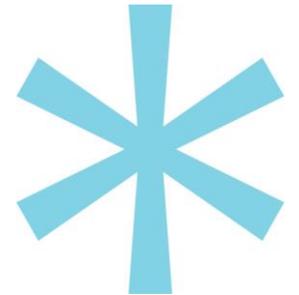
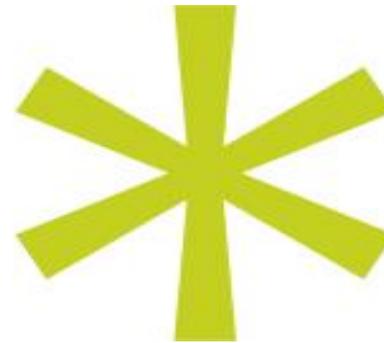




Parents as Teachers

# Quality Assurance Guidelines





## Table of Contents

### Introduction

The Parents as Teachers (PAT) model.....	3
Stages of implementation.....	4
The Quality Assurance Guidelines.....	5
Next steps for interested organizations.....	6

### Affiliate Design

The PAT Affiliate Plan.....	7
Community needs.....	7
Populations to be served.....	8
Initiation and duration of services.....	8

### Infrastructure

Funding and physical resources.....	9
Policies and procedures.....	9
Administration and advocacy.....	10-11
Human resources.....	11-13

### Supervision and Professional Development

Staff meetings.....	14
Individual supervision.....	14-16
Observation of service delivery.....	16
Guiding the new parent educator.....	17
Professional development.....	17-18

### Recruitment and Retention of Families

Recruitment plan.....	19
Enrollment.....	20
Retention.....	21

### PAT Services

Family-centered assessment.....	22-23
Goal setting.....	23-24
Personal visits.....	24-27
Group connections.....	27-28
Child screening.....	28-31
Resource network.....	31-32

### The Overall Picture.....33

### Evaluation and Continuous Quality Improvement

Data Collection and Documentation of services.....	34-35
Quality assurance.....	35
Evaluation of implementation and outcomes.....	36-37
Quality Endorsement and Improvement Process.....	37-39
Continuous quality improvement.....	36-39

### Conclusion.....39

### Appendix

A: Online Supervisor’s Handbook.....	40-41
B: Essential Requirements Summary.....	42-44
C: Readiness Reflection.....	45-46
D: Policies and procedures Guidance.....	47-49
E: Sample job descriptions.....	50-51
F: High need characteristics.....	52-55
G: Participation agreement & consent for services.....	56-58
H: Approved family-centered assessment tools.....	59
I: Approved development screening tools for children.....	60
J: Approved tools for measuring parenting outcomes.....	61-62

### References.....63



## Introduction

The Parents as Teachers model is an evidence-based early childhood home visiting model that builds strong communities, thriving families, and children who are healthy, safe and ready to learn.

### The Parents as Teachers Model

Certified parent educators<sup>1</sup> implement the Parents as Teacher (PAT) model, emphasizing parent-child interaction, development-centered parenting and family well-being in their work with families. There are four interrelated and integrated components to the PAT model: personal visits, group connections, screening, and resource network.

The PAT model is designed to achieve four primary goals:

- > Increase parent knowledge of early childhood development and improve parenting practices
- > Provide early detection of developmental delays and health issues
- > Prevent child abuse and neglect
- > Increase children's school readiness and school success

Central to the PAT model are 17 model fidelity requirements, called Essential Requirements, which cover affiliate leadership, staffing, services to families, and evaluation. In order to become a PAT affiliate, an organization must be designed to meet these Essential Requirements.<sup>2</sup> Implementation and service delivery data that address the Essential Requirements are reported at the end of each program year on the Affiliate Performance Report (APR).

---

<sup>1</sup> To be a certified parent educator, the individual needs to attend PAT Foundational Training, Model Implementation Training (and PAT Foundational 2 Training if serving families with children ages three through kindergarten).

<sup>2</sup> In general, the PAT Essential Requirements apply across all ages served by the model. However; there is more flexibility during the child's kindergarten year.

☆ *The Essential Requirements for model replication are starred throughout this document and summarized in the Appendix, along with their measurement criteria.*

As a PAT affiliate, your organization is not only recognized as an evidence-based model provider, you also have full access to high-quality, research-based curricula, products and resources. Being a PAT affiliate has numerous benefits, including but not limited to:

- > Use of the well-respected PAT name and logo
- > Greater access to funding available exclusively to evidence-based programs
- > Individualized start-up consultation<sup>3</sup>
- > Complimentary access to a high quality data management system
- > Regular webinars, along with phone and email support
- > Regional and national learning communities and mentoring networks
- > State and national level advocacy, fund raising, media relations and research efforts
- > Parents as Teachers' Quality Endorsement and Improvement Process
- > Discounts/scholarships for products, training and the annual Conference
- > Evaluation opportunities

<sup>3</sup> Consultation, webinars and learning communities/networks may be delivered by Parents as Teachers national office and/or PAT state offices.



### Stages of Implementation

As depicted in the diagram below, when an organization decides to adopt the Parents as Teachers model and become an affiliate, they go through six stages of implementation: from exploration and adoption through sustainability (Fixsen et al., 2005). Over time, affiliates may return to and work through earlier stages of implementation as circumstances in their organizations and communities evolve. Program support and technical assistance encircle PAT affiliates in all stages of implementation. In addition, Parents as Teachers provides curricula and resources to help affiliates successfully navigate each stage of implementation. These key resources are identified in the diagram below. Please note that while these resources are listed with the stage when you will typically *begin* to use them, you will continue to use many of them in later stages of implementation as well.

The match between community needs and resources, the evidence based model and the organization’s readiness to implement is assessed.

**Key resources:**

- >Logic Model
- >QA Guidelines
- >Readiness Reflection
- >Affiliate Plan
- >Essential Requirements Summary

Resources needed to do the work effectively are put into place, including selecting and training staff, developing policy/procedures, and establishing referral mechanisms.

**Key resources:**

- >PAT Training
- >Foundational Curricula
- >Model Implementation Guide

The affiliate newly implements the model.

**Key resources:**

- >QA Blueprint
- >Personal Visit & Group Connection Observation Tools
- >Family File Review tool
- >Affiliate Performance Report
- >Performance Measures Report

The affiliate has a focus on long-term survival and continued effectiveness.

**Key resources:**

- >Affiliate Advocacy Tools
- >Research results

Once the model is being implemented with fidelity, the affiliate may consider refinement and expansion.

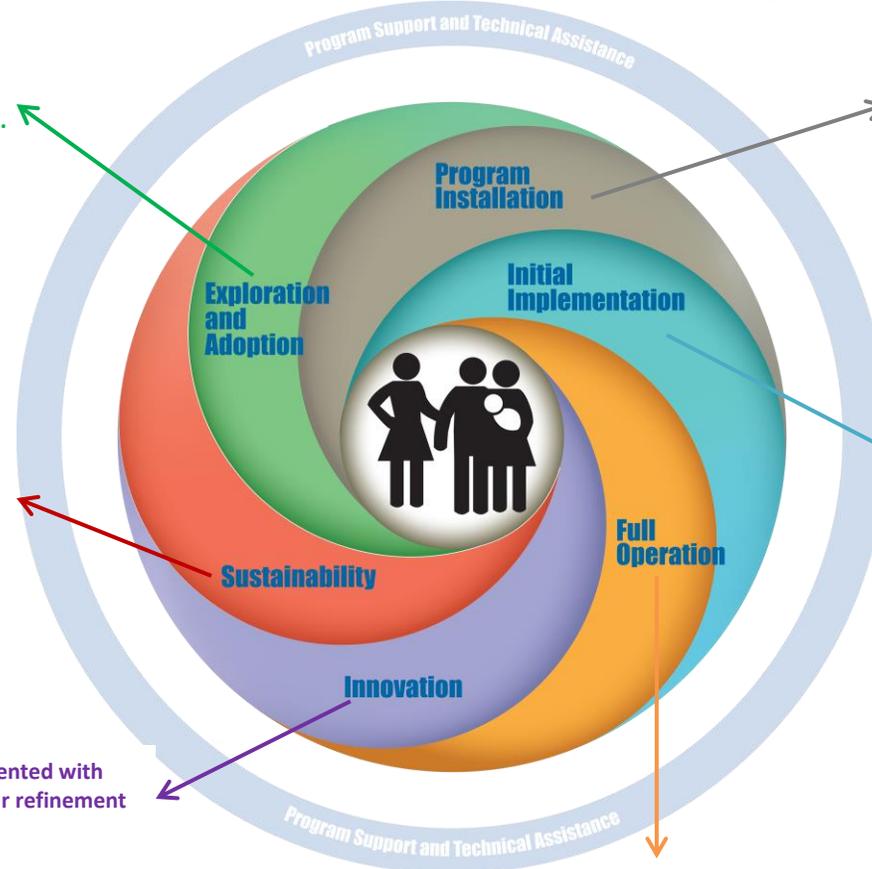
**Key resources:**

- >Knowledge Studio training and curricula
- >Grant/funding opportunity announcements

The affiliate is fully functioning in the community.

**Key resources:**

- >Core Competencies Self-Assessment
- >Quality Standards
- >Quality Endorsement & Improvement Manual
- >Affiliate Updates





## The PAT Quality Assurance Guidelines

The *Quality Assurance (QA) Guidelines* outline how to design and deliver the PAT model with fidelity and quality, incorporating both the PAT Essential Requirements and the PAT Quality Standards. You will need to carefully review these guidelines in order to become and remain familiar with the expectations for implementation. The QA Guidelines are updated annually. Therefore, make sure to review the updated version released each spring.

If your organization already provides home visiting services to families of young children, you may be choosing PAT affiliation to enhance the child development and parenting focus of your home visitors in order to achieve desired outcomes. It is still critical that you closely review the *QA Guidelines* and ensure that your organization is either already meeting the requirements or will meet the requirements before newly implementing the PAT model.

If your organization is establishing a new home visiting program, you will need to use the *QA Guidelines* to help ensure that your affiliate is designed to adhere to the PAT model fidelity requirements. In both cases, it is important to recognize that home visiting services are a vital part of a continuum of supports for families within a community.

When you attend Model Implementation Training, you will receive the Model Implementation Guide. The Model Implementation Guide provides in-depth articles about the subjects introduced in the QA Guidelines, along with visit and group connection plans. The QA Guidelines remain an important quick-reference document for affiliates throughout the stages of implementation, with the Model Implementation Guide as a more in-depth resource.

You will see two icons throughout the *QA Guidelines*.

- >  A toolbox - The toolbox highlights the key resources identified in the Stages of Implementation diagram on page 4. Additional detail about each of these resources is provided in Appendix A.

- >  A computer- The computer highlights documentation and recordkeeping that PAT affiliates must maintain.

By July 2019, PAT affiliates will be expected to use all of the PAT records released in April 2017, either in the Penelope data system or as fillable records available in the PAT ebiz portal. \* These updated records are identified by the computer icon throughout the QA Guidelines.

*PAT Data in Motion, A Manual for Documenting Family Data, Services, and Impact* provides explanations, instructions and all of the updated records.

While affiliates are transitioning to the updated versions of the records, they may use the prior versions found on the Legacy Forms page in the PAT ebiz portal.

\*If an affiliate chooses to use a different data system or program-specific forms, the database or program-specific forms must address each item covered in the PAT records. These records are the intellectual property of Parents as Teachers national center. Permission for use must be acquired before a data system is built around them or incorporates them into its existing structure.



### Next steps for organizations interested in being a PAT affiliate

1. Carefully review the following *QA Guidelines* and pay particular attention to the Essential Requirements (see Appendix B for a table of the Essential Requirements).
2. Complete the PAT *Readiness Reflection*  provided in Appendix C to assure that your organization is well positioned to develop a PAT affiliate. This tool provides reflection and discussion points - it is not necessary to submit your completed *Readiness Reflection* to Parents as Teachers national office. The *Readiness Reflection* can also be found the PAT website.
3. Complete the PAT *Affiliate Plan*  found in the Getting Started section of the PAT website and submit it to Parents as Teachers national center or the appropriate PAT state office. To find out if your state has a PAT state office, go to the State Office Directory in the About section of the PAT website (under “Where We Are”).

Additional information is provided about the *Affiliate Plan* on the following page. Please note that organizations newly implementing the PAT model must receive approval for their *Affiliate Plan* before registering staff for Foundational and Model Implementation Training. The new affiliate application process can take approximately 8-10 weeks from submission of the affiliate plan to registration for training.



## Affiliate Design

Successful replication of the evidence-based PAT model requires that the PAT affiliate develops and maintains a current and comprehensive understanding of the community it serves, along with community relationships and collaborations that help the affiliate grow and sustain services for families.

### The PAT Affiliate Plan

Completing the PAT *Affiliate Plan*  is the first step in building a strong foundation for implementation of the PAT model. The PAT *Affiliate Plan* helps your organization determine appropriate staffing, budget and program design in order to implement all of the PAT Essential Requirements with fidelity and quality. An organization that is newly implementing the PAT model must complete and receive approval for its PAT *Affiliate Plan* before registering staff for PAT training.

Even after it is approved, the PAT *Affiliate Plan* continues to be an important document for your affiliate. The supervisor should review the PAT *Affiliate Plan* with all new parent educators as part of the orientation process. Doing so helps the parent educator understand the affiliate's design and related services.

If there is a change in supervisor, it is critical that the new supervisor become familiar with the PAT *Affiliate Plan* as well. It can also be helpful for your affiliate to revisit its PAT *Affiliate Plan* as circumstances in the community and organization change to determine if adjustments are needed.

Key design considerations for a PAT affiliate include but are not limited to:

- > Community needs, including resources currently available in the community
- > Populations to be served
- > Initiation and duration of services

Some organizations offer multiple services to PAT families. For example, in addition to the four component PAT model, an organization might provide case management or family literacy services to all or a subset of their PAT families. Some organizations incorporate or blend PAT with another early childhood home visitation model or family support program to further strengthen their impact on children and families.

### Community Needs

An affiliate's design and staffing is informed by community needs. Thus, it is important for your organization to have a current and comprehensive understanding of the community being served so your affiliate's services complement and add to the existing community resources.

Your organization should ensure that it has current information about community demographics, other services in the community, as well as leaders in the community.



### Populations to be served

Age of Children	Depending on their program design, affiliates can serve families with children from pregnancy through kindergarten. An organization can focus services primarily on families with children prenatal to 3 or extend their PAT services to families with children ages 3 years through kindergarten by having their parent educators attend PAT Foundational 2 training. This training is available only to parent educators who have attended the PAT Foundational training.
Target Population	Some affiliates target services to a specific community or geographic location. Communities may be identified as particularly in need of home visiting because of demographic data (e.g., levels of infant mortality, teen pregnancy, poverty, or low educational attainment). The type of community – major city, small town, urban, rural, or suburban – and associated characteristics, such as geographic isolation or lack of accessible resources, will also influence the development of your affiliate, particularly as you determine appropriate recruitment strategies, budget for travel costs, community partners, and key resources for families.
Eligibility Criteria	Some affiliates have specific eligibility criteria for the families who receive services. Such eligibility criteria might include children with special needs, families at risk for child abuse, income-based criteria, teen parents, first time parents, immigrant families, families with limited literacy, or parents with mental health or substance abuse issues. The PAT model is suitable for varied target populations and communities and affiliates typically serve families with a range of risk and protective factors. Eligibility criteria other than that required by PAT is often directed by funders.

### Initiation and Duration of Services

In the United States, premature birth is the leading cause of neonatal mortality (death in the first month of life) and accounts for 35% of all healthcare spending on infants. More than 60% of low birth weight babies are preterm/premature. When services are provided prenatally, research shows that home visiting programs not only improve access to prenatal care overall but reduce preterm and low birth weight (O’Neill, 2004, as cited in Schuyler Center for Analysis and Advocacy, 2007.)

Thus, it is highly recommended that affiliates begin services as early as possible in the age range served, in order to build strong relationships with families and maximize impact. Targeting recruitment strategies to enroll families prenatally or at birth will maximize the likelihood of longer service duration and stronger outcomes.

Optimal service duration is three years, meaning that PAT affiliates should be designed to provide at least 3 years of services. If for some reason this is not possible, **PAT affiliates must provide at least two years of services to families with children between prenatal and kindergarten entry.** Affiliates designed to provide only the minimum two years of services to families typically deliver an increased frequency of services during this period.

Duration of services refers to an affiliate’s overall design. As long as your affiliate is designed to provide at least two years of service, families can enroll when their child is any age within the affiliate’s overall age range.

It is important to monitor and maximize the duration of service individual families actually receive. Affiliates need to use engagement and retention strategies to facilitate families’ regular participation in services. Affiliates should provide all four components of the PAT model to families all 12 months of the year so that families can enroll in and receive services as quickly as possible and families’ needs can be consistently met.

## Infrastructure

High quality PAT services are supported by a well-developed infrastructure, including funding and physical resources, policies and procedures, administration and advocacy, and human resources.

### Funding and physical resources

Sufficient funding is vital to a strong organizational infrastructure. Your affiliate's funding and in kind support needs to not only provide the necessary workspace, technology and storage, but also ensure that staff can meet the PAT Essential Requirements.



For more information on budgeting for successful implementation of the PAT model, affiliates can access the *PAT Budget Toolkit* (found in the Evidence Based model section of the PAT website, under "Getting Started").

Funding for a PAT affiliate can come from a variety of sources, including federal, state, local and private. Diversified funding, from more than one source, provides greater stability for an affiliate. It is preferable for an organization to have three or more years of funding in place for PAT at the start. At a minimum, an affiliate's major sources of funding should be secured for at least two years. PAT recognizes that often, funding from sources must be renewed annually; this is different from a funding source designed for one year only. Nonetheless, each affiliate needs to engage in ongoing efforts to sustain and strengthen its funding base.



Affiliates can access the *PAT Guide to Public Funding* (found in the Evidence Based model section of the PAT website, under "Getting Started") to learn more about how to identify potential sources of public and private funding, to learn tips about writing competitive grants, and for a sample fund development chart.

### Policies and Procedures

It is important that PAT affiliates have systems and processes that guide their operations and services. These systems and processes need to be well documented in an affiliate's policies and procedures. Because affiliates are often part of a larger organization, they may be subject to the specific policies and procedures of their sponsoring organization, as well as applicable licensing, regulation and funder requirements.



At a minimum, a PAT affiliate's policies and procedures need to address:

- > Intake and enrollment
- > Client rights and confidentiality
- > Data collection and documentation of services
- > Staff qualifications and personnel policies
- > Orientation and training for new staff
- > Supervision and professional development
- > Services provided to families, including timelines and frequency
- > Transition planning and exit
- > Parent educator safety

The specific topics that should be covered in each of these areas are outlined in Appendix D.



Each affiliate should also have separate, written protocols that address child abuse and neglect, parental mental health issues, domestic violence and parental substance abuse. *Technical Assistance (TA) Brief Protocols* provides guidance for developing these protocols.<sup>4</sup> In addition, it is highly recommended that affiliates have an agreement or contract with a mental health professional to provide consultation to parent educators regarding their work with families.

Administration and Advocacy

★ **Each PAT affiliate has an advisory committee that meets at least every six months (can be part of a larger committee, community network or coalition as long as the group includes a regular focus on the PAT affiliate).** A more frequent meeting schedule for the advisory committee should be considered based on the needs of the affiliate.

The advisory committee has several key functions, most notably to advise, provide support for, promote, and offer input to the PAT affiliate. In some communities, organizations join with other PAT affiliates in their area for their advisory committee.

In addition, some communities bring together multiple early childhood home visiting models into a single advisory committee. The advisory committee may be newly developed by these programs or might tap into an existing committee or coalition for this purpose. In this case, the advisory committee has a broader scope than PAT but must also include a focus on PAT in its meetings and its work. Having both a regular focus on the PAT affiliate as well as on other home visiting programs in the area can be efficient and beneficial for the community’s overall early childhood system.

It is important to recognize that an advisory committee is different from an organization’s governing board or board of trustees (Merrill Associates, 2003, para 1). A volunteer advisory group, board, committee, or council is gives advice and counsel related to the operation of the organization and/or the planning of events and activities for programming, and contributes without legal authority (Macduff, 1998, & Merrill, 2003, as cited in Edwards, 2008, p.4).

Before recruiting committee members or linking up with an existing community network, an affiliate should think about the different representatives to be included. Which groups and organizations are currently important stakeholders in your community? Who could provide valuable new connections?

At a minimum, the advisory committee should include involvement of affiliate personnel, community service providers/community leaders, and families who have received or are receiving services. In addition, the advisory committee should reflect the cultural backgrounds, demographics, and geographic locations of the affiliate’s service population.

Types of community leaders to consider for an advisory committee	
> Chamber of Commerce members	> law enforcement officials
> elected officials (state and local)	> local journalist
> faith leaders	> policy expert
> funders	> school board members
> tribal leadership	> social service leaders from partner agencies

<sup>4</sup> All of the TA Briefs can be found in “Current Affiliates” section of the PAT website.



Consider the following when developing a new advisory committee:

- > The purpose of the advisory committee
- > Committee member job descriptions
- > Size, structure and makeup of the committee
- > How long each member serves
- > Frequency and duration of meetings
- > Officers and related duties (as applicable)
- > Relationship of the committee to staff and the governing board



Affiliates can access Parents as Teachers' *Building a Strong Affiliate Advisory Committee Advocacy Toolkit* (found with the Affiliate Advocacy Tools in the Advocacy section of the PAT website) for in-depth guidance on building an effective advisory committee.



In addition to agendas, minutes or notes for each advisory committee meeting need to be maintained by the affiliate supervisor.

### Human resources

High-quality PAT affiliates have well-trained and competent parent educators, responsive supervisors and well-developed program practices.

New parent educators and supervisors must complete the PAT Foundational and Model Implementation trainings before delivering the PAT model or supervising parent educators. Only certified PAT trainers are allowed to train others in the PAT model.

The Foundational training lays the groundwork for effective use of the PAT *Foundational Curriculum*. The training introduces the PAT approach to home visiting with coursework focused around three main areas of emphasis: parent-child interaction, development-centered parenting and family well-being. Model Implementation training helps organizations understand and successfully implement the PAT model.

If your affiliate will be serving families prenatal-kindergarten, new parent educators must also attend Foundational 2 training which focuses on serving families with children three years through kindergarten. Foundational 2 training is available only to parent educators who have attended the PAT Foundational training. For more information about the required trainings, please visit the PAT website.

### **The Supervisor**

The PAT supervisor provides leadership, oversight and vision for the work of the affiliate. The supervisor's responsibilities include directing, coordinating, supporting, and evaluating the on-the-job performance of parent educators in accordance with the affiliate's policies and procedures.

A combination of education, work experience and effective interpersonal and communication skills is critical for the supervisor. It is recommended that the supervisor has a bachelor's degree or beyond in early childhood education, social work, health, psychology or a related field. The supervisor should also have at least five years' experience working with families and young children. In addition, the supervisor needs to have a commitment to reflective supervision, data collection and continuous quality improvement. A sample supervisor job description is provided in Appendix E.

For supervision purposes, a lead parent educator with a similar education and experience level as the supervisor can be designated to support and provide guidance to parent educators. This approach is most applicable for an affiliate with many parent educators.



**Each supervisor, mentor or lead parent educator is assigned no more than 12 parent educators, regardless of whether the parent educators being supervised are full-time or part-time employees.** This maximum ratio of supervisees to supervisor/lead parent educator is designed to allow sufficient time for supervision of parent educators,



as well as for the supervisor’s program management and operations responsibilities.

The maximum number of supervisees identified in the Essential Requirement is based on a full-time supervisor and should be less if the supervisor is not full-time or if he or she carries a caseload. For example, a .75 FTE supervisor devotes 30 hours per week to supervising the Parents as Teachers affiliate and would have a maximum of 9 parent educators; a .5 FTE (20 hours per week) supervisor would have a maximum of 6 parent educators; a .25 FTE (10 hours per week) supervisor would have a maximum of 3 parent educators.

### Parent Educators

Affiliate quality is highly dependent on hiring parent educators who truly enjoy working with parents of young children and who have the skills to develop positive and enduring relationships with families. Quality PAT affiliates strive to hire parent educators that collectively reflect the community, including the cultural and language backgrounds of the families being served. In addition, parent educators must be committed to continual growth in their ability to respond effectively to families’ community, cultural, and language backgrounds.

When hiring a parent educator, evaluating the candidate’s combination of education, work experience, and communication and interpersonal skills is critical. “The need for home visitors to be nonjudgmental, objective, and reflective is also very important. It is through the use of such abilities that home visitors are able to establish a productive working relationship with families. Because these characteristics are so essential to the success of the home visiting process, selection of individuals who already possess basic competencies in these areas is important. Training after a person is employed to compensate for insufficient skills in these areas is not only difficult but often unsuccessful” (Wasik, 2001, p.82).

Effective communication and interpersonal skills (e.g., nonjudgmental, objective, reflective, empathic, patient, tactful) are necessary building blocks for each area of the PAT core competencies. Within each competency area are the knowledge, skills, and practices that parent educators need to develop over time through training and experience; described further in the *PAT Foundational Training Guide and Foundational Curriculum*.

Competency Area		Definition and Description
I.	Family Support and Parenting Education	Parent educators practice a strength-based family support and parenting education approach to support the growth of parents’ capacities through research-based methods and principles.
II.	Child and Family Development	Parent educators are knowledgeable about child and parent development, and are skilled in fostering positive parent-child interactions.
III.	Human Diversity within Family Systems	Parent educators demonstrate respect for diverse needs and characteristics of families and understand the influence of varied family systems, culture, and socioeconomic status in child rearing practices and school readiness.
IV.	Health, Safety, and Nutrition	Parent educators assist parents in establishing healthy and safe environments and parenting practices that promote the optimal development of children.
V.	Relationships between Families and Communities	Parent educators strengthen families by building partnerships, connecting parents to supports, and fostering parent engagement and leadership in schools and other community organizations.



To gain a sense of communication and interpersonal skills, pose specific questions during the personal interview that are relevant to a parent educator's job. For example, "What would you do if an 18-month old toddler threw a temper tantrum during the visit?" Listen for answers that reflect a positive, nonjudgmental, respectful attitude toward all families. Give examples of scenarios as realistic to the job as possible so the prospective parent educator can truly get a sense of what the job entails. If possible, having a prospective parent educator shadow a current parent educator for a day can help give the candidate a real picture of the job.

Keep in mind that the behavior demonstrated during an interview is indicative of how the candidate will behave with parents. For example, candidates who listen attentively, communicate capably, and appear engaged and interested may be well suited for the parent educator position. Before hiring, one should always check references.

☆ **The minimum qualifications for parent educators are a high school diploma or GED (or equivalent degree outside the United States) and two years' previous supervised work experience with young children and/or parents.** While it is beneficial for parent educators with an associate's degree/60 college hours to have previous supervised work experience, this is required only for those with no more than a high school diploma or GED.

It is preferable for parent educators to have *more* than the minimum qualifications. For example, Parents as Teachers national center recommends that parent educators have at least an associate's degree or 60 college hours- and preferably a bachelor's or four-year degree- in early childhood education, social work, health, psychology or a related field. Individual affiliates may have additional educational or work history requirements that they find appropriate.



Your organization should have PAT supervisor and parent educator job descriptions that clearly define criteria for selecting supervisors or parent educators, including expected education, work experience, skills and characteristics.



Sample supervisor and parent educator job descriptions are provided in Appendix E.

As professionals working in the home with families, parent educators are expected to have background checks before beginning employment. In addition, it is expected that your organization comply with all applicable licensing and statutory requirements in your state.



## Supervision and Professional Development

A skilled and capable workforce is critical to the effectiveness of PAT services. Staff competence begins with careful staff selection and high quality training and is advanced through regular reflective supervision and ongoing professional development.

Choosing the right parent educators and supervisors is critical, but it is not the only factor in staff longevity. Regular and responsive supervision, both in staff meetings and individual reflective supervision, is another key factor in staff retention.

☆ **Each month, parent educators working more than .5 FTE participate in a minimum of two hours of individual reflective supervision and a minimum of two hours of staff meetings and parent educators working .5 FTE or less participate in a minimum of one hour of reflective supervision and two hours of staff meetings.**



The supervisor must keep supervision records for each parent educator, as well as documentation of staff meetings. At minimum, such records should include dates, duration and key topics that were covered.

### Staff meetings

Regular staff meetings are important for team building. Parent educators need to network with one another as a means of support and shared learning. Along with administrative issues, staff meetings should include time to review implementation data, discuss service delivery challenges, engage in peer support, and build knowledge and skills.

As long as a minimum of two hours of staff meetings is provided monthly to each parent educator, staff meetings can be done in subgroups. For example, an affiliate may have staff that provide visits during the daytime and staff that provide evening and weekend visits

and may hold staff meetings during the day for day time staff and in the evening for evening/weekend staff. In addition, a staff meeting may include staff from other programs in an organization as long as the meeting addresses topics and issues relevant to PAT.

### Individual, Reflective Supervision

Rebecca Parlakian (2001) has identified the “building blocks of reflective supervision” as:

- > Reflection
- > Collaboration
- > Regularity

#### *Reflection*

In a non-judgmental and safe environment, parent educators and supervisors participate in conversations that encourage the parent educator to thoughtfully explore his/her work. Through reflection, parent educators identify both their own and the family’s perspective. Ultimately, through reflection, self-awareness is increased and the parent educator grows as a professional.

#### *Collaboration*

Individual, reflective supervision is collaborative, meaning that the supervisory relationship is based on trust, mutuality, authenticity and partnership. Supervisors and parent educators share responsibility for raising concerns and identifying opportunities for professional growth. Just as the relationship with the family is critical to the success of PAT services, the relationship between the supervisor and parent educator is critical to the success of reflective supervision. When trust and safety are present, even difficult conversations regarding work performance can take place.



### Regularity

Like a personal visit with a family, individual, reflective supervision sessions are planned and scheduled in advance. Scheduling regular reflective supervision sessions, then honoring the dates and times scheduled, is essential to developing a trusting and safe relationship. Regular reflective supervision ensures that parent educators consistently have time to exhale from the everyday demands of work and process their thoughts and emotions with someone who cares about their professional growth.

Some supervisors maintain an “open door policy” with parent educators, encouraging them to seek support for immediate reactions to aspects of their work when needed. Supervisors may choose to support parent educators with immediate needs in this way. However, this should be done in addition to, rather than in place of, regularly scheduled reflective supervision sessions.

Individual, reflective supervision sessions cover case discussion and provides opportunities to address at least the following:

- > Role, ethics, and boundaries
- > Skill development and effective use of PAT curricula
- > How to care for one’s own well-being and avoid burnout



Parents as Teachers provides PAT affiliates with *Reflective Supervision: A Toolkit for Support and Guidance*.

In addition to guidance around Parents as Teachers’ reflective supervision requirements and best practices, this Toolkit provides:

- > Reflective Supervision Foundational Plans to guide initial reflective supervision sessions with each parent educator
- > a Reflective Supervision Plan and Record to assist in planning and documenting ongoing reflective supervision that covers necessary elements, including administrative and monitoring tasks.
- > Handouts to support the process of PAT reflective supervision sessions

If the supervisor’s responsibilities make him/her unable to dedicate the required hours to reflective supervision for each of the parent educators, a lead parent educator can be appointed and trained by the supervisor to facilitate some of the individual reflective supervision. It is important for the lead parent educator to have the experience, skills and knowledge necessary to perform this duty.

The national center recognizes that group supervision can be beneficial for parent educators *in addition to* individual reflective supervision. However, it is important to note that the hours a parent educator participates in group supervision do NOT count toward his/her required individual, reflective supervision hours.

### Supervision for supervisors who carry a caseload

Regular consultation and support are vital for all staff providing personal visits to families. For affiliate supervisors who carry a caseload, it is important to carve out time and space from supervisory and administrative duties to reflect on one’s work with families. While the affiliate supervisor who carries a caseload does not necessarily need the same level of guidance and education that a less experienced parent educator requires, regular opportunities to discuss one’s work with families can be instrumental in preventing burnout and maintaining high-quality services.

Therefore, supervisors who provide home visits to families as a parent educator must also engage in supervision (at least one hour monthly for supervisors that carry a caseload equivalent to .5 FTE or less and at least two hours monthly for supervisors that carry a caseload equivalent to .5 FTE or more).

In some organizations, the affiliate supervisor has a designated supervisor or there is another qualified individual within the organization who is able to provide reflective supervision. However, Parents as Teachers national center recognizes that not all affiliate



supervisors have someone in their organization with whom they can meet. Therefore, other options for Supervisors ONLY include:

- > Individual consultation with a fellow PAT program supervisor or other equivalent supervisory professional  
An equivalent supervisory professional should have supervisory experience and be familiar with the general principles of home visitation and the PAT model. However, it is not required that they attend PAT training. These professionals may have a background in social work, health, psychology, or early childhood education. If there are few other professionals in the community, another option is to engage in individual consultation virtually (e.g. by phone, Skype).
- > Group consultation sessions with other PAT program supervisors or equivalent supervisory professionals  
REMINDER: group consultation is only an option to meet the requirement for supervisors that carry a caseload- not for parent educators. When using a group approach, more time needs to be allotted. For example, rather than one hour per month for a supervisor who carries less than half the affiliate’s standard caseload, he or she would participate in two hours of group consultation monthly.

Confidentiality of personally identifiable information needs to be maintained during supervisory discussions with individuals outside of the agency. To assist with this, it is beneficial to have group participants or outside supervisors sign confidentiality agreements.



Reflective supervision for supervisors that carry a caseload must be documented as well. When getting supervision from someone outside one’s organization, the supervisor typically maintains records of his/her own reflective supervision. These records should indicate dates, duration, who provided the supervision, whether it was individual or group, and key topics (e.g., case discussion).

### Observation of service delivery

Being observed and receiving feedback about one’s delivery of services provides a valuable opportunity for professional growth and development. It is expected that parent educators in their second year of employment and beyond (including supervisors that carry a caseload) are observed delivering a personal visit and provided with written and verbal feedback at least annually. This should occur more often for new parent educators. In addition, the supervisor should observe at least one group connection quarterly and review corresponding planning/delivery documentation and evaluations for each. If more than one parent educator in an affiliate leads group connections, the quarterly observations should include different parent educators.



PAT provides several tools to help supervisors observe personal visits and group connections. These include the PAT *Personal Visit Observation Tool* and the PAT *Group Connections Observation Tool*. In addition, the PAT *Personal Visit Snapshot* is available as a companion to the PAT *Personal Visit Observation Tool*. The PAT *Personal Visit Snapshot* highlights key aspects of a quality PAT personal visit, providing the parent educator with a clear picture of what the supervisor focuses on during the observation.

The PAT *Personal Visit Snapshot* can be used in a variety of ways, including but not limited to:

- > In new parent educator orientation
- > For review prior to a six month or annual observation
- > As a tool for discussion during a staff meeting
- > As an ongoing reference for parent educators

Each of the tools mentioned in this section can be found in the online Supervisor’s Handbook located in the PAT ebiz portal.



### Guiding the new parent educator

The first year is especially important in developing a skilled and confident parent educator; therefore, additional support is needed. During the first year, the supervisor helps new parent educators apply the knowledge they gained during the PAT Foundational and Model Implementation trainings. This investment of time by the supervisor is one of the best ways to reduce turnover and assure the development of an affiliate that provides high quality Parents as Teachers services.

To start, the affiliate supervisor should review the organization's PAT *Affiliate Plan* and/or most recent APR with the new hire before he or she attends the Foundational and Model Implementation trainings. This will provide a deeper understanding of how a particular affiliate delivers services to families and will help the new parent educator get the most out of training.

Regular, individual supervision should be in place once the parent educator completes the PAT Foundational and Model Implementation trainings. Individual supervision typically occurs more often than the minimum required with parent educators in their first year in order to provide additional guidance and coaching. The following items should be covered throughout the parent educator's first year:

- > Effective allocation and use of time for parent educator responsibilities
- > How to administer and use the assessment and screening tools selected by the affiliate
- > PAT's theoretical basis and theory of change
- > Planning, organizational, and documentation procedures, including use of a computerized data management system
- > Policies, procedures and protocols
- > Skill development
- > Your organization's mission, goals, and operations

The supervisor should arrange for new parent educators to observe experienced parent educators deliver personal visits, group connections, and screening within their first six months of employment. This observation includes seeing how the experienced parent educator prepares for and documents services. If the affiliate is new and does not have experienced parent educators, another PAT affiliate in the broader community may be able to assist with this.

The supervisor observes the new parent educator delivering a visit, group and screening within six months after PAT training and again at one year.

### Professional Development

Professional development remains important throughout each parent educator's career. Ongoing professional development enhances the knowledge base that informs parent educators' work and increases their competence in delivering services to children and families. Annually, the supervisor and parent educator assess core competencies and performance.



The supervisor and parent educator use the assessment of core competencies and performance to set professional development goals. Specific training or professional growth opportunities can then be identified to help the parent educator meet these goals. The competencies assessment can be done using the PAT *Core Competencies Self-Assessment Tool* found in the online Supervisor's Handbook.

Supervisors should also participate in professional development opportunities that help them grow their knowledge and skills.



☆ **Parent educators obtain competency-based professional development and renew certification with the national office annually.** Professional development should relate to the five PAT core competency areas identified on page 11.

The number of required clock hours is as follows:

- > 1<sup>st</sup> year of certification: 20 clock hours
- > 2<sup>nd</sup> year after certification: 15 clock hours
- > 3<sup>rd</sup> year after certification and beyond: 10 clock hours

Professional development clock hours may be obtained through:

- > PAT trainings and professional development opportunities
- > Accredited college courses
- > Continuing education or professional development conferences
- > Workshops/seminars sponsored by your or other organizations
- > Online training provided by a credible organization
- > Participating in the quality endorsement and improvement process



Parent educators need to keep records of the professional development they attend. At least every six months, the parent educator and supervisor should review the professional development earned to date, along with planned professional development for the rest of the year, to ensure the parent educator is on track to earn the necessary hours.

Once the affiliate submits its annual APR, parent educators renew certification online through the PAT ebiz portal. Renewal by the required deadline allows parent educators to be recertified and continue to receive online access to applicable curriculum resources.

## Recruitment and Retention of Families

Each PAT affiliate promotes its services in the community, recruits and serves eligible families, and facilitates families' ongoing participation in services.

### Recruitment Plan



PAT affiliates develop and document a recruitment plan that identifies effective approaches and settings in which to recruit the populations(s) they serve. The purpose of the recruitment plan is to:

- > ensure that affiliates are being intentional about how, when and where they recruit families and
- > provide clear and consistent guidance to staff about their recruitment responsibilities and activities.

The plan should specify the staff that have recruitment responsibilities, and include the various strategies and methods that will be used to recruit families, along with a timeline for when recruitment activities will take place. It is also helpful to have space to annually record the results of each strategy, so that results can be used to update the recruitment plan. Results might include the number of contacts made, referrals/requests for service generated and enrollments yielded for each strategy. The recruitment plan should be reviewed regularly and modified when circumstances in the community change.

Some affiliates enroll families through a centralized or coordinated intake system. This means that there is a single point of contact in the community through which families are referred to or can request home visiting services. The intake representatives screen and refer families to one of several home visiting programs in the community. Affiliates that participate in centralized or coordinated intake may not have a written recruitment plan but should have documentation of how the intake system operates- and need to make sure that its eligibility criteria and services are well understood by the intake coordinator. Whenever possible, affiliate staff should take an active role in the development and review of the intake process, helping to define intake criteria, timelines and communication of referrals.

*For affiliates who directly recruit families*

Recruitment settings to consider include:

- > Community events such as health fairs or community carnivals
- > Community resources such as libraries and job training centers
- > Faith based organizations
- > Hospitals/health clinics/doctors' offices
- > Mental health agencies
- > Organizations providing diagnostic and early intervention services
- > Other early childhood programs
- > Schools
- > Social services organizations

Recruitment methods and strategies to consider include:

- > Family recruitment events
- > Hosting booths at family oriented events
- > Informal meetings
- > Personal contact by parent educators
- > Print materials
- > Radio or TV advertisements
- > Signage (lawn signs, billboards, etc.)
- > Social media
- > Website

It is important to make sure that your affiliate's recruitment materials reflect the languages and cultures of the families you will be serving and give a clear picture of what families can expect from PAT services.



## Enrollment

When a family meets eligibility criteria and indicates a desire to participate, services should begin promptly. This builds parents' trust in the program. Whenever possible, assignment of families to parent educators should take into consideration several key factors, including but not limited to the family's primary language and parent educator experience with particular family backgrounds and characteristics.

Families that must be placed on a waiting list or are not eligible for services should be connected to appropriate resources at the time of intake. In order to do this, key points of information about a family's needs in terms of resources must be gathered when the family is referred to or contacts the affiliate. Solely inviting families to attend group connections does not suffice in connecting waitlist families to appropriate resources.

Families that are not placed on a waiting list have their first foundational visit scheduled to take place no more than three weeks after the initial request for service.

The family's enrollment date is the date the first Foundational Visit is completed.

## Consent for Services

Much of the success of Parents as Teachers' evidence-based model is built on the relationships and partnerships parent educators form with families.

Therefore, it is critical that families understand the services being offered to them, expectations for their participation, and how information about the family and the services provided to them is documented and used- including when we must share information as mandated reporters.

Very clearly describing and explaining the frequency of visits, the benefits of this visit frequency, and the expectation for the family's participation in visits when services first begin facilitates families' consistent participation.

A participation agreement/consent for services must be reviewed, discussed and signed with the family by the end of the first visit in which a PAT Foundational Plan is used. The consent should be reviewed and signed by each parent annually and by the parent educator as well.

The process of obtaining informed consent for services is as important as the signed document itself. The parent educator talks through each item on the consent form with the parent(s); invites the parents to share any questions or concerns; and tells the parents that they can change their mind at any time. This is typically done as part of the Opening of Foundational Visit 1, along with the Welcome to PAT handout.



Parents as Teachers provides a *Sample PAT Participation Agreement and Consent for Services* as a convenience so that PAT affiliates do not have to develop a consent form from scratch. However, it is important to note that this sample requires the addition of certain information that is specific to your affiliate. If your affiliate chooses to use a different form, it must as a minimum, explain:

1. The services your program provides.
2. Expectations for participation by the family.
3. Record keeping, data collection activities, and use/sharing of data.



## Retention

Enrolling families in the program is only the beginning. Family engagement is an intentional, ongoing partnership to which all parties contribute. Affiliates are strongly encouraged to develop a family engagement and exit policy and procedures that clearly outline how parent educators encourage consistent participation in services and what to do should they lose contact with an enrolled family. For more information, see *Technical Assistance Brief: Family Engagement & Exit Guidance*.

A key factor in engaging and retaining families involves providing services at times that are convenient for the families served, including evenings and weekends. In order to do this, staffing and facility hours must be structured accordingly. When a family misses or cancels a visit, the parent educator should contact the parent(s) within 24 hours and reschedule the visit to take place as soon as possible. Ultimately, it is the relationship between the family and the parent educator that most impacts retention.

Family engagement remains important even as families transition out of PAT services. A family's exit from the program should be a planned process that recognizes the family's accomplishments, helps to ensure they are able to maintain their connections to community resources, and identifies any additional resources and supports that may be beneficial for the family once they are no longer enrolled.

A transition plan should be developed with the family prior to service completion. The Transition Plan guides the parent educator and family to discuss the resources, supports and services that are in place for the family or that they need as they prepare to exit from PAT services. These resources, supports and services help the family maintain and build upon what they have learned and gained from participating in your program. An exit summary needs to be available once they are no longer participating (within 30 days of exit).



The *PAT Transition Plan* and the *PAT Exit Record* and accompanying guidance can be found with the PAT Records on the ebiz portal.



## PAT Services

Family-centered assessment and goal setting accompany the model's four interrelated and integrated components: personal visits, group connections, screening and resource network.

### Family-Centered Assessment

Many types of screenings and assessments can be important in a PAT affiliate. While family-centered assessment must be completed for each family, others may also be used depending on your affiliate's policies and procedures or individual families' circumstances. For example, it is recommended that PAT affiliates also screen adult participants for depression and intimate partner violence.

In PAT, family-centered assessment serves as a strategy to get to know and understand the family, their resources and their needs. Family-centered assessment gives parent educators a snapshot of the family; a picture that informs goal setting, and helps the parent educator plan and deliver services.

It is important that your approach to family-centered assessment is strengths-based, collaborative and respectful of families' cultural background. It is also important that family-centered assessment is completed with all families served by your affiliate, regardless of their needs characteristics, to facilitate goal-setting with each family.

To ensure that your affiliate's family-centered assessment is sufficiently comprehensive, you must cover the following seven areas.

1. Parenting (such as parent knowledge, capacity, parenting practices, and/or parent-child relationship)
2. Family relationships and formal and informal support systems
3. Parent educational and vocational information
4. Parent general health
5. Parent/child access to medical care, including health insurance
6. Adequacy and stability of income for food, clothing, and other expenses
7. Adequacy and stability of housing

The information gathered in these seven areas should be integrated with the child's developmental, health, vision and hearing screenings to gain a full understanding of the family's strengths, resources and needs.



**Parent educators complete and document a family-centered assessment within 90 days of enrollment and then at least annually thereafter, using an assessment that addresses the PAT required areas.** Affiliates may choose to complete family-centered assessment earlier and/or more often, based on the protocol of their selected tool(s).

Completion of family-centered assessment means engaging the family in discussion around each of the required areas and recording the information the family shares. If the family does not provide information regarding certain items you inquire about, this does not mean the assessment is incomplete- as long as the parent educator fully attempted to engage the family in discussion around each required area. In this scenario, the parent educator must note that the family chose not to discuss or provide information for the particular item(s). This is one of the reasons family-centered assessment is revisited at least annually; the family may be willing to discuss these items further when they have been engaged in services longer.

As of April 2017, there are three options for how to complete family-centered assessment within the PAT model.

Option 1: Use a PAT-approved family-centered assessment tool

- Family Map
- Life Skills Progression (LSP)
- Mid America Head Start Family Assessment



- North Carolina Family Assessment Scale for General Services

Inclusion on this list does not constitute a recommendation by Parents as Teachers.

Affiliates that use one of these tools for their family-centered assessment must maintain a copy of the assessment results in the family file.

Option 2: Complete the PAT *Family-Centered Assessment*



*Synthesis Record* based on the information gathered through the PAT *Family Intake, Family Information, Child Information, and Parent/Guardian Information Records*, along with the PAT *Foundational Visit Plans*.

For annual family-centered assessment, information gathered through personal visits, along with the annual review of the PAT *Family Information Record, the Child Information Record and Parent/Guardian Information Records* is used to complete a new PAT *Family-Centered Assessment Synthesis Record* annually.

Option 3: Use other tools and/or assessment questions your affiliate



has developed to conduct family-centered assessment and summarize the information in the PAT *Family Centered Assessment Synthesis Record*.<sup>5</sup>

To ensure your approach to family-centered assessment comprehensively covers the seven required areas, you must provide your implementation support provider with all the tools and questions you plan to or already use for family-centered assessment.

Regardless of the tool(s) or forms you use, parent educators need to be provided with training and support for administering the family assessment tools according to your affiliate’s procedures and using this information to help drive services. Training should also address how to maintain a relationship-based, nonjudgmental and culturally responsive approach to both family-centered assessment and goal setting.

Goal Setting

Developing goals and a vision for the future is vital for family well-being. Parents as Teachers’ collaborative approach to parent education and family support provides many opportunities for parent educators to partner with families in the process of identifying, setting, and achieving goals that lead to positive outcomes. Goal setting with families receiving PAT services focuses on:

- > Nurturing positive parenting behavior
- > Promoting healthy child development and school readiness
- > Supporting parent and family well-being, including health, economic self-sufficiency and a safe and stable home environment



**Parent educators develop and document goals with each family they serve.** Goals are established in partnership with families within 90 days of enrollment using multiple sources of information, including parents’ interests and needs, family-centered assessment, and screening results. Goals address at least one of the following areas: parenting behaviors, child development and family well-being. Depending on a family’s capacity, more than one goal can be addressed at a time. Parent educators should help families set attainable goals that have a clear and measurable result. It is important to recognize that referrals to and coordination with other community resources and supports will often be necessary in order to achieve the goals set by families through PAT services.

<sup>5</sup> For existing affiliates, this must be in place by July 2019.  
May 2017 PAT Quality Assurance Guidelines  
©2017, Parents as Teachers National Center, Inc. ParentsAsTeachers.org



Once a goal has been identified, the parent educator and parents create and document a plan to accomplish it.



The Parent Handouts *What's on Your mind? Exploring Hopes, Desires, Questions and Concerns* and *Goal Setting: Begin with the End in Mind* found in the *PAT Foundational Curriculum* can be used directly with families to identify and develop goals. These handouts can then be left with the family.



The *PAT Goals Record*, kept in the family file, documents the steps and resources needed to achieve each goal. This record is also used to track progress toward achieving the goal.

On a regular basis, parent educators and families should discuss progress, adjusting the goals and steps as necessary. Often, parent educators need to help families recognize and address barriers to achieving the goals they have set. As the parent educator continues to work with the family and goals are met or new needs/interests arise, additional goals should be set and documented in this record. It is recommended that at least one goal is maintained at all times. If a goal has not been achieved within a year, it may need to be refined.

Together, family-centered assessment and goal setting inform and help drive the PAT services provided to each family.

### Personal Visits

Parent educators use the *PAT Foundational Curriculum*, ensuring that families receive consistent research-based, evidence-informed information and that parents are empowered to use the information to create safe and nurturing environments for their children. During each personal visit, the parent educator partners, facilitates and reflects with the family.



**Parent educators use the *PAT Foundational Visit Plans* and *Personal Visit Planning Guide* from the *PAT Foundational curriculum* to design and deliver personal visits to families.** The content and focus of the eight *Foundational Visit Plans* build upon each other and prepare the parent educator and family to collaboratively design subsequent personal visits using the *Personal Visit Planning Guide*.

By completing a *PAT Foundational Visit Plan* or the *PAT Personal Visit Planning Guide* in advance of each visit, parent educators can ensure that their visits are curriculum based, adhere to model fidelity requirements, and tailored to the family's unique needs and interests.



PAT affiliates are required to use the *PAT Foundational Visit Plans* and *PAT Personal Visit Planning Guide*. Substitutes are not allowed. This means that all parent educators and PAT supervisors that carry a caseload must complete the *PAT Foundational Visit Plans* and *PAT Personal Visit Planning Guide* to plan their visits. If an affiliate needs to document additional information on the plan, the affiliate may add items to the *PAT Foundational Plans* and *PAT Personal Visit Planning Guide*. Affiliates may not subtract or edit any of the existing items on these forms. In addition, the *Personal Visit Plan* and *Personal Visit Record* (which documents what took place during the visit) cannot be combined.

The amount of time spent in each visit on each area of emphasis will vary based on family needs and goals. However, parent educators should address all three areas of emphasis during every personal visit, including when addressing families' immediate needs or in a crisis situation.



Often, a crisis relates to the family well-being area of emphasis. While there may not be a lot of time to thoroughly address the other two areas of emphasis in a visit when there is a crisis situation, they should be touched on, and then can be followed-up on in subsequent visits. For example, the parent educator can touch base on how this crisis situation may be affecting the parents' ability to respond to and communicate with their children, as well as its impact on the children's routines. Just asking about this may prompt a parent to more deeply consider the impact of the crisis on the children.

PAT personal visits are delivered to the family as a unit, incorporating multiple enrolled children into the visit. In cases where the family is prenatal, visits should take place with the expecting parents. In cases where a family experiences a pregnancy loss or death of a child, personal visits may be conducted with the parent/caregiver(s) as part of transition into appropriate services.

Visits are designed to last approximately 1 hour (or up to 90 minutes when visiting families with multiple enrolled children) and take place in the home in order to build on and maximize the primary learning environment of the family. Personal visits can be delivered in a mutually agreed upon site outside the home when individual circumstances preclude having visits in the home. For example, visits may take place temporarily at a safe location for families dealing with domestic violence issues or visits might take place in a hospital when a child is in the NICU. Ultimately, the majority of personal visits should take place in the home setting.

### Frequency of visits

There is broad consensus in the literature and research on early childhood home visiting that intensity of service is a key factor in achieving outcomes.



**Families with 1 or fewer high needs characteristics receive at least 12 personal visits annually and families with 2 or more high needs characteristics receive at least 24 personal visits annually.** A table defining the high need characteristics is provided in the Appendix.

In order to count as a personal visit, it must meet all of the following criteria:

- > The personal visit is delivered by a model-certified parent educator.
- > At least one enrolled child is present (may be prenatal), along with at least one parent, guardian, or primary caregiver-parent educators strive to involve both parents/guardians in the visits
- > Personal visits are delivered to the family unit, incorporating multiple enrolled children into one visit
- > The visit is designed to include the three major areas of emphasis: parent-child interaction, development-centered parenting, and family well-being using a PAT Foundational Visit Plan or the PAT Personal Visit Planning Guide
- > The personal visit is documented as part of the family file using the Personal Visit Record

While affiliates may be designed to provide services at a high level of intensity, it is important that staff work to ensure that families actually *receive* an appropriate number of home visits. Typically, families with two or more high needs characteristics receive at least twice-monthly visits, while families with one or fewer high needs characteristics receive at least monthly visits. It may be necessary to schedule more than the expected number of visits in order to ensure that a sufficient number of visits are actually completed each year.



Personal visits must be documented within two work days after the visit, using the PAT *Personal Visit Record*.



### Maximum monthly visits

☆ **Full time 1<sup>st</sup> year parent educators complete no more than 48 visits per month during their first year and full time parent educators in their 2<sup>nd</sup> year and beyond complete no more than 60 visits per month.**

The term “full-time” is based upon 40 hours (1.0 Full Time Equivalent/FTE) of employment weekly. The total number of visits completed each month should be decreased proportionately for parent educators who are not full-time and for supervisors who carry a caseload.

### Maximum versus optimal

This Essential Requirement addresses the maximum number of visits per month. However, these maximums should *only* apply when parent educators do not have all of the following typical responsibilities:

- > Personal visits, group connections, screening and resource networking, including planning, travel and recordkeeping
- > Supervision
- > Staff meetings
- > Professional development

For example, the affiliate has additional staff dedicated solely to group connections) or there is minimal or no travel to visits (e.g., conducting visits with families within an apartment building).

Fifty visits per month is the optimal number to be completed by full-time parent educators in their second year or beyond. Fifty visits per month allows 2.5 hours on average to plan/prepare, travel, deliver the visit, and complete the personal visit record, leaving time for the other responsibilities of a parent educator. Forty visits per month is the optimal number to be completed by full-time parent educators in their first year. The lower number of visits new parent educators should complete monthly in their first year accounts for the additional time typically needed for supervision, planning personal visits, and shadowing more experienced parent educators.

### Determining and managing caseload size

Overall, it is important that caseload size facilitates quality services for each family served, is manageable, and permits time for all the responsibilities of a parent educator. It is beneficial to review caseloads at least annually and when there is a change in circumstances. It is understood that it takes some time for parent educators in a brand new affiliate to build up to their full caseload. This is also true for new parent educators.

### Using a point system

It can be helpful to use a point system to determine and monitor the appropriate caseload size in an affiliate. A point system allows affiliates to account for the frequency of visits, along with the additional time needed for visiting families with multiple enrolled children.

Consistent with the optimal number of visits per month, the total number of points per caseload should not exceed 50. The total number of caseload points should be decreased proportionately for parent educators who are not full-time and for supervisors who carry a caseload.

Points can be assigned as follows:

- > Monthly visits = 1 point
- > Twice monthly visits = 2 points
- > Weekly visits = 4 points
- > Families with multiple enrolled children= additional .5 points

When one or more of the following factors apply to an affiliate or parent educator, the affiliate should decrease the optimal number of visits per month (and total points on a caseload) or assign a point value to the applicable factors. The following are some examples of additional factors. Please note that this is not an exhaustive list.

- > Round trip travel for visits averages more than 30 minutes
- > Parent educators have additional data collection responsibilities that require a significant amount of time
- > Additional time is needed for language translation



For more information on establishing and monitoring caseload size, see *Technical Assistance Brief: Establishing and Adjusting Caseload Size* on the PAT website.

### Group Connections

Group connections provide opportunities to share information about parenting issues and child development. In addition, they help families form support networks, share common experiences, and discover new ideas for addressing the day-to-day challenges of parenting. Group connections can also play an important role in building parents' involvement in their children's education.

#### ☆ **Affiliates deliver at least 12 group connections across the program year.**

In order to count as a group connection, it must meet all of the following criteria:

- > The group connection is planned and promoted in advance
- > The group connection is designed to include one or more of the three areas of emphasis: parent-child interaction, development-centered parenting, and family well-being
- > One or a combination of the following formats is used: family activity; ongoing group; presentation; community event; parent café\*
- > The group connection is staffed by at least one model-certified parent educator or PAT supervisor
- > The planning and delivery of the group connection is documented

\* Each session of an ongoing group series counts as a group connection.

Across the program year, an affiliate should address topics related to parent-child interaction, development-centered parenting, and family well-being. It is not necessary to focus on each area of emphasis equally during each group connection or even across the year.

However, each area should be represented in a portion of the group connections an affiliate delivers.

In total, the group connections a PAT affiliate offers annually should incorporate all age groups of children served by the affiliate and all areas of child development. The facilities, locations and materials used for group connections need to be appropriate for the format and size of the group.

Group connection formats include family activities, ongoing groups, presentation, community events and parent café. Affiliates gather and use group connection feedback to ensure that group formats and topics are suited to family members' interests, needs and cultural backgrounds.

It is important to use a variety of methods to publicize group connections and encourage family member's regular participation in them. In addition, offering group connections at times and locations that are convenient for family members, offering child care, and involving parents in the planning of group connections can all help maximize families' participation. To encourage attendance, it may be beneficial to offer incentives, food, and transportation. Make sure your budget includes adequate staff time and funding for these activities.

Group connections can also provide a great recruitment opportunity for affiliates. Inviting potential families to attend a group connection gives them an opportunity to learn about PAT, meet other families, and reduce any hesitation the family may have about participating in home visits.



Each affiliate needs to think about how families will get to their group connections. Sometimes distance can be a challenge for families, such as in rural areas. If this is the case, it may be possible to find a more central location for group connections, rather than at the program site. Other community resources are often willing to provide space for group connections. As an added benefit, groups held in a variety of community locations and in collaboration with other agencies can help with recruitment and retention strategies.

In urban communities where more public transportation is available, it is helpful to provide groups at locations close to public transportation stops. In addition, some affiliates provide public transportation vouchers.



Documentation of group connections is necessary to account for the full range of service provided to families. Records of the planning and delivery of group connections need to be maintained using a group connection planner and record (paper or electronic version). The *PAT Group Connection Planning Guide and Record* is provided for this purpose.



In addition, gaining feedback from group connection attendees on their satisfaction with the group connection experience and activities can be useful in planning future group connections. The *PAT Group Connections Feedback Form* can be used to gather feedback.

### Child Developmental Surveillance and Screening

Child developmental surveillance and screening can result in early identification of developmental delays and overall improved health and development of young children, and are essential to the Parents as Teachers evidence-based model.

### **Developmental Surveillance**



Developmental monitoring and surveillance using the *Parents as Teachers Milestones* is ongoing and informal, based on the parent educator's observations of the child and conversations with the parents/caregivers. The *PAT Milestones* list developmental skills and behaviors across language, intellectual, social-emotional, and motor domains as well as in approaches to learning. The *Milestones Record* is used to track the child's development over time, charting patterns, and identifying red flags.



A *Parents as Teachers Milestones Record* is maintained in the family file for each child. The *Milestones* are not designed to be given to parents. Instead, parent educators may use the parent handouts titled *Your Child's Development*. These correspond to the records but are presented in a more family-friendly manner.

### **Developmental Screening**

In contrast, developmental screening uses validated and approved screening instruments or tools to consider the child's development at a single point in time. Screening instruments approved by Parents as Teachers review a variety of tasks and observable behaviors to provide an overall score which can be used to identify areas for further professional intervention.



☆ **Screening takes place within 90 days of enrollment for children 4 months or older and then at least annually thereafter (infants enrolled prior to 4 months of age are screened prior to 7 months of age<sup>6</sup>). A complete screening includes developmental screening using PAT approved screening tools, along with completion of a health review that includes a record of hearing, vision and general health status.<sup>7</sup> Developmental domains that require screening include language, intellectual, social-emotional and motor development.<sup>8</sup>**

While the Essential Requirement specifies the minimum frequency for child screening, it is recommended that affiliates following the frequency recommended by the screening tool's protocol.



Each affiliate should have procedures that clearly outline how child screening, rescreening and referral are carried out by the affiliate. For example, an affiliate may choose to conduct developmental screening more often than the minimum requirements, based on the protocol of its selected tool(s).

The screening procedures should include how each screening is conducted (including the training staff members receive) and the process for what to do depending on the score received (i.e. whether rescreening or referral is warranted).

<sup>6</sup> Infants enrolled prior to 4 months of age are screened prior to 7 months of age rather than within 90 days of enrollment because elements of the complete screening cannot be done with newborns.

<sup>7</sup> For the initial screening, results from a qualified outside provider can be used if obtained within the last 90 days. For annual screening, it can be within 12 months.

<sup>8</sup> If any screening services are contracted out, the contractor's processes need to be consistent with PAT screening standards.

Beginning in the 2018-2019 program year, Parents as Teachers requires affiliates to use one of four approved developmental screening instrument options:

1. Both the Ages and Stages Questionnaire Third Edition (ASQ-3) and Ages and Stages Questionnaire: Social-Emotional Second Edition (ASQ-SE2).<sup>9</sup>
2. BRIGANCE Early Childhood Screens III
3. Developmental Indicators for the Assessment of Learning Fourth Edition (DIAL-4)
4. Parents' Evaluation of Developmental Status (PEDS)<sup>10</sup>

Following the Foundational and Model Implementation trainings, each affiliate needs to train its staff on how to use the specific developmental screening tool(s) it selects. Affiliates use the most up-to-date instrument available from the publisher and are required to transition to the new edition of any tool used no more than one year after release.

Key considerations:

- > Developmental screening should be conducted with sensitivity to languages spoken in the home and the family's cultural background
- > Parents' observations of their child are an integral part of developmental screening
- > When indicated by an earlier screening, re-screening should be done in accordance with the screening instrument's protocol

<sup>9</sup> The ASQ-3 by itself does not meet the requirement for developmental screening as it does not include the social-emotional domains.

<sup>10</sup> The PEDS-Developmental Milestones (PEDS:DM) is not approved for use as a PAT developmental screening tool.



In addition, parents need to be given verbal and written summaries of all developmental screening results, including information about next stages of development and strategies to promote development. This can be done using the *PAT Screening Summary Report*. For particular areas of concern identified through screening, parent educators make and document specific recommendations for follow-up activities to support the child's development and, if indicated, a referral for further assessment. Parent educators help parents address concerns and barriers in following through on further assessment as needed.

If the family decides not to follow through with further assessment or if it is determined that the child is not eligible for early intervention, parent educators should continue to conduct developmental screening according to their affiliate's procedures. If the child is determined to be eligible for services for an identified delay, this should be recorded in the family record. In this situation, the parent educator should continue to monitor developmental milestones and remain informed about the early intervention services being provided. In addition, at least annually or more often according to affiliate policy, the parent educator continues to screen any areas of development not being addressed through early intervention services.

Typically, parent educators perform screenings during personal visits with families. As an alternative, an affiliate may have other trained personnel or agencies conduct the screenings. If your affiliate will contract out or outsource any screening services, you will need to develop a written agreement (e.g. a memorandum of understanding) that outlines the contracted services, including the instruments used and how results are communicated to both PAT staff and to parents.



Documentation of developmental screening results (including those done by contractors) is maintained in the family file for each child. In addition, a copy of each screening summary, information

about recommended follow-up strategies, and referrals for further assessment need to be in the family file.

### **Health Review**

As part of the PAT screening Essential Requirement, a comprehensive health review, including hearing and vision, must be completed and documented within 90 days initially and then at least annually thereafter. The Health Review identifies both risk and protective factors within the child and family.



This is done by comprehensively discussing and documenting the child's health, hearing and vision status, using the *PAT Health Record*.

### *General health status*

A primary goal of any early childhood program is to support the healthy growth and development of all children. To this end, while parent educators do not perform medical screenings, they do gather and maintain information on each enrolled child's health status and medical care to develop a comprehensive picture of the whole child. In some cases, referrals may also be made based on this information. For instance, if a child is not current with his/her immunization, the parents may be referred to a health provider where the child can receive low-cost immunizations.

### *Hearing status*



Early identification of hearing concerns can have a profound impact upon a child's development. Review of the child's hearing status is completed through guided, documented discussion between the parent educator and parents using the prompts and questions in the hearing section of the *PAT Health Record*. This discussion helps the parent educator determine if there are risk factors and if the parents have concerns about the child's hearing abilities. The parent educator



can then help the parents connect with resources to follow up on those concerns or questions.

In addition, affiliates may choose to also conduct hearing screening using otoacoustic emissions (OAE) for children younger than 36 months of age and pure tone audiometry for children 36 months of age and older. Additional training is necessary to apply the protocol for otoacoustic emissions (OAE) or pure tone audiometry.

### *Vision status*



Researchers have shown that the most sensitive period for the development of vision occurs between birth and age two. A complete review of vision status includes guided, documented discussion between the parent educator and parents regarding the child's vision using the questions and functional vision screening in the PAT *Health Record*. This discussion helps the parent educator determine if there are risk factors and if the parents have concerns about the child's vision. The parent educator can then help the parents connect with resources to follow up on those concerns or questions.

- > The Model Implementation training provides brief training on functional vision screening. Additional practice will be necessary.
  
- > If a child has had an eye exam by a pediatrician or eye doctor or if the affiliate contracts out the functional vision screening to qualified professionals, this can take the place of the functional vision screening performed by the parent educator. To count as part of an initial child screening, the eye exam must have occurred within the last 90 days. To count as part of an annual child screening, the eye exam must have occurred within the last 12 months. The date, provider and results of the eye exam must be documented on the Health Record. Whenever possible, it is also beneficial for the parent educator to obtain documentation of the eye exam.

### Resource Network

A resource network is a system of support developed in collaboration with community partners to promote optimal outcomes for families and children. An effective resource network creates linkages among community resources and closes gaps in services by helping families connect to needed supports.



To facilitate this, affiliates identify the community resources needed by the families they serve and establish memorandums of understanding and clear points of contact with these resources. At a broader level, affiliates also take an active role in community wide planning for early childhood comprehensive services.

Each affiliate needs to equip its parent educators with knowledge about the various organizations and agencies in your community that families may need or want to access. Much of this information will be found in your affiliate's resource network directory(ies). Some affiliates develop and maintain their own directory of medical and dental health, mental health, education and social service organizations, while others use existing resource directories available in the community.

Either way, it is important to ensure that parent educators have access to an up-to-date and comprehensive resource network directory. Parent educators need to not only be familiar with the organizations in your community, but with *how* families can access these resources.

- ☆ **Parent educators connect families to resources that help them reach their goals and address their needs.** "Connect" is defined as:
  - > giving detailed, customized information or a specific referral to parent(s), primary caregivers, or families about medical, dental,



mental health, educational, social service, recreational, and enrichment resources in the community *or*

- > suggesting that a specific assessment or community service could support the family in addressing an identified need or goal

The three roles of the parent educator- partnering, facilitating, and reflecting- are critical to understanding family needs, goals, personal resources, and previous experiences with resources. By partnering with families to identify resources that address their needs, programs empower parents to develop self-advocacy skills, obtain support that will lead to their family's success, and increase self-sufficiency.



Parent educators document recommended resources and referrals, follow-up efforts, status of recommended resources and referrals, and progress notes for each family in their family file. This is done using the *PAT Resource Connection Record*.

## The Overall Picture

Now that we've discussed each component of the PAT model, let's look at the overall picture of how a parent educator allocates his or her time based on an optimal number of visits per month.

Time for personal visits	On average, approximately one hour is allocated for delivery of the personal visit, along with another 1.5 hours for visit planning and preparation, travel and documentation. If travel time is significantly greater or if the visit is longer due to multiple enrolled children, more than 2.5 hours will be needed. As a result, the number of visits the parent educator will be able to complete monthly will decrease.
Time for responsibilities related to effective and high quality services	These responsibilities include: implementation of retention strategies; dedicated time for making up cancelled and missed visits; facilitation and follow up on resource connections; participation in supervision sessions and staff meetings.
Time for group connections responsibilities	Time to plan and facilitate group connections. If an affiliate dedicates parent educators' time to personal visits only and employs other staff that are responsible for planning and facilitating group connections, then a parent educator may be able to complete additional visits weekly.
Time for recruitment activities	Affiliates that do not participate in a centralized intake system or have designated staff that focus on recruiting families for services must allocate time for parent educators' recruitment activities.
Time for additional responsibilities	Parent educators in many PAT affiliates have additional responsibilities related to their funding or sponsoring organization. For example, data collection responsibilities.

## Evaluation and Continuous Quality Improvement

In order to maintain fidelity to the Parents as Teachers model and achieve outcomes for families, affiliates document services, monitor the quality of their services, evaluate program implementation and outcomes, and engage in continuous quality improvement (CQI).

### Data Collection and Documentation of Services

Comprehensive data collection is an integral part of the parent educators' and supervisors' jobs. When we recognize and allow for this, we gain meaningful information that helps us understand, improve, and celebrate our work with families. To support PAT affiliates, Parents as Teachers national center has published *Data in Motion, A Manual for Documenting Family Data, Services, and Impact*. This manual provides PAT affiliates with a roadmap for high-quality data collection and documentation. In addition to explaining the purpose of the PAT records, it includes detailed instructions about when and how to use them.



By July 2019, PAT affiliates will be expected to use all of the following PAT records, either in the Penelope data system or as fillable records.<sup>11</sup>

- > Intake Record
- > Family Information Record
- > Child Information Record
- > Parent/Guardian Information Record
- > Personal Visit Planning Guide
- > Participation Agreement/Consent for Services
- > Personal Visit Record

<sup>11</sup> Revised versions of the fillable forms and the PAT records were released in April 2017 and are available to PAT affiliates in the PAT ebiz portal.

- > Group Connection Planning Guide and Record
- > Milestones
- > Child Health Record, including hearing and vision
- > Screening Summary
- > Family-Centered Assessment Synthesis Record<sup>12</sup>
- > Goals Record
- > Resource Connections Record
- > Transition Plan Record
- > Family Service Record and Exit Summary

While affiliates are transitioning to the updated versions of the records, they may use the prior versions found on the Legacy Forms page in the PAT ebiz portal.

If an affiliate chooses to use a different data system or program-specific forms, the database or program-specific forms must address each item covered in the PAT records by July 2019. These records are the intellectual property of Parents as Teachers national center. Permission for use must be acquired before a data system is built around them or incorporates them into its existing structure. Contact [info@parentsasteachers.org](mailto:info@parentsasteachers.org) for more information.

<sup>12</sup> Required only if the affiliate doesn't use one of the PAT-approved family-centered assessment tools.



The PAT Penelope data management system provided to PAT affiliates as a benefit of affiliation contains each of the updated PAT records, along with additional forms for family-centered assessments, screening results, and outcome data.

The PAT Penelope data management system also offers:

- >> Electronic versions of the PAT Foundational Personal Visit Plans and the Personal Visit Planning Guide.
- >> Reports that summarize and analyze the data entered.
- >> Automatic submission of the annual Affiliate Performance Report.

Documentation and data collection with a family begins with the first contact and continues throughout the time they are enrolled in services. Affiliates should develop their own data collection procedures based on the information provided in *Data in Motion*, tailoring these procedures to ensure they meet their funder’s and organization’s requirements.

### Security

Paper and electronic records should be securely stored and accessible only to those with authorized access. Paper records should be maintained according to your organization’s policy or for three years from the last date of service to the family- whichever is longer. It may be necessary to maintain records longer than three years if they are subject to HIPAA, FERPA, state law or other applicable federal or state statutes.

It is important that families consent to services. When explaining the program and the consent, families must be informed of the affiliate’s recordkeeping, data collection and confidentiality procedures. Affiliate staff must adhere to these policies and procedures, along with applicable mandated reporter responsibilities.

## Quality Assurance

Quality assurance begins in the Initial Implementation stage and continues through the rest of the implementation stages. Quality assurance in Parents as Teachers focuses on monitoring fidelity and quality, along with compliance with funding source(s) requirements.



PAT provides several tools for ongoing monitoring of fidelity and quality, including the following:

- > **Affiliate Updates**  
Affiliate Updates address emerging issues around quality improvement, measurement and evaluation of the PAT model. They are released periodically, so affiliates should check the website regularly for new information.
- > **The *Quality Assurance (QA) Blueprint***  
The *QA Blueprint* outlines the necessary quality assurance activities for the PAT model, along with who completes the activities and at what frequency

Necessary quality assurance activities include:

- > Monitoring the timeliness, amount and frequency of services that families are receiving
- > Observing parent educators deliver personal visits and group connections
- > Reviewing family files
- > Monitoring the implementation of supervision, staff meetings, core-competency assessments and performance reviews
- > Reviewing data, family feedback and policies/procedures
- > Following-up on quality assurance monitoring, observations and reviews

- > **Supporting tools**  
The supporting tools help PAT affiliates carry out the activities outlined in the *QA Blueprint*. These tools include the *Personal Visit Observation tool*, *Group Connection Observation tool*, *Family File Review Tool* and *Core Competencies Self-Assessment*.



All of these tools, along with a whole host of resources designed to help with implementation, can be found in the online Supervisor’s Handbook, located in the PAT ebiz portal.

### Evaluation of Program Implementation and Outcomes

Evaluation of implementation and outcomes focuses on determining the effectiveness of an affiliate’s operations and services. PAT affiliates utilize a number of evaluation methods, including but not limited to reporting data on the APR, gathering family feedback/satisfaction data, and measuring outcomes. Data on program services should be shared with your advisory committee and other stakeholders at least annually.

### **Affiliate Performance Report**

☆ **The affiliate annually reports data on service delivery, program implementation, and compliance with the Essential Requirements through the Affiliate Performance Report; affiliates use data in an ongoing way for purposes of continuous quality improvement, including participating in the Quality Endorsement and Improvement Process every five years.**

Affiliates use a web-based reporting system hosted by Parents as Teachers national office to submit their APR. This system is open for data entry beginning May 1 of each year. Timely reporting requires that the APR be completed by August 15. Therefore, it is recommended that affiliates define a program year as July 1- June 30 to report their PAT specific data. The annual Affiliate Performance Report is automatically submitted for affiliates using Penelope.

### **Performance Measures Report**

Once your affiliate has submitted its APR, the supervisor needs to run the Performance Measures Report (PMR) provided in the APR section of the PAT ebiz portal. The PMR uses data from your Affiliate Performance Report to calculate whether your affiliate is meeting the Essential Requirements. By reviewing the PMR right away, you can catch any errors you might have made in entering your APR data and

go back and fix them. Affiliates can also use the PMR information to inform the program’s continuous quality improvement efforts.

In conjunction with state offices, Parents as Teachers national center implementation support staff review each affiliate’s PMR annually to determine the affiliate status for the year.

- > Model Affiliate: Affiliates that meet or exceed the minimum levels associated with the Essential Requirements
- > Provisional Affiliate: Affiliates that are designed in accordance with the PAT model, but whose data indicates they are not meeting one or more of the minimum levels associated with the Essential Requirements. This status is used as a guide for technical assistance and does not mean that the affiliate is excluded from affiliate benefits.

There is also an affiliate status of “blue ribbon.” This status is discussed further on page xx in the section about Parents as Teachers Quality Endorsement and Improvement Process.

### **Family Feedback**

☆ **At least annually, the affiliate gathers and summarizes feedback from families about the services they’ve received, using the results for program improvement.**



The PAT *Parent Satisfaction Survey and Group Connection Feedback Forms* are provided to help affiliates gather feedback from families about their experiences with PAT. However, affiliates may choose to use a different survey or group connection feedback form.

Affiliates may also utilize focus groups or interview techniques for soliciting feedback from parents. Regardless of the approach, affiliates need to use the information they gather from families for the purpose of continually improving the services they deliver.



## Outcomes Measurement

In order to demonstrate to funders and families that the work parent educators do through PAT makes a difference, programs must show results!

There is strong evidence demonstrating the impact that parenting can have on children’s school readiness, self-esteem, and cognitive, social, and language development. Parent educators partner and reflect with parents and caregivers to facilitate healthy, positive parenting outcomes for families. Measuring parenting outcomes demonstrates the incredible impact PAT affiliates have with families and in the community.

Measuring outcomes:

- >> Guides continuous quality improvement = Improved program.
- >> Demonstrates the program’s impact to funders = More funding and sustainability.
- >> Demonstrates benefits to the families served = More engagement.

PAT recognizes five key parenting outcomes for measurement:

- >> Parenting behaviors
- >> Parent knowledge of child development
- >> Parent-child interaction
- >> Physical home environment
- >> Parental/family involvement

While measuring outcomes is currently not an Essential Requirement, it is one of the PAT quality standards. In 2018, a new Essential Requirement will be required for programs to measure outcomes.

### *How to Measure Outcomes*

It is important to measure outcomes using reliable and valid tools that are both strengths-based and appropriate for the goals of the program. Appendix J provides a chart of several user-friendly tools that can be used to show that a program makes a difference in families’ lives. In addition, all of the PAT-approved outcomes tools are in Penelope. As new tools are tested and released, this list will be updated. Once it has made its selections, an affiliate should follow the directions provided by its tools of choice.

### *How to use outcomes data*

At the family level, outcomes data can engage families in reflecting on and celebrating accomplishments, as well as in setting additional goals. At the program level, outcomes data can help identify strengths and areas of services that could be improved, which drives continuous quality improvement efforts. And programs use outcomes data to demonstrate the benefits of their program and impact on families and the community to current and potential funders.

### The Quality Endorsement and Improvement Process

The PAT Quality Endorsement and Improvement Process helps ensure that PAT affiliates are achieving fidelity to the PAT model and delivering high quality services- truly making a difference in the lives of children and families. The PAT Essential Requirements and Quality Standards are the basis for the Quality Endorsement and Improvement Process.

Affiliates that earn the Endorsement are recognized by Parents as Teachers national office as exemplary affiliates, delivering high quality services to children and families.

- > Endorsement provides assurance to funders, community groups and participants that your affiliate is a wise investment
- > Endorsement helps your affiliate maintain and strengthen your role in the community



- > Endorsement demonstrates that your affiliate is committed to continuously improving the quality of the services you provide to children and families
- > Endorsement offers additional national recognition, as a high-achieving member in the field of early childhood learning and parent engagement.

Not only is the Quality Endorsement an important national recognition of an affiliate’s quality, the process provides valuable learning for staff and opportunities to make program improvements.

Therefore, participation in the Quality Endorsement and Improvement Process earns parent educators the professional development hours required for the following year’s certification renewal. Parent educators in their 2<sup>nd</sup> year and beyond can earn all the required hours; 1<sup>st</sup> year parent educators can earn up to half the required hours.

There is no additional cost for affiliates for the Quality Endorsement and Improvement Process; it is part of the affiliate benefits covered in the affiliate fee and a reflection of Parents as Teachers’ commitment to quality.

The Quality Endorsement and Improvement Process is initiated with PAT affiliates in their fourth year of implementation and every five years thereafter. Each year a group of PAT affiliates will go through the Quality Endorsement and Improvement Process. Affiliates will be notified in advance when it is their year to go through the process. It will take five years (from 2015-2020) for all affiliates to engage in the Quality Endorsement and Improvement Process.

The Quality Endorsement and Improvement Process has three main steps:

1. analysis by Parents as Teachers national office of how well each affiliate is meeting the Essential Requirements

2. preparation by the affiliate of an Affiliate Self-Study
3. review and corroboration of the Affiliate Self-Study by Parents as Teachers national office.



Each of these three steps is described further in the *Quality Endorsement and Improvement Manual*, along with detailed instructions on how to prepare the Affiliate Self-Study. In addition, *The Quality Endorsement and Improvement Process Video Series* has been designed to help you and your affiliate be successful in understanding and participating in the Quality Endorsement and Improvement Process. In addition to the videos themselves, there are companion materials designed to extend and deepen your learning. The manual and the videos can be found on the Quality Endorsement Process page in the PAT ebiz portal.

Affiliates that are accredited or monitored through one of the entities below have the opportunity to complete a modified Quality Endorsement and Improvement Process (explained further in the Quality Endorsement Manual).

- > Head Start/Early Head Start Monitoring Reviews
- > Council on Accreditation (COA)
- > Commission on Accreditation of Rehabilitation Facilities (CARF)
- > Iowa Family Support Credential

Affiliates that meet or exceed the minimum levels associated with the Essential Requirements and at least 75% of the Quality Standards earn quality endorsement. Endorsed affiliates are recognized by Parents as Teachers national center as exemplary Blue Ribbon Affiliates, delivering high-quality services to children and families.

In addition, it is expected that the affiliate adhere to any additional organizational policies/procedures along with applicable licensing, regulation and funder requirements. Once earned, Quality Endorsement is valid for five years as long as the affiliate continues to



meet the Essential Requirements and submits the APR, pays the affiliate fee, and renews its parent educators annually.

### Continuous Quality Improvement (CQI)

CQI can be defined as a complete process of identifying and analyzing issues or goals and then developing, testing, learning from and revising strategies to address the issue and reach the goal.

Why is CQI important for a PAT affiliate?

CQI provides a process for acting on information that comes from monitoring fidelity and quality, evaluation, and the Quality Endorsement and Improvement Process. Through CQI, affiliate staff can build on identified strengths and address issues to continually improve program operations and services to families.

How does a PAT affiliate “do” CQI?

To implement CQI, an affiliate needs to have both a structure and a method. While the structure typically involves one or more teams of people, methods may vary. A particularly popular and effective method used by CQI teams is the Plan-Do-Study-Act (PDSA) cycle.

“The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting — by planning it, trying it, observing the results, and acting on what is learned.” “After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the team may implement the change on a broader scale.” (Institute for Healthcare Improvement, 2016).

To be effective, CQI needs to:

- > Include input from all levels of staff, families that receive services, and advisory committee members
- > Use data and information from program operations, service delivery, quality assurance, and evaluation

## Conclusion

High quality Parents as Teachers affiliates build strong communities, thriving families, and children who are healthy, safe and ready to learn. We hope that the *PAT Quality Assurance Guidelines* provide you and your staff with clear and comprehensive guidance on how to design and implement your high quality Parents as Teachers affiliate.

### Appendix A: Online Supervisor's Handbook

The online Supervisor's Handbook includes resources to guide model replication, plus tools for monitoring of fidelity and quality.

These items can be found in the online Supervisor's Handbook in the PAT ebiz portal.<sup>13</sup>

<b>Resources to Guide Parents as Teachers Model Replication</b>	
<b>Logic Model</b>	Provides a simplified, visual description of the theory of change and how the model is designed to achieve desired outcomes
<b>Outcomes Guidance</b>	Provides specific guidance on the measuring essential requirements
<b>Essential Requirements Summary</b>	Outlines the programmatic expectations for model fidelity, covering organizational design, training and professional development, PAT services, and evaluation and continuous quality improvement
<b>Quality Standards and supporting articles</b>	Guides initial and ongoing model implementation; form the basis of the Quality Endorsement and Improvement Process
<b>Quality Assurance Guidelines</b>	Provides detailed guidelines on how to design, develop and implement PAT services; reviewed prior to completing the Readiness Reflection and Affiliate Plan
<b>Tools for Ongoing Monitoring of Fidelity and Quality</b>	
<b>Quality Assurance Blueprint Quality Assurance Blueprint Penelope version</b>	Helps the supervisor monitor fidelity and implementation quality by outlining necessary quality assurance activities, along with who completes the activities and at what frequency
<b>Personal Visit Observation Tool</b>	Provides a guided, structured tool to assess and record specific content and delivery of a PAT personal visit; completed at least annually for each parent educator; more often for new parent educators
<b>Personal Visit Snapshot</b>	Highlights key aspects of a quality PAT visit; used in orientation, prior to an observation, and as a reference tool
<b>Group Connection Observation Tool</b>	Provides a structured tool to assess and record specific content and delivery of a PAT group connection at least quarterly
<b>File Review Tool</b>	Outlines specific items and content that should be in a family file; used to conduct file reviews at least quarterly
<b>Core Competencies Self-Assessment</b>	Guides the parent educator in a self-assessment of his/her core including knowledge, skills and practices; completed at least annually
<b>Affiliate Performance Report</b>	Collects descriptive information about affiliates' design and services, along with performance data; submitted online annually
<b>Performance Measures Report</b>	Provides specific indicators of performance using the affiliate's APR data; affiliates run the PMR at least annually to help understand and continually improve their fidelity of implementation and service delivery

<sup>13</sup> The Readiness Reflection is provided in Appendix C, the Affiliate Plan is found on the PAT website under Model>Getting Started and the Model Implementation Guide is available to PAT affiliates following training.



<b>Quality Endorsement and Improvement Manual</b>	This manual provides an overview of the three steps involved in completing the Quality Endorsement and Improvement Process, along with detailed instructions for how to prepare the Affiliate Self-Study
<b>Quality Endorsement and Improvement Administrative Policies and Procedures</b>	These policies and procedures detail how Parents as Teachers national center’s conducts the Quality Endorsement and Improvement process.
<b>Affiliate Updates</b>	Address emerging issues around quality improvement, measurement, and evaluation of the PAT evidence-based model Affiliates check regularly for new information

### Appendix B: Essential Requirements Summary

The following are the Essential Requirements for an organization to become and remain a PAT affiliate with approval to implement the PAT model. Implementation and service delivery data that address the Essential Requirements are reported at the end of each program year on the Affiliate Performance Report (APR). New affiliates' intentions to comply with these requirements are initially demonstrated through the Affiliate Plan.

**Note: In April 2017, proposed changes to the Essential Requirements were published for public comment. Once the comment period concludes, the changes will be refined, finalized and publicized. They will take effect July 1, 2018.**

Essential Requirements	Measurement Criteria
1. Affiliates provide at least two years of services to families with children between prenatal and kindergarten entry.	Your affiliate is designed to provide at least two years of services to families with children between prenatal and kindergarten entry.
2. The minimum qualifications for parent educators are a high school diploma or GED and two years previous supervised work experience with young children and/or parents.	100% of parent educators have at least a high school diploma, GED or equivalent degree in countries outside the US.
3. Each affiliate has an advisory committee that meets at least every six months (can be part of a larger committee, community network or coalition as long as the group includes a regular focus on the PAT affiliate).	Your affiliate conducted at least two advisory committee meetings during the program year covered by the most recent APR.
	On average, parent educators working more than .5FTE and supervisors that carry a caseload equivalent to more than .5FTE received at least 75% of the required individual, reflective supervision hours per month (at least 1.5 hours per month).
	On average, parent educators working .5FTE or less and supervisors that carry a caseload equivalent to .5FTE or less received at least 75% of the required individual, reflective supervision hours per month (at least .75 hours per month).
	At least 18 hours of staff meetings occurred during the program year covered by the most recent APR.
5. Each supervisor, mentor or lead parent educator is assigned no more than 12 parent educators, regardless of whether the parent educators are full-time or part-time employees. <i>The number of parent educators assigned to the supervisor is adjusted proportionately when the supervisor is not full-time. For example, a .75 FTE</i>	The ratio of parent educators to supervisors in your affiliate does not exceed 12:1.



<p><i>supervisor would have a maximum of nine parent educators; a .5 FTE would have a maximum of six parent educators; a .25 FTE would have a maximum of three parent educators.</i></p>	
<p><b>Essential Requirements</b></p>	<p><b>Measurement Criteria</b></p>
<p>6. All new parent educators in an organization who will deliver Parents as Teachers services to families attend the Foundational and Model Implementation Trainings before delivering Parents as Teachers; new supervisors attend at least the Model Implementation Training.</p>	<p>100% of parent educators and supervisors have attended the required PAT trainings.</p>
<p>7. Parent educators obtain competency-based professional development and training and renew certification with the national office annually.</p>	<p>100% of model affiliate parent educators are up to date with their certification.</p>
	<p>The family-centered assessment used by your affiliate addresses the PAT required areas.</p> <p>At least 60% of families enrolled more than 90 days had an initial family-centered assessment completed within 90 days of enrollment during the program year covered by the most recent APR.</p> <p>At least 60% of families that received at least one personal visit had a family-centered assessment completed in the program year covered by the most recent APR.</p>
<p>9. Parent educators develop and document goals with each family they serve.</p>	<p>At least 60% of the families that received at least one personal visit had at least one documented goal during the program year covered by the most recent APR.</p>
<p>10. Parent educators use the Foundational Visit Plans and Personal Visit Planning Guide from the curriculum to design and deliver personal visits to families.</p>	<p>Parent educators consistently used the Foundational Visit Plans and Personal Visit Planning Guide from the curriculum to design and deliver visits to families.</p>



<p>11. Families with one or fewer high needs characteristics receive at least 12 personal visits annually and families with two or more high needs characteristics receive at least 24 personal visits annually.</p>	<p>At least 60% of families with one or fewer high needs received at least 75% of the required number of visits in the program year covered by the most recent APR.</p> <p>At least 60% of families with two or more high needs receive at least 75% of the required number of visits in the program year covered by the most recent APR.</p>
<p><b>Essential Requirements</b></p>	<p><b>Measurement Criteria</b></p>
	<p>Full-time 1<sup>st</sup> year parent educators complete no more than 48 visits per month in the program year covered by the most recent APR.</p> <p>Full-time parent educators in their 2<sup>nd</sup> year and beyond complete no more than 60 visits per month in the program year covered by the most recent APR.</p>
<p>13. Affiliates deliver at least 12 group connections across the program year.</p>	<p>Your affiliate delivered at least 9 of the 12 (75%) required group connections in the program year covered by the most recent APR.</p>
	<p>At least 60% of the children who enrolled at age four months or older had a complete initial screening within 90 days of enrollment in the program year covered by the most recent APR.</p> <p>At least 60% of the of children who enrolled prior to age four months who reached seven months of age before the end of the program year had a complete initial screening prior to seven months of age in the program year covered by the most recent APR.</p> <p>At least 60% of children received a complete annual screening in the program year covered by the most recent APR.</p>
<p>15. Parent educators connect families to resources that help them reach their goals and address their needs.</p>	<p>At least 60% of families that received at least one personal visit were connected by their parent educator to at least 1 community resource in the program year covered by the most recent APR.</p>



16. At least annually, the affiliate gathers and summarizes feedback from families about the services they've received, using the results for program improvement.	Your affiliate gathered and summarized feedback from families about the services they have received at least once during the program year covered by the most recent APR and used the results for program improvement.
17. The affiliate annually reports data on service delivery and program implementation through the APR; affiliates use data in an ongoing way for purposes of continuous quality improvement, including participating in the Quality Endorsement and Improvement Process every five years.	Your affiliate submitted the most recent APR, and participated in the Quality Endorsement and Improvement Process when designated or selected by Parents as Teachers national office.

**Appendix C: Readiness Reflection**

**Communities replicate the evidence-based Parents as Teachers model within an organizational context that has the staffing, capacity, and community relationships necessary for successful implementation and achievement of outcomes.**

We are pleased that you are interested in implementing the PAT model to address the needs of families in your community. The following questions are intended as reflection or discussion points to maximize the success of a new PAT affiliate. It is not necessary to submit responses to the Parents as Teachers national office. Organizations should use the Readiness Reflection to assure that they are well positioned to develop the Parents as Teachers Affiliate Plan. Since compliance with the Essential Requirements is necessary to become a PAT Affiliate, please ensure that key decision makers review the Parents as Teachers Quality Assurance (QA) Guidelines. The QA Guidelines clearly lay out the expectations for replication of the PAT model with an emphasis on meeting the Essential Requirements.

	How have you determined a need for Parents as Teachers in your community?
	Are you aware of other similar services in your community? If so, how will Parents as Teachers complement and extend these services?
	If you are blending Parents as Teachers with another early childhood or family support model, how will you integrate the replication and data reporting requirements?
	What community relationships (groups, agencies, etc.) does your organization have presently? How do you collaborate with them?
	What community relationships do you plan to cultivate as you develop your Parents as Teachers affiliate? How might you utilize these relationships to help build your affiliate (e.g. advisory committee members, referral sources, resources for families)?



<b>Organizational capacity</b>	<p>Does your organization have or are you putting in place the necessary capacity and systems for successful implementation of the Parents as Teachers model? For example:</p> <ul style="list-style-type: none"> <li>• Leadership: direct supervision of parent educators, administration, advisory committee, etc.</li> <li>• Resources allocated to technical assistance, quality and evaluation</li> <li>• Information technology</li> <li>• Financial planning and oversight</li> <li>• Mechanisms/strategies to promote sustainability</li> </ul>
	<p>Thinking about the Essential Requirements and the communities you will be serving, are there specific skills, capabilities and qualities that your staff and supervisor(s) should have? Consider the following:</p> <ul style="list-style-type: none"> <li>• Appropriate educational background and work experience</li> <li>• Fit with the needs and characteristics of the populations to be served</li> <li>• Reflective supervision and administrative skills</li> </ul> <p>What assets are already in place in your organization and what resources might you bring in to strengthen the staffing component?</p>

**Readiness reflection: next steps**

Once you have completed the Readiness Reflection and are ready to become a PAT affiliate, the next step is to complete the Affiliate Plan (download at [www.parentsasteachers.org](http://www.parentsasteachers.org) located on the Training Gateway). The Affiliate Plan must be completed and approved by the national office or approved state office prior to registering staff for certification training. To become certified parent educators, staff must successfully complete both the Foundational and Model Implementation Trainings.

There is significant value in being affiliated with Parents as Teachers. As a PAT affiliate, your organization becomes a partner with an evidence-based home visiting model with numerous studies demonstrating positive outcomes. A successful and sustainable program must clearly demonstrate its evidence and research base, as well as mechanisms for establishing and maintaining model fidelity. Parents as Teachers provides this foundation to your organization- and more.

If, after completing the Readiness Reflection and reviewing the Essential Requirements, your organization determines that it simply cannot meet the requirements for affiliation, the Approved User status is an option to consider. Your staff can be trained in the Parents as Teachers approach by registering for Foundational Training. This training lays the foundation for home visiting as a methodology within the early childhood system and connects the theoretical framework of Parents as Teachers with practice. Staff that complete this training become approved users of the Parents as Teachers Foundational Curriculum. For more information, go to the Parents as Teachers website.

***Questions about becoming a Parents as Teachers Affiliate with certified parent educators?  
Contact your Parents as Teachers state office or Implementation Support at Parents as Teachers national office.***

### Appendix D: PAT Affiliate Policies and Procedures

**As described in the Infrastructure and Leadership section of the PAT Quality Standards, PAT affiliates have written policies and procedures that guide their operations and services, covering the areas outlined in the table below. The organization the PAT affiliate is a part of may require additional procedures as well.**

#### Definition of policy and procedure

A policy is a principle or statement of intent that guides decisions and processes. For example, the policy for “Parent Educator Safety” might state: Maintaining staff safety is of paramount importance to the Parents as Teachers affiliate. To this end, supervisors and parent educators must be well informed about and utilize strategies designed to promote staff safety. Procedures detail the steps needed to carry out a policy. Procedures should specify what the steps are, who carries them out, along with how and when.

- > To ensure comprehensive policies and procedures, address each topic presented in the table below for each policy/procedure area. In addition, include revision dates, a table of contents, and organization information such as name, mission, departments, and other programs in the organization.

Comprehensive written policies and procedures help ensure your affiliate has a strong infrastructure. But this is not enough. Your affiliate’s policies and procedures must be actively and consistently implemented by affiliate staff and monitored by the supervisor. To this end, policies and procedures should be reviewed and discussed at staff meetings periodically, with a focus on helping parent educators understand *how* to implement them.

<b>Intake and enrollment policy (include Recruitment Plan in the appendix)</b>	
<b><i>These procedures should address:</i></b>	
> Target population (including demographics, cultural backgrounds, geographic locations)	> Resource connections for families that don’t meet eligibility criteria or must be placed on a waiting list
> Overall duration of services offered to families	> Required outreach to non-responsive families
> Eligibility criteria & process for determining eligibility	> Intake process steps
> Maintenance of a wait list	> Expected timeframe for 1 <sup>st</sup> foundational visit
	> Documentation pertaining to intake & enrollment
<b>Services provided to families policy (include Mental Health, Intimate Partner Violence and Substance Abuse Protocols in the appendix)</b>	
<b><i>These procedures should address each of the following services including timeframes (e.g. within 90 days) and frequency (e.g. twice monthly):</i></b>	
> Family centered assessment	> Child screening, rescreening & referral
> Goal setting & review of progress	> Resource connections & follow-up
> Personal visits	> Documentation of services provided to families
> Group connections	
<b>Family engagement, transition planning and exit policy</b>	
<b><i>These procedures should address:</i></b>	> How families continue to receive services when there is staff turnover



<ul style="list-style-type: none"> <li>&gt; Consent for services, including gathering input into reasons for participation</li> <li>&gt; Gathering contact information for family members/friends in case of emergency</li> <li>&gt; Steps taken to confirm &amp; reschedule visits</li> <li>&gt; Steps a family may take if services aren't meeting their needs</li> <li>&gt; Specific steps to reach a family that is not responding</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Exit criteria, including required outreach to and when to exit a non-participating family</li> <li>&gt; When transition planning begins (planned exits)</li> <li>&gt; Types of transition supports &amp; services to be considered</li> <li>&gt; Who is included in transition planning</li> <li>&gt; Documentation pertaining to family engagement, transition &amp; exit</li> </ul>
<p><b>Data collection and documentation of services policy</b></p>	
<p><b>These procedures should address:</b></p> <ul style="list-style-type: none"> <li>&gt; Data management system(s) used</li> <li>&gt; Family file contents, timeframes for completion and methods of storage</li> <li>&gt; How long records are kept &amp; how they are destroyed</li> </ul>	<ul style="list-style-type: none"> <li>&gt; How &amp; when file reviews are done</li> <li>&gt; Data collection &amp; reporting procedures for data not captured in the family file</li> <li>&gt; Methods for &amp; frequency of family feedback</li> </ul>
<p><b>Staffing and Personnel policy (include parent educator and supervisor job descriptions in the appendix of your policies and procedures)</b></p>	
<p><b>These procedures should address:</b></p> <ul style="list-style-type: none"> <li>&gt; Maximum caseload size for part time parent educators, full time parent educators and supervisors that carry a caseload</li> <li>&gt; Hiring and employment, including hiring procedures, performance reviews, progressive discipline, termination/resignation, benefits, employees' rights</li> <li>&gt; Personnel, including equal opportunity hiring &amp; advancement, conflicts of</li> </ul>	<ul style="list-style-type: none"> <li>interest, sexual harassment, alcohol &amp; drugs in the workplace, grievances, phone/computer/vehicle use</li> <li>&gt; Operations, including administrative paperwork, dress code if applicable, payroll and security issues</li> <li>&gt; Documentation pertaining to staffing &amp; personnel</li> </ul>
<p><b>Orientation and training for new staff policy (recommend including an orientation checklist in the appendix)</b></p>	
<p><b>These procedures should address:</b></p> <ul style="list-style-type: none"> <li>&gt; required training before delivering services to families</li> <li>&gt; When/how orientation of new staff takes place</li> <li>&gt; Additional training/coaching throughout the first year</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Shadowing</li> <li>&gt; Observations</li> <li>&gt; Documentation pertaining to orientation &amp; training of new staff</li> </ul>
<p><b>Supervision and professional development policy</b></p>	



<p><b>These procedures should address:</b></p> <ul style="list-style-type: none"> <li>&gt; Supervisor to parent educator ratio</li> <li>&gt; Process &amp; content of reflective supervision for parent educators &amp; supervisors who carry a caseload, including documentation</li> <li>&gt; Frequency, duration &amp; general content of staff meetings, including documentation</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Observation of parent educators</li> <li>&gt; Ongoing professional development</li> <li>&gt; Documentation of staff meetings, supervision, observations &amp; professional development</li> </ul>
<b>Parent educator safety policy</b>	
<p><b>These procedures should address:</b></p> <ul style="list-style-type: none"> <li>&gt; Training on parent educator safety</li> <li>&gt; Sharing of schedules &amp; communication while in the field</li> <li>&gt; Outdoor safety &amp; travel</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Safety during personal visits</li> <li>&gt; Communicable disease precautions</li> <li>&gt; Documentation pertaining to staff safety</li> </ul>
<b>Client rights and confidentiality policy (include Client Rights Statement &amp; Child Abuse/Neglect Protocol in the appendix)</b>	
<p><b>These procedures should address:</b></p> <ul style="list-style-type: none"> <li>&gt; Consent for services</li> <li>&gt; Security &amp; maintenance of family records (including participant access &amp; release of information)</li> <li>&gt; Case consultation within the organization</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Personal visit privacy measures</li> <li>&gt; Legal requirements to disclose information</li> <li>&gt; Accommodations for disabilities</li> <li>&gt; Participant grievances</li> <li>&gt; Documentation pertaining to client rights &amp; confidentiality</li> </ul>

## Appendix E: Sample job descriptions

### Parents as Teachers Supervisor Job Description

#### **Position Summary:**

The Parents as Teachers supervisor provides leadership, oversight and vision for the work of the affiliate. The supervisor's responsibilities include directing, coordinating, supporting, and evaluating the on-the-job performance of parent educators.

#### **Qualifications**

- at least a bachelor's degree in early childhood education, social work, health, psychology or a related field (or equivalent degree outside the US)
- at least 5 years' experience working with families and young children
- strong interpersonal skills
- a commitment to reflective supervision, data collection, and continuous quality improvement

New supervisors complete PAT Foundational and Model Implementation Trainings before delivering the PAT model or supervising parent educators.

#### **Essential Functions (organizations may have additional organization specific responsibilities):**

- Coordinate and monitor service delivery in accordance with PAT Essential Requirements, PAT Quality Standards, and affiliate policies/procedures
- Coordinate advisory committee
- Develop/maintain relationships with community organizations and leaders to help grow and sustain the program
- Establish and update Memorandums of Understanding with community organizations, along with a Resource Network Directory
- Oversee direct recruitment efforts or participation in centralized intake system
- Supervise parent educators (maintaining necessary documentation of the following activities)
  - Provide at least 2 hours of individual reflective supervision monthly to each parent educator
  - Provide an orientation process for new parent educators that begins with hiring and continues throughout the first year after PAT training
  - Conduct at least 2 hours of staff meetings monthly that cover administrative issues and provide opportunities for review of implementation data, case discussion, peer support and skill building
  - Observe parent educators delivering services within 6 months after training and then at least annually thereafter, providing verbal and written feedback
  - Observe at least 1 group connection quarterly
  - Facilitate parent educators' completion of an annual core-competencies self-assessment
  - Complete an annual performance evaluation of each parent educator, including written professional development goals
  - Ensure that parent educators obtain necessary professional development and renew certification with PATNC annually
- Ensure that staff have access to necessary technology, workspace and supplies to effectively fulfill their responsibilities
- Monitor service documentation, data collection and reporting (including annual submission of the Affiliate Performance Report)
- Engage in quality assurance using PAT quality assurance tools
- Facilitate continuous quality improvement

- Maintain and monitor the budget for the PAT program

## Parents as Teachers Parent Educator Job Description

### **Position Summary:**

A certified parent educator implements the PAT model, emphasizing parent-child interaction, development-centered parenting and family well-being in their work with families. Utilizing the PAT *Foundational Curriculum* in culturally sensitive ways, the parent educator partners, facilitates and reflects with families.

### **Qualifications:**

- Bachelor or four-year degree in early childhood education, social work, health, psychology or a related field is recommended (or equivalent degree outside of the US). It is acceptable for parent educators to have a two-year degree or 60 college hours in early childhood or a related field. Supervised experience working with young children and/or parents is also recommended. It is essential that parent educators have at least a high school diploma or GED and a minimum of two years' previous supervised work experience with young children and/or parents.
- Strong communication and interpersonal skills (e.g., nonjudgmental, objective, reflective, empathic, patient, tactful)
- Ability to establish rapport with families and empower them by building on their strengths
- Strong organizational and record keeping skills
- Ability to work independently and be self-motivated (often in the field)
- Computer skills; including web browsing, e-mail, Internet, and word-processing

The parent educator must complete the Parents as Teachers Foundational and Model Implementation Trainings before delivering PAT services.

### **Essential Functions (organizations may have additional organization specific responsibilities):**

- Engage in recruitment activities (as applicable)
- Complete an initial and annual family-centered assessment with each family
- Develop, monitor and review goals with each family
- Plan, provide and document personal visits focused on parent-child interaction, development-centered parenting and family well-being
- Use the PAT Foundational curriculum to share research based information with families
- Provide group connections to give families an opportunity to build social connections with each other, engage in parent-child interaction activities, and increase their knowledge of ways to support children's development
- Complete at least an initial and annual developmental screening and health review for each enrolled child
- Connect families to resources that help them reach their goals and address their needs
- Help parents and children transition to other services as needed, to preschool, or to kindergarten
- Maintain and submit in a timely way all required family and program documentation
- Organize and inventory supplies/materials, etc.
- Participate in at least 2 hours of reflective supervision monthly and at least 2 hours of staff meetings monthly
- Obtain competency-based professional development and renew parent educator certification annually

- Participate in continuous quality improvement

### Appendix F: High need characteristics and definitions

High Need Characteristic <sup>i</sup>	Citations of Relevant Research <sup>ii</sup>
<p><b>Teen Parent<sup>iii</sup></b>  <b>Definition:</b> Parent(s) under the age of 21 years during the program year</p>	<p>Characteristic aligns with the HRSA MIECHV guideline that participants who are <u>pregnant women who have not attained age 21</u> are given priority for receiving services.</p> <p>Ryan-Krause, P., Meadows-Oliver, M., Sadler, L. &amp; Swartz, M.K. (2009). Developmental status of children of teen mothers: Contrasting objective assessments with maternal reports. <i>Journal of Pediatric Health Care</i>, 23(5), 303-309.</p> <p>Carothers, S. S., Borkowski, J. G. &amp; Whitman, T. L. (2006). Children of adolescent mothers: exposure to negative life events and the role of social supports on their socioemotional adjustment. <i>Journal of Youth and Adolescence</i>, Vol 35(5), 827-837.</p> <p><a href="http://www.childwelfare.gov/can/factors/parentcaregiver/teen.cfm">http://www.childwelfare.gov/can/factors/parentcaregiver/teen.cfm</a></p>
<p><b>Child with disabilities or chronic health condition</b>  <b>Definition:</b> Child being served has a physical, cognitive, emotional or health-related condition or impairment that substantially limits one or more major life activities or qualifies the child for services under IDEA Part C</p>	<p><b>Definition Source:</b> Americans with Disabilities Act <a href="http://www.eeoc.gov/policy/docs/902cm.html#902.1">http://www.eeoc.gov/policy/docs/902cm.html#902.1</a>; IDEA Part C <a href="http://nichcy.org/laws/idea/partc/">http://nichcy.org/laws/idea/partc/</a></p> <p>Characteristic aligns with the HRSA MIECHV guidance that participants who <u>have children with developmental delays or disabilities</u> are given priority for receiving services.</p> <p>Treyvaud, K., Doyle, L.W., Lee, Katherine J.; Roberts, G.; Cheong, J.L.Y.; Inder, T.E. &amp; Anderson, P. J. (2011). Family functioning, burden and parenting stress 2 years after very preterm birth. <i>Early Human Development</i>, 87(6), 427-431.</p> <p><a href="http://www.childwelfare.gov/can/factors/child/#disabilities">http://www.childwelfare.gov/can/factors/child/#disabilities</a></p>
<p><b>Parent with disabilities or chronic health condition</b>  <b>Definition:</b> Parent has a physical, cognitive or other health-related condition or impairment that substantially limits one or more major life activities</p>	<p><b>Definition Source:</b> Americans with Disabilities Act <a href="http://www.eeoc.gov/policy/docs/902cm.html#902.1">http://www.eeoc.gov/policy/docs/902cm.html#902.1</a> <a href="http://www.childwelfare.gov/can/factors/parentcaregiver/characteristics.cfm">http://www.childwelfare.gov/can/factors/parentcaregiver/characteristics.cfm</a></p> <p>David, D.H., Styron, T. &amp; Davidson, L. (2011). Supported parenting to meet the needs and concerns of mothers with severe mental illness. <i>American Journal of Psychiatric Rehabilitation</i>, 14(2), 137-153.</p> <p>Kelley, S. D. M., Sikka, A., Venkatesan, S. (1997). A review of research on parental disability: Implications for research and counseling practice. <i>Rehabilitation Counseling Bulletin</i>, 41(2), 105-121.</p>
<p><b>Parent with Mental Illness</b>  <b>Definition:</b> Parent has been diagnosed with a thought, mood, or behavior disorder (or some combination) associated with distress and/or impaired functioning.</p>	<p><b>Definition Source:</b> <a href="http://www.surgeongeneral.gov/library/mentalhealth/chapter1/sec1.html">http://www.surgeongeneral.gov/library/mentalhealth/chapter1/sec1.html</a></p> <p>Harvey, E., Stoessel, B. &amp; Herbert, S. (2011). Psychopathology and parenting practices of parents of preschool children with behavior problems. <i>Parenting: Science and Practice</i>, 11(4), 239-263.</p> <p>Mason, Z. S., Briggs, R. D. &amp; Silver, E. J. (2011). Maternal attachment feelings mediate between maternal reports of depression, infant social-emotional development, and parenting stress. <i>Journal of Reproductive and Infant Psychology</i>, 29(4), 382-394.</p>
<p><b>Low educational attainment</b>  <b>Definition:</b> Parent did not complete high school or GED and is not currently enrolled</p>	<p>Johnson, W., Mcgue, M. &amp; Iacono, W.G. (2007). How parents influence school grades: Hints from a sample of adoptive and biological families. <i>Learning and Individual Differences</i>, 17(3), 201-219.</p> <p>Carothers, S. S., Borkowski, J. G. &amp; Whitman, T. L. (2006). Children of adolescent mothers: exposure to negative life events and the role of social supports on their socioemotional adjustment. <i>Journal of Youth and Adolescence</i>, Vol 35(5), 827-837.</p>



High Need Characteristic <sup>i</sup>	Citations of Relevant Research <sup>ii</sup>
<p><b>Low income</b>  <b>Definition:</b> Families eligible for Free and Reduced Lunches, Public Housing, Child Care Subsidy, WIC, Food Stamps, TANF, Head Start/Early Head Start, and/or Medicaid</p>	<p>Hoff, E. &amp; Tian, C. (2005). Socioeconomic status and cultural influences on language. <i>Journal of Communication Disorders</i>, 38(4), 271-278.</p> <p><b>Definition Source:</b> Most public assistance programs use federal poverty guidelines (or a % of the guidelines) to establish low income level  <a href="http://aspe.hhs.gov/poverty/12poverty.shtml">http://aspe.hhs.gov/poverty/12poverty.shtml</a></p> <p>Characteristic aligns with the HRSA MIECHV guidance that participants <u>who have low incomes</u> are given priority for receiving services.  <a href="http://www.childwelfare.gov/can/factors/family/structure.cfm">http://www.childwelfare.gov/can/factors/family/structure.cfm</a></p> <p>Najman, J. M., Hayatbakhsh, M. R., Heron, M. A., Bor, W., O'Callaghan, M. J. &amp; Williams, G. M. (2009). The impact of episodic and chronic poverty on child cognitive development. <i>The Journal of Pediatrics</i>, 154(2), 284-289.</p>
<p><b>Recent immigrant or refugee family</b>  <b>Definition:</b> One or both parents are foreign-born and entered the country within the past 5 years.</p>	<p><b>Definition Source:</b> 2010 United States Census  <a href="http://www.census.gov/prod/2011pubs/acsbr10-16.pdf">http://www.census.gov/prod/2011pubs/acsbr10-16.pdf</a>  <a href="http://www.uscis.gov/portal/site/uscis">http://www.uscis.gov/portal/site/uscis</a>  <a href="http://www.irs.gov/businesses/small/international/article/0,,id=129236,00.html">http://www.irs.gov/businesses/small/international/article/0,,id=129236,00.html</a>  <a href="http://www.nccp.org/publications/pub_609.html#note1">http://www.nccp.org/publications/pub_609.html#note1</a></p> <p>Segal, U.A. &amp; Mayadas, N.S. (2005). The Assessment of issues facing immigrant and refugee families. <i>Child Welfare: Journal of Policy, Practice, and Program</i>, Vol 84(5), 563-584.</p> <p>McNaughton, D.B., Cowell, J.M., Gross, D., Fogg, L. &amp; Ailey, S.H. (2004). Relationship between maternal and child mental health in Mexican immigrant families. <i>Research and Theory for Nursing Practice: An International Journal</i>, 18(2-3), 229-242.</p>
<p><b>Substance abuse*</b>  <b>Definition:</b> Parent has used or is currently using substances despite negative social, interpersonal, legal, medical or other consequences.            *Affiliates have discretion in determining how far back in time is relevant in terms of current impact on parenting, family well-being and the parent-child relationship. PATNC recommends including this as a risk factor if substance abuse has occurred at any point during the enrolled child's lifetime (including prenatal).</p>	<p>Characteristic aligns with the HRSA MIECHV guidance that participants who <u>have a history of substance abuse or needs substance abuse treatment</u> are given priority for receiving services.</p> <p>Grant, T., Huggins, J., Graham, J. C., Ernst, C., Whitney, N. &amp; Wilson, D. (2011).  <b>Definition Source:</b> DSM-IV-TR; National Institute on Drug Abuse (NIDA)</p> <p>Maternal substance abuse and disrupted parenting: Distinguishing mothers who keep their children from those who do not. <i>Children and Youth Services Review</i>, 33(11), 2176-2185.  <a href="http://www.childwelfare.gov/can/factors/parentcaregiver/substance.cfm">http://www.childwelfare.gov/can/factors/parentcaregiver/substance.cfm</a></p>
<p><b>Court-appointed legal guardians and/or foster care</b>  <b>Definition:</b> The child has a court-appointed legal guardians or is in foster care</p>	<p><b>Definition Source:</b> Code of Federal Regulations, 45CFR1355.20</p> <p>Healey, C.V. &amp; Fisher, P.A. (2011). Young children in foster care and the development of favorable outcomes. <i>Children and Youth Services Review</i>, 33(10), 1822-1830.</p> <p>Lloyd, E. C. &amp; Barth, R.P. (2011). Developmental outcomes after five years for foster children returned home, remaining in care, or adopted. <i>Children and Youth Services Review</i>, 33, 1383-1391.</p>



High Need Characteristic <sup>i</sup>	Citations of Relevant Research <sup>ii</sup>
<p><b>Homeless or unstable housing</b>  <b>Definition:</b> <i>Lives in emergency/transitional housing or in a place not intended for regular housing and/or moved more than twice in the past year due to problems with housing</i></p>	<p><b>Definition Source:</b> Institute for Children, Poverty &amp; Homelessness  <a href="http://www.icphusa.org/PDF/reports/ICPH_ProfilesOfRisk_No.1.pdf">http://www.icphusa.org/PDF/reports/ICPH_ProfilesOfRisk_No.1.pdf</a>  <a href="http://www.familyhomelessness.org">www.familyhomelessness.org</a></p> <p>Howard, K.S. &amp; Cartwright, S., Barajas, R. G. (2009). Examining the impact of parental risk on family functioning among homeless and housed families. <i>American Journal of Orthopsychiatry</i>, 79(3), 326-335.</p> <p>Gewirtz, A.H., DeGarmo, D.S., Plowman, E.J.; August, G. &amp; Realmuto, G. (2009). Parenting, parental mental health, and child functioning in families residing in supportive housing. <i>American Journal of Orthopsychiatry</i>, 79(3), 336-347.</p>
<p><b>Incarcerated parent(s)</b>  <b>Definition:</b> <i>Parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration with the past year</i></p>	<p><b>Definition Source:</b> <a href="http://bjs.ojp.usdoj.gov/index.cfm?ty=tdtp&amp;tid=1">http://bjs.ojp.usdoj.gov/index.cfm?ty=tdtp&amp;tid=1</a>  <a href="http://www.fcnetwork.org/reading/what_we_know_now.pdf">http://www.fcnetwork.org/reading/what_we_know_now.pdf</a>  <a href="http://aspe.hhs.gov/hsp/prison2home02/parke&amp;stewart.pdf">http://aspe.hhs.gov/hsp/prison2home02/parke&amp;stewart.pdf</a>  <a href="http://www.ncsl.org/documents/cyf/childrenofincarceratedparents.pdf">http://www.ncsl.org/documents/cyf/childrenofincarceratedparents.pdf</a></p> <p>Murray, J., Farrington, D.P. &amp; Sekol, I. (2012). Children’s antisocial behavior, mental health, drug use, and educational performance after parental incarceration: A systematic review and meta-analysis. <i>Psychological Bulletin</i>.</p>
<p><b>Very low birth weight*</b>  <b>Definition:</b> <i>Birth weight is under 1500 grams or 3.3 lbs.</i>            *This would not need to count as a risk factor if the child is over 2 years and is not experiencing any negative consequences due to being very low birth weight as determined by a reliable and valid screening tool or developmental assessment.</p>	<p><b>Definition Source:</b> U.S. Department of Health and Human Services, Health Resources Administration  <a href="http://mchb.hrsa.gov/chusa11/hstat/hsi/pages/202vlbw.html">http://mchb.hrsa.gov/chusa11/hstat/hsi/pages/202vlbw.html</a>  <a href="http://www.marchofdimes.com/professionals/medicalresources_lowbirthweight.html">http://www.marchofdimes.com/professionals/medicalresources_lowbirthweight.html</a>  <a href="http://www.childtrendsdatabank.org/?q=node/67">http://www.childtrendsdatabank.org/?q=node/67</a></p> <p>Ni, T.L., Huang, C.C. &amp; Guo, N.W. (2011). Executive function deficit in preschool children born very low birth weight with normal early development. <i>Early Human Development</i>, 87(2), 137-141.</p> <p>Datar, A. &amp; Jackowitz, A. (2009). Birth weight effects on children’s mental, motor, and physical development: Evidence from twins data. <i>Maternal and Child Health Journal</i>, 13, 780-794.</p>
<p><b>Death in the immediate family*</b>  <b>Definition:</b> <i>The death of the child, parent or sibling</i>            *Affiliates have discretion in determining how far back in time is relevant in terms of current impact on parenting, family well-being and the parent-child relationship. PATNC recommends including this as a risk factor if a death in the immediate family has occurred at any point during the enrolled child’s lifetime (including prenatal)</p>	<p>Graham-Bermann, S.A., Howell, K., Habarth, J., Krishnan, S., Loree, A. &amp; Bermann, E.A. (2008). Toward assessing traumatic events and stress symptoms in preschool children from low income families. <i>American Journal of Orthopsychiatry</i>, Vol 78(2), 220-228.</p> <p>Grover, R.L., Ginsburg, G. S. &amp; Lalongo, N. (2005). Childhood predictors of anxiety symptoms: A longitudinal study. <i>Child Psychiatry and Human Development</i>, Vol 36(2), 133-153.</p>
<p><b>Domestic violence</b>  <b>Definition:</b> <i>Parent is involved in intimate partner violence</i></p>	<p><b>Definition Source:</b> <a href="http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html">http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html</a>  <a href="http://www.childwelfare.gov/can/factors/family/domviolence.cfm">http://www.childwelfare.gov/can/factors/family/domviolence.cfm</a></p>



High Need Characteristic <sup>i</sup>	Citations of Relevant Research <sup>ii</sup>
<p><b>Child Abuse or Neglect</b>  <i>Definition: Suspected or substantiated abuse/neglect of child or sibling(s)</i></p>	<p>Definition Source: <a href="http://www.childwelfare.gov/can/defining/federal.cfm">http://www.childwelfare.gov/can/defining/federal.cfm</a></p> <p>Characteristic aligns with the HRSA MIECHV guidance that participants who have <u>a history of child abuse or neglect or have had interactions with the child welfare system</u> are given priority for receiving services.</p> <p><a href="http://www.childwelfare.gov/can/factors/risk/">http://www.childwelfare.gov/can/factors/risk/</a></p>
<p><b>Military family</b>  <i>Definition: Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces.</i></p> <p><i>“Deployment” is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.</i></p>	<p>Definition Source: <a href="http://www.pdhealth.mil/guidelines/annoC.asp">http://www.pdhealth.mil/guidelines/annoC.asp</a></p> <p>Characteristic aligns with the HRSA MIECHV guidance that participants <u>who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States</u> are given priority for receiving services.</p> <p>Riggs, S.A. &amp; Riggs, D.S. (2011). <a href="#">Risk and resilience in military families experiencing deployment: The role of the family attachment network.</a> <i>Journal of Family Psychology</i>, 25(5), 675-687.</p> <p><a href="http://www.childwelfare.gov/can/factors/family/structure.cfm">http://www.childwelfare.gov/can/factors/family/structure.cfm</a></p>

<sup>i</sup> Table created in 2011 to provide clearer guidance and rationale for the high needs characteristics that sites will use to determine visit frequency.

<sup>ii</sup> Research regarding the impact of co-occurring risk: [http://www.childwelfare.gov/can/factors/risk/co\\_occuring\\_risk.cfm](http://www.childwelfare.gov/can/factors/risk/co_occuring_risk.cfm)

<sup>iii</sup> Note: “parent” can refer to any parent, step-parent or other adult caregiver who is a member of the same household as the child.

## Appendix G: Participation Agreement & Consent for Services

### I. What is Parents as Teachers?

Parents as Teachers is an early childhood home visiting program designed to help you learn more about parenting, support your child's development, and help with the typical challenges of parenting. Our services are available to your family until your child turns x. Your participation is voluntary and there is no cost.

Our services for your family include:

- **Personal visits** - by a certified parent educator to support you in your parenting role and provide child development information.
- **Group connections** – opportunities to get to know other families.
- **Child screening** – developmental screening and health review that can identify potential developmental delays.
- **Resource network** – connection to resources in the community based on the interests and needs of your family.

### II. What can you expect?

First, we will get to know you better by learning about your family. We call this family-centered assessment. We will also partner with you to set goals that are meaningful to you and your family.

- You will receive at least x visits each month.
- You will be able to participate in group connections with other families
- Within the first 90 days and then x, your child(ren) will receive developmental screening and a review of health, hearing, and vision.
- We will help you connect to resources in the community.

### III. What will we ask of you?

- Be present for and participate actively in all scheduled visits.
  - > If you need to cancel or reschedule, please contact your parent educator at least x in advance. If you miss more than \_\_\_\_\_ visits in a row without cancelling and rescheduling, we will \_\_\_\_\_.
- Attend group connections.
- Share your observations of your child each visit and during screenings.

### IV. Record keeping:

During your participation in PAT, routine information will be collected and stored in x. This includes family background information, health related information, screening results, referrals, recommendations you and your child receive, and information about the services we provide to your family.



\_\_\_\_\_  
Signature of enrolled participant                      Date

\_\_\_\_\_  
Signature of enrolled participant                      Date

\_\_\_\_\_  
Printed name of enrolled participant                      Date

\_\_\_\_\_  
Signature of enrolled participant                      Date

\_\_\_\_\_  
Signature of enrolled participant                      Date

\_\_\_\_\_  
Signature of enrolled participant                      Date

\_\_\_\_\_  
Printed name of parent educator                      Date

\_\_\_\_\_  
Signature of parent educator                      Date

\_\_\_\_\_  
Signature of parent educator                      Date

\_\_\_\_\_  
Signature of parent educator                      Date

## Appendix H: Family-centered assessments that align with all seven PAT required areas<sup>14</sup>

### Family Map

The Family Map is a comprehensive family-centered assessment instrument designed for use by programs serving families with children ages 0-5 years. The main premise of the Family Map is to improve family partnership by learning about each family’s strengths and needs as well as the resources that will be most helpful. The instrument is conducted through a semi-structured interview with the parent(s) which takes about one hour.

### Life Skills Progression (LSP)

The LSP is a family-centered assessment instrument designed for use by programs serving families with children ages 0-5 years. There are 43 parent and child scales that describe a spectrum of skills and abilities that monitor client strengths and needs. The assessment is conducted through observation and semi-structured interviews with the parent(s). The LSP takes about 10 minutes to complete.

### Mid America Head Start Family Assessment

The Mid America Head Start Family Assessment is designed for use by programs serving families with children 0-5 years. It is a matrix based management system that plots families on a five-point assessment system of thriving, developing, stable, at-risk and, in-crisis. The assessment is conducted through a combination of observations and semi-structured interviews with the parent(s).

### North Carolina Family Assessment Scale for General Services

The North Carolina Family Assessment Scale for General Services is a family assessment tool that has been designed and tested for use with families having children and youth 0-18 years. The tool covers the domains of environment, parental capabilities, family interactions, family safety, child well-being, social/community life, and family health. The assessment is conducted through a combination of observations and semi-structured interviews with the parent(s). It takes about 40 minutes to complete.

Family-Centered Assessment	Cost	Training	Assessment Strategy	Scoring Software Available	Spanish Version
Family Map	Free material download after training.	Required: Manual, 6-hr group training led by a Family Map Approved Trainer. Additional training free on demand subsequently	Semi-structured interview with parents	No	No
Life Skills Progression	\$44.95 for CD of the instrument & forms. Additional training costs apply.	1-day training strongly recommended	Observation & semi-structured interview with parents	Yes	Yes
Mid America Head Start Family Assessment	Free	Manual available (free)	Observation & semi-structured interview with parents	No	No

<sup>14</sup> The Massachusetts Family Self-Sufficiency Scales and LADDERS Assessment is no longer published/supported by its developer. Therefore, only affiliates that began using this tool prior to January 2016 should continue to use it.



North Carolina Family Assessment for General Services	Scaled; contact developer for more information	Online self-directed with videos and modules. Included in the purchase cost.	Observation & semi-structured interview with parents	Yes	Yes for additional cost
---	--	--	--	-----	-------------------------

**Appendix I: Approved developmental screening tools for children**

The approved developmental screening tools cover language, intellectual, social-emotional and motor developmental domains and meet reliability and validity criteria. PAT affiliates use the most up-to-date instrument available from the publisher and are required to transition to the new edition of any tool used no more than one year after release. Affiliates must follow the publisher’s guidelines for use including training requirements.

**This information is based on Birth to 5: Watch Me Thrive! A Compendium of Screening Measures for Young Children published by the US Department of Health and Human Services (March 2014), along with information from the publishers of the screening tools websites. Please see publisher’s website for cost information.**

Tool	Developmental Domains Covered (as listed by publisher)	Age Range	Administration time (Approximate)	Publisher	Available in Spanish	Training
Ages and Stages Questionnaire-3 (ASQ-3) <u>AND</u> Social-Emotional (ASQ:SE2) <sup>15</sup>	ASQ-3: Communication; Gross motor; Fine motor; Problem-solving; Personal-social ASQ-SE2: Social-emotional	ASQ-3: 1 -66 months ASQ-SE2: 6-60 months	ASQ-3: 10 to 20 min ASQ-SE2: 10-15 min	Brookes Publishing Co. (ASQ-3 2009) (ASQ-SE 2015)	Yes	Training is available through the publisher on how to administer and score the ASQ, including the User’s Guide, DVDs, seminars and on-site training.
Ages and Stages Questionnaire-3 (ASQ-3) <u>AND</u> Devereux Early Childhood Assessment (DECA): Infant and Toddler (I/T) or Preschool	ASQ-3: Communication; Gross motor; Fine motor; Problem-solving; Personal-social DECA: Social-emotional	ASQ-3: 1 -66 months DECA I/T: 1- 36 months DECA Preschool 3-5 years	5-10 min	Devereux Center for Resilient Children (DCRC) I/T: 2007 Preschoolers: 2012	Yes	Training is not required but DCRC offers a wide variety of opportunities for professional development, including: recorded webinar, free live webinars and fee for service trainings.
Brigance Early Childhood Screens	Expressive & receptive language; Gross motor; Fine motor; Academics/pre-academics; Self-help; Social-emotional skills	Birth - end of 1 <sup>st</sup> grade	10 to 15 min	Curriculum Associates (2013)	Yes	Free online in-service training on how to administer and score the Brigance Screens is available on the publisher’s website
Developmental Indicators for the Assessment of Learning (DIAL-4)	Motor; Concepts; Language; Self-Help; Social Development	2.6 - 5.11 years	30 to 45 min	Pearson Assessments (2011)	Yes	Purchasers have access to 8 online training sessions.

<sup>15</sup> The ASQ3 by itself **does not** meet the requirement for developmental screening as it does not include the social-emotional domains. Affiliates wishing to use the ASQ3 must also use the ASQ-SE2.



Tool	Developmental Domains Covered (as listed by publisher)	Age Range	Administration time (Approximate)	Publisher	Available in Spanish	Training
Parents' Evaluation of Developmental Status <sup>16</sup>	Global/cognitive; Expressive/receptive language; Fine motor; Gross motor; Behavior; Social-emotional; Self-help; School	Birth - 7 years 11 months	30 min	PEDSTest.com (2010)	Yes	Self-training (is available on the PEDS website. 30-day free trial; then for purchase. Live training or contacts with local professionals are also often available.

<sup>16</sup> The PEDS-Developmental Milestones (PEDS:DM) is not approved for use as a Parents as Teachers developmental screening tool.

**Appendix J: Approved tools for measuring parenting outcomes**

Instrument	Child Age	How administered	Description	Time to administer	Language	Cost	Training
<a href="#"><u>The Adult-Adolescent Parenting Inventory (AAPI-2)</u></a>	Any age	Caregiver completes survey	AAPI-2 is an inventory designed to assess parenting and child rearing attitudes of adolescents and adult parent and pre-parent populations. Responses provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect.	15-20 minutes	English, Spanish, Creole, Arabic, Korean	\$	N/A
<a href="#"><u>Healthy Families Parenting Inventory (HFPI)*</u></a>	Birth-10 years	Caregiver completes survey	HFPI is a 63-item outcome measure that was designed to examine change in nine parenting domains: social support, problem-solving, depression, personal care, mobilizing resources, role satisfaction, parent/child behavior, home environment, and parenting efficacy.	15-20 minutes	English, Spanish	FREE	Recommended Must contact publisher for more information
<a href="#"><u>Home Observation for Measurement of the Environment Inventory - Infant/Toddler(HOME-IT)* and Early Childhood (HOME-EC)*</u></a>	Birth-10 years (IT) 3-6 years (EC)	Parent educator observation and parent interview	HOME- IT and EC were designed to measure the quality and quantity of stimulation and support available to a child in the home environment. The focus is on the child in the environment.	45-90 minutes	English	\$	N/A
<a href="#"><u>Home Observation for Measurement of the Environment Inventory – Short Form (HOME-SF)</u></a>	Any Age	Parent educator observation and parent interview	The short form of the HOME Inventory (HOME-SF) was constructed for use in the National Longitudinal Survey of Youth (NLSY79) and it contains fewer items than the original instruments mentioned above.	10-20 minutes	English	\$	N/A
<a href="#"><u>Keys to Interactive Parenting Scale (KIPS)*</u></a>	2 to 71 months	Parent educator observation	KIPS is a 12-item observational parenting assessment that has been shown to be reliable when used by both professional and paraprofessional home visitors. KIPS can be used to guide	30 minutes	English, Spanish	\$\$\$	In-person or online training**



			intervention, track family progress, enhance supervision, and document program outcomes.				
<a href="#">Parenting Interactions with Child: Checklist of Observations Linked to Outcomes (PICCOLO)*</a>	10 to 47 months	Parent educator observation	PICCOLO is a research-based observation measure of parenting interactions. It is formatted as a checklist of 29 observable developmentally supportive parenting behaviors. It can be used to track positive parenting outcomes in 4 domains: affection, responsiveness, encouragement and teaching.	10 minutes	English	\$\$	In-person*; Online*
<a href="#">Parenting Stress Index (PSI-4)</a>	1 month-12 years	Caregiver completes survey	The PSI-4 is commonly used as a measure for evaluating the parenting system and identifying issues that may lead to problems in the child's or parent's behavior. PSI is a 120-item inventory that focuses on three major domains of stress: child characteristics, parent characteristics, and situational/demographic life stress.	20-30 minutes	English, Spanish, French, Chinese, Korean, Arabic, etc.	\$\$	N/A
<a href="#">Parenting Stress Scale (PSS)</a>	Infancy-12 years	Caregiver completes survey	The PSS is a self-report scale that contains 18 items representing pleasure or positive themes of parenthood and negative components.	10-15 minutes	English	FREE	N/A
<a href="#">Parents' Assessment of Protective Factors (PAPF)</a>	Birth to 8 years	Caregiver completes survey	The PAPF is a 36-item survey developed to measure the presence, strength and growth of parents' self-reported behaviors, feelings and feelings that are considered indicators of protective factors	15-20 minutes	English, Spanish	FREE	N/A

\* = optional training \*\*= required training

Price Key (Please refer to tool publisher's website for exact prices)

\$ = Less than \$100

\$\$ = \$100-\$250

\$\$\$ = More than \$250

\*Price estimates are based on combined costs for manuals, surveys, and required trainings. This does not include optional in-person trainings



## References

- Center for the Study of Social Policy. (n.d.). *Strengthening Families™ Initiative*. Retrieved Feb. 13, 2008, from [www.cssp.org](http://www.cssp.org)
- Child Welfare Information Gateway, Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services (n.d.). Family-centered assessment. Retrieved Oct. 4, 2010, from [www.childwelfare.gov/famcentered/casework/assessment.cfm](http://www.childwelfare.gov/famcentered/casework/assessment.cfm).
- Durlak, J. A., & Dupre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology, 41*, 327-350.
- Family Strengthening Policy. Edwards, H. C. (2008). Volunteers in Leadership Roles: Successfully Engaging Advisory Councils. *International Journal of Volunteer Administration, 25*(2), 9-11. Retrieved Nov. 16, 2010, from [www.ijova.org/PDF/IJOVA%20Sample%201%20Manuscript%20May%2014.pdf](http://www.ijova.org/PDF/IJOVA%20Sample%201%20Manuscript%20May%2014.pdf)
- Fixsen, D. L., Naoom, S.F., Blase, K.A., Friedman, R.M., & Wallace, F. (2005). *Implementation research: A synthesis of literature*. Tampa, FL; University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network.
- Institute for Health Care Improvement. (2016.) *Science of Improvement: How to Improve*. Retrieved Apr. 1, 2016 from [www.ihc.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx](http://www.ihc.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx)
- Merrill Associates. (2003) *Developing Effective Advisory Committees*. Retrieved Nov. 16, 2010, from [www.merrillassociates.com/topic/2003/02/developing-effective-advisory-committees](http://www.merrillassociates.com/topic/2003/02/developing-effective-advisory-committees)
- Michigan Association for Infant Mental Health. (2015). *Best Practice Guidelines for Reflective Supervision/Consultation*. Retrieved January 15, 2015 from [http://www.mi-aimh.org/documents/20100204\\_bpgrsc.pdf](http://www.mi-aimh.org/documents/20100204_bpgrsc.pdf)
- O'Neill, C. (2004). *Healthy babies: Efforts to improve birth outcomes and reduce high risk births*. National Governors Association Center for Best Practices. Cited in Schuyler Center for Analysis and Advocacy. (2007, October). *Universal prenatal/postpartum care and home visiting: The plan for an ideal system in New York State*. Retrieved Oct. 3, 2010. From [www.jfs.ohio.gov/OCTF/Universal%20Prenatal-postpartum%20Care%20and%20Home%20Vistation.pdf](http://www.jfs.ohio.gov/OCTF/Universal%20Prenatal-postpartum%20Care%20and%20Home%20Vistation.pdf)
- Parents as Teachers National Center. (2017). *Data in motion: A manual for documenting family data, services, and impact*. St. Louis, MO: Author.
- Parents as Teachers National Center. (2016). *Reflective supervision toolkit*. St. Louis, MO: Author.
- Parlakian, R. (Ed.). (2002). *Reflective supervision in practice: Stories from the field*. Washington, DC: ZERO TO THREE
- U.S. Department of Health and Human Services. (2014). *Birth to 5: Watch me thrive! A compendium of screening measures for young children*. Retrieved from



[www.acf.hhs.gov/sites/default/files/ece/screening\\_compndium\\_march2014.pdf](http://www.acf.hhs.gov/sites/default/files/ece/screening_compndium_march2014.pdf)

---