

### Introduction

Sean and Marquita Miller are interested in participating in the New Parent Support Program (NPSP) to see what home visitation may have to offer. They have a 1-month-old son, Samuel, who currently has his days and nights mixed up. As is the case for many new parents, sleep is fleeting for Sean and Marquita. As you will learn, they also have some strengths and challenges in their own life experiences.

In this section, you will:

- Apply the steps of a home visit that you learned about in Part 3 to this young, first-time parent family.
- Practice using the TRHV *Intake/Update* and *Visit Planning & Reporting* forms.



## Part 4 Let's Practice!

### Step 1: Intake Sessions

To record your initial sense of who this family is and to identify Sean and Marquita's hopes for their life together with Samuel, you will use

- the *Family Needs Screener (FNS)*,
- the *Protective Factors Survey: Short Form (PFS:SF)*, and
- *Parent Information Form*.

Each form is filled out to demonstrate how a beginning case file should be built in order to use TRHV most effectively. Put yourself into the shoes of the Home Visitor (HV) who is making contact with and getting to know Marquita and Sean and baby Samuel:

**HV:** I received a recently completed *FNS* from my supervisor. This is the first contact with this potential client. Marquita and Sean attended a *Meet and Greet* for new and expecting parents at a Child Development Center on their installation. The NPSP personnel offered the *FNS* to all attendees, and Marquita completed the form at the session.

**HV:** I make phone contact with Marquita and set up a time to come to their home to follow up. My impression from the call is that there is definite interest. I think I can hear her talking to another adult in the background, possibly her husband Sean, checking that a home visit is OK and that the time we have decided on works.

**HV (Post-Visit Reflection):** I arrived at the Miller's home, and Marquita and the baby, Samuel, greeted me at the door. The home is small, clean, and Marquita and the baby look well. She had just finished burping him as I arrived. Marquita seems open but hesitant. Sean came home near the end of our visit, and I was able to talk with him too. I gave Marquita information about NPSP services, including the home visitation program, and made sure to invite her to ask questions and learn more about us. I went over her *FNS* with her to

see how things might be the same or different from when it was completed. Marquita completed the *PFS:SF* at this visit, and I explained I would come back with it scored at the next visit. I left a copy of the *Parent Information Form* with Marquita and Sean, so they could complete it for the next visit. Here are some additional pieces of information I learned about the Millers at this visit:

**Family Background:** Sean and Marquita met at Sean's first duty station and have been married almost 2 years. They recently PCS'ed to this duty station. Sean is an E-3 Diesel Mechanic. The Millers have been here for just 2 months and didn't have an opportunity to meet new people before Samuel was born.

Marquita comes from a large, extended Mexican American family who is now located several hours and states away. Marquita's mother was present for the week before and after Samuel was born but had to return home to her job. Marquita is the third of five children. She completed high school and has worked at least part-time since she was 16. She is fluent in English and Spanish.

Sean spoke about being a role model for his younger brothers, taking on the responsibility of the man of the house, and wanting to be a good father. He wondered whether this program could help him with this goal. Marquita shared later that Sean's father was a harsh and violent person to his children and ex-wife.

**Post-Visit Actions:** Marquita signed the consent for NPSP Home Visitation services, and we talked about the items that were checked as areas of interest. This process helped them write down a few goals and dreams on the *Parent Intake Form* for what they hope to gain from this program and what they want for their family.

A next visit is planned with some beginning information about local resources and the community.

## Part 4 Let's Practice!

### Take a Moment: Become Aware of Your First Impressions

Marquita's FNS provides your first impression of Marquita and the Miller family. What does her FNS tell you as a home visitor?

Hold these impressions gently and see how they may shift as you work through the TRHV process.

### Intake/Update Form For Family Service Plan

Family ID: Miller, Marquita Date: 02/28/15

#### Type of Program Planning: Initial Intake into Active Case Management

<input checked="" type="checkbox"/> Parent Information for the Family Service Plan Date: _____ Initial: _____	<input type="checkbox"/> 6-Month Review Date: _____ Initial: _____	<input type="checkbox"/> 12-Month Review Date: _____ Initial: _____	<input type="checkbox"/> 18-Month Review Date: _____ Initial: _____
<input type="checkbox"/> 24-Month Review Date: _____ Initial: _____	<input type="checkbox"/> 30-Month Review Date: _____ Initial: _____	<input type="checkbox"/> 36-Month Review Date: _____ Initial: _____	<input type="checkbox"/> Closure Date: _____ Initial: _____

#### Family Needs Screener (FNS) scores:

Date Completed	<u>02/20/15</u>	Total Needs Score	<u>16</u>
Demographics	<u>0</u>	Family of Origin Violence/ Neglect	<u>1</u>
Stress	<u>1</u>	Self-Esteem	<u>0</u>
Relationship Discord	<u>1</u>	Depression	<u>0</u>
Support	<u>9</u>	Prior Family Violence	<u>1</u>
Substance Abuse	<u>1</u>	Number of High-Needs Qualifiers	<u>1</u>
Violence Approval	<u>2</u>		

Protective Factors Survey (PFS) Scores:	Date Completed	Family Functioning/ Resiliency	Social Support	Concrete Support	Nurturing and Attachment
	<u>02/28/15</u>	<u>4.2 yellow</u>	<u>3.3 red</u>	<u>3.0 red</u>	<u>5.75 green</u>

#### From the information above, identify this family's reported STRENGTHS and ABSENCE OF RISK:

1. FNS Areas with Absence or Low Identified Risk (scores of 0, maybe 1):	<input checked="" type="checkbox"/> Demographics <input type="checkbox"/> Stress <input type="checkbox"/> Relationship Discord <input type="checkbox"/> Support <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Violence Approval <input type="checkbox"/> Violence/Neglect <input checked="" type="checkbox"/> Self-Esteem <input checked="" type="checkbox"/> Depression <input type="checkbox"/> Prior Family Violence
2. PFS Areas with High Level of Protection (scores of 5-7):	<input type="checkbox"/> Family Functioning/Resiliency <input type="checkbox"/> Social Support <input type="checkbox"/> Concrete Support <input checked="" type="checkbox"/> Nurturing and Attachment

#### From the information above, identify this family's reported RISKS and POTENTIAL FOR INCREASED RESILIENCE:


1. FNS Areas with Identified Risk (scores of 1 or High-Need Qualifier):	<input type="checkbox"/> Demographics <input type="checkbox"/> Stress <input type="checkbox"/> Relationship Discord <input type="checkbox"/> Support <input checked="" type="checkbox"/> Substance Abuse <input checked="" type="checkbox"/> Violence Approval <input checked="" type="checkbox"/> Violence/Neglect <input type="checkbox"/> Self-Esteem <input type="checkbox"/> Depression <input checked="" type="checkbox"/> Prior Family Violence
2. PFS Areas with Neutral or Low Levels of Protection (scores of 0-4):	<input checked="" type="checkbox"/> Family Functioning/Resiliency <input checked="" type="checkbox"/> Social Support <input checked="" type="checkbox"/> Concrete Support <input type="checkbox"/> Nurturing and Attachment

Example: Marquita's FNS Scoresheet.



## Part 4 Let's Practice!

**Try It Out: Use the Intake/Update Form below to start filling in FNS data for the Miller family.**



**Intake/Update Form  
For Family Service Plan**

Family ID: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Program Planning: Initial Intake into Active Case Management

☐ Parent Information for the Family Service Plan    ☐ 6-Month Review    ☐ 12-Month Review  
Date: \_\_\_\_\_ Initial: \_\_\_\_\_    Date: \_\_\_\_\_ Initial: \_\_\_\_\_    Date: \_\_\_\_\_ Initial: \_\_\_\_\_

☐ 24-Month Review    ☐ 30-Month Review    ☐ 36-Month Review  
Date: \_\_\_\_\_ Initial: \_\_\_\_\_    Date: \_\_\_\_\_ Initial: \_\_\_\_\_    Date: \_\_\_\_\_ Initial: \_\_\_\_\_

**Family Needs Screener (FNS) scores:**

Date Completed	Total Needs Score
Demographics	Family of Origin Violence/ Neglect
Stress	Self-Esteem
Relationship Discord	Depression
Support	Prior Family Violence
Substance Abuse	Number of High-Needs Qualifiers
Violence Approval	

**Family Needs Screener (FNS) scores:**

Date Completed	Total Needs Score
Demographics	Family of Origin Violence/ Neglect
Stress	Self-Esteem
Relationship Discord	Depression
Support	Prior Family Violence
Substance Abuse	Number of High-Needs Qualifiers
Violence Approval	

**Protective Factors Survey (PFS) Scores:**

Date Completed	Family Functioning/Resiliency	Social Support	Concrete Support	Nurturing and Attachment

From the information above, identify this family's reported **STRENGTHS** and **ABSENCE OF RISK**:

1. FNS Areas with Absence or Low Identified Risk (scores of 0, maybe 1):

☐ Demographics    ☐ Stress    ☐ Relationship Discord    ☐ Support    ☐ Substance Abuse  
☐ Violence Approval    ☐ Violence/Neglect    ☐ Self-Esteem    ☐ Depression    ☐ Prior Family Violence

2. PFS Areas with High Level of Protection (scores of 5-7):

☐ Family Functioning/Resiliency    ☐ Social Support    ☐ Concrete Support    ☐ Nurturing and Attachment

From the information above, identify this family's reported **RISKS** and **POTENTIAL FOR INCREASED RESILIENCE**:

1. FNS Areas with Identified Risk (scores of 1 or High-Need Qualifier):

☐ Demographics    ☐ Stress    ☐ Relationship Discord    ☐ Support    ☐ Substance Abuse  
☐ Violence Approval    ☐ Violence/Neglect    ☐ Self-Esteem    ☐ Depression    ☐ Prior Family Violence

2. PFS Areas with Neutral or Low Levels of Protection (scores of 0-4):

☐ Family Functioning/Resiliency    ☐ Social Support    ☐ Concrete Support    ☐ Nurturing and Attachment

### Step 2: Screener Analyses and Follow-Up Visit

**HV Follow-Up Visit Reflection:** I returned a week later to the Miller home. Sean was at work. Marquita welcomed me. Baby Samuel stayed sound asleep in a bassinet in the living room. The home is clean, and Marquita looks tired but otherwise appropriate. We eased into conversation about how things are going, and I shared information about the WIC program and how to get to both of the Cumberland County WIC offices. Marquita shared what kind of transportation she has access to and that she has made a few connections with other moms in the Corregidor Courts neighborhood.



I went over the *PFS:SF* with Marquita, shared her scores, and let her reflect on what she feels they represent and how well they reflect her current thoughts. I shared what her answers from the *FNS* and *PFS:SF* are telling me about ways I can support her and her family. Marquita shares the *Parent Information Form* she and Sean completed. Here are some highlights from this visit's conversation:

Marquita is starting to feel lonely and overwhelmed. She is feeling guilty that she isn't contributing to the increased bills for all the supplies and equipment needed by a family with a new baby (e.g., crib, diapers, wipes). It seems that Sean tries to reassure her that caring for their child is contributing so much more to their lives. She is used to working, so this is part of a big set of life changes for the family. The Millers currently have one car, with no plans to purchase another one.


The Millers are thrilled to be parents, but they are nervous. They are also exhausted because Samuel currently "has his days and nights mixed up" and nurses every 2.5 hours. Both Marquita and Sean feel they know a lot about children as they helped with their siblings but are finding it difficult to accomplish daily living tasks like shopping and meal preparation and scheduling and traveling to well-baby visits. Sean used his authorized 10-day Paternity Leave after Marquita's mother returned home 1 week after Samuel was born.

You have your first picture of this family now that all the intake information is complete, and first conversations to get to know each other are underway. Review your notes and, at the same time, be open to see that this first picture may change over time as you move forward to plan specific topics that meet the Miller family where they are and help them grow their capacity for being a healthy and resilient family.

## Part 4 Let's Practice!

**Try It Out: Complete Page 1 of the Intake/Update Form for Marquita.**

- A** First, add the summary scores from the *PFS:SF* directly below the *FNS* scores.
- B** Next, use your "strengths lens" to identify which scores on the *FNS* and *PFS:SF* indicate areas of strength and absence of risk.
- C** Then, complete the questions that indicate either risk or need for increased support.



### Intake/Update Form For Family Service Plan

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**Family ID:** 
**Date:**

**Type of Program Planning: Initial Intake into Active Case Management**

<input type="checkbox"/> Parent Information for the Family Service Plan <small>Date: _____ Initial: _____</small>	<input type="checkbox"/> 6-Month Review <small>Date: _____ Initial: _____</small>	<input type="checkbox"/> 12-Month Review <small>Date: _____ Initial: _____</small>	<input type="checkbox"/> 18-Month Review <small>Date: _____ Initial: _____</small>
<input type="checkbox"/> 24-Month Review <small>Date: _____ Initial: _____</small>	<input type="checkbox"/> 30-Month Review <small>Date: _____ Initial: _____</small>	<input type="checkbox"/> 36-Month Review <small>Date: _____ Initial: _____</small>	<input type="checkbox"/> Closure <small>Date: _____ Initial: _____</small>

**Family Needs Screener (FNS) scores:**

Date Completed		Total Needs Score	
Demographics		Family of Origin Violence/ Neglect	
Stress		Self-Esteem	
Relationship Discord		Depression	
Support		Prior Family Violence	
Substance Abuse		Number of High-Needs Qualifiers	
Violence Approval			

**Protective Factors Survey (PFS) Scores:**

Date Completed	Family Functioning/ Resiliency	Social Support	Concrete Support	Nurturing and Attachment

**From the information above, identify this family's reported STRENGTHS and ABSENCE OF RISK:**

1. FNS Areas with Absence or Low Identified Risk (scores of 0, maybe 1):	<input type="checkbox"/> Demographics <input type="checkbox"/> Stress <input type="checkbox"/> Relationship Discord <input type="checkbox"/> Support <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Violence Approval <input type="checkbox"/> Violence/Neglect <input type="checkbox"/> Self-Esteem <input type="checkbox"/> Depression <input type="checkbox"/> Prior Family Violence
2. PFS Areas with High Level of Protection (scores of 5-7):	<input type="checkbox"/> Family Functioning/Resiliency <input type="checkbox"/> Social Support <input type="checkbox"/> Concrete Support <input type="checkbox"/> Nurturing and Attachment

**From the information above, identify this family's reported RISKS and POTENTIAL FOR INCREASED RESILIENCE:**

1. FNS Areas with Identified Risk (scores of 1 or High-Need Qualifier):	<input type="checkbox"/> Demographics <input type="checkbox"/> Stress <input type="checkbox"/> Relationship Discord <input type="checkbox"/> Support <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Violence Approval <input type="checkbox"/> Violence/Neglect <input type="checkbox"/> Self-Esteem <input type="checkbox"/> Depression <input type="checkbox"/> Prior Family Violence
2. PFS Areas with Neutral or Low Levels of Protection (scores of 0-4):	<input type="checkbox"/> Family Functioning/Resiliency <input type="checkbox"/> Social Support <input type="checkbox"/> Concrete Support <input type="checkbox"/> Nurturing and Attachment

## Part 4 Let's Practice!

**Try It Out: Complete Page 2 of the Intake/Update Form to link the scores and observations to the five Protective Factors.**

Which *Protective Factors* are strengths?

Which *Protective Factors* are challenges?

Are there *Protective Factors* that are not yet clear?  
If so, which one(s)?

### Intake/Update Form For Family Service Plan

Link this family's strengths and challenges to the 5 Protective Factors:

	Strengths <i>FNS or PFS scores suggest parent(s)</i> <i>(e.g., ...has people she can count on for help and to talk to.)</i>	Challenges <i>FNS or PFS scores suggest parent(s)</i> <i>(e.g., ... currently does not feel she has anyone who supports her or could help if needed.)</i>
Social Connections		
Concrete Supports of Families	<i>(e.g., ...is able to meet the family's basic needs and knows community resources for help.)</i>	<i>(e.g., ...currently does not feel able to meet the family's basic needs or does not know community resources for help.)</i>
Parental Resilience	<i>(e.g., ...intimate relationship is supportive and they are able to problem solve in healthy ways where there are conflicts.)</i>	<i>(e.g., ...intimate relationship currently is not supportive or they are not able to resolve conflicts in healthy ways.)</i>
Knowledge of Parenting and Child Development	<i>(e.g., ...has knowledge of positive parenting practices or understanding of their young child's needs and abilities.)</i>	<i>(e.g., ...needs support to gain knowledge of positive parenting practices or understanding of their young child's needs and abilities.)</i>
Social and Emotional Competence of Children	<i>(e.g., ...has understanding of how his actions as a parent can promote his child's social and emotional skills.)</i>	<i>(e.g., ...needs support to gain understanding of how his actions as a parent can promote his child's social and emotional skills.)</i>

Notes:

## Part 4 Let's Practice!

### Step 3: Selection of an Everyday Moment or Special Focus Moment

Remember, the *Visit Planning & Reporting Form* should be used for each visit with a family. These forms guide selection of relevant topics and their associated resources for you and the parents and help you report on how well the planned topic worked and other important information from the visit.




It is important to note that there is not a right or wrong in selecting a *Moment*. The decision of what *Moment* to focus on during a home visit is dependent upon your knowledge of a family, the family's expressed needs and interests, and your skills and insights grounded in your experience as a home visitor.

**Try It Out: Review the list of Everyday Moment Topics and their associated Protective Factors.**





Based on the information you have about the Miller family, which topic(s) are most relevant for the first planned-topic visit?

Which topic would you choose and why?






##### Everyday Moments: Daily Care and Living Routines

TOPICS	Protective Factors
Sleeping	 Parental Resilience  Knowledge of Parenting and Child Development  Social and Emotional Competence of Children
Nutrition and Feeding	
Diapering and Toileting	
Bathing and Dressing	






##### Everyday Moments: Young Children's Play and Exploration

TOPICS	Protective Factors
Exploring and Learning about the World	 Concrete Supports of Families  Parental Resilience  Knowledge of Parenting and Child Development  Social and Emotional Competence of Children
Building Trusting Relationships	
Nurturing Guidance and Discipline	

##### Everyday Moments: Parenting Life

TOPICS	Protective Factors
Co-Parenting and Sharing Care	 Social Connections  Concrete Supports of Families  Parental Resilience  Knowledge of Parenting and Child Development  Social and Emotional Competence of Children
Parental Self-Care	
Loss, Grief, and Growth in Young Families	

##### Special Focus Moments: Military Family Life

TOPICS	Protective Factors
Parental Absence in Military Life	 Social Connections  Concrete Supports of Families  Parental Resilience  Knowledge of Parenting and Child Development  Social and Emotional Competence of Children
Parenting After Injury	



### Steps 4a and 4b: Lesson Preparation and Implementation

Now, it is time to prepare for a visit using your chosen *Everyday or Special Focus Moment* topic. The next two *Try It Out* activities are designed to help you move from choosing an overall *Moment* topic to identifying the details of specific content you want to share in a single visit.

Each *Moment* has multiple learning opportunities for families. You might spend several visits covering the aspects that are most relevant to the family. Or, you might move to a different *Moment* after one conversation about a topic, depending on the family's interests and needs.

*Everyday Moment* chapters provide background information to inform your conversations with families, and you can select specific information from within the overall *Moment* to tailor the content to each family. The *Moment* chapters identify additional resources and recommended activities.

In addition, you will find a collection of *Family Pages* to support your conversations. *Family Pages* are designed to be given to the family and build their unique *Family Book* based on your work together.

The *Visit Planning & Reporting Form* is a step-by-step guide for you to use as you make decisions for topic focus and related materials and activities you will share with the family.

***Try It Out: Explore your chosen Everyday or Special Focus Moment chapter and its Family Pages. Turn to the Moment chapter you chose and review.***

What information is particularly relevant to the Miller family? (Think about this single visit.)

Which *Family Pages* would you select to complement your conversation for this visit?

## Part 4 Let's Practice!

**Try It Out:** Use a blank *Visit Planning & Reporting Form* to write out a first draft of a visit with your planned topic.

As you work through each section, consider the following:

### A Protective Factors Focus During Visit:

What *Protective Factors* do you want to address at this visit based on the information on the *Parent Information Form*?

### B Everyday Moment Topic and Touch Base:

What *Everyday Moment* topic are you choosing for the upcoming visit? <Refer to list of Moment topics on page 38>

What topics/concerns/plans that were discussed in the last visit do you want to touch base about at this visit?

### C Handouts/Resources/Family Pages:


Which *Family Pages* and additional resources do you need to assemble for this visit?

### D Any additional time spent on an item?

Remember to create opportunities for parents to share what they know and how they care for their child!

What is one or more parent-child activity you can share?  
Does it support the *Moment* topic?

Using your *Visit Planning & Reporting Form*, review the *Steps of a Home Visit* at the beginning of Part 3. Notice how the *Visit Planning & Reporting Form* supports the different elements of the actual home visit.


**Visit Planning & Reporting Form**

Family ID:	Visit Date Scheduled:	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
	Visit Date Completed (If Different):	

**A Protective Factors Focus During Visit:**

	Planned	Addressed
Social Connections	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concrete Supports	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social and Emotional Competence of Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parental Resilience	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knowledge of Parenting and/or Child Development	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**B Everyday Moment Topic and Touching Base (from Last Visit):**

Planned (e.g. Safe Sleep/Sleep Routines)	Completed
a)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Actual, if different:	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

**C Handouts/Resources/Family Pages:**

Planned (e.g. Resource/Safety Sheets, Family Pages)	Completed
a)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Actual, if different:	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

**D Any additional time spent on an item? Please explain.**

Parent Shares and/or Shows:	Planned Parent/Child Activity:	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
	Actual, if different:	
Additional Notes:		

## Part 4 Let's Practice!

### Step 4c: Post-Visit Documentation and Planning

Following a home visit, the appropriate fields in the *Visit Planning & Reporting Form* should be reviewed and/or completed. As mentioned in the previous part of the manual, this form enables you reflect on what actually happened in the visit and provides initial direction for next steps with a family.

The following example illustrates how this form can be used for a visit, with the Millers, that goes according to plan.

#### Take a Moment: Sometimes Things Don't Always Go as Anticipated

Have you ever arrived to a visit and had to change what you planned to do? What changed and how did you adapt to the needs of the family at that visit?

What is an example of how you might need to change your plans when you arrive at the Miller family home?

Look at the *Visit Planning & Reporting Form*. Think about how you can use it to document those changes and make plans for the next visit.

take root home visitation		Visit Planning & Reporting Form	
Family ID:	Miller, Marquita	Visit Date Scheduled:	03.12.15
		Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Visit Date Completed (If Different):	
<b>Protective Factors Focus During Visit:</b>			
Social Connections	Planned <input type="checkbox"/> Yes <input type="checkbox"/> No	Addressed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Concrete Supports	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social and Emotional Competence of Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parental Resilience	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Knowledge of Parenting and/or Child Development	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Everyday Moment Topic and Touching Base (from Last Visit):</b>			
Planned (e.g. Safe Sleep/Sleep Routines)		Completed	
a) sleep - share information, soothing, identify what works for each person		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Actual, if different:		Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Handouts/Resources/Family Pages:</b>			
Planned (e.g. Resource/Safety Sheets, Family Pages)		Completed	
a) what is your child's sleep pattern		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b) 0-4 months: Learning diff. Day/Night		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c) Focus on You: Sleep		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Actual, if different:		Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Any additional time spent on an item? Please explain.</b>			
Parent Shares and/or Shows:	Planned Parent/Child Activity:	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	
where child sleeps - bassinet in parents bedroom			
	Actual, if different:		
Additional Notes: Marquita also showed me areas where she cares for him during the night and when he is awake - Living Rm., so Sean can sleep. We talked about keeping lights low and routines. She shared a lullaby she sings to Samuel in Spanish "los pollitos dicen"			

Example: Completed Visit Planning & Reporting Form after a visit with the Millers, Page 1.

## Part 4 Let's Practice!

### Visit Planning & Reporting Form

Amount of Time Spent On:	Planned topic and activities	Back-up topic and activities	Addressing immediate needs (*not crisis)	Additional resource sharing	Crisis management for safety, food, shelter	Assessment or paperwork with parent	Assessment of child
Cannot exceed 100% total across categories	90	0	5	0	0	0	5

#### Reflection on Resilience/Strengths Seen in Parent/Family:

- Very connected w/ baby
- Sean not present, but has asked to receive handouts; Marquita thought both Family Pages would interest Sean
- Marquita speaks positively about relationships and parenting

#### Reflection on Notes of Concerns for Parent/Family:

- 1 car family makes it difficult for her to get out beyond neighborhood
- Not enrolled in WIC - interested by cautious, may be wary of some services
- Social isolation has many pieces - new to area
  - not working
  - transpor.
  - sleeping challenges!

Example: Completed Visit Planning & Reporting Form after a visit with the Millers, Page 2.

### Visit Planning & Reporting Form

Follow-up Action Items:		
External to HV Visit Planning:	Completed:	Date Completed:
Follow-up with supervisor/colleague	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Start a mandated reporting query	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Make a referral	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Engage crisis management team	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Internal to HV Visit Planning:	Completed:	Date Completed:
Follow-up call with parent	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Plan next visit sooner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Gather resources to share WIC Transportation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Select curriculum for next visit to start addressing issue	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	03.15.15
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

#### Items to Revisit at Next Visit:

Topics/Concerns/Plans
Continue with sleep and bring FP and info. on self-care.

Example: Completed Visit Planning & Reporting Form after a visit with the Millers, Page 3.



### Steps 3 through 4c: Routinizing

As you begin to implement this curriculum, take time to practice using the different elements of TRHV with your colleagues.

The connections between the forms and curriculum materials will become clearer and more seamless as you integrate your knowledge of the *Protective Factors* and strengths-based practice. In turn, this practice will strengthen your skills in selecting appropriate *Everyday or Special Focus Moments* that meet the goals of your visits with the families you serve.

### Step 5: Repeat Assessments

Families may stay active in a home visitation program for just a few months, several months, or leave as a child ages out of the program only to return when a new infant comes into the family.

This variability in program participation can make it difficult to determine if and how a program can create change for families.

- TRHV strongly recommends repeat assessments for the *FNS* and the *PFS:SF* and an update of the *Parent Information Form* every 6 months while continuing participation.
- When a family closes participation, these assessments should be used as part of the closure process whenever possible.





## Part 4 Let's Practice!

### In Summary

A primary purpose of TRHV is to provide a strong, research-informed framework for home visitors to develop consistent planning, implementation, and reporting routines. TRHV provides support to guide home visitors' decisions of how best to work with a parent's strengths and address challenges while also providing the ability to help form a strong parent-home visitor alliance.

Because it is you and your decisions that will bring this curriculum to life during a home visit, the final section of this introductory material comes back to where we began: to you. Part 5 focuses on *Taking Care of You*.

