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Standard 6: Promote PCI, Childhood Growth & Development

**ADDRESSING RISK FACTORS AND CHALLENGING ISSUES** (EFFECTIVE 02-28-2025)

**HFA Best Practice Standard 6-1.A**

**POLICY: The site will review each family’s strengths and stressors as identified in the FROG Scale, as well as parent-child interaction/attachment concerns and challenging issues identified subsequent to the administration of the FROG Scale. The supervisor and home visitor work together to develop a Service Plan with activities to address these stressors/issues and build protective factors during the course of services.**

HFNY Policy Guidelines

* Together, the supervisor and home visitor (whomever will be permanently assigned to the family to provide home visiting services) review each family's strengths, risk factors, stressors, challenging issues (i.e., substance abuse, intimate partner violence, parent’s cognitive impairment, and mental health concerns), and parent-child interaction/attachment concerns that are identified during the FROG Scale and at any point during the course of services..
* The Service Plan is initiated within two weeks of the FROG Scale being approved by the supervisor and at minimum includes the strengths and risk factors identified in the FROG..
* Using the HFA Service Plan in MIS, the supervisor and home visitor develop a plan of activities/strategies to address each of the risk factors/stressors identified in the FROG and to build protective factors. The supervisor and home visitor consider the pacing of activities, prioritizing those that impact the health and safety of the family, those that may be barriers to attachment, and issues that the family has indicated as a priority for them. **(6-1.B)**
* The home visitor and family implement the planned activities/strategies throughout the course of services and the home visitor documents them on the Home Visit Log **(6-1.C)**.
* The supervisor and home visitor routinely review the activities that have been implemented, discuss the readiness of the family to address issues, reflect on the success of the activities, and discuss next steps. These discussions are documented in the HFNY Supervision Form and noted on the Service Plan (placing date of home visit activity completed on the plan). The frequency of these discussions will depend on the complexity of each family’s situation, including risk factors and challenging issues and should occur at least quarterly.
* **Any additional challenging issues identified during the course of services (e.g. mental health issues, substance abuse, intimate partner violence, challenges identified through the use of screening tools such as depression screens , ASQs, CCIs , etc.) are added to the HFA Service Plan and followed up on accordingly.** Please refer to the following policies for additional service plan guidance 6-3.A, 4-1.A, 4-2.B, and 7-4.A.
* **Any suspicion of Child Abuse or Neglect will be included in the Service Plan** (GA-4.A) as a mechanism for the supervisor or program manager to track and monitor suspected cases of child abuse or maltreatment to ensure safety concerns are addressed and follow through occurs.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that describe:**

1. How the supervisor and home visitor work together to review each family’s strengths, risk factors and stressors identified in the FROG Scale and subsequently during the course of services.
2. How the Service Plan is used to plan activities and strategies to address each of these factors and build protective factors.
3. How activities/strategies will be prioritized and paced to address each one without overwhelming the home visitor or the family.
4. Indicate the timeframe in which the plan is initiated, strategies are developed and how often the Service Plan will be reviewed in supervision based on each individual family’s needs, risk factors, challenging issues and level.
5. Describe how the activities implemented by the home visitor will be documented on the Supervisor Form and added to the Service Plan.
6. How challenges (mental health, substance abuse, domestic violence, parental cognitive impairment, or TC developmental delays) identified during the course of services, are added to the Service Plan.
7. How suspicion of Child Abuse and Neglect will be added to the Service Plan to ensure cases are monitored and follow-through occurs.

TIP: HFA recommends review and update of each family’s Service Plan once monthly for families on Level 1, 1P, or SS, every other month for families on Level 2, and quarterly for families on Levels 3 or 4.

**FAMILY GOALS** (EFFECTIVE 02-28-2025)

**HFA Best Practice Standard 6-2.A**

**Policy: Home visitors and families work together to develop family goals throughout the course of services, with new goals set as previous goals are accomplished or retired.**

HFNY Policy Guidelines

* The home visitor utilizes a collaborative and strength-based approach to create a Family Goal Plan within the first 90 days of service. This requires active participation from the family and may include information gathered during the assessment process and other screening tools. Goal setting is 100% based upon what the families want, need, or dream about.
* The home visitor utilizes tools like the “What I’d Like for My Child” and “Family Values Cards” activity referenced at HFA Foundations for Family Support training to demonstrate collaboration in the goal setting process and to help identify family strengths to support goal achievement.
* Home visit activities and identification of resources are provided as the home visitor works to assist the family in accomplishing their goals. The home visitor supports the family goal process by working with the family to break larger goals into small manageable steps and build upon strengths. Family Goal(s) include strengths identified to support the goal, detailed action steps for achieving the goal(s) as well as realistic timelines and projected date for accomplishing the goal(s) (**6-2.B).**
* Family Goal Plans are documented in MIS on the HFNY Goals/Transition Plan form and reviewed with the family on an ongoing basis. This includes discussions regarding progress on goals, identification of strengths and barriers, addressing any family concerns and celebrating successes. Discussions with the family are documented on the FGP Form in the Home Visit Log.
* HFNY Performance Indicator FLC3 requires 100% of families to have at least one goal recorded in the past year and 85% or more of families to have an active goal.
* Family Goal(s) are regularly reviewed during individual supervision **(6-2.C**) and discussions regarding progress and barriers are documented in supervision notes. Supervisors document updates on goal progress, possible solutions or guidance to address family barriers, and how goal achievement was celebrated in the supervision notes.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that describe:**

1. A description of the timeframe and process for developing goal plans in collaboration with the family.
2. How the home visitor and family work together to modify or retire goals, and new goals are set as previous ones are accomplished.
3. The tools, activities and strategies to be used with the family to help identify family strengths and support goal achievement.
4. A description of how the home visitor will work with the family to break larger goals into small manageable steps, realistic timelines and projected dates of accomplishment.
5. How goal plans are documented.
6. How the Family Goal Plan process is supported in supervision.
7. How achievement of goals is acknowledged and celebrated with families.

**CHEERS: ASSESSING PARENT CHILD INTERACTION** (EFFECTIVE 02-28-2025)

**HFA Best Practice Standard 6-3.A**

**POLICY: Sites require the use of CHEERS and that home visitors partner with parents to assess, address and promote nurturing parent-child interaction, attachment and bonding through the use of reflective strategies, visit activities, and materials. Supervisors will support home visitors, and the CHEERS Check-In (CCI) tool will be used at least twice annually.**

**NOTE: 6-3.B, 6-3.C and 6-3.E are ESSENTIAL STANDARDS**

HFNY Policy Guidelines

* During each home visit (including virtual visits and any group session being counted as a home visit) with the exception of home visits where the FROG Scale or CCI tool is administered, the home visitor will partner with parents to observe and assess parent-child interaction using CHEERS and identify areas of strengths and, needs, and address concerning parent-child interaction. The home visitor consistently uses teachable moments to reinforce the parent’s positive interactions, to promote nurturing relationship skills and to address any concerns identified through CHEERS observation.
* The home visitor will endeavor to assess all domains of CHEERS across multiple home visits. All observations are documented in the Home Visit Log. Documentation includes parent strengths, needs, and any concerns observed during parent child interactions.
* When enrolled **prenatally**, at least one component of CHEERS is documented beginning at **24 weeks gestation**, at least two components are documented beginning in the third trimester (28 weeks) and throughout the time families remain in services.
* CHEERS must be documented at every home visit. While it is preferable to document CHEERS based on observation, when the target child is asleep or not present CHEERS must be documented based on a parent report. This might include what the parent has noticed about the child’s behavior, parenting stressors and strengths, preparations for the new baby coming home, or preparations for developmental changes.
* The home visitor supports positive interactions between parent and child by using the HFA Reflective Strategies and helps parents practice skill building activities during home visits. This includes activities from curricula (i.e. Growing Great Kids, Partners for a Healthy Baby, Parents as Teachers), which are used at a frequency planned by the supervisor and home visitor for each family.
* The home visitor and supervisor discuss the parent-child relationship and parent-child interactions during supervision and develop plans to address any needs or concerns based on the observations of the home visitor. These discussions are documented in supervision notes including the supervisor’s voice regarding suggestions, exploration, and reflective supervisions and any activities or strategies to address the concerns are added to the Service Plan **(6-3.C and 6-3.E)**.
* When there are consecutive visits where CHEERS is documented by parent report, supervisors will work with home visitors to explore barriers to target children being present during the visit and develop a plan to offer a subsequent visit when the target child is awake/available. These discussions will be documented in supervision notes.
* The site utilizes the CHEERS Check-In (CCI) tool at least twice annually during each year of the child’s life from birth through thirty-six (36) months (includes twins and other types of multiples). The results of the CHEERS Check-In are reviewed in supervision and the supervisor and home visitor work together to develop a plan (documented on the Service Plan) to address any concerns. Any CHEERS Check-In score rated a 4 or less, will be added to the Service Plan with strategies to address concerns. Items rated as 5 are to be strengthened and items rated 6 or 7 are to be promoted **(6-3.D)**.
* If PC1 declines tool administration, it is documented on the CCI form.
* For CWP families, if the child was enrolled for less than 6 months of the year in question, then only 1 CHEERS Check-in is required
* For CWP families, if enrollment occurs within 45 days of the child turning 1 or 2 years old you may request an exemption on the CHEERS Check-in (for Performance Targets PCI2A and PCI2B)

Tip: The suggested schedule for completing the CHEERS Check-In is that it is administered at 4, 8, 16, 20, 28, and 32 months of age.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that describe:**

1. How home visitors will use CHEERS to partner (i.e. using the parent materials from the CHEERS Handbook) with parents to assess parent-child relationships **on all home visits unless when conducting FROG or CCI**.
2. How home visitors will document CHEERS if a group visit occurs for Level 1 or L1P families
3. How home visitors will utilize the Home Visit Log to document all observations including parent strengths, needs, and any concerns observed during parent child interaction
4. How strength-based intervention tools (i.e., the HFA Reflective Strategies) and curricula will be used to promote positive parent-child interactions and address concerns.
5. How supervisors will work with home visitors to develop plans for increasing positive parent-child interactions, review the Service Plan and how discussions will be documented in supervision notes noting supervisor’s support.
6. How supervisors will work with home visitors to explore barriers to target children present at visits when there are consecutive visits where CHEERS is documented by parent report.
7. How home visitors will use the CHEERS Check-In tool twice per year per the HFA suggested schedule and how discussions, plans and strategies with the supervisor are documented.
8. How PC1’s refusal to CCI administration will be discussed with supervisors.

**PROMOTING CHILD DEVELOPMENT, PARENTING SKILLS, & HEALTH AND SAFETY** (EFFECTIVE 02-28-2025)

**HFA Best Practice Standard 6-4.A**

**POLICY: The site utilizes evidence-informed curriculum materials selected from the HFNY current list of approved primary and supplemental curricula to promote child development, nurture parent-child relationships, parenting skills, and health and safety practices with families.**

HFNY Policy Guidelines

* Home visitors use evidence-informed curricula promoting child development, parenting skills and health and safety of the family in most home visits. Use of curricula is an important aspect of home visiting services, however the primary focus of each visit is on the relationship between caregivers and child. (For training guidelines, see policy 10) .
* Programs will select from the list of HFNY approved curricula, parenting materials, and home visitors will use them in a strength-based approach, building on parental capacity and in response to parent-child interests and or desires, or as a result of observations made during home visits **(6-4.B)**.
* Home visitors will share health and safety information that includes prevention strategies as well as areas of concern observed in the home. Programs will adhere to the timeframes established in the HFNY Critical Health and Safety Topics List, which can be found under appendices in the policy 6 reference table. Concerns that can result in harm are addressed frequently until resolved and plans are developed in discussions with the supervisor and documented on the Service Plan and Supervision Form **(6-4.C)**.
* Home visitors promote safer sleep practices with pregnant parents and families with an infant from birth to twelve months of age **(6-4.D)**.
* All curriculum, handouts, and critical health and safety topic materials provided are documented on the Home Visit Log. The home visitor provides detailed information on home visit logs to capture what was shared during the home visits and the family’s response to the information.
* Additional handouts and brochures promoting positive parent child interaction, knowledge of child development, and health and safety practices, approved by the site, are used to supplement the use of curriculum.

**The site will adhere to all NYS policy guidelines specified above. In addition, please insert site-specific procedures that describe:**

1. How home visitors promote child development, including any curricula and/or tools to be used in most home visits.
2. How home visitors promote parenting skills, including any curricula and/or tools to be used in most home visits.
3. How home visitors promote health and safety related practices, and document the discussions with families on the Home Visit Log.
4. How evidence-informed parenting materials are shared with families using a strength-based approach that builds on parental capacity and in response to parent-child interests.
5. How the supervisor and the home visitor will use the service plan to document curriculum used to address risk factors and safety concerns.
6. How the home visitor will document in the home visit log what curriculum was used in the home visit.
7. How information regarding safer sleep is shared with families both prenatally and during the first year of the child’s life.

**DEVELOPMENTAL SCREENING** (EFFECTIVE 02-28-2025)

**HFA Best Practice Standard 6-5.A**

**POLICY: Sites monitor the development of participating infants and children with the most current version of the Ages and Stages Questionnaire and the most current version of the Ages and Stages Questionnaire SE which are standardized developmental screens and track all children suspected of developmental delay, with appropriate referrals and follow-up as needed.**

NYS Policy Guidelines

* The most current version of the Ages and Stages Questionnaire (ASQ) and ASQ-Social/Emotional (SE) are used to monitor child development for all target children, unless developmentally inappropriate. All staff who administer the ASQ and the ASQ:SE will complete training on the use of the tool prior to using it **(10-6)**.
* If the child is engaged in early intervention services, the home visitor is not required to complete the ASQ and ASQ:SE during that time but should coordinate services and obtain updates from early Intervention (with signed caregiver consent). If the family declines the opportunity to screen their child, it is documented on the home visit log.
* The ASQ is administered at least twice per year for each year of the child’s life until age three, (typically at 4, 8, 12, 18, 24, 30, 36), and at least once between 37 and 48 months and once between 49 and 60 months.
* The ASQ:SE is to be administered at a minimum of once per year and can be done as early as 2 months.
* The ASQ and ASQ:SE are used in partnership with parents, during the home visit and are administered in accordance with tool instructions to ensure accuracy, including adjusting for prematurity when needed.
* All ASQ and ASQ:SE are reviewed, documented and followed up by a Developmental Specialist.
* All administration dates and scores are entered into the MIS ASQ and ASQ:SE forms.
* In the event an ASQ or ASQ:SE indicates a possible delay in one or more developmental areas, the home visitor discusses the results with the parent and the supervisor. These discussions are documented in the Home Visit Log and Supervision Notes. If deemed appropriate, the home visitor facilitates a referral to the local Early Intervention Services, the child’s primary care physician, and/or CPSE, with parents’ signed consent unless the family declines the service (declines should be documented in the Home Visit Log and/or Case Notes).
* The supervisor ensures all children with a suspected developmental delay are closely monitored and tracked. The supervisor ensures necessary follow-up and that the home visitor is providing appropriate resources to the family; these are documented in Supervision Notes. MIS system documents referrals, follow-up, and the utilization of developmental resources, services and intervention **(6-5D)**.
* For CWP families, if the child was enrolled for less than 6 months of the year in question, then only 1 ASQ is required
* For CWP families, if enrollment occurs within 45 days of the child turning 1 or 2 years old you may request an exemption on the ASQ (for Performance Target HD7)

**The site will adhere to all NYS policies specified above. In addition, please insert site-specific procedures below:**

1. Describe how staff are trained in the use of the most current versions of ASQ and ASQ:SE tools prior to administering them with families.
2. Describe how your site utilizes the most current version of the ASQ and ASQ:SE as developmental screening tools with all families unless developmentally inappropriate or if the child is already receiving early intervention services
3. Describe the timeframes for administration of the developmental screening tools.
4. Describe how ASQ and ASQ:SE are reviewed by the Developmental Specialist and the follow up process when the child is suspected of having a developmental delay.
5. Describe how the home visitor and supervisor discuss and develop plans and interventions and how these are documented on the Supervision Form and referrals are made.

**Reference Table**

**Best Practice Standard 6**

*This reference table contains a list of reports in the MIS that can be used to help programs monitor fidelity as well as helpful links and documents related to each policy.*

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| **Policy** | **MIS Reports & Forms** | **Appendix & Links** |
| 6-1.A  Addressing Risk Factors and Challenging Issues | * Analysis/Assessment PC1 Issues * Accreditation/6-1.B Service Plan Analysis Report * Analysis-Active Service Plans Report | * [HFNY Supervision Form](https://www.healthyfamiliesnewyork.org/Staff/Documents/Supervision%20Paper%20Form%202.0.pdf) * [PCANY Service Plan Handbook](https://37a31517-a50e-444a-815d-94550c1b6b6b.filesusr.com/ugd/5d3baa_be5b05004b3844988b6803f8ea2f9cb6.pdf) |
| 6-2.A  Family Goal Plan | * Accreditation/6-2.B/C Family Goal Plan Report * Dashboards(Initial FGP due date) * Performance Targets - FLC3 | * [Guide to FGP](https://www.healthyfamiliesnewyork.org/Staff/Documents/guidetoFGPonMIS02042021pptx.pptx) |
| 6-3.A  Assessing Parent Child Interaction (PCI) | * Accreditation- 6-3.D CHEERS Check-in Observations * Lists-CHEERS Check-In History Report * Dashboards and Ticklers * Performance Targets - PCI2a, b, c | * [CHEERS Handbook](https://37a31517-a50e-444a-815d-94550c1b6b6b.filesusr.com/ugd/5d3baa_9cf6a46557d642a7a070c5f063192da1.pdf) * [Internal (HFNY) Training resources](https://tol397.wixsite.com/transferoflearning/selfpacedtrainings) (TOL log in required) * [HV Log Guidelines](https://www.healthyfamiliesnewyork.org/Staff/Documents/HV%20Log%20Guidelines%208.24.23.pdf) * [Guidance for CCI with Multiples](https://www.healthyfamiliesnewyork.org/Staff/Documents/FAQs/Multiples%20FAQs09252024.pdf) |
| 6-4.A  Promoting Child Development | * Analysis- Approved Curriculum Monitoring * Accreditation- Use of Health and Safety and Safer Sleep Practice | * [HFNY Curriculum](https://www.healthyfamiliesnewyork.org/Staff/curriculum.htm) (HFNY Network password needed) * HFNY Critical Health and Safety List. Now included under **MIS Tab:** “Health of TC”**/ Section:** “Health Care Activities of Home Visitor.” |
| 6-5.A Developmental Screening | * 6-5.B ASQ Developmental Screening - Details * 6-5.C ASQ:SE Developmental Screening - Details * Accreditation- 6-5.D Developmental Delay Tracking and Follow Up * Performance Targets - HD7 | * [Brookes ASQ Online](https://brookespublishing.com/product/asq-online/) |