

Family-Engaged Developmental Monitoring Toolkit

Family-Engaged Developmental Monitoring and the Help Me Grow Model

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HELP ME GROW
NATIONAL CENTER



Purpose and Background

This document intends to map ways in which family-engaged developmental monitoring (FEDM) practices can be implemented in each of the four Core Components of the [Help Me Grow \(HMG\) Model](#): Centralized Access Point, Family & Community Outreach, Child Health Care Provider Outreach, and Data Collection & Analysis.

This resource assumes an existing knowledge of FEDM as defined in [A Roadmap for Advancing Family-Engaged Developmental Monitoring](#), as well as understanding of the HMG Model, and is intended for those implementing the Model across the HMG National Affiliate Network. Examples of how FEDM can be implemented for each of the HMG Core Components are aligned around three main strategies:

1. **Increase visibility of existing practice:** Delineate the ways in which current HMG practice aligns with FEDM
2. **Reinforce or refine existing protocols:** Adapt or improve existing activities to practice FEDM
3. **Develop FEDM-centric partnerships:** Collaborate with other entities to engage in FEDM

Ideas and examples in this document were sourced from HMG affiliatesⁱ.

Introduction

HMG affiliates have long affirmed families as the expert on their child, and they have viewed developmental needs as multi-faceted and unfolding over time. As these concepts become more widely appreciated among the early childhood landscape, it is strategic for HMG affiliates to be visible and positioned as the thought leaders they are in this realm.

Affiliates often face a tangle of concept and vocabulary in the field around developmental promotion: *surveillance, monitoring, screening, milestone tracking, anticipatory guidance, etc.* The term family-engaged developmental monitoring (FEDM) and its three attributes offer a common language and a clarified standard of family engagement around a child's development.

Three Attributes of FEDM

1. Families are regarded as the expert on their child's development
2. Information is gathered to inform a holistic approach to the child's development
3. Developmental progress and needs are discussed over time

Materials and tools used independently by parents or providers yield unique insights, but FEDM challenges us to focus on where and how tools augment the *conversation* between the family and the provider in shared efforts to support the child. FEDM demands better use of those conversations and related data for continuity within and across service settings. It lends structure as we review our own processes and scaffold practice improvement among fellow providers. FEDM also facilitates design of partnerships that reflect these priorities.

Strategies for Incorporating FEDM into Core Components

The following strategies will be used throughout this document to highlight the opportunities to integrate FEDM within each Core Component of the HMG Model.

Increase Visibility of Existing Practice

FEDM allows us to celebrate and elevate the visibility of the HMG approach.

Using these terms clearly and consistently can:

1. Develop shared language with both parents and partners, especially around screening, surveillance, and the role of developmentally promotive materials and tools.
2. Build parent awareness of the valuable monitoring they already do and raise the bar for what they expect from provider conversations on development.
3. Underscore relevance of the HMG Model wherever these increasingly popular concepts are described or discussed.

Reinforce or Refine Existing Protocols

FEDM demands thoughtful and consistent application of tools and protocols for optimal family-centered developmental support.

We can examine or codify our tools and routines to:

1. Solicit and capture a family-informed, contextualized, dynamic picture of a child's growth that is easily reviewed and used to inform care.
2. Add staff training or quality assurance structures that ensure protocols are conducted consistently and that all providers feel competent and confident in their ability to support parents.
3. Stimulate FEDM-related practice among other service providers when training them in screening or referral to HMG.

Develop FEDM-Centric Partnerships

Bring potential collaboration to life and calibrate collaboration standards using the FEDM attributes. The principles behind FEDM help to enhance planning and communication on how HMG services complement a partner's offering. Based on the FEDM attributes, shift your partnership prioritization or rationale.

Some examples could include:

1. Cultivate complementary service offerings with partners, examining together the three attributes to see strengths and opportunities for synergy.
2. Design referral processes that center family priorities, combine perspectives across service settings, and promote continuity for families across topics and over time.
3. Pursue funding that prioritizes these values; highlight FEDM standards when defining needs or objectives in funding applications.

Examples within the Centralized Access Point

Increase Visibility of Existing Practice

Messaging around Centralized Access Point service to callers

Possible existing messaging: *We help callers with their presenting need and offer resources on other topics as well. We provide tips and assistance in connecting with other programs, and we follow-up to help address gaps or barriers. When partners refer families to us, we loop back to share whether needs were addressed and what resources were provided.*

This language describes HMG as a resource to families in and of itself, and communicates HMG's referral and linkage services. It has a deficit-based focus, with an exclusive emphasis on needs. Additionally, this messaging suggests that HMG is the entity holding the valuable knowledge and skills.

Opportunity for strengthened messaging: *When families call, we elicit their priority goals, concerns, and celebrations about their child. To support the family's process in accessing services, we serve as a sounding board and bring expertise on system navigation. We highlight the many variables in a child's life that impact development - both risk factors and protective factors - and invite parents to share any that have played an important role in the past, present, or could in the future. We support continuity by scheduling another touchpoint and ensuring a referring provider has any information the family would like them to know.*

This language demonstrates that HMG recognizes the wholeness of every family's experience – there exist both things to celebrate that strengthen the family and things that could be improved. This also honors the family as the expert on their own child and puts language to the commitment to authentic partnership.

Messaging to families or partners around developmental screening service:

Possible existing messaging: *Complete a developmental screen for a snapshot of your child's development and learn activities to build new skills. Our staff can help identify great resources that match your needs.*

This language frames HMG as a source of information about child development and resources. It does not describe the conversation dynamic or HMG's role in child development over time.

Opportunity for strengthened messaging: *You know your child, we know resources! Complete a developmental screen about the milestones you see. Together we'll discuss your child's latest progress and explore ways to enhance your child's growing environment for the months ahead.*

This language highlights a process that combines the family's expertise (about the child) and staff expertise (resources). It references the importance of contextual factors, and it is forward-looking (which reflects the longitudinal nature of development and also tees up future conversation with the family).

Reinforce or Refine Existing Protocols

HMG Affiliates consulted on these topics suggested the following practices, currently in use or under consideration in their systems:

Co-create an action plan: In discussions with families, co-create an action plan that reflects family priorities and highlights resources or activities. Ask what other providers serve the family and consider with the family how/when/why to share about the current needs and resources. Together, generate questions, talking points, or updates they wish to share at an upcoming meeting with a provider. Align future HMG touchpoints with relevant events in the action plan.

Utilize Positive Childhood Experience (PCE) and Adverse Childhood Experiences (ACE) Questions with purpose and care: Standardize questions to ask families about the child's positive childhood experiences and reflect these back to the family as strengths and assets. When asking about adverse childhood experiences or stressors, focus on those for which you can provide resources and support. Discussing how those factors connect to development can ensure that families understand how they can inform referrals and outcomes.

Equip your own staff: Incorporate staff training topics that increase staff capacity and confidence in reflecting FEDM principles in their dialogue:

- Strengths-based, person-first language.
- Seeing and reflecting back to families, the unique insights they bring to the conversation.
- Motivational interviewing to pinpoint priorities as defined by the family.

Hold the bar high: When shadowing HMG Care Coordinators for quality assurance, include criteria appraising how effectively and consistently they take the caller's lead, ask holistic or longitudinal questions, and document and use the information.

Develop FEDM-Centric Partnerships

Review and revamp the information you request from referring providers. In the forms that providers use to refer families to HMG, include fields about protective factors or stressors. This may prompt them to share information they already gleaned during their service delivery or may encourage them to incorporate such questions into their own service delivery in the future.

Review the information you share when looping back: Affiliate informants for this resource underscored the value of investing in the conversations families have with other service providers. Because HMG Care Coordinators are champions of family accomplishments and progress, they can help both strengthen family skills to advocate in those spaces as well as enrich those dialogues by sharing contextual information gleaned from direct work with the family (with their permission).

E.g. The referring home visitor may be excited to hear the family now reads to their child every day, thanks to the read aloud skill-building in their program, or may want to know the family could use new books that their program could provide. A physician may benefit from learning that transportation to appointments or the pharmacy is a challenge so their own staff can offer virtual appointments or help support prescription by mail.

Frame HMG service outcomes in ways that reflect your collaborative process. Honor the parent's role in the process and illustrate your family-centered approach for partners.

E.g. Rather than Referred to Part C, provided activities and information on library story time, consider, The parent's priority is a speech evaluation. They also have great interest in supporting kindergarten readiness; we identified activities and story times for them. Their next step is to schedule a developmental evaluation. We're supporting their referral process by sharing developmental screening results with the Part C agency. We agreed HMG would call in 2 weeks to ensure it's scheduled and troubleshoot as needed.

Examples within Family & Community Outreach

Increase Visibility of Existing Practice

Support harmonization of service delivery standards within a service category. Foster a collaborative environment among home visitors from differing program models or early childhood educators from different child care programs. Convene NICU staff from multiple hospitals to identify refinements in discharge practices that align their varying protocols or family inclusion practices. The FEDM attributes can help focus the conversation on what is best for families and demonstrate commonalities in practice rather than dissonance or competition.

Contextualize use of milestone materials. When offering milestone materials at an event, describe the value of having a provider with whom parents can share insights, questions, etc. over time; offer HMG as that option (and if possible, pick a date to contact them), or brainstorm where/with whom those conversations could take place.

Reinforce or Refine Existing Protocols

Host skill-building trainings on family engagement. Host trainings for HMG outreach staff or for community providers that build skills around family-engaged developmental monitoring (i.e. parent engagement, developmental milestones, protective factors), available for a variety of settings and professional groups. For example, the [Touchpoints](#) training through Brazelton Touchpoints Center is well-aligned with these goals.

Scaffold provider use of tools soliciting relevant family factors. Use the [Positive Childhood Experiences worksheet](#) as an instrument to discuss strengths and possible resource needs, teeing up referral to HMG.

Invite families at many stages of their journey to engage in developmental monitoring. Family-engaged developmental monitoring does not end with a diagnosis, so our ongoing FEDM dialogue should not either. When appropriate, support families of children with disabilities to continue with the [CDC's Developmental Milestones Checklists](#) and/or developmental screens to monitor remaining domains or utilize less formal anticipatory guidance tools to celebrate milestones based on their unique developmental trajectory.

Develop FEDM-Centric Partnerships

Propose new referral relationships with FEDM framing. Use FEDM attributes/format to approach new provider types for a referral relationship; framed as rounding out the FEDM experience families deserve. Aging out of a home visiting program? Refer to us for ongoing resource support (longitudinal) and exchange information gathered on family strengths and interests (holistic). Discharging a family from the NICU? Together we can form a holistic picture of the family, combining your knowledge of the child's medical service needs and coordination, with our wraparound resource support and ability to connect with the family over time.

Pursue referral relationships with community providers that engage non-parent members of the family and/or meeting families back in spaces where you first met them.

Educate and empower families to promote developmental monitoring. Trusting relationships form the core of HMG Family & Community Outreach. Training and supporting family members and trusted community leaders can help them serve as cultural liaisons to promote FEDM practices and activities in diverse communities.

Examples within Child Health Care Provider Outreach

Increase Visibility of Existing Practice

Celebrate the FEDM activities that child health care providers already conduct. Just as we connect for families how their daily observations integrate into our shared monitoring process, identify and contextualize child health care provider activities with the FEDM attributes. Highlight these providers' unique capacity for longitudinal conversation and the holistic support they can offer to families as a medical home. To enhance their FEDM process, explore their practices for utilizing data collected across visits to form a fuller picture, or the types of questions they pose to families about the child's context.

Integrate FEDM terms into providers' existing surveillance perspective. Surveillance is a common term among clinical circles, which when done effectively, already involves thoughtful observation of a child over time with routine questions on milestones or family stressors. Offer FEDM terminology as a supportive shift in language and approach that emphasizes parents as active and equal partners in the process.

Reinforce or Refine Existing Protocols

Tools for capturing information. Offer tools and materials that streamline how clinicians gather contextual information to easily review with the family. For example, Iowa's Child Health and Development Record program provides [age-specific forms](#) providers can use to document well child visit conversations on milestones, risk factors, and red flags.

Explore protocols that leverage this information over time. Explore how partnering child health care providers currently revisit and utilize information captured in prior visits. Discuss how they can talk about the information and explain the use of the form during the holistic, longitudinal, parent-informed conversations they hope to foster across visits.

Develop FEDM-Centric Partnerships

Expand referral relationships to non-pediatrician providers. Consider outreach to additional types of child health providers who engage families in other aspects of health or wellness (e.g. OBGYN, NICU, hospitals, perinatal, pediatric dentists). Offer tools or talking points that maximize the aspects of FEDM they are poised for, and highlight the specific needs they may see in their role with which HMG can assist families. For example, an OBGYN's standard of care for pregnant people in many ways mirrors how HMG supports families in supporting development once the child arrives. The OBGYN builds trust through conversation at set intervals, provides anticipatory guidance on health and risk factors, discusses change in the parent and baby over time, and elicits questions and concerns along the way. Framing a referral to HMG as a continuation of this high-quality care can tap into their own values and harmonize these concepts for the family during the perinatal period. Explore whether their materials about the prenatal care schedule can include a postnatal HMG touchpoint.

Examples within Data Collection & Analysis

Increase Visibility of Existing Practice

Reflect FEDM attributes in data storytelling about service delivery. When reporting data, create a story that reflects the collaborative nature of the HMG Centralized Access Point's work with families, connections within the community, and continuity across sectors. Incorporate terminology from the three attributes of FEDM to humanize existing data points or show how they hang together in a complete picture. Instead of *phone interactions*, could you use the word *conversations*? For *follow-up*, could you supplant the term *re-engaging*? Instead of *family follow-through*, could you call it *family access*? These small changes can bring program activities to life and tee up the need and value of qualitative data that examine the quality of conversations.

Reinforce or Refine Existing Protocols

Create fields to separately document the goals and needs as identified by both the family and the referring provider. Not only can you look for trends in those data points individually, you can examine trends in where and how well the stated needs from the family and the referring provider are aligned.

Highlight the family benefits of cross-sector screening data integrations. Registries can reduce duplication, and they also invite providers to utilize information gathered by other providers, with possibility of informing more cohesive care at both the family/provider and systems-levels. We can emphasize how the very presence of screening data from several sectors reflects how these FEDM tools and related conversations happen in many settings.

Develop FEDM-Centric Partnerships

Expand developmental screening data conversation to include tools on related factors. In cross-sector screening data efforts, incorporate data from screening tools for variables such as maternal depression, ACES, protective factors, and positive childhood experiences. Apply knowledge of where these tools are used to direct additional supports to those providers so the data gathered through these tools is effectively tied into collaborative conversations with families to promote the child's growth.

Define cross-sector database goals as understanding how well systems engage parents in FEDM. Develop and utilize cross-sector and longitudinal databases to see families' FEDM experiences over time, not just what services are rendered or outcomes from specific systems.

Identify partners who can gather qualitative data about parent experiences of FEDM. Review these stories to better understand how FEDM can improve continuity and integration of developmental monitoring across settings.

Conclusion

HMG affiliates across the National Network exemplify FEDM principles in their philosophy and approach. Even where practice already satisfies these attributes, there is always more to be done to ensure that families are equal partners, leverage holistic information to its greatest potential, and improve continuity in the conversations we host with families and fellow service providers. Strengthened messaging and practices - both internally and with partners - can raise family-engaged developmental monitoring as a standard of practice for family-centered care across early childhood systems.

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