

Nurturing Families Network

Policy Manual

Approved November 2014

Table of Contents

Introduction	1
Core Statements	2
Mission	2
Vision	2
Fundamental Principles	2
Roadmap for Engaging Families	2
Evaluation and Development of NFN	4
<i>Program & Research Narrative:</i>	4
Ethnography & Study Circles	4
Life Stories	5
Study Circles Revisited	5
Depression	6
Father Involvement Study	6
Training Study	7
<i>Continuous Program Evaluation:</i>	7
Annual Outcome Evaluation	7
Quality Assurance	7
Active Advisory Committee	8
Continuous Quality Improvement	8
CQI Membership	8
CQI Meeting Structure	9
Program Management Structure	10
<i>Program Staffing Plan & Positions</i>	10
Variation in staffing plan	11
Staff positions	11
<i>Professional Development Policy for NFN staff</i>	13
Training for each staff role	13
Description of Trainings	14
Pre-service	14
Nurturing Families in Action	14
Family Development	15
Touchpoints©	15
Parents as Teachers Training	16
Working with families with Cognitive Limitations	16
Annual Continuing Education	17
Home Visitor Credentialing	18
Home Visitor Credential	18
Senior Home Visitor Credential	18
<i>Supervision</i>	19
Principles of Reflective Supervision	19

Supervision by Clinical Supervisor	19
Nurturing Connections	21
<i>Entering the Network: Connecting the Programs with Families</i>	<i>21</i>
Engage and Educate	21
Screening Families for NFN Eligibility	22
Offer Appropriate NFN Component	22
Enrollment Process	22
Transitioning Families from Enrollment to Participation.....	22
Transferring Families between Nurturing Families Network Program Sites	22
<i>Nurturing Connections Telephone Support.....</i>	<i>24</i>
Eligibility	24
Providing Telephone Support to Families.....	24
Special Considerations for High Risk Families.....	25
Decreasing Social Isolation Through Group Activities	25
Guidelines for Nurturing Connections' Volunteers and Interns.....	25
Supervision of Volunteers and Interns.....	25
Duties of the Volunteers and Interns	25
Nurturing Parenting and Children's Groups.....	26
<i>Starting a Group.....</i>	<i>26</i>
Eligibility & Enrollment.....	26
Group Curriculum.....	26
<i>Documentation</i>	<i>28</i>
<i>Running a Group.....</i>	<i>29</i>
<i>Closing a Group.....</i>	<i>30</i>
Home Visiting Program	31
<i>Program Entry</i>	<i>31</i>
Eligibility	31
Identifying DCF Involvement Prior to Program Enrollment.....	31
Family Assessment.....	32
First Home Visit.....	33
<i>Documentation and Program Evaluation.....</i>	<i>33</i>
<i>Planning – Case Assignments and home visiting schedules.....</i>	<i>34</i>
<i>Implementing Home Visits.....</i>	<i>35</i>
How Long & Where Should Each Visit Be	35
Home Visits in Alternate Settings: Families in Insecure Housing	35
Preparing for a Home Visit.....	35
Planning and steps:.....	36
Procedures at Conclusion of each Epoch:.....	36
Life Action Plans.....	36
Who's Involved in the Home Visit.....	37
Working with Significant Others.....	37
Special Circumstances	37
Parents with Multiple Children	37

Families with Cognitive Delays and Other Developmental Disabilities.....	38
Families with Acute Problems.....	38
Policies for Working with the Department of Children and Families (DCF)	39
Working with Families after the Death of a Child	40
<i>Disengaged Families</i>	40
Creative Outreach	40
Creative Outreach Process.....	40
Reoccurring Creative Outreach	41
Closing a Family	41
Reopening a Family	41
<i>Group Connections</i>	41
<i>Graduating a Family</i>	42
Appendix	43

Table of Figures

Table 1: Typical program Staffing Plan	10
Table 2: Training requirements for each program staff.....	13
Table 3: Content for Educational Conversation and Welcome Packet.....	21
Table 4: Approved Curricula for Nurturing Parenting Groups	27
Table 5: Nurturing Parenting Group Documentation requirements	29
Table 6: Home-Visiting Documentation requirements	34

Introduction

In 1995, the Connecticut Children's Trust Fund (CTF) launched a major initiative to develop a comprehensive home visiting program in response to the growing appreciation for the need to prevent child abuse statewide. Thus, Nurturing Families Network (NFN) was begun. Since that time, NFN has grown from two initial sites to its current presence in every birthing hospital across the state where thousands of families are screened annually and services are initiated to positively impact the lives of families and children.

NFN was developed within CTF. Over the years, CTF underwent several institutional moves initiated by changing legislative visions for collaboration and coordination. After being housed in Department of Children's and Families (DCF), CTF was an independent state agency, before moving into the Department of Social Services (DSS). As the particular importance of early childhood was increasingly appreciated, the Office of Early Childhood (OEC) was begun and CTF transitioned from DSS to OEC. Given the intimate size of OEC and the clearly aligned missions, the intermediate umbrella of CTF was no longer needed and was thus retired. The program manual reflects these transitions by referencing CTF in the history of policies and procedures and recognizing OEC in the current practices.

The policies and practices of effective intervention have evolved significantly through the years of NFN's activity in response to careful evaluation and meaningful feedback from families, home visitors, staff and researchers. This manual begins with a brief overview of the general principles of NFN with coinciding motivation and research to provide a narrative of program development to its current iteration. It continues with program policies and guidelines for implementation.

Each NFN site is a contracted partner in administration and dissemination of the NFN program in the manner most meaningful to the community they serve. This program manual should serve as reference for contractual expectations and any significant modification or variation must be done in consultation with OEC Family Support Services Division staff. Moreover, NFN sites are encouraged and expected to develop the details within these guidelines to best serve their families, community, and agency, similar to the balance of fidelity and flexibility each staff member maintains in recognizing the importance of program principles with modifications to suit an individual family. OEC Family Support Services Division staff is available for questions or suggestions on best-practices.

Core Statements

Mission

The mission of the Nurturing Families Network is to prevent child maltreatment and improve child well-being by working in partnership with high risk first-time parents facing the challenges of parenthood by enhancing their strengths, providing education and creating community connections.

Vision

The vision of the Nurturing Families Network is that every child will be raised within a supportive and nurturing environment.

Fundamental Principles

Cultural Broker: NFN staff engage and impact families by acting as cultural brokers, translating between professional, academic knowledge and families' real world practice of child development and parenting techniques.

Strength-Based: Each family has unique strengths, which help them navigate challenges. NFN focuses on building those strengths as well as identifying space for new potential. This strength-based approach empowers families and staff to recognize and embrace their foundation and motivates them to see achievements ahead.

Reflective Supervision: Reflective supervision encourages reflective practice to best prioritize the needs of the family. It is regular, consistent, and collaborative – enabling all staff and volunteers to meet challenges thoughtfully and confidently.

Evidence-Based Curricula: NFN uses evidence-based curricula, including Parents as Teachers (PAT), to increase the reliability and reproducibility of interventions with families.

Roadmap for Engaging Families

Engaging families in the home visiting program is not a simple or straightforward task.

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. As a result, many of families are hesitant to engage with yet another service provider offering help.

Engaging families and building trust is a process that takes time. It is important that families are 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.

Every relationship develops in a unique way. Three stages have been identified as fundamental in build mutually trusting relationships, and can serve as a “road map” to guide program staff through the process of engaging with a family. Although there is no set time to move through the stages of building a relationship, the relationship between a home visitor and family should progress to stage three during a three-month period of regular home visits.

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, learn about the family's adjustment to the pregnancy or new baby, the interpersonal dynamics of the household and the family's engagement style and to think about

how to best work with the family during the upcoming months. During this stage the family to learn about the program, what it has to offer and the services home visitors can provide.

Stage 2 - Establishing the purpose of the relationship.

During stage two, the home visitor begins to focus on parent-child interaction, discuss curriculum and 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 be prepared to discuss and identify the family's wants and needs, and to introduce Life Action Plans at the appropriate time.

Evaluation and Development of NFN

From the beginning...

From the beginning, CTF understood the importance of examining program practice and implementation efforts to guide effective outreach and program development. To do so, CTF needed information about how NFN was actually running at the sites and insight from the families involved in the programs. Thus, CTF contracted with the Center for Social Research at the University of Hartford and the Center for the Study of Culture, Health, and Human Development at the University of Connecticut. Some of the initial directions of research included:

- What were the dynamics of the sites?
- How were the sites working, and what was making them effective?
- Who were the families in the program and why had they become involved?
- How were the services families were receiving relevant to their daily lives?

By addressing these questions, and more, CTF sought to support its theoretical models and provide outcome data for staff to understand how program goals and policies translated into effective practice in a variety of settings.

Program & Research Narrative:

Ethnography & Study Circles

Process Evaluation of Home Visitation, Black & Markson 2001

Study Circles, Diehl 2001

The first fundamental process evaluation and implementation study of NFN was an ethnography and qualitative analysis to explore the program practices and theoretical rationale for the NFN program that began in 1998. After two years of day-to-day shadowing and interviews of home visitors by field workers, a number of observations and recommendations were developed. To facilitate effective incorporation of these findings, a subsequent series of forums referred to as “study circles” were initiated. In this setting, a common view of practices and proposed solutions was established by collaborative work from home visitors, staff, researchers and CTF representatives.

Impact on Policy and Practice:

The outcomes of this work made significant headway to answering the questions posed by CTF and led to many foundational improvements for NFN.

First, the home visitors were recognized as cultural brokers, responsible for successfully navigating between professional, academic knowledge and families’ real world practice of child development and parenting techniques. Clarifying this role, its challenges and opportunities, provided greater understanding for how to better equip home visitors and supervisors with the training needed to effectively perform in this position.

Second, multiple levels of formalization were called for. Home visitors needed stronger, more comprehensive training in child development and an in-home curriculum that all parties could fully embrace. Home visitors and supervisors needed clear expectations of their relationship in order to build support and communication.

Finally, the necessity for continuous assessment of programmatic needs and thoughtful

implementation of resulting changes was appreciated. To do so, the Continuous Quality Improvement (CQI) team was initiated, heavily influenced by the success of the study circle format and charged to help translate the programmatic needs assessment and solutions into practices and policies. The structure included regional representatives and alternates for each staff role, members at large, and drop-ins.

Through the first years of CQI activity, Parents as Teachers was adopted by and adapted to NFN. Additional policies brought forth by CQI included: Creative Outreach, Family Engagement, Looking for the Little Steps, Clinical supervision, Length and content of visits, and Professional Development.

Life Stories

Connecticut's Vulnerable Families, Black, Erdmans, & Dickinson 2004

Despite the significant progress after the ethnography and study circles to refine the NFN model, work was still needed to develop a more comprehensive understanding of the families NFN was serving. Research interviewed almost 200 NFN families to gain a deeper assessment of their strengths, needs, and challenges.

Analysis of over 20,000 pages of transcript revealed that while each family has a unique story, four general patterns of vulnerability emerged. These themes were: cognitively impaired mothers, young-young mothers who delivered their first child between the ages of 13 and 16, mothers in a culture of crises, and mother in less distress. The most common theme was living in a culture of crises (33%). These families move continuously from one crisis to the next, from housing instability to exposure to violence to issues of poverty to any multitude of stressors. In comparison, 32% of mothers were in less distress (MILD) though still harbored significant risks factors and benefitted from additional support of home visitors. Next, 23% of mothers in NFN were “young-young” mothers between the ages of 13 and 16 and 12% of mothers were cognitively impaired.

Impact on Policy and Practice:

The variability in families’ vulnerabilities and needs led to several policy developments after consideration by CQI. Formal policies were adopted to address working with specific groups including families with cognitive delays, families with multiple children, and families with acute problems. Additionally, the practice of case-by-case adaptation was developed to empower home visitors and supervisors to decide the precise number of home visits appropriate for each family. For example, mothers living in crisis may benefit from the stability and dependability of more frequent interactions with their home visitor while mothers in less distress may require less frequent contact. Case-by-case ideals continue to be a core value of NFN and allow home visitors to optimize their relationships with each family.

Study Circles Revisited

Almost ten years after the initial process evaluation and study circle project were initiated, many policies and practices had changed under the guidance and influence of the CQI process. To assess the implementation of this cadre of policies, a new round of focus groups with home visitors was conducted. These study circles also sought to investigate new challenges that had emerged for home visitors and families after the foundational adjustments to NFN had been made.

Impact on Policy and Practice:

In these discussions, it was apparent that the role of cultural broker had been fully embraced by

home visitors and supervisors. Well-implemented policies that were supported by adequate training and supervisor expertise seemed to be positively impacting home visitor dynamic and family outcomes. Upon this solid program foundation, additional important issues for home visitors and families were able to emerge. Specifically, many home visitors disclosed concerns for mothers who seemed depressed or were difficult to engage because of mental health issues.

Depression

Spurred by discussions in study circles as well as rising appreciation for the incidence and impact of depression in mothers participating in home visiting programs from the academic literature, NFN more closely evaluated the issue. Through the research partnerships, NFN became aware of preliminary positive results demonstrating the potential to meaningfully treat depression using In-Home Cognitive Behavioral Therapy (IH-CBT). A randomized control trial (RCT) was developed for NFN in collaboration with the experts in the field. Mothers with symptoms of depression who were randomized to treatment with IH-CBT received treatment by a trained social worker. After only seven therapy sessions alternating with seven home-visits by their NFN home visitors, mothers showed significant reductions in depressive symptoms and increased daily functioning.

Impact on Policy and Practice:

Effectively and efficiently treating depression in mothers served by NFN has significant potential to improve parenting skills and family outcomes. Given the positive results from the RCT, depression screening has been scaled up to allow greater recognition of the issue by home visitors and NFN. Additionally, state regulation of Medicaid was passed to allow payment of private therapists to conduct IH-CBT. This program will continue to be carefully evaluated to ensure adequate training, effective roll-out, and continued impact.

Father Involvement Study

Father Involvement Study, Black, Keyes & Markson 2010

The basics of NFN focused almost exclusively on mothers. However, through home visitor feedback with supervisors and in CQI, it became clear that fathers were also involved with NFN through their roles as caregivers and partners. Additionally, when fathers joined in home visits, often at the urging of mothers who saw their home visits as a valuable resource and their home visitors as important allies, home visitors were uncertain what fathers' needs were or how to address them. To gather more information, fathers were interviewed in groups and individually to gather their voices and assess how NFN could meaningfully involve fathers.

In these discussions, four key insights were gained into fathering in Connecticut. First, fathers expressed difficulty of being an economic provider – through both unemployment and underemployment, fathers rarely felt economically stable. Second, fathers reported a very high rate of exposure to violence, positioning violence as a normal experience in their lives. Third, fathers felt effective use of violence was important for their children. They feared their children would fall to either end of spectrum as the “hyper-violent bully” versus the “non-violent punk.” Finally, through all the discussions, it was clear that fathers were primarily concerned with protecting their children from lows, not with enabling their children to achieve.

Furthermore, fathers expressed interest in parenting support with some distinct features. They sought a home visitor who would be empathic and non-judgmental, preferably male in order to better understand their struggles. They wanted job placement assistance and life skills coaching to increase their successes outside the home. They also wanted relationship counseling in addition to childcare education to support their successes inside the home.

Impact on Policy and Practice:

Fathering groups and home visiting was initiated and refined with these powerful findings in mind. A cadre of male home visitors was built and continues to grow as those interested in fathering home visiting grows. The Father Involvement Study focused on at what fathers would want in parenting support, and, as fathering home visiting got off the ground, NFN sought to see how fathering home visiting was meeting those needs. Thus, shortly after fathering home visiting was started, a process evaluation of father home visiting was also begun. This study is ongoing.

Training Study

Education and Training of Home Visitors and Supervisors for Child Abuse Prevention, Super, Mavridis & Harkness, 2007

New staff members join NFN with a variety of previous experiences, some as parents, some as other caregivers, some as community liaisons. NFN provides formal training to communicate our practices and policies yet NFN recognized that the actual implementation of our community standards is a more gradual process, with inherent potential to vary or falter off course. To assess how new staff experienced and implemented training, a two year study was conducted of 17 new hires as they experienced training, built relationships, and acclimated to NFN.

Impact on Policy and Practice:

This study affirmed that NFN training was an effective part of a longer acclimation to NFN community standards. New staff arrived with different experiences and knowledge. Sharing and utilizing their unique backgrounds plus new training gradually created a common foundation, fostering positive and egalitarian relationships between home visitors and within supervisory relationships. This positive outcome supported the training policies and practices in place and provided NFN with confidence that program innovations could be effectively disseminated through this process.

Continuous Program Evaluation:

In addition to specific commissioned studies, there are avenues of continuous program evaluation to assess ongoing program outcomes, identify issues and challenges, and respond appropriately and meaningfully.

Annual Outcome Evaluation

Every year, in collaboration with the University of Hartford, NFN compiles an annual report to describe the statewide scope of services, identify trends, and document accountability for stakeholders, including the Connecticut Legislature – and importantly, the public. The full reports are accessible at the OEC Family Support Services Publications website: (<http://www.ct.gov/oec/cwp/view.asp?a=4544&q=536416>).

Site specific data are distributed to each NFN site for evaluation by site staff. These should serve as springboard for critical review of site specific gains and challenges. Data inform individualized program plans (IPPs) for improvement through discussions with NFN OEC staff. Additional brainstorming, best-practice, and solution support can be sought via CQI representative network and during site visits by NFN OEC staff.

Quality Assurance

Quality Assurance ensures fidelity to the principles of NFN and our curricula, Parents as Teachers (PAT). The Affiliate Performance Report (APR) including site implementation and service delivery data and annual outcome evaluations combine to confirm maintenance of program tenets. Quality assurance improvements are included in annual IPPs.

Active Advisory Committee

An active advisory committee is essential for all NFN program sites. The advisory committee should include former program participants, professionals, community members and other interested parties to assist in developing a continuum of services for families. The advisory committee should meet at least quarterly to discuss program challenges and strategies for program growth and development.

Continuous Quality Improvement

Continuous quality improvement (CQI) is charged to share and review evaluation outcomes and provide a forum to discuss experiences in the field that shed light on program implementation. It facilitates continuous assessment of program needs, solution development, and thoughtful implementation of resulting changes. It also helps to integrate research-driven program enhancements.

The necessity for Continuous Quality Improvement (CQI) was appreciated as a result of the inaugural NFN process research through the Ethnography and Study Circles (see *Ethnography & Study Circles*, p. 4). After some time, the core policies and principles of NFN were clarified and CQI transitioned in structure and focus. In the spring of 2014, a remodeled CQI structure was adopted by NFN. Specific ventures at this time include further program enhancements to better serve fathers and address maternal depression.

CQI Membership

Elected:

NFN Staff Representative and *NFN Staff Alternate* are elected by their peers for each staff role from each region for a two year term and can serve for two consecutive terms. The expectations for each Staff Representative are outlined below; in the absence of the Staff Representative for the region/role the Staff Alternate will presume all roles and responsibilities.

- Voting member of CQI (on behalf of the region)
- Serve as liaison between CQI and program staff in the region
- Communicate program ideas, challenges and matters to be addressed
- Lead efforts (sets schedule, secures meeting location, notifies staff, creates agenda, facilitates meetings, develops minutes, communicates with Program Liaison) to create regular network opportunities in the region
- Attend scheduled CQI and regional network meetings
- Counts as Professional Development opportunity
- Collaborate and communicate closely with *Staff Alternate* to facilitate effective representation of their peer constituents in the network.

Non-Elected:

Chair and *Co-Chair* of CQI are designated OEC staff. Chairs are voting members of CQI and help coordinate and facilitate discussions and process.

Research and Evaluation staff are members of the research and evaluation team and are voting members of CQI.

Guests include all other staff and individuals that participate at a CQI meeting. Guests are non-voting but can have time designated to take part in conversation.

CQI Meeting Structure

Statewide NFN meetings consist of two full day meetings annually for the entire NFN network. These meetings are considered professional development (see *Annual Continuing Education*, p. 17). Meeting content includes:

- Business including votes on new policy
- Share research and data
- Professional development and education
- Networking (breakout sessions)

CQI team meetings occur two times per year prior to the statewide NFN meetings and may meet more frequently, for example quarterly, if necessary as priorities arise.

Regional Network meetings are coordinated by CQI Representatives and/or Alternates to collaborate with peer staff in their region. Meetings should occur on a regular basis with a minimum of twice per year.

Program Management Structure

The NFN requires a management structure for its program sites that supports the objectives of the program. The structure includes clearly defined staff roles and responsibilities, measurable program outcomes, methods for continuous quality improvement, strategies for professional development, supervisory structure, and connections to the community.

Program Staffing Plan & Positions

A typical NFN site has the following staffing plan:

- 1 part-time program manager (.20 FTE)
- 1 full-time clinical supervisor (1 FTE)
- 2 full-time home visitors (2 FTEs)
- 1 part-time connections coordinator (.50 FTE)
- 1 part-time parenting group facilitator (.50 FTE)
- 1 part-time children's group facilitator (.50 FTE)

Position	Typical representation:	Reports to:	Supervisor of:	Qualifications:
Program Manager	0.2 FTE		Clinical Supervisor	Bachelor's Degree (<i>Master's preferred</i>), previous experience
Clinical Supervisor	1 FTE	Program Manager	HV's, connection coordinator, nurturing parent group coordinator	Master's Degree, previous supervisory and clinical experience
Home visitor (HV), including Father HV	2 FTE	Clinical Supervisor		HS Diploma, 2 years previous experience
Nurturing Connection's Coordinator	0.5 FTE	Clinical Supervisor		Associates degree (<i>Bachelor's preferred</i>), previous experience
Nurturing Parent Group Coordinator	0.5 FTE	Clinical Supervisor	Children's Group Facilitator	Bachelor's degree (<i>Master's preferred</i>), previous experience
Children's Group Facilitator	0.5 FTE	Nurturing Parent Group Coordinator		HS Diploma or GED (<i>Associates or Bachelor's preferred</i>)

Table 1: Typical program Staffing Plan

Staffing plan for a typical site (see variation in staffing plan for alternative structures). All degree requirements are for Social work degree or other related social sciences field unless otherwise noted. All previous experiences should be in relevant fields. FTE: full time employee.

Variation in staffing plan

Specifics at each site may vary depending on context of site development and needs of community. Examples include: some sites have additional home visitors depending on the size of the site or instead of group coordinator positions, shifting the resources per the community needs. Additionally, a maximum of five staff may be under any given supervisor regardless of level; thus with large sites or part-time managers, supervisory structure can be modified. These, and other, significant variations must be approved by OEC.

Staff positions

Each program site includes the positions that are briefly described here.

Program Manager is responsible for the overall operation and management of the program, including staff supervision and professional development, financial and program reporting, evaluation and quality assurance, community relations, legislative advocacy and fund raising, as well as other related matters. The program manager is also responsible for serving as liaison between the program and the host organization and the community. As community liaison the program manager convenes an advisory committee for the program and manages relationships with external partners.

A knowledgeable and involved program manager is fundamental to a well-run site. The program manager should be well versed in the responsibilities of each staff role, and understand and help implement program policies that impact all staff roles, including establishment of program hours to meet the needs of families, facilitating recognition for families' accomplishments in NFN, and ensure that all food provided at site functions are in compliance with Public Health Code Section 19-13-B48, Itinerant Food Vending, and Section 19-13-B49, Catering Food Service (see www.ct.gov/dph, under the "Public Health Code").

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.

Clinical Supervisor provides day-to-day supervision, support and assistance to the home visitors and other program staff. The clinical supervisor is responsible for conducting the Kempe Family Assessment in the home of participating families. The clinical supervisor reports to the program manager and supervises the home visitors, the parenting group coordinator, and the connections coordinator. The clinical supervisor is responsible for maintaining fidelity to the NFN model, including complete and confidential family records, facilitating Professional development activities for supervisees, and overseeing caseloads.

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.

A full-time clinical supervisor may not supervise more than five home visitors or five staff including home visitors and other program staff. This rule applies even if one or more of the home visitors or other staff are part-time employees.

Home Visitors report to the clinical supervisor and work directly with the families in their homes. Home visitors are responsible for providing comprehensive and intensive home visiting services and implementing the Parents as Teachers curriculum.

Home Visitors must have a high school diploma and two years of relevant supervised work

experience. Home visitors should have experience working with vulnerable children and families.

Home visitors are selected because of their personal characteristics and not solely on their education and employment history. It is important for home visitors be knowledgeable about community services and the experiences the families in the program face. Home visitors should demonstrate a strong ability to work with people at 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.

Fathering home visitors are usually men who provide the home visiting services to fathers and males who have a significant relationship with the child and are in a caregiving role.

Family Assessment trained: After 1 year of employment, and with the recommendation of the supervisor and appropriate training, home visitors can participate in family assessment training and conduct the KEMPE family assessment.

Senior Home Visitors are home visitors with at least four years of experience with NFN who meet the credentialing requirements for the senior home visitor position (see *Senior Home Visitor Credential*, p. 18). Senior home visitors may be assigned to assist other home visitors or play a leadership role within the home visiting program and community.

Nurturing Connections Coordinator screens families for eligibility at prenatal clinics, on the maternity ward or in other community settings and connects them with NFN services. The coordinator is supervised by the clinical supervisor. Additional responsibilities include recruiting, training, supporting and supervising volunteers. Coordinators and volunteers provide follow-up telephone calls in the prenatal and /or postnatal period for up to six months after the child is born. The calls offer parents support and information about parenting and additional community services.

The coordinators are required to have an associate degree in human services or comparable education and experience. A bachelor's degree in social work or a related field is preferred. The coordinators must have experience working with vulnerable families.

Nurturing Parent Group Coordinators are responsible for the appropriate planning and execution of parenting groups according to NFN guidelines. Parent group coordinators supervise the children's group facilitators. In addition, the coordinators recruit, train and supervise volunteers needed for the groups. The coordinators are responsible for creating safe nurturing group environments for the parents and children.

Parenting Group Coordinators are required to have a bachelor's degree in social work, human or social sciences or comparable education and experience. A master's degree in social work or in human or social sciences preferred. Coordinators must have experience working with vulnerable families.

Children's Group Facilitator facilitates the planning and execution of children's group for children whose parents or guardians are participating in the parenting group. Children's group facilitator reports to the Parenting Group coordinator.

This facilitator must be high school graduates and have experience working with children and vulnerable families. An associates or bachelor's degree in social work or in human or social sciences preferred. The Child Group Facilitator coordinators must have experience working with vulnerable families. The children's group facilitator reports to the nurturing parenting group coordinator.

Professional Development Policy for NFN staff

The training and professional development policy establishes standards and guidelines for preparing staff to work effectively as a team within their site and in their role, and enhance their skills and knowledge over time. The policy outlines the training provided and required for each staff role including pre-service and in-service training. Additionally, specific opportunities for further professional development are outlined, specifically for home visitor recognition as credentialed and requirements for advancement to senior home visitor.

Training for each staff role

A number of trainings are required for each staff role to ensure adequate preparation, address challenges of their position, and, most importantly, facilitate success. All required trainings must be completed within the first two years of employment. Also, continuing training has been developed to provide further professional development and to help address the changing needs of our families served.

	Program Manager	Clinical Supervisor	Home Visitor	Parent's Group Coord.	Children's Group Facil.	Nurturing Connect. Coord.
Pre-service	Required	Required	Required*	Required	Required	Required
Nuturing Families in Action	Required	Required	Required*	Required	Required	Required
Family Development	Required - <i>Training for Supervisors</i>	Required - <i>Training for Supervisors</i>	Required - <i>Credential for Family workers*</i>	Encouraged - <i>either course</i>	Optional	Encouraged - <i>either course</i>
Touchpoints©	Optional	Required	Required*	Encouraged	Optional	Encouraged
Parents as Teachers ⁺	Optional	Required	Required*	Optional	Optional	Optional
Identifying & Working with Parents with Cognitive Limitations	Optional	Required	Required*	Encouraged	Encouraged	Encouraged
Annual continuing education	2 Statewide NFN meetings	15 hours in-service; 2 Statewide NFN meetings PAT credential	2 prof. devel. activities*; 2 Statewide NFN meetings; PAT credential	Required: 2 Statewide NFN meetings Encouraged: Prof Devel. Activities	Required: 2 Statewide NFN meetings Encouraged: Prof Devel. Activities	Required: 2 Statewide NFN meetings Encouraged: Prof Devel. Activities

Table 2: Training requirements for each program staff

Pre-service training must be completed within the first six months of employment and are arranged by each site. Professional development activities for home visitors are also provided by each site. OEC serves as clearinghouse for additional trainings. All required trainings must be completed within the first two years of employment. *Required trainings for Home Visitor Credential.

Description of Trainings

Pre-service

Each site is responsible for providing all staff with training on the following topics within the first 6 months of employment.

- Health Education – Pre and Postnatal Health & Well-being
- Workers' Safety and OSHA requirements
- Family Violence (Domestic, Child Abuse & Neglect)
- Mental Health, HIV/AIDS, Substance Abuse/Alcoholism
- Mandated Reporting to DCF
- Communication Skills
- Stress Management and Burnout Prevention

Nurturing Families in Action

This is an interactive and energetic training based on individual roles of staff within the Nurturing Families Network. During Nurturing Families in Action participants have the opportunity to explore the philosophy, practice and procedures that are at the core of NFN.

Shared curricula

On Opening Day participants spend time discussing the policy and theory that guides the work of the Nurturing Families Network. Staff learn about the history of home visiting, attachment theory, the principles of strengths-based practice and the cultural broker model for human services practice.

Each participant is also required to visit another NFN site. The site visit is an opportunity to learn from colleagues at another NFN program.

Program Manager Track

This training covers the components of the Program Manager role while exploring the roles of other Nurturing Families staff. Participants discuss concepts central to the NFN program including the cultural broker model. Program managers learn about the importance of contract management and the many opportunities and responsibilities of implementing the program.

Clinical Supervisor Track

Participants review their role and responsibilities and the policies and procedures of the NFN program. Supervisors learn about the use of reflective supervision, professional development requirements for the staff and strategies for establishing a cohesive and effective staff.

Participants are trained to administer assessments to mark progression through the program including the Ages and Stages child development-monitoring questionnaire, Ages and Stages: Social Emotional developmental questionnaire, the Period of Purple Crying model to prevent shaken baby syndrome, and the Edinburgh Depression Screen.

Home Visitors Track

Participants will explore NFN 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 NFN. 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.

Participants are trained to administer assessments to mark progression through the program including the Ages and Stages child development-monitoring questionnaire, Ages and Stages:

Social Emotional developmental questionnaire, the Period of Purple Crying model to prevent shaken baby syndrome, and the Edinburgh Depression Screen.

Family Assessment Track

Clinical supervisors and home visitors attend for training in family assessment; completion of this track is required for clinical supervisors and optional for home visitors after one year of employment. Participants gain an understanding of the philosophy behind the Kempe family assessment, how to effectively engage families, and prepare needed documentation. Participants also learn about the specific NFN policies related to the family assessment role.

Nurturing Parent Group Coordinator and Children's Group Facilitator Track

During this training participants increase their knowledge and understanding of the parent and children's groups. In addition, staff learns how to recruit and structure group session, use approved group curricula, administer required assessment to inform parent rigidity and group experience, and facilitate a positive group experience. This track is for all parent and children group facilitators.

Nurturing Connections Track

Participants learn about the history and policies of Nurturing Connections while exploring their role as coordinator. They learn how to use the REID assessment tool while developing skills to engage new parents in the program. In addition, staff explores how to recruit, train and retain volunteers to work with families enrolled in the Nurturing Connections program.

Family Development

Family Development Training for Leaders

This course compliments the 80-hour FDC training that family-service workers complete. The *Development Training for Leaders* focuses on a strength-based approach to human services.

Family Development Training for Leaders uses *Empowerment Skills for Leaders* curricula 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 and qualify for 35 Continuing Education Credits with the National Association for Social Workers

Family Development Credential (FDC) for Family Workers

FDC uses *Empowerment Skills for Family Workers* curricula and 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.

After training, participants who successfully complete a portfolio and pass an exam earn a Family Development Credential. Participants may then apply for and receive seven undergraduate credits from Charter Oak College.

Touchpoints©

The Brazelton Touchpoints Individual Level Training Program is a three-day seminar designed for individual health care, early education, child care, and social service providers who want to incorporate elements of the Brazelton Touchpoints approach into their practice setting.

The Touchpoints approach helps professionals engage around key points in the development of young children. By helping parents identify and expect bursts and regressions in child behavior (the Touchpoints) professionals can reduce parental frustration and self-doubt while fostering

parenting skills and the parents enjoyment of their child. In the process, the bond between the provider and the family is strengthened.

During this training participants will:

- Understand the theories and concepts of the Touchpoints approach, with emphasis on the developmental and relational elements of parent-child-provider relationships, and their practical applications;
- Enhance their delivery of care to families by using relationship-building strategies and communication tools based on the Touchpoints approach;
- Observe and participate in encounters that demonstrate the Touchpoints approach of collaborative anticipatory guidance.

Parents as Teachers Training

Foundational Training

This three-day training lays the foundation for the Parents as Teachers approach to home visitation within an early childhood system. Coursework centers around three main areas of emphasis:

- *Parent-Child Interaction* – enhancing child development and supporting the development of positive parenting behaviors
- *Development-Centered Parenting* – understanding parents’ perspectives and facilitating parenting decisions around developmental topics
- *Family Well-Being* – recognizing the impact of the family system on child development and partnering with parents to strengthen protective factors.

Model Implementation

This two-day training builds on Foundational Training and is designed for parent educators and supervisors whose programs meet the requirements for affiliation. Model Implementation Training incorporates the Parents as Teachers Quality Assurance Guidelines and offers implementation strategies that help your organization fully understand and bring to life quality Parents as Teachers services. Learn how to successfully replicate the Parents as Teachers model and explore strategies and program components not covered in Foundational Training.

Participants who successfully complete both the Foundational and Model Implementation trainings become model certified. Model Implementation Training is required for new supervisors.

Working with families with Cognitive Limitations

Identifying and Working with Parents with Cognitive Limitations Training is a one-day training, developed by the Connecticut Parents with Cognitive Limitations Work Group (PWCL).

While identification of these families is a challenge, it is estimated that at least one third of families currently in the child welfare system are families headed by a parent with cognitive limitations. This is likely a similar rate to families participating in NFN.

The objectives of the training are:

- Recognize how our own values and beliefs about parents with cognitive limitations impact the work.
- Describe cognitive limitation from a functional perspective.
- Gain knowledge of the needs of parents with cognitive limitations.
- Develop assessment strategies to identify parents with cognitive limitations.

- Demonstrate intervention techniques to increase engagement and service delivery for parents with cognitive limitations.

Annual Continuing Education

Statewide NFN Meetings

Twice per year, the entire staff of NFN in Connecticut gathers for continuing education informed by topics raised in the CQI process. These full-day meetings provide an important venue for interaction and networking with other sites to share solutions and effective methods for program implementation.

In-service

Clinical supervisors are required to complete 15 hours of in-service annually. At least six hours must relate to their leadership and supervisory role within NFN. Clinical supervisors are encouraged to also include opportunities to increase their cultural awareness.

PAT Certification

Home visitors, clinical supervisors, and other staff trained in PAT must maintain annual certification with Parents as Teachers.

Professional Development Activities

NFN home visitors continue their professional growth, leadership skills and knowledge in areas related to their direct work with families through professional development activities. Home visitors are required to complete a minimum of two (2) professional development activities every year. The clinical supervisor and the home visitor use reflective supervision to explore and choose issues and topics that can be addressed through professional development activities. Areas of professional development include: Family Group Activities, Workshops and Training Activities, and Leadership Skill Activities. Home visitors cannot select more than two activities from any one category in any year. Home visitors who have not received their home visiting credential must select one Family Group Activity. Nurturing connections and group staff are also encouraged to participate in professional development activities annually.

Family Group Activities

The NFN clinical supervisor locates an expert within the community or the site to come to their program and offer training to the home visiting staff on a particular topic that has been identified by one or more home visitors. The home visitors identify a few families that would benefit from this training. The families are invited to the site for a small group meeting. The home visitors share the information they learned from the expert with the families.

Workshops and Training Activities

The home visitor attends a workshop, training, conference or college course that addressed topics or challenges relevant to their work with families. The home visitor explores and makes plans with their clinical supervisor to share the information with families, program staff and/or other professionals.

Leadership Skill Activities

The home visitor assumes at least one (1) leadership role directly related to their work in NFN. Examples include: CQI representative or alternate, participating member of a regularly scheduled community meeting, council, or board to represent NFN and your agency, leader of an educational event for elected officials, testifier or speaker at a legislative event, presenter at a workshop, conference or community event or other leadership role that is approved by clinical supervisor.

Home Visitor Credentialing

To recognize and reward the professional growth and development of home visitors, home visitor credentials have been designated at two levels: home visitor and senior home visitor.

Home Visitor Credential

Home visitors who meet the training requirements within two years of their employment should apply to the Office of Early Childhood Family Support Services Unit for a credential. The home visitor must submit the following with their application:

- Documentation verifying completion of all required trainings for the home visitor's position, including annual professional development activities (see *Table 2: Training Requirements for Each staff*; relevant trainings noted with *)
- A recommendation from the clinical supervisor and program manager endorsing the home visitor's effective use and practice of skills and knowledge gained from trainings

Senior Home Visitor Credential

Senior Home Visitor Credential Requirements

Obtaining a Senior Home Visitor Credential is strongly encouraged as part of professional and skills development. The Senior Home Visitor portfolio is developed over a period of time. Through reflective supervision and with guidance from her/his supervisor, a home visitor will create a plan for completing Senior Home Visitor Credential requirements:

- A minimum of four (4) years as an NFN Home Visitor, including annual Professional Development Activities
- NFN Home Visitor Credential
- Completion of the Family Development Training for Leaders
- Advanced human services education (see below).
- Nurturing Families Network Senior Home Visitor Credential Request Form
- Validation of requirement completion and recommendation by NFN site supervisor

Advanced human services education must be demonstrated in the following three subject areas:

- **Self & Others:** Focus on understanding one's own life, history and culture while learning about others including group dynamics, and the stages of human development.
- **Multiculturalism:** Explore bias and prejudice in the American experience, forces that perpetuate it and forces for change including history, poverty, religion, spirituality, immigration and others.
- **Complex Human Behavior:** Explore substance abuse, domestic violence and behaviors related to mental health issues, grief, trauma, teen pregnancy and family planning.

Completion of this education can be demonstrated in one of two ways. One, a college transcript demonstrating completion of qualifying coursework or degree can be submitted. Two, in recognition of education outside traditional classrooms, a claim can be submitted. A claim is a document which demonstrates how and which experiences have allowed an individual to gain knowledge in a specific subject area and describes how the knowledge has been applied in their work with families. A 2 -3 page paper is required as claim for each subject area.

Additional details are in the *Senior Home Visitor Application* (<http://www.ct.gov/oec/lib/oec/familysupport/forms/hvcredential.pdf>).

Senior Home Visitor Recognition and Role:

Recognition and celebration of professional development achievement of staff awarded the Senior Home Visitor credential is encouraged by NFN sites and OEC Family Support Services Division. A Senior Home Visitor may be eligible for a pay increase at the time she/he is awarded the credential and is given additional responsibilities. Appropriate additional responsibilities include mentoring newly hired home visitors including peers at their own or other NFN sites, facilitating orientation sessions for new staff, accompanying home visitors during home visits as needed, leadership role on site activities or initiating and developing a specialty within their program site. Individual sites determine a pay increase as funding and agency structure allows.

Supervision

Principles of Reflective Supervision

Families who participate in the NFN program have complicated lives and complex needs. Providing services for these families presents many challenges for all staff. Clinical supervision assists home visitors to address the complicated issues of family functioning and dynamics as well as the experience of the home visitor working in their families' homes. Reflective clinical supervision is a strategy that supports the home visitors to meet this challenge.

The 'reflective supervision' model should be used in supervision with all program staff. Reflective supervision is regular, consistent, and collaborative. It encourages reflective practice to best prioritize the needs of a family. Education about the principles and best practices of reflective supervision are included in Nurturing Families in Action training, required for all staff.

Supervision by Clinical Supervisor

Tasks of the Clinical Supervisor

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. 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 "case review" as well as for the family issues and other matters the home visitor wants to discuss.

The clinical supervisor should 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 supervisor cannot be reached.

The supervisor is responsible for deciding how many families are appropriate for each individual based on the particular needs of the family. The work load should be assigned based availability and expertise of home visitors. 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. Likewise, the number of families with complex issues should be considered when assigning families to staff and volunteers in the Nurturing Connection program for telephone support and education and when recruiting families for the Parenting Groups.

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

Specific points to guide development and education:

- Provide feedback and impressions of the Kempe family assessment and plan the first visit.
- Ask questions about the family make-up, dynamics, culture and circumstances that may affect the family and the home visits.
- Help the home visitor evaluate and adjust their approach to accommodate the current and changing needs of the family.
- Help the home visitor identify and address specific problems or circumstances, including red flags.

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 their work with the families they visit. 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.

Mechanics of Clinical Supervision

Individual supervision: Clinical supervision is required with each group and connections staff for one hour each week and with each home visitor for a minimum of two hours each week. A set schedule – same time and day each week – is recommended. Once a month, in lieu of the office meeting, clinical supervision should be a field visit – attending Nurturing Group, observing screening and enrollment, or conducting a joint home visit.

For a joint visit, the supervisor will ideally spend a full day visiting families with the home visitor, accompanying the home visitor on a joint visit to at least two families. 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: Nurturing family's staff and clinical supervisor are required to participate in a biweekly meeting to increase teamwork, review NFN 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 clinical supervisor should also discuss needs for professional development activities and identify a topic for family group activity.

Nurturing Connections

Making significant impacts in the lives of children and families across Connecticut begins with a first impression. After identifying families who will benefit from NFN, and providing a meaningful introduction to the program, Nurturing Connections Coordinators are responsible for duties associated with transitioning families from enrollment through their start in a program. Providing bridging support may be necessary in some circumstances.

In order to complete the REID screen the Nurturing Connections staff should have access to medical records and to first-time families while they are receiving prenatal services, staying in the hospital or upon discharge after the birth of their child.

Therefore, all NFN sites must have a working agreement with labor and delivery units, and sites that are not located in a birthing hospital must have a Memorandum of Agreement (MOA) with a hospital that assures access.

Entering the Network: Connecting the Programs with Families

Engage and Educate

Initial interactions with families should provide a purposeful and engaging introduction of the NFN program to first-time families. All new families can use educational support as they prepare for their new family. Additionally, by engaging families through education, Nurturing Connections Coordinators can gain valuable insight into families, foster positive initial impression of NFN as a valuable resource, and build rapport to increase openness during REID screening process.

An initial educational conversation should last a minimum of fifteen minutes, engage both the mother and father of the baby, and address an array of critical issues of infant safety and injury prevention (see *Table 3: Content for Educational Conversation and Welcome Packet*). Similar and additional information will be included in a welcome packet given to each family.

	Educational Conversation	Welcome Packet
Required	<ul style="list-style-type: none"> - Shaken Baby Prevention - Sudden Infant Death Syndrome Prevention - Injury Prevention - Help Me Grow* 	<ul style="list-style-type: none"> - Shaken Baby Prevention - Sudden Infant Death Syndrome Prevention - Postpartum Depression - 211 - Help Me Grow - Role of Father
Encouraged		<ul style="list-style-type: none"> - Second Hand Smoke - Breastfeeding - Site & Community Specific Services

Table 3: Content for Educational Conversation and Welcome Packet

Topics to be covered during an educational conversation between the nurturing connections coordinator and families at screening and welcome packet information to distribute to all families regardless of enrollment decision.

*Educate families on both the resources available through Help Me Grow as well as offer to assist enrollment in the Ages & Stages developmental screening program.

Screening Families for NFN Eligibility

The Revised Early Identification (REID) tool is used to screen new parents prenatally, in the hospital at the time of the baby's birth, or up to three months postpartum (see [Intake Form, Appendix A](#)). Most screenings are done at women's health clinics or on the maternity floor. Additional enrollment sites, for example the local WIC office, may be considered to effectively engage with the local community. NC staff should also engage fathers in screening and consider community resources relevant to identifying new fathers. In all situations, efforts must be made to ensure privacy and confidentiality of screening process and eligibility determination.

When possible, the screener reviews the medical chart prior to engaging with the family to begin the intake form. The screener then meets with the family to introduce the NFN program and complete the REID. The Intake and REID can be completed in CTF DS actively during screen if technology permits or can be entered later.

Offer Appropriate NFN Component

Families should be offered the NFN component (Home Visiting, Connections, and Group) appropriate to their REID screening results with the highest priority given to engaging high risk families into Home Visiting. A family is considered high-risk by a positive score of either mother or father. If a high-risk family does not accept Home Visiting, the family can be offered Nurturing Connections conducted by program staff if available (*see Nurturing Connections Telephone Support*, p. 24).

Families with a negative score on the REID are considered low risk and should be offered Nurturing Connections telephone support.

Nurturing Group, when available, can be offered to any family, regardless of REID screen result though priority of high-risk families should be enrollment in Home Visiting.

Enrollment Process

The Nurturing Connections staff obtains a signed consent from parents to participate in the accepted program component; home visiting, nurturing connection, or nurturing group. Participants enrolling in nurturing connections are additionally asked to consent to be included in Program Evaluation.

If a high-risk family accepts enrollment in Home Visiting and Home Visiting is unavailable, Nurturing Connections staff should help the family engage with available community resources, including Nurturing Connections phone support and Group if available.

Transitioning Families from Enrollment to Participation

The Nurturing connections coordinator should confirm program openings for an accepted program component at the target site: Nurturing connections phone support, Group or Home Visiting. The clinical supervisor at the receiving site should be told promptly of new families. Screening information attained in the intake and REID should be shared. The receiving site should pursue further enrollment processes including family assessment, consents and documentation, as soon as possible.

The receiving site is responsible to follow-up with the referral site within 10 business days to inform the referring site whether or not the family engaged and again after 30 days for a final outcome.

Transferring Families between Nurturing Families Network Program Sites

Many factors can result in the need to transfer a family from the screening site to another site for services. These may include: site capacity, geography, access to appropriate language (for

example access to a Spanish speaking home visitor), and availability of a fathering home visitor.

A transfer should be pursued in open communication with the family or can be self-initiated by the family. The family must sign consent to allow access to their case information by the all sites involved.

The transferring site should contact the receiving NFN site to confirm the site has openings. The receiving site is provided with a copy of all consents and the case number from the transferring site to allow access to the family's records in CTF DS (see CTF DS manual for technical directions). Continued family evaluation tools are completed according to original enrollment date.

The receiving site is responsible to follow-up with the referral site within 10 business days to inform the referring site whether or not the family engaged and again after 30 days for a final outcome.

Nurturing Connections Telephone Support

Families thrive at different support levels. Nurturing Connections also includes a telephone support program to provide support, connection and education. Nurturing Connections Telephone Support facilitates community involvement in two ways: by supporting and educating new families and fostering greater access to relevant services and also by providing a meaningful opportunity for volunteers and interns to engage and impact families in their communities.

Eligibility

First-time families who are low risk by REID screen should be offered Nurturing Connections phone calls during screening process (see *Entering the Network: Connecting the Programs with Families*, p. 21). Low risk families can be paired with volunteers or interns with appropriate guidance and supervision by the Nurturing Connections Coordinator.

The Coordinator may, but is not required to, offer the Nurturing Connections Program to high-risk families in the following circumstances:

- Parent scores positive on the REID and the Home Visiting program is full.
- Parent scores positive on the REID and refuses to participate in the Home Visiting program.
- Parent initially agrees to participate in the Home Visiting program but later declines the home visiting program.

If connections is offered and accepted in any of these special high-risk family circumstances, the Nurturing Connections Coordinator or other paid staff members of the agency must provide the Connections services.

Providing Telephone Support to Families

Families should receive the first phone call within two weeks of the intake. Staff and volunteers should be prepared to listen to challenges of parenting and provide encouragement and education. Staff and volunteers should also explore the family's interest in referrals to community agencies, resources and programs and give information on other support services to families who may benefit from extra support and help with parenting skills. The family may remain in the Nurturing Connections Program while they are participating in other community services. Staff and volunteers should maintain communication logs of interactions with families.

Families' personal obstacles and stories will likely be shared during these phone calls. Volunteers and interns should be encouraged to seek advice or review encounters with the Nurturing Connections Coordinator when they are uncertain how to best support a family, in addition to the monthly supervisory meetings (see *Guidelines for Nurturing Connections' Volunteers and Interns*, p. 25). Also, the volunteer is required to contact the Nurturing Connections Coordinator immediately if there is a concern about the safety or well-being of a child or parent. In case of emergency, the volunteer must call 911.

If a family is receiving services through Nurturing Connections and their circumstances and needs change, the Nurturing Connections Coordinator may assist them in enrolling in Home Visiting services if there is an opening. Once the transition is complete and the family is receiving Home Visiting services, involvement with the Nurturing Connections Program is terminated.

Phone calls will continue based on the family's needs and availability for up to six months. Families that require additional services beyond six months should be reviewed with the supervisors and appropriate referrals should be made.

A family may be closed from the Connections program if there are three missed phone calls over

a three-week period.

Special Considerations for High Risk Families

In Nurturing Connections for REID-positive, high-risk families, the basic procedures for providing telephone support are the same. Families should be engaged and educated about parenting and community resources. Additionally, given the high-risk nature of these families, every effort should be made to:

- Enroll the family in Home Visiting if space becomes available.
- Enroll the family in Nurturing Parenting Group.
- Seek more intensive community-based services to assist the parents as needed.

Decreasing Social Isolation Through Group Activities

In addition to phone support, the Nurturing Connections Program offers activities for the families and volunteers to come together. These activities are educational and social in nature; examples might include Baby Massage Class, Community Resource Fair, or Community Café. Nurturing Connections' families should be invited to an annual NFN celebration, often arranged by sites in coordination with Nurturing Groups and NFN Home Visiting to celebrate milestones or festive occasions.

Guidelines for Nurturing Connections' Volunteers and Interns

All volunteers and interns must attend, at a minimum, a three-hour training on their roles and responsibilities, mandated reporting, confidentiality, infant development and community resources. This training can be in collaboration with volunteer training provided for Nurturing Groups volunteers. Nurturing Connections Coordinators are strongly encouraged to screen volunteers/co-facilitators through DCF and CT sex offenders' registry. All volunteers must also complete any additional training and screening requirements of the NFN site's hosting agency.

In order to facilitate meaningful relationships with families, volunteers are asked to make a minimum six-month commitment to the program and interns are asked to make a minimum one semester commitment. Volunteers and interns are assigned to families at the discretion of the Coordinator. The number of assigned families will depend on the volunteer's time and the needs of the families.

Supervision of Volunteers and Interns

A Nurturing Connections Coordinator at 0.5FTE can supervise a maximum of six telephone volunteers in order to provide adequate supervision and guidance. Volunteers and interns must have face-to-face contact with the Nurturing Connections Coordinator at least once a month to review their assigned families – these meetings allow for assessment of appropriate level of involvement by volunteer and families and should utilize principles of reflective supervision (see *Principles of Reflective Supervision*, p. 19). This can occur as individual supervision or through group meetings.

Duties of the Volunteers and Interns

To increase volunteer engagement with families, volunteers and interns should be permitted to engage in additional activities beyond phone calls. These may include meeting with the families at the prenatal clinic, hospital, agency gatherings, informative seminars, and support groups facilitated by the Coordinator. Additional event volunteers can participate without restriction on numbers per established supervisory ratios.

Volunteers **may not** conduct home visits with families at any time.

Nurturing Parenting and Children's Groups

Many Nurturing Families Network sites offer Nurturing Parenting Groups and Nurturing Children's Groups to provide parent and life skills education, peer support through social connection, and a venue for referral to other appropriate community services. Nurturing Parenting Groups and Children's Groups are held simultaneously to provide stimulated bonding experiences, venue for modeled child-adult interactions, and, critically, child's activity so parents can attend parenting group.

The Goals of the Nurturing Parenting Group are to:

- Prevent child abuse and neglect by helping parents to create a social network to reduce isolation.
- To help, teach, and empower parents or caretakers to:
 - Develop empathy for their children
 - Learn positive alternatives to corporal punishment
 - Boost parental confidence, encourage responsibility and self-sufficiency
 - Have appropriate developmental expectations

The Goals of the Nurturing Children's Group are to:

- To provide a safe, enriching and nurturing environment for infants, toddlers and young children while their parents are participating in the parenting group
- Model positive caregiver-child interactions through developmentally appropriate activities
- Provide a parent and child bonding experience through a "shared" nutritional snack or meal time appropriate for the time of day

Starting a Group

Eligibility & Enrollment

Nurturing Parenting Groups are designed to meet individual communities' needs for parenting support and education. These groups are open to all families and provided at no cost to families. Parents who have one or more children can participate in any group. Parents with a history of DCF substantiation are eligible as long as their case is not currently open. Parents who are currently participating in Nurturing Connections and Nurturing Home Visiting are eligible to participate in groups. All participation is voluntary and participants cannot be mandated to attend any associated event.

Nurturing Groups have a start and end date and closes to new participants after three sessions. All groups need at least six committed participants. Other participants may enter the group after the third session at the discretion of the Group Facilitator. A group facilitator can have up to eight participants in Group. A group facilitator with a Volunteer Co-facilitator can have up to 16 participants. Should there be more than 16 participants in Group, then another group should be offered.

Group Curriculum

Nurturing Families Network sites must choose curricula for Nurturing Parenting Groups from the list of curricula approved by the OEC (See *Table 4: Approved Curricula for Nurturing Parenting Groups*, pg 27). Curricula should be chosen that best suit community needs.

To address the specific needs of a community, new or supplemental curricula identified by site-initiated research are invited and must receive written approval by the Office of

Early Childhood prior to their use in any group (see Nurturing Group Curriculum Application, http://www.ct.gov/oec/lib/oec/familysupport/forms/newcurriculum_nfn_groups.pdf).

All approved curricula adhere to following guidelines:

- The curriculum must be evidence-based
- The curriculum must address the goals of Nurturing Group
- The curriculum must have a corresponding children’s curriculum and/or activities
- The curriculum must meet the needs of the community and be strength-based, family centered, culturally and linguistically competent

The Children’s Group will follow the Children’s Group curriculum and/or activities compatible with the Parenting Group curriculum selected. When age appropriate, the curriculum should focus on the following:

- enhancing motor skill development
- encouraging cooperation and teamwork
- fostering positive social interaction and social skill development
- Learning positive forms of age-appropriate play

Name	Topic	Duration (in hours)	# Sessions	Children's Curriculum
1, 2, 3, 4 Parents/Active Parenting Now (www.activeparenting.com)	Skill Building	2	10	No
1-2-3 Magic (www.parentmagic.com)	Discipline	1.5-2	4-8	No
24/7 Dads AM (www.fatherhood.org)	Father's	2	12	Yes
Making Parenting A Pleasure (www.parentingnow.net)	Positive Parenting	2	13	Yes
Nurturing Parenting Programs (www.nurturingparenting.com) <ul style="list-style-type: none"> • Nurturing Programs for Parents & Their Infants, Toddlers & Preschoolers • Nurturing Father’s Program • Crianza con carino para Padres y Ninos <i>And others</i>	Various	Various	Various	Depending on selected curriculum

Table 4: Approved Curricula for Nurturing Parenting Groups

Curricula approved by OEC Family Support Services Division for use in Nurturing Parenting Groups. When available, paired Children’s Group curricula should be used. All programs available at www.NurturingParenting.com are approved; examples listed are not exhaustive.

When starting a group, sites can collaborate with a community program/agency that is not part of NFN. Sites can also collaborate with other NFN sites by coordinating group schedules,

conducting joint recruitment and assessing the community's needs to ensure diverse types of groups are being provided.

While each site is encouraged to be creative, there are some basic policies that all groups must be aware of and should plan:

- Two staff must be committed for the duration of the group – one each as leader of Nurturing Parenting Group and Children's Group. Any staff role can participate with the exception of Home Visitors.
- Sites must have an orientation prior to the beginning of each group, or at the first group session. At the orientation, special strengths or challenges of the children and the expectations of the group facilitators and parents are discussed. Also, food allergies and dietary restrictions should be documented. Parents are required to give written permission for their children to participate in all of the group activities, including meals and snacks.
- Groups can occasionally offer "potluck" dinners at annual or special occasions with the parents' prior knowledge, if the agency allows. All other meals/snacks must be obtained from a licensed vendor/caterer.
- All groups will be conducted in accordance with existing fire and health department standards. There must be an evacuation plan. This plan must be posted, visible and shared with all group facilitators. Parents and volunteers should be informed of this plan at the first group session.
- Supplies to handle accidents and emergencies must be available in all rooms. This includes posted emergency phone numbers and accessible phone.
- All volunteers including co-facilitators must attend, at a minimum, a three-hour training on their roles and responsibilities, mandated reporting, confidentiality, elements of the curriculum, and health policy protocol. This training can be in collaboration with volunteer training provided for Nurturing Connections volunteers. NFN Group Coordinators are strongly encouraged to screen volunteers/co-facilitators through DCF and CT sex offenders' registry. All volunteers must also complete any additional training and screening requirements of the NFN site's hosting agency.

Additional details need to be confirmed for the successful roll-out of each group session. These are outlined in the Start Up Forms to be completed and submitted to OEC at least three weeks prior to the first group date.

Documentation

Proper documentation of participant enrollment and engagement through screening and attendance provides important information for families and program staff. All forms should be completed in CTFDS as available. Further information can be found in the CTFDS manual.

What/Item:	Who:	When to conduct:	Action:
Nurturing Group <i>Start-Up/Ending</i> Form	Facilitator	3 weeks prior to the first day of a new group	Complete the form; Email to Program Liaison prior to starting the group
Parent ID#	Facilitator	At time of enrollment	Assign each parent an ID# & include on AAPI web system and documents sent to CTF
NFN Parenting Group Enrollment Form & Consent	Participant	At time of enrollment	Facilitator must witness consent signature and provide a copy to participants
NFN Parenting Group Baseline Data Form	Participant	First group session	Participant completes
AAPI-2 (A) – including the demographic data	Participant		Inputs into the computer within 1 week; use the results to plan the group
AAPI-2 (B) – including the demographic data	Participant	Last group session	Inputs into the computer within 1 week; use the results to assess
Attendance Form	Facilitator	At each session	Note attendance
Attendance Summary	Facilitator	Completion of nurturing group series	Email to Program Liaison within 3 weeks of the group's completion
Exit Forms	Facilitator	When a participant stops attending prior to end of group	Email to Program Liaison within 3 weeks of the group's completion
Nurturing Group <i>Start-Up/Ending</i> Form	Facilitator	Within 3 weeks of the group's completion	Email to Program Liaison within 3 weeks of the group's completion

Table 5: Nurturing Parenting Group Documentation requirements

Assessments should be completed promptly as required. All documents should be maintained on file at site in addition to submission to Program liaison as noted. Forms available online in Provider Forms section of OEC FSS page.

Running a Group

Parenting Group

Parenting groups are closed to visitors unless functioning as guest facilitator as appropriate for curriculum. Guests such as friends of parents are not allowed. If a group is co-facilitated by a volunteer, NFN program staff coordinator is expected to attend and supervise weekly.

Children's Group

Group Coordinators must supervise volunteers weekly. Parents must deliver and pick up children to/from children's group area. Children's group coordinators should ensure children are always adequately supervised with a minimum 4 Children: 1 Adult ratio and by at least two adults at all times- no child should be alone with any adult, except a parent. Also, parents should be accessible throughout group to change diapers or supervise bathroom time; volunteers or staff should not do this.

Closing a Group

Weekly

Volunteers and staff should debrief after each group to share observations and suggestions.

At the end of course

NFN encourages recognition of successful completion of Group for both parents and children. This may include certificate and/or celebration.

Home Visiting Program

The goals of the program are to address family expectations, strengths and needs in four target areas:

- ***Nurturing Parenting*** promotes bonding, attachment and positive interaction between parent(s) and child
- ***Healthy Families*** promotes the overall health and wellness of families including their physical, social, cognitive and emotional well-being
- ***Parent Life Outcomes*** promotes parent(s) in achievement of personal and family goals
- ***School Readiness*** promotes positive child development by supporting parent(s) as the child’s first teacher

After requisite training, Parents As Teachers (PAT) is the required curriculum for NFN Home Visiting. The PAT Essential Requirements are incorporated throughout policy and home visit practice. Additional information regarding PAT is available at www.parentsasteachers.org.

Program Entry

Eligibility

Home visiting is free and voluntary. It is offered to first-time parents who have a positive score on the Revised Early Identification (REID) screen (see *Screening Families for NFN Eligibility*, p. 21). Families are identified and offered services prenatally whenever possible or shortly after the birth of their child. Families can be enrolled in the program until the child is three months old.

Extended eligibility requirements were developed to encourage and facilitate additional involvement by non-resident parents and new significant caregivers for children. For an enrolled family, non-resident parents or new significant caregivers are eligible to enroll at any time, regardless of the child’s age. If a child is not previously enrolled, enrollment is extended for non-resident parents to age six months.

Identifying DCF Involvement Prior to Program Enrollment

Because the Nurturing Families Network is a prevention program, only 1% of NFN home visiting caseload can be involved with DCF at the time of program enrollment.

Eligible for Enrollment	Not Eligible for Enrollment
Parents referred or participating in a family assessment through DCF	Parents being investigated by DCF. If their report is later unsubstantiated, the family may enter home visiting
Parents who live with individuals who are being investigated or receiving oversight and/or services for allegations of abuse and/or neglect but the parent is not under investigation	Parents who have been substantiated for abuse or neglect at any time in the past (for their child or another child) cannot participate in Home Visiting or Nurturing Connections
Foster children who are first time parents	
Nurturing Group enrollment only – Parents who have been substantiated at any time in the past, as long as their case is closed	

Family Assessment

The Kempe Family Stress Checklist (the Kempe) is a psychosocial assessment of both parents, when possible, who screen positively on the REID. The Kempe is conducted by trained staff and is a key part of the enrollment process. Often, the Kempe is completed by the clinical supervisor and may contribute information when assigning a home visitor. In fathering home visiting, the father home visitor should conduct the Kempe, or attend if not yet trained. Each enrolled caregiver should receive an individual and confidential Kempe assessment.

The Kempe Family Stress Checklist covers ten domains that include family history and risk factors for child abuse and neglect. The assessment is conducted in a conversational manner and takes approximately one hour. Family Assessment Staff should record minimal notes of the conversation in the presence of the parents.

Scheduling the Kempe Assessment

- Initial contact with the family should occur within 2 business days and no later than 5 business days from the date the site receives the referral.
- All attempts to contact the family should be documented and can include letters, telephone calls, leaving messages, and in-person attempts. Efforts should include a minimum of 3 attempts and 1 closing letter sent to the family 30 days from the date of receipt of the referral if no contact has been made.
- The Kempe should be completed as soon as possible following contact with the family. If the scheduled assessment does not occur, every effort is made to reschedule within 3 business days of the missed scheduled (Kempe) assessment visit.
- Family Assessment Staff are to request information from the parent who is the primary caregiver regarding the absent parent if s/he is not present during the Kempe assessment conversation to assess availability for enrollment.
- Family Assessment Staff must notify the Nurturing Connections Coordinator or the referral source of the outcome of the contact with the family (engaged or not engaged) regarding the assessment within 10 business days and again after 30 days, if the family was not initially reported as engaged.
- To facilitate a thorough and accurate assessment, Family Assessment Staff should schedule no more than two Kempe assessments in one day and avoid scheduling consecutive Kempe assessment meetings. Based on these requirements, careful consideration is required regarding staff caseload size and dual role responsibilities.

Following the interview

- Documentation of every Kempe assessment and review for supervisor inter-rater reliability should occur within 7 business days of meeting with the parents.
- Family Assessment Staff must notify the family of the services that are available (continuation in home visiting, fathering home visiting, groups, Nurturing Connections, or other community services) within 7 business days of the interview.
- The Family Assessment Staff must discuss the completed and scored Kempe with the assigned home visitor before the 1st home visit. The information is helpful for planning the first and subsequent home visits.
- The family assessment staff begins filling out the baseline data form. The form must be completed within 30 days from the time a family enters the program. The home visitor can collect any missing information during that time.
- Family Assessment Staff and the home visitor, when possible, should conduct the first

home visit as a joint home visit.

Parents presenting with an acute problem

- When a family assessment staff determines that expectant or new parents have acute problems and it is clear that more help is needed than the home visitor can provide, the family assessment staff should inform the supervisor. Problems causing acute crisis include current or recent psychotic episode, delusional or suicidal behavior, exposure to violence including domestic violence, or a crisis related to substance abuse.
- The family assessment staff should ask the referral source or the hospital social worker to develop a treatment plan with the expectant parents and to find additional services to augment the NFN home visiting program.
- Admission into NFN may be contingent upon securing additional services for the parent and the parents' agreement to participate.

First Home Visit

At the first home visit, home visitors begin to establish rapport with the family and gain a better understanding of their needs through completing baseline documentation and assessment. Accurate and timely assessment of families' baseline allows the family, program staff, and program evaluators to more accurately and objectively identify family needs. To avoid overburdening the family, home visitors should not complete more than four forms at the first visit.

Two forms must be completed at the first home visit to facilitate complete enrollment:

- Consent to participate in NFN program research
- Agency specific HIPPA Consent

Two additional forms may be completed at this visit and all program entry forms must be completed within 30 days of first visit (see *Table 6: Home-Visiting Documentation requirements*).

Documentation and Program Evaluation

Continuous completion of documentation for program evaluation is essential throughout a families' time with NFN. These assessments provide important information for families, home visitors, and program staff to illustrate families' gains and challenges. At a site level, completion of these forms allows evaluation of site-specific strengths and areas for improvement. At the state level, program evaluation is critical for continued discussions of NFN's impact for at-risk families and children in Connecticut.

All forms should be completed in CTFDS as available. Further information can be found in the CTFDS manual.

Screening/Assessment/Tool	When it's due
Kempe	Enrollment
Home Visiting Baseline Form	Program entry
Community Life Skills (CLS)	Program entry, six months, annually
Child Abuse Potential Inventory Rigidity Scale (CAPI-R)	Program entry, six months, annually
Edinburg	Program entry, every three months until child is two-years old and as needed
PAT Health Record	Program entry, annually
Life Action Plan	Within 90 days of enrollments and every three months or as needed
Ages & Stages 3 Developmental Questionnaire	As indicated by ASQ ages two months – five years
Ages & Stages Social Emotional Questionnaire	As indicated by ASQ:SE ages six months – five years
Life Skills Progression	Annually
Parent Satisfaction Survey	Annually

Table 6: Home-Visiting Documentation requirements

All assessments should be completed promptly as required. Those labeled “program entry” are considered baseline data and must be completed within the first 30 days of enrollment.

Planning – Case Assignments and home visiting schedules

The supervisor considers the following factors when assigning families to home visitors:

- Family situations, any special issues that affect the family
- Level of experience of the home visitor
- Distance and commuting time to each family

In order to ensure home visitors have adequate time and attention for each family, expectations for home visitor caseload and scheduled visits:

- A full-time home visitor in their first year of service should schedule 10-12 home visits each week with the goal of conducting no less than 43, and no more than 48 home visits per month.
- A full-time home visitor employed one year or more should schedule 12-15 home visits each week with the goal of conducting no less than 51 and no more than 60 home visits per month.
- No more than four (4) home visits a day should be scheduled.

Each newly enrolled family receives weekly home visits. The home visitor and supervisor routinely review family needs related to the frequency of visits. 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. When a family and home visitor discuss a possible change to the visiting schedule, the conversation should focus on what is best for the family (from the family’s point of view). Any changes to the frequency of home visits should be done for a trial period.

Implementing Home Visits

How Long & Where Should Each Visit Be

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.

A home visit counts as completed if it is at least thirty (30) minutes and addresses at least one component of a target area building upon approved curriculum, parent/child interaction, and family support/empowerment

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

Out of home/office visits are considered complete 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 replacement for them.

Home Visits in Alternate Settings: Families in Insecure Housing

There are parents who want to participate in the home visiting program and yet their housing situation does not allow home visits.

Insecure housing includes living:

- with a friend or relative who is not comfortable in allowing visits in their home
- in a shelter environment which cannot allow others to visit or afford little or no privacy

In these special circumstances a visit in an alternate setting can be counted as a home visit as long as the family, with the home visitor's support, is working to obtain secure housing and all of the elements of planning and conducting a home visit take place.

Once the family begins residing in an environment where visits can take place in the "home" the out of home/office visit policy will apply to those visits taking place elsewhere.

The narrative should reflect that the family is residing in insecure housing and include the plan and steps taken to conduct visits in the home.

Preparing for a Home Visit

The NFN home visiting program is epoch based. Epoch based home visiting addresses the unique developmental needs of both the parent and child during each new stage of child development. An epoch is defined as "the start of a new period in the history of anything," or "a period of time in terms of noteworthy events, persons, etc."

NFN Epoch periods of time:

- Prenatal
- Birth to 3 months
- 3 to 6 months
- 6 to 9 months
- 9 to 14 months
- 14 to 24 months
- 24 to 36 months
- 3 to 4 years
- 4 to 5 years

Planning and steps:

Home Visitors should spend a minimum of 30 minutes preparing for each home visit. Family strengths and needs are incorporated into ongoing planning for home visits. Planning should include:

Review home visit record from previous visits

Identify topic(s) within the four targeted areas. Use the target areas as a guide to prioritize objectives for visits. If a family demonstrates strong skills and knowledge of a topic within one of the four targeted program areas it does not have to be addressed.

Develop a visit plan. An individualized visit plan is based on the family's identified strengths and needs and includes completing the PAT Foundational Visit Planning Guide or PAT Home Visit Planning Guide, the epoch topic chart, curricula, handouts, supplemental material, and activities.

Review Life Action Plan to discuss progress/next steps

Determine and prepare if an Ages and Stages Developmental Questionnaire (ASQ:3) or Social and Emotional (ASQ-SE) screening is due for any child in the family.

Determine and prepare if the family-centered assessment or program evaluation tools are due.

Empower and support through life skill development. Home visitors will demonstrate, model, and teach parents life development skills, including self-advocacy, problem solving, and negotiation.

Complete required documentation: A Home Visitation Program Record will be completed following each visit. This includes documentation that topics within one of the four target areas have been addressed.

Procedures at Conclusion of each Epoch:

At the conclusion of each epoch and/or when the family leaves the program the home visitor will prepare and present an Epoch Passport highlighting the family's growth and accomplishments using specific examples. Use the Home Visitation Program Record and milestones to reflect on the family's growth and accomplishments at these points. Families do not need to demonstrate mastery of every topic within an epoch but will likely make progress toward many included topics. Throughout a family's journey with NFN, continue to document the family's accomplishments in the Epoch Passport at the transition between each epoch.

Life Action Plans

Developing, reviewing and revising a Life Action Plan is an ongoing process within home visiting. Once the home visitor has developed a trusting relationship with the family and discussed the family's resource needs and the parents' hopes for the baby, the Life Action Plan can be introduced to the parents.

An initial Life Action Plan should be completed by the home visitor in collaboration with the family during the first 90 days of involvement with a family. This expectation can be satisfied by completion of either an "Action Plan" or a "Family Development Plan." Life Action Plans can be developed individually or in collaboration with each and any caregiver.

Life Action Plans should be reviewed and revised regularly between the home visitor and the family. Additionally, Family Life Action Plans should be reviewed during reflective supervision between the HV and the Clinical supervisor as an important source of family progress

information and identification of areas for support and growth.

Who's Involved in the Home Visit

Home visits are typically centered on the parent(s) and child(ren).

The home visiting program supports the parent(s) within their network of significant others that might include grandparents, siblings, aunts, uncles, partner and others. Home visitors will encourage the participation of significant others in the program whenever it is appropriate while being sensitive to the possibility of complex interpersonal dynamics within these networks.

When conducting home visits, home visitors should be knowledgeable of others that are present during the visit, regardless of their participation in the home visit. The home visitor should treat each person with respect and recognize that s/he is entering the entire family unit even though the focus of work may be with one parent and baby/child.

Working with Significant Others

To provide or get information from a significant other, the home visitor must have a signed release of information from the primary caregiver specifying the information to be discussed.

Considerations in preparing a home visit when significant others are involved

- Prior to the first home visit, meet with the family assessment staff to review the assessment 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 primary caregiver.
- Review 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 and necessary to effectively communicate with the family.
- Home visitors should be prepared to discuss healthy relationship choices, parenting education, and child safety, especially with regard to primary caregiver's intimate partners and others who are providing direct care to the child.

Special Circumstances

Although program guidelines and policy are created, families are unique and circumstances vary. To meet the needs of various families, additional guidelines and protocol have been established to address the following circumstances.

Parents with Multiple Children

The NFN model and philosophy is based on 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 other 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 Ages & Stages Child-Development and Ages & Stages Social & Emotional

- Questionnaires based on the established schedule
- Track immunizations or well child visit compliance
- Plan activities using curriculum
- 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

Families with Cognitive Delays and Other Developmental Disabilities

Research indicates that many families who enter the program experience 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
- Consult with the supervisor to determine the number of scheduled visits
- Connect families to appropriate outside services when necessary

Families with Acute Problems

The Nurturing Families Network provides intensive support for high risk and hard to reach parents. These families may have already or will experience any number of stressors that may 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. The safety of the child is paramount in all situations.

Problems causing acute crisis include current or recent psychotic episode, delusional or suicidal behavior, exposure to violence including domestic violence, or a crisis related to substance abuse.

Acute Crisis Situations with Enrolled families

In an acute crisis, more help is needed than the home visitor can provide. In some cases, the child is not in immediate danger and the parent has functioned appropriately given the situation. In other 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 cases, the home visitor should take all appropriate and necessary immediate action including:

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

Following up acute problem

Following the crisis or after an acute problem is identified, the home visitor and, as warranted, the 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 Life Action Plan.

Sites have several options when working with these families:

- Choose to stay involved with a family
 - With added supports
 - Work with a family while pursuing efforts to secure added supports
- Choose not to stay involved with a family
 - When added support is critical but the family declines that support
 - When the situation is untenable for the home visitor

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

Nurturing Families Network staffs are mandated reporters. When substantial risk factors, abusive or neglectful behaviors are present, a DCF report must be made. The Nurturing Families Network, a voluntary prevention program, is not an appropriate referral in this case.

The Nurturing Families Network will support the role of DCF in protecting the safety of the child. NFN 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. Participation is always a voluntary service and cannot be stipulated as a mandated service or as an alternative to a Department of Children and Families investigation or for ongoing oversight and intervention related to child abuse or neglect.

NFN will work with DCF per our requirements as mandatory reporters as well as:

- Require a release of information allowing NFN 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.
- Maintain contact with the DCF worker to discuss the well-being of the child and the status of the case.
- The Nurturing Families Network will honor any legal interventions including "no contact" orders.
- Staff will support the family through the development and implementation of the treatment plan.
- All contacts with DCF will be included in the family's case file. The family will have access to the file.

The Nurturing Families Network will continue to work with an NFN-enrolled family throughout a DCF family assessment response or investigation. An enrolled family will be discharged if:

- the only 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.

- Under the program's discretion, the family can re-enroll if they get custody of the child back or, if the child is placed with a family member, NFN can offer the program to that family member.

At the close of the case, request DCF provide a summary indicating how the risks to the child/children were reduced or eliminated.

Working with Families after the Death of a Child

Following the death of a child in the NFN home visiting program the goal is to provide support to the family and successfully conclude services.

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 process to end services 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 primary child dies, the family may remain in the program and continue to receive services until the next oldest child is five (5) years old.

If a Family Experiences a Miscarriage or the Death of a Child prior to enrollment

If a family experiences a miscarriage or death of a child prior to the first home visit, a family should be offered referrals, and information and can be offered brief (less than 30 days) support on a case-by-case basis.

Disengaged Families

Despite the best attempts by home visitors to establish meaningful relationships with families, families may become disengaged for any number of reasons. Home visitors should work with families to identify those obstacles or barriers to engagement.

Creative Outreach

Creative Outreach is the procedure to address missed visits, families at risk of attrition, and impact on home visitor caseload.

Creative Outreach Process

Creative outreach applies after one scheduled visit is missed. The first step of creative outreach is to decide the extent and method of creative outreach will be made on a case-by-case basis through reflective supervision between the home visitor and clinical supervisor. This discussion should include the home visitor's assessment of the family's readiness and willingness to engage with the program, issues or circumstances that led to the family's missed visits or absence, and anticipated reaction to calls or drop-ins by the home visitor.

Creative outreach continues for one month. During this month the home visitor will attempt to

reach the family by phone, mailings and home visits. Families may continue to receive announcements, invitations or other materials from the site as appropriate, during and after creative outreach.

After the third failed attempt to visit the family or after a total of six weeks without visits with the family, the home visitor will routinely be assigned a new family.

Reoccurring Creative Outreach

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

Closing a Family

NFN is a voluntary program and a family may choose to end services at any time. If a family in in the creative outreach process, a family's case should be immediately closed when a family says that they do not want home-visits or services from the agency, or the site receives verification (i.e. returned mail) that the family is no longer reachable or living in the catchment area.

Reopening a Family

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 first-born child is five years old. In such cases;

- The supervisor or assessment worker 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 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.

Group Connections

Throughout the year, home visitors should also work with their clinical supervisors to coordinate family access to Group Connections. These events serve to educate and inform families on relevant and appropriate topics. Additionally, Group Connections provide opportunities for families to build social and community connections.

Home visitors are expected to actively participate in conduction of Group Connections at their site and encourage their families to attend all relevant and appropriate Connections offered by their affiliate. Each regional affiliate plan to administer PAT requirement of a minimum of 12 annual Group Connections should be confirmed with NFN program liaison.

Graduating a Family

Each program site will hold an annual celebration to recognize all the families participating in the Nurturing Families Network. The celebration should include any family that participated in home visiting, nurturing connections and nurturing group throughout the year. Special acknowledgement will be given families that graduate from the NFN program.

Program volunteer and interns will be included and recognized for their work.

Appendix

Appendix A: Nurturing Families Network Intake Form

Nurturing Families Network Intake- Site Information

E. Family Information

Mother

Name: _____ Phone # _____ Cell#: _____

Address: _____

Primary Language: _____ Preferred Language: _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Partner/Sig. Other ___

Ethnicity: Hispanic ___ African American ___ Caucasian ___ Other ___ (specify _____)

Education: Grade 1-8 ___ 9-12 ___ HS grad or GED ___ Voc. Training: ___ Some college ___ Assoc degree ___
Bachelor's degree ___ Post Grad ___ Other ___ Unknown ___

Currently in school? Yes No If yes, what grade: _____

Employed? Yes No If yes, Full-time ___ Part-time ___ Active military ___ Not employed ___ Unknown ___

Source of income: FOB ___ Self ___ Parent(s) ___ TANF ___ SSI ___ Food Stamps ___ WIC ___ Other ___

Emergency Contact: _____ Relationship to mother: _____

People in Household: _____

Mother's OB/GYN: _____

Mother has insurance? Yes No

If yes, type: ___ Medicaid/Title 19 ___ HUSKY ___ Private ___ Other

Infant

Name: _____ Sex: M ___ F ___ Gestational age: _____ weeks

Birth Weight: ___ lbs. ___ oz. Type of birth: Vaginal ___ Cesarean ___ Unknown ___

Feeding: Breast ___ Bottle ___ Both ___ Undecided ___ Unknown ___

Pediatrician: Yes ___ No ___ If yes, name of pediatrician _____

Father

Name: _____ Phone # _____

Address: _____

Primary Language: _____ Preferred Language: _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Partner/Sig. Other ___

Ethnicity: Hispanic ___ African American ___ Caucasian ___ Other ___ (specify _____)

Education: Grade 1-8 ___ 9-12 ___ HS grad or GED ___ Voc. Training: ___ Some college ___ Assoc degree ___
Bachelor's degree ___ Post Grad ___ Other ___ Unknown ___

Currently in school? Yes No If yes, what grade: _____

Employed? Yes No If yes, Full-time ___ Part-time ___ Active military ___ Not employed ___ Unknown ___

