legal interventions including "no contact" orders.

- The Family School Connection will:
- Require a release of information allowing FSC and DCF to discuss the case and exchange information.
- Request a meeting with DCF and the family within two weeks of the start of an investigation and /or transferring of the case for oversight and services for issues of abuse and/or neglect. The purpose of the meeting will be to clarify roles and responsibilities.
- Document all contacts with DCF which will be included in the family's case file. The family will have access to the file.
- Maintain contact with the DCF worker to discuss the well-being of the child and the status of the case.
- At the close of the case, receive from DCF a summary indicating how the risks to the child/children were reduced or eliminated.

Approved by the Children's Trust Fund and the Department of Children and Families– October 19, 1998.

Compliance with Mandated Reporting Requirements
Program Managers are responsible for ensuring that each staff member has been trained and is well versed their responsibilities as mandated reporters including the DCF operational definitions of abuse and neglect. All program managers should contact the DCF office in his or her area to request mandated reporting training. DCF policies and procedures can be obtained at www.ct.gov/dcf.

Section IV

Documentation Tools

Family School Connection Program Materials

Curriculum Name	Program	Description	Supplies Cost	Total cost
Parents and School-Age Children (5-11years) *Parent Handbook*	Home Visiting	Parent handbook teaching empathy, self-worth and discipline. (15 per package)	$15.00 each	Dependent of amount ordered
Parent and School Age Children Program (5-11 Years) *Implementation Manual*	Home Visiting	A resource guide to the program. (1 manual)	$30.00 each	$30.00
Parent and School Age Children Program (5-11 Years) *Red, White & Bruises*	Home Visiting	Alternative to spanking methods. (15 per package)	$15.00 each	Dependent of amount ordered
Multicultural Parenting Education Guide	Home Visiting	Resource material (1 Guide)	$25.00	$25.00
Nurturing Touch Videos for Parents of School-Age Children	Home Visiting	DVDS (1 set of 5 DVDS)	$375.00	$375.00
"This Hurts Me More Than It Hurts You" Parents of School-Age Children	Home Visiting	DVD (1 DVD)	$84.95	$84.95
The Nurturing Game	Home Visiting	Games (2 Games)	$25.00	$50.00
Ask It- Tell It	Home Visiting	Games (2 Games)	$10.00	$20.00

Family School Connection Program Forms

Family School Connection	*Form*	*Completed by*	*Timeframe of completion*	*Where kept*
Home Visiting	Intake form	Home Visitor	At Program entry	Submitted to researchers and copy retained in parents record
Home Visiting	Baseline	Home Visitor	1) First month of the program entry 2) 6 months after program entry 3) 1 year after program entry	Submitted to researchers and copy retained in parents record
Home Visiting	Parenting Stress Index-Short Form (PSI)	Parents	1) First month of the program entry 2) 6 months after program entry 3) 1 year after program entry	Submitted to researchers and copy retained in parents record
Home Visiting	Child Abuse Potential Inventory (CAPI)	Parents	1) First month of the program entry 2) 6 months after program entry 3) 1 year after program entry	Submitted to researchers and copy retained in parents record
Home Visiting	Parent/School Involvement Survey	Parents	1) First month of the program entry 2) 6 months after program entry 3) 1 year after program entry	Submitted to researchers and copy retained in parents record
Home Visiting	Monthly Activity Log	Home Visitor	Each Month	Submitted to researchers
Home Visiting	Home Visiting Training Log	Supervisor	Each Month	Submitted to the researchers
Home Visiting	Home Visitor Supervision Log	Supervisor	Each Month	Submitted to the researchers
Home Visiting	Action Plan	Parents and Home Visitors	1) Within initial 90 days of the	Parents receive a copy. Copy

			program entry 2) 6 month intervals	retained in parents record
Home Visiting	DCF Release Form	Parents sign	Within 2 months of the program entry	Submitted to researchers and copy retained in parents record
Home Visiting	Authorization of Release	Parents Sign	One per agency/individual prior to (initial) contact to receive and exchange information-renewal required at least once yearly.	Parents record
Home Visiting	Devereux Elementary Student Strength Assessment for Staff	Home Visitor Staff	Periodical Intervals	Submitted to researchers and copy retained in parents record
Home Visiting	Devereux Elementary Student Strength Assessment for Teachers	Elementary School Teachers	Periodic Intervals	Submitted to researchers and copy retained in parents record
Home Visiting	Exit Form	Home Visitors	At Program exit	Submitted to researchers
Program Manager	Quarterly Report	Program Manager	Each quarter reporting 1st, 2nd 3rd and 4th	Submitted to CTF Associate Fiscal Administrative Officer. Copy retained in FSC program records.

ACTION PLAN

Date:

My/Our Plan is to:_____

I/We want to accomplish this plan by_____

My/Our Strengths'/Current Resources	Possible Concerns/Challenges
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Steps to Take:

*_____By:_____

*_____By:_____

*_____By:_____

*_____By:_____

How My Home Visitor can help:

_____

_____

Follow – up and review: _____

_____

Parent(s) signature: _____

Home visitor signature: _____

Original: Parents
Copy: Home Visitor

Checklist for Family/School Connection Evaluation Instruments for All Program Participants

Form	When Completed	Who Completed By
Revised Intake Form	At program entry	Supervisor or Home Visitor
Revised Baseline Data Form	Within the first month of program entry	Supervisor or Home Visitor
Updated Baseline Data Form	1) 6 months after program entry 2) 1 year after program entry	Supervisor or Home Visitor
Parenting Stress Index- Short Form (PSI)	1) At program entry 2) 6 months after program entry 3) 1 year after program entry	Primary Caregiver
Parent/School Involvement Survey	1) At program entry 2) 6 months after program entry 3) 1 year after program entry	Primary Caregiver
Revised Monthly Activity Log	Each Month	Supervisor or Home Visitor
Home Visitor Training Log	Each Month	Supervisor
Home Visitor Supervision Log	Each Month	Supervisor
Exit Status Form	When a family exits the program	Supervisor or Home Visitor

*** Program entry (or start date) is defined as the date of the family's first home visit. November 1 will be the start date for any existing families**

FAMILY/SCHOOL CONNECTION INTAKE RECORD

Family ID#_____

Date referred: _____ Referral Source: _____
Telephone: _____
Mother's or Primary Caregiver's Name: _____ Date of birth: _____
Address: _____
Target Child's Name: _____ Gender: ____ **Date of birth: _____ Grade: _____**
Father's Name: _____ Date of birth: _____
# of Children in Household (Not including target child): _____
Names of other children in household: **_____** **_____**
List Other Adults in Household (Not including mother and father of target child): **_____** **_____**
Emergency Contact: _____ Telephone: _____ Relationship: _____
Other Home Based Services: _____

Home Visitor Name:_____

Date of first home visit: ____/____/_____

Reason child was referred to the program <u>(Check all that apply)</u>

- ❑ Family did not enroll a child of mandatory school age into school.
- ❑ Existence of truancy (3 or more *unexcused* absences in a month).
- ❑ Existence of chronic tardiness (4 or more tardies a month).
- ❑ Existence of excessive *excused* absences that are not due to illness, death in family, religious holidays, prearranged medical or dental treatments, family vacations, or court appearances (4 or more in a month).
- ❑ Child is making little to no progress academically or developmentally/behaviorally ***and*** the family is not attending to these needs. (This includes a special needs child and/or a child is academically and behaviorally making little to no progress.) An example would include students who are at risk of being retained in the same grade and whose family has failed to pick up children's report cards, attend parent teacher conference, or resisted efforts of communication by school personnel. (For this indicator, at least one of the following child factors ***and*** one or more of the following parent/caregiver factors need to be present.)

  Child is
  - ❑ Not making academic progress
  - ❑ Not making behavioral/developmental progress
  - ❑ Is at risk of being retained

  And Parent/Caregiver:
  - ❑ Has not attended one or more parent-teacher conferences
  - ❑ Has not picked up one or more report cards
  - ❑ Has resisted multiple other attempts of communication by school personnel

FAMILY/SCHOOL CONNECTION- MONTHLY ACTIVITY LOG

The Monthly Activity Log should be filled out by the home visitor each month for all families. The Monthly Activity Log records the frequency of program services.

Family ID# _____ Month/Year _____/_____

Home Visits:	**#**	**Total # of Minutes**
# Attempted Home Visits	_____	
# Completed Home Visits- Curriculum Used	_____	_____
# Completed Home Visits- Curriculum Not Used	_____	_____
Outside the Home Services- FSC (Individual Time)	_____	_____
Outside the Home Services- FSC (Group Time)	_____	_____

Other FRC/FSC services

Type	# Times Participated
Extended Day	_____
Summer Program	_____
Parent/Child Activities	_____
PAT Playgroup	_____
Field Trips (only includes activities off site)	_____

Parent/School Involvement

# of times parent(s) volunteered in classroom or on a field trip _____

# of times parent(s) volunteered in cafeteria or office _____

# of times parent(s) participated in PTO _____

# of times parent(s) volunteered at FRC _____

# of times parent(s) volunteered in other ways (specify below) _____

_____

FAMILY/SCHOOL CONNECTION
BASELINE DATA FORM

The purpose of the Baseline Data Form is to collect information on families participating in the Family/School Connection program. This baseline data form should be completed for all families as soon as the family enters the program, but no later than one month after the family has enrolled in the program. The home visitor (and/or supervisor) should complete all items on this form. If a home visitor is not sure about an answer, it is important that she make the necessary inquiries to answer the question accurately. **The target child is the child who has been defined at high-risk for truancy/academic/behavioral problems.**

Please complete sections A, B, C, and D if the target child's parents (biological or adoptive) are the child's primary caregivers.

If one or more of the target's child's primary caregivers is NOT the child's mother or father, please complete section E for each additional primary caregiver IN ADDITION to completing sections A, B, C, and D.

Which Administration?

Entry ☐ 6 Month ☐ 1 Year ☐ 2 Year

Directions:

1) Read each question carefully and respond by circling the appropriate answer.

2) Please circle only one answer unless otherwise indicated.

3) Please attempt to answer as many questions as possible. Please indicate if any information is unknown.

Family Identification Number: _____

Date Form Completed: _____

Completed By: _____

A. Target Child Information- Date of Birth: ____/_____/_____

1. What grade is the target child in?
   1. Kindergarten
   2. 1st grade
   3. 2nd grade
   4. 3rd grade
   5. 4th grade
   6. 5th grade
   7. 6th grade

2. Gender of target child
   1. Male
   2. Female

3. According to the primary caregiver, what race/ethnicity is the target child?
   1. White
   2. African-American
   3. Puerto Rican
   4. Hispanic, not Puerto Rican
   5. West Indian (please list country of origin_____)
   6. Asian American
   7. Native American
   8. Multi-racial
   9. Other (please specify _____)
   88. Unknown

4. Who is the target child's current primary caregiver(s)? **(CIRCLE ALL THAT APPLY)**
   1. Mother
   2. Father
   3. Maternal Grandmother
   4. Other (Please specify_____)

   (If at least one of the child's primary caregivers is someone other than the child's biological or adoptive mother or father, please complete section E- Other Primary Caregiver section for <u>each additional primary caregiver</u>. Please complete as much information as possible in Sections B and C, in addition to completing all of section D.)

B. Mother Information- Date of birth: _____/_____/_____

1. What race/ethnicity does the mother consider herself to be?
   1. White
   2. African-American
   3. Puerto Rican
   4. Hispanic, not Puerto Rican
   5. West Indian (please list country of origin_____)
   6. Asian American
   7. Native American
   8. Multi-racial
   9. Other (please specify _____)
   88. Unknown

2. How many children does the mother have? _____

3. What is the mother's current marital status?

1. Single, never married
2. Legally married, but separated
3. Divorced
4. Legally married
5. Widowed
8. Unknown

4. Mother's highest level of education completed in school: **(Circle one only)**

1. No formal schooling
2. Eighth grade or less
3. Some high school
4. High school degree
5. G.E.D.
6. Some college
7. College degree
8. Some graduate work
9. Graduate degree
88. Unknown

5. Is the mother currently enrolled in school?

1. No
2. Yes
8. Unknown

5a. If yes, what type of school is the mother enrolled in?

1. High school
2. GED program
3. College (2 or 4 year)
4. Vocational/technical school
5. Business school
6. Other (please specify _____)
8. Unknown
9. Not applicable (not in school)

6. Is the mother currently employed?

1. No, mother is not seeking work
2. No, but mother is seeking work
3. Yes
8. Unknown

6a. If the mother is employed, describe the mother's employment status:

(CIRCLE ALL THAT APPLY)

1. Regular full time job (35 or more hours/wk)
2. Regular part time job (< 35 hours/wk)
3. Occasional/seasonal work
4. Currently working more than one job
8. Unknown
9. Not applicable (not working)

6b. Approximately how many hours does the mother work per week: ____

99= not applicable (mother is not working)

7. If employed, what is the mother's average annual income? (should not include any money from public assistance)

1. Under $5,000
2. $5,000 to $14,999
3. $15,000 to $24,999
4. $25,000 to $34,999
5. $35,000 to $44,999
6. $45,000 and over
8. Unknown
9. Not applicable (mother is not employed)

8. If the mother is not one of the child's primary caregivers, how involved is she in the child's life?

1. Very involved (has contact with child at least weekly)
2. Somewhat involved (has contact with child at least monthly)
3. Sees the child occasionally (has contact with the child every few months)
4. Very rarely involved (has contact with the child once or twice a year)
5. Does not see the child at all (has not contact with the child)
6. Mother is deceased
8. Unknown
9. Not applicable (mother is a primary caregiver)

C. Father Information- Date of birth: _____/_____/_____

1. What race/ethnicity does the father consider himself to be?
    1. White
    2. African-American
    3. Puerto Rican
    4. Hispanic, not Puerto Rican
    5. West Indian (please list country of origin_____)
    6. Asian American
    7. Native American
    8. Multi-racial
    9. Other (please specify _____)
    88. Unknown

2. How many children does the father have? _____

3. What is the father's current marital status?
    1. Single, never married
    2. Legally married, but separated
    3. Divorced
    4. Legally married
    5. Widowed
    8. Unknown

4. Father's highest level of education completed in school: **(Circle one only)**
    1. No formal schooling
    2. Eighth grade or less
    3. Some high school
    4. High school degree
    5. G.E.D.
    6. Some college
    7. College degree
    8. Some graduate work
    9. Graduate degree
    88. Unknown

5. Is the father currently enrolled in school?
    1. No 2. Yes 8. Unknown

    5a. If yes, what type of school is the father enrolled in?
        1. High school
        2. GED program
        3. College (2 or 4 year)
        4. Vocational/technical school
        5. Business school
        6. Other (please specify _____)
        8. Unknown
        9. Not applicable (not in school)

6. Is the father currently employed?
    1. No, father is not seeking work
    2. No, but father is seeking work
    3. Yes
    8. Unknown

    6a. If the father is employed, describe the father's employment status:

    (CIRCLE ALL THAT APPLY)

1. Regular full time job (35 or more hours/wk)
2. Regular part time job (< 35 hours/wk)
3. Occasional/seasonal work
4. Currently working more than one job
8. Unknown
9. Not applicable (not working)

6b. Approximately how many hours does the father work per week? _____
99= not applicable (father is not working)

7. If employed, what is the father's average annual income? (should not include any money from public assistance)
1. Under $5,000 2. $5,000 to $14,999 3. $15,000 to $24,999
4. $25,000 to $34,999 5. $35,000 to $44,999 6. $45,000 and over
8. Unknown 9. Not applicable (father is not employed)

8. If the father is not one of the child's primary caregivers, how involved is he in the child's life?
1. Very involved (has contact with child at least weekly)
2. Somewhat involved (has contact with child at least monthly)
3. Sees the child occasionally (has contact with the child every few months)
4. Very rarely involved (has contact with the child once or twice a year)
5. Does not see the child at all (has not contact with the child)
6. Father is deceased
8. Unknown
9. Not applicable (father is a primary caregiver)

D. Household Information

1. How many adults (anyone ≥ age of 18) are currently living in the household with the target child? _____

2. How many children (anyone < age of 18) are currently living in the household with the target child? _____

3. What is the average annual income in the target child's household?
1. Under $5,000 2. $5,000 to $14,999 3. $15,000 to $24,999
4. $25,000 to $34,999 5. $35,000 to $44,999 6. $45,000 and over
8. Unknown 9. Not applicable (no adults in household are employed)

4. What type of housing is the target child currently living in? **(Circle one only)**
1. House owned by biological or adoptive mother and father
2. House owned by biological or adoptive mother
3. House owned by biological or adoptive father
4. House owned by relative(s) of biological or adoptive mother or father
5. House owned by primary caregiver(s), but not biological or adoptive mother or father
6. House owned by relative(s) of primary caregiver(s)
7. Apartment or other rental unit
8. Shelter
9. No stable housing
10. Other (please specify _____)
88. Unknown

5. Are any of the child's primary caregivers receiving any type of governmental assistance?
1. No 2. Yes 8. Unknown

5a. If yes, please circle all types of assistance that primary caregiver(s) is (are) receiving:
1. Unemployment Compensation 2. Worker's compensation
3. Supplemental Security Income (SSI) 4. Disability (SSDI)
5. Temporary Assistance for Needy Families (TANF) 6. General Assistance
7. Food Stamps 8. Unknown
9. Not applicable (no government assistance)

6. Is the target child covered by medical insurance?
1. No 2. Yes 8. Unknown

6a. If yes, what type of insurance?
1. Medicaid
2. Medicare
3. Private insurance (through caregiver's job)
4. Private insurance (not through caregiver's job)
5. HUSKY
8. Unknown

E. Other Primary Caregiver 1 Information (Only complete if target child's primary caregiver is not their parent) - Date of birth? ___/___/___

1. What is the caregiver's gender?
1. Male 2. Female

2. What race/ethnicity does the caregiver consider him/herself to be?
1. White
2. African-American
3. Puerto Rican
4. Hispanic, not Puerto Rican
5. West Indian (please list country of origin_____)
6. Asian American
7. Native American
8. Multi-racial
9. Other (please specify _____)
88. Unknown

3. What is the caregiver's relationship to target child?
1. Foster parent
2. Step parent
3. Relative, but not biological or adoptive mother or father (please specify_____)
4. Other (please specify_____)
8. Unknown

4. What is the caregiver's current marital status?
1. Single, never married
2. Legally married, but separated
3. Divorced
4. Legally married
5. Widowed
8. Unknown

5. Caregiver's highest level of education completed in school: **(Circle one only)**
1. No formal schooling
2. Eighth grade or less
3. Some high school
4. High school degree
5. G.E.D.
6. Some college
7. College degree
8. Some graduate work
9. Graduate degree
88. Unknown

6. Is the caregiver currently enrolled in school?

1. No 2. Yes 8. Unknown

6a. If yes, what type of school is the caregiver enrolled in?

1. High school
2. GED program
3. College (2 or 4 year)
4. Vocational/technical school
5. Business school
6. Other (please specify _____)
8. Unknown
9. Not applicable (not in school)

7. Is the caregiver currently employed?

1. No, caregiver is not seeking work
2. No, but caregiver is seeking work
3. Yes
8. Unknown

7a. If the caregiver is employed, describe the caregiver's employment status:
(CIRCLE ALL THAT APPLY)

1. Regular full time job (35 or more hours/wk)
2. Regular part time job (< 35 hours/wk)
3. Occasional/seasonal work
4. Currently working more than one job
8. Unknown
9. Not applicable (not working)

7b. Approximately how many hours does the caregiver work per week? _____

99= not applicable (caregiver is not working)

Parent/School Involvement Survey

ID#: _____ Date: _____/_____/_____

Families get involved in different ways at school or at home. Which of the following have you done this year with you child? Please circle one choice for each item.

NEVER	Means you do NOT do this or NOT YET this year
1-2 TIMES	Means you have done this one or two times this year
A FEW TIMES	Means you have done this a few times this year
MANY TIMES	Means you have done this many times per year

a. Talk to my child about school	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
b. Visit my child's classroom	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
c. Read to my child	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
d. Listen to my child read	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
e. Listen to a story my child wrote	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
f. Help my child with homework	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
g. Practice spelling or other skills before a test	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
h. Talk with my child about a TV show	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
i. Help my child plan time homework and chores	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
j. Talk with my child's teacher at school	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
k. Talk to my child's teacher on the phone	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
l. Go to PTO/PTA meetings	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
m. Check to see that my child has done his/her homework	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
n. Volunteer at school or in my child's classroom	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
o. Go to special events at school	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
p. Take my child to a library	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
q. Take my child to special places or events in the community	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES
r. Tell my child how important school is	NEVER	1-2 TIMES	FEW TIMES	MANY TIMES

Home Visitor Training Log

Completed Monthly by Program Supervisor

1) **Home Visitor Name: _____** **Month/Year**: _____/_____

Please List any In-Service Trainings Home Visitor Attended This Month

Date of Training	Length of Training	Who Provided Training	Training Topic

2) **Home Visitor Name: _____** **Month/Year**: _____/_____

Date of Training	Length of Training	Who Provided Training	Training Topic

3) **Home Visitor Name: _____** **Month/Year**: _____/_____

Date of Training	Length of Training	Who Provided Training	Training Topic

Home Visitor Supervision Log
Completed Monthly by Program Supervisor

1.) Home Visitor Name: _____ Month/Year: _____/_____

Supervision with Site Supervisor

 # Cases Reviewed

Date: ___/___/____ From: _____ To: _____ Type: Individual Group Other _____

Date: ___/___/____ From: _____ To: _____ Type: Individual Group Other _____

Date: ___/___/____ From: _____ To: _____ Type: Individual Group Other _____

Date: ___/___/____ From: _____ To: _____ Type: Individual Group Other _____

Date: ___/___/____ From: _____ To: _____ Type: Individual Group Other _____

Date: ___/___/____ From: _____ To: _____ Type: Individual Group Other _____

2.) Home Visitor Name: _____ Month/Year: _____/_____

Supervision with Site Supervisor

 # Cases Reviewed

Date: ___/___/____ From: _____ To: _____ Type: Individual Group Other _____

Date: ___/___/____ From: _____ To: _____ Type: Individual Group Other _____

Date: ___/___/____ From: _____ To: _____ Type: Individual Group Other _____

Date: ___/___/____ From: _____ To: _____ Type: Individual Group Other _____

Date: ___/___/____ From: _____ To: _____ Type: Individual Group Other _____

Date: ___/___/____ From: _____ To: _____ Type: Individual Group Other _____

3.) Home Visitor Name: _____ Month/Year: _____/_____

Supervision with Site Supervisor

 # Cases Reviewed

Date: ___/___/____ From: _____ To: _____ Type: Individual Group Other _____

Date: ___/___/____ From: _____ To: _____ Type: Individual Group Other _____

Date: ___/___/____ From: _____ To: _____ Type: Individual Group Other _____

Date: ___/___/____ From: _____ To: _____ Type: Individual Group Other _____

Date: ___/___/____ From: _____ To: _____ Type: Individual Group Other _____

Date: ___/___/____ From: _____ To: _____ Type: Individual Group Other _____

CAPI-R Scale

ID #:_____ **Date Completed: ____/_____/_____**

Instructions: The following questionnaire includes a series of statements which may be applied to yourself. Read each of the statements and determine if you **AGREE** or **DISAGREE** with the statement. If you agree with a statement, circle **A** for agree. If you disagree with a statement, circle **D** for disagree. Be honest when giving your answers. Remember to read each statement; it is important not to skip any statement.

	Agree	**Disagree**
1. People expect too much from me …….	A	DA
2. Everything in a home should always be in its place ……	A	DA
3. Little boys should never learn sissy games…….	A	DA
4. Children should never disobey ……..	A	DA
5. My telephone number is unlisted ……..	A	DA
6. A child should never talk back ……	A	DA
7. Children should stay clean …….	A	DA
8. Children should be quiet and listen ……	A	DA
9. A home should be spotless ……	A	DA
10. Children should be seen and not heard …….	A	DA
11. A good child keeps his toys and clothes neat and orderly ……	A	DA
12. Children should always be neat ……	A	DA
13. Children should never cause trouble ……	A	DA
14. A child needs very strict rules ……	A	DA

INVENTARIO DEL PLAN-R

ID #_____ Fecha: _____

Instrucciones: El siguiente cuestionario incluye una serie de declaraciones las cuales podrian ser aplicadas a Ud. mismo. Lea cada una de las declaraciones y determine si Ud. está de acuerdo o en desacuerdo con la declaración. Si Ud. está de acuerdo con una declaración, circule A para indicar acuerdo. Si Ud. está en con una declaración, circule DA para indicar desacuerdo. Recuerde leer cada declaración; es importante no omitir ninguna oración.

	Acuerdo	**Desacuerdo**
1. La gente espera demasiado de mí ……	A	DA
2. Cada cosa en un hogar debería estar siempre en su lugar ……	A	DA
3. Muchachitos nunca debería aprender juegos afeminados …….	A	DA
4. Los niños nunca debería desobedecer ……	A	DA
5. Mi número de teléfono no está listado ……	A	DA
6. Un niño nunca debería argumentar ……	A	DA
7. Los niños deberían permanecer limpios ……..	A	DA
8. Los niños deberían estar callados y escuchar ……	A	DA
9. Un hogar debería estar completamente limpio ……	A	DA
10. Los niños deberían ser vistos y no oídos ……	A	DA
11. Un buen niño mantiene sus jugetes y su ropa ordenados ……	A	DA
12. Los niños siempre deberían estar bien arreglados ……	A	DA
13. Los niños nunca deberían causar molestia ……	A	DA
14. Un niño necesita reglas muy estrictas ……	A	DA

Home/School Connection
Exit Status Form

The purpose of this questionnaire is to acquire information on families who leave the program. This form should be completed by the home visitor and/or supervisor whenever a family leaves the Home/School Connection Program. Please circle only one answer for each question.

ID# _____ Date of Termination: _____

1. Please indicate the reason why the family terminated services:
    1. Goals were met
    2. Family refused further services
    3. Family was non-compliant
    6. Client does not have time for home visits
    7. Unable to locate client
    4. Family was not appropriate for the program
    5. Family moved
    10. Child transferred to another school
    8. Other family member did not approve of services
    9. Other (Please specify _____)
    88. Don't know

2. How would you describe the attitude of the client(s) at the end of services?
    1. Unwilling, hostile
    2. Reluctant, minimally compliant
    3. Willing, readily accepting
    8. Don't know

3. At the end of services, to what degree did the client(s) understand the relationship between circumstances in his/her life and potential harm to his/her child(ren)?
    1. Denied or failed to understand this relationship
    2. Partially understood or tended to minimize this relationship
    3. Fully understood and acknowledged this relationship
    8. Don't know

4. At the end of services, to what degree did the client(s) view the program services as helping him/her to better care for his/her children?
    1. Denied or failed to understand utility of services
    2. Partially understood utility of services
    3. Fully understood and acknowledged utility of services
    8. Don't know

5. How motivated has this client(s) been to change him/herself so that further absences/tardiness/behavior problems/academic problems of the child do not occur?
    1. Less motivated than most other clients
    2. About as motivated as most other clients
    3. More motivated that most other clients
    8. Don't know

6. To what extent do you believe the family benefited from services?
    1. Benefited greatly
    2. Benefited somewhat
    3. Benefited very little
    4. Did not benefit at all
    8. Don't know

Family School Connection

QUARTERLY WORKPLAN STATUS REPORT

CONTRACT ACCT #:_____ **STATE REPORTING QUARTER (Check):** 1 2 3 4

AGENCY NAME: _____ **PREPARED BY:**_____ _____

DATE: _____

_____
(Signature of Preparer)

NAME: Family School Connection
Goal # 1:

OBJECTIVES OF GOAL	ACTIVITIES PERFORMED DURING THIS QUARTER TO MEET OBJECTIVES	DATE ACTIVITY WAS PERFORMED	OUTCOME OF ACTIVITY (COMMENTS)

FSC QUARTERLY WORKPLAN STATUS REPORT

CONTRACT ACCT #:_____ **STATE** **REPORTING QUARTER (Check):** 1 2 3 4

AGENCY NAME: _____ **PREPARED BY:**_____ _____
DATE: _____

_____
(Signature of Preparer)

NAME: Family School Connection
Goal # 1:

OBJECTIVES OF GOAL	ACTIVITIES PERFORMED DURING THIS QUARTER TO MEET OBJECTIVES	DATE ACTIVITY WAS PERFORMED	OUTCOME OF ACTIVITY (COMMENTS)

FSC QUARTERLY WORKPLAN STATUS REPORT

CONTRACT ACCT #:_____ **STATE** **REPORTING QUARTER** **(Check):** 1 2 3 4

AGENCY NAME: _____ **PREPARED BY:**_____ _____

DATE: _____

_____
(Signature of Preparer)

PROGRAM NAME: **Family School Connection**
Goal #1:

OBJECTIVES OF GOAL	ACTIVITIES PERFORMED DURING THIS QUARTER TO MEET OBJECTIVES	DATE ACTIVITY WAS PERFORMED	OUTCOME OF ACTIVITY (COMMENTS)

FSC QUARTERLY WORKPLAN STATUS REPORT

CONTRACT ACCT #:_____ **STATE REPORTING QUARTER** **(Check):** 1 2 3 4

AGENCY NAME: _____ **PREPARED BY:**_____ _____

DATE: _____

PROGRAM NAME: **Family School Connection** _____
(Signature of Preparer)

Goal # 2:

OBJECTIVES OF GOAL	ACTIVITIES PERFORMED DURING THIS QUARTER TO MEET OBJECTIVES	DATE ACTIVITY WAS PERFORMED	OUTCOME OF ACTIVITY (COMMENTS)

FSC QUARTERLY WORKPLAN STATUS REPORT

CONTRACT ACCT #:_____ **STATE** **REPORTING QUARTER** **(Check):** 1 2 3 4

AGENCY NAME: _____ **PREPARED BY:**_____

DATE: _____

PROGRAM NAME: **Family School Connection** _____
(Signature of Preparer)

Goal # 3: All Services are delivered in a culturally competent and sensitive manner.

OBJECTIVES OF GOAL	ACTIVITIES PERFORMED DURING THIS QUARTER TO MEET OBJECTIVES	DATE ACTIVITY WAS PERFORMED	OUTCOME OF ACTIVITY (COMMENTS)

FSC QUARTERLY WORKPLAN STATUS REPORT

CONTRACT ACCT #:_____ **STATE** **REPORTING QUARTER**

(Check): 1 2 3 4

AGENCY NAME: _____ **PREPARED BY:**_____ _____

DATE: _____

PROGRAM NAME: **Family School Connection** _____

(Signature of Preparer)

Goal # 4:

OBJECTIVES OF GOAL	ACTIVITIES PERFORMED DURING THIS QUARTER TO MEET OBJECTIVES	DATE ACTIVITY WAS PERFORMED	OUTCOME OF ACTIVITY (COMMENTS)

SFY 01

QUARTERLY STATUS OF GOAL

_____**On Schedule**

_____**Not on schedule, but will be accomplished.**

_____**Will NOT be achieved.**

_____**Will be amended.**

COMMENTS: (Any additional successes, problems, or changes in the project during the implementation this quarter. This would also be the place to highlight any special functions/events that may have occurred this past quarter.)

TOTAL NUMBERS SERVED THIS QUARTER

	New	Carry Over (From Previous Quarter(s)
Children	_____	_____
Parents	_____	_____
Families	_____	_____
DCF Cases	_____	_____
Non-DCF Cases	_____	_____