

Chapter 8: Healthy Start Core Services Parenting Education and Support

Introduction

Parenting education and support is used to build positive parenting skills and to increase a parent's confidence in their ability to raise their children. Parenting education teaches parents effective ways to understand their child, to engage with their child at each development level and how to provide a safe and positive environment for their child.

This chapter discusses the standards and guidelines for a Healthy Start worker providing Healthy Start Parenting Education and Support services. Healthy Start "Parenting Education and Support" is a service that goes beyond general information offered in a supportive manner as health promotion, education and anticipatory guidance. Only qualified Healthy Start workers using one of the postnatal *Partners for a Healthy Baby* curriculums face-to-face with the participant will code 8004, "Parenting Education and Support."

Definition of Service

Parenting education and support is a partnership between a parent, parents, or guardian and professionals to support healthy family development. Parenting support and education provides comprehensive information related to the care of the newborn, infant, and child. This service includes information on normal growth and development, anticipatory guidance, changes in family dynamics, attachment behaviors, nutrition, resource management, safety, child injury prevention, immunizations, and child abuse prevention.

Provider Qualifications

The Healthy Start worker must meet the Provider Qualifications listed in Chapter 6, The Healthy Start Program, and, at a minimum, have the following competencies:

- Successful completion and documentation of receiving specialized training in using the postnatal *Partners for a Healthy Baby* Curricula.
- Training in child development screening using the Ages and Stages Questionnaires (See chapter 17 – Child Development Screening);
- Knowledge of:
 - Local community resources for health, education, and social services;
 - Infant care and family relationships;
 - Basic child development, management, health, and safety;
 - Other health promotion referral and education topics that are unique to the individual participant such as, but not limited to, intimate partner violence,

- chronic disease management, substance use or mental health services; and
- Basics of a healthy lifestyle.

Parenting education and support must be provided in accordance with the constraints of the professional's practice act, established protocols and the individual's education, training, and experience. **Paraprofessionals must provide services under the supervision of a professional supervisor.** If a referral is made for additional services such as substance abuse treatment, mental health counseling, or clinical medical services, the Healthy Start worker must ensure the participant is being referred to entities or individuals with the appropriate credentials or licensing to provide the service.

Standards and Criteria

Standard 8.1 Healthy Start Parenting Education and Support services will be provided to all parents/guardians of infant/child participants.

Criteria:

8.1.a Healthy Start Parenting Education and Support follows the postnatal *Partners for a Healthy Baby* curriculums and include topics described in the Guidelines section of this chapter.

8.1.b Interconception Women (program component 22/32) who have had their child temporarily removed by DCF and are not receiving parenting education from another agency will receive Parenting Education from Healthy Start.

8.1.c Interconception Women (program component 22/32) who have had their child permanently placed out of the home, placed their child for adoption, or who have had a loss (miscarriage, still birth, infant death) will not be offered "Parenting Education and Support" services from Healthy Start.

8.1.d With the participant's approval, the father, significant others, and other household members are encouraged to participate in the education process.

8.1.e Parenting education and support services are provided in a manner that adheres to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care <https://www.thinkculturalhealth.hhs.gov/clas>.

Standard 8.2 Healthy Start Parenting Education and Support services will be provided by qualified and trained providers.

Criteria:

8.2.a Qualifications are met as outlined in chapter 6, The Healthy Start Program, and in this chapter.

8.2.b Healthy Start Parenting Education and Support services shall be provided by individuals who have documentation of receiving specialized training in the administration of the postnatal

Partners for a Healthy Baby curriculums approved by the Department of Health.

8.2.c Competency and up-to-date knowledge related to parenting education and support and social issues that affect infant mortality is maintained.

Standard 8.3 Providers of Healthy Start Parenting Education and Support services will offer and initiate services in a timely manner.

Criterion:

Parenting Education and Support services will be initiated with the parent/guardian within 30 calendar days of completion of the Initial Assessment unless the need for more immediate initiation of services is evident.

Standard 8.4 Providers of Healthy Start Parenting Education and Support services will respond to any additional identified needs.

Criteria:

8.4.a Additional identified needs are directly addressed by the Healthy Start worker. The participant's need, intervention provided and when appropriate, follow-up for any referrals given, are documented in the person's record.

8.4.b Follow-up of any referrals for additional services must occur at a minimum of every 30 calendar days unless the need for more immediate follow-up is evident or unless specifically stated otherwise for a particular service outlined in the Standards and Guidelines.

Standard 8.5 Providers of Parenting Education and Support services will accurately code service information in the approved data management system within three business days of service completion.

Criteria:

8.5.a Coding complies with the requirements of the Department of Health publication DHP 50-20 and as specified in Chapter 23, Healthy Start Coding, of these Healthy Start Standards and Guidelines.

8.5.b In order to code "Parenting Education and Support" (code 8004), the parenting education and support services MUST be provided face-to-face using a postnatal *Partners for a Healthy Baby* curriculum.

Standard 8.6 Providers of parenting education and support services will document services in the approved data management system in a format determined by the local coalition and service provider within three business days of service completion.

Criteria:

8.6.a Services and attempts to provide services are documented in the approved data management system in the electronic record of the individual receiving the services.

8.6.b In the event that services are provided to another person on behalf of a Healthy Start participant (such as the parent), the services are only referenced in the Healthy Start participant's electronic record. The actual detailed documentation occurs in the record of the individual receiving the service.

8.6.c Documentation occurs in other components of the record, such as the Family Support Plan, as appropriate.

Standard 8.7 Parenting education and support service providers will develop and implement an internal continuous quality improvement (CQI) process.

Criterion:

The CQI process, developed in collaboration with the local Healthy Start coalition, includes an assessment of strengths, an assessment of areas needing improvement and a plan for assuring maintenance of program quality and improvement.

Guidelines

Parenting education will be provided using a postnatal *Partners for a Healthy Baby* curriculum. Parenting education should include topics such as:

- Appropriate expectations for age and developmental stage
- Child health including basic nutrition and safety information
- Comforting and stimulating infants
- Community resources
- Effects of violence on children
- Family dynamics including sibling rivalry
- Feeding cues
- Immunizations generally recommended for the infant, child, family and household members
- Managing stress
- Newborn care and newborn characteristics
- Non-violent discipline techniques (i.e. alternatives to spanking)
- Parent/Child attachment

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- Safe sleep and Sudden Unexpected Infant Death (SUID) risk reduction
- Shaken baby syndrome
- Support systems
- Well baby/child visits

While following the approved curriculum, parenting education and support must be tailored to the unique needs, interest, experiences, language, educational level, environmental limitations, cultural patterns, capabilities and lifestyle of the participant or group. The curriculum should be adapted to meet individual or group needs and the educator should be trained to work with an adult, low-literacy population as well as with adolescents. Different cultural beliefs and ethnic differences should be considered when presenting information. An interpreter may be necessary when education is provided to non-English speaking participants.

Parenting education can be provided to parents/guardians of participants under three years of age, and to women who have had a child temporarily removed by DCF. The method of service delivery can be provided one-on-one or in a group format

Sessions can be provided in the home, neighborhood, school, workplace, or clinic, wherever the concerns, priorities, and needs of the participant and family can best be met. Locations for group sessions should meet the needs of the participants by encouraging and supporting attendance. Incentives such as transportation, child care or completion certificates may be necessary to encourage consistent participation in classes.

The Healthy Start worker should be familiar with the resources within the community for parenting support and the quality of the services delivered. A list of resources on parenting support offered in the community should be available for all participants. The statewide resource for information is the Family Health Line at 1-800-451-2229.

Communication between the parenting education service provider and other members of the team is essential to support the likelihood of a positive outcome. Multidisciplinary team communication should consist of:

1. Consent for routine release of protected health information (DH 3206), or other appropriate forms as determined by the Department of Health's information security officer, signed by the participant's parent/guardian for any information that is to be shared among payers, providers, or others;
2. Referrals to outside sources to assist the family in accessing services in the community;
3. Documentation of unmet family needs to be addressed by the Healthy Start worker, or, if system related, this information should be shared with the Healthy Start coalition; and
4. The sharing of accomplishments and progress on goals identified during the Family Support Plan process with the Healthy Start worker and other multidisciplinary members.

Documentation

Parenting education and support services, or the provision of parenting education and

support services, must be documented in the participant's electronic record in the approved data management system within three business days of service. Parenting education and support documentation in the participant's electronic record must include progress notes documenting curriculum content of each class/session.

Coding

Healthy Start services for parenting education and support should be coded in accordance with approved protocols and procedures for coding. Healthy Start Parenting Education and Support services require a specific code for service delivery. Service code 8004, "Parenting Education and Support," should be entered into the approved data management system, by participant name, within three business days of service completion. The Healthy Start worker should code one unit for every 15 minutes of services provided discussing parenting education and support to the appropriate program component.

No group coding is allowed. This is necessary to provide for tracking, analysis, and program evaluation of client specific data. If a provider meets with two or more Healthy Start participants at the same time (group or classes), codes should be entered individually for each participant present.

Refer to Chapter 23, Healthy Start Coding, in the Healthy Start Standards and Guidelines for more specific information on coding, including coding for referrals and follow-ups.

Continuous Quality Improvement (CQI)

The CQI process should be designed to measure and help improve the extent to which parenting education and support services are provided to Healthy Start participants and their families as a preventative strategy to reduce risk factors that may affect their child's health and well-being.

The Healthy Start coalition should verify that the educator continues to meet provider qualifications and has continued their training in parenting education. Details of continuing education units, workshops, and training relevant to parenting education should be documented in the provider's file and maintained.

Examples of targeted outcomes to be measured through the CQI process include:

1. Reduction or elimination of the original Healthy Start risk factors or their underlying situations.
2. Percentage of postnatal Healthy Start participants who receive recommended well baby checkups with the pediatrician on schedule.
3. Percentage of postnatal Healthy Start participants who receive recommended immunizations on schedule.
4. Percentage of postnatal Healthy Start participants involved with child protection services.
5. Increase in community resource utilization.

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6. Increase in new parenting skills.
7. Increase in correct documentation in the approved data management system to show parenting education was offered and/or provided to Healthy Start participants.
8. Increase in correct coding of “Parenting Education and Support” (code 8004) in the approved data management system to show parenting education was provided to Healthy Start participants by qualified providers.
9. Adequate training opportunities for Healthy Start workers in the area of parenting.

See Chapter 30, Continuous Quality Improvement, for more information.

Resources and References

Ages and Stages Questionnaires	www.agesandstages.com
American Academy of Pediatrics	www.aap.org
Center for Effective Parenting	www.parenting-ed.org
Department of Children and Families	www.myflfamilies.com/service-programs/abuse-hotline/howtoreport
FSU Partners for a Healthy Baby Curriculum	www.cpeip.fsu.edu/PHB/
Happiest Baby Program	www.thehappiestbaby.org
Healthy People 2020	www.healthypeople.gov/
March of Dimes	www.marchofdimes.org
Safe Haven for Newborns	https://asafehavenfornewborns.com/
Zero to Three	www.zerotothree.org

Centers for Disease Control and Prevention. (2017). *Developmental milestones*. Retrieved from <http://www.cdc.gov/ncbddd/actearly/milestones/index.html>

Centers for Disease Control and Prevention. (2018). *Vaccines & immunizations*. Retrieved from <http://www.cdc.gov/vaccines/>

Centers for Disease Control and Prevention. (2017). *2018 recommended immunizations for children from birth through 6 years old*. Retrieved from <http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf>

Frequently Asked Questions

- Q. What distinguishes “Parenting Education and Support” services from the services offered through care coordination?**

- A.** Healthy Start “Parenting Education and Support” is provided by a trained Healthy Start provider using a postnatal *Partners for a Healthy Baby* curriculum with approved protocols, procedures, and learning objectives. When general parenting information is offered in a supportive manner as education or anticipatory guidance, it is considered care coordination.

If all of the following criteria are met, the provider will code the services in the approved data management system under "Parenting Education and Support" (code 8004):

- The provider must meet the Provider Qualifications listed in this chapter.
- The service must be provided face-to-face with the parent/guardian.
- A postnatal *Partners for a Healthy Baby* curriculum must be utilized.
- Specific educational or supportive topics relating to the enhanced service must be selected, presented, and listed in the participant's progress notes by the provider.

If the above requirements are not met, time spent is coded as “Care Coordination Face-to-Face” (code 3320) or “Care Coordination Tracking/ Not Face-to-Face” (code 3321), as appropriate.

NOTES:
