

# Education Topics, Community Referrals, & Support Systems



## IFSTAN Webinar

April 10, 2020

11:00 am




## Next Webinar

March 8, 2020

11:00 am

## Linking Standards

Information regarding Education Topics, Community Referrals, & Support Systems are found intertwined within standards 7, 8, 9, 10, and 11.



Education Topics	Comm. Referrals	Support Systems
8.04	8.01	7.03
10.02	8.02	9.01
10.03	8.03	10.06
10.04	9.02	
	9.03	
	9.04	
	11.01	



# 7.03



Program activities facilitate a connection to the community, and promote a coordinated response to community needs, by encouraging families to:

- a) connect with other community members, organizations, and institutions; and
- b) contribute time and skills to family support and community building efforts if and when it is appropriate to do so.

*Interpretation:* Some families may not be at a point in their lives where they can contribute to family support and community building efforts.

## 7.03 - Policy & Procedure: Questions and Topics to Consider



- What is your program's referral process? How does your program differentiate between what is a referral and what is information sharing?
- How does this relate to connecting participants to the community? Is this documented? Where? How?
- How does your program inform participants of community events? Is this documented? Where? How?
- How does your program encourage participants to give back to the community? Is this documented? Where? How?
- Follow-up – In what circumstances do support professionals gather information on referrals and information sharing? Is this documented? Where? How?

## 7.03 - Practice: How to Show Peers What You're Doing



- Program policy and procedures for referral process and to connect participants to the community
  - Blank referral forms (in BOX)
  - Completed referrals (On-Site)
  
- Evidence of helping connect the family to other community members, organizations
  - Blank referral forms (in BOX)
  - Completed referrals (On-Site)
  - Fliers, Brochures, Pamphlets, Handouts (in BOX & On-Site)
  
- Evidence of informing participants of opportunities to give back to the community
  - Fliers, Brochures, Pamphlets, Handouts, Agendas, Meeting Minutes, Group Activities (in BOX)
  - Registration Forms, Attendance Lists, Sign-in Sheets (On-Site)



# 8.01



**CHILDREN AND FAMILIES ARE LINKED TO THE FOLLOWING HEALTH SERVICES, AS NEEDED:**

- a) DIAGNOSIS AND TREATMENT OF HEALTH PROBLEMS;**
- b) DENTAL CARE;**
- c) MENTAL HEALTH CARE;**
- d) ONGOING HEALTH CARE, INCLUDING ROUTINE MEDICAL CHECKUPS;**
- e) PEDIATRIC HEALTH CARE, INCLUDING WELL-BABY VISITS AND IMMUNIZATIONS; AND**
- f) INFORMATION AND EDUCATION ABOUT PREGNANCY PLANNING AND PREVENTION, INCLUDING LINKAGES TO FAMILY PLANNING SERVICES.**

**INTERPRETATION:** REGARDING ELEMENT (C), EXPECTANT AND RECENT MOTHERS SHOULD BE REGULARLY SCREENED FOR DEPRESSION, INFORMED ABOUT POSTPARTUM DEPRESSION, AND CONNECTED TO AVAILABLE SUPPORT AND TREATMENT SERVICES.

## 8.01 - Policy & Procedure: Questions and Topics to Consider



- How does your program determine if care is needed? (Assessments, Home Visits, Conversations)
- Where will they be referred? (“For example” – “Including but not limited to” – “May include other agencies as available”)
- How can your program assist the family in getting connected? (making appointments, transportation, special accommodations)
- Documentation (Where? How?)
- Follow-up (When? Where? How?).

## 8.01 – Practice: How to Show Peers What You're Doing



- Referral logs/tracking sheets
  - Blank in BOX
  - Completed On-site
  
- Health resource documents used, Brochures, Pamphlets
  - Blank in BOX
  - Completed On-site
  
- Fliers on community activities, Free health clinic days, Dental bus
  
- Release of Information, as applicable
  - Blank in BOX
  - Completed On-site
  
- Documentation, Case Notes (De-identified)





# 8.02



EXPECTANT PARENTS ARE LINKED TO THE FOLLOWING HEALTHCARE SERVICES, AS NEEDED:

- a) **PRENATAL HEALTH CARE;**
- b) **GENETIC RISK IDENTIFICATION AND COUNSELING SERVICES;**
- c) **LABOR AND DELIVERY SERVICES;**
- d) **NUTRITION SERVICES;**
- e) **DENTAL CARE;**
- f) **MENTAL HEALTH CARE; AND**
- g) **POSTPARTUM CARE.**

*INTERPRETATION:* REGARDING ELEMENT (F), EXPECTANT MOTHERS SHOULD BE REGULARLY SCREENED FOR DEPRESSION, INFORMED ABOUT POSTPARTUM DEPRESSION, AND CONNECTED TO AVAILABLE SUPPORT AND TREATMENT SERVICES.  
*INTERPRETATION:* PROGRAMS THAT SERVE ANY EXPECTANT PARENTS ARE REQUIRED TO LINK THOSE PARENTS TO APPROPRIATE RESOURCES. THIS WOULD INCLUDE PROGRAMS THAT TARGET EXPECTANT PARENTS OR THAT TARGETS ANOTHER POPULATION, IN WHICH THE PARTICIPANT IS ALSO AN EXPECTANT PARENT.

## 8.02 – Policy & Procedure: Questions and Topics to Consider



- List out sources of care (“For example” – “Including but not limited to” – “May include other agencies as available”)
- How can your program assist the family in getting connected? (making appointments, transportation, special accommodations)
- Documentation (Where? How?)
- Follow-up (When? Where? How?)

## 8.02 – Practice: How to Show Peers What You're Doing

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- Curriculum model
  - Table of Contents in BOX
  - Full curriculum On-site
- Referral logs/tracking sheets
  - Blank in BOX
  - Completed On-site
- Prenatal resource documents used, Brochures, Pamphlets
- Parent/Child community activities (brochures, fliers, handouts)
- Release of Information, as applicable
  - Blank in BOX
  - Completed On-site
- Documentation, Case Notes (De-identified)



# 8.03



**FAMILIES ARE HELPED TO SIGN UP FOR HEALTH INSURANCE WHEN COVERAGE IS AVAILABLE AND RECEIVE INFORMATION ABOUT OTHER OPTIONS FOR CARE, SUCH AS FREE CLINICS, WHEN INSURANCE COVERAGE IS NOT AVAILABLE.**



## 8.03 - Policy & Procedure: Questions and Topics to Consider



- How does your program learn of a family's insurance needs?
- What are your community's health insurance options? (state, private, free)
- How does your program connect families with these resources?
- Application assistance - scheduling - transportation options
- Documentation
- Follow-up

## 8.03 – Practice: How to Show Peers What You're Doing



- Local health fair fliers
- Health insurance applications and information
- Blank program intake form or other form(s) used that asks about family's health insurance
- Fliers, Brochures, Handouts, Curriculum topics
- Referral logs
  - Blank in BOX
  - Completed on-site
- Documentation
- Tracking (follow-up)



# 8.04



**FAMILIES ARE EDUCATED ABOUT:**

- a) HEALTH-RELATED ISSUES AND BEHAVIORS THAT CAN IMPACT CHILD, INDIVIDUAL, AND FAMILY FUNCTIONING; AND**
  - b) THE PREVENTION AND TREATMENT OF DISEASE**
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## 8.04 - Policy & Procedure: Questions and Topics to Consider



- How does your program present health related issues? Curriculum? Community Resources?
- What health related issues most frequently impact your unique community population?
- What disease prevention measures are available in your community?
- How are participants informed of this information?
- Where/How are participants referred?
- How does your program learn of participant's specific health related needs?



## 8.04 – Practice: How to Show Peers What You're Doing



- Curriculum model table of contents with appropriate lesson plans or information highlighted (in BOX)
- Full curriculum used (On-site)
- Health-related and prevention and treatment of disease handouts
- Referral logs (Blank in BOX – Completed on-site)
- Brochures, fliers, hand-outs
- Case notes/documentation showing steps, progress, or actions taken toward self-sufficiency (De-identified)



# 9.01



**FAMILIES ARE HELPED TO REDUCE SOCIAL ISOLATION AND DEVELOP POSITIVE CONNECTIONS WITH OTHERS BY:**

- a) MAINTAINING AND STRENGTHENING THEIR RELATIONSHIPS WITH OTHERS WITHIN THE FAMILY, INCLUDING THE EXTENDED FAMILY; AND**
  - b) DEVELOPING AND EXPANDING THEIR INFORMAL NETWORKS, INCLUDING CONNECTIONS WITH FRIENDS, NEIGHBORS, AND COMMUNITY MEMBERS.**
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## 9.01 - Policy & Procedure: Questions and Topics to Consider



How does your program promote positive relationships?

How are positive relationships modeled

What opportunities are provided to experience positive relationships

How is relationship information learned, gathered, discussed?

How/When are participants encouraged to expand their relationships with family, friends, peers?

## 9.01 – Practice: How to Show Peers What You're Doing



- Resources utilized to discuss positive relationships (curriculum, handouts, informational documents)
- Community events calendar, website printouts
- Program social media (if applicable)
- Referral tracking (BLANK in BOX – Completed On-site)



# 9.02



**FAMILIES ARE HELPED TO ACCESS COMMUNITY SERVICES THAT MEET BASIC NEEDS AND HELP THEM CARE FOR THEIR CHILDREN, INCLUDING, AS APPROPRIATE:**

- a) food and nutrition services;
- b) health services;
- c) housing services, including transitional living arrangements;
- d) transportation services;
- e) financial assistance;
- f) child care; and
- g) respite care

## 9.02 - Policy & Procedure: Questions and Topics to Consider



- Who provides these services? (“For example” – “Including but not limited to” – “May include other agencies as available”)
- How does the program know when services are needed and how are they accessed?
- Transportation – Application Assistance – Scheduling Assistance
- Referral – Follow up – Documentation

## 9.02 – Practice: How to Show Peers What You're Doing



Food/Nutrition related resources, handouts, fliers, community calendar, pantries, food banks

Health services related resources, handouts, fliers, community calendar, free clinics

Housing resources, applications, procedure information

Transportation services, bus routes, bus pass/token information, alternative transportation options, health care shuttle/van services

Financial assistance resources, SEAP, Project NOW, FIP, LIHEAP, Churches, donation sources, procedure information, applications

Child care/Respite care resources, availability, locations, procedure information, applications

Case notes/documentation showing steps, progress, or actions taken toward self-sufficiency (De-identified)



# 9.03



**FAMILIES ARE HELPED TO ACCESS COMMUNITY SERVICES THAT PROMOTE SELF-SUFFICIENCY AND POSITIVE LIFE COURSE DEVELOPMENT, INCLUDING, AS APPROPRIATE:**

- a) EDUCATIONAL AND LITERACY SERVICES, INCLUDING SPECIAL EDUCATION;**
  - b) VOCATIONAL AND EMPLOYMENT SERVICES; AND**
  - c) PARENT EDUCATION SERVICES AND SUPPORT GROUPS.**
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## 9.03 - Policy & Procedure: Questions and Topics to Consider



What is your program's approach to self-sufficiency?

When/How do you present self-sufficiency to participants? How is a participant's progress documented?

How/When are community resources accessed? Assistance provided? Referral/Follow-up?

Education/literacy resources used, when/how? What are the special education resources available, vocational/trade options?

Employment/Unemployment services. Assistance provided? Referral/Follow-up?

Parent education resources – support groups; what are they? Where are they held? How do participants sign up?

## 9.03 – Practice: How to Show Peers What You're Doing



- Show your referral process (form), how do you know a family has followed through (documentation), how long does follow-up continue/how often (forms/documentation)
- Resource and/or referral tracking (forms/documentation) Blank in BOX – Completed on-site.
- Referral forms, releases of information (Blank in BOX – Completed on-site)
- Self-sufficiency handouts, brochures, fliers
- Participant satisfaction survey
- Case notes/documentation showing steps, progress, or actions taken toward self-sufficiency




# 9.04



FAMILIES ARE HELPED TO ACCESS COMMUNITY SERVICES THAT ADDRESS NEEDS AND PROBLEMS THAT MAY IMPEDE EFFECTIVE PARENTING, INCLUDING, AS APPROPRIATE:

- a) COUNSELING SERVICES;
- b) MENTAL HEALTH SERVICES;
- c) SERVICES FOR SUBSTANCE USE CONDITIONS; AND
- d) DOMESTIC VIOLENCE SERVICES.

*RESEARCH NOTE: SOME HOME VISITING RESEARCH SUGGESTS THAT THE PRESENCE OF MENTAL HEALTH, SUBSTANCE USE, AND DOMESTIC VIOLENCE PROBLEMS MAY LIMIT THE EFFECTIVENESS OF INTERVENTIONS INTENDED TO REDUCE THE INCIDENCE OF CHILD MALTREATMENT AND EMPHASIZES THE IMPORTANCE OF ENSURING THAT PROVIDERS ARE PREPARED TO: (1) RECOGNIZE THE PRESENCE OF THESE RISK FACTORS, AND (2) RESPOND BY LINKING FAMILIES WITH ALL NEEDED SERVICES.*



## 9.04 - Policy & Procedure: Questions and Topics to Consider



How are participants connected to these services?

Where are participants referred to for these services? (“For example” – “Including but not limited to” – “May include other agencies as available”)

What happens if these services are not available in your community?

How does your program document/track when these services are needed?

Follow-up procedures (how/when) - Progress tracking (frequency)

How is it determined that these issues no longer impede effective parenting? Who determines it? Where is it documented?

## 9.04 – Practice: How to Show Peers What You’re Doing



- Resource, referral, tracking tools (Blank in BOX – Completed on-site)
- Brochures, fliers, handouts relating to specific elements of the standard
- Curriculum pieces, educational resources related to topics
- Participant satisfaction surveys (Blank in BOX – Completed on-site)
- Releases of information (Blank in BOX – Completed on-site)
- Case notes/documentation (De-identified)



# 10.02



FAMILIES ARE EDUCATED ABOUT CHILD DEVELOPMENT AND CHILD REARING TOPICS THAT INCLUDE, AS APPROPRIATE:

- a) BASIC CARE GIVING ROUTINES;
- b) CHILD GROWTH AND DEVELOPMENT, INCLUDING PHYSICAL, COGNITIVE, AND SOCIAL DEVELOPMENT;
- c) ENVIRONMENTAL SAFETY AND INJURY PREVENTION;
- d) MEETING CHILDREN'S HEALTH AND EMOTIONAL NEEDS;
- e) PARENT-CHILD INTERACTIONS AND BONDING; AND
- f) AGE-APPROPRIATE BEHAVIORAL EXPECTATIONS AND APPROPRIATE DISCIPLINE FOR CHILDREN

*INTERPRETATION:* ORGANIZATIONS CAN TAILOR TOPICS TO REFLECT PARTICIPANTS' NEEDS AND PROGRAM GOALS. FOR EXAMPLE, A PROGRAM WHOSE PRIMARY AIM IS TO HELP PARENTS PROVIDE EDUCATIONAL ENRICHMENT FOR PRESCHOOLERS CAN DEVELOP A CURRICULUM SPECIFICALLY GEARED TOWARD HELPING FAMILIES ACHIEVE THAT GOAL.

## 10.02 - Policy & Procedure: Questions and Topics to Consider



Curriculum table of contents (highlight specific information that relates to topics in standard)

Who would your program refer to for additional information? (“For example” – “Including but not limited to” – “May include other agencies as available”)

Does your program provide parent education groups? Referrals for group activities?

Support groups – Peer interactions

How are visits/information tailored for participant’s unique needs?

How does your program accommodate Language – Literacy – Special Needs

## 10.02 – Practice: How to Show Peers What You're Doing



- Curriculum – Handouts
- Brochures, Fliers, Community Events
- WIC – Primary Care Physician – Early Access (when necessary)
- Releases of Information (as appropriate) Referral Forms
- Lesson Plans – Goal Planning
- Home Visit/Group Observation during Peer Review





# 10.03



**EXPECTANT PARENTS ARE EDUCATED ABOUT THE FOLLOWING PRENATAL HEALTH TOPICS:**

- a) fetal growth and development;
- b) the importance of prenatal care;
- c) nutrition and proper weight gain;
- d) appropriate exercise;
- e) medication use during pregnancy;
- f) effects of tobacco and substance use on fetal development;
- g) what to expect during labor and delivery; and
- h) benefits of breastfeeding.

***INTERPRETATION:* THESE TOPICS MAY BE ADDRESSED BY QUALIFIED MEDICAL PERSONNEL IN THE CONTEXT OF THE PRENATAL HEALTH CARE REFERENCED IN 8.02.**

***PROGRAMS THAT TARGET EXPECTANT PARENTS ARE REQUIRED TO ENSURE EDUCATION IS PROVIDED EITHER DIRECTLY BY PROGRAM OR THROUGH REFERRALS TO APPROPRIATE RESOURCES. PROGRAMS THAT DO NOT TARGET EXPECTANT PARENTS ARE REQUIRED TO LINK THOSE PARENTS TO APPROPRIATE RESOURCES.***

## 10.03 - Policy & Procedure: Questions and Topics to Consider



When/How are prenatal participant's educated on the topics listed in the standard?

Does your program track prenatal visits? How are participant's encouraged to follow through with prenatal care? Why? Does this relate to goals? Service delivery?

Are participants encouraged to participate in prenatal activities? (Group Activities – NEST)

Does your community provide prenatal interactions; Lamaze, peer support, parents-to-be?

When/How would you provide referrals for additional services?

Special needs, high risk pregnancies – How are these addressed?

## 10.03 – Practice: How to Show Peers What You're Doing



- Curriculum table of contents – highlight specific topics related to the standard.
- Sample handouts or lesson plans
- Prenatal health brochures, fliers, special event announcements
- Community event invitations – Community agencies that provide prenatal support/groups (information, fliers, handouts)



# 10.04



**PARENT EDUCATION SERVICES PROMOTE SELF-SUFFICIENCY AND SELF-EFFICACY BY BUILDING ON FAMILY STRENGTHS AND ADDRESSING TOPICS RELATED TO POSITIVE PERSONAL FUNCTIONING AND DEVELOPMENT, AS APPROPRIATE TO THE NEEDS OF THE SERVICE POPULATION.**

**INTERPRETATION: TOPICS WILL VARY ACCORDING TO PROGRAM TYPE AND POPULATION SERVED, BUT SHOULD RESPOND TO THE NEEDS OF SERVICE RECIPIENTS. RELEVANT TOPICS CAN INCLUDE, BUT ARE NOT LIMITED TO: PROBLEM SOLVING AND DECISION-MAKING; MANAGING, COPING WITH, AND RELIEVING STRESS AND ANGER; TIME, BUDGET, AND HOUSEHOLD MANAGEMENT; INTERPERSONAL RELATIONS AND COMMUNICATION; DEVELOPING SUPPORTIVE NETWORKS; LIFE TRANSITIONS; PERSONAL GROWTH AND FUTURE ASPIRATIONS; AND EFFECTIVELY UTILIZING AVAILABLE COMMUNITY RESOURCES.**

## 10.04 - Policy & Procedure: Questions and Topics to Consider



Spell out how your program encourages self-sufficiency and promotes self-efficacy.

When is this done, how? Who helps? Does the participant define their own self-sufficiency?  
When and how are recommendations made?

What resources are available for additional assistance? When would additional assistance be included?

How is progress gauged? Is it tracked? Where? How?

When a participant meets a goal or exhibits progress how does the home visitor encourage celebration/motivation? What are programmatic expectations?

## 10.04 – Practice: How to Show Peers What You're Doing



- Curriculum table of contents; highlight relevant areas that relate to the standard.
- Curriculum samples.
- Brochures, fliers, handouts
- Referrals, Community calendar of events, Library calendar of events.
- Community resource guides, informational materials from community agencies.
- Case notes/Documentation (De-identified)
- Home visit/Group observation during Peer Review.



# 10.06



**GROUP PROGRAMS PROVIDE PARTICIPANTS WITH OPPORTUNITIES TO:**

- a) CONTRIBUTE BY ASKING QUESTIONS AND SHARING THEIR EXPERIENCES;**
- b) LISTEN TO AND LEARN FROM THOSE WHO ARE SIMILAR TO AND DIFFERENT FROM THEMSELVES;**
- c) DEVELOP POSITIVE RELATIONSHIPS WITH OTHERS;**
- d) ASSUME RESPONSIBILITIES AND DEVELOP LEADERSHIP CAPACITIES; AND**
- e) PARTICIPATE IN ACTIVITIES OF INTEREST.**

*NA THE ORGANIZATION DOES NOT PROVIDE PARENT EDUCATION GROUPS.*



## 10.06 - Policy & Procedure: Questions and Topics to Consider



Group sharing, how/when are participants encouraged to contribute during group activities. How is this documented? Where?

Is there a designated time during group activities that participant networking or interaction occurs?

How are participants encouraged to interact with one another? How is this observed? Documented? Where/when is it documented?

What are the group rules/expectations?

Are appropriate behaviors modeled? Is there role playing?



## 10.06 – Practice: How to Show Peers What You're Doing




- Copy of group rules/expectations.
- Participant's rights & responsibilities (Blank in BOX – Completed on-site)
- Observation via supervisor (Blank in BOX – Completed on-site)
- Curriculum table of contents with relevant areas highlighted. Sample curriculum pages.
- Group invitations, fliers, handouts
- Participant evaluation (Blank in BOX – Completed on-site)
- Case notes/Documentation (De-identified)
- Group observation during Peer Review



# 11.01



**CHILDREN ARE CONNECTED TO SUPPORTS, SERVICES, AND ACTIVITIES THAT PROMOTE THEIR PHYSICAL, COGNITIVE, SOCIAL, AND EMOTIONAL DEVELOPMENT, INCLUDING, AS APPROPRIATE:**

- a) **educational services;**
  - b) **counseling and therapeutic services;**
  - c) **health services; and**
  - d) **social, recreational, and physical activities.**
- 

## 11.01 - Policy & Procedure: Questions and Topics to Consider



What specific educational services does your program offer? What outside resources are utilized?

Do the outside resources involve other community agencies? Are referrals needed? How are participants connected?

Where does the program look for counseling/therapeutic interventions? Are referrals needed? How are participants connected?

Health services – Where? Who is involved? Referrals? Access?

Social, recreational, and physical activities – think outside the box, utilize program information, community resources, support systems

What else does your program do that fits within this standard?

How/Where are these elements documented? Follow-up? How often?

## 11.01 – Practice: How to Show Peers What You're Doing



Community resource guide – brochures, fliers, handouts

Specific children/family services – agency names/information, MOUs, contracts

Referral logs, Releases of Information, Data tracking

Evidence of conversation/interaction with participants (De-identified)

Case notes/Documentation (De-identified)

Home visit/Group observation via supervisor – Supervision forms (Blank in BOX – Completed on-site)

Home visit/Group observation during Peer Review

Community events calendar – Invitations/Notices of Events

## Don't forget WHY...



**WHY?**

Why are policies in place?  
Why is the policy important?  
Why do programs require what they do?

Why is the procedure important?  
Why is it done?  
Why does it need to be broad yet specific?

Why do the peers review policy and procedure?  
Why do the peers need to understand policy and procedure?  
Why do the peers need details?



## Contact Us

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# Questions?

