

# Analysis of Correspondence between Parents as Teachers Standards and Healthy Families America Credentialing Standards

If one looks at the areas addressed in the Healthy Families America Credentialing Standards, it is evident that the Parents as Teachers standards address many similar areas.



• All 1<sup>st</sup> and 2<sup>nd</sup> order Healthy Families America Credentialing Standards that have similar counterparts in the PAT standards are included in this document. The examples of 3<sup>rd</sup> order Healthy Families America Credentialing Standards in this document are a representative sample and do not represent all instances of correspondence between items in the 3<sup>rd</sup> order Healthy Families America Credentialing Standards and PAT standards. To obtain a complete copy of the Healthy Families America Credentialing Standards, go to <http://www.healthyfamiliesamerica.org/publications/order.shtml#credentialing>.

• This analysis concludes that there is correspondence between the Parents as Teachers standards and 10 of the 11 HFA critical elements (1<sup>st</sup> order standards). The one critical element in which correspondence with the PAT quality standards is not demonstrated is #2 which addresses using a standardized assessment tool to systematically identify families who are most in need of services.

Healthy Families America Credentialing standards	Parents as Teachers Standards
<p><b>1. Initiate services prenatally or at birth</b></p> <ul style="list-style-type: none"> <li>▪ 1-1.A. The program has a description of the target population that includes key demographic information such as number of resident live births per year, number of women of child-bearing age, number of single parents, age of the target population, and race/ethnicity/linguistic/cultural characteristics of population and places where the population is found.</li> </ul> <p>1-3. The program ensures that, for those who accept home visitor services, the first home visit occurs prenatally or within the first three months after the birth of the baby.</p>	<p><b>PAT serves families throughout pregnancy until their child enters kindergarten.</b></p> <p><i>Both the PAT standards and HFA credentialing standards outline expectations for recruitment activities and strategies, along with regular analysis of retention.</i></p> <ul style="list-style-type: none"> <li>▪ The program has a <u>clear and written plan for offering and promoting PAT services</u> that addresses: the visibility of PAT services in the community, the populations to be served, the geographic areas to be served, the strategies and activities to be employed for recruitment, including hard-to-reach families, staff responsibilities for recruitment (Recruitment &amp; Retention 1)</li> </ul> <p><i>The PAT standards also address timeliness of service initiation, with somewhat tighter timelines for when visits are to begin.</i></p> <ul style="list-style-type: none"> <li>▪ Personal visits <u>begin within 4 weeks following the family being contacted about participation.</u> (Recruitment &amp; Retention 9)</li> <li>▪ <u>For families with high needs, personal visits begin within 2 weeks</u> following the family being contacted about participation. (Recruitment &amp; Retention 10)</li> </ul>
<p><b>3. Offer services voluntarily and use positive, persistent outreach efforts to build family trust.</b></p> <p>3-1. Services are offered to families on a voluntary basis.</p> <p>3-2. The staff uses positive outreach methods to build family trust, engage new families, and maintain family involvement in program</p> <ul style="list-style-type: none"> <li>▪ 3-4.B. The program analyzes at least annually (i.e., both formally through data collection and informally, through discussions with staff and others involved in program services) which individuals dropped out of the program, at what point in services, and reasons why.</li> </ul>	<p><b>All parents deserve support in their parenting role and participation is voluntary (PAT Standards Guiding Principle I).</b></p> <p>See Guiding Principle I above.</p> <ul style="list-style-type: none"> <li>▪ Parent educators <u>build and maintain rapport</u> through interaction that is <u>responsive to each family member's interpersonal style.</u> (Personal Visits 9)</li> <li>▪ Parent educators <u>deliver personal visits from a strengths-based approach,</u> including commenting on strengths of the parent(s) or primary caregiver during each visit. (Personal Visits 10)</li> <li>▪ Program staff <u>annually assesses promotion of PAT services, recruitment activities, and engagement and retention methods</u> to ensure that efforts are focused on the most effective strategies. (Recruitment &amp; Retention 18)</li> <li>▪ <u>Family enrollment, participation, service intensity, and attrition are tracked</u> and summarized each program year, and ideally tracked across program years. (Evaluation 13)</li> </ul>

<p><b>4. Offer services intensely (i.e., at least once a week) with well defined criteria for increasing/decreasing intensity of service and over the long term (i.e., 3-5 years).</b></p> <ul style="list-style-type: none"> <li>4-1.E. Each participant’s progress is regularly reviewed by the family, home visitor, and supervisor.</li> </ul>	<p><b>Design of the program allows for intensity and duration of services to match family needs. Quality programs serve families often enough and maintain families in the program for a sufficient amount of time to meet program and family goals (PAT Standards Guiding Principle IV).</b></p> <ul style="list-style-type: none"> <li>Relationship based supervision includes a focus on <u>parent educators’ reflections on their work with families</u>. (Personal Visits 5- partial citation)</li> <li>A <u>current summary of services</u> record for all families served by each parent educator is <u>maintained and reviewed at least quarterly</u> for accuracy by the program supervisor. (Personal Visits 6)</li> </ul>
<p><b>5. Services should be culturally competent such that staff understands, acknowledges, and respects cultural differences among families; staff and materials used should reflect the cultural, linguistic, geographic, racial and ethnic diversity of the population served</b></p> <p>5-2 The program demonstrates culturally competent practices in all aspects of its service delivery.</p> <p>5-3. The program provides staff training on culturally competent practices based on the unique characteristics of population(s) being served (i.e., age related factors, language, culture, etc.) by the program.</p>	<p><b>An understanding and appreciation of the history and traditions of different cultures is essential in serving families. Staff and program practices show a respect for diversity in family lifestyles and child rearing practices (PAT Guiding Principle VII).</b></p> <ul style="list-style-type: none"> <li>Parent educators <u>share information about parenting skills and child development in ways that are respectful of families’ behaviors and cultural norms</u> (Personal Visits 13)</li> <li><u>Group meeting topics and formats are responsive to the special populations</u> or groups served by the program such as teen parents, foster parents, grandparents, non-English speaking parents, etc. (Group Meetings 7)</li> <li><u>Screening is administered with sensitivity to cultural background</u> and accommodation for the family’s primary language. (Screening 10)</li> <li><u>Parent educators demonstrate respect for the cultural background and parenting practices of individual families</u> when connecting families to formal and informal resources (Resource Network 5)</li> <li>Program <u>staff continually builds their knowledge base about the cultures of the families in the communities they serve</u> (Professional Development 18)</li> </ul>
<p><b>6. Services should focus on supporting the parent(s) as well as supporting parent-child interaction and child development.</b></p> <p>6-2. Delivery of services to participants is guided by the Individual Family Support Plan (IFSP) and the process of developing the plan uses participant support practices.</p> <ul style="list-style-type: none"> <li>6-2.C. The home visitor and participant collaborate to set participant goals for the home visitation service</li> </ul> <p>6-3. Before or on the first home visit, the participant is informed about their rights, including confidentiality, both verbally and in writing.</p>	<p><b>All parents deserve support in their parenting role and participation is voluntary (PAT Guiding Principle I).</b></p> <p><b>Quality implementation of the PAT program fosters positive parent-child relationships, helps parents become astute observers of their child, and increases parenting skills, knowledge of child development, and feelings of confidence (PAT Guiding Principle XI).</b></p> <p><b>PAT is committed to promoting the optimal development and school readiness of each child through the use of a child development, neuroscience based curriculum (PAT Guiding Principle X).</b></p> <ul style="list-style-type: none"> <li>Parent educators <u>partner with families to establish, record, and achieve child development and parenting goals</u> that are developmentally appropriate for their children and within the scope of the program. (Personal Visits #15)</li> <li>Enrollment procedures include <u>discussing mutual expectations for participation in PAT services with the family and providing written information about the program</u> so that families have the necessary information to make a commitment to participate (Recruitment &amp; Retention #11)</li> </ul>

<p>6-4. The program promotes positive parenting skills, parent-child interaction and knowledge of child development with participants.</p> <ul style="list-style-type: none"> <li>▪ 6-4.B. Home visitor shares information with participants on appropriate activities designed to promote positive parenting skills.</li> <li>▪ 6-4.C. Home visitor shares information with participants on appropriate activities designed to promote positive parent-child interaction.</li> <li>▪ 6-4.D. Home visitor shares information on appropriate infant and child development with participants.</li> </ul> <p>6-5. The program monitors the development of participants' infants and children with a standard developmental screen.</p> <ul style="list-style-type: none"> <li>▪ 6-5.B. The program ensures that a standardized developmental screen/tool is used to monitor child development at specified intervals, unless developmentally inappropriate.</li> </ul> <p>6-6. Those who administer developmental screening have been trained in the use of the tool before administering it.</p> <p>6-7. The program tracks target children who are suspected of having a developmental delay and follows through with appropriate interventions (e.g. referrals, follow-up, etc.) as needed.</p> <ul style="list-style-type: none"> <li>▪ 6-7. B. The program tracks target children suspected of having a developmental delay.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <u>Personal visits support parents in their parenting role in order to promote optimal child development and positive parent-child interaction.</u> (Personal Visits standard)</li> <li>▪ During personal visits, parent educators <u>discuss</u> the following with the parent(s): <ul style="list-style-type: none"> <li>□ <u>child development information</u>, including developmental characteristics</li> <li>□ neuroscience information</li> <li>□ <u>parenting topics</u></li> <li>□ questions and concerns the parent(s) may have</li> <li>□ information about <u>what to expect regarding child development</u> during the coming months (Personal Visits 25)</li> </ul> </li> <li>▪ Parent educators <u>use the <i>Born to Learn</i>™ Curriculum to deliver personal visits with a focus on child development and parent-child interaction.</u> (Personal Visits 17)</li> <li>▪ <u>All enrolled children receive developmental, hearing, vision, dental and health screenings at least once each program year</u> (Screening 1)</li> <li>▪ <u>Developmental screening includes screening in the areas of language, intellectual, social-emotional, and motor development through the use of instruments approved by PATNC</u> (Screening 2)</li> <li>▪ Program <u>staff access training in the administration and scoring of the screening instrument(s)</u> used by the program. (Professional Development 15)</li> <li>▪ <u>When screening results indicate the need for further assessment, parent educators provide recommendations to parents within 5 working days.</u> (Screening 17)</li> <li>▪ When a recommendation is made for further assessment, <u>parent educators support families in following through on the recommendation.</u> (Screening 18)</li> <li>▪ <u>Screening data is summarized and reviewed annually for trends in the following:</u> <ul style="list-style-type: none"> <li>Number and percentage of children screened</li> <li><u>Number and percentage identified for possible follow-up services</u></li> <li><u>Number and percentage referred to follow-up services</u></li> <li><u>Number and percentage who receive follow-up services</u> (Evaluation 14)</li> </ul> </li> </ul>
<p><b>7. At a minimum, all families should be linked to a medical provider to assure optimal health and development (e.g. timely immunizations, well-child care, etc.). Depending on the family's needs, they may also be linked to additional services such as financial, food, and housing assistance programs, school readiness programs, child care, job training programs, family support centers, substance abuse treatment programs, and domestic violence shelters.</b></p>	<p><b>The program connects families to needed resources and takes an active role in the community, establishing ongoing relationships with other institutions and organizations that serve families. (Resource Network standard)</b></p>
<p>7-2. The program ensures that immunizations are up to date for target children.</p> <p>7-3. Participants are linked to additional services on an as-needed basis taking into account one or more of the following:</p>	<ul style="list-style-type: none"> <li>▪ <u>The program maintains annually updated health histories and current immunization information for all children served.</u> (Screening 4)</li> <li>▪ The program <u>connects families to needed resources</u> and takes an active role in the community, establishing ongoing relationships with other institutions and organizations that serve families.</li> </ul>

<p>information gathered in the assessment process, through the development of the IFSP, through home visits, from other service providers, etc.</p> <ul style="list-style-type: none"> <li>7-3.B. The program follows up with the referral source, service provider, and/or participant to determine if the participant received needed services.</li> </ul>	<p>(Resource Network standard)</p> <ul style="list-style-type: none"> <li>The process for <u>connecting families with community resources includes documentation and follow-up with the family or organization.</u> (Resource Network 13)</li> </ul>
<p><b>8. Services should be provided by staff with limited caseloads to assure that home visitors have an adequate amount of time to spend with each family to meet their unique and varying needs and to plan for future activities (i.e. for many communities, no more than fifteen (15) families per home visitor on the most intense service level). And, for some communities s, the number may need to be significantly lower, e.g., less than ten (10).</b></p>	<p><b>HFA and PAT both have standards to ensure staff have adequate time to work with participants; however, there are differences in the established minimums. The PAT standards refer to visits per month, rather than caseload size.</b></p>
<p>8-1. Services are provided by staff with limited caseloads to assure that home visitors have an adequate amount of time to spend with each participant to meet their needs and plan for future activities.</p> <ul style="list-style-type: none"> <li>8-1.A. The program’s policy regarding established caseload size is no more than fifteen (15) participants at the most intensive level (at least weekly visits) per full time home visitor.</li> <li>8-1.B. The program’s policy regarding maximum caseload size is no more than twenty-five (25) at any combination of service levels per full-time home visitor.</li> </ul> <p>8-2. The program’s caseload system ensures that home visitors have an adequate amount of time to spend with each participant.</p>	<ul style="list-style-type: none"> <li>Program <u>staffing complies with state/funder requirements</u> in relation to parent educator qualifications and parent educator to family ratio (Program Management 22)</li> <li><u>Program staffing adequately supports the program design and goals:</u> <ul style="list-style-type: none"> <li><u>A part time parent educator typically completes 24 visits per month</u></li> <li><u>A full time parent educator typically completes 56 visits per month</u></li> <li><u>Parent educators that carry additional responsibilities complete fewer visits per month</u> (Program Management 23)</li> </ul> </li> <li>In addition to staff time allotted for personal visits, <u>staff time is also budgeted for group meetings, screenings, connecting families to community resources, staff meetings, and professional development</u> (Program Management 24)</li> </ul>
<p><b>9. Service providers should be selected because of their personal characteristics (i.e. non-judgmental, compassionate, ability to establish a trusting relationship, etc.), their willingness to work in or their experience working with culturally diverse communities, and their skills to do the job.</b></p>	<p><b>The PAT standards also address the selection criteria to be applied in hiring parent educators.</b></p>
<p>9-1. Service providers and program management staff are selected because of a combination of personal characteristics, experiential, and educational qualifications</p>	<ul style="list-style-type: none"> <li>The program <u>hires parent educators with a bachelor’s degree or beyond in early childhood education or a related field and supervised experience working in the early childhood field.</u> (Program Management 18)</li> <li><u>Priority is placed on hiring candidates with effective interpersonal skills</u> (e.g. strong communication skills, able to relate to people of diverse backgrounds, outgoing, empathic, non-judgmental, patient, tactful). (Program Management 19)</li> <li><u>Parent educators possess the knowledge, skills, and sensitivity to respond effectively to the participants’ community, cultural, and language backgrounds.</u> (Program Management 20)</li> </ul>
<p><b>10. a Service providers should have a framework, based on education or experience, for handling the variety of experiences they may encounter when working with at-risk</b></p>	<p><b>All parent educators complete the <i>Born to Learn</i><sup>TM</sup> Institute before delivering PAT services. (Professional Development 4)</b></p> <p><b><i>Key topics covered in the Institute: neuroscience research on early development and learning</i></b></p>

<p>families. All service providers should receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, and services in their community.</p> <p><b>10. b Service providers should receive intensive training specific to their role to understand the essential components of family assessment and home visitation (credentiating manual provides examples).</b></p>	<p><i>sequences of early childhood development, effective instructional personal visits, facilitation of parent-child interaction, group meetings, connection to community resources, red flags in areas of development, hearing, vision and health, the Born to Learn™ Curriculum, and service to diverse families.</i></p> <p><b>While topics such as substance abuse, drug-exposed infants, and domestic violence are not focused on in the <i>Born to Learn™ Institute</i>, these areas would be addressed through ongoing competency-based professional development and training (Professional development quality indicator 13 – below).</b></p>
<p>10-2.A. Assessment workers and home visitors are oriented to their roles as they relate to the program’s goals, services, policies and operating procedures, and philosophy of home visiting/family support prior to direct work with children and families.</p> <p>10-3. Staff receive intensive training within six months of date of hire specific to their role within the home visitation program to help them understand the essential components of their role within the program.</p> <p>10-6. The program ensures that all program staff receive ongoing training which takes into account the worker’s knowledge and skill base.</p>	<ul style="list-style-type: none"> <li>▪ An <u>orientation process is implemented with new staff</u>, orienting them to the local program’s mission, goals and operations. (Professional Development 1)</li> <li>▪ All <u>parent educators complete the Born To Learn™ Institute before delivering PAT services</u>. (Professional Development 4)</li> <li>▪ <u>Orientation for new staff includes:</u> <ul style="list-style-type: none"> <li>□ <u>Recommended reading materials</u>.</li> <li>□ <u>Provision of program policies/procedures</u>.</li> <li>□ <u>Review of written job description</u>.</li> <li>□ <u>Review of PAT program implementation plan</u>. (Professional Development 3)</li> </ul> </li> <li>▪ <u>Parent educators access competency-based professional development and training</u> to promote quality service delivery and maintain annual PATNC certification. (Professional Development 13)</li> </ul>
<p><b>11. Service providers should receive ongoing, effective supervision so that they are able to develop realistic and effective plans to empower families to meet their objectives; to understand why a family may not be making progress and how to work with the family more effectively and to express their concerns and frustrations so that they can see that they are making a difference and in order to avoid stress-related burnout.</b></p>	<p><i>The PAT standards recommend the provision of relationship based supervision, defined as supervision that is regular, collaborative and reflective.</i></p> <p><b>Relationship based supervision focuses on, but is not limited to:</b></p> <ul style="list-style-type: none"> <li>□ parent educators’ reflections on their work with families</li> <li>□ relationship building with parents and children through personal visits and group meetings</li> <li>□ screening, re-screening and recommendations based on screening outcomes</li> <li>□ understanding the development and successful use of community resource linkages</li> <li>□ program and working conditions</li> <li>□ <b>record keeping (Program Management 27)</b></li> </ul>
<p>11-1. The program ensures that direct service staff receive regular and ongoing supervision.</p> <p>11-2. Direct service staff are provided with skill development and professional support and held accountable for the quality of their work</p> <ul style="list-style-type: none"> <li>▪ 11-3.A. The program has a policies and procedures manual.</li> </ul> <p>11-5. Supervisors receive regular, on-going supervision which holds them accountable for the quality of their work and provides them with skills development and professional support.</p>	<ul style="list-style-type: none"> <li>▪ <u>Each parent educator participates in relationship based supervision that occurs on a regular basis</u>, at least once a month. (Program Management 25)</li> <li>▪ On an annual basis, <u>parent educators set written professional development goals and evaluate progress toward these goals</u>. (Professional Development 12)</li> <li>▪ Parent educators receive <u>at least annual written reviews of their performance and progress toward their professional goals</u>. (Program Management 31)</li> <li>▪ The <u>program has written policies and/procedures</u> that outline the organizational practices to be followed by staff. (Program Management 9)</li> <li>▪ On at least a quarterly basis, <u>the supervisor accesses supervision</u> from an administrator, peer mentor, or other professional. (Program Management 29)</li> </ul>

<i>Governance and Administration</i>	<i>The PAT standards address governance and administration within the Program Management and Evaluation quality standards.</i>
GA-1. The program has a written statement of purpose that guides the administration of its services.	<ul style="list-style-type: none"> <li>▪ <u>The program has clearly defined, written program goals and objectives</u> that are updated when the design of the program and/or the population served by the program changes. (Program Management 1)</li> </ul>
GA-2. The program has broadly based, advisory/governing group which serves in an advisory and/or governing capacity in the planning, implementation, and assessment of program services.	<ul style="list-style-type: none"> <li>▪ <u>The program has a leadership council</u> (e.g. community council, internal coordinating committee, board) with the following characteristics: <ul style="list-style-type: none"> <li>□ meets at least every six months</li> <li>□ is composed of community service providers, community leaders, and families</li> <li>□ reflects the cultural backgrounds of the program’s service population</li> <li>□ <u>provides support for the development and promotion of the PAT program</u></li> <li>□ helps identify funding sources</li> <li>□ <u>provides input into program planning and evaluation</u> (Program Management 32)</li> </ul> </li> </ul>
GA-3. The program has a mechanism in place for families to provide formalized input into the program.	<ul style="list-style-type: none"> <li>▪ <u>Stakeholders, including families, are involved in planning and discussing the results of program evaluations.</u> (Evaluation 7)</li> <li>▪ <u>The program gathers and summarizes feedback on participant satisfaction with program activities at least annually.</u> (Evaluation 12)</li> </ul>
GA-5. The program monitors and evaluates quality of services.	<ul style="list-style-type: none"> <li>▪ <u>The program engages in a structured, comprehensive self-assessment process at least every 3 years.</u> (Evaluation 3)</li> <li>▪ <u>An external evaluator works closely with program staff and provides objective feedback to the program about its strengths and areas for improvement</u> at least once every 3 years. (Evaluation 4)</li> </ul>
GA-7. The program assures participant privacy and voluntary choice with regard to research conducted by or in cooperation with the program	<p><u>The program ensures that ethical considerations are discussed and acted upon in conducting evaluation</u> (e.g., informed consent of participants, confidentiality of responses). (Evaluation 6)</p>
GA-8. Program reports suspected cases of child abuse and neglect.	<ul style="list-style-type: none"> <li>▪ <u>The program has well defined procedures to maintain confidentiality, including:</u> <ul style="list-style-type: none"> <li>□ sharing family information within the program only for the purposes of supervision and consultation with colleagues</li> <li>□ obtaining written permission when family information is shared outside the program</li> <li>□ <u>sharing family information without written permission in accordance with state laws addressing public safety and child abuse and neglect</u> (Program Management 15)</li> </ul> </li> </ul>
GA-10. The program has a written budget and monitors expenditures to manage financial resources and support program activities for the program.	<ul style="list-style-type: none"> <li>▪ <u>The program budget is monitored</u> on at least a monthly basis. (Program Management 8)</li> <li>▪ <u>Program funding and in-kind support is sufficient to provide services to the population it serves.</u> (Program Management 5)</li> </ul>
GA-12. The program seeks diversification and balance in its sources of funding.	<ul style="list-style-type: none"> <li>▪ <u>The program seeks additional funding and in-kind support</u> from a variety of sources to expand services. (Program Management 6)</li> </ul>
GA-13. The program (or program’s sponsoring agency) makes available to the community an annual report or fiscal, statistical, and service data regarding the program.	<ul style="list-style-type: none"> <li>▪ <u>The program produces a written annual report</u> detailing program activities, accomplishments, and challenges that is shared with administrators and/or stakeholders. (Program Management 40)</li> <li>▪ <u>The program shares evaluation results at least annually with all stakeholders:</u> staff, families, leadership council, administrators, funders, PATNC. (Evaluation 9)</li> </ul>

