

FAMILY SCHOOL CONNECTION

INTRODUCTION

Overview

Family School Connection is an intensive home visiting program that provides parent education, help in managing problems, a 24-hour telephone line, and referrals to appropriate agencies. 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 through 12 who are "at risk" of educational neglect because of:

- excessive tardiness or truancy issues
- academic or behavior challenges

The Family School Connection program conducts universal screening of all its families. 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. The program also screens children for social and emotional development and refers those at risk for help.

Vision, Mission and Guiding Principles

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

The mission of the Family School Connection (FSC) program is to work in partnership with parents of children ages 5 to 12 years old who are frequently tardy, absent or disconnected from school in order to strengthen the parent-child relationship, home-school relationship and the parent's role in their child's schooling.

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.

Goals and Objectives

The goals of the Family School Connection program are to:

- Enhance nurturing parenting practices
- Reduce stress related to parenting
- Increase parental involvement in the child's education

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The program works to achieve these goals by meeting the following objectives:

- Increase primary caregiver's parenting skills, attitudes, and behavior
- Increase primary caregiver's ability to use community resources
- Increase communication between primary caregivers and school personnel
- Increase primary caregiver's involvement in the child's education and presence in the school

Program Description

A growing body of intervention evaluations demonstrates that family involvement can be strengthened with positive results for children and their school success. To achieve these results, it is necessary to match the child's developmental needs, the parent's attitudes and practices, and the school's expectations and support of family involvement. Three family involvement processes for creating this match emerge from the evidence base:

Parenting consists of the attitudes, values, and practices of parents in raising young children. Home–School Relationships are the formal and informal connections between the family and educational setting.

Responsibility for Learning Outcomes is the aspect of parenting that places emphasis on activities in the home and community that promote learning skills in the young child.

The Family School Connection Program encompasses these processes in the design and structure of the program through three components aimed at reducing the risk of child abuse and neglect and increasing positive results for children and their school success:

Home Visitation

Home visiting based on the concept of "family-centered" practice is the foundation of the Family School Connection program. This practice is designed to engage families as partners and is essential to the success of the program. Research has found that parents enrolled in the home visiting component 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 is a promising way to decrease child abuse and neglect in families with school-aged children.

Program participants are offered weekly home visits for as long as the family feels the visits are beneficial or until the child ages out of the program. At any time the frequency of the visits can be changed based on the family's needs and preferences. 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.

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The second objective is to establish a plan for assisting the family. The home visitor works with the family to create and implement a Family Action Plan that draws on the family's strengths, community resources, and the skills of the home visitor to:

- strengthen parent-child relationships
- create linkages for the family to community resources
- support the parent in meeting their family's basic needs
- support the parent in attaining their own aspirations and needs
- support the overall social-emotional needs of the parent and child

The Clinical Supervisor works with the home visitor to assess the family's needs and support the home visitor and parent in the creation and implementation of the family action plan. The Clinical Supervisor can also provide clinical intervention for the family if the need arises.

Home-School Team

The program supports families by helping both the parent and child make a positive connection with the child's school. Program staff help the family connect with a host of school and community services. Program staff also work with school personnel to help the school better understand and support the needs of the family. Parent school involvement is an essential piece of the program and is encouraged by program staff at every opportunity.

The program's Clinical Supervisor establishes and regularly convenes a Home-School Team for each family in the program. The Home-School Team's membership consist of the parent, home visitor, teacher and any other school-personnel. Home-School Team members work together to increase communication between the home and the school, and support formal and informal connections between the family and the education setting. The Home-School Team process 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.

Family Learning

Program staff work with families help them understand and take responsibility for their children's learning outcomes. This is the aspect of parenting that places emphasis on activities in the home and community that promote learning skills for children. Responsibility for learning outcomes in the elementary school years falls into four main areas: supporting literacy, helping with homework, managing children's education, and maintaining high expectations.

Program staff work in partnership with the school, community organizations, and arts and cultural institutions to engage families in family learning opportunities. Family learning opportunities can range scope and service but are all intended to extend to help the parent understand and under-take their role as the child's first and most important teacher. The home visitor works with the family to enroll them in a family literacy programs, before and after-school programs, tutoring services or parent workshops on topics that support and extend a child's learning to the home and community.

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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 Contact Log records how often families receive home visits and how often they access other services offered through the Family School Connection program and other services at the school and in the community. 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 latest Family School Connection, Process and Outcome Evaluation Report is available on the Children's Trust Fund web site, www.ct.gov/ctf, under the "Research" link.

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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. The team will review policies and procedures and recommend 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, and 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's 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.

CQI 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 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. 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.

Representative Responsibilities: A representative's primary responsibility is to uphold and share the views, opinions, and concerns of the group they represent. Representatives who miss more

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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 state fiscal year.

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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 Program Manager: Fundamental to a well-run site is a knowledgeable and involved program manager. A program manager 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 the 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) students who are often tardy, frequently absent or disengaged from the school; (2) their families; and (3) 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 are 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 in FSC. A culturally competent organization is committed to doing what it takes to support its staff to work within the culture of the population it serves. Program staff need 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 Plan (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.

Tab 2: Program Development and Implementation

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Celebrations: Each site should host a celebration at least once a year to recognize the accomplishments of all the families in the program – even those that may not have met all 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 be served by qualified food operators in compliance with Public Health Code Section 19-13-B48, Itinerant Food Vending, and Section 19-13-B49, Catering Food Service. The full text of these regulations is available at www.ct.gov/dph, under the "Public Health Code" link.

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 Connection Sites

Staffing plan for Family School Connection sites include:

- 1 part-time (minimum 0.10 FTE) program manager
- 1 full-time clinical supervisor
- 2 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

- **Program Manager** is responsible for the overall management of the program including staff supervision and training, collaboration with community service providers, program evaluation, advisory committee development, and managerial matters. The program manager must have a bachelor's degree or master's degree in social work or related human service or social science field and experience working with vulnerable families.
- **Clinical Supervisor** provides daily supervision and training to the home visitors. The clinical supervisor must have a master's degree 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.

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Description of Staff Positions

Program Manager

Supervised By: Executive Director/Management Staff

Job Description

Program managers are responsible for the overall operation and management of the program including staff supervision and training, collaboration with the school and community service providers, community relations and fund raising, client assessments, program evaluation, and other managerial matters.

The Program Manager 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.

Experience/Education Requirements

The program managers are required to have a bachelor's degree in social work, human services or related social sciences field. A master's degree in social work, human services or a related social sciences field is preferred. Previous management experience working with vulnerable families and children is required.

Skills

- Excellent interpersonal skills and ability to communicate effectively with people from diverse social and ethnic backgrounds
- Strong organizational and management skills to handle varied duties and responsibilities
- Demonstrated leadership abilities and supervisory skills
- Legislative and other advocacy skills
- Analytical skills
- Community organizational skills
- Basic computer skills including Word and Excel required

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 meetings.
- May also be required to have program staff make referrals to the Department of Children and Families.
- 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.

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Clinical Supervisor

Supervised By: Program Manager

Job Description

Clinical Supervisors provide daily supervision, support, and training to the Home Visitors. 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
- Basic computer skills including Word and Excel required

Credential/License Required

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

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, the Family School Connection policies and approved training, hiring agency policies, ethical practice standards and state law.

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 relationships 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.
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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.

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- 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 to 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 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 address specific problems or circumstances.
- Provide feedback and impressions of the assessment and 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 is required with 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 telephone 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

Tab 5: Clinical Supervision

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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 the supervisor's 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 provide support for each other and the families they serve. During group supervision, the Home Visitors and Clinical 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 topics 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 the 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

Tab 5: Clinical Supervision

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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 program evaluator. 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.

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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.

The goals of the Family School Connection program are to:

- Enhance nurturing parenting practices
- Reduce stress related to parenting
- Increase parental involvement in the child's education

The program works to achieve these goals by meeting the following objectives:

- Increase primary caregiver's parenting skills, attitudes, and behavior
- Increase primary caregiver's ability to use community resources
- Increase communication between primary caregivers and school personnel
- Increase primary caregiver's involvement in the child's education and presence in the school

Assessment and Transitioning Families

The home visiting staff should meet 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 should join the home visitor for the first home visit.

Documentation Required Program Entry

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 program evaluation.
- HIPAA Consent.

An additional form may be added at the discretion of the site. All required paperwork should be sent to the program evaluator two business days after the initial 1st visit. This will also allow the client to receive a "client number" for reporting purposes.

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The information is critical to the evaluation. If these data are 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-SF)

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 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.

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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 be limited to PTO/PTA, volunteerism at the school or in the classroom, parent participation in the classroom, 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 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 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.

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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. 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.

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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 that 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.

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- 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 is 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 would 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 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.

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Identifying Strengths and Resources

- To whom do you turn 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 wants and/or needs or to setbacks to achieving their wants and/or needs 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.

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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 those needs over time, it is expected that home visitors will have a caseload that includes scheduled weekly, biweekly or monthly visits.

A full-time home visitor should schedule 12 - 15 home visits each week with the goal of conducting 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).
- 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 biweekly visits. At the completion of the trial period, the family and worker can discuss the appropriateness of making the biweekly visits the new visiting schedule. At this time, the family may wish to continue with biweekly visits or may ask to return to weekly visits. The home visitor should remind the family that, if a biweekly schedule is preferred, the home visitor will fill that one-half

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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 biweekly 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 for each home visit. In these reviews, the frequency of visits should also be discussed. An increase or decrease in visit frequency should be based on the joint assessment of the home visitor and supervisor and on the family's wishes. The supervisor may use the following checklist to guide decisions about the frequency of visits 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

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

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- 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 to 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.

Home visits must take place in the mother (or primary caregiver) and child's home. The family's home is defined as anywhere the family is staying including shelters, hospitals (if the mother or child is admitted), and family's or friends' homes. All other visits that take place outside the home must be counted as "out of home/office visits."

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 the essentials of a home visit including curriculum, parent/child interaction, and family support/empowerment.

Out of home/office visits count only if the Home Visitor and parent spend at least twenty (20) minutes and cover the essentials of a home visit including curriculum, parent/child interaction, and family support/empowerment. 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, parent/child interaction, and family support/empowerment will not count.

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Creative Outreach Policy

The purpose of the creative outreach policy is to define the procedure and possible strategies to connect with families once they miss one scheduled home visit. 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 visitor's impressions of the family including the family's:

- 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 telephone, mailings, and home visits.
- The home visitor will routinely be assigned a new family 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.
- A family's case file should be closed when the child leaves elementary school, or for extenuating circumstances on a case-by-case basis.
- A family's case file should be closed if the site receives verification (i.e., returned mail) that the family is no longer reachable or living in the catchment 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 requests services until the 2 years of program eligibility are completed.

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- 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 meet 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 the home visitor is still employed by the site and has an opening on her 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 program manager, in consultation with the clinical supervisor, 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 clinical 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 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 fit 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 home visitor's need to have families keep appointments
- Working with the family to resolve the issue of no shows

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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.

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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 program will make every effort to encourage the participation of significant others in the program whenever it is appropriate.

The role of the home visitors is to support the parent if the parent decides to share personal information about themselves or their child with others. To provide or get information from a significant other the home visitor must have a signed release of information from the parent specifying the information to be discussed.

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 a 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

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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 child 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.

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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 with cognitive delays and other developmental disabilities 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 the 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.

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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 are 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 home visitor include:

- Complete the child-development screen
- Plan activities using curriculum for the referred child inclusive of 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

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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 cannot be found, or when the situation is untenable for the home visitor.

Parents Already Enrolled in FSC

The Family School Connection program 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.

The Crisis

Sometimes these problems create a crisis in the 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

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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 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

Parents Presenting with Acute Problem Prior to Enrollment in FSC

When the supervisor 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, the supervisor should inform her manager.

The supervisor, working with the home visitor, should develop a crisis plan with the parents and find additional services to augment the FSC home visiting program.

Admission into FSC may be contingent upon securing additional services for the parents and the parents' agreement to participate in the services.

If the supervisor determines that additional services are essential for the parents' involvement in FSC, the supervisor must explain this to the referral source.

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If the parents refuse the additional services, the supervisor may decide not to accept the parents 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 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.

FAMILY SCHOOL CONNECTION

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
- Applying Clinical Supervision techniques to the process

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 have lapsed or the transition to other services is c

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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.

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- 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.

Compliance with Mandated Reporting Requirements

Program Managers are responsible for ensuring that all staff members have been trained and are well versed in their responsibilities as mandated reporters including the DCF operational definitions of abuse and neglect. All program managers should contact the DCF office in their area to request mandated reporting training. DCF policies and procedures can be obtained at www.ct.gov/dcf



Children's Trust Fund

Family School Connection Program Policies and Practice Standards

TAB 8: Documentation Tools