



Family Connects requires a sense of ownership and commitment from community members and other stakeholders. It should be seen as part of the continuum of care for newborns and their parents in the community.

Communities seeking to launch Family Connects need to have several components in place in order to replicate the model and must adhere to the evidence-based protocols derived from the evaluation studies of the Family Connects model in Durham, N.C., to be certified as a Family Connects program.

Other optional components may be included to address specific community needs. All of the components listed below are active in the current Durham Connects program.



Critical Components for Implementing Family Connects



- The program is designed for **universal community coverage**, with the goal of at least 60 to 70 percent of eligible families participating. All families with newborns in a coverage area are eligible, whether the area is a region, state, city or neighborhood.
- Family Connects programs should seek to **identify gaps** in needed community services for families, document them and work to address these gaps.
- **Scheduling the initial home visit at the birth hospital** is preferable in order to accomplish universal service delivery. Other options may have to be explored based on differences in hospitals and communities.
- **Registered nurses** are the Family Connects home visitors, providing health and psychosocial assessments of newborn, mother and family.
- The nurse home visit includes a **systematic assessment**, called the Family Support Matrix, of family strengths, risks and needs.

- **Supportive guidance**, such as discussing placing the baby on their back to sleep and the benefits of tummy time, is spelled out in the protocols and provided by the nurse at all visits.
- Nurse visitors are **trained** on how to respond to parent queries and observe areas of possible difficulties in adjusting to having a newborn, such as breastfeeding, support for the "baby blues" and other issues.
- The family and nurse plan together how to **connect** with community resources and services. Rather than simply providing referrals, the nurse actively connects and links the family with the services.
- The initial home visit at three weeks of age can be followed up by one or more visits or phone calls to complete the assessments and ensure linkage to local services and resources. The goal of the **follow up** is to support the family, but not to become "case management." Follow-up visits allow for additional assessment of family risk and more direct intervention, such as weighing an infant having feeding difficulties or continuing to assess postpartum depression.
- A direct link between Family Connects and the local **Department of Social Services** is essential to facilitate the family's ease of access to and knowledge about eligible benefits, such as Medicaid eligibility, SNAP benefits or food stamps, and others.
- Systematic **quality assurance** is critical and training of nurses must include: how to adhere to protocols and accurately assess and rate family risks and needs through the Family Support Matrix. Consumer satisfaction checks are also key to ensuring the program's quality.
- The clinical team must have regularly scheduled individual supervision and/or team meetings for **supervision and peer collaboration** and undergo regular assessments to ensure adherence to protocols.
- **Documenting** the home visit(s) and contacts with families and community referrals is required for the medical record, performance and outcome reports and for the Family Connects home office.
- Available **community resources should be documented** online or in an electronic database and updated regularly. In a community with few formal resources, identifying informal resources by interviewing clients and stakeholders may be helpful. Referrals to these resources should be documented with outcomes reported back to agencies to strengthen community systems.
- Creating a **Community Advisory Board (CAB)** that includes consumers and community stakeholders. This may be an existing group or developed specifically for the Family Connects program in your community.
- **Electronic documentation** of the visit and contacts with families and community services related to family needs is required.



Family Connects

Duke University

Box 90539

Durham, NC 27708-0539