



# Child and Family Development and Support Services

## DEFINITION

Child and Family Development and Support Services address the needs of the family as a whole and are based in the homes, neighborhoods, and communities of families who need help promoting positive development, meeting challenges, and preventing adverse outcomes.

**Note:** *This section is designed to accommodate a variety of supportive programs for families and their children, including, but not limited to:*

*(1) home visiting programs that deliver support services in families' homes; (2) early intervention programs for children who have or are at risk for developmental delays; and (3) parent education groups.*

*Organizations providing only parent education groups will complete: CFD 1, 2, 5, 7, 8, 11, and 15.*

*Organizations providing all other services will complete the following core concept standards relating to general service delivery: CFD 1-8, and CFD 14-15. They will also complete one or more of the following core concept standards, based on the services their programs provide: CFD 9, 10, 11, 12, and 13. For example, a home visiting program that provides education and support services would complete CFD 10 and 11, whereas a home visiting program that provides health services would complete CFD 9. These standards can be used by organizations regardless of the mode of service delivery they employ.*

*Although organizations are only required to implement standards relevant for their program, it is important to: (1) recognize when families have needs or concerns the program is not prepared to address, and (2) connect those families with appropriate resources, services, and supports.*

**Note:** *Please see [CFD Reference List](#) and [Suicide Prevention Reference List](#) for a list of resources that informs the development of these standards.*

## Table of Evidence

### Self-Study Evidence

- Provide an overview of the different programs being accredited under this section. The overview should describe:
  - a. the program's service philosophy and approach to delivering services;
  - b. eligibility criteria;
  - c. any unique or special services provided to specific populations; and
  - d. major funding streams.
- If elements of the service (e.g., assessments) are provided by

### Purpose

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



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contract with outside programs or through participation in a formal, coordinated service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.

- Provide any other information you would like the peer review team to know about these programs.
- A demographic profile of persons and families served by the programs being reviewed under this service section with percentages representing the following:
  - a. racial and ethnic characteristics;
  - b. gender/gender identity;
  - c. age;
  - d. major religious groups; and
  - e. major language groups
- As applicable, a list of groups or classes including, for each group or class:
  - a. the type of activity/group;
  - b. whether the activity/group is short-term or ongoing;
  - c. how often the activity/group is offered;
  - d. the average number of participants per session of the activity/group, in the last month; and
  - e. the total number of participants in the activity/group, in the last month
- A list of any programs that were opened, merged with other programs or services, or closed
- A list or description of program outcomes and outputs being measured

### On-Site Evidence

No On-Site Evidence

### On-Site Activities

No On-Site Activities

### Purpose

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# Child and Family Development and Support Services

## CFD 1: Access to Service

Services are available to help families maintain or strengthen child, individual, and family functioning.

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



# Child and Family Development and Support Services

## Table of Evidence

### **Self-Study Evidence**

No Self-Study Evidence

### **On-Site Evidence**

- Outreach strategies and informational materials
- If the organization collaborates with other community organizations to identify potential service recipients, provide a list of those organizations and documentation of collaboration

### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel

## CFD 1.01

The organization collaborates with other providers or conducts community outreach to identify families who are potentially in need of service and inform them about the program.

**Interpretation:** *The organization can partner with other organizations or agencies where families seek services, such as hospitals and health departments, or provide outreach directly to families. When the organization provides outreach directly to families, efforts should be respectful, non-intrusive, non-stigmatizing, and provided in places where families in the community naturally congregate, such as schools, libraries, and faith-based institutions. Specific strategies can include: telephone calls, mailings, information packets, brochures, announcements at community programs and events, and drop-in visits to the home.*

## CFD 1.02

Families are engaged to participate in the program in a timely manner.

**Interpretation:** *The organization should seek to identify families as early as possible, as appropriate to the type of service offered.*

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# Child and Family Development and Support Services

## CFD 2: Screening and Intake

The organization's screening and intake practices ensure that families receive prompt and responsive access to appropriate services.

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Referrals procedures need strengthening; or
- For the most part, established timeframes are met;
- Active client participation occurs to a considerable extent.
- In a few rare instances urgent needs were not prioritized.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized, or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- Screening and intake done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or

### **Purpose**

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## Child and Family Development and Support Services

- Documentation is routinely incomplete and/or missing; or A
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Screening procedures

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records

### CFD 2.01

Families are screened and informed about:

- a. how well their request matches the organization's services; and
- b. what services will be available and when.

**NA** Another organization is responsible for screening, as defined in a contract.

### (FP) CFD 2.02

Prompt, responsive intake practices:

- a. ensure equitable treatment;
- b. give priority to urgent needs;
- c. support timely initiation of services; and
- d. provide for placement on a waiting list, if applicable.

### CFD 2.03

#### **Purpose**

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Families who cannot be served, or cannot be served promptly, are referred or connected to appropriate resources.

**NA** *The organization accepts all clients.*

### **CFD 2.04**

When a program provides parent education services in a group setting, group participants participate in a screening within a timeframe established by the organization.

**NA** *The organization does not provide parent education groups.*

**Note:** See Note to CFD 3.

### **CFD 2.05**

During intake, the organization gathers information to identify critical service needs and/or determine when a more intensive service is necessary, including:

- a. personal and identifying information;
- b. emergency health needs; and
- c. safety concerns, including imminent danger or risk of future harm.

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## CFD 3: Assessment

Families participate in a comprehensive, individualized, strengths-based, family-focused, culturally responsive assessment.

**Interpretation:** *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

**NA** *The organization provides only parent education groups.*

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.05); or
- Active client participation occurs to a considerable extent; or
- Diagnostic tests are consistently and appropriately used, but interviews with staff indicate a need for more training (TS 2.08).

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Assessment and reassessment timeframes are often missed; or
- Assessment are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm and this is not being addressed in supervision or training; or
- Staff are not competent to administer diagnostic tests , or tests are not

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- being used when clinically indicated; or
- Client participation is inconsistent; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- Assessment procedures
- Assessment tools and/or criteria included in assessment

#### **On-Site Evidence**

- Qualifications of personnel who conduct assessments

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records

### **CFD 3.01**

Personnel who conduct assessments are qualified by relevant training, skill, and experience and can recognize individuals and families with special needs.

**Note:** See Research Note to CFD 10.04.

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### **CFD 3.02**

The information gathered for assessments is comprehensive, directed at concerns identified in the initial screening, and limited to material pertinent for meeting service requests and objectives.

### **CFD 3.03**

Assessments are conducted in a culturally responsive manner and are the basis for identifying resources that can increase service participation and support the achievement of agreed upon goals.

**Interpretation:** *Culturally responsive assessments can include attention to geographic location, language of choice, and family members' religious, racial, ethnic, and cultural backgrounds. Other important factors that contribute to a responsive assessment include attention to age, sexual orientation, and developmental level.*

### **CFD 3.04**

Assessments are completed within timeframes established by the organization and are updated periodically.

### **CFD 3.05**

Standardized assessment tools are used to:

- a. identify family strengths and protective factors;
- b. assess for needs and risk factors associated with poor child, individual, and family outcomes; and
- c. assess child development.

**Interpretation:** *The assessment of a child's development should consider his or her strengths, challenges, functional status, and social competence. Service providers should work with families to better understand a child's strengths and needs, and informed clinical opinion can be used when standardized measures will not accurately reflect a child's developmental status.*

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# Child and Family Development and Support Services

## CFD 4: Service Planning and Monitoring

Families and providers work together to develop and review service plans that are the basis for delivery of appropriate services and support.

**Interpretation:** *Generally children age six or over are to be included in service planning, unless there are clinical justifications for not doing so.*

**NA** *The organization provides only parent education groups.*

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances client or staff signatures are missing and/or not dated; or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- In a number of instances client or staff signatures are missing and/or not dated (RPM 7.04); or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or

### **Purpose**

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- Documentation is routinely incomplete and/or missing; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Service planning and monitoring procedures

#### **On-Site Evidence**

- Documentation of case review

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records

### CFD 4.01

A family-centered service plan is developed within an appropriate timeframe with the full participation of family members, and expedited service planning is available when crisis or urgent need is identified.

**Interpretation:** *Service planning is to be conducted so that family members retain as much personal responsibility and self-determination as possible and desired. Individuals with limited ability in making independent choices can receive help with making or learning to make decisions.*

### **Purpose**

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## Child and Family Development and Support Services

### **CFD 4.02**

The service plan is based on the assessment, and includes:

- a. agreed-upon goals, desired outcomes, and timeframes for achieving them;
- b. services and supports to be provided, and by whom; and
- c. a parent's or legal guardian's signature.

### **CFD 4.03**

The service plan is tailored to meet the family's unique needs, and:

- a. builds on family strengths;
- b. addresses family risks; and
- c. reflects the family's description of its resources, concerns, and priorities.

**Interpretation:** *A family's unique background, experiences, skills, race, culture, ethnicity, language, religion, and socioeconomic status are to be taken into consideration when developing a service plan. Providers should be fully informed about issues and preferences that may impact service delivery with various groups in the service population.*

### **CFD 4.04**

During service planning the organization explains:

- a. available options;
- b. how the organization can support the achievement of desired outcomes; and
- c. the benefits, alternatives, and risks or consequences of planned services.

### **CFD 4.05**

Extended family members and significant others, as appropriate and with the consent of the family, are advised of ongoing progress and invited to participate in case conferences.

**Interpretation:** *The organization can facilitate the participation of extended family and significant others by, for example, helping arrange transportation or including them in scheduling decisions.*

### **Purpose**

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### **CFD 4.06**

The provider and family regularly review progress toward achievement of agreed upon goals and sign revisions to service goals and plans.

### **CFD 4.07**

The provider and a supervisor, or a clinical, service, or peer team, review the case quarterly to assess:

- a. service plan implementation;
- b. the family's progress toward achieving goals and desired outcomes; and
- c. the continuing appropriateness of the family's goals.

**Interpretation:** *Experienced providers may conduct reviews of their own cases. In such cases, the provider's supervisor reviews a sample of the provider's evaluations as per the requirements of the standard.*

*Timeframes for service plan review should be adjusted depending upon issues and needs of persons receiving services, and the frequency and intensity of services provided.*

### **Purpose**

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# Child and Family Development and Support Services

## CFD 5: Service Philosophy

The program is guided by a service philosophy that:

- a. sets forth a logical approach for how program activities and interventions will meet family needs; and
- b. guides the development and implementation of program activities and services based on the best available evidence of service effectiveness.

**Interpretation:** *A program model or logic model can be a useful tool to help staff think systematically about how the program can make a measureable difference by drawing a clear connection between the service population's needs, available resources, program activities and interventions, program outputs, and desired outcomes.*

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Written service philosophy needs improvement or clarification; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few rare instances required consent was not obtained; or
- Monitoring procedures need minor clarification; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- The written service philosophy needs significant improvement; or
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or

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- Documentation is inconsistent or in some instances is missing and no corrective action has not been initiated; or
- Required consent is often not obtained; or
- A few personnel who are employing non-traditional or unconventional interventions have not completed training, as required; or
- There are gaps in monitoring of interventions, as required; or
- Policy on prohibited interventions does not include at least one of the required elements; or
- Service philosophy is not clearly related to expressed mission or programs of the organization; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There is no written service philosophy; or
- There are no written policy or procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- Include service philosophy in the Narrative

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

### CFD 6: Family-Focused Approach to Service

Services are of the appropriate type and intensity needed to build on family strengths, address risks, and improve family functioning.

**NA** *The organization provides only parent education groups.*

#### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or

#### **Purpose**

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- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- A description of services

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records

### **CFD 6.01**

Families and providers establish respectful relationships that facilitate productive service planning and delivery.

**Related:** CFD 13.05

**Research Note:** *One home visiting study found that providers' and parents' views about their relationships were strong predictors of service dosage, and suggests that the parent-provider relationship may play a role in determining whether a family will remain enrolled in a program and accept a greater number of home visits. The importance of developing positive relationships is underscored by research suggesting that higher service levels are associated with better outcomes, as referenced in the Research Note to CFD 6.03.*

**Note:** See Research Note to CFD 13.05.

### **CFD 6.02**

Services involve and accommodate all family members to the extent possible and appropriate, and are provided at times acceptable to the family.

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## Child and Family Development and Support Services

**Related:** CFD 13.05

**Interpretation:** *The organization can consider factors such as staff availability and safety when deciding the hours services will be offered.*

**Note:** *See Research Note to CFD 13.05.*

### **CFD 6.03**

The frequency, intensity, and duration of services are:

- a. based on each family's needs, strengths, and circumstances; and
- b. appropriate to the type of services offered.

**Research Note:** *Literature emphasizes that a relatively high dose of service may be needed for positive changes to occur, and some home visiting research suggests that families receiving higher levels of service experience better outcomes. However, this research also finds that it can be difficult to retain families in voluntary support services and indicates that many families do not receive the levels of service that may be needed to yield beneficial results.*

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# Child and Family Development and Support Services

## CFD 7: Community-Based Approach to Service

A community-based approach increases the ability of the organization and community to support children and families and meet their needs.

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



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## **Table of Evidence**

### **Self-Study Evidence**

- A description of community-based approach

### **On-Site Evidence**

- Outreach strategies and informational materials
- List of community organizations with which the organization collaborates
- Documentation of collaboration efforts

### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals served

### **CFD 7.01**

The organization works and partners with other community providers to coordinate service delivery and increase the likelihood that needed supports and services will be used.

**NA** *The organization provides only parent education groups.*

### **CFD 7.02**

To promote the availability of a full range of community services, the organization:

- a. regularly assesses the resources and services available to families; and
- b. advocates for needed services when they are lacking or not easily accessible.

### **CFD 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

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

- 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.*

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



# Child and Family Development and Support Services

## CFD 8: Service Environment

Services are provided in comfortable places that are easy to access, including home and/or community settings of the family's choosing, to the extent possible and appropriate.

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

4.

### **Table of Evidence**

#### **Self-Study Evidence**

- A description of service environment

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals served
- Observe sites, as appropriate

#### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



# Child and Family Development and Support Services

## CFD 9: Health Services

Families are linked to health services that promote positive child development and the health and well-being of all family members.

**NA** *The program model is not designed to provide health services.*

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- A description of services
- Procedures for linking individuals to services and providing ongoing monitoring and follow-up

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records

### **(FP) CFD 9.01**

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 screened for depression, informed about postpartum depression, and connected to available support and treatment services.*

### **(FP) CFD 9.02**

Expectant parents are linked to the following healthcare services, as needed:

#### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

- 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 screened for depression, informed about postpartum depression, and connected to available support and treatment services.*

**NA** *The organization does not serve expectant parents.*

### **CFD 9.03**

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.

### **(FP) CFD 9.04**

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.

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



# Child and Family Development and Support Services

## CFD 10: Family Support Services

Families are linked to formal services and supports, and identify and use an informal support network.

**NA** *The program model is not designed to provide supportive services.*

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- A description of services
- Procedures for linking individuals to services and providing ongoing monitoring and follow-up

#### **On-Site Evidence**

No On-Site Evidence

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records

### **CFD 10.01**

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.

### **CFD 10.02**

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;

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

- f. child care; and
- g. respite care.

### **CFD 10.03**

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, including career development and job placement; and
- c. parent education services and support groups.

### **(FP) CFD 10.04**

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:** *Mothers experiencing postpartum depression may struggle to bond with and/or care for their baby; the child may experience delayed or impaired cognitive, emotional, and linguistic development as a result.*

**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.*

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



# Child and Family Development and Support Services

## CFD 11: Parent Education Services

Educational and skill-building activities empower parents and improve adult functioning.

**NA** *The program model is not designed to provide parent education services.*

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

- Documentation is routinely incomplete and/or missing; or A
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- A description of services
- Table of contents of educational curricula

#### **On-Site Evidence**

- Educational curricula

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
- Review case records

### **CFD 11.01**

Child and family characteristics, such as age, developmental level, race, culture, ethnicity, language, and literacy level, are considered when choosing or designing educational interventions, materials, and curricula.

**Interpretation:** *Organizations should seek the input of families and other community members when developing educational interventions, materials, and curricula.*

### **(FP) CFD 11.02**

Families are educated about child development and child rearing topics that include, as appropriate:

- a. basic caregiving 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

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

- f. age-appropriate behavioral expectations and appropriate discipline for children.

**Related:** ASE 1.02

**Interpretation:** *Organizations should tailor how topics are addressed based on participants' needs. For example, when serving expectant parents or parents of young children, education on environmental safety and injury prevention should address topics such as safe practices for sleeping and bathing. Organizations can also tailor the topics they address to reflect 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.*

### **(FP) CFD 11.03**

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 CFD 9.02.*

**NA** *The organization does not serve expectant parents.*

### **CFD 11.04**

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*

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

*communication; developing supportive networks; life transitions; personal growth and future aspirations; and effectively utilizing available community resources.*

### **CFD 11.05**

When parent education is provided in a group setting, services:

- a. emphasize group learning and sharing;
- b. respond flexibly to the changing needs of group members; and
- c. are scheduled with participants' time commitments in mind.

**Interpretation:** *Although some skills may be taught formally in a classroom context, program personnel should also engage parents through more experiential methods, such as coaching and role modeling, that are designed to actively involve participants and help them personalize the information they are taught.*

**NA** *The organization does not provide parent education groups.*

### **CFD 11.06**

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.*

### **CFD 11.07**

Personnel providing parent education services in a group setting are available to meet with parents individually, as needed.

**Interpretation:** *If personnel are unable to meet with parents before or after group sessions, it is also acceptable to be available to parents at other times.*

**NA** *The organization does not provide parent education groups.*

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



# Child and Family Development and Support Services

## CFD 12: Positive Child Development Services

Children receive services that meet their needs, promote their growth and development, and increase their well-being.

**NA** *The program model is not designed to provide positive child development services.*

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

- Documentation is routinely incomplete and/or missing; or A
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- A description of services
- Procedures for linking individuals to services and providing ongoing monitoring and follow-up

#### **On-Site Evidence**

- Intervention curricula and/or materials, if applicable

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records

### **CFD 12.01**

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.

### **CFD 12.02**

Child and family characteristics, such as age, developmental level, race, culture, ethnicity, and language, are considered when choosing or designing program interventions, materials, and curricula.

**NA** *The organization does not directly provide child development services,*

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

*but instead connects children to services offered by other community providers.*

### **CFD 12.03**

Parents are involved in service delivery, and providers help them increase their ability to interact positively with their children and promote child well-being.

**NA** *The organization does not directly provide child development services, but instead connects children to services offered by other community providers.*

### **(FP) CFD 12.04**

When assessment reveals the need for early intervention services, the organization either directly provides those services, or links the family with another organization or agency that provides those services.

**Note:** *See Research Note to CFD 13 for more information about the definition and purpose of early intervention services.*

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

### CFD 13: Early Intervention Services

Early intervention services promote the health and well-being of children who have or are at risk for developmental delays.

**Research Note:** *Under Part C of the Individuals with Disabilities Education Act (IDEA), states provide early intervention services that enhance the development of children under age three who: (1) are experiencing developmental delays, or (2) have been diagnosed with a condition that has a high probability of resulting in developmental delays. States also have the option of extending services to children at risk for serious developmental problems.*

**NA** *The program model is not designed to provide early intervention services.*

#### **Rating Indicators**

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or

#### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

#### **Self-Study Evidence**

- A description of services
- Procedures for linking individuals to services and providing ongoing monitoring and follow-up

#### **On-Site Evidence**

- Intervention curricula and/or materials

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records

### (FP) CFD 13.01

Children receive all specialized services needed to promote their physical, cognitive, emotional, social, communicative, and adaptive development.

**Interpretation:** *Services can include, but are not limited to: medical services, nursing services, visual services, audiological services, speech and language services, orientation and mobility services, psychological services, nutrition services, family therapy, occupational and physical therapy, assistive technology, and special education. When assessment reveals the need for specialized services the organization does not provide, it should refer the family to other qualified professionals.*

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

### **CFD 13.02**

Children receive services that take into account their strengths, challenges, functional status, and social competence, and that facilitate their ability to complete essential, age-appropriate daily tasks.

### **CFD 13.03**

Child and family characteristics, such as age, developmental level, race, culture, ethnicity, and language, are considered when choosing or designing early intervention services.

### **CFD 13.04**

Children receive early intervention services in inclusive settings where they can interact in a positive way with other children to the extent possible.

### **CFD 13.05**

Families are involved in services and provided with information and education about:

- a. developmental delays and disabilities;
- b. the best strategies for lessening the effects of developmental delays and disabilities;
- c. meeting their children's needs; and
- d. their children's progress.

**Related:** CFD 6.01, CFD 6.02

**Research Note:** *Literature emphasizes the importance of collaborating with parents and supporting their ability to promote their child's development, rather than focusing solely on the child.*

### **CFD 13.06**

Early intervention services:

- a. are delivered in environments where children and families spend time or would like to spend time;
- b. include family members' ideas;

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

- c. use the family's informal resources, such as toys, household materials, and family members;
- d. take advantage of learning opportunities that occur naturally during activities in which the family participates; and
- e. can be incorporated into everyday routines and activities.

### **CFD 13.07**

Families are linked to needed support services, including, as appropriate:

- a. individual counseling or parent-to-parent support groups; and
- b. financial assistance for specialized services that meet their children's needs.

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



# Child and Family Development and Support Services

## CFD 14: Case Closing and Aftercare

Case closing is a planned, orderly process, and the organization helps the family develop a plan for obtaining follow-up services.

**NA** *The organization provides only parent education groups.*

### Rating Indicators

**1)** All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

**2)** Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing summary and assessment is not consistently provided to the public authority per the requirements of the standard.

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are routinely terminated inappropriately; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard.; or
- A number of client records are missing important information; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards;

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### **Table of Evidence**

#### **Self-Study Evidence**

- Case closing procedures
- Aftercare/follow-up procedures

#### **On-Site Evidence**

- Procedures that address continuation of services for individuals whose third party benefits have ended, if applicable
- Contract with public authority, if applicable

#### **On-Site Activities**

- Interview:
  - a. Program director
  - b. Relevant personnel
  - c. Individuals served
- Review case records

### **CFD 14.01**

Planning for case closing:

- a. is a clearly defined process that includes assignment of staff responsibility;
- b. begins at intake; and
- c. involves the provider, family members, and others, as appropriate.

### **CFD 14.02**

Upon case closing, the organization notifies any collaborating service providers, including the courts, as appropriate.

#### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

### **CFD 14.03**

When a family's third-party benefits or payments end, the organization determines its responsibility to provide services until appropriate arrangements are made, and if service ends due to non-payment the organization works with the family to identify service options.

**Interpretation:** *The organization must determine on a case-by-case basis its responsibility to continue providing services to families whose third-party benefits have ended and who are in critical situations.*

**NA** *The organization does not receive third-party benefits or payments for service.*

### **CFD 14.04**

If a family is asked to leave the program, the organization makes every effort to link family members with appropriate services.

### **CFD 14.05**

Families and providers work together to develop aftercare plans that:

- a. are developed sufficiently in advance of case closing to ensure an orderly transition;
- b. identify services needed or desired by family members; and
- c. specify steps for obtaining these services.

**Interpretation:** *While the decision to develop an aftercare plan should be based on the wishes of the family, unless aftercare is mandated, the organization is expected to be strongly proactive with respect to aftercare planning. To increase the likelihood that needed supports and services will be accessed after case closing, the organization should take the initiative to explore suitable resources, contact service providers, and follow up on the aftercare plan, as appropriate, when possible, and with the permission of the family.*

**Research Note:** *Due to funding constraints, programs providing early intervention under Part C of IDEA can generally only serve children under age three. Accordingly, literature emphasizes the importance of helping children and families enrolled in these programs facilitate a smooth, successful transition into child care, school, or an alternate intervention program.*

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

**NA** *The organization has a contract with a public authority that does not include aftercare planning and follow-up.*

### **CFD 14.06**

The organization that has a contract with a public authority that does not include aftercare planning or follow-up:

- a. conducts a formal case closing evaluation and assessment of unmet needs; and
- b. informs the public body of the findings, in writing, as appropriate to the contract and with the permission of the family.

**NA** *The organization does not have a relevant contract with a public authority.*

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## Child and Family Development and Support Services

### CFD 15: Personnel

Personnel are capable of helping children and families consider options, improve their functioning, and achieve their goals.

#### Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
  - With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including: education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised.
    - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
    - Most staff who do not meet educational requirements are seeking to obtain them.
  - With some exceptions staff have received required training, including applicable specialized training.
    - Training curricula are not fully developed or lack depth.
    - A few personnel have not yet received required training.
    - Training documentation is consistently maintained and kept up-to-date with some exceptions.
  - A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
    - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
  - With a few exceptions caseload sizes are consistently maintained as required by the standards.
  - Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.
    - Procedures need strengthening.
    - With few exceptions procedures are understood by staff and are being used.
  - With a few exceptions specialized staff are retained as required and possess the required qualifications.
  - Specialized services are obtained as required by the standards.

#### **Purpose**

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## Child and Family Development and Support Services

**3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Â Service quality or program functioning may be compromised; e.g.,

- One of the Fundamental Practice Standards received a rating of 3 or 4.
- A significant number of staff, e.g., direct service providers, supervisors, and program managers, do not possess the required qualifications, including: education, experience, training, skills, temperament, etc.; and as a result the integrity of the service may be compromised.
  - Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur.
  - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
- A significant number of staff have not received required training, including applicable specialized training.
  - Training documentation is poorly maintained.
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies.
- There are numerous instances where caseload sizes exceed the standards' requirements.
- Workloads are excessive and the integrity of the service may be compromised.Â
  - Procedures need significant strengthening; or
  - Procedures are not well-understood or used appropriately; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

**4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

### Table of Evidence

### Self-Study Evidence

### Purpose

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

- Program staffing chart that includes lines of supervision
- List of personnel that includes:
  - a. name;
  - b. title;
  - c. degree held and/or other credentials;
  - d. FTE or volunteer;
  - e. length of service at the organization;
  - f. time in current position
- Table of contents of training curricula
- Description of average workload, including average caseload size if applicable
- Procedures and criteria used for assigning cases, and for assigning and evaluating workloads

### On-Site Evidence

- Job descriptions
- Documentation of training
- Training curricula
- Supervision schedule

### On-Site Activities

- Interview:
  - a. Supervisors
  - b. Personnel
- Review personnel files

### (FP) CFD 15.01

Personnel have the competencies needed to:

- a. engage, establish trust, develop relationships, and collaborate effectively with individuals and families from a wide range of backgrounds, cultures, and perspectives;
- b. provide services in a culturally competent manner;
- c. promote respect and encourage independence;
- d. use appropriate methods of support and establish professional boundaries with families;
- e. observe and understand child, individual, and family functioning;
- f. educate families about child development, child rearing, and positive personal development;
- g. identify and build on strengths;
- h. assess needs, risks, and safety;
- i. recognize and address problems related to substance use, mental

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## Child and Family Development and Support Services

- health, domestic violence, and child abuse and neglect;
- j. recognize and respond to signs of prenatal and postpartum depression;
- k. collaborate with community providers; and
- l. link families with needed services offered by other community providers.

**Related:** TS 1, TS 2

**Interpretation:** *Competency can be demonstrated through a combination of education, training, and experience.*

**Research Note:** *Studies have found that between 10 and 20 percent of women experience depression either during pregnancy (prenatal) or within 12 months of giving birth (postpartum). A much smaller percentage experience postpartum psychosis. Symptoms of postpartum depression can include: persistent sadness, irritability, lack of self-care, insomnia, fatigue, anxiety, poor bonding with baby, and thoughts of suicide. Maternal depression can be treated successfully, especially if identified early.*

**NA** *The organization provides only parent education groups.*

### **CFD 15.02**

Personnel providing early intervention services have the additional competencies needed to:

- a. administer early intervention techniques;
- b. understand issues of particular relevance to the families of children with developmental delays or disabilities; and
- c. help families learn how to support and promote their children's healthy development.

**Related:** TS 1, TS 2

**Interpretation:** *Competency can be demonstrated through a combination of education, training, and experience.*

**NA** *The program model is not designed to provide early intervention services.*

### **CFD 15.03**

Personnel providing parent education services in a group setting have the competencies needed to:

- a. engage and motivate group members;
- b. understand group dynamics;
- c. lead discussions;

### **Purpose**

Families participating in Child and Family Development and Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.



## Child and Family Development and Support Services

- d. facilitate group activities;
- e. collaborate effectively with individuals and families from a wide range of backgrounds, cultures, and perspectives;
- f. provide services in a culturally competent manner;
- g. promote respect and encourage independence;
- h. educate individuals and families about child development, child rearing, and positive personal development; and
- i. recognize family needs and collaborate with community providers.

**Related:** TS 1, TS 2

**Interpretation:** *Competency can be demonstrated through a combination of education, training, and experience.*

**NA** *The organization does not provide parent education groups.*

### **CFD 15.04**

Supervisors are qualified by:

- a. an advanced degree in a health or human service field; or
- b. a bachelor's degree in a health or human service field and two years' experience working with children and families.

**Related:** TS 3

**Interpretation:** *When supervisors are qualified by element (b), prior experience with supervision is desirable.*

### **CFD 15.05**

Supervisors provide:

- a. regular support and supervision to all direct service personnel; and
- b. additional support and supervision to personnel who are new or developing competencies or qualifications.

**Related:** TS 3

### **(FP) CFD 15.06**

Employee workloads support the achievement of positive outcomes for families, are regularly reviewed, and are based on an assessment of the following:

### **Purpose**

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## Child and Family Development and Support Services

- a. the qualifications, competencies, and experience of the provider, including the level of supervision needed;
- b. case complexity and status;
- c. the work and time required to accomplish assigned tasks, including those associated with individual caseloads and other job responsibilities;
- d. whether services are provided by multiple professionals or team members; and
- e. service volume, accounting for assessed level of needs of new and current families and referrals.

**Interpretation:** *Case complexity can take into account: the intensity of child and family needs, the size of the family, travel time, and the goal of the case.*

*When services are provided through a home visiting model, caseloads generally range from 15 - 25 families, depending upon the frequency and intensity of services provided.*

### **CFD 15.07**

When multiple providers are involved, a team approach is used to ensure a comprehensive, integrated approach to service delivery.

**Interpretation:** *Mechanisms should be in place to facilitate communication and coordination.*

**NA** *The organization does not involve multiple providers in service delivery.*

### **Purpose**

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