



Standards of Practice and Performance

# Workbook

Baltimore's  
**SUCCESS BY 6**  
Partnership  
Helping all children succeed for life.

**Baltimore's Success By 6<sup>®</sup> Partnership has the purpose of building a city-wide network of comprehensive programs, including homevisiting and center-based services, to improve the health, functioning and self-reliance of families with young children, birth to six.**

**It intends to improve outcomes for young children and their families, as measured by a series of short- and long-term health and social well-being outcomes indicators, to achieve the results of children being born healthy and entering school ready to learn.**

# **Baltimore's Success By 6<sup>®</sup> Partnership Standards of Practice and Performance**

As part of its work to build a system of supports for families with young children, Baltimore's Success By 6<sup>®</sup> Partnership is working to ensure that services to support families are of the highest quality. This work began with the ad hoc Strategy Team for Family Support's development of core components of effective practice, and continues with ongoing research into best and effective practices for homevisiting and center-based services.

The standards of practice and performance detailed in this workbook are a compendium of those best practices. They serve as a guide for all those receiving funding support through Baltimore's Success By 6<sup>®</sup> Initiative and others interested in building on the strengths of families to ensure children succeed.

## **Instructions:**

This workbook should be used to conduct your organization's programmatic and organizational assessment. Please indicate areas where standards have been met, are in process, or not yet addressed.

- **Programs providing both home-based and center-based services should complete Sections A, B and C**
- **Programs providing only home-based services should complete Sections A and B**
- **Programs providing only center-based services should complete Sections A and C**

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Date completed \_\_\_\_\_

Services offered:     Home-based     Center-based

## SECTION A

### General Characteristics of Effective Family Support Programs

#### EFFECTIVE FAMILY SUPPORT PROGRAMS (HOME- AND CENTER-BASED)...

Standard  
Met

In  
Process

Not Yet  
Addressed

#### A-1 Recognize and value the strengths of families, and view each family as an equal partner in family support work

	Standard Met	In Process	Not Yet Addressed
a Program's approach to families is respectful and welcoming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Program values cultural diversity of the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Program acknowledges parents as equal partners in the parents' and child's educational experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Program acknowledges parents as experts on their own child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Staff training reinforces the philosophy that the family is the driver of and partner in family support work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Program materials are geared to the reading level and languages of participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Intake and other forms look for strengths as well as concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Program curricula are geared to the strengths, styles, and needs of individual families and build on parental and family strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i Community strengths are incorporated into the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j Program participants are used as teachers of others, and models of strength and competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k Program builds in celebrations of individual and group success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l Families are equal partners, or even the initiators, of their own plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### A-2 Know the target population and have a plan for reaching it

a Program has a written description of the target population that includes key demographic information, size of the target population, and any program eligibility requirements (e.g., age of participants, residency requirements, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Program has and follows a written protocol for recruitment of eligible families, preferably including door-to-door community outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Program has system of relationships/agreements (preferably written through memoranda of understanding) with community-based organizations for referral of eligible families for enrollment into services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Program regularly analyzes its data on retention of participants and examines ways to increase retention in the program or services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### A-3 Establish a caring and trusting relationship with a family

a Family support services are offered to families on a voluntary basis; this is stated in consent to participate form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Program has and follows a policy of strict confidentiality of participant information and trains staff to adhere to this policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Staff view themselves as advocates for the families with whom they work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Program has and follows written protocols specifying positive outreach methods to build family trust, engage new families, and maintain family involvement in services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Program provides eligible families with program materials clearly explaining services provided, and obtains written consent to participate from newly enrolled families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Program addresses family's emergency needs immediately upon recruitment into the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Program protocols specify an appropriate length of time to engage and maintain families, and specify steps to be taken before a family is exited for non-participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Staff are knowledgeable about community resources and share this information willingly with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Staff are trained on referral protocols, and willingly assist families with needed referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A-4 Conduct an overall strength and risk assessment of family**

a	Program has a screening or assessment tool to assess strengths and needs of the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	The screening/assessment tool is used uniformly with all families to assess strengths and needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	The screening/assessment tool assesses for presence of factors leading to increased risk for poor pregnancy outcome or poor childhood outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Program has and follows a written protocol specifying when and how this screening/assessment is administered and by whom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	All program staff who use the screening/assessment tool are trained in its proper use before they initiate its use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Program has and follows a written protocol specifying how needed referrals, based on the results of the assessment, are generated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A-5 Provide services that are family-centered, not just focusing on individuals within the family**

a	Program has and follows written protocols to ensure that it meets the needs of all family members in the household, either by referral and follow through or through actual service provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Staff are trained on community resources and how to access them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	All referrals are followed up to ensure that they were effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Multi-agency agreements are in place to better facilitate referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Community-based assets have been identified and are known to staff and participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Program has an emergency fund for diapers, formula, eviction prevention and other emergency needs to generally assist the family in times of crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A-6 Programs are community-based and operate in a manner that supports parents in their roles as adults and parents.**

a	Operating hours are determined with participant input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Structures have been built in to ensure that hours can be changed if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Community plays a role in determining site location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Meals and snacks are served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Transportation (to center-based services and/or to referral services) is provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Expectations are clearly stated around such issues as confidentiality and how to disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Program encourages staff and participants to participate in the community (e.g., advocacy, neighborhood development, celebrations, PTA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A-7 The program, its services, and staff reflect the cultural diversity needed to effectively serve the population.**

a	Program has a description of and is responsive to the cultural, racial/ethnic, and linguistic characteristics of all groups within its target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Participants and other community members serve on hiring committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Mechanisms are in place to address issues of prejudice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Program celebrates the customs of the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	The decor and program materials in the site reflects the customs and culture of the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Program staff are competent to provide culturally sensitive programs and services to all groups within the target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Program hires para-professional staff from the community(ies) served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Staff are trained regularly regarding the unique characteristics of the target population(s) being served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Program routinely takes into account ethnic, cultural and linguistic issues in assigning staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A-8 Program services are coordinated with other needed family supports**

a	Staff are trained to inquire about family's involvement with programs and to seek family's approval to coordinate the provision of services with those programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Program has strong relationships with other service-providing organizations (preferably written through memoranda of understanding) such that coordination of services on behalf of families is facilitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Standard Met	In Process	Not Yet Addressed
<b>A-9 All staff members receive adequate pre- and in-service training in the philosophy, goals, and practices of family support programs in general, and the one in which they work in particular</b>			
a New staff members are trained before they begin to work with participants — no matter when they start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b There is a written schedule of ongoing, relevant in-service trainings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Workers and service consumers have a role in designing training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Relevance is ensured by frequently evaluating the training by an objective outside evaluator and by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e A process, clearly understood by staff, exists to allow new ideas to be incorporated as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A-10 All staff model developmentally-appropriate child rearing attitudes and practices whether or not they actually work with children as part of their job</b>			
a All staff are trained in child development, according to the role they serve in the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b All staff are trained in how to support parents in their role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c All staff receive ongoing early childhood training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Child development is discussed in staff meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Child-rearing and child and parent support materials are available for staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A-11 Staff have appropriate skills, temperament, and training needed to be effective</b>			
a Program has and follows written policies to ensure that only individuals who are comfortable and effective in this type of environment will be working in the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Program has and follows a training protocol providing for ongoing training in specific relevant skill areas (e.g., parenting, homevisiting, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Written policies and practices encourage staff to enhance their skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Relevant conferences are announced and staff are encouraged to attend when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Visits to other relevant programs are encouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Materials are available on-site to increase staff skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Strong, effective supervision is in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Program monitors and analyzes staff turnover rates regularly and institutes corrective actions, if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i Program has a system to track trainings offered to staff, participation in these trainings, and staff satisfaction with the training opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j Staff are able to seek out and receive the training and support they need to be successful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A-12 Program has a functional Management Information System, has set clear outcomes and benchmarks, and has a system of monitoring and evaluating progress toward achieving them</b>			
a All staff understand the goals of evaluation and work toward meeting those goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Child outcomes targeted can be clearly articulated by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Parent and family satisfaction is assessed on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Program utilizes some form of pre and post testing to assess participant's individual growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e The evaluation is developed and conducted in partnership with participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f A system has been established to enable staff to record necessary information efficiently and easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Periodic monitoring and reporting of benchmarks is built into program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Data is used to make management decisions and improve service delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i System provides for extensive participant tracking in collaboration with other social service agencies that keep data related to the families involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A-13 Program is governed and administered in accordance with principles of effective management and of ethical practice**

a	Program has clearly stated mission and goals, agreed to and easily articulated by participants, staff, and Board members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Program has written mission and goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Program has a broadly-based, organized group, with adequately balanced representation from community and participants, that serves in a governing and/or advisory capacity in the planning, implementation, and assessment of program services, as delineated in governing by-laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Program has written standards of expectations regarding services, quality and outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Board and other policy-making meetings are held at times convenient for the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Program has a written policy regarding protecting participant privacy and voluntary choice with regard to research conducted by or in cooperation with the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Program has written protocol for reporting suspected cases of child abuse and neglect that is in compliance with all applicable laws and regulations regarding such reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Program has a written budget and written procedures to monitor program expenditures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Program makes available to the community an annual report or fiscal, statistical and service data regarding the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Program is audited annually by an independent certified public accountant approved by the governing body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION B**

**General Characteristics of Effective Family Health Advocacy/Home-Based Services**

**1 HOMEVISITORS INITIALLY....**

**1B-1 Establish a family's support and enrichment plan**

a	Delivery of services for each family is guided by a written family support plan (aka, care plan or service plan), that is based on an overall strength and risk assessment of the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	The family collaborates with the homevisiting staff in identifying family strengths and competencies that are detailed in the family support plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	The family collaborates with the homevisiting staff in identifying family needs and desired services that are detailed in the family support plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	The family collaborates with the homevisiting staff in identifying family goals and objectives that are detailed in the family support plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Homevisiting staff are trained on the development of the family support plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Program staff immediately refer families to more intensive services (e.g., substance abuse/detoxification services) as needed, and/or immediately secure assistance for emergency needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Program staff directly provide emergency needs assistance or make immediate referrals to needed emergency services, even prior to formal program enrollment and family support plan development, if necessary (this is important especially as an engagement tool)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Program has a mechanism for documenting and tracking these referrals and for following up on referral disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1B-2 Coordinate the provision of medical care and identify a 'medical home'**

a	Program has and follows written protocols specifying how homevisiting staff contact and document the medical provider(s) of the parent(s) and child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Homevisiting staff assist the family in identifying a medical provider if one is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Program has and follows written protocols specifying how homevisiting staff document medical care compliance (including childhood immunizations) by the parent(s) and child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- d Homevisiting staff provide information regarding the importance of medical care compliance (including schedule of pediatric immunizations) and routinely reinforce this information through contacts with the family
- e Program maintains data detailing the number of participating parents and children who have a medical provider, and has a measure for determining care compliance (e.g., Kessner Index for adequacy of prenatal care, Maryland DHMH schedule of immunizations)
- f Program has written established objectives regarding prenatal care compliance and childhood immunization compliance, and reviews regularly the program's success in meeting those objectives

**1B-3 Immediately register families for services for which they are eligible but not currently enrolled (e.g., WIC, Food Stamps, TANF, MDCHIP and Medical Assistance)**

- a Early in the enrollment process, homevisiting staff assess the family for entitlement program (e.g., WIC, Food Stamps, TANF, MDCHIP, Medical Assistance) eligibility, as part of enrollment into service
- b Homevisiting staff assist the family with registering/applying for services for which it is eligible but not enrolled
- c Homevisiting staff routinely inquire if the family is encountering any problems with entitlement programs and assist in resolving those problems
- d Program has and follows written protocols specifying procedures for enrolling clients in entitlement programs
- e Staff are trained on eligibility and benefits of entitlement programs and program protocols for assisting clients with enrollment

**2 HOMEVISITORS REGULARLY....**

**2B-1 Conduct homevisits that support parents and other caregivers by building on their strengths**

- a Program has and follows written protocols specifying the periodicity of homevisits and other program contacts
- b Program has a mechanism in place for tracking attempted and completed homevisits and other program contacts for each family
- c Program has and follows written protocols specifying the content of homevisits and how homevisits are carried out
- d Staff have been trained on the homevisiting protocol

**2B-2 Review the family's family support and enrichment plan and use it as the basis for the provision of services**

- a Delivery of services for each family is guided by the written family support plan (aka, care plan or service plan)
- b The family support plan addresses long-term goal setting and decision-making
- c The homevisitor, family and supervisor (as needed) routinely collaborate in the review and updating of the family support plan and that review occurs at least semi-annually
- d Supervisors regularly review each homevisitor's cases to assure compliance with program protocols
- e Program has and follows written protocols specifying how the family support plan is to be developed and the process for supervisory review and updating of the family support plan
- f Staff have been trained on the family support plan development protocols
- g Homevisitors offer encouragement and support with respect to achievement of objectives in the family support plan
- h Homevisitors routinely celebrate successes in the family

**2B-3 Address health-related behaviors during pregnancy with pregnant participants**

a	Homevisitors monitor			
a-1	mother's health-related progress during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a-2	risks in the house and home safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a-3	food/nutrition during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a-4	risks for pre-term delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a-5	other health/safety risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Program has and follows written protocols, and has and utilizes homevisiting content (e.g., curricula), regarding promotion of healthy behaviors during pregnancy, including			
b-1	compliance with prenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b-2	healthy lifestyles (e.g., alcohol/drug use, smoking, nutrition, rest, STDs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b-3	safety in the home during pregnancy (e.g., lead hazards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b-4	signs and symptoms of pre-term labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b-5	family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Program has and follows written protocols specifying steps to be followed if a pregnant participant reports signs or symptoms or pre-term labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Staff are trained in the subject areas noted above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Staff are trained on the protocols related to how and when to impart this health information to participants and protocols related to addressing participants in pre-term labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2B-4 Promote positive parenting skills and knowledge of child development with parents**

a	Program has and follows written protocols, and has and utilizes homevisiting content (e.g., curricula), regarding promotion of positive parenting skills and child development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Homevisitors offer guided activities and share information on appropriate infant and child development with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Homevisitors offer guided activities and share information on promoting parent-child bonding and positive parent-child interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Homevisitors monitor child's development v. expected gains and share information on ages and stages of development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Homevisitors model positive adult-child interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Homevisitors promote family literacy and emphasize the importance of early literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Staff are trained in the areas of positive parenting, infant/child development, and family literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Staff are trained on the protocols specifying when and how to impart parenting and child development information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Program has a developmental screen or standardized tool(s) to monitor infant/child development at specified intervals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Program has and follows written protocols specifying how and when this tool(s) is(are) administered, by whom and with which children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Staff administering the developmental screening(s) are trained in the use of the tool(s) before administering it (them)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Program tracks child participants who are suspected of having a developmental delay and follows through with appropriate interventions (e.g., referrals, follow-up) as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Homevisiting staff make appropriate referrals for parents and children in the areas of parenting, child development and family literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n	Program has a mechanism for tracking these referrals and for following up on referral disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2B-5 Promote maternal/paternal life course development with parents**

a	Homevisitors work with families in setting long-term goals regarding such issues as education, employment, relationships and family size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	The family collaborates with the homevisiting staff in identifying life course objectives for inclusion in the family support plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Homevisitors offer encouragement and support with respect to achievement of these life course objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Homevisiting staff make appropriate referrals for parents in the areas of life course development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Program has a mechanism for tracking these referrals and for following up on referral disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3 HOMEVISITING SERVICES....**

**3B-1 Vary in intensity and frequency by needs of family (assessment of which is made on basis of well-defined criteria) – minimum duration is 2 years, optimum 3-5 years**

- |   |   |                          |                          |                          |
|---|---|--------------------------|--------------------------|--------------------------|
| a | Program has and follows written protocols specifying the length of enrollment for families  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Program has and follows written protocols specifying levels of services (if applicable — that is, if level/intensity of services changes over time) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c | Staff are trained on the enrollment protocols and can articulate them to participants   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**3B-2 Are initiated early in the first pregnancy (no later than 25 weeks gestation)**

- |   |   |                          |                          |                          |
|---|---|--------------------------|--------------------------|--------------------------|
| a | Program has and follows written protocols specifying eligibility for homevisiting services; such eligibility should begin as early in the first pregnancy as possible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Staff are trained on the eligibility protocols and can articulate them to participants  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c | Program receives referrals from those who know of pregnant women who might benefit from the service   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**3B-3 Have appropriate staff caseloads to assure that homevisitors have adequate time to spend with each family to meet their needs and plan for future activities**

- |   |   |                          |                          |                          |
|---|---|--------------------------|--------------------------|--------------------------|
| a | Program has and follows written protocols establishing caseload size for homevisitors (such protocols should reflect best practice in the field) which does not exceed 25 per full-time homevisitor   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Program has criteria it routinely uses in the management of its caseloads to ensure compliance with caseload protocols, and to ensure that each homevisitor can appropriately manage her/his caseload | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c | Program has and follows written protocols establishing ratio of supervisor to homevisitors (suggested ratio is no more than 1:5)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**3B-4 Are appropriately staffed**

- |     |  |                          |                          |                          |
|-----|--|--------------------------|--------------------------|--------------------------|
| a   | Program has staff, volunteers, and/or agreements with other appropriate community entities to provide culturally sensitive services to all families  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b   | Program has written job descriptions specifying the level of experience, training, qualifications, and education required of newly hired staff   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c   | Program adheres to its job descriptions' requirements in the hiring of staff   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d   | Homevisiting staff are family health workers who are clinical nurses or social workers, trained paraprofessionals or volunteers under the supervision of trained professionals (as determined by the intensity of support required by each family) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e   | Homevisiting staff are able to relate directly to the population served  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f   | Homevisiting staff demonstrate social and medical knowledge/skills   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g   | Homevisiting staff receive intensive training on:  |                          |                          |                          |
| g-1 | general topics such as childcare, substance abuse, child abuse, drug exposed infants and community services  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g-2 | specific topics such as identifying families, conducting risk assessments and making referrals for specific services   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h   | Homevisiting staff work in teams under clinically trained supervisors  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i   | Homevisiting staff have opportunities for continuing education, professional growth and support  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## SECTION C

### General Characteristics of Effective Center/Community-Based Services:

#### Types of Center/Community-Based Services (check those that apply):

- Service coordination/case management including emotional and social support and family counseling
- Parenting education and skill building through interactive activities (role plays, monitored play with children) that focus on parent/child interaction, child cognitive development, and the development of parent's own leadership skills
- Job readiness education and counseling, and employment placement to allow families to achieve a living wage
- Risk reduction activities (e.g., substance abuse counseling and support, smoking cessation, aerobics, nutrition counseling, support groups)
- Linkages to prenatal, perinatal, pediatric and reproductive health care and to family planning services
- Other health (e.g., substance abuse treatment, mental health counseling) and social service linkage through referral and advocacy
- Quality childcare with appropriate child:staff ratios, trained and supervised staff
- Quality early childhood education programs
- Family literacy support and enrichment
- Housing search services
- Information/referral about childcare, schools, health care, social services, and a wide range of other community resources
- Intensive fatherhood support, counseling and outreach
- Recreational activities
- Drop-in opportunities (e.g., parent relaxation opportunities with available on-site supervised childcare)

#### C-1 Facilities and staff are warm and welcoming

- |   |   |                          |                          |                          |
|---|---|--------------------------|--------------------------|--------------------------|
| a | Materials on walls are respectful and welcoming   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Pamphlets and books are geared to the reading, interest level, and language of the participants   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c | Decor reflects the cultural diversity of the participants   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d | Staff interact with participants in a casual, egalitarian manner  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e | Staff greet each participant warmly   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f | Entry into the facility is easy and friendly  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g | Waiting area is clean, comfortable, and inviting (e.g., chairs arranged in small groupings, rather than rows; magazines and other materials of interest are up-to-date; there is a play area and toys/books for children) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### C-2 Parenting/early childhood programs and services are responsive to the needs of individual families, communities, and situations, and are focused on meeting the outcomes of the Family Support Initiative.

- |     |   |                          |                          |                          |
|-----|---|--------------------------|--------------------------|--------------------------|
| a   | Program has and utilizes written curricula to teach or stress:  |                          |                          |                          |
| a-1 | child development and how to enhance it   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a-2 | child health and safety   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a-3 | school readiness  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a-4 | child abuse prevention  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b   | Program helps parents learn effective parenting techniques  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c   | Program increases positive parent-child relationships   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d   | Program provides models of parenting  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e   | Program provides a network of social support with other parents   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f   | A well-trained person with excellent communication skills, charisma, and expertise facilitates group activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g   | Facilitator acknowledges parents as equal partners in the educational experience                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	Standard Met	In Process	Not Yet Addressed
h Facilitator acknowledges parents as experts on their own child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i Ongoing monitoring of service utilization is used to improve the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j There is a process in place to make needed changes to programs and services in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k Program has a toy and resource/book lending library for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l Program provides opportunities for out-of-center fun/recreational activities for groups of parents and children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m Parents have input into the children's program and are encouraged to be involved in it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
<b>C-3 The safety and well-being of babies and children are never compromised for the needs of the adults</b>			
a Physical space is appropriate to meet the needs of the babies, children, and youth who use or visit the center (e.g., space is safe, of adequate size, and inviting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Adequate age appropriate toys, materials, and equipment are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Staff are trained to effectively help parents in their role as parents as well as in their role as adults (e.g., staff assisting parents with employment readiness should also assist parents to balance the demands of work and family, focusing on child care issues, appropriate limit-setting, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d All staff and volunteers who have access to children have undergone criminal background checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Any childcare provided on-site is of the highest quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f A complementary developmentally-appropriate curriculum is in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Children are cared for by an adequate number of well-trained, responsive staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Snacks or meals are provided as indicated by time and circumstance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
<b>C-4 The program's services vary in intensity and frequency by needs of family</b>			
a Program has and follows written protocols specifying the length of enrollment for families and criteria for program or service completion (e.g., completion of 12-week parenting class)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Program has and follows written protocols specifying levels of services (if applicable, that is, if level or intensity of services changes over time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Staff are trained on enrollment protocols and can articulate them to participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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*Derived from the research-based Core Components and Activities for Effective Family Support as developed by the Safe and Sound ad hoc Strategy Team, 1998 – 1999 with updates through Jan. 2001*

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